Evaluation of the Akeyulerre Healing Centre

Final evaluation report prepared by the Charles Darwin University Social Partnerships in Learning (SPiL) Consortium

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Evaluation of the Akeyulerre Healing Centre

30 April 2010

1 Executive summary

1.1 Introduction

Akeyulerre was established by Arrernte Elders and community members as a place for Arrernte and other Aboriginal people to enjoy their cultural life and practice. It was designed to give people the right to access their own knowledge systems their way. It was established so that young people would feel proud of their culture and know that their culture and knowledge is strong. It was also established to work in partnership with mainstream western systems to ensure a strong understanding of cultural knowledge systems. In 2008, Akeyulerre received funding from the Department of Health and Community Services (now Department of Health and Families), to operate the service for three years. A requirement of the funding was that an evaluation of the service should take place. Charles Darwin University’s (CDU) Social Partnerships in Learning (SPiL) consortium was contracted to carry out the evaluation, commencing April 2009. Members of the SPiL evaluation team worked with the Tangentyere Research Group (TRG) to carry out consultation, data collection, analysis and report writing activities. This report details the findings of the evaluation. It includes recommendations for Akeyulerre and the Department of Health and Families.

1.2 Methodology

The methodology employed for the evaluation involved a mixed methods approach. The approach needed to be particularly sensitive to the Aboriginal context in which Akeyulerre is embedded. The evaluation was built around four questions which were negotiated with Akeyulerre in the early stages of the evaluation:

1. How does Akeyulerre support health and well-being for Arrernte people?
2. How can/does Akeyulerre support cultural maintenance for Arrernte people?
3. What needs to be done to underpin sustainability of Akeyulerre?
4. How can traditional knowledge be used in mainstream service delivery?

An evaluation plan was developed in conjunction with staff and committee members at Akeyulerre. This was finalised in June 2009. As part of the evaluation plan, an Advisory Group was established to provide direction and advice to the evaluation. It met in June 2009, September 2009 and again in March 2010.

Data collected included a series of 20 interviews (10 external stakeholders and 10 Aboriginal stakeholders), review of over 450 photographs and videos taken mainly by Akeyulerre staff, and relevant documentation provided by Akeyulerre. Data collection commenced in September 2009 and continued through to February 2010. Analysis of the data was carried out in part through the identification of themes and thematic relationships using qualitative analysis software and through a series of three reflective practice/writing workshops held between CDU and Tangentyere Research in January, February and March 2010. Writing up of findings, discussion and recommendations was carried out collaboratively by both teams during March and April 2010.
1.3 Key findings

The evaluation of Akeyulerre has highlighted the significant gap that it fills among Arrernte people in the Alice Springs region. The funding provided by the Department of Health and Families (DHF) has been invaluable in providing the necessary base from which Akeyulerre can pursue future directions. While it may be difficult to fully articulate the findings in mainstream terms, so they reflect the significance of the activities Arrernte families engage in through the Healing Centre, there is ample evidence in this report to demonstrate the valuable outcomes of Akeyulerre. However, before we summarise these outcomes, it is important to recognise the Aboriginal understanding of healing and how that then translates into a culturally functional healing centre.

Healing in this context should not be equated with mainstream conceptions of health or well-being. Healing is defined in terms of spiritual, social, physical and emotional wellness that is connected to family, culture, language and country. Healing is achieved through a combination of what on the surface may seem to be simple activities, such as bush trips, collecting bush medicines and bush tucker, barbecues, story-telling, singing and dancing. However, surrounding these activities is a spiritual dynamic that is expressed through the work of Angangkeres, in ceremonies, and in the transmission of knowledge from one generation to the next. It is about keeping culture strong, reconnecting with country, and building a sense of belonging.

Akeyulerre is carrying out a range of activities that are highly important to supporting family based Aboriginal health in Alice Springs. The list of potential activities for Aboriginal healing noted in the Literature Review are evident in the data collected for this evaluation. The damage and trauma inflicted on Indigenous people by colonisation and that is demonstrated through current levels of violence, the stolen generation and the like are reflected in the local Alice Springs population. Examples of healing through Akeyulerre activities such as counselling, Aboriginal medicine, engagement of the youth, increased engagement and learnings by all generations, increasing pride and increasing cultural guidance were prevalent in the data.

Translating these activities into mainstream ‘measurable outcomes’ is problematic. From a mainstream perspective, service providers were able to articulate several outcomes that connect to a range of desirable health and social outcomes. The outcomes can certainly be described in terms of improved mental health, engaged processes of education and learning for young people and adults, social inclusion, support for aged care and disability services as well as crime prevention and prevention of substance abuse. Akeyulerre provides a foundation for engaged families that will support them to overcome the effects of trauma, loss of culture and disengagement from social supports.

The question of sustainability is a complex one. The strong sense of local Aboriginal ownership and control, directed as it is from the elders, leads to an inherently sustainable structure. There may be a need for the development of specific skills related to preparing funding applications and promoting the benefits of Akeyulerre. We are conscious of the fine line that exists between Akeyulerre as a relatively small organisation with limited capacity and the desire to see the ‘services’ it offers to families expanded. To this end, funding that is sought needs to be carefully targeted to meet the needs as they are articulated by the Elders—not the needs as they are identified by workers or mainstream service providers. Further, this funding needs to operate both on a core funding basis and on a flexible funding basis so that Akeyulerre may access further amounts of funding as it grows in its own time.

The question of use of traditional knowledge in mainstream services is in some ways quite simple to answer: it cannot. Traditional knowledge can only be used by the owners of that
knowledge and in ways that are consistent with the culture in which that knowledge is embedded. That said, there are things that mainstream services can do to support the use of traditional knowledge. It is important to acknowledge that the lessons learned from Akeyulerre cannot necessarily be translated to other contexts—except in as much as processes and principles can be taken from one place and applied to another.

### 1.4 Recommendations

Nine recommendations are offered for the consideration of Akeyulerre and the Department of Health and Families.

**Recommendation 1**

It is recommended that DHF continue to fund Akeyulerre at least to provide core levels of service.

**Recommendation 2**

It is recommended that Akeyulerre consider development of a targeted information dissemination strategy that incorporates: a) information for potential partner organisations; b) information for potential funders; and c) information for the general public.

**Recommendation 3**

It is recommended that DHF support Akeyulerre in its role as the primary agent in Alice Springs for Angangkere services as well as publicly available cultural knowledge.

**Recommendation 4**

It is recommended that DHF strengthen Aboriginal Support Services at Alice Springs Hospital to enable workers to better advocate for the traditional healing needs of patients.

**Recommendation 5**

It is recommended that for DHF and other government departments to better support the use of traditional knowledge in Aboriginal Service delivery a stronger partnership approach should be adopted.

**Recommendation 6**

It is recommended that DHF accept an application for funding from Akeyulerre for specific infrastructure projects such as disability ramps and toilets.

**Recommendation 7**

It is recommended that DHF accept an application for funding for a targeted youth program, to build on the intergenerational aspects of Akeyulerre’s work.

**Recommendation 8**

It is recommended that as part of the Department’s funding of Akeyulerre allowance is made for payment of helpers that carry out important tasks (such as caring and cooking) through a small pool of funding.

**Recommendation 9**

It is recommended that DHF explore a flexible funding model, so that Akeyulerre can respond to needs as they arise for specific purposes.
2 Introduction

Akeyulerre was established by Arrernte Elders and community members as a place for Arrernte and other Aboriginal people to enjoy their cultural life and practice. The strategic direction was established at community meetings in 1999 and 2001 and Akeyulerre was incorporated in 2000. The Akeyulerre Business Plan (Akeyulerre Inc. 2010) describes the purpose of the Centre:

"Many of the very senior people who set the foundation for Akeyulerre have passed away however their vision has continued—to create a centre in Alice Springs that is based on Arrernte culture and practice, where older people can teach younger people, where people who are feeling lost from grief can sit down and have company, where the spirit of the community could be healed through ‘the old ways’—the Angangkeres, bush medicines, bush foods, smoking ceremonies, song and dance—and connection to country. The centre was designed to be a place for families and community coming together, following traditional lines of decision making and respect, where people could access services in their first language and where the centre could assist and support people to access their own cultural practices and life, ensuring their continuance and ensuring a stronger future for children and families."

Akeyulerre was established to give people the right to access their own knowledge systems their way. It was established so that young people would feel proud of their culture and know that their culture and knowledge is strong. It was also established to work in partnership with mainstream western systems to ensure a strong understanding of cultural knowledge systems. Kathy Abbott, one of the founders of the Centre, identified a need for a place where Arrernte families in Alice Springs and surrounding communities could come for a range of support services.

"They wanted a service that recognised and utilised traditional healers as well as Western health professionals and that incorporated ceremony, elders and stories into the healing process. (Abbott 2004:1)"

Akeyulerre’s ‘vision and its goals are far reaching. Not only does it seek to improve the health and well-being of families and communities but is also determined to encourage strong communication networks and interaction with other health providers’. (Abbott 2004:5)

In 2008, Akeyulerre received funding from the Department of Health and Community Services (now Department of Health and Families), to operate the service for three years. A requirement of the funding was that an evaluation of the service should take place. Charles Darwin University’s (CDU) Social Partnerships in Learning (SPiL) consortium was contracted to carry out the evaluation, commencing April 2009. Members of the SPiL evaluation team worked with the Tangentyere Research Group (TRG) to carry out consultation, data collection, analysis and report writing activities. This report details the findings of the evaluation. It includes recommendations for Akeyulerre and the Department of Health and Families.

2.1 Context of Akeyulerre

Akeyulerre is a healing place designed for Arrernte families. Most of the families come from the Alice Springs region. The local context for Aboriginal families is frequently described (from a mainstream perspective) in terms of socio-economic disadvantage. Without wishing to overemphasise this there is little doubt that for many families—particularly those living in
town camps—life can be fraught with challenges. These challenges could be represented by a set of statistics that show:

- Relatively low labour force participation at about half that of the non-Indigenous population in Alice Springs (ABS 2007);
- Relatively low Year 12 attainment among youth at less than a quarter of the non-Indigenous population of Alice Springs (ABS 2007);
- A median age of 23 for the Indigenous population, compared with 35 for the non-Indigenous population (ABS 2007);
- At June 2009, the age standardised imprisonment rate for the Northern Territory’s Indigenous population was 11 times higher than the rate for its non-Indigenous population (ABS 2010);
- In the Northern Territory, the assault victimisation rate for Indigenous persons was four times higher than for non-Indigenous persons (ABS 2010);
- High levels of mobility among Indigenous people in remote communities (Memmott et al. 2006b) and more specifically in town camps (Foster et al. 2005);
- Relatively high levels of morbidity and hospitalisation due to injury (You and Guthridge 2005) and ill-health (ABS/AIHW 2008; Australian Institute of Health and Welfare 2009) among Indigenous people generally; and
- Relatively high levels of substance abuse among Indigenous people generally (Briskman 2007; Joudo 2008).

These challenges are part and parcel of everyday life for Arrernte families in Alice Springs. The challenges are not so frequently described from an Aboriginal perspective. Veronica Dobson in her book Arrernte Traditional Healing does not dwell on the challenges of the present. She does however write a lament for the past. She writes about the ‘early days’ when ‘Arrernte people didn’t drink too much alcohol’, when ‘they all lived in harmony’, when ‘they used to walk into the hills looking for witchety grubs and other bush foods’; when ‘other people’s country was always respected’; when ‘people looked after their children’; and when ‘the young girls at least listened to what their elders told them’. She laments: ‘It’s not like that anymore’ (Dobson 2007, pp. 2-3). The Akeyulerre Business Plan (Akeyulerre Inc. 2010) comments:

Within Alice Springs issues of poverty and removal from land have kept people town based and less engaged with their traditional life practices. While there are still people practicing their cultural life, this occurs less [readily] and is dominated by a town culture that is endemic of poverty and alcohol. Cultural identity, customary law and connection to country are all still fundamental however to people.

This impacts on self esteem, depression and [identity] for both older and younger generations. Senior people have few places to express their expertise, and younger people are primarily disengaged from their culture on a daily basis. However the support within the community for the work of Akeyulerre is overwhelming.

2.2 Evaluation team

As noted above, the evaluation team was a combination of both CDU and Tangentyere Researchers. The report’s findings are the product of the collaborative working relationship between CDU and Tangentyere Research. The reader will find representations of both teams’
work mixed together throughout this document. We will first allow the Tangentyre Researchers to introduce themselves.

The Tangentyre Researchers are made of town camp resident that live on the town camps of Alice Springs, but we do not have any academic qualifications like any western academic researchers. The only qualifications that we have are our knowledge and understanding of our people, language and culture. For many research projects that we have done with Aboriginal people on town camps our local knowledge plays a big part for us and for them because what we have earned from our people is the trust and respect and we have our ethics and rules. Confidentiality is understood. The way that Tangentyere Research conducts research is as follows. Before we go out we have a workshop and in that workshop we design our own information and consent form, we design the survey tools, we analyse and enter the data. In that way we have ownership of the data.

For any research that others want us to do that is related to Aboriginal people living on town camps this process must be followed to ensure that we are involved with the decision-makings. The idea or project is written to us from non-government and government agencies. We then refer to the Tangentyre Research Hub or the Research Advisory Committee. The Research Advisory Committee can approve projects or they can refer to the full Executive for support of a project.

Once a project is referred to the full Executive committee they can approve the project to commence by the Tangentyre Researchers. If a project is not approved they invite the representatives to attend the next executive meeting to present the project. That way the Executive can ask the representatives any questions they like. These steps are taken to make sure that appropriate research is done to benefit Aboriginal people on town camps.

Charles Darwin University is a dual sector university (including higher education and vocational training), which specialises in producing graduates suited for the Northern Territory context. Located as it is, in a context where 30 per cent of the population is Indigenous, SPIL is particularly cognisant of the importance of engaging appropriately with those who have a different cultural frame of reference—many of who speak languages other than English as their first and second language (Campbell and Christie 2009). Appropriate engagement in this context means respecting culture and language and providing a way for the local community to participate as partners in the evaluation process.
3 Literature

The major focus of this literature review is on Aboriginal healing. However, two other issues are relevant as a preface to the findings of the evaluation: the issue of traditional and cultural knowledge, and the issue of governance and local ownership.

The field of literature dealing with aspects of Indigenous or Aboriginal healing is relatively recent, and the major themes within it are still evolving.

*While it is clear to anyone working in or with Aboriginal communities that there is a great deal of innovative work going on related to individual and societal healing, ... the literature related to this broad experience is only just beginning to emerge as a recognizable stream. Compared to say the literature relating to the colonial experience and its legacy, the community healing literature remains fragmented and diverse.* (Lane et al. 2002, p. 21)

A number of useful bibliographic sources have been developed, such as one maintained by McGill University (McGill Medicine Aboriginal Health Research Team 2010), but the sources assembled for this review have come from many different locations, reflecting the current fragmentation of this emerging field of research and practice. In Australia in particular, there are many gaps in the literature.

This brief literature review deals first with definitions of healing, the objectives of the healing process, and the methods with which healings are achieved. A number of different healing approaches are documented. Processes for becoming a healer, and being recognised and supported in that role, are described. The interaction between Indigenous healing and governments in five countries is detailed, and the review concludes with a series of issues that need to be resolved for further substantial progress to be achieved, such as building an evidence base on the efficacy of traditional practices, ensuring the optimum interaction of traditional healing with other elements of the healthcare system, and dealing with cultural and intellectual property issues.

Before proceeding with the topic of healing, we first turn to the more general topic of traditional and cultural knowledge.

3.1 Traditional and cultural knowledge

Before discussing the use of traditional knowledge in programs it will first be helpful to define what is meant by the term ‘traditional knowledge’ and related concepts. A definition offered by the Institute of Advanced Studies Traditional Knowledge Initiative (United Nations University 2008) suggests that:

*Traditional knowledge (TK) refers to the knowledge, innovations and practices of indigenous and local communities around the world. TK includes the know-how, skills, innovations, practices and learning that form part of traditional knowledge systems, and knowledge that is embodied in the traditional lifestyle of a community or people, or is contained in codified knowledge systems passed between generations.*

The Institute goes on to suggest that the concept incorporates

- Indigenous knowledge;
- Traditional ecological knowledge;
• Intangible cultural heritage;
• Traditional medicine; and
• Traditional cultural expressions.

While the above definition encompasses a broad range of categories, there is some debate about whether Indigenous Knowledge is a term that can be used interchangeably with Traditional Knowledge. Nakata et al (2005), acknowledge this debate, particularly in the context of documenting Indigenous Knowledge:

*Indigenous knowledge defies simple definition... Despite contentious terminology, Indigenous knowledge is understood to be the traditional knowledge of Indigenous peoples.* (p. 7)

This debate aside, it is important at this point to differentiate programs that use traditional knowledge from those that use forms of cultural mediation. ‘Culturally appropriate’ programs are not the same. This term usually refers to adaptation of non-Indigenous values and behaviours to ameliorate the difficulties in communication and understanding that occurs at the interface between cultures. This is not to say that such programs are not valued by Aboriginal organisations or communities—and there are several examples of programs that could be described in theses terms. For example, some which are documented in the literature include:

- Jalaris Aboriginal Corporation’s ‘Family Support and Health Outreach Service’ (Walker and Shepherd 2008:8) based in Derby, Western Australia;
- Tangentyere Council’s ‘Night Patrol’ service (Strempel et al. 2003:6) based in Alice Springs, Northern Territory;
- Tangentyere Council’s ‘Safe Families’ program (Higgins and Butler 2007:19) based in Alice Springs, Northern Territory;
- The Apunipima ‘Stepping Up’ Project (Memmott et al. 2006a:16) based in Cape York, Queensland;

Some mainstream programs rely on ‘cultural awareness’, which is another step towards a mainstream worldview. It cannot be assumed that program staff who are culturally aware, are running culturally appropriate programs.

