



HealingFoundation
Strong Spirit • Strong Culture • Strong People

A THEORY OF CHANGE FOR HEALING

Prepared by Social Compass in partnership with the Institute for
Human Security and Social Change (La Trobe University)

February 2016

Contents

Why a Theory of Change?.....	2
What is a Theory of Change?.....	4
The Story of Trauma	7
The Story of Healing	15
The TOC and the Healing Foundation.....	19
Implications for Monitoring, Evaluation and Learning.....	26
Conclusions.....	28
Appendix 1: Methodology	29

I see the development of a Theory of Change as the next step in building the evidence base for Aboriginal and Torres Strait Islander healing. Identifying what preconditions need to be in place to create the optimal environment for healing, for our people to undertake their healing journeys, is critical to guiding the organisation's efforts into the future. It will assist us to make informed decisions about when, where and how to invest our resources. It will also strengthen our evaluation approaches, ensuring that we are building a convincing narrative and evidence base [Richard Weston, CEO, Healing Foundation]

Why a Theory of Change?

Since its establishment in 2009 the Healing Foundation has been committed to building the evidence base for Aboriginal and Torres Strait Islander healing. In partnership with communities across Australia resources have focused on building culturally strong, locally designed and delivered, community healing programs. These programs address the legacy of trauma and pain which stem from colonisation and the forced removal of children.

Much of this trauma has manifested from the intergenerational impacts of colonisation caused by the forced removal of our people from their traditional lands; suffering and humiliation of for many centuries being classified as sub-human beings and controlled under flora and fauna Acts. This included the introduction of class and caste system and the misguided belief that full-blood people would eventually die out while half-caste children could be assimilated into the new western system and society and therefore, forcibly removed from their families.

These practices were vigorously sustained under new laws which denied our people their right to speak their language, practice culture or conduct ceremony. This was a deliberate effort to breakdown the traditional lores, belief and value systems, and connections original inhabitant groups had to their land, environment and kinship system'.

Prior to colonisation, the First Peoples of Australia consisted of an extremely diverse number of individual groups of people and nations who had survived, for at least two thousand generations. It was the British who introduced the term "Aborigine" to define all of these groups as one homogenous group.

The Healing Foundation has been committed to challenging this myth of homogeneity and has worked to reclaim proven cultural frameworks of thinking which build on the richness, strength and diversity of the world's oldest and continuous living people and culture to restore balance and harmony for our people.

The Healing Foundation has drawn extensively on the best knowledge and current thinking in social policy, program design, implementation, and evaluation methodologies to support and manage over 130 healing initiatives and projects nationally. In addition to commissioning large and small evaluations of funded projects, the Healing Foundation has also published a literature review of the national and international evidence for healing.

Within the Healing Foundation's documentation there is strong evidence of programs that enhance individuals, families and communities journeys of healing. There is reportable evidence of programs that work and others that have not been as successful. To date, there has not been an articulation of why a particular program works, for whom and in what context it works best. It is for this purpose that a Theory of Change (TOC) for healing has been developed.

In developing a TOC the Healing Foundation can better define the necessary building blocks required to bring about long term / sustained change in healing for Aboriginal and Torres Strait Islander people. The

TOC for healing, consolidates the Healing Foundation's own emerging evidence, and builds a clear narrative about how healing creates positive social change for Aboriginal and Torres Strait Islander people, families and communities. The TOC outlined in this document articulates the assumptions about the process through which change occurs and what the preconditions are that best allows for such change to be long-term and sustainable. Moving forward the TOC will underpin key aspects of the Healing Foundation's work (e.g. strategic planning, decision-making, and evaluation).

By having a TOC for healing the Healing Foundation can better:

- *Articulate* how healing can lead to positive social change for Aboriginal and Torres Strait Islander people and communities
- *Identify* the key elements required to create the optimal environment for healing at the national, regional, community, and individual levels
- *Target* (strategically) investment of resources at those elements deemed most critical to creating the environment for healing
- *Strengthen* and build the evidence base for healing.

The many thousands of stories shared by Aboriginal and Torres Strait Islander people, and given voice through the Healing Foundation's work to date, give rise to the context within which the Healing Foundation exists. This context is further reinforced in national and international academic literature and support the findings from the Royal Commissions into both the over-representation of Aboriginal deaths in custody (1991) and the forced removal of children (1997). The context that guides our TOC for healing is:

- Colonisation and past and present government policies had led to trauma for Aboriginal and Torres Strait Islander people (across generations)
- Such trauma limits (or removes) the ability to act in empowered ways and leads to a number of negative outcomes for Aboriginal and Torres Strait Islander people
- Such outcomes mean Aboriginal and Torres Strait Islander people are limited in their capacity to initiate / take up development opportunities – regardless of external resources
- Healing is an essential (although not sufficient) condition of any support for Aboriginal and Torres Strait Islander development in Australia.

This context, the evidence for its existence and how assumptions interact with each other are essential to our TOC for healing. They are examined in more detail in subsequent sections.

An extensive process was utilised to develop the TOC including examination of over 20 evaluation and research documents produced by and for the Healing Foundation, independent international and national literature and workshops with staff and cultural expertise. The TOC includes over 20,000 voices of Aboriginal and Torres Strait Islander people and was guided by Aboriginal and Torres Strait Islander people with expertise in delivering trauma-informed healing programs. A method of co-design therefore was embedded in the development of the TOC for healing.

This methodology is summarised in Appendix 1 at the end of this document.

What is a Theory of Change?

Prior to the arrival of the British in 1788, Australia's First People were a diverse group of people who lived in balance and harmony through a deep respect for their land and a deep knowledge and understanding of their environment. In order for people to survive they needed to understand all things and adapt to their changing environment as well as tend to their obligations and responsibilities to care for their land and environment.

The First People's belief system was underpinned by their connection to their land and innate knowledge of their environment that contributed to their survival. This knowledge was preserved and passed down through generations through song, ceremony, art, story-telling and songlines. These were sustained through a value system of caring and sharing their respect for the land, the people and the environment. The arrival of the British had an immediate impact upon the land, the people and the environment which in turn had psychological and sociological impacts changing the thoughts (mind), feelings (heart) and actions / behaviours (body) of our people.

Research demonstrates that trauma devastates the social engagement system and interferes with cooperation, nurturing and the ability to function as a productive member of the clan / kinship system. Van Der Kolk (2014) is clear that mental health problems, drug and alcohol abuse, violence and self-injury start off as attempts to cope with emotions that become unbearable because of a lack of adequate human contact and support. Institutions that deal with traumatised individuals all too often bypass the emotional-engagement system that is the foundation of who we are and instead focus on 'faulty thinking' and subduing unpleasant emotions and troublesome behaviours.

If people are to control their behaviours, they need to feel safe to experiment with new solutions. If trauma is encoded in heart-breaking sensations, then the first priority needs to be to help people move from flight-or-fight states, reorganise their perceptions of danger and manage relationships. There is a need to enhance activities that support relationships and activities that support forms of joyful engagement. This allows people to take control of their lives rather than having others (e.g. therapists, psychologists and psychiatrists) 'fix them' on their behalf.¹

Therefore if policy is not supporting people to take control of their own lives then trauma continues. This fundamental assumption is at the base of the TOC for healing.

There are a number of approaches to developing a TOC. It is important to note which approach has informed the development of the Healing TOC.

James' (2011) suggests:

*(A) Theory of Change is an ongoing process of reflection to explore change and how it happens – and what that means for the part we play in a particular context, sector and/or group of people*²

This definition makes clear that analysis should be about both how change in a given context occurs and what ongoing role individuals and organisations can play. The definition addresses a common problem with theories of change which is, organisations imply that change in a society revolves around them and their program, rather than around a range of interrelated contextual factors, of which their program is

¹ Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York.

² James, C. (2011) 'Theory of Change Review: A Report Commissioned by Comic Relief'. London: Comic Relief.

part³. In the context of Aboriginal and Torres Strait Islander trauma and healing – historic and contemporary – this would clearly be limiting for design and in outcome.

Within the debates around theories of change there are principles and approaches that are important to consider and which have guided this TOC.

First, there are a number of different purposes agencies have for developing a TOC (strategic planning, description of what they do, monitoring and evaluation, and learning etc.). Being clear about why a TOC is required is important. The Healing Foundation's purpose has been clearly stated in the previous section.

Second, there is a difference between a Theory of Change and a Theory of Action. A Theory of Action explains how programs or interventions are constructed to activate theories of change. This TOC is about understanding the central processes or drivers by which change occurs for individuals, groups or communities.

Third, there is growing recognition that some approaches to 'theories of change' are premised on linear formal logic, rather than a means of understanding, describing and navigating the more non-linear processes of messy reality. This TOC is not another technical planning tool but rather a way of developing a politically informed and reflexive organisational approach.