In a legal sense traditional knowledge or ‘Indigenous knowledge’ can be used to describe a component of Indigenous intellectual property, including ‘ecological knowledge of biodiversity, medicinal knowledge, environmental management knowledge, and cultural and spiritual knowledge and practice’ (Janke and Quiggin 2005:451).

While the definitions of traditional or Indigenous knowledge are seldom disputed in the literature, the application of that knowledge is varied and has many perspective. For example the idea of ‘both ways’ or ‘two ways’ learning in education embraces the importance of respect for culture and language in education (Northern Territory Department of Education 1999). Nakata, (2002) referring to the use of Indigenous knowledge in education comments that:
...the field of Indigenous education refers... to cultural appropriateness, cultural content, cultural learning styles, culturally responsive pedagogy, [and] Indigenous perspectives... (p. 285)

He argues that these are not the same as Indigenous knowledge because the perspective from which they are viewed is a Western, non-Indigenous construct: ‘a cultural framework largely interpreted by Western people in the education system and filtered back to Indigenous students...’. The integration of Indigenous knowledge into learning is done from within a non-Indigenous worldview, not from an Indigenous worldview. What may be required then is integration from an Indigenous perspective (Macfarlane et al. 2008). What is clear though, is that both ways learning approaches, while drawing on and respecting traditional knowledge, are not grounded in traditional knowledge.

In the field of Natural Resource Management (NRM) there are numerous examples of the use and incorporation of Indigenous knowledge into scientific research and practice (e.g. Arbon et al. 2003; North Australian Indigenous Land and Sea Management Alliance 2006; Smallacombe et al. 2007). To some extent the scientific arena of research has embraced the use of traditional ecological knowledge in its theory and practice (e.g. Putnis et al. 2007) and there is an ongoing discussion about the importance of building on Indigenous Ecological Knowledge in NRM programs as is exemplified by the proceedings of the 2008 Garma Festival (Hodgkinson and Hodgkinson 2008).

It would appear from the literature that there is far less consideration given to use of Traditional Knowledge in health and social welfare programs. This is to some extent where this evaluation adds to the body of knowledge around this area.

3.2 Local ownership and governance of Indigenous programs

The notion of ‘program’ and the local ownership of such constructs presents a paradoxical if not contradictory problem in the context of remote Indigenous contexts. Programs are typically non-Indigenous constructs that are designed along the lines of mainstream world views, intent on achieving mainstream outcomes. Blagg (2008:19), describes some of these programs as ‘innovations’ of ‘neo-colonial/neo-liberal practices’, which ‘smack of social democratic and inclusionary thinking’. The term ‘community engagement’ is sometimes promulgated to give credibility to ‘programs’ while maintaining a mainstream, non-Indigenous worldview. In many cases ‘community engagement’ is an overused euphemism for consultation, which ultimately may mean in practical terms that the program leader tells the community what they are going to do. An example of this is revealed in the recent NTER Monitoring Report, which uses the terms together in the same sentence in relation to participation in Work for the Dole programs:

Community consultation on the nature of the activity is important in creating community ownership and can be seen in those communities where attendance has been comparatively high. (Office of Indigenous Policy Coordination 2008, p. 48)

True engagement is different. It seeks input and involvement from within communities. Ryan et al (2006), arguing from experience in community justice mechanisms suggests that:

...community involvement in the design, implementation and operation of intervention programmes gives Indigenous communities ‘ownership’ of the programme and therefore minimizes the adversarial nature of traditional community interventions... (p. 316)
Blagg (2008:53), also discussing community justice mechanisms, talks about ‘hybrid initiatives’ that sit between the ‘Aboriginal domain’ and the ‘non-Aboriginal domain’ in a kind of liminal space where syncretic processes are created at the points of intersection between these domains. They are:

*Independent of the system and work within Aboriginal terms of reference and use Aboriginal notions of cultural authority. They are not traditional structures but they represent a mechanism by which Aboriginal people can manage problems in an Aboriginal way.* (p. 53)

Figure 1 shows the locus of these various community justice programs within the liminal space. We would argue that local ownership of initiatives in remote contexts is more likely to occur closer to the Aboriginal domain than the non-Aboriginal domain.

Figure 1. Liminal space—hybrid initiatives (Blagg 2008: 54-55)

Akeyulerre is one or two steps closer to the Aboriginal domain than other models discussed above. While it is an incorporated body, its governance is based on traditional family/kinship structures with the Elders having primary responsibility for leadership. The potential for tension with western requirements for incorporated bodies is addressed in the governance structure:

*Akeyulerre promotes cultural decision making and systems of governance with the old way where elders together make decisions. As per our need to be an established Association with a constitution we also have an operational*
There is often an embedded assumption that Indigenous organisations must necessarily be designed to engage with the mainstream interface and they must conform to westernised patterns of governance. The role of traditional governance structures in Indigenous organisations is sometimes ignored. For example, a paper about Indigenous organisations published by the Centre for Aboriginal Economic Policy Research (Martin 2003) fails to mention the role of elders in governance structures. Although community ownership and Indigenous decision-making are to be welcomed, much of the literature advises of the complexities involved in putting such concepts into practice. Morphy and Sanders (2001) note the differences between the complexity of real life communities, and the concept of ‘community’ as an abstract group, noting the influence of different Indigenous families, and the role of elders and leaders in communities. ‘Authority in Indigenous life, as much as in post-colonial administration, is layered, contextual, contested and continuously subject to exegesis... (Sullivan 2007:1).

The following sections move more specifically to the issue of healing is it is reflected in the international literature. We start with a section that considers different aspects of healing from a definitional point of view.

3.3 Definitions of ‘traditional’ or ‘Aboriginal’ healing

The World Health Organisation notes that traditional medicine is used to refer to traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, as well as to various forms of Indigenous medicine around the world. Traditional medicine accounts for approximately 40 per cent of health care in China, and 80 per cent in Africa, with methods including herbal medicines, the use of animal parts and/or minerals, manual therapies and spiritual therapies to maintain well-being, to diagnose and treat illness (World Health Organization 2002:1).

Looking more specifically at Indigenous or Aboriginal healing, although there are many definitions of health and healing in Aboriginal contexts (Adelson and Lipinski 2008; Fiske 2008; Fletcher and Denham 2008; Waldram 2008) most have common elements, found on different continents where Aboriginal populations have been colonised, from North and South America to Africa and Australasia.

Definitions related to Aboriginal healing practices tend to:

- Have a more holistic approach to health than the approach taken in most Western medical models (Hewson 1998; Smylie 2001; Smith 2009)
- Mention spiritual and emotional issues in addition to mental and physical health (Moran and Fitzpatrick 2008);
- Make frequent reference to ‘balance’ and/or ‘harmony’ (Chansonneauve 2005; Ross 2008);
- Place emphasis is often on families and communities as well as on individuals (Lane et al. 2002);
- Include references to nature or aspects of the environment (López and Tascón 2003);
- In many cases explicitly refer to healing from the trauma caused by aspects of colonisation, such as forced removals from family and incarceration in residential schools (Castellano 2006); and
In a deviation from western models, there are many examples which mention the healing required by those who have hurt others, as well as those who have been injured (Archibald 2006; Correctional Service of Canada 2008a).

In Australia the Aboriginal and Torres Strait Islander Healing Foundation Team (2009), citing Phillips and Bamblett (2009) state that healing is ‘a spiritual process that includes addictions recovery, therapeutic change and cultural renewal’. The Team goes on to explain that:

*therapeutic change means dealing with trauma in a safe and culturally-appropriate environment. Cultural renewal means strengthening and reconnecting with identity, which may include language, dance and song.* (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009, p. 4)

McCoy (2008a:90) speaking to the context of healing and health among males in the Kimberley, suggests that ‘living healthy or palya becomes the embodiment of harmony that exists between physical, social and spiritual realities’, and ‘in living well and palya there is a folding a subtle pleating of the inner and the outer person, the physical with the social, the kurrun with the cosmic world’.

Definitions related to traditional healing practices tend to have a more holistic approach to health than the approach taken in most Western medical models (Hewson 1998; Smylie 2001; Smith 2009). Spiritual and emotional issues are frequently mentioned in addition to mental and physical health, the emphasis is often on families and communities as well as on individuals and in perhaps the greatest deviation from western models, there are many examples which mention the healing required by those who have hurt others, as well as those who have been injured, (Archibald 2006; Correctional Service of Canada 2008a) in order to restore balance and harmony, which are important values (Chansonneuve 2005; Ross 2008).

A frequently cited definition of ‘health’ in an Australian Indigenous context was used by the National Aboriginal and Islander Health Organisation (NAIHO) since 1982) and more recently by the National Aboriginal Community Controlled Health Organisation (NACCHO):

"Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities." (Swan and Raphael 1995)

More recent examples often put greater emphasis on healing from trauma than the definition above:

*Healing to me is being able to come to terms with the trauma I’ve experienced throughout my life, and the fact I cannot change what has already occurred, but I can start to connect with my spiritual self and take the time I need by myself to discover what the road ahead has in store for me...* (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009)

*Healing is a letting go - physically, mentally, emotionally and spiritually - of our hurt - the hurt that has been inflicted upon each of us, the hurt that we have inflicted on others.* (Correctional Service of Canada 2008a)
Healing ... occurs throughout a person’s life journey as well as across generations. It can be experienced in many forms such as mending a wound or recovery from illness. Mostly, however, it is about renewal. Leaving behind those things that have wounded us and caused us pain.... Healing gives us back to ourselves. (Mackean 2009)

The Indian Health Service of the United States combines many of these features in its definition of its primary, secondary and tertiary health responses for millions of American mainland and Alaskan Aboriginal people. It presents as its mandate that it prevent, slow the development or reduce the impact of imbalance or disharmony of body, mind, and spirit in individuals, families, communities or [Aboriginal] nations and in the living environment (Smith 2009).

Finally, forgiveness or acceptance is sometimes cited as an important component of healing by Aboriginal respondents.

Being “healed” means living in peace, living in acceptance and not judging anyone. Thus with the residential school experience, healing means to come fully into acceptance of what took place and fully forgiving everyone that was involved. The only way to resolve the pain that comes from living in the past is acceptance and forgiveness. I tried all different kinds of healing, but I didn’t feel like I was healed until I saw all the things that had happened to me as a great gift. (Lane et al. 2002)

Interestingly, although there has recently been growing interest within mainstream western medicine of the potential impact of religion and spirituality on healing, to date this has almost entirely emphasised Judeo-Christian traditions. This is unexpected, given the strong link between the two in population carrying a disproportionate share of ill health and injury. Csordas notes, for example, that ‘healing is the central theme of Navajo religion, while the sacred is the central element in Navajo medicine’ (Csordas 2000). Even in Australia, the links between Aboriginal spirituality and healing are overlooked surprisingly often by medical researchers looking at the interactions between spirituality and medicine (Eckersley 2007; Koenig 2007; Williams and Sternthal 2007).

3.3.1 Healing objectives

The damage and trauma inflicted on Indigenous people by colonisation, including the forcible removal of lands, the break-up of societies and families and the removal of children away from their cultural heritage and often into situations of cultural, physical and sexual abuse, have been well documented, both in Australia (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997; Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities 2002; Aboriginal Healing and Wellness Strategy Management 2003; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007) and overseas (Royal Commission on Aboriginal Peoples 1996).

The impact from such trauma is manifested at several levels. Damage at the level of individuals displays in the high incidence of substance and sexual abuse, and of victims and perpetrators of sexual and family violence. Damage is manifested at the family level in the number of family breakdowns, and the high proportion of children removed from their homes by social workers into alternate care. It is also manifested at the community level:
Aboriginal communities that have been traumatized display a fairly predictable pattern of collective dysfunction in the form of rampant backbiting and gossip, perpetual... conflict and in-fighting, a tendency to pull down the good work of anyone who arises to serve the community... widespread suspicion and mistrust between people, chronic inability to unite and work together to solve critical human problems... and a general lack of progress and success in community initiatives and enterprises (which often seem to self-destruct).

(Lane et al. 2002, p. 10)

Healing at all of these levels—individual, family and community—is documented in the international literature, and it is not surprising that much current Aboriginal healing focuses on dealing with trauma and its effects (Atkinson 2002; Mussell 2005; Aboriginal Benefits Foundation 2008; Gone 2008; Ross et al. 2008; Mamisarvik Healing Centre 2010), perhaps reflecting both community needs and the broader mandate of most Aboriginal healers, compared to western health practitioners.

3.3.2 Healing traditions

There are many diverse healing traditions in Aboriginal communities, and the literature stresses the importance of recognising the diversity of responses to healing in different communities, each with their own needs, capacities and traditions (Centre for Suicide Prevention 2003; Chandler and Lalonde 2006; Waratah Support Centre 2008; Smith 2009). An important distinction has arisen more recently, between ‘traditional’ healing methods, which have been practised for centuries and may require many years of study, and ‘experientially informed’ healers, where the healer may have gained skills in dealing with their own trauma and now wishes to use culturally embedded methods to help others. Both of these can legitimately be considered ‘Aboriginal healing’, both are attested in the literature and have been evaluated for efficacy, but they differ dramatically in other ways.

For an example of traditional healing, the Navajo hataali spend years studying and working with a master healer to learn their craft of singing healing ceremonies. The chants are long, a mistake in words is considered dangerous, and learning a single chant has been compared to doing a university degree in terms of the time and rigour required, with some hataali knowing a number of chants. Potential healers are selected for their work ethic and seriousness, and must be prepared to spend years working on their craft and paying for what they are learning (Sandner 1979; Iris 1998). There are other forms of healing in Navajo communities, which may be practised by men or women with diagnostic skills or knowledge of herbal remedies (Iris 1998), but they do not enjoy the level of status given to hataali. Similarly, there are long-established healing methods in east Arnhem which are still practised by Yolngu healers, and which require specialised training and experience to use (Wearne and Muller 2009).

Communities where post-colonial experiences have devastated transmission of cultural knowledge are unlikely to retain the degree of healing knowledge required for such extensive and rigorous ceremonies, although it is attested in the literature that even in difficult circumstances, more cultural healing knowledge is retained than may be obvious to an outsider (López and Tascón 2003; Phillips 2003). The use of traditional healing practices may be more common than is realised, at least in both South America (López and Tascón 2003) and North America:

In some areas of the country [Canada, in this case] and within some Aboriginal communities, traditional healing practices remain very strong. There are traditional “treatment centres” which are being run with no external funding,
no staffing or administrative structures and which are undocumented, often at the homes of healers. Many people, both within the literature and anecdotally ascribe their healing to participation in traditional cultural practices. (Lane et al. 2002, p. 30)

Even where some healing traditions have been lost, there are many good examples of the ‘experiential’ approach, essentially creating a new approach to Aboriginal healing in devastated communities, typically through ceremonies of ‘mutual care’ (Atkinson 2002) often combined with Aboriginal ceremonial elements and underlain by experience in overcoming one’s own traumatic experiences. Such an approach may be more highly valued than professional, western-style healing:

*There's value in the experiential piece - big value to my way of thinking. So to bring in a therapist, a non-aboriginal therapist who's never gone through what we've gone through, while I can appreciate their value and I respect what they have to offer, they will never connect to what we've come through. So my preference is to work with someone who's been through the same kind of things I've gone through.... I really take exception to those people when they start saying you have to have formal education, you have to have a clinical background, and you have to have all these things before you can start helping people. I don't believe that.* (Bushie 2008)

There have been documented cases where this healing approach has had remarkable results, as in Alkali Lake, or Esketemc:

*In the mid-1980s, the community made a dramatic shift from a situation in which virtually every man, woman and child over twelve years of age was a practicing alcoholic, to one in which ninety-five percent of the population practiced sobriety. The community did not stop there. They went on in their healing process to address high levels of physical and sexual abuse and many other challenges.* (Lane et al. 2002; Chandler and Lalonde 2006)

Both traditional practices and the new emerging healing models are used in Aboriginal communities (Fletcher and Denham 2008). Multiple methods are common, and there are also many cases where Aboriginal healing techniques traditionally used in more restricted geographic areas are now being used more widely (Archibald 2006).

*A variety of factors (the prohibition of traditional practices, the movement from traditional territories to urban centers, the development of an inter-tribal indigenous identity, etc.) have led to a growth in cross-cultural healing symbols and practices (many of which have been adopted from Plains cultures). As Aboriginal cultures have undergone massive transition, so too have many healing practices.* (Lane et al. 2002, p. 21)

Sweat lodges, medicine wheels and smudging are Canadian examples; ‘smoking’ may be growing in use in Australian contexts.

Importantly, it has become apparent in many locations, including Esketemc, that substance abuse, although a problem in itself, had occurred in response to and was masking deeper wounds, which also required healing. The literature attests that longer term healing requires layers of treatment and can require many years to complete.
At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all [it] does is take one layer off the onion... We are dealing with a number of different issues ... related to our people’s experience over the last 80 or 90 years ... I believe that the whole issue of residential school [and its effects] is an issue that’s going to take at least a minimum of 20 years [to work through]. (Castellano 2006, p. 201)

Attention is now moving to what needs to happen when trauma has been dealt with, in terms of providing employment and life opportunities; having overcome overwhelming alcoholism and then worked through massive violence and sexual abuse issues, the community of Esketemc believes that if local structural improvements are not put in place soon, these hard-won gains will be lost:

From their point of view, it doesn’t much matter how “healthy” community members become, how emotionally competent, how free of addictions and abuse, how spiritually connected to their own identity and values, how clear thinking in articulating the future they want for themselves and their Nation, how willing they may be to work hard and even sacrifice for the realization of the vision – none of this is enough when you have to live inside a repressive political and economic system that keeps Aboriginal people powerless, poor and unemployed. The Esketemc people have demonstrated that while it is certainly possible to emerge from trauma and tragedy to become physically and spiritually whole and to have family and community relationships that are largely positive and healthy, governmentally imposed limits to the people’s development potential constitutes a very serious obstacle to keeping the next generations remotely healthy. In the minds of the core healing team, there is a clear and present danger that unless a way through these obstacles can be found, many of the wellness gains Esketemc has made will be lost within a generation. (Lane et al. 2002, p. 26)

3.3.3 Healing methods

Many methods are employed in traditional Aboriginal healing.

Almost everything has been tried when it comes to healing modalities. Basically almost everything works for someone, and nothing works for everyone. It is clear that specific modalities are less important than the context in which they take place. (Lane et al. 2002)

Medicinal plants are often an important component (Swan and Raphael 1995; Dobson 2007; Centro Hamichicuy de Crecimiento Personal y Aplicacion de la Medicina Tradicional Amazonica n.d.) but ceremonies and other healing modalities are typically even more important, and most often there is a mix of healing methods, even in the most traditional healing modalities.

A partial list of healing methods would include: chants, cleansing and smoke rituals, counselling, healing circles, bush trips to special sites, painting and other forms of art therapy, vision quests, massage, residential treatment and many more, often used in various combinations (Swan and Raphael 1995; Fiske 2008; Institute of Environmental Science and Research Ltd. 2009; Smith 2009). Some approaches appear to be particularly effective, particularly the common emphasis on group healing involvement rather individual sessions, and the emphasis on cultural recovery.
Healing circles were often cited as effective, compared to more standard western healing models:

… I probably could have gotten help [from a professional therapist], but what scared me was, I got in touch with my rage and for the first time, I became aware of how terrifying it was. I couldn’t make myself go back to a therapist, because I’m going to be there alone, and I am going to be touching this terrible thing inside me, and I’m going to be walking away alone. I can’t do any work through the western methods. It’s just too much. I have to do my work through the traditional way. I have to use the circle. I have to have people that care about me and know they care about me. I want them there to help me through whatever it is I have to deal with. I can’t do it any other way. (Bushie 2008)

Perhaps the single strongest claim in the literature is the importance of re-connecting to one’s own cultural traditions; indeed, in many cases it appears that ‘recovery’ is equivalent to recovery of one’s lost cultural identity and that this is vital to healing.

The answer to improving the health of indigenous people may lie less in increasing their access to modern health services and more in their rediscovering cultural values and ways. (Smith 2003)

Probably for such reasons, Canadian Aboriginal communities are increasingly adopting the ‘Culture as Treatment’ healing model across that country, sometimes in favour of more traditional local approaches, due to their perception of its special effectiveness. (Lane et al. 2002, p.30)

3.3.4 Healing places

The term ‘Aboriginal healing centre’ is used in many different senses in the literature, ranging from frankly entrepreneurial centres that combine New Age techniques with Aboriginal healing practices and may or may not be headed by an Aboriginal person, to centres specialising in western style medicine but in a facility designed for use by Aboriginal clients, to places offering solely traditional healing practices. In many cases, traditional healing may be offered in private homes or in community buildings not necessarily called ‘healing centres’ (Lane et al. 2002).

Hospital and clinics owned and operated by Aboriginal people may offer western medical equipment and procedures, but the facility is often designed to look and operate different from a mainstream hospital or clinic, perhaps with family spaces (for extended family of well of over a dozen people), ‘talking rooms’, incorporating local motifs, open spaces that do not separate healers from patients, and other culturally friendly features (Belfrage 2007; Finke 2009; Towne 2009). Iris (1998) noted that:

Today... it is not unusual for a Navajo healer to perform some piece of a healing ceremony in the clinical setting, and many Navajo people are engaged as community health representatives, nurses, and interpreters, among others, in the health delivery system on the Navajo Nation.

Although there are facilities specifically designed to offer traditional healing, these are probably a minority; few of the Canadian Aboriginal Healing Foundations grants, for example, went to such facilities, with most going to programs that would be operated out of other facilities and perhaps incorporated into other programs (Aboriginal Healing Foundation 2008).
Lists of different types of Aboriginal healing places can be found in Canada (Aboriginal Healing and Wellness Strategy Management 2003; Aboriginal Healing Foundation 2008) but no comprehensive national lists exists, likely due in large part to the difficulty of determining what exactly should qualify as an ‘Aboriginal healing centre’.

New Zealand provides relatively comprehensive national lists of services that ‘deliver health and disability services to predominantly... although certainly not exclusively... Māori clients [within a].... delivery framework which is distinctively Māori’ and seeks to keep the lists comprehensive and updated (Maori Health 2010). In America, it is easy to find lists of services offered through the Indian Health Service for people living on recognised tribal lands, but it is difficult to find lists of services outside this system, and urban Aboriginal Americans in particular have great difficulty in accessing suitable healthcare (Katz 2004).

It has proven difficult to find good sources listing Australian Aboriginal healing centres. Even discussion papers and reports on the potential for Aboriginal healing provide little in the way of such information (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009; Phillips and Bamblett 2009). This may again in part reflect the difficulty of defining an ‘Aboriginal healing place’ but may also reflect the lack of strategic attention to date paid to such facilities at a national level.

### 3.3.5 Healers

The literature offers far more on the healing experience from patients’ perspectives than can be found on healing from the traditional healers’ perspective. However, a number of important themes emerge, including contrasts between the approaches taken by traditional healers and most modern doctors, the need to sustain Aboriginal healing knowledge by passing on information, the need to care for healers, and to importance of distinguishing between genuine healers and self-proclaimed ‘healer’ charlatans.

The relationship between patients and their Indigenous and traditional healers differs from the patient/doctor relationship in most modern western practices. As Hewson (1998) notes, traditional healers may not distinguish between ‘curing and caring’, or between subjective and objective symptoms, and:

> Traditional healers probe deeply into the patient's social and psychological well-being in addition to the history of the present illness. They already know or are prepared to learn about the context of the patient's life, such as his or her social and economic status, attitudes, beliefs, hopes, and fears.

The relationship between the healer and the healer’s land is also of significance. Dobson (2007:12), speaking as an Arrernte woman, states that ‘the power of healing comes from the country of whoever is chosen to be healer’. Trudgen (2000), speaking of the Yolngu context of Arnhem Land points to the connection between traditional law and healing. Having listed a number of Yolngu ‘health matters’ he concludes that:

> All this knowledge and the correct procedures pertaining to health and healing is encapsulated in the Yolngu law, the Ma’dayin. (p. 139)

There are inextricable connections between healing, country and sharing intergenerational cultural knowledge. Ganesharajah (2009), commenting on the connection between healthy country and health initiatives points to the need for ‘recognition of the central importance of land to Indigenous peoples’ identity, spirituality, community and culture’. Sharing healing
knowledge is also an issue, both for lateral knowledge transfer and for intergenerational transfer, as the following quote from a Canadian context confirms.

*Talk of “knowledge transfer” and the “exchange of best practices” has become, of late, very much the talk of the town [but] the prospect that useful knowledge might flow “up-hill,” or even laterally from community to community is ordinarily excluded from the realm of conceivable or legitimate possibilities...*(Chandler and Lalonde 2006)

In New Zealand, healers are trying to improve opportunities for ‘side-by-side learning’ to ensure transfer of information by those who possess healing knowledge before the healers pass on (Institute of Environmental Science and Research Ltd. 2009).

Intergenerational transmission of healing knowledge also emerged as an important issue in the literature. Knowledge of this sort is traditionally guarded in many societies and is not shared lightly. However, even well-established healing traditions such as those on the Navajo Nation are finding it difficult to get young people willing to put in the years of work required to become a qualified traditional healer, and a school for traditional healers set up with the support of Cornell University did not produce the results expected (Iris 1998).

Similarly, in New Zealand, where Maori healing is being incorporated into mainstream health delivery, workshops with traditional healers revealed their difficulties with overwork and/or ageing. Maori traditional healers are therefore currently looking at practice-based/internship-style training with candidates selected by older practitioners based on the particular attributes they display (Institute of Environmental Science and Research Ltd. 2009).

Caring for healers also emerged as an important issue. ‘Much sick leave and workplace conflict is directly linked to unrecognized, untreated vicarious trauma’ (Chansonneuve 2005:92).

Success, paradoxically, can increase the danger if:

*successful recruitment campaigns and community “readiness” magnified service demand and excessively strained the healing team... supporting disclosure requires follow-up and aftercare... Opening wounds means there can be no unethical, abrupt closure to the healing process without an enormously elevated risk of re-traumatization. Projects consistently cited the need for self-care and peer support, as well as the pivotal importance of healing the healers. (Kishk Anaquot Health Research 2006, p. 49)

In Canada, the Aboriginal Healing Foundation and other organisations have helped to support Aboriginal healers, but for all traditional healers – and perhaps especially for those who gained their skills through dealing with their own traumatic experiences, there are serious issues around self-care for healers.

Finally, the literature notes the need to distinguish between qualified healers (although this is unlikely to be a paper qualification) and those who should not be accessed. In countries such as South Africa and New Zealand, formal organisations are being developed, where membership will signify adequate qualification, typically gained through years of apprenticeship to a recognised healer. It is more difficult to achieve such as result when working with healers who have gained their skills through their own experience of working though their own trauma. In such cases:
First and foremost, there appears to be solid consensus that the Survivor must be known as a model of healthy behaviour or successful healing. The Survivor’s role as a healer is bestowed or created through the recognition and respect of others who believe in the Survivor’s healing ability. In other words, exercise extreme caution when dealing with self-proclaimed “healers.” (Kishk Anaquot Health Research 2006, p. 52)

‘Healers’ still grappling with their own injuries, who have unresolved legal issues, or are themselves involved in perpetrating violence and abuse, are considered dangerous. However, as discussed in the final section below, there are challenges in trying to use a western-style accreditation system with traditional healers.

3.4 Government attitudes to traditional healing in five countries

Traditional medicines and healing are used in many parts of the world, often for lack of viable alternatives (Madamombe 2006). The World Health Organization estimates that 80 per cent of people in rural areas of the developing world rely on traditional healing for their primary health care (Institute of Environmental Science and Research Ltd. 2009).

In industrialised countries western style medicine is accessed by the majority of those who are ill or injured. In countries which have colonised Aboriginal peoples with their own healing skills and traditions, policies on the role of traditional healing within the national healthcare system are still evolving. Two common strategies are to increase the number of Aboriginal people working in mainstream healthcare delivery, and/or to incorporate elements of traditional healing into mainstream healthcare delivery.

There can be quite distinct alternatives. For example, increasing the Aboriginal workforce without enabling the incorporation of traditional practices can lead to high turnover in Aboriginal staff.

Emmy Mitchell... looks at every elder as if they were her grandparents and strongly believes in the natural way of healing. To her that means hands-on healing; massage therapy, traditional medicines, soaking the elders’ feet, talking to them in their own language and other comfort measures. Working first as a Licensed Practical Nurse, then as a Registered Nurse, Emmy clashed over and over again with doctors and nursing directors who believed in giving the elders muscle relaxants, sleeping pills and antidepressant pills... “As I passed and graduated the RN course, it was supposed to be this big celebration for me and it wasn’t because the more I learned about the medications and side effects that our people were suffering from, it turned me away from being a nurse.” (Mitchell 1998)

Each of the countries described below is taking a somewhat different path to address such issues.

3.4.1 South Africa

South Africa differs from the other countries discussed here in that the colonisers continue to be a minority in numerical terms, and are greatly outnumbered by the descendants of the groups living in the area before colonisation.

As in the other countries discussed here, government attitudes to traditional healers have evolved; legislation forbidding aspects of traditional healing practices such as the Witchcraft
Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 are being replaced by new attempts at partnership.

*In rural South Africa, over 60% of the population seek health advice and treatment from traditional healers before visiting a medical doctor. Those that do seek formal health care also continue to visit a traditional healer... partnering with traditional healers and bringing them into the formal health system is vital to improving health in South Africa. Their potential as a resource and point-of-contact for both rural and urban communities cannot be ignored* (African Medical and Research Foundation 2010).

With encouragement from the World Health Organisation, areas where western medical practitioners are increasingly seeking to form partnerships with traditional healers include HIV/AIDS work (Richter 2003). Importantly, traditional healers are forming associations that will enable them to be recognised by the South African Department of Health (Hewson 1998) but there are still concerns over forming partnerships between mainstream health services and traditional healers, who may undertake some activities that are contrary to medical ethics (Cook 2009).

**3.4.2 New Zealand**

In New Zealand approximately 15 per cent of the population identify as Maori. Maori people have higher rates of incarceration, ill health, early mortality and suicide, than other New Zealanders. Attitudes to traditional healing have changed over the years. Between 1907 and 1962, the Tohunga [Maori traditional healer] Suppression Act provided penalties for using ‘any type of sorcery or enchantment or to claim to have supernatural powers in the treatment of disease... [which] led to many of the healers being driven underground’ although use of continued healing methods continued (Archibald 2006).

*In March 1984 the Health Department organised a seminar on Maori health... in Auckland. This meeting launched the ‘decade of Maori development’ intended to improve Maori health through increased self-determination and recognition of Maori cultural perceptions of health and sickness.... The National Advisory Committee on Core Health and Disability Support Services, set up in 1992 to help shape the National Government’s health reforms, emphasised the importance for Maori of traditional healing ... The Ministry of Health has been committed to addressing the place of rongoa Maori in mainstream health and has worked with Nga Ringa Whakahaere O Te Iwi Maori, the national organisation for Maori traditional healers...* (Bryder and Dow 2001)

Currently, the New Zealand Government continues to work to formally include traditional healers within the formal health care system as well as to increase the Maori workforce in all forms of healthcare (Durie 2003; Ratima et al. 2007). However, many challenges remain, including determining mechanisms to distinguish between legitimate traditional healers and those not qualified to offer such services (particularly as considerable diversity in healing methods occurs between regions), managing workloads, reporting and evaluating practice, training new healers, and protecting cultural and intellectual property rights (Institute of Environmental Science and Research Ltd. 2009).
3.4.3 United States

In the most recent United States Census, held in 2000, 1.5 per cent of the population identified as American Indian or Alaska Native, sometimes referred to together as ‘Native Americans’. The term ‘Aboriginal’ will be used in this literature review to refer to both groups.

Native Americans experience higher rates of poverty, unemployment, homelessness, suicide, violent victimization, post-traumatic stress and incarceration than non-Native Americans. Prior to the 1978 Indian Child Welfare Act, an estimated 25 to 30 per cent of Native American children had been removed from their families. (Archibald 2006, p. 17)

As in New Zealand, traditional healing practices were suppressed over a long period of time, with ‘sweats’ proscribed in the 1600s, through the Dawes Act forbidding some practices, to a measure in 1921 forbidding dances and ceremonies. Such bans were not lifted until 1978, with the Freedom of Religions Act. However, wars and oppression, and the forced removals from land and of children, probably had even more of an effect than these legal measures (Smith 2009). The 1960s saw tribal people becoming more politically empowered, and the birth of the American Indian Movement (Wittstock and Salinas 2006).

Currently, members of 564 federally recognised tribes living on reservations in 38 States are entitled to the federally funded Indian Health Service, which has approximately 15,000 staff. Hospitals, health centres, community clinics and other services may operate under the federal or the tribal system, but both streams are dedicated to providing health care services to American Aboriginal peoples on tribal lands. Only one per cent of resources are dedicated to those living off tribal lands, although a growing proportion have moved to urban areas, where they struggle to access adequate healthcare (Katz 2004).

As noted above, there have been efforts made to ‘de-medicalise’ spaces in Indian Health Service facilities to provide more culturally appropriate spaces for healing (Finke 2009; Towne 2009). There have been a number of partnerships with traditional practitioners, particularly in primary care (Interpreter 2009). Perhaps for such reasons, at least in some areas of the country, patients may access a number of healing traditions (Lamphere 2000), such as going to a western medicine style clinic to have a broken leg set but having a healing ceremony on returning home, or working with a traditional healer to make sense of illnesses and direct their lives accordingly (Schneider and DeHaven 2003) while accessing other modalities such as modern medical treatment. At a strategic level, the Indian Health Service is developing a healing model which has culture and spirituality at its base, with increasing partnership with traditional healers and incorporation of traditional healing practices (Smith 2009).

3.4.4 Canada

As in New Zealand and Australia, the three groups of Aboriginal peoples—First Nations, Inuit and Metis—that make up 3.3 per cent of Canada’s population appear to suffer more ill-health and are at higher risk of suicide than other Canadians (Health Council of Canada 2005), although there are data collection issues that need to be resolved to build a better picture of these issues (Smylie and Anderson 2006). There is a long history of colonisation trauma, from forced relocation to the long ‘residential school’ era, where Aboriginal children were removed from their families and cultures.