Fourth, when it comes to the challenges of implementing a TOC, there is a tension between how to balance accountability (reflected in the pressure for measurement and results), and the ability to use a TOC intelligently to learn and adapt – particularly to changing environments. This TOC is about people engaging with the complexity and nuance of context and process.

Accordingly, the approach taken to the development of the TOC for healing is informed by four principles: a focus on process; prioritising learning and adaptation; being locally led; and, rather than developing a roadmap to get from A to B this TOC is a compass helping the Healing Foundation find a way through the fog of complex systems and discovering a path as progress.

Acknowledging 'complexity' does not mean abandoning planning processes. It means recognising that plans often reflect best guesses about the future (and about the past too) and will likely shift over time. There is much we do not know about getting from 'here to there'. One of the most significant contributions the TOC for healing will make will be to help carve out a small but productive space for genuine critical reflection.

For Aboriginal and Torres Strait Islander people, community-based interventions are often heavily influenced by broader social, economic and political drivers. It is important that any TOC incorporates an analysis of context and the drivers of change within which programs operate. This is important in order not only to situate interventions within a broader understanding of social change but also to tease out the degree to which other actors and the policy environment enable or constrain outcomes or impacts.

This extends the analysis of interventions from simply asking whether they are 'working' or not, to how they are contributing to broader change processes as well as how those wider influences are effecting a program's ability to promote change. Accordingly, for evaluations to be useful for decision makers they need to identify what works in which circumstances and for whom, rather than simply determining if a

³ Valters, C. (2015) 'Theories of Change: Time for a Radical Approach to Learning in Development. London, Overseas Development Institute.

program works. Evaluators must therefore identify the underlying generative mechanisms that explain 'how' the outcomes were caused and the influence of context.

This in turn can provide useful knowledge not just to practitioners, but potentially to policy makers, about how the 'fitness landscape' might be constructed in ways which support and promote locally driven processes of social change - processes which tend to be more inclusive and sustainable than those imposed from the outside.

The Healing Foundation creates the safe space to bear witness to the past and this leads to healing (Staff Member - Healing Foundation)

The Story of Trauma

The story of colonisation is a story of profound trauma for Aboriginal and Torres Strait Islander people. Such trauma is caused by past and ongoing discriminatory and disempowering practices. These include the experiences of children being removed from their families (the Stolen Generation), people being forcibly shifted from their land and homes, people being denied the use of their own language, and people being denied their right to cultural expression, and other practices.

The two most significant inquiries into past and present trauma faced by Aboriginal and Torres Strait Islander people are the 1991 *Royal Commission into Aboriginal Deaths in Custody* (RCIADIC) and *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. These reports, in their enquiry of two very different but inter-related questions and deemed to be of national significance, identified history and past government policies as a major cause of current and future trauma – direct and vicarious. Further, highlight the decimation of parenting and the creation of institutionalised parenting by the state that was harsh and inhumane. This led to an atrophy of connection to culture, land, values and spirituality both for self and community.

- ***Royal Commission into Aboriginal Deaths in Custody (1991)***

While the RCIADIC noted the over-representation of Aboriginal people in custody as the primary reason for the over-representation of deaths in custody, Volume 4, Chapter 26 noted the inter-relationship of the underlying issues. The report noted there were conditions that *“predispose Aboriginal people to offend and which explain why the criminal justice system focusses on them”* and that these are significant factors in the over representation. The report notes: the government policies under which Aboriginal people were controlled and excluded from mainstream society; the dislocation from land and culture; social and psychological legacies of the assimilation policy; and the inability of Aboriginal people to reunite with their families as the levers for problematic use of alcohol, self-destructive behaviour and interpersonal violence.

Though the Report is now 25 years old the recommendations are as salient today as they were at the time. Key recommendations suggested that redressing inequalities (social, economic, physical, health and wellbeing) will best occur through giving back to Aboriginal people the power to control their own lives – noting *“solutions imposed from the outside will only create their own problems”*. Further, the importance of Aboriginal organisations is reiterated through Volume 4 of the Report as is the need to afford the same organisations adequate control over resources and decision-making. The recommendations were named as the fundamental foundations for effective change.

The report provides a stark prediction that without attention to these inter-related issues over-representation and deaths in custody will more likely increase than decrease. This has overwhelmingly been the case.

- ***Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (1997)***

The National Inquiry traced the past laws, practices and policies which resulted in the separation of Aboriginal and Torres Strait Islander children from their families by compulsion, duress and undue influence. Through the many hundreds of stories that informed the report, it is clear that the past has disturbed the present for Aboriginal and Torres Strait Islander people as well as their families and communities.

It never goes away. Just because we're not walking around on crutches or with bandages or plasters on our legs and arms doesn't mean we're not hurting. I suspect I'll carry these sorts of wounds til the day I die. I'd just like it to be not quite as intense, that's all [Bringing Them Home, p. 178].

The Report notes the very negative consequences of removing children and stating the effects of separation on the lives of Aboriginal and Torres Strait Islander people has been devastating for both those who were removed and their families and communities.

This process has been tantamount to a continuing cultural and spiritual genocide both as an individual and a community experience and we believe that it has been the single most significant factor in emotional and mental health problems which in turn have impacted on physical health [Sydney Aboriginal Mental Health Unit quoted in Bringing Them Home, p. 197].

Why me, why was I taken? It's like a hole in your heart that can never heal [Bringing Them Home, p. 177].

For the majority of witnesses to the Inquiry, the effects have been life-long and profoundly disabling. The Report noted that the effects of removal do not stop with the children taken, stating generations of Aboriginal families continue to bear the brunt of government policies and practices which attempted to wipe out their rights and their culture. The unresolved grief and trauma of being taken has been inherited by future generations.

The Inquiry found that a high proportion of people separated from their families as children had their own children removed from their care.

There's things in my life that I haven't dealt with and I've passed them on to my children. ... I look at my son today who had to be taken away because he was going to commit suicide because he can't handle it; he just can't take any more of the anxiety attacks that he and Karen have. I have passed that on to my kids because I haven't dealt with it. How do you deal with it? How do you sit down and go through all those years of abuse? Somehow I'm passing down negativity to my kids. [Bringing Them Home, p. 222].

The recommendations in the Report were wide-ranging but clearly placed the concept of healing and well-being at the heart of a set of actions that could in some way go towards providing reparations for Aboriginal and Torres Strait Islander people. The emphasis was through empowerment of Aboriginal organisations and peak bodies to assist those removed and their families to trace family histories and begin the process of reconnection.

These two reports recognise the inter-connection of nearly all current challenges faced by Aboriginal and Torres Strait Islander people, families and communities across multiple dimensions to a history of trauma. They recognise a history where trauma is 'passed on' to future generations. That is, there is a transmission of trauma from Aboriginal people who experienced the worst of colonialism on their families and communities. For Aboriginal and Torres Strait Islander people a history of forced removal of children, policies such as racial assimilation, and socially sanctioned racism and violence are said to be drivers for intergenerational trauma, as are grief over the loss of land and culture⁴.

For many Aboriginal and Torres Strait Islander people trauma is therefore an ongoing experience, either because the discriminatory practices continue or because they live in families and communities where others have been subject to such practices and then pass the trauma on. It is this that leads to record numbers of young Aboriginal and Torres Strait Islander either incarcerated or in out of home care.

Both the RCIADIC and *Bringing Them Home* reports contain some fundamental recommendations to address trauma, specifically through a healing process that occurs through resources, control and empowerment being restored to Aboriginal and Torres Strait Islander people for sustained and effective change. As yet we have not listened.

The trauma suffered by Aboriginal and Torres Strait Islander peoples through the process of colonisation and through to the present day therefore is immense. Perhaps more importantly, the nature of the

⁴ Aboriginal and Torres Strait Islander Healing Foundation. (2012). *Our Healing, Our Solutions: Volume 3*. Aboriginal and Torres Strait Islander Healing Foundation, p.9

trauma is both collective and intergenerational. That is, as a result of past and present government policies, trauma takes place at the individual, family and community levels.

The experience of loss and grief is not of course, exclusive to Aboriginal and Torres Strait Islander people. Loss and grief are universal experiences and therefore, the availability of healing responses is to respond to the human condition. Clearly, some people feel trauma more acutely – according to context and experiences – and healing responses are therefore needed in different ways at different times and for different lengths of time.