What has come to be called the Aboriginal Healing Movement (Spear 2008) began in the 1980s. The years between 1950 and 1980 were some of the darkest years in living memory for many Canadian aboriginal communities, but they can also be thought of as the darkest hour.
Many communities have experienced the revival of old ceremonies, practices and teachings such as smudging, the sweat lodge, the use of the sacred pipe, fasting, vision quests, ceremonies for naming, healing, reconciliation, and personal or collective commitment. Some communities seemed to have forgotten their own ceremonies, and so whole generations of younger men and women travelled to other communities and tribes across the continent to find spiritual teachers who would help them recover something of their own aboriginal spiritual teachings and practices. Sometimes, as the teachings and songs of another tribe were introduced in a community, the elders would begin to share their own heritage which had been hidden away in their hearts for so many years. (Correctional Service of Canada 2008b)

As in Australia, Canada has a federal system where provinces are responsible for health care, although the central government has special responsibility for Aboriginal peoples living on reserves. The province of Ontario is particularly proud of its health care policy in regard to traditional Aboriginal healing, developing agreements with a number of Aboriginal nations within Ontario to incorporate such practices and also ensure access to other health service options (Aboriginal Healing and Wellness Strategy Management 2003; Aboriginal Health and Wellness Strategy Ontario 2003). For example, one centre funded through this strategy provides:

... holistic health services, combining traditional and western practices. The Traditional Healing Program uses various traditional Aboriginal healing methods and a holistic approach to individual, family and community health and wellness. Services include confidential sessions with traditional healers, access to traditional activities, learning about natural medicines, stress management workshops using traditional methods, and cross cultural awareness training. (Aboriginal Healing and Wellness Strategy Management 2003)

There are many other initiatives across the country, including healing for offenders about to re-enter communities (Brown 2003). One report (Lane et al. 2002) cites over a thousand Aboriginal healing programs plus many others that have an Aboriginal healing component. As in other countries, there is also a focus on training and enabling Aboriginal people to work in different parts of the healthcare system (Lavallee 2007).

One of the most interesting development in Aboriginal healing in Canada has been the development of the Aboriginal Healing Foundation, set up for a time-limited period to enable research and support programs dedicated to healing the legacy of Canadian residential schools, including the emotional damage, violence and abuse often experienced by—and later sometimes perpetrated by—survivors and their children. An enormous amount of work has resulted from this initiative (Chansonneuve 2005; Mussell 2005; Archibald 2006; Castellano 2006; Kishk Anaquot Health Research 2006; Adelson and Lipinski 2008; Waldram 2008).
3.4.5 Australia

As of 2006, the number of people self-identifying as Aboriginal and/or Torres Strait Islanders were estimated to be 2.4 per cent of the Australian population (Australian Institute of Health and Welfare 2006). The Australian Aboriginal population, particularly those based in the Northern Territory (whose population has Australia’s highest proportion of Aboriginal Australians) are much younger, less migratory, have higher fertility, higher mortality, higher population growth and are more widely dispersed than non-Aboriginals (Taylor 2007). Looking at statistics on suicide, violence, abuse, family breakdown, health problems and life expectancy, Australia’s Torres Strait Islander and Aboriginal peoples are substantially worse off in comparison to other Australians, than are Aboriginal peoples in Canada, the United States or New Zealand (Archibald 2006).

As in Canada, the United States and New Zealand, governmental attitudes have shifted over time with regard to the incorporation of traditional healing practices within the mainstream healthcare delivery system. However, unlike the other three countries, Australia does not appear to be in a particularly supportive stance currently. Older documents appear to support such incorporation more than current strategic documents do. For example,

*Traditional healers were employed by the Northern Territory Department of Health at various rural health centres in Central Australia in the early 1970’s.... A training course to teach traditional healers about western medical practices was attempted in 1974. It was soon realised that it would be better to train a separate group as Aboriginal health workers and to leave the traditional healers to their vitally important roles... However, rural health centres continue to recognise and cooperate with traditional healers in the management of sick people... The Northern Territory Department of Health’s first policy on Aboriginal health stated that “traditional medicine is a complementary and vital part of Aboriginal health care, and its value is recognised and supported”. (Devanesen 2000)*

More recent documents take a very different line. The current document, ‘Aboriginal health and families: a five year framework for action’, notes that overseas research indicates the potential value of traditional healers:

*Increasingly the medical profession has recognised that ‘health care belief systems are critical to the patient’s healing process’ and overseas studies have shown that the practice and advice of traditional healers is often valued more highly than the advice from western medical practitioners. These themes are repeated in recent decisions of the Australian Health Ministers’ Advisory Council. (Northern Territory Department of Health and Community Services 2005)*

However, the document does not propose any action in this regard, focusing instead on more medical improvements, with some emphasis on community engagement and cultural security. A 1998 study noted that ‘... Aboriginal traditional methods and community initiatives should be given equal status to non-Aboriginal medical practices’ (Dunlop 1988). The ‘ Bringing them Home’ report (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997) noted that Aboriginal patients’ mental health needs required a more holistic approach to their healing, including partnerships with traditional healers.
There is less mention of such attitudes in more recent documents, although there is a focus on increasing the capacity of Aboriginal-managed services (in Victoria, Effective Change Pty Ltd 2007), training and supporting Aboriginal people to work in mainstream health services, including training as doctors (Lawson et al. 2007) and other improvements to health care for Aboriginal Australians that do not include any mention of including Aboriginal healing practices (Wenitong et al. 2007).

There are some strategic documents that briefly note ‘respect for traditional healing practices and cultural protocols’ (Australian Health Ministers’ Advisory Council. Standing Committee on Aboriginal and Torres Strait Islander Health Working Party 2004), and that recognise the potential role of ‘community leaders, traditional healers, and those working to resolve community problems’ (NATSIHC 2003) and the potential interaction between mainstream health services and Aboriginal healing practices, perhaps ameliorated by programs to increase awareness in non-Aboriginal service providers:

> Make non-Aboriginal and Torres Strait Islander health service providers aware of practitioners of traditional medicine in Aboriginal and Torres Strait Islander communities to foster recognition and respect for their role and skills and an understanding of the complementary roles of traditional healers and western-trained practitioners. (NATSIHC 2003, p. 18)

Participants developing the Pilbara Aboriginal Health Plan noted that ‘We want all people to respect our cultural ways of healing and our beliefs’ (Western Australian Joint Planning Forum on Aboriginal Health 2000) but although cultural awareness programs are mentioned frequently in the literature (Mackean et al. 2007), ‘it is often difficult to pinpoint the changes in the delivery of health services to Aboriginal people that flow from this increase in knowledge or changes in attitude’ (Western Australian Government 2002).

As in the United States, there have been attempts to make health centres more culturally appropriate (Belfrage 2007), but such efforts appear to be largely ad hoc and inconsistent. In general, greater emphasis is being placed on initiatives such as upgraded housing to improve Aboriginal well-being, rather than initiatives to address trauma, grieving and healing (Cunningham and Stanley 2003).

However, there is also growing recognition of the importance of healing the trauma suffered by Aboriginal Australians, with the Stolen Generations as the ‘cornerstone’ of such healing efforts (Moran and Fitzpatrick 2008). The development of an Aboriginal and Torres Strait Islander Healing Foundation is being investigated as a model for addressing intergenerational trauma (Phillips and Bamblett 2009). Potential healing methods identified (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009) included:

- Healing centres;
- Family support and resources centres;
- Ceremonies and rituals;
- Going back to country;
- Traditional healers;
- Elder support groups;
- Support groups for sexual assault survivors;
- Leadership programs, including those for youth;
- Anger-management groups;
- Grief and loss programs;
• Peer support group;
• Drug and alcohol groups;
• Arts programs;
• More movies about Aboriginal and Torres Strait Islander issues;
• Circle sentencing; and
• Improved mainstream literacy programs.

Only about a quarter of these refer to traditional and cultural healing practices directly.

What seems to be a decreased emphasis on Aboriginal traditional healing in Australia may stem in part from the lack of support for such healers in recent decades, both in the lack of the lack of support given to healers who are aging and may not have the capacity to train others or to continue, and also the lack of mechanisms (such as those discussed in the sections above on New Zealand and South Africa) to distinguish genuine healers from charlatans, thereby maintaining the credibility of qualified traditional healers. The sourced literature did not reveal how—or if—these issues would be addressed in Australia. Perhaps the creation of a Healing Foundation will form a central point around which a genuinely Australian Indigenous Healing Movement can coalesce and develop.

In the meantime, Australian Aboriginal healers and healing centres such as Dilthan Yolnguha (east Arnhem) continue to struggle.

“[Having a traditional sauna treatment] is important for Yolngu people who have been to big hospitals and when they come back they can get this treatment, on country, traditional way… Yolngu need these medicines, where medicines come from our land. Not like Western medicine, we don’t know what that is made of… When we put [Western medicine and traditional Yolngu healing] together, we strong – both feet strong. We can see with a clear mind. Stand strong together.” Yolngu are committed to the importance and benefit of dual philosophies and approaches… and show some frustration that Western health authorities seem slow to acknowledge the benefits and even slower to support initiatives in this direction. (Wearne and Muller 2009, p. 20)

3.5 Issues still to be resolved

Many important issues emerged from the literature, but only a few are addressed here: integrating western and Aboriginal healing modalities, building an evidence base, and cultural/intellectual property issues.

3.5.1 Interaction between western and Aboriginal healing

To some degree, as already discussed in this literature review, many forms of interaction are already occurring between modern western and Aboriginal healing modalities. In some countries, traditional healing is formally being incorporated into national healthcare systems and in others, patients or clients are choosing to access different healing modalities, depending on their needs and also what is available locally. Common patterns are documented in the literature—even in Africa, where the majority of patients access traditional care:

Traditional healers seem to work most successfully with illnesses that have a high emotional content (what allopathic medicine might call psychosomatic illnesses) and with psychological illnesses. (Hewson 1998)

In Canada and perhaps Australia, recovery from trauma, loss of cultural identity and its common side-effects, such as substance abuse, are often addressed through healing
modalities that reconnect people with their land and culture. In America, in at least some cases, patients may access modern western facilities for physical injuries such as broken bones, but supplement this healing with traditional recovery ceremonies to celebrate their return to community life. Again, the pattern of more traditional healing modalities for ‘high emotional content’ appears consistent.

There is also a trend in some countries and services to support greater integration of traditional healing approaches into mainstream health delivery. However, there have also been concerns raised about the potential for ‘re-colonisation’ if this integration is not mentioned sensitively. McCoy (2008b:242) describes the demarcated systems in something of an unnecessary ‘tension’. Grieves (2009), suggests that traditional healing sits uncomfortably with a western philosophy of ‘scientism’:

> Western, colonialist approaches to health, relying wholly on the philosophy of scientism, have devalued traditional forms of health maintenance and healing that are implicit in spiritual belief and practice. (p. 43)

One critical issue is ensuring that there is some process to distinguish between genuine healers and charlatans, if traditional healing is to be incorporated into mainstream health systems with funding from government. However, in New Zealand:

> A general scepticism towards the validation of traditional Maori knowledge by western accreditation processes emerged during the healer workshops. Attendees found it difficult to see how western accreditation processes could be reconciled with tikanga. This highlighted the tension between having qualifications in healing to access funding and the requisite empiricist standards that attend the funding. Some healers continued this theme by alluding to the compromises made in engaging with mainstream funders (Institute of Environmental Science and Research Ltd. 2009).

Aboriginal knowledge, and the way in which it is acquired and used, may make it difficult to reconcile with mainstream western assumptions of appropriate healer training. Contrast the practice-based rigorous way in which Yolngu healers are passing on their knowledge to their grand-daughters (Wearne and Muller 2009), with recent changes in Aboriginal health worker qualifications, which have seen higher training drop-out rates and more positions unfilled (ABC 2010).

Similarly, fears have been voiced in Canada that increased mainstream funding and acceptance for Aboriginal healing may result in changes to current healing practices, with funders asking for more tightly defined services rather than traditional holistic approaches, separating out issues such as violence, substance abuse and suicide from each other rather than seeing them as a whole (Ross 2008).

### 3.5.2 Building an evidence base

One of the most important issues demonstrating differences between traditional Aboriginal healing practices and modern medicine is the emphasis on evidence, and the type of evidence required. For some traditional healers, the very fact that certain procedures have passed the test of time is proof of their value and efficacy, and patient satisfaction is the most important measure (Institute of Environmental Science and Research Ltd. 2009). However, if traditional practices are to become part of the mainstream health system, more rigorous measurement is
required, and work is underway to develop measures that are both rigorous and culturally competent (Durie 2006).

In Canada, the Aboriginal Healing Foundation has conducted evaluation of work to date (Kishk Anaquot Health Research 2006). However, the scale and intensity of problems requires long term investment, with healing from trauma requiring perhaps twenty years to complete (Castellano 2006). Unfortunately, there is

... stress between the need to demonstrate results within the unforgiving constraints of an essentially political timetable and the equally unyielding demands of complex social change.... patience often translates into inaction or incompetence (Albany Consulting Group 2004, p 19).

Strong and probably bipartisan support is typically needed to commit to such long term programs, giving them the chance to produce rigorous evidence. However, even in the short term, there is evidence that some practices are being informally evaluated by Aboriginal communities themselves as particularly useful. The ‘Culture as Treatment’ model, for example, ‘may be found in various forms from coast to coast [in Canada]. In some cases it appears to have displaced local healing modalities’ (Lane et al. 2002, p 30). The cost-benefits of supporting Aboriginal healing are also beginning to be assessed and documented (Castellano 2006).

3.5.3 Proprietary issues

Finally, there are complex issues noted in the literature relating to cultural and intellectual property issues. With plants, for example, there are fears that bio-medical companies may exploit Aboriginal knowledge and threaten the sustainability of valuable medicinal plants, profiting from them at the expense of traditional healers. However, the ‘very fact that traditional remedies have been used successfully for centuries—precisely what should make them invaluable signposts to researchers—means that drugs developed from those formulas can’t be patented’, so that there is in fact little interest from research companies and even government in harnessing medicinal plants identified by traditional healers (Elegant 2006).

There are also fears that traditional healing knowledge may be exploited, and that healers may have to give up information which has previously been divulged to very few people, and then only in very specific contexts:

The need to uphold and protect cultural and intellectual property rights associated with... plants, knowledge, traditions and practice was noted by both healers and stakeholders. Discussions around cultural and intellectual property issues prompted varying reactions during the healer workshops... Some workshop participants focused on the way knowledge might be used, highlighting that knowledge shared about traditional healing would not necessarily be used in line with the values of healers (Institute of Environmental Science and Research Ltd. 2009, p. 12).

These issues are also being considered internationally, with one difficulty being the lack of an internationally accepted legal definition of ‘traditional knowledge’ (Institut Federal de la Propriete Intellectuelle 2010). Currently it appears that developing countries and Aboriginal groups are more interested than developed countries in developing new treaties or instruments to protect ‘indigenous genetic resources, traditional knowledge and intellectual
property (IP) rights’, but international discussions are continuing (National Aboriginal Health Organisation/Organisation nationale de la santé autochtone 2003).

3.6 Socio-economic benefit from healing

From a pragmatic perspective benefits from healing as it is understood in the Aboriginal context, accrue not only to those who are healed but to the broader community. Among the many benefits accruing from healing are the following (see Kishk Anaquot Health Research 2006; Young 2007; Cripps and McGlade 2008; McCoy 2008a; Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009; Queensland Centre for Domestic and Family Violence Research 2009):

- Reducing suicide incidence;
- Addressing mental health concerns;
- Alleviating stresses on the health system;
- Improved engagement in education;
- Improved health promotion and awareness among Aboriginal participants;
- Reductions in domestic violence;
- Overcoming the impact of trauma and abuse;
- Social inclusion benefits;
- Improved collaboration between mainstream and Aboriginal services;
- Reduced recidivism rates among criminal offenders;
- Reconciliation;
- Intergenerational learning; and
- Reduced rates of sexual and physical violence.

The economic benefits of the above are seldom articulated in the literature (probably because that is not what healing centres are designed to achieve). However a cost-benefit analysis of the outcomes suggested by the list above would no doubt provide a significant justification for expenditure on Aboriginal healing centres. Examples of these kinds of outcomes are available in the Australian literature. For example, the Rerranytjun Healing Centre at Yirrkala (Aboriginal Benefits Foundation 2008) addresses a number of the above issues:

_The Healing Centre’s aim is to combine mainstream medicine and Yolngu Indigenous healing knowledge to begin to deal with the epidemic of substance abuse and youth suicide in the region... The program provides a range of counseling (sic) and mental health services as well as to involve youth workers and referrals to further treatment programs, or to job and training programs. The scope of the centre currently falls outside of the services provided by the local hospital and clinic. It helps the carers, the immediate families and those who are currently carrying the unbearable weight of depression and despair that this serial problem inflicts upon a tight knit close Indigenous community._

While the quantitative benefit associated with programs such as this may be difficult to assess, it could well be argued that such benefits should be at least be qualitatively demonstrable through good evaluation processes.
4 Methodology

4.1 Evaluation approach

Evaluations can be seen to be either formative or summative. Formative evaluations tend to work alongside a program without necessarily having specific outcomes in mind. They can be used to help an organisation to determine the kind of outcomes that may be desirable. Summative evaluations on the other hand, tend to be backward looking reflecting on what has taken place, reporting on outcomes and results of the program without necessarily having input into the future direction of the program (see Mark et al. 2006; Stufflebeam and Shinkfield 2007). The evaluation described here is largely—though not exclusively—formative. Questions posed by the evaluation are directed toward learning and improvement (W.K. Kellogg Foundation 2004). The evaluation questions posed later (see Evaluation questions, page 31) reflect a predominantly formative agenda.

In terms of the formative aspects, the evaluator plays the role of a ‘critical friend’ supporting the program by offering critical feedback and reflection, identifying and refining appropriate evaluation tools and supporting data collection, analysis and reporting processes. Evaluations conducted in this way are sometimes referred to as ‘participatory’ (Suarez-Balcazar and Harper 2003). In this evaluation all key stakeholders played an important role, informing the evaluation team with input that allowed for critical reflection and informed contributions. Much of this occurred through the collection of qualitative data.

Typically, in evaluations carried out by SPiL, the team would develop a theory of change model where outcomes were predicted on the basis of linear logic assumptions where activities or outputs result in impacts or outcomes (see for example Frechtling 2007). In this case theory of change assumptions were not built into the evaluation plan because of the complexity of the evaluation context. Attempting to predict outcomes on the basis of funder assumptions was likely to lead to a mismatch in evaluation expectations. This is not to suggest that outcomes were not anticipated but the evaluation team felt it would be more helpful to adopt a theory building process consistent with a formative, ‘grounded theory’ research approach (Charmaz 2006).

Evaluations may be considered complex because of the context. That is, depending on context, a theory of change model may work well in one context and not in another. Burton et al. (2006:307) suggest a number of context factors that contribute to complexity. These include (among others): history of previous attempts at involvement; the socio-demographic profile; the state of local voluntary and community sector; availability of resources; and timing of interventions.

The complexity of this evaluation is increased by its cross-cultural nature. There is a risk that the disparate worldviews of the evaluands, the funding body, the evaluators, and other stakeholders will produce discordant results. This issue is raised in the context of multicultural health evaluation in California (Ngoc Nguyen et al. 2003):

*The cultural value orientations and philosophical worldviews that evaluators bring to a project often determine the whole process of research and evaluation, including: what questions are asked, how programs are designed, what program aspects are evaluated, how effectiveness is assessed, how data are interpreted, and what results are highlighted and disseminated.* (p. 3)
We would argue that application of this understanding goes well beyond the need for ‘cultural competence’ in evaluation (Botcheva et al. 2009). Hence, in the case of this evaluation, the need for a local evaluation partner was considered particularly important. The Tangentyere Researchers’ contribution in unpacking, interpreting and understanding the local Arrernte context was crucial to the effectiveness of the evaluation in representing the views of Akeyulerre’s users. It is thus important that the researchers from both CDU and TRG were able to spend the time to develop their relationship to the point where there was a partnership with a level of trust that enabled negotiation and learning to occur within the team. This created a situation in which the strengths of each group could be used and the eventual outcomes and recommendations could be negotiated.

While some of the evaluation questions posed later (page 31) may suggest a desire to find generalisable conclusions (particularly evaluation question 4), it is noted that the specific cultural context of this evaluation is unique and many aspects of Akeyulerre could not be expected to be replicable in other locations within the Northern Territory.

4.2 Nature of evidence

Monitoring for the purpose of evaluation and reporting is frequently used as a tool for building accountability into program management. Patton (2008) suggests that while this may be a good thing, care must be taken to ensure that indicators reflect the required outcomes:

*The potential positive contribution of performance monitoring is captured in the mantra that what gets measured gets done. Well-developed and appropriate indicators both focus attention on priority outcomes and provide accountability for achieving those outcomes. The shadow side of performance indicators is that measuring the wrong thing means the wrong thing gets done.*

(p. 257)

There is sometimes a perception among program managers that data is numerical evidence. Hence, the kinds of measures frequently used for reporting purposes are largely nominal (and sometimes ordinal) in nature. A quick glance at measures used in reporting for government departments confirms this—where almost all of the measures given are represented in a count or percentage of something (Guenther et al. 2009). Stake and Schwandt (2006) note that quality in evaluation is frequently conceptualised in terms of what is measured:

*Among the most common measurement constructs associated with judging the quality of the provision and performance of programs and policies are values, goal attainment, effectiveness, efficiency, productivity, functions, treatments, needs, performance outcomes, units, context, input, process, product, dependent and independent variables, side-effects, program theory, program logic, and so forth... These constructs and their measurements are weighted in terms of their importance.*

(p. 407)

While there is sometimes a good argument for the simple indicator as a representation of outcomes, often in complex evaluations the apparently simple can be more confusing than clarifying. Skate and Schwandt (2006) make just this point.

*Representations oversimplify, leave out some aspects of quality in order to signify others, displace the complex with the simple, and so forth. Yet, incompleteness is less a worry than obfuscation. Some representations are just plain confusing.*

(p. 414)
Indicators, then need to be carefully thought out from a variety of perspectives before any one (or a set of them) is settled on. For example, the perceptions of ‘success’ in an intervention can be variously interpreted depending on the point of view taken. Clients, service providers and funders may each have their own view of what success is. Hence, insufficient ‘identification of the effects on different groups of program recipients will hide such differences and prevent users of the evaluation findings from considering equity issues’ (Hatry and Newcomer 2004:554).

Mixed method approaches are one way of addressing these concerns. Stufflebeam and Shinkfield, in their review of evaluation approaches (Stufflebeam and Shinkfield 2007:189) suggest that it is ‘almost always appropriate to consider using a mixed methods approach’.

*Investigators look to quantitative methods for standardized, replicable findings on large datasets. They look to qualitative methods for elucidation of the program’s cultural context, dynamics, meaningful patterns and themes, deviant cases, and diverse impact on individuals as well as groups.* (p. 188)

Evidence and data are not the same. Data collected for an evaluation for example, may ultimately have no meaning or utility. Glasby et al. (2007:434) suggest that ‘we need to embrace a broad definition of evidence, which recognises the contribution of different sorts of knowledge to decision making’. They point out that:

*...the challenge is not one of choosing between different sources of evidence, but of finding ways to synthesise and integrate different types of evidence in a meaningful and practical way to inform decisions...* (p. 434)

According to Glasby et al. evidence that counts for decision making should be based on: theoretical, empirical and experienced evidence. Thus, to have utility, evaluation evidence must be informed by and contribute to theory, it should say what has occurred and how outcomes are perceived. Further, the utility of the evidence must consider the cultural context in which it is both gathered and used. Arney et al (2009), commenting on utilisation of evidence in policy and practice in the Australian child and family welfare sectors acknowledge the importance of policy, practice and research cultures to this end. They omit a further important factor, which is related to the client culture. Evidence for good practice arguably should also address the culture into which interventions are implemented. Briskman (2007:149) alludes to this issue when she says that an important reason for conducting research in Indigenous contexts is to ‘have voices heard that have been previously marginalised in the research literature and the public domain’. What Briskman does not say though, is that the translation of this form evidence requires some translation—not only in terms of language, but in terms of divergent worldviews. Good evidence from a policy perspective may have absolutely no utility from a local Indigenous perspective.

In this evaluation we take evidence to incorporate the full range of data available to the evaluation team. We acknowledge that the local cultural context demands forms of evidence that may be considered inappropriate in a mainstream setting.

### 4.3 Evaluation questions

A set of evaluation questions was developed in conjunction with Akeyulerre to guide the evaluation. These questions are detailed below. A response to the evaluation questions is provided in the discussion.
1. How does Akeyulerre support health and well-being for Arrernte people? (cultural strength/strong families)
   a. What changes that occur in individuals and families to support resilience?
   b. Changes that occur to build family and social networks?
   c. What are the links between traditional and mainstream healing practices?

2. How can/does Akeyulerre support cultural maintenance for Arrernte people?
   a. In terms of language?
   b. In terms of cultural identity and practices?
   c. Intergenerational knowledge transfer?
   d. Acknowledging the significance of culture?

3. What needs to be done to underpin sustainability of Akeyulerre?
   a. In terms of funding and enterprise options?
   b. With regard to information dissemination and sharing: back to the community; to the broader community; and networks to other healing centres?
   c. In relation to skills development?
   d. With regard to documenting outcomes?
   e. Bridging the gap between Indigenous and non-Indigenous people in Alice Springs (acknowledgement/recognition of significance of culture and the service)

4. How can traditional knowledge be used in mainstream service delivery? (incorporating culture into service delivery)
   a. What are the lessons that can be learned from Akeyulerre?
   b. What are the implications for governments wishing to fund programs like Akeyulerre?
   c. What are the implications for Aboriginal organisations wanting to receive funding?

4.4 Evaluation tasks and process
Discussions about an evaluation of Akeyulerre were first held between local Department of Health and Families (DHF) representatives and the Akeyulerre coordinator in August 2008. At
the time the coordinator was about to leave and staff at the Centre were in the process of being recruited. Discussions continued towards the end of 2008 when the new coordinator was in place. The terms of a contract for CDU to conduct the evaluation were negotiated and finalised in February 2009. The contract period was for 12 months from 1 April 2009.

An evaluation plan was developed in conjunction with staff and committee members at Akeyulerre. This was finalised in June 2009. As part of the evaluation plan, an Advisory Group was established to provide direction and advice to the evaluation. It met in June 2009, September 2009 and again in March 2010.

Ethics approval was sought and obtained through the Central Australian Human Research Ethics Committee (CAHREC) and the CDU ethics committee. An interview of international literature was commissioned as a discrete task and used to inform the findings and recommendations.

The CDU team has considerable experience conducting evaluations and research projects in a range of diverse contexts. The team is made up of experienced academics, professionals and research practitioners, most of whom have degree qualifications. The team is made up of both Indigenous and non-Indigenous members. This particular evaluation project however, required a set of skills and knowledge that the team did not have. This set of skills and knowledge relates to a) an understanding of the local Aboriginal context including family structures; b) local language proficiency; and c) knowledge of local Aboriginal cultural practices.

With these limitations in mind, the CDU team began negotiations with Tangentyere Council in late 2008 with a view to forming a partnership for the evaluation project. Agreement about the partnership was achieved in mid 2009 and an initial exploratory workshop was conducted in August 2009, to establish responsibilities and evaluation tasks for CDU and Tangentyere evaluators. The basis for working together is described from the Tangentyere perspective, in the following two paragraphs.

What the three CDU researchers have is the knowledge of the western academic ways of researching. The Aboriginal Tangentyere researchers have the knowledge and understanding of Aboriginal culture and respect. Months have passed with the researchers and the evaluation steering committee meeting up to work out how the research has to be done, when’s the right time to do it, and why the research has to be done for the Healing Centre. Research plays a big part in our lives. They are the real life issues that we need to deal with at any time of the day.

In the past all research was used for their western academics and Aboriginal people were not involved like today. That is why we have Aboriginal people who are now being involved with research. But we’re out there to improve our day-to-day lives that involve health, alcohol, domestic violence, environment, government changes and the living standards for Aboriginal people and worthwhile policy for our people. Government needs to take a look and see what we are doing. Listening to us (Aboriginal people) has the most effect. Let us be involved with discussions and have an input for our people. We want more recognition for who we are (local Aboriginal people) and how we do it our way and our values.

The integrity of the evaluation depended to a large extent on the working partnership between Tangentyere Research and CDU. Both teams worked from the same set of evaluation questions to arrive at findings that represented an amalgam of Aboriginal and non-Aboriginal perspectives. Data collected included a series of 20 interviews (10 external stakeholders and 10 Aboriginal stakeholders), review of over 450 photographs and videos taken mainly by Akeyulerre staff, and relevant documentation provided by Akeyulerre. Data collection
commenced in September 2009 and continued through to February 2010. Analysis of the data was carried out in part through the identification of themes and thematic relationships using qualitative analysis software (NVivo) and through a series of three reflective practice/writing workshops held between CDU and Tangentyere Research in January, February and March 2010. Writing up of findings, discussion and recommendations was carried out collaboratively by both teams during March and April 2010.
5 Findings

It is difficult to describe Akeyulerre from a western, non-Aboriginal perspective. It is not a ‘service’ as might be offered by mainstream non-government organisations (NGOs). Nor is it a ‘program’ with clients and programmatic activities as might be offered by NGOs. As the notion of Aboriginal healing suffers from a lack of conceptual understanding from a western perspective (see for example, the literature review and Section 5.5, below) so too does a concise definition of what Akeyulerre is and does. The emphasis is on Akeyulerre being a place for healing Arrernte people—not only physically but mentally and spiritually—through passing down knowledge of traditional healing with bush medicines, songs, dances, stories and keeping culture and traditions alive and strong. The purpose of this is to sustain, develop and celebrate Aboriginal cultural practices that have been refined for over 40,000 years, promoting the expertise within the community and ensuring the basic right of access and practice to cultural life—to ensure a future where young and old can be proud in identity, place, and spirit. The findings presented here alternate between Aboriginal and non-Aboriginal perspectives. We begin with an Aboriginal perspective.

Akeyulerre is a place to teach, learn and reflect on culture, knowledge, language, health and well being.

If you don’t know who you are or where you are from you have no spirit. If you don’t know or understand your culture your body, mind and soul are empty. You have no sense of belonging to your country; you have no rights to the songs and dance of your country and you have no authority for yourself.

Respect is part of Aboriginal kinship and culture. If you don’t have respect you are no one to the Aboriginal community. Respect can’t be given to you. You have to earn it.

It is a duty set upon our elders to pass on their culture, language and knowledge to the younger generation. If they have accomplished what is expected of them they feel their spirits are healed, they are happy and can enjoy the company of their children and grandchildren. If the elders haven’t accomplished passing down their culture, language and knowledge then they have no spirit—their culture and language are lost. Passing down knowledge, language and culture is important to keep what we’ve got so that the younger generations can pass their knowledge, culture and language down to their children and grandchildren.

Country is important. It heals our mind and soul. Our spirit is cleaned and vibrant, free from stress and bad health. We feel, see and hear our ancestors through our songs, dance and survival skills. By returning back to country with their children and grandchildren their custom is to perform and teach in the presence of their ancestors the most important part of our culture—our song and dance. Our elders are healed once they have taught, performed, sung and educated the younger generation of their knowledge.

While recognising the primacy of the Aboriginal perspective described above, it is also important to understand the place that Akeyulerre has within the broader community. It took some time for the evaluation team to develop a visual representation of this concept that would satisfy Akeyulerre and its external stakeholders. To this end Figure 2 is the product of the team’s thinking. It is an attempt to draw together the various aspects of Akeyulerre, viewing it as a central ‘transmission point’ (the central box in the diagram) for traditional healing, knowledge and practice. Arrernte healing processes occur within and through the transmission point, and in the ‘language way’ boxes, via back to country bush trips and local cultural processes. Further cultural exchange occurs between Arrernte and other language...
groups through visits and cultural events (such as dancing). The mainstream interface with Akeyulerre is a somewhat limited space where it may be possible for learning to occur—a space where Akeyulerre and the activity of, for example, the Angangkeres, may be better understood.

As such, while Figure 2 attempts to display the activities and connections between the Akeyulerre centre (noting as it does that it is directed by family Elders) and its associated parts it may not do justice to the intricate web of actions that occur. Akeyulerre acts as a range of elements. It is for example, seen as the support mechanism that allows the will and direction of the Elders to be carried out. It is also a repository of relationships (and the knowledge held within those relationships) that interweave through the families and also across to outside agencies and people (both Aboriginal and non-Aboriginal). At the centre it works as a cultural broker, a facilitator of activities and as a ‘hub’ for planning and learning events. Further, the people in this ‘hub’ work to broker and mediate events, break down access barriers to health and allied services, and form partnerships where appropriate. Many of these processes and actions remain in a sense ‘hidden’ and therefore difficult to count or be seen as legitimate by ‘outsiders’. This does not mean, however, that they are not effective.

Also of much importance is that the Akeyulerre Centre is in a physical location that is a ‘place’ of healing, a place of significance where argument and violence have no business.

In the following sections we explain the activities and processes embedded in each part of the above diagram. The first four sections of the findings relating to the red shaded parts of the above diagram are written from an Arrernte perspective. The ‘mainstream activities and services’ section is written from a non-Aboriginal perspective.
The Akeyulerre Healing Centre is a place to learn, teach and reflect on culture, knowledge, language, health and well-being. When entering the Centre a huge weight of stress and worries is lifted off your shoulders. There is a strong sense of belonging to this country for families, friends and visitors.

The older generations have so much knowledge about country, culture, kinship, song and dance. These are passed down onto the younger generation. The language and culture is also passed onto families who have lost their culture or who don’t have their culture and want to learn more about their family connections.

Because our ancestors had it and they held on to it because I got to hold onto it now. That culture comes from my grandfather’s culture—Simpson Desert. I’m the only one holding onto it—nobody else—that’s why I want to teach all the young ones, anybody, you know, if they want to learn.
The old men/women lead the way dancing and the children follow. The old men and women
sing different songs and they explain to the young ones what that dance is and why you dance
to that song and who it belongs to. Akeyulerre pays Elders to teach young people—this way
they feel valued, their knowledge is valued and young people see that this knowledge is
valued. People don’t get paid to undertake their cultural life, but elders are paid to teach (and
prepare bush medicines for community use).