The evidence for intergenerational transmission of trauma is now well known and accepted. Van Der Kolk (2015) provides a convincing analysis of the emerging scientific evidence.⁵ The Healing Foundation's own evidence – including the voices and experiences of Aboriginal and Torres Strait Islander people – supports the 'hard science'.⁶

Growing Our Children (Healing Foundation 2013) suggests the cumulative effect of historical and intergenerational trauma severely reduces the capacity of Aboriginal and Torres Strait Islander peoples to fully and positively participate in their lives and communities, thereby leading to widespread disadvantage. This is particularly true for our children and young people who have been witness to, and experienced first-hand, the trauma that past government policies have had on their families and communities. Without adequate support to overcome trauma, young people internalise their experiences and seek to find their own means of coping. This often results in negative behaviours such as high rates of drug and alcohol addiction, violence directed at themselves and others, criminal behaviour and interaction in the justice system, gang membership, homelessness and leaving school early.

According to *Growing Our Children*, psychological trauma is generally understood as the response of the mind and nervous system to a life-threatening experience that is so overwhelming it leaves the individual unable to come to terms with it. The traumatic event need not have been directly experienced. It can include threats to others the victim has a relationship with or those nearby. Witnessing or hearing about the traumatic experiences of another can have a lasting psychological impact. A person's response to trauma involves intense fear, helplessness or horror. In children, trauma responses may include disorganised or agitated behaviour.

Aboriginal and Torres Strait Islander children and young people may experience trauma through direct experiences of abuse, neglect and exposure to violence. They can also have secondary exposure through bearing witness to the past traumatic experiences of their family and community members as a result of colonisation, forced removals and other government policies. A key consequence of secondary exposure to traumatic experiences is intergenerational trauma. Intergenerational trauma is a form of historical trauma that is transmitted across generations. It is the trauma that is transferred from the first generation of survivors that directly experienced or witnessed traumatic events to the second and further generations (Atkinson, Nelson & Atkinson 2010 cited in *Growing Our Children*). Atkinson, Nelson and Atkinson (2010, p. 138) define intergenerational trauma as 'the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes'. Other researchers identified in *Growing Our Children* (e.g. Duran & Duran 1995) have suggested that historical trauma can become normalised within a culture because it becomes

⁵ Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York.

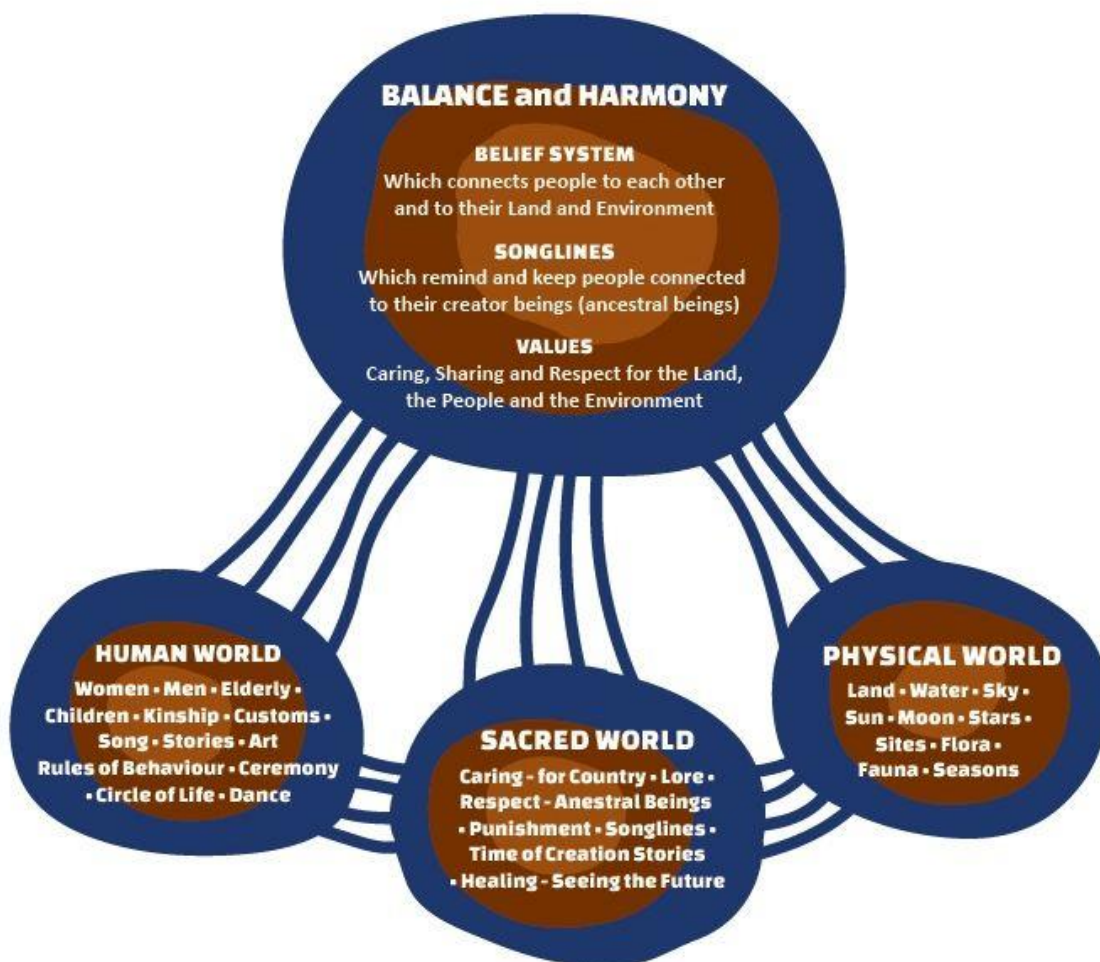
⁶ See for example Aboriginal and Torres Strait Islander Healing Foundation reports *Voices From the Campfire* (2009); *Healing Centres Final Report* (2012); *Growing Our Children Final Report* 2013).

embedded in the collective, cultural memory of a people and is passed through the generations using the same mechanisms by which culture is generally transmitted.

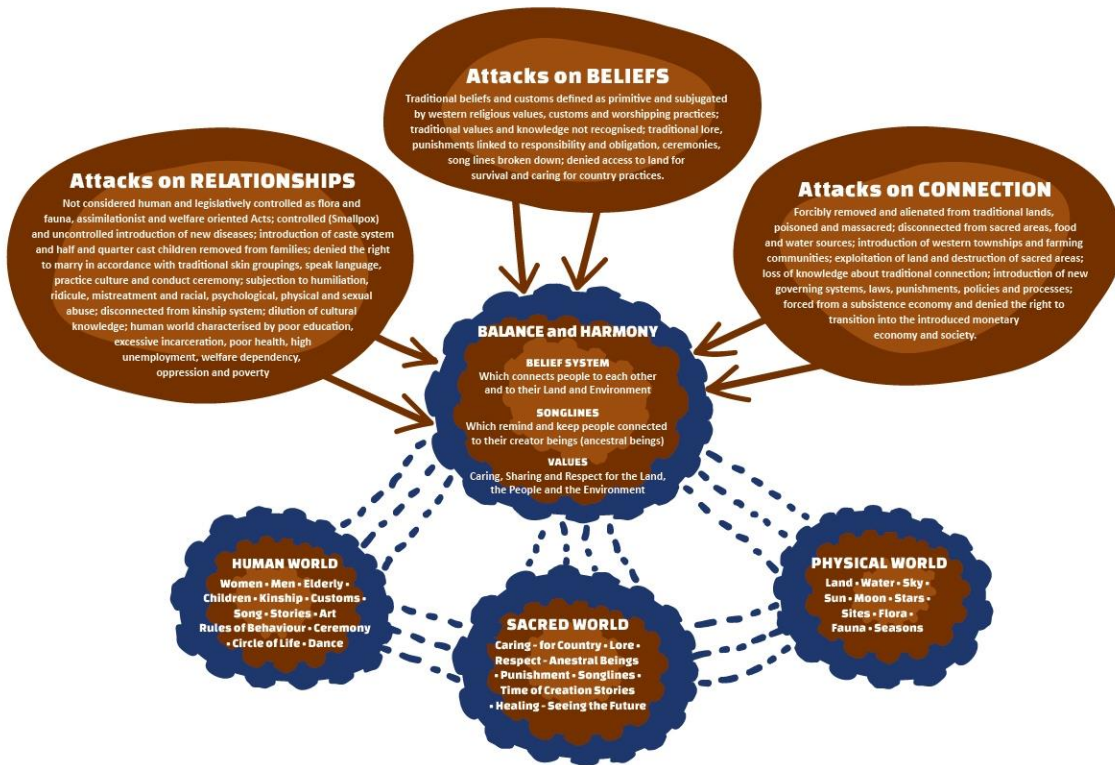
Colonisation took away identity, language, song, ceremony culture and made it prohibited by new laws and told our story through a new imposed education system. This has led to people becoming socialised in Australia ignorant of our real history and the trauma generated by colonisation.