Dreamtime stories are passed down and old time stories are shared with laughter, sadness,
suspense and heroism. For example:

- **Laughter**: something funny that happened when they were riding a horse and fell off
  or they got chased by a wild bull.
- **Sadness**: when their favourite calf had run away from the home and they cried for
days and days.
- **Suspense**: experience they have had with the boogie man and strange noises they hear
  in the night.
- **Heroism**: tell stories of how they saved their young brother, cousin or sister from
drowning in a dam or how brumbies came very close to stomping on them.

Each country has different stories but similar experiences when sharing their stories. It’s like a
drop in centre—but a culture centre—with families, languages, bush medicines, kids, laughter,
tenage mums and dads with their new born babies, grandmothers relaxing and teaching the
young ones about respect.

### 5.1.1 Bush medicine

Bush medicine is part of healing for Aboriginal people.

> What we make here is bush medicines (a lot). Bush medicines. We go out in a
car, we don’t just get bush medicines from the garden, and we go a long way
to get it—about two nights we go camping out bush. We collect and then bring
back to this place (The Healing Centre) to make it.

The older generation know what kind of plant to get to cure what you have, whether it be a
fresh cold or a wound on your body, or to heal your spirits. They are making medicines today
to cure Aboriginal families their way through bush medicines and Angangkeres the (Aboriginal
witch doctors) who can heal you by diagnosing you. They can see what is wrong with you and
can see spiritually what they need to do to make you better.

The plant is then brought back to the Healing Centre. Then there is a process to making the
bush medicine. Every plant has its own name in Aboriginal language. There are five types of
medicine they make here:
• **Arrethe**: it’s good for rubbing on you for muscle aches;
• **Ilpenge**: if your body is in pain you rub it all over you;
• **Aherre-inteh**: when you have a bad cold you rub it on your chest, you can also boil this medicine and drink it;
• **Arrwatnurake**: is good for scabies and for sores; and
• **Utnerrenge**: you can use this if you have a dry skin.

*These medicines are made from special plants, not from just any kind.*

### 5.1.2 Traditional healers

The following story highlights one person’s experience of traditional healing. The story, while describing the role of the Angangkere also acknowledges a role for mainstream medicine.

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I had been sick for a quiet a while and it was crippling me, couldn’t walk, couldn’t eat and couldn’t sit up properly. My family took me to the hospital for my health check up and the doctors could not find anything wrong with me from the doctor’s point of view.

So they said maybe you could look for your own people with Angangkeres to fix you up. All the while waiting and looking for Angangkeres I was suffering a lot. One month, two months passed and I was still carrying the pain around. After six months we got news there were two old male Angangkeres from down south in the Pitjantjatjara lands that do healing whenever someone needed help from them. So we got in contact with them through a family member and they came to see me and to heal me.

Back in the olden days we would give gifts, rations or money as a down payment to the Angankeres for fixing us up but my families were told that we didn’t have to pay them because they are employed by the S.A. government in the health department area to heal people with their Angangkeres.

It took the two old Angangkeres a day or two to come in to town. When they came to see me I could hear them whispering, they could see what other people cannot see—even the western doctors. Slowly they walked towards me and placed their hands on my back and started to pull out the disease from my body, the one that was crippling me. After the two old healers healed me that day Aboriginal way I went to see the white doctors again to get checked all over to be sure it was an Aboriginal sorcery that had made me sick. Ever since the two old Angangkeres fixed me up that day I haven’t been sick ever since.

That is why Akeyulerre is aiming to try and make that system work with white man health system and the Aboriginal healing to work side-by-side and together. If we have that system in place for Arrernte people we will have a better healing system outcome for all Aboriginal people.
Another story of healing illustrates another experience. In this vignette, the inadequacy of the western health system to address the real needs of the ‘patient’ is highlighted and contrasted with the effectiveness of the Angangkere.

My brother had passed away unexpectedly and had left a big hole in the family. Three months after his death my sister in law had moved in with me so that we could support each other. I watched as her health, eating habits and daily routine changed and it was freaking me out. I contacted her children interstate to let them know that their mum was not herself. They spoke to her and told her to go to the doctors for some help. I explained that she couldn’t get up out of the chair without my help and that she would sing out for me to help her get up of the bed. She went to the doctors for the sake of her children and mine. The doctors told her daughter that she was in mourning and that nothing else was wrong with her so she was prescribed with some medication to help her to put on weight. Another three months later I was so upset that I cried to my mum about my sister in law’s health. My mum is an old Arrernte elder and she came around to the house and asked if she was all right. My sister in law just stated that she’s all right, no need to worry. My mum could see straight away that her spirit was gone from her body and knew she needed help from an Aboriginal healer, so we took her to Akeyulerre to see the Angangkere lady.

The Angangkere lady had one look at her, felt her forehead and examined her body. She explained to my mum that there was a blockage in her throat the size of a golf ball that is stopping food going down properly. She cleared it by rubbing her hand down her throat and chest. The Angangkere lady also found her spirit alone and cold in the place where she lost her husband which she immediately placed it back into her body. We were told by the Angangkere lady to let her have a good rest and that when she wakes up she will be hungry. My sister in law slept until the next day. Within the next couple of days I could see that her routine was back to normal.

5.2 Helping people in town

We’ve created a quiet relaxing environment here in an outdoor setting where people can come and sit down around the fire and talk to old people and young people talk to families.
Akeyulerre as a place, is based in Alice Springs. However, it should be noted that people living in other places such as Santa Teresa and Amoonguna are supported within their community. It should also be noted that visitors from outside Alice Springs come to use the Centre as a place for healing.

5.2.1 Keeping culture strong

Many families have moved away from their outstations and communities to take up residence in Alice Springs to have constant access to various services but their language and culture is practised and spoken frequently every day. Young children sit around the fire and listen to the old men/women telling the stories about their country. This is the traditional way of educating young kids and the way to pass on the knowledge so when they are older they already know the stories, songs and dances for their country. They are keeping their spirit and culture alive:

*Because we want to keep our language and culture strong so we can keep it.*

Akeyulerre gives families, friends and visitors the opportunity to participate in cultural events of song, dance, return to country trips, family healing and well-being. The Healing Centre is here to help our people to heal themselves. Even though they don't belong here at least the Healing Centre is here to heal them with traditional knowledge and traditional healing.

*When people leave their community and country and come to live in town for many reasons: they feel lost, their spirit is lost because they don't belong here—this is not their country.*

Family bush trips heal their spirits when visiting their countries. There is a whole wide range of high protein bush tucker available from their countries. Trips are planned for many family members who use or who want to use the centre.

*Healing is not just putting medicines on sores to make that better. Healing means healing of the spirit, healing of the mind, healing of the body and like here at Akeyulerre they pass this down through stories, songs, and dancing—that's part of healing too.*

5.2.2 Cultural brokers

Cultural brokers who are strong Aboriginal leaders of this community are also leaders of their own communities. They produce what many other people can't offer. They are there to provide, show and help anyone in need of their benefit and knowledge. They are situated at Akeyulerre to teach those in need with language, culture, smoking ceremonies, health and well-being, bush medicines, seeking assistance from the local Angangkeres, preparing the younger generation to become young leaders both traditionally and educationally. They are the Elders, the grandmother/father; they are our mother/father, our auntie/uncle—they are our leaders regarding knowledge, culture, language, song, and dance.

*We keep everything here calm and quiet. We're careful with different families from different cultures who might have issues with each other. They have to leave their issues outside of Akeyulerre because this is a healing centre to keep it happy and calm.*

5.2.3 Smoking ceremonies

Moving into a home or having bad vibes/feelings in the home can lead to bad or unwanted spirits in the homes, these spirits are lost and they need to return to their rightful owners so
the Angangkere and cultural brokers examine the house and perform a smoking ceremony to clear the presence of the spirit so that the families and the lost spirit are free. A smoking ceremony can be done to young babies and mothers to inform the country ancestors that they are the descendants of that country.

5.3 Back to country

Akeyulerre is trying to encourage Arrernte family groups to come and learn more about their culture. That’s why the ladies want to keep their knowledge alive by going back to country, showing them how and where to collect bush medicines and bush tucker and how to survive on their country.

Family trips back to country can be emotional, happy, exciting, relieved, and spiritual. For families who have never been back to country for so many years it can be a very emotional trip. It might be that there is a change of environment, remains of buildings that families grew up in are still there, or there are new buildings, new roads, old stockyards young men built or there are no more dams that are replaced by new water tanks. They are all part of making families’ memories flood back and heal their spirits.

*What Akeyulerre is meaning to do is to try healing of the spirit, healing of the mind and healing of the body with traditional healing and knowledge. That is why they want to pass down all the stories, songs and dances. That’s part of healing too. That is why it is important to learn about your culture.*

When going back to country families tend to separate each occasion which could include teaching young women or young men or a family gathering.

Elderly women teach young women to dance to the songs. They sing and paint their bodies to represent their country. Young girls and women also learn to hunt for bush tucker, which includes learning to catch a goanna, digging for witchety grubs and honey ants, teaching about the environment and how to locate bush medicines and bush tucker that grows on trees.

Old men teach the young men survival skills to catch a kangaroo and the skills to clean, cook and how to provide for the families. They go for walks in the bush to find the right tree to make the perfect boomerang. The young boys (from walking to age 13) are taught the basic songs and dance of country also. Songs are sung just while families are sitting around under the shade of the tree or when they visit a site of recognition. Dance can be taught during the day and at night by the fire. Each song and dance tells the stories of their connections and how they are connected to the country to keep their spirit alive and the culture strong.
5.4 Cultural exchange

Akeyulerre offers visitors, families and friends to come and see what is on display at the healing centre. Cultural exchange is part of the process at Akeyulerre. It may not seem that there is much happening but there is a lot of exchange happening everyday at the Centre. This exchange also happens out on bush trips, on the town camps or at home. Language is taught to visitors—basics like ‘Werte’ (hello)—and skin names are given by the cultural brokers. Cultural exchange is also about letting the wider community know that Aboriginal people are special people—that they are the custodians of this country. Akeyulerre cultural brokers recognise that the wider community needs to know about their traditional Aboriginal culture and language.

5.4.1 Cultural exchange with other communities

Every community has their own cultural knowledge and they practice it differently but still the stories are connected to the country in many parts and in many ways. The Jawoyn people from Beswick community came down to the Healing Centre to exchange their culture to the Arrernte people of Alice Springs. They exchanged their songs and dance and stories at the Healing Centre before they all went to take part in a big cultural event for traditional singing and dancing. Aboriginal people have been practicing this for a long time by exchanging gifts, songs, dance and sharing each other’s culture and knowledge.
At the official opening of the Central Land Council new building, the Simpson Desert singers sung their songs as their dancers performed to open and bless the building for their constant involvement with Aboriginal people.

The older generation residing at the Hetti Perkins aged care home enjoys the company of the cultural brokers at Akeyulerre. They share bush tucker and old time stories. A feast of cooked kangaroo tails and damper in the coal are provided to the older generation in exchange of their company and knowledge of their country and old time stories from the past.

The cultural brokers of Akeyulerre want to teach the younger generation and visitors to the community about their culture. Bush tucker, country visits, language and family connections. These are important and they feel that their language and culture must be heard the right way and not only through an academic point of view from degrees. Aboriginal people are the rightful owners of their own lands and know their country thoroughly.
Akeyulerre provides basic visits to country to learn and teach young boys about making boomerangs of dancing and understanding Aboriginal culture. Young women are taught to collect and make bush medicines as well as dancing and understanding Aboriginal culture.

To survive the way of our ancestors, our knowledge, language and culture is to be kept strong and alive. That is to give, teach, learn and educate the younger generation and the generation of young adults who want to learn and understand their culture, language and family connections.

Cultural exchange is a learning point for visitors and local family members to know about Aboriginal culture. Choosing what can be exchanged is important. Welcoming and exchanging stories, songs and dance is a next step forward to keeping the language and culture going stronger for the next generation and also to inform the wider community of the existence of Aboriginal law and culture. Inviting visitors from other communities is a step forward for Aboriginal people to display what they have as an exchange of welcoming to their country. Akeyulerre is a place for that.

5.4.2 Cultural exchange and learning for young people: Utopia case study

Word had got around about Akeyulerre and a lot of people have been curious about what they do at the Healing Centre. They heard that the old ladies from here keep the culture strong and families coming together doing bush medicines.
So a group of students from the Utopia Community came for a school excursion into town and they all wanted to go and find out about the Healing Centre. They were young teenage girls who are senior students at Utopia School. The place was busy as usual because there was a big song and dance event happening at the old Telegraph Station and the old ladies were getting everything ready for the dance. But there were three old ladies willing and waiting to greet all these young students and ready to show and teach them about the Healing Centre.

The girls recognised the bush medicines and knew the name of it because their grandmothers taught them and they see a lot of them out in the community when their old ladies go to collect them.

The old ladies gave them the tools to grind the bush medicines, showed them how to boil them and then poured them into the jars. They said ‘this is first time we are making the bush medicines’. To see the girls actually taking part in making the bush medicines the traditional way was really good. That meant that they are learning really good and it makes the old girls feel good because of the knowledge they are passing on to the girls, knowing that they are learning, and to see them doing it the right way makes you feel good.

*The feeling of this place feels really good and beautiful you can feel it, it’s like its alive coming.*
5.5 **Mainstream conceptualisation of Akeyulerre: Two way learning**

The group of ‘mainstream’ providers interviewed tended to diverge into those who had established dealings with Akeyulerre and those who had limited contact but had seen the results of others interactions with Akeyulerre (such as those working in an aged care environment. There was a strong belief amongst all those interviewed that Akeyulerre was a positive force for the Aboriginal people concerned.

Mainstream service providers saw Akeyulerre in a number of different ways. They recognised the uniqueness of the Centre as a traditional and Aboriginal ‘service’. Many acknowledged that it was somewhat difficult to speak about Akeyulerre with a western frame of reference. However as they spoke, they did describe elements of Akeyulerre in ways that reflected their own understanding of both mainstream and Aboriginal service provision.

5.5.1 **Understanding of healing**

Many respondents grappled with the concept of healing as they saw it in the case of Akeyulerre. The notion of ‘healing’ and the concept of a ‘healing centre’ in the Akeyulerre context was seen quite broadly by mainstream service providers. One government agency representative commented about the social and spiritual dynamics of healing:

> It’s progressed over time to be more around the social, spiritual and healing. There’s quite a bit of talk about healing as a process that’s important for people who have been exposed to violence...

She then went on to identify the importance of going ‘back to country’ as a part of the healing process. She linked this to their identity as Arrernte:

> They wanted a proper meeting place but the other big part of this is about going back to their country and sitting down and that healing process, being able to talk about things and take young people out there so they can think... we can be proud to be Arrernte people and there are good things about our culture.
Another respondent from an NGO linked the idea of healing to overcoming grief and the effects of trauma, particularly in the context of the stolen generation. Two other respondents also identified grief and loss in their definitions.

*My thinking about a healing centre is influenced by the family well-being program and that has a particular concept of healing which is about a recognition of grief, loss and stress that Aboriginal people generally live under, particularly those from the stolen generation and those who see a lot of trauma around them. The healing process has to address the personal and the family and social and cultural aspects of well-being. I see the healing centre trying to do that.*

The social and relational aspects of healing were raised by another respondent:

*Healing can just be a group of people coming together to strengthen their family groups or to explore ways to make relationships better in their communities to strengthen their communities. That’s really powerful healing. It’s just bringing families back together.*

More specifically, the intergenerational aspect of this relational restoration was identified by another respondent:

*The end product is sometimes what we focus on but it’s the process of getting there and the small things you achieve along the way is what has been really important. Those young people coming together with the old people and learning that knowledge again and feeling proud of knowing that...*

One more NGO respondent recognised the holistic nature of healing as opposed to the medical understanding of health.

*Westerners view healing in a sense which is usually doctors and hospitals and counsellors. Indigenous people seem to have a very holistic view of life.*

These conceptualisations reflect a broad understanding of healing and its differentiation from mainstream definitions of health. However, it is noted that each view is framed within a frame of understanding that is based on mainstream concepts of disease, health and service delivery. It is perhaps why many of the non-Aboriginal respondents found it difficult to clearly define or describe Akeyulerre’s activities. For example, non-Aboriginal people who see health and well-being largely in terms of mainstream concepts of disease, health and service delivery are not easily able to understand the actions and processes of Angangkeres who appear to engage in a holistic mesh of medicinal, spiritual, social and psychological actions.

### 5.5.2 Mental health service

Several respondents discussed Akeyulerre in relation to mental health or psychological concerns. Note the discussion in the following vignette from a service provider about the desire to see traditional healing as a ‘component’ of a mainstream health plan. Although the respondent grapples with explaining what they have seen to happen, there is little doubt that such activity is regarded as ‘legitimate’. This approach sees traditional healing as an alternative treatment for mental health issues.
When he died he was often looking for a witchdoctor, a traditional component for a positive outcome for health. I think it’s a serious part of someone’s medical plan. I don’t think... the health system doesn’t acknowledge it as such. I’ve had many people at [place] who have run away from hospital and sought bush medicine. They’ve done it in their own way plus me trying to bandage up things I shouldn’t be bandaging up. One of the things I thought of with the healing centre was the significance of that health plan and how that can support people and how it can be broken in somehow and some system of doing that. I’m not really sure because I haven’t sat with them but it’s a significant part. I’ve had people with mental health issues over a long period of time and people have experienced huge mental illness and I couldn’t ever get response from mental health because they thought it was an alcohol-related issue.