Australia’s original inhabitants had successfully survived within a belief and knowledge system articulated through their innate understanding, appreciation and respect for all things within their human world, sacred world and physical world.

The diagram below shows the essential elements of these three worlds and those of the belief system, songlines and values that created balance and harmony prior to the arrival of the British in 1788. The diagram then highlights the impact of colonisation on the human, sacred and physical worlds and the story of trauma for Aboriginal and Torres Strait Islander people, families and communities.



TRAUMA IMPACTS OF COLONISATION



Saul (2014) demonstrates how collective trauma (such as is outlined in the diagram above) leads to the destruction of family relationships, networks, processes and structures where whole communities suffer a sense of pervasive despair, passivity and silence as well as lack of motivation and a loss of values and ethical mores. In collective cultures (in which individual's sense of self is submerged in wider social contexts), collective events and their consequences have more significance than in Western individualised societies. According to Saul, recovery must address the impact on the collective through multiple-level approaches.⁷ This is reinforced in a number of Healing Foundation Reports including *Voices from the Campfire* (2009) and *A Resource for Collective Healing for Members of the Stolen Generations*:

*Initially, I think healing is about recognition. Recognition, both internally and externally, of self, of others and as a collective that there are 'issues'. That there is pain. That there is anger and hurt and sadness that stems from past events. And that this anger, hurt and sadness is handed down, like an unwanted legacy, though the generations of our people. Once there is that recognition, collective recognition, of both Aboriginal and Torres Strait Islander people and of all Australians, then begins the process of healing. Healing is a change. A change of attitude, a change of behaviours that have become entrenched [Youth participant cited in *Voices from the Campfire 2009*]*

Indeed, the evidence from the Healing Foundation's work is clear, and lends support to the story of trauma outlined here. Across a number of reports and evaluations, the voices of Aboriginal and Torres

⁷ Saul, J. (2014) *Collective Trauma Collective Healing: Promoting Community Resilience in the Aftermath of Disaster*, Routledge, New York.

Strait Islander people talk clearly about the historical and contemporary effects of trauma being (across generations):

- The breakdown of family structures and relationships
- The loss of traditional roles and ways of being / doing
- The atrophy of the fabric of society / societies
- The sense of despair through loss of identity, land, culture, spirituality, values and ethical mores
- Abonnement and disconnection from self, land, culture, spirituality.⁸

The literature indicates that there are similarities in how trauma manifests for colonised peoples⁹. Common manifestations include alcohol and substance abuse, interpersonal violence, homelessness, physical illness, criminality, and disruption in meaningful social relations¹⁰. Suicide has also been linked to cultural disruption caused by colonisation¹¹. Evidence suggests that for Aboriginal and Torres Strait Islander people the trauma plays out in particularly negative ways.

As already noted, the *Royal Commission into Aboriginal Deaths in Custody* (1991) and the *Bringing Them Home* Report (1997), other academic literature and the stories told by Aboriginal and Torres Strait Islander people in the Healing Foundation's work point to strong evidence that the result of trauma includes (but is not limited to) loss of self, disconnection, loss of identity, a sense of failure and lack of control.¹²

"People do not know what trauma they are carrying but it leads to a loss of agency. Then they push up against agents of government".

The trauma affects all aspects of people's lives: spiritual, mental, physical and emotional well-being. This acts to disempower people which then limit their ability to control and direct their development and / or take up opportunities. Further, international research¹³ (for example Sen, 2005) points to the complex relationship between opportunities made available to people and their ability to act on these.

If people's ability to be able to consider and act, is limited and /or they don't have access to the resources they need to manage their lives, they are significantly less likely to take up opportunities to improve the situation even where these would seem to be in their best interests. Essentially, trauma leads to a lack of empowerment – a key requirement for Aboriginal and Torres Strait Islander people to take up development opportunities.

"Trauma leads to a lack of voice... it stops people being able to articulate their needs and dreams. We lose agency and influence maybe because of shame".

⁸ See for example Healing Forum Reports (e.g. *Alice Springs Forum* (2012), *Kaurareg Forum* (2012); *Healing Centres Final Report* (2012); *Training and Education: Journey to Healing – Volume 2* (2014); *Darwin Town Communities – Crab Claw Workshop Report* (2015); *Our Men Our Healing-Final Report* (2015).

⁹ McKendrick, J., Brooks, R., Hudson, J., Thorpe, M. and Bennett P. (2014) *Aboriginal and Torres Strait Islander Healing Programs: A Literature Review*, Aboriginal and Torres Strait Islander Healing Foundation, Canberra.

¹⁰ Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ontario: Aboriginal Healing Foundation, p.3

¹¹ Chandler, M. J., & Lalonde, C. (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry*, 35 (2), 191-219.

¹² McKendrick et al (2014) *Aboriginal and Torres Strait Islander Healing Programs: A Literature Review*, Aboriginal and Torres Strait Islander Healing Foundation, Canberra.

¹³ Sen, Amartya (2005). "Human rights and capabilities". *Journal of Human Development* (Taylor and Francis) 6 (2): 151–166. Nussbaum, Martha (2003). "Capabilities as fundamental entitlements: Sen and social justice". *Feminist Economics* (Taylor and Francis) 9 (2-3): 33–59.

The connection between trauma and the outcomes of trauma (violence, AOD use and misuse, self-harm and suicide) is not simple. Some people are affected more than others. Clearly, it's different for men and women and possibly different for people of different ages and possibly different Aboriginal and Torres Strait Islander cultural backgrounds.

Importantly, recent research suggests that not only has past actions disempowered people, but more recent Government policies have continued the disempowerment process. The provision of government resources (infrastructure, funding and programs / activities) has in some cases not only removed the ability to act in empowered ways but has removed or replaced traditional roles. That is, the 'state' intervenes and takes on the role of – for example – protector and provider, carer, nurturer and teacher. This can have the effect of removing the ability to 'pass' cultural knowledge.¹⁴

“Ideology creates trauma. It has been and remains related to the outside view telling us what to do. Then there is the friction between trying to work in with the outside world and keeping our culture. This friction causes pain and suffering and leads to trauma”.

As governments have sought to address the early trauma of colonisation they have responded to the outcomes of such trauma rather than the 'cause'. This has increased the breakdown of social trust rather than restore it. Rather than addressing the impact on the collective, in policy targeted at recovery, individuals have become pathologised and issues addressed. As Saul (2014) notes, individualised oriented ideologies and institutional practices often pose tremendous obstacles to addressing the collective consequences of massive trauma.¹⁵

Van Der Kolk (2014) points out that we are social creatures and that trauma devastates the social-engagement system and interferes with cooperation, nurturing and the ability to function as a productive member of the clan. Institutions often by-pass the emotional engagement system when attempting to deal with trauma.¹⁶

In terms of collective responses, acknowledgement, recognition, accountability and justice become pre-requisites for recovery at the individual and collective levels and when policies ignore or deny the truth or truth becomes way laid, re-written or worse written out of local and national histories the impacts of trauma are increased rather than reduced or addressed. This leads only to further breakdown of trust and increases blame, humiliation and shame for those communities that have suffered collective trauma.

It is clear that if external service providers and government fail to address (collective) trauma, policies will continue to undermine individual and community development. People will likely respond to the ongoing impact of trauma with negative behaviours for themselves and their families. Further, even when offered opportunities to change the situation the lack of control will mean that people are less likely to take up those opportunities. Finally, ongoing attempts by others to 'help' in such situations, without attention to underlying trauma and related issues, runs the risk of extending and perpetuating a sense of lack of control (and trauma) rather than promoting healing.

It is clear that trauma caused by policy has implications in the systems of society as much as it does at the individual and collective (community levels). Where there was once balance and harmony in the human, sacred and physical worlds there is now a fracture. The space between is filled with a breakdown of social trust, where disharmony and imbalance prevail. Where individuals and communities are left

¹⁴ McKendrick, J. H. (2012). 'Book Review : A Different Inequality by Broos, D. A.' *AlterNative* 8(3): 357-359.

¹⁵ Saul, J. (2014) *Collective Trauma Collective Healing: Promoting Community Resilience in the Aftermath of Disaster*, Routledge, New York

¹⁶ Van Der Kolk, B. (2014), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, New York.

feeling devalued and humiliated, with a sense of communal trust and decency no longer present. The impacts of this are profound in terms of empowerment and the taking up opportunities, as they are for recovery and healing at individual and collective levels.

The story of trauma therefore is one that has as the same time both historical and contemporary factors.

The Story of Healing

A major piece of the healing journey is understanding the past. What happened to us? What choices did we make that led to the layers of hurt? What was done to us? What did we lose? What did we use to have that we need to recover or rediscover?¹⁷

Healing is not something that can be delivered to people, it is something that requires the active involvement of the whole community. Healing grows from the inside out. It is easy to fall into the trap of becoming a “program” which provides certain services for people. But this way of operating can reinforce the dependency thinking underlying other community problems.