There was also a widespread recognition that mainstream mental health services made Aboriginal clients ‘unhappy’, as the following respondent suggests.

> In relation to getting to the healing bit as well, I know when I worked in the mental health unit, a lot of people were unhappy to be there. They wanted traditional healing for people in the hospital. They’re not comfortable with western ways, particularly in mental health. A lot of them wanted to be taken back to country to see traditional healers.

Another way of conceptualising the Centre was to see it as a referral point where ‘assessments’ could be made. The objective in this approach is to feed clients into other services. Healing in this context is not seen as an end in itself, rather it is a starting point—the ‘healthy outcomes’ come from the work of others, not the healing centre. One external stakeholder commented:

> A healing centre can do an assessment in that generic sense of identifying feelings, where those feelings come from, putting that in a cultural context and also making it like you’re not the only one. I’d like to see some materials developed so my staff can do groups of children. It’s a great opportunity for healthy outcomes with kids.

### 5.5.3 Aged care and disability support

Another way that respondents understood Akeyulerre in mainstream terms was from an aged care and disability support perspective. One respondent with experience in the aged care and disability support sector described how Akeyulerre was fulfilling an important role in these terms. She saw Akeyulerre as a place where older people could be better integrated into their community and family life.
But all the qualitative research, [says that]... what people want is choice; a life outside of just sitting at home and waiting for their carer to come and do stuff for them; they want interaction and integration with the rest of the community, they don’t want segregation, they don’t want special homes for the disabled or special homes for the elderly, they want to be able to fulfil their roles as a grandmother or a sister...This is a perfect venue to bring whole families together, including those who are marginalised and vulnerable in a way that’s respectful of their culture; what they consider is healing for them and useful for them and give them a few options in the day, other than just sitting at home and waiting for their carer. To me, that just makes perfect sense... It’s incredible the number of people who require high level support who function extremely well if they’ve got lots of things to do. They find a way because they’ve got something to live for.

Another respondent from an aged care service described Akeyulerre in terms of a kind of day respite service. She would drop the old people off in the morning and pick them up after lunch. She saw tremendous value in this function of Akeyulerre, noting the change in demeanour of residents when it was the day for an Akeyulerre visit:

One of the fellows is cranky everyday but he’s in a good mood on that day.

5.5.4 Social inclusion

The following illustration from an aged care service provider highlights the value of Akeyulerre as an important adjunct to services that perhaps should be provided by government funded providers but which cannot be due to funding restrictions. While not specifically describing this as a pathway to greater social inclusion, in mainstream terms, this is exactly what the respondent is describing.

My whole philosophy is we’re there to support people to have a life but we don’t, we support them to have a shower, we get them clean but we don’t have time for them to have a life. That’s one of the things I love about this place. On numerous occasions for instance, since this started, we’ve been along to clients who were needing 5, 6 to 7 days support a week and we can’t find them. And they go, ‘Oh, she’s just gone to visit her mum at Hetti Perkins and she’s popped into Akeyulerre’. She’s having a life, and we aren’t even part of it. It’s great. There have been numerous occasions where we haven’t been able to find people and to me that’s been success as long as they aren’t lost. They’re getting up and having an opportunity to do something rather than just wait for us, which is what we’d love to be doing. The feedback from those clients has been quite positive.

There are other elements of Akeyulerre that promote social inclusion. Social inclusion is defined by the Australian Government is described in terms of a) learning, by participating in education and training; b) working, by participating in employment or voluntary work, including family and carer responsibilities; c) engaging, by connecting with people, using local services and participating in local civic, cultural and recreational activities; and d) having a voice, in influencing decisions that affect them (Australian Government 2009). Akeyulerre
'ticks several of the above boxes’. There are aspects of learning, volunteer work, caring for families, and participating in cultural activities.

5.5.5 Cultural connection and maintenance

Most respondents noted the cultural maintenance (or cultural renewal) effects of Akeyulerre. The following illustration from an NGO health service provider identifies the need for a role of cultural maintenance. However, as the respondent points out, the difficulty with conceptualising this approach from a western frame of reference is how it can fit within mainstream service provision. He points to the possibility of fitting a healing centre into a primary healthcare or a community education model, but reflects on the difficulties associated with funding such a model.

...that intergenerational transfer of knowledge has fallen away in terms of initiation. There’s language, but language is fragile and is not transferred quite as well. There have been big efforts to make it a written language and to record it but the kids don’t have the vocab of the adults... We’re doing a fair bit of work with men around dance performance and how you customise that into something that is meaningful for kids today. What you’ve got constantly is old people, who are particularly in the men’s area--there’s not many of them. There’s a large group of fathers and uncles you haven’t actually had much access to this sort of thing and then you’ve got all these kids. They want to see that intergenerational stuff happening but is that a health issue or a literacy and numeracy issue? Whose primary responsibility is it? It fits into primary healthcare [be]cause everything can fit into primary healthcare and it fits into the all of life, community education sort of thing but who’s going to fund it? The Territory Government is broke and you’ve got the health sector which is constantly under stress. The philanthropic approach like the Yothu Yindi Foundation, looking at exploring ways we can generate a collaboration; taking some money from government for particular sorts of things but generate their own source of income and philanthropic engagement is where people are hoping to go.

It was a concern of some respondents that time was running out in terms of enabling and supporting Aboriginal youth in the process of learning and engaging with cultural knowledge and affirming connections to land and lore through the actions and stories of the Elders. There was a fear that without such connections and knowledge that Aboriginal youth will find it difficult to break the negative habits and cycles (such as alcohol and violence) that exist in the context in which many of them find themselves.

5.6 Sustainability

The issue of sustainability was discussed by external stakeholders in a variety of ways. While to some extent it was about funding, external stakeholders recognised that there were broader issues that contribute to the sustainability of Akeyulerre.

5.6.1 Ownership

The quote in the previous section about intergenerational knowledge also points to the need for ownership. It alludes to ownership and control being a key ingredient to the sustainability of the Centre. A number of those interviewed pointed to the strong leadership from the Elders as a critical key in its ability to work and be accepted in the community. In mainstream
community groups the primary motivation for participation is not monetary. Rather it is derived to a large extent from a sense of belonging, pleasure and intrinsic reward that comes from participation and contribution to the group. Echoing this view in relation to Akeyulerre are comments from external stakeholders, one of who commented on the feeling of pride expressed by a participant she knew of:

*They say it’s really good there and they’re quite proud of what they achieved there. One of the older ladies talks about how the younger kids are getting more involved and come to barbecues. They’re keen for other people to be involved and see what they’re doing. They’re very proud.*

We recognise the complexity of the term ‘ownership’ in this context. Ownership within an organisation may be different from ownership among individuals or families. The sense of belonging is what binds the concept of ownership among individuals, families and for the Arrernte stakeholders who use Akeyulerre. According to one external stakeholder, motivation for participation in Akeyulerre arises from this ownership that strengthens their culture.

*It strengthens their culture. It’s going back to having a bit of ownership of your life again... The women and the men discuss where they want to go in their lives, how are they going to run their lives and what are they going to do to make their lives better.*

Clearly this sense of ownership is an innate strength that will ensure the continuity of the Centre, regardless of external funding. It was also pointed out that Akeyulerre has existed now for a number of years (arguably due to the ownership and leadership of the Elders), but has only been funded to a reasonable degree more recently. This tends to demonstrate that there is a strong will to maintain and continue its activities—a positive for sustaining its work.

### 5.6.2 Partnership development

There was wide acknowledgement among external stakeholders that building strategic partnerships is a key to building sustainability. That is, they felt it important for Akeyulerre to foster connections with mainstream organisations where there were likely synergies. This is consistent with the model presented earlier at Figure 2. Some suggested that those synergies lie in areas of mental health, aged care, education and social/emotional well-being. One respondent suggested that for her, building long-term relationships with funders was essential for sustainability. That said, it was also suggested that relationship development is a two way process where the funder should take the initiative for building and maintaining relationships with those organisations it funds.

Among the stakeholders interviewed there were two broad responses in relation to networks and partnerships. One group of respondents reported having close working relationships with Akeyulerre. A second group reported that they had little to do with Akeyulerre but would like to engage with the Centre.

The first group appear to have direct connections in terms of the cultural aspects of their work. That is, the cultural aspects of one organisation fitted neatly with the cultural workings of the other. Among these there was a strong desire for both groups to work together for shared goals and objectives. It was acknowledged and accepted though, that the possibilities for collaborative work are somewhat limited by Akeyulerre’s capacity, as is reflected in the following quote:
My personal observation is that the healing centre just doesn’t have the capacity to do more than they’re able to do. So you’ve got to go where you’ve got strength... It was really good that they came on board to support our culture program. We rely on inter-agency support for that.

The second group of respondents were either largely unaware of the Centre or somewhat uninformed about Akeyulerre’s way of working. This is reflected in the following response from children’s service provider.

We went over there and I was a little bit taken aback... We got a nice introduction to the centre but the lady was very specific that she did not want to be seen as a referral and that concerned me. We have case plans for children who come in...

In arguing a case for the ongoing funding of a program such as Akeyulerre it may be important to demonstrate how the organisation connects with others in such a way as to maximise its utility. The following vignette from an external stakeholder demonstrates how the Centre has been used to make connections beyond the immediate group of users to members from another community group. With reference back to Figure 2, this story relates to the box labelled ‘cultural exchange’. It highlights the potential for Akeyulerre to connect with education and training providers.

The most practical relationship I’ve had with Akeyulerre is when I invited Akeyulerre to be involved in a visit by the senior girls, students from the Utopia regional secondary school. I was teaching five units in Certificate II in Community Services as part of a VET in schools program and I wanted those girls to have exposure to the range of community services that aren’t available in Utopia. We brought them in for a three-day trip. The visit to Akeyulerre was the last place they went to. They had two and a half hours there. The girls found out about the organisation and met all the workers and also made bush medicine, some really good bush medicine too that three of the Arrernte women who were involved in Akeyulerre had done a special trip out to the bush to collect the plants for. Those girls went right through from grinding, cooking it up and pouring it into little tubs that they then labelled and they got to take that home. While all of that was happening, the two older women who were instructing them and showing them were also talking with them about Akeyulerre, and culture and what the premises were for and encouraging them to use it as a service centre for themselves and family when they come into town.

They loved it. It was a lovely space we were in. We came through the building but all the activity was outside. We were sitting around, comfortably watching and talking. There was a cup of tea. The refreshments were provided but made accessible if they wanted to make themselves something in between. There was good healthy food, fruit, cakes, they had kangaroo tails prepared, they put a lot of effort into both making the girls comfortable and also making sure there was plenty for them to do and plenty for them to look at. The girls loved the trip and I know some of them have made contact with the centre since then.
While it is apparent that Akeyulerre has developed some strong relationships with organisations (such as Congress and Alukra) it has close cultural connections with, it is equally evident that staff devote a relatively small amount of time to building strategic relationships with government bodies and potential funders. The focus of staff has clearly been on building the activities of the Centre and meeting the needs of the Board and the participants. Respondents acknowledged that building partnerships for funding purposes is hard work and takes considerable energy:

> Having the staff necessary to do the ground work, make connections and develop solutions—it’s a lot of time and energy when they’re already stressed.

It is important to recognise the need for an appropriate balance between the need to nurture strategic partnerships and at the same time maintain the primary focus of Akeyulerre, which is about supporting the cultural life of Arrernte families. Akeyulerre staff emphasise the point that Akeyulerre designed to refer people to mainstream services—or vice versa. Rather, the development of partnerships should support the aims of Akeyulerre.

### 5.6.3 Funding and income generation

A key element of ongoing sustainability relates to securing funding or income to ensure that services and staff can continue to be supported. Given that the Department of Health and Families funding does not cover all costs associated with running existing services—and certainly does not support an expansion of existing services, the Akeyulerre Committee and staff recognise the need for additional sources of income. To some extent they have already been successful in securing funding for special purposes. Akeyulerre has purchase a troop carrier with funds from Virgin Unite; they are marketing traditional healing products; and they have received some funds through donations. However, this will not replace the need for an ongoing funding base to cover the cost of salaries and resources required to keep the Centre operational at its current level.

Given this need for ongoing funding, external stakeholders offered suggestions about how Akeyulerre should promote itself better and what it could do to secure additional funds. Several respondents commented on the challenges facing any NGO as it seeks to secure its ‘services’ for clients. Some commented that income generation and funding applications are ongoing tasks that successful program managers see as a necessary—though frustrating—part of their job. Others suggested that it was important for an organisation not to be reliant on a single source of funding.

Increased funding would give Akeyulerre more options to arrange its resources. One respondent described how he saw these options opening up:

> One is if they had more funding they could better resource the activities that they’re doing. They might want to pay for people to do things, rather than have one coordinator who coordinates then sends them off, they might pay for
Aboriginal people to do certain activities which enable them to recognise the value of the work they're doing. Another option is—at the moment they've got a part-time coordinator and part time workers—that they might be able to expand that to full time to increase capacity.

A word of caution was offered by one respondent however. He suggested that funding for expansion was not necessarily desirable:

There is an intimacy that happens because it’s under-funded and people are quite task focused and it has a sweetness that sometimes doesn’t happen with a well funded more institutionalised service. But there are capacity gaps that are going to happen with a small service and there are a lot of areas where the benefits are going to be difficult to expand. I think there’s probably a fair danger in becoming much bigger without that leadership filling the ownership or control of the organisation. It could turn into an industry that neglects its roots.

5.6.4 Marketing and promotion

Effective marketing of Akeyulerre was seen to be an important factor contributing to sustainability. Some external stakeholders recognised that marketing the concept of a healing centre was to some extent problematic—one described it as being ‘very slippery for the western mind’. In trying to explain Akeyulerre the respondent suggested that

...the Centre has really got to focus on bringing people together. That’s healing—bringing families who are often in crisis. That’s going to be their biggest strength and selling point.

It was clear that some external stakeholders knew little about the Centre. This was in part reflected in some difficulty finding the right person to interview. In other cases it was evident that respondents only had a sketchy understanding of what Akeyulerre was about. One stakeholder confessed:

I had never heard of it. I’d been working with Indigenous [people] for years in town, [but] I’d never heard of it till I started here at[ organisation name], I didn’t know it existed. People I speak to [we] say we’re going to the healing centre; they say ‘where’s that?’. I don’t know many people who have heard of it.

While in itself being well known is not necessarily a concern for Akeyulerre’s ability to work effectively with its client group, in terms of gaining recognition and support—and subsequently a sustainable source of funding—this lack of awareness could be of concern. Some external stakeholders recognised that expansion of service delivery should not necessarily be the goal of Akeyulerre. Getting the right balance between meeting the demand for services and maintaining a clear focus was seen to be important. For example, one respondent suggested that specialisation rather than expansion should be the goal of the organisation:

In a way sometimes less is more. Sometimes organisations need to specialise and not try to expand it. That balance issue is an issue for them.
One respondent saw the Healing Centre as a way to fill a gap in health service delivery. That
gap, as he saw it, was in terms of ‘engagement with the community’.

...the problem for health service delivery it is engagement with community and
particularly developing some strong leadership that can support and sustain
cultural change. ...what often underlies the failure of the health system is you
almost have an oppositional client group or a client group that doesn’t believe
what you’re offering is necessarily helpful or doesn’t understand what the
processes are. You have a chance to use the healing centre as a way of
merging those disciplines and growing it up and engaging with the client group
and with their family support, voluntary framework that underpins a whole lot
of why the health system works—where you rely on carers and families to
provide the bulk of the care.

This view recognises that Akeyulerre is not a typical ‘service’ or ‘program’ that has outputs like
many mainstream organisations do. Rather it acts as a catalytic process facilitating shared
understanding and meaningful engagement with a client group that is predisposed to
scepticism and mistrust of the mainstream health service system. Acceptance of this view may
require some translation into language that funders understand. A Northern Territory
Government respondent indicated that:

Part of what the NT Government were hoping was that this might be some
kind of counselling or support service for young people who are having issues
with family or with police or whatever and they might have a counselling
component.

While this respondent acknowledged that Akeyulerre was not a counselling service the issue of
translation into terms that funders with a western worldview perspective understand, remains
of some concern.
6 Discussion and recommendations

The following points emerged from the data as themes of strong interest. They are summarised as follows.

6.1 Akeyulerre: How it works

It is important to note that Akeyulerre gains its primary strength from being owned and directed by family elders, and that its size in terms of the families involved allows the close cooperation and integration of its activities. To grow too rapidly or to grow too large may inhibit or create issues of ownership and therefore impact on its ability to operate seamlessly in the way it does.

There seems little doubt that Akeyulerre has evolved to the point where there are two major foci to its operation. These are ‘getting people back on country’—which might be defined as enabling the families concerned to continue to find strength in their cultural knowledge and connections to land—and to pass on intergenerational knowledge and so establish pride and purpose in their youth. A lesser but important ‘driver’ is the role of connecting to and supporting the health of their people through working with western based medical and allied services to better understand and support these services as they utilise more traditional Aboriginal medical/health approaches.

6.2 Ownership

A number of respondents noted that the way in which Akeyulerre was governed by Aboriginal Elders, in what might be described as an engaged community network approach, was very important in that there was strong Aboriginal ownership, drive and support for the work of Akeyulerre. This approach enabled and supported its operations, bestowing pride and purpose amongst those involved. This is indeed a strength for Akeyulerre. It increases its stability and ability to move and evolve in the best interests of the Aboriginal families concerned to promote healing amongst its people while increasing pride and learning, particularly in the youth. The latter point, transferring knowledge to youth, is, as the researchers were reminded, becoming increasingly urgent as the knowledge holders may pass on without sharing their knowledge and so that knowledge will be lost. Working in smaller family groupings appears to allow better management and stability of such actions.

On the other hand, such ownership and direction tends to work to its own timeline, often within processes that remain unfamiliar to western organisational systems. This situation may raise tensions that require acknowledging. Growing at the pace of the Elders will provide stability. Akeyulerre can grow and evolve slowly, while not becoming too unwieldy. In terms of funding and funding submissions, however, such growth and development may be seen as a lack of attainable goals, a lack of vision, or a lack of understanding concerning the amount of funding required. Often, as now when Akeyulerre believe they have the capacity and need to better work with their Aboriginal youth, funding is required in a flexible way at various stages throughout the program when the timing is deemed to be right.

Thus, there is a potential problem for funding agencies in terms of understanding the nature of what is not a mainstream service. It is also not an easily replicated ‘service’ in that it is a kin based approach that is not necessarily easily established as a model for delivery of such activities elsewhere. However, if a healing centre was to be supported in another location there are several characteristics that would apply to the appropriate development of a healing centre. These are broad brushed characteristics that would apply. These include broad brushed characteristics such as Aboriginal kin/family based ownership, a strong community based support (there may already be such activities occurring in a community), and strong
Aboriginal Elders to ‘drive’ it. If the development of a healing centre is seen as a process—rather than a service—with a focus and commitment to Indigenous knowledge systems and practice, then the model is relatively easily to translate to other contexts.

6.3 Views of healing

As outlined in the Literature Review above (page 5) the views of healing, listed again below, can all be seen within Akeyulerre activities. They:

- Have a more holistic approach to health than the approach taken in most Western medical models (Hewson 1998; Smylie 2001; Smith 2009);
- Mention spiritual and emotional issues in addition to mental and physical health (Moran and Fitzpatrick 2008);
- Make frequent reference to ‘balance’ and/or ‘harmony’ (Chansonneuve 2005; Ross 2008);
- Place emphasis ... on families and communities as well as on individuals (Lane et al. 2002);
- Include references to nature or aspects of the environment (López and Tascón 2003);
- In many cases explicitly refer to healing from the trauma caused by aspects of colonisation, (Castellano 2006); and
- In a deviation from western models, mention the healing required by those who have hurt others, as well as those who have been injured (Archibald 2006; Correctional Service of Canada 2008a).

From an Aboriginal perspective a view of healing that, in this case, revolves around the work of traditional healers perhaps provides another window on how Aboriginal healing is perceived.

‘Angangkere’ is the word for Aboriginal witch doctor. Angangkeres heal with their hands. When a person is Angangkere it is a gift given to them from their country or dreaming site. To be a professional doctor from the western system you have to sit through a lot of exams to be recognised as such. But for Aboriginal people to have Angangkere, it is a gift from your country and your ancestors. You have to have the right connection to that country and you have to be the right descendant for the song, dance and story to be given that gift.

The way Angangkere do the healing is very different from the western style. They don’t operate; they don’t do x-rays or other things that would normally be done in hospitals. The way they do the healing is with their hands. In all communities, Aboriginal people still believe in sorcery or witchcraft and that’s why they have Angangkeres in their community. There are some witch doctors that can heal people and some can cause death or harm to you. The witch doctor that harms you sometimes causes death but before that can happen family members will ask another witch doctor that can heal to help heal the person so it doesn’t end in tragedy.

There are witch doctors that can heal you with their hands by feeling your head or stomach or legs to see where they can feel if something’s wrong and where to find it. When they see that you are weak and can’t eat they know straight away that your spirit has gone away from you and they touch you and put it back in place again. Then you will feel better again. After the Aboriginal Angangkeres heal you then they will say to you to go see a doctor for further examination. In that way they are working together to heal people.

There are other witch doctors than can draw blood from you and cleanse you from any bad sorcery from your body. Sometimes they can work in teams or some will do it by themselves. They will pull out whatever they find inside of your body and put it back in the ground and send it back to where it comes from and to the owner who has caused you a lot of pain. That’s how
Aboriginal Angangkeres work for Aboriginal people and the belief in Angangkeres is very strong among Aboriginal people.

Importantly, as the initial dot points to this section indicate and the description of Angangkeres supports, healing as a concept and activity is not viewed in a compartmentalised way, but as a whole activity that includes physical, spiritual, social, and psychological components that reinforce cultural knowledge and beliefs.

### 6.4 Intergenerational aspects

Of the themes that emerged from the photos, interviews and stories of the research, that of enabling youth knowledge and understanding of Aboriginal cultural ways was quite pronounced. From the photos of a number of young men sitting at the feet of their Elders listening to stories, to trips back to country, to stories of an old man who gives up the grog so that he can attend the Centre and meet with a number of the youth are all indicative of an inherent belief that change in the behaviour and conditions in which many youth exist will only occur through their connection/reconnection to land and their understanding of Aboriginal cultural knowledge.

Engagement of youth in cultural and learning activities helps the old people feel proud. They feel as though they have accomplished something that is fundamentally important. They feel that they have been heard—that important cultural knowledge has been passed on. On the other hand there is at times also a sense of sadness when working with youth because of the gaps in their learning and the time now needed for the young ones to learn the knowledge of the culture and language. They find it tiring. However, the tiredness is for a good cause and there is ultimately a realisation that important knowledge has been passed on.

### 6.5 Sustainability and funding

Some respondents noted that Akeyulerre did not ‘sell’ itself well. They saw this in two different ways. Firstly, they were not fully aware of what Akeyulerre does (and hence did not know how to best connect to them) and secondly, they felt that more effort in terms of capturing and broadcasting what they do would help them to both continue to review their services and importantly have material to help them support their fund seeking. While they acknowledged that the centre staff currently had little time for such activities and had rightly directed their efforts to the advancement of the Elders intentions for Akeyulerre they also noted the importance of activities designed to capture their effort and promote it. This is an ongoing tension, where capturing information, promoting what they do and extending others knowledge of them is perhaps seen to be secondary to the ‘real’ work of Akeyulerre—particularly in terms of the resources and staff available to carry out this role. Better knowledge of Akeyulerre activities (and therefore potentially better connection to other NGOs and service providers) will take further ‘work’—which requires further funding. Also, the effort of the centre coordinator and others is directed at the day-to-day operations of Akeyulerre and there is little time and energy to embark on, for example, promotional activities.

There is the further issue of growth, and Akeyulerre control of that growth. While further funding is required to fund activities that Akeyulerre are now ready to embark on (and better fund those it already carries out). Having to promote the Akeyulerre e for the purposes of attracting funding may be outside the Elders directions/expectations.

There is a high degree of volunteerism at the Centre and many, mainly younger people, seek part time work there. This in itself may indicate the esteem in which Akeyulerre is held—particularly as it would appear that finding Aboriginal staff for many agencies is a difficult task. While essentially there may be little wrong with volunteerism, on the other hand people that
provide a needed service and who have families to look after require appropriate salaries. A small amount of flexible funding to pay for particular services is required to better support and allow the development of Akeyulerre activities.

It is acknowledged that Akeyulerre waited for 10 years before sourcing funding that would support the integrity of cultural knowledge and practice. It was deemed critical to the success of Akeyulerre that a funding arrangement that was not driven by government agendas should be accessed. Akeyulerre will continue to pursue similar funding arrangements into the future.

6.6 Connection to the Health system

Akeyulerre wants to be seen as a legitimate ‘service’ in its own right. They also have services that could be of benefit to the mainstream health system. They would like to see mainstream health practitioners better informed about the healing needs of local Aboriginal people and the work of people such as the Angangkeres.

However, similar to the reservations expressed by traditional healers in countries such as New Zealand, noted in the literature review, there was reluctance among some respondents to engage too closely with the health system because of the risks associated with becoming aligned with these systems. For example, in terms of the apparent bureaucracy there is a fear that Aboriginal people may be deterred from engaging with Akeyulerre. There is also a concern that important ‘private’ knowledge might be ‘lost’. However, there was equally a desire to see a dialogue occur between mainstream service providers and Akeyulerre and a willingness to share ‘public’ information about Akeyulerre and Aboriginal healing. There were some logical connections identified where cooperation was seen to be most useful. These included:

- Palliative care;
- Aged care; and
- Mental health

With a work force already overstretched there was some wariness about becoming oversubscribed with ‘referrals’.

6.7 Staffing

The current roles (coordinator, men’s and women’s cultural officers) are a good fit for the way Akeyulerre works. However it was noted that the workload for these roles—particularly the coordinator—exceeded the time allocated in funding (30 hours per week is the current time allocated to the Coordinator). Also, if it accepted that there is a need for a person to be engaged in promotional activities (including seeking additional or targeted funding) then this part time positional is additional to the current set of positions. Indeed this may require a specialist set of skills.

6.8 Response to the evaluation questions

6.8.1 How does Akeyulerre support health and well-being for Arrernte people? (cultural strength/strong families)

Akeyulerre supports health and well-being of families who participate in a number of ways. However it is important to recognise that health and well-being may be interpreted somewhat differently from healing. In the context of Akeyulerre, healing is understood within the processes and activities and the social/family interactions that occur:

- Re-connection with country;
Evaluation of the Akeyulerre Healing Centre

- Cultural exchange;
- Intergenerational learning;
- Respect for Elders;
- Smoking ceremonies;
- Spiritual wholeness;
- Angangkere work;
- Men’s, women’s and family activities;
- Passing on culture from one generation to the next;
- Sharing stories, knowledge and cultural practices;
- Sharing songs and dances;
- Collecting, preparing and providing bush foods
- Collecting and making bush medicines; and
- Looking after older people.

The changes that occur in individuals who participate in the activities of Akeyulerre fit within the activity domains shown earlier in Figure 2. It should be noted that these activities ebb and flow as opportunities exist or as need demands. While the diagram shows apparent linkages between mainstream service delivery and Akeyulerre, it is quite clear that the linkages can change. However, it is noted that within the healing offered through Akeyulerre there are elements of health and well-being that could be placed under the banner of social and emotional well-being, mental health, and physical health. It could be described in these terms but that these descriptions would be grossly inadequate.

6.8.2 How can/does Akeyulerre support cultural maintenance for Arrernte people?

It is evident from this evaluation that Akeyulerre does support cultural maintenance for Arrernte people. One of the recurring themes that emerged from the data related to the importance of the intergenerational transfer of knowledge. The learning that occurred between elders and young people was identified as a key element of the program that underpinned a range of outcomes.

It was also evident that for the continuation of knowledge and the teaching of such to coming generations all generations must be absorbed into the process. This is often carried out via family groups and family outings. The cultural practice and knowledge embedded in such activities was seen to be fundamentally important to participants. While the purpose of these activities (such as collecting bush medicines, going on bush trips, performing smoking ceremonies) was not explicitly described in terms of cultural identity, it is clear that engagement in events and activities was strongly linked to a sense of belonging to culture and purpose. It should also be acknowledged that for non-Aboriginal people, the significance of the activities that occur under the banner of Akeyulerre is difficult to understand. On the other hand, for Arrernte people the meaning embedded in these activities is intuitively understood. Non-Aboriginal people who were connected in some way to Akeyulerre did however get a glimpse of the significance for participants, but they interpreted this significance within the mainstream frame of reference.

6.8.3 What needs to be done to underpin sustainability of Akeyulerre?

The question of sustainability is a complex one. The strong sense of local Aboriginal ownership and control, directed as it is from the elders, leads to an inherently sustainable structure.
However, as Akeyulerre activities remain fragile without the necessary resources to coordinate and administer the Elders directions ongoing funding is also a sustainability issue. In order to maintain the kinds of activities that are currently supported through Akeyulerre, a level of funding is required beyond what could be expected from economic enterprises such as the production and sale of healing products. That said, there may be a place for more effective and targeted marketing of the healing products produced through Akeyulerre. The development of a website for this purpose may prove to be a useful adjunct.

There may be a need for the development of specific skills related to preparing funding applications and promoting the benefits of Akeyulerre. We are conscious of the fine line that exists between Akeyulerre as a relatively small organisation with limited capacity and the desire to see the ‘services’ it offers to families expanded. To this end, funding that is sought needs to be carefully targeted to meet the needs as they are articulated by the Elders—not the needs as they are identified by workers or mainstream service providers. Further, this funding needs to operate both on a core funding basis (over a 3-5 year funding cycle) and on a flexible funding basis so that Akeyulerre may access further amounts of funding as it grows in its own time.

6.8.4 How can traditional knowledge be used in mainstream service delivery? (incorporating culture into service delivery)

Aboriginal healing and cultural knowledge that has been learnt through the generations is knowledge that is often only available to a few in a way that cannot be passed on to the many. Therefore, the short answer to this question is that knowledge that is embedded in, for example, in the work of the Angangkeres cannot be used in mainstream service delivery other than by the Angangkeres.

This necessitates the employment of Angangkeres which can occur through, in this instance, the cultural brokerage services of Akeyulerre. Another service that Akeyulerre is capable of providing is the provision of learning that describes and explains the public knowledge surrounding Akeyulerre activities and, for example, the activities of the Angangkeres. The issue may be, however, Akeyulerre’s capacity to undertake this work within current resource constraints.

Traditional knowledge can only be used by the owners of that knowledge and in ways that are consistent with the culture in which that knowledge is embedded. That said, there are things that mainstream services can do to support the use of traditional knowledge. It is important to acknowledge that the lessons learned from Akeyulerre cannot necessarily be translated to other contexts—except in as much as processes and principles can be taken from one place and applied to another.

Akeyulerre, however, would be happy to share the knowledge about how these healing practices work, and the cultural beliefs that support them. Mainstream services that understand Akeyulerre activities are better positioned to work with Akeyulerre in supporting Aboriginal health.

However, government funding bodies may find it difficult to develop a mainstream type service plan for Aboriginal organisations that operate primarily in a cultural context, the way that Akeyulerre does. The expectations of outcomes and performance indicators as described from a mainstream frame of reference do not necessarily translate or align with the expectations of Aboriginal leadership. Government funders often expect the intellectual property and ownership of products coming from funded projects to sit with the agency that
funds it. This too can be problematic in the case where traditional knowledge is an aspect of the project.

For Aboriginal organisations wanting to attract funding for projects that involve traditional knowledge there are also implications. There are clearly pitfalls associated with accessing funding with ‘strings attached’ that work against the intended purpose of a project or activity. It may be that such organisations need to identify knowledge which they see as ‘private’ knowledge and not to be shared, against knowledge which is seen to be ‘public’ and able to be shared.

6.9 Recommendations

Nine recommendations are offered here for the consideration of both Akeyulerre and DHF. There are three groups of recommendations. The first relates to the ongoing development of Akeyulerre. The second is about use of traditional knowledge. The final group of recommendations relates specifically to funding.

6.9.1 Recommendations for the ongoing development of Akeyulerre

**Recommendation 1**  It is recommended that DHF continue to fund Akeyulerre at least to provide core levels of service.

This recommendation should be seen in terms of ‘core’ funding—to maintain existing staffing levels, administration and infrastructure. It should not be seen as a limiting recommendation. Rather, it is a starting point without which other recommendations cannot be considered.

**Recommendation 2**  It is recommended that Akeyulerre consider development of a targeted information dissemination strategy that incorporates: a) information for potential partner organisations; b) information for potential funders; and c) information for the general public.

While not wanting to prescribe the form of this strategy, it could include

- A website which includes general information for a broader audience and that could be used to gather data for evidence building;
- Staffing in the order of an additional day per week to cover associated activities;
- Marketing brochures which might include information about healing products; and
- Information for service organisations.

There are of course funding implications associated with this. The costs associated with the strategy are not covered by core funding discussed in Recommendation 1. The preferred methods of information dissemination should be determined and costed by Akeyulerre.

6.9.2 Recommendations about the use of traditional knowledge in service delivery

**Recommendation 3**  It is recommended that DHF support Akeyulerre in its role as the primary agent in Alice Springs for Angangkere services as well as publicly available cultural knowledge.
Recommendation 4  It is recommended that DHF strengthen Aboriginal Support Services at Alice Springs Hospital to enable workers to better advocate for the traditional healing needs of patients.

This recommendation relates to a concern that medical staff do not necessarily understand or respect traditional healing and its place for Aboriginal people. In its attempts to find respondents who could give informed comment about the Hospital’s relationship to Akeyulerre and what it does, the evaluators could not be directed to any person—even among the Aboriginal Liaison or Support staff—who felt able to comment. This is perhaps indicative of the low level of awareness among professionals in the mainstream health system. It will require additional support for the Hospital to engage those from Akeyulerre who would be able to inform cultural awareness programs about the work the organisation does. In this context, Akeyulerre could be used as a kind of ‘cultural broker’ and this ‘service’ should be resourced accordingly perhaps through a subcontracting arrangement.

Recommendation 5  It is recommended that for DHF and other government departments to better support the use of traditional knowledge in Aboriginal Service delivery a stronger partnership approach should be adopted.

It is important to note that while it is not possible for government agencies to use traditional, ‘private’, knowledge in service delivery, they can support use of traditional knowledge with clients by supporting