There is an overall assumption within the TOC for healing that has been validated through the Healing Foundation’s work and a review of international literature:

Aboriginal and Torres Strait Islander people who have experienced trauma will be unlikely to take up development opportunities without support for healing. Healing is an essential (although not sufficient) condition of any support for Aboriginal and Torres Strait Islander development in Australia.

The work of the Healing Foundation points to unambiguous evidence that healing activities can address the impact of trauma, and catalyse identity and connection for people - that is build their sense of self and control. The literature suggests that recognising and addressing *intergenerational* and collective trauma is central to healing for Indigenous people¹⁸, both in Australia and elsewhere¹⁹.

‘Healing’ essentially refers to the process by which people come to a stronger sense of self identity and connection and thus are able to act differently. There is a stronger narrative developed for their lives:

“Trauma leads to blame and involves blame whereas healing leads to empathy and a sense of responsibility. It says there is a better way where you don’t need to be afraid. We try to understand what’s happened or what is happening and making sense we look for an easy solution which is most often blame”.

The *Voices from the Campfires* report provides evidence that healing is a spiritual process that includes addictions recovery, therapeutic change and cultural renewal. It describes healing as a ‘holistic’ approach that addresses physical, social, emotional, mental, environmental and spiritual wellbeing²⁰. The (former) Aboriginal and Torres Strait Islander Social Justice Commissioner explained that healing recognises ‘*the interconnections between, and effects of, violence, social and economic disadvantage, racism and dispossession from land and culture on Indigenous peoples, families and communities*’²¹.

“Healing is an acceptance of the truth and accepting others might not accept it. Owning my own journey allows me to move on and not caring then what people think. Healing allows us to make decisions that are best for us and not what others think are best. It’s not just my truth anymore and that’s what the Apology did... it made it everyone’s truth and stopped the justification because the justification was exhausting... healing is acknowledging the pain”.

¹⁷ *Mapping the Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*, Aboriginal Healing Foundation.

¹⁸ Caruana, C. (2010). Healing Services for Indigenous People. *Family Relationships Quarterly*, 17, p.5

¹⁹ Aboriginal Healing Foundation. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ontario: Aboriginal Healing Foundation, p.3

²⁰ Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009) ‘Voices From the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation’. Commonwealth of Australia.

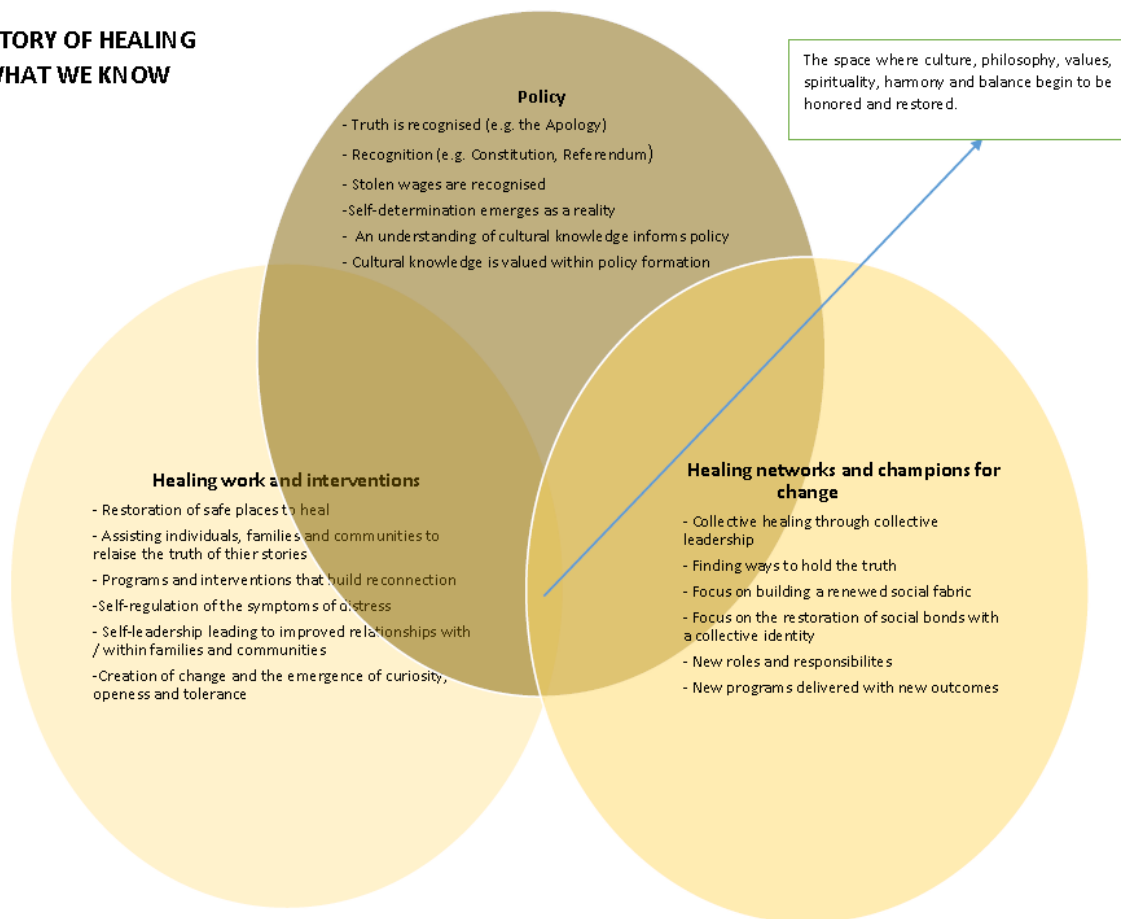
²¹ Aboriginal and Torres Strait Islander Social Justice Commissioner (2004) ‘Social Justice Report 2004’. Human Rights and Equal Opportunity Commission. Australian Government. Sydney. p57.

“It means you can go forward with your truth... with a strong sense of self but it takes a reorientation and requires agency. Sometimes we are too scared, too angry, and too numb”

It is clear from previous sections that collective trauma results in the destruction of family relationships, networks, processes and structures and for Aboriginal and Torres Strait Islander people means whole communities have and continue to suffer a sense of pervasive despair, passivity as well as silence, lack of motivation and a loss of values and cultural mores. The trauma is collective in nature and effect, disrupting all levels of human systems. Recovery therefore must involve collective processes of readjustment and adaptation and the mobilization of capacities for resilience in families and communities. To be effective healing, relief, rehabilitation and development programs must address the elements of collective trauma through integrated multi-level approaches.

Further, in order to make restitution the truth of trauma and loss needs to be documented, recognised, understood, valued and acknowledged in policy as well as in community and self.

**THE STORY OF HEALING
– WHAT WE KNOW**



Research describes the healing process for Aboriginal and Torres Strait Islander people as staged and a journey that is linear but not straightforward. It has some focus on the individual past but only as part of a family/community/society and is strongly connected to self-determination and empowerment. It must combine personal power with social and political power and connection to identity/culture/Aboriginal and Torres Strait Islander knowledge; and valuing this different knowledge.

“Healing happens when we share our story with others and we let go of the story in a safe place. The story becomes unhidden, an unhidden story, a story out there and that gives context to my anger”

The experience of Aboriginal and Torres Strait Islander people suggests the following can lead to healing:

- Identifying with cultural lineage and preserving and sharing cultural heritage
- Connecting with land, country and history and following cultural ways and using cultural skills in their work
- Strengthening community and acknowledging leadership and respecting self and others and reconnecting with their spiritual selves
- Creating grieving space and healing time.²²

While Aboriginal and Torres Strait Islander people – and numerous organisations – have sought to (re)initiate activities to support these themes. Without the networks and support systems, and indeed without policies that support them, neither healing nor change can be sustained. Van Der Kolk (2014) notes, when talking about trauma and trauma treatment he is often asked to leave out politics but politics – as this document notes - cannot be separated from trauma. Van Der Kolk suggests that as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail. People’s income, family structure, housing, employment, and educational opportunities affect not only their risk of developing traumatic stress, but also their access to effective help to address it. He rightly suggests that

poverty, unemployment, inferior schools and education, social isolation and substandard housing are all breeding grounds for trauma. Trauma breeds further trauma: hurt people hurt other people” (p.348).

In terms of a TOC for healing, the *Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities* (2002), attempted to map the healing journey. The report was unambiguous with regard to the importance of policy, structures and systems that must be in place to support individual and community healing. Healing needs leadership across the three domains.

The report suggested leadership for healing normally comes from one of three sectors: grassroots community members, professional agencies and departments, or political leadership. Eventually, as communities heal, all three sectors become engaged. A community’s healing journey is often initially catalyzed by a small group of people who devote themselves to this work over a period of many years, frequently at great personal sacrifice and with very little recognition. In many communities, women have been the backbone and catalyst for the healing work.

The report finds that the participation and support of political leaders is a critical piece of the healing journey for communities. When it is missing, the healing process seems to limp along or lose momentum. The control over several important prerequisites to community healing resides within the governance system and leadership patterns of the community. Indeed, the report goes on to say that leaders seem to have the power (perhaps granted to them by a passive population) to stop healing processes if those processes appear likely to pose a threat (such as shedding light on past or present abuse or corruption). The report found that support from the community’s political leadership makes a big difference. It validates the importance of the healing work, it helps channel resources for healing work and it empowers people.

²² Within the Healing Foundation documents reviewed as a means to informing this TOC the voices of Aboriginal and Torres Strait Islander people consistently identify these key themes as being integral to the healing process. Of the many documents that best articulate this refer to *Voices from the Campfire; Our Healing Our Solutions; Training and Education: Journey to Healing – Volume 2; Healing Centres: Final Report; Our Men Our Healing – Final Evaluation Report.*

The report makes the salient finding that healing is inseparable from economic and social development and nation building. Healing becomes much more than an individual journey into personal wellness. It is the rebuilding of a nation and as such requires systematic long-term work that accounts for the dreams and aspirations of individuals, the transformation of the current political system, the development of a sustainable economic foundation and the recovery of language and culture.

Finally, the report notes that the renewal of spirituality in general and indigenous cultural forms of spirituality in particular, is very central to the healing journey for most Aboriginal communities. When communities have been forcibly separated from their own spiritual roots for a long enough time, a lack of vision and coherence at the core of community life tends to make it difficult for the people to “see” any pattern of life for themselves other than the one in which they are currently enmeshed. On the other hand, it has been clearly demonstrated that rekindling spiritual and cultural awareness and practices can greatly strengthen the coherence and vitality of a community healing process.²³

This supports our assumptions within the TOC. Where previously there has been a separation of the three domains of policy, networks and individual / community, there must be a coming together of them and increasing congruence between them if healing is to be enhanced and change sustained. When there is increasing congruence healing work has the best chance to restore culture, spirituality, values and ethical mores and balance and harmony begin to emerge again. In this Aboriginal and Torres Strait Islander people, families and communities then become empowered to take control of their own lives and develop and implement their own solutions. As the Healing Foundation evidence sufficiently demonstrates, things change at the individual, family, organisation and community levels.

²³ *Mapping the Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*, Aboriginal Healing Foundation.

The TOC and the Healing Foundation

Healing is not something that can be delivered to people, it is something that requires the active involvement of the whole community. Healing grows from the inside out. It is easy to fall into the trap of becoming a “program” which provides certain services for people. But this way of operating can reinforce the dependency thinking underlying other community problems.²⁴

The previous sections described how trauma impacts upon the lives of Aboriginal and Torres Strait Islander people and their communities. It also outlined how healing can be enhanced.

“Healing is a progressive work of finding solutions to problems. We know that you have to heal first to move forward in roles in family, community and society. It’s about reconnection that leads to empowerment [Healing Foundation employee]

In reviewing the work of the Healing Foundation since it was established, it is clear that activities that have sought to initiate and enhance the healing process have had some impact at the individual, family and community levels.

At the individual level there were several themes that are common within evaluations that support healing process. This included people being able to feel safe, to have hope, to have belief in the possibility that they and things around them can be different, and the need for people to belong. Overwhelmingly the word used most often is ‘connectedness’: that people reconnect with essential elements of family, spirituality, country and lore. This is the converse of the effects of trauma where people feel disempowerment and where traditional roles have been removed. Connection seems to imply empowerment to reconnect with traditional roles, culture and ceremony.

A useful way of describing this is that as a result of healing, people will be able to start defining and acting on their own solutions. What is still largely unknown or not clearly articulated in international literature and Healing Foundation documentation is:

- How sustained is the change?
- How fragile is the difference for people when other levels remain oppressive?
- How is the path different for men, women, children, and old people?
- How does the Healing Foundation support individuals’ long term?

At the family level impact is observed but less clear. There are two ideas contained within the TOC for healing with regard to family.

The first was that of family as part of the healing process or as part of the process to prevent further trauma. So a strong family can be a protection against some of the ongoing nature of trauma.

The second conceptualisation is family as the place where individuals will be able to behave differently. More connected individuals will begin to care for their family and to connect more with their family. There were notions of congruency between individual healing and family well-being. But this is an area where more information is required around the impact being sought and then the possible long term results of this. The adoption of the TOC for healing can begin the process of determining what the Healing Foundation does to sustain change for families and/or how it can utilise the family to support change in people.

²⁴ *Mapping the Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*, Aboriginal Healing Foundation.

At the community level, healing is about supporting the community to develop their own solutions to what they perceive as their problems. It's about 'investment in their place'. It works well when community are able to have information and a product that they can then use to support change and begin a change process. It is clearly important that other actors in the community support the notion of dialogue around the issues. It seems the community benefits when the healing process is inclusive of different people in the community so that the process is reinforced in different relationships and in different interactions. What is less clear is how inclusive these community approaches are and what aspects of community life they address or change.

In reviewing the literature published by the Healing Foundation, and particularly the evaluations of initiatives, funding and projects, it is clear the focus has been within the three domains of change outlined so far. That is:

- Context and enabling environment where the political context, policy and opportunities can be influenced
- Strengthening an eco-system of individuals, networks and organisations that are champions / allies for healing
- Healing work and interventions through funding community-based programs that contain the elements of quality healing programs.

This is further reinforced by the work undertaken by the Healing Foundation in 2014 to develop an Evaluation Framework for healing. An independent review of commissioned evaluations determined that the work of the Healing Foundation would allow for an organisational evaluation framework with the following four key result areas (KRA) and associated indicators.

Key Result Area	Indicators
An environment for healing communities	<ul style="list-style-type: none"> - Programs support individuals and communities on the pathway to healing - Communities are building an awareness of trauma and its impact on healing - We are supporting communities to lead the healing agenda - Healing has a voice in the community - A quality healing workforce is being developed and sustained - People are connected with their culture - We contribute to a growing understanding of healing in the broader community.
An environment for healing in policy	<ul style="list-style-type: none"> - The impacts of trauma and the importance of healing are communicated in a way that is meaningful to Government and other key stakeholder - The Healing Foundation has a clear policy agenda - The Government reflects healing as part of its policy and funding approach - The Healing Foundation has a persuasive narrative about healing.
A reputation for healing expertise	<ul style="list-style-type: none"> - Research and evaluation is used to build a reputation for healing that is substantiated and sustained - Governments and other organisations seek advice from the Healing Foundation - Communication is active and effective - Networks are built strategically and maintained with the Government, communities, corporate and education sectors.
A strong and sustainable organisation	<ul style="list-style-type: none"> - A common vision and purpose is aligned at all levels of the organisation, including strategic planning and implementation - The Healing Foundation has strategic partnerships that are mutually viable - Administrative processes are effective and efficient - Funding is sustained and diversifying.

This aligns well with the story of trauma and the story of healing outlined in this document. It is also consistent with frameworks developed by the Overseas Development Institute's Research and Policy in Development (RAPID) program, which works at the interface between knowledge, policy and international development practice²⁵.

Furthermore, there is consistency with international research on 'developmental leadership' and collective action. This literature points to the importance of establishing networks or 'reform coalitions' that can create or seize 'critical junctures' or opportunities in the policy space or public arenas²⁶ which provide more of an enabling environment for local, bottom-up processes to progress.

It also assists in exploring what might happen if one or more of the domains are positive, or indeed negative, and therefore helps address questions of strategy in these cases. This has already been evidenced in this document as government responses to the 'outcomes' of trauma clearly increased trauma itself and the effects.

The Healing Foundation has sought to work through local agencies and organisations and has received applications for funding for a set of activities aligned to strategic outcomes. Initially, the organisation was driven by recognition of the needs for healing and trauma informed programs and services and also significant pressure from the Commonwealth with regard to short-term expectations / deliverables.

Over time the Healing Foundation has become better informed by experience; both international as well as from its own work. The Healing Foundation has become better at understanding what works and what challenges or limits the outcomes it can achieve. It has therefore developed some criteria for this selection, based on ongoing experience. The Healing Foundation has developed the following as the key elements of a quality healing program²⁷:

- Developed to address issues in the local community
- Driven by local leadership
- Evidence and theory base
- Combine western methodologies and Indigenous healing
- Understand the impact of colonisation and trans-generational trauma and grief
- Build individual, family and community capacity
- Pro-active rather than reactive
- Incorporate strong evaluation frameworks and feedback mechanisms

As the TOC better informs the work of the Healing Foundation, more clarification will be sought with regard to how the criteria is applied in practice and what gives the Healing Foundation confidence that an activity is likely to lead to sustained outcomes.

To date, people participate in the activities and reporting of these activities indicates such participation is significant for many people. This process works well when individuals recognise for themselves the negative aspects of their behaviour and actions and want / decide to make some change. The Healing Foundation can contribute to this opportunity for people and can facilitate much of the process that

²⁵ For more on the background to RAPID see <http://www.odi.org/programmes/rapid/our-work>, also see associated guidelines such as the [Rapid Outcome Mapping Approach](#) (ROMA)²⁵

²⁶ See for example work of the Developmental Leadership Program <http://www.dlprog.org/about-us.php>

²⁷ It is worth noting that a number of these elements are consistent with recent thinking in the international development literature for example as brought together in the 'Doing Development Differently' manifesto, see <http://doingdevelopmentdifferently.com/the-ddd-manifesto/>

supports them through this understanding, but clearly there are also many other influences that operate to create the right conditions and opportunity for individuals to get to this point.

There is more work to be done with regard to identification of what other influences there might be and how important these influences are in bringing people to a point of engaging in a healing process. This will lead to identification of the elements which can be / should be replicated, stimulated or encouraged.

It is clear that while sustained change is hard to secure or guarantee, there were some factors that the Healing Foundation believes enhance change and long-term change at that. These include:

- Proposals that are well thought out and that have a good vision and where there is solid framework / theory behind it
- Projects that “do best” were those that are already integrated within their communities and where there are clear outcomes articulated and focused on
- Projects that come from strong Aboriginal community controlled organisations and where there is sustained commitment to healing and healing processes outside of the actual project
- Projects that have strength often have other providers and partners involved or supporting them
- There is heightened confidence when projects are led by community members and the community more generally.

Accordingly, an assumption in these statements is that healing works best when it is in combination with other strengths and activities. For example, healing works best when there is a good organisation or a strong community with other activities established and where healing can come in as part of a wider package of change. This suggests healing is not a ‘cure’ on its own but works best when it is part of a comprehensive enabling approach.

Accordingly, the Healing Foundation facilitates the interaction with other local services, looking to services which will reinforce a healing approach. At the community level the Healing Foundation activity works well when other service providers support and reinforce the need and approaches to healing. But clearly at this level there are also many other influences that impact upon people and would support, or not, an ongoing healing process. The TOC needs to account for how other service providers are included and how their practice is influenced to ensure it supports an ongoing healing process.

In the ongoing development of the TOC there is a need to better identify what else goes on – or needs to go on - at this level that enables or disables the community from further healing and what the ongoing connection is between the Healing Foundation and the programs it funds and the communities it supports. Some enabling features that are common across all effective programs include:

- Acknowledgement of and identification of the trauma and the need for healing.
- A safe space to explore the person’s experience
- Challenge to think differently
- A focus on subsequently acting differently
- The incorporation of Aboriginal and Torres Strait Islander knowledge
- Connection to culture (use of language, art, storytelling, elder wisdom)
- Connection to other activities
- Reconnection to family.

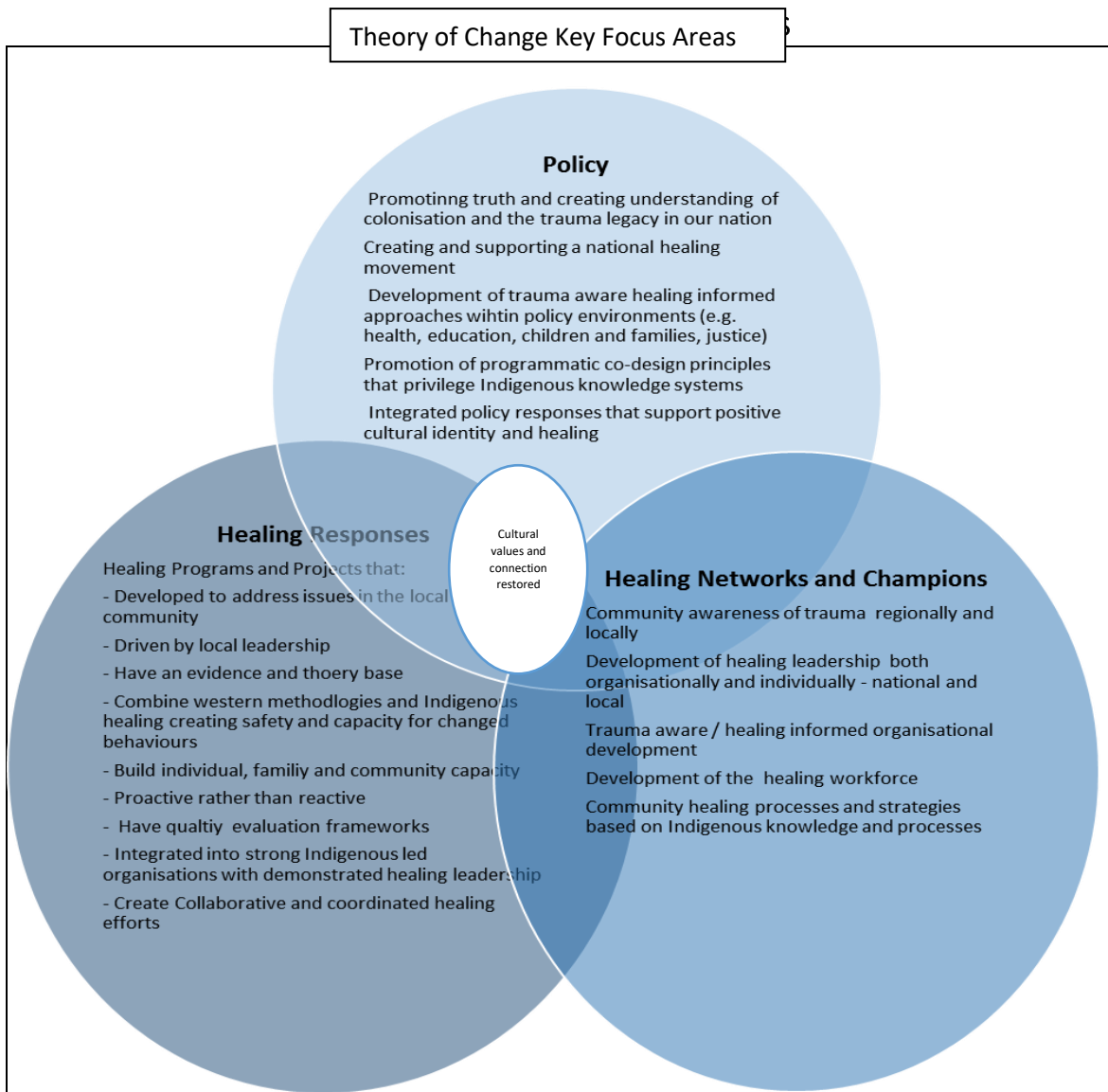
At the policy level, the Healing Foundation so far works opportunistically to utilise ‘friends’ and ‘champions’ in the bureaucracy as it advocates for change in program and policy. It also works in ways that engage politicians to a certain degree in the nature of the problem in order to get their broad support. At this level the Healing Foundation does not seem to push for substantial policy and practice change as yet, being mindful of the limits of their influence.

“We are an enabler and we don’t come with the problem, blame or judgement... nor are we prescriptive or forcing people to ‘fix it’... we carry no sense of authority or power”

“We get the processes in place for people to succeed... we are facilitator, enabler, advocate and theorists. We work to enhance the work of the creators, practitioners and implementers. Actually we are facilitators for great work”

“We build relationship and keep people and relationships safe through inclusive processes and processes have to match what healing is. When done well there is trust and safety”

It is clear therefore that considering the story and impact of trauma and the story of healing, that the case for the three domains of change proposed within this TOC for healing is strong. The diagram below details the critical elements and focus areas of change that is required based on current international and national evidence to create sustainable healing within Australia.



The Healing Foundation’s experience clearly indicates that where there is a positive alignment (congruence) across these domains then sustained and positive change is more likely to occur.

The TOC for healing makes claim to the three domains of change having currency for framing how healing can be facilitated at the individual, family and community levels. In investing in these domains of change, empowerment, resources and opportunities emerge and as monitoring and evaluation focuses on the independent and interdependent effects of each domain the TOC will evolve and continue to guide strategic actions the Healing Foundation takes moving forward. Essentially, the TOC guides a theory of action whereby:

- *Political and Policy Context:* the Healing Foundation will seek to influence the policy context that best enables healing to take place. That is, advocate and promote a national movement of healing and respond to policies and practices that disempower, remove control and resources and in turn reduce the opportunities for healing – and potentially produce / reproduce trauma
- *Eco-System of Individuals, Networks and Organisations:* the Healing Foundation will seek to identify and garner support from individuals, organisations and peak bodies that support healing

as an essential but likely not sufficient condition of any support for Aboriginal and Torres Strait Islander development in Australia. The increased influence of the CEO through participation and membership of key bodies, Councils and Reference Groups is already having effect.

- *Healing related work that the organisation supports:* the Healing Foundation will continue to support programs and practices that have a good vision and where there is solid framework / theory behind it. Programs that are integrated within communities and where there are clear outcomes articulated and focused on and that come from strong Aboriginal community controlled organisations and where there is sustained commitment to healing and healing processes outside of the actual project and that are led by community members and the community more generally.

This then leaves the question of learning and adaption and how monitoring and evaluation can inform this TOC and future investments by the Healing Foundation.

Implications for Monitoring, Evaluation and Learning

From this Framework, there are a number of implications for how the Healing Foundation approaches strategy and program design. These might include:

- Mapping the current portfolio of activities against this framework including what might be considered ‘non-program’ activity which might fall under the domain of networking, coalition building and advocacy/campaigning;
- Updating the organisation’s contextual analysis to include an assessment of current openings in the political or policy environment which might be exploited, and how longer term opportunities or policy shifts might need to be created²⁸;
- Undertaking an analysis of current partners, networks, alliances and potential coalitions and assessing the degree to which these align with the opportunities identified;
- Reviewing current program design, grant allocation and management processes so that they are aligned with this strategy and some the factors identified above that the Healing Foundation believes enhance change and long-term change. These processes need to include the more informal processes of networking and advocacy which the organisation undertakes, as well how choices about who to ally with and how to nurture contextual change are more effectively made.

From the above it is clear that there are a number of key elements that any Monitoring, Evaluation and Learning system (or as noted at the very start of this document ‘Learning and Adaption’) needs to track, and to provide evidence for. This includes in particular:

- The contextual enabling or disabling factors that influence the degree to which healing work contributes to sustainable change: How are things changing for Aboriginal and Torres Strait Islander people? Where is the Healing Foundation located in this bigger picture?
- Decision-making about which partners and what programs to support: Is the Healing Foundation investing in the right forest? Are we doing the ‘right thing’?
- The degree to which programs are working in ways consistent with the key elements of an effective healing program and the factors that sustain long-term change: are we/others doing the ‘thing right’?
- To what extent is the Healing Foundation building the relationships and alliances necessary to create and seize opportunities to influence broader policy and practice change: Are we doing as much as we can to shape the environment in which we work?
- The degree to which the Healing Foundation is contributing, directly or indirectly, to changing Aboriginal people’s lives for the better; are we making a difference?
- How effectively is the Healing Foundation learning about its successes and failures, and the changing environment it is working in, and adapting as a result?

²⁸ There are a number of conceptual frameworks which the Institute has used which might be useful for this including Rao & Kelleher’s analytical framework, or those suggested by the Developmental Leadership Program under its ‘Thinking and Working Politically’ workstream.

Answering these questions requires building an evidence base and learning process which builds the Healing Foundation's knowledge over time. It is not a question of necessarily being able to prove the causality in the sense of A leading to B leading to C in all cases, but more of reducing uncertainty and gradually building a body of evidence and knowledge over time, and recognising that the same activities will produce different outcomes in different places²⁹.

Some of the challenges in doing this include³⁰:

- Developing some simple questions that partners and staff can ask consistently in order to assess program quality, and capture short-term changes as well as contributions to longer term change (see below for some examples and ideas about how they might be answered)
- Establishing a cycle of reflection and learning moments that can create a safe-space to undertake 'sense-making' of what is being learnt and what might need to change as a result
- Developing partnerships or support for some more robust or independent assessment which might address some of the harder questions to answer
- Investing in adequate resources in M&E and associated communication.

One option for the Healing Foundation might be to explore whether existing systems which are consistent with its way of working might be adapted. For example Outcome Mapping³¹ is a planning and M&E method which is used across the world in programs in which behaviour change is central and where outcomes are unpredictable. The advantage being that there are a whole suite of associated tools already developed and trialled, and an existing community of practice to learn from.

The table below provides some M&E questions and how these can be addressed as a beginning point for developing a M&E Framework informed by, and designed to further inform, the Theory of Change for healing

²⁹ In this sense approaches such as Developmental Evaluation (http://betterevaluation.org/plan/approach/developmental_evaluation) or Realist Evaluation (http://betterevaluation.org/approach/realist_evaluation) are probably better suited to the Healing Foundation than some others

³⁰ Roche & Kelly (2012) <http://publications.dlprog.org/Monitoring%20and%20Evaluation%20when%20Politics%20Matters.pdf>

³¹ See <http://www.outcomemapping.ca/resource/start-here>

Possible Key Questions for Monitoring, Evaluation and Learning	How?	Who?	When?
Healing Work			
<i>Is the Healing Foundation supporting the right 'communities' and partners?</i>	Annual Reflection based on Partner reports and responses to other questions	Healing Foundation staff	Annually
<i>Are these programs being implemented in ways that are consistent with good and emergent practice?</i>	Observation and community feedback plus independent monitoring (?)	Healing Foundation staff plus independent M&E team	Every six months with independent review every 3 years?
<i>What changes are being experienced by individuals, groups and communities?</i>	Monitoring visits, community and other service provider feedback and broader data if available	Healing Foundation staff plus independent M&E team	Every six months with independent review every 3 years?
<i>What will be done differently as a result of what is being learnt? Including what HF's work with alliances might need to address?</i>	Annual Reflection	Healing Foundation with partners and allies	On an Annual Basis
Networking and Influencing			
<i>Is the Healing Foundation part of the alliances and networks most likely to promote change?</i>	Coalition, Network and Outcome mapping	M&E/research support?	Annually
<i>To what extent do these alliances have the ability to create, and respond, to contextual change?</i>	Coalition, Network and Outcome mapping	M&E/research support?	Annually
<i>What changes in policy or practice have these alliances achieved?</i>	Policy Monitoring	Healing Foundation staff member?	Ongoing
<i>What will be done differently as a result of success and failures?</i>	Annual Reflection	Healing Foundation with allies	On an Annual basis
Contextual Change			
<i>What changes in policy are impacting on the work of the Healing Foundation?</i>	Policy Monitoring	Healing Foundation staff member?	Ongoing
<i>How is the Healing Foundation adapting in the light of these changes?</i>	Annual Reflection	Healing Foundation senior management and staff	On an Annual Basis

Conclusions

This document has outlined a Theory of Change for healing to assist the Healing Foundation to better articulate how healing can lead to positive social change for Aboriginal and Torres Strait Islander people. For the Healing Foundation, a TOC is and will continue to be an ongoing process of reflection to explore change and how it happens. The TOC allows the Healing Foundation to explore the part it plays in a particular context, sector and group of people.

Appendix 1: Methodology

The Theory of Change for healing outlined here has been developed by the Healing Foundation, in partnership with Social Compass and the Institute for Human Security and Social Change at La Trobe University. However, it has been a collaborative exercise inclusive of a number of key stakeholders.

The key elements driving the development of the TOC have been:

- a. Development of a Consultancy Brief and appointment of consultants through an open tender process.
- b. The appointment of Social Compass, in partnership with the Institute for Human Security and Social Change, to lead the development of the TOC for healing (March 2015).
- c. Inception meeting held at the Healing Foundation (April 2015) to define both the methodology and the workplan to deliver the TOC.
- d. A review of Healing Foundation material including internal papers, literature review, published data analysis reports, published resources, and external evaluation reports. The review aimed to identify, and where possible validate, the key assumptions and conditions by which change was occurring and build a picture of the change process (as far as it could be identified and understood).
- e. Workshop 1 (Melbourne – July 2015)
Once the document review was completed, findings from the review were presented back to the Healing Foundation through a facilitated workshop. The aim was to deepen the understanding of the findings and explore any gaps in the findings. The workshop was both reflective and considered and enhanced the process of developing a clearer articulation of trauma, healing, theory and practice.
- f. Workshop 2 (Canberra - August 2015)
The key ideas and theorising from Workshop 1 were presented to, and explored with, key staff within the Healing Foundation. Certain aspects of the developing TOC for healing were 'tested' with the group. This proved to be affirming in terms of the direction being taken.

With these assumptions in place, Social Compass and the Institute for Human Security and Social Change returned to the literature (Healing Foundation publications / resources, Australian academic literature and international research) to examine the degree to which the assumptions could be supported / validated and then to what degree they would need more 'testing' and / or clarification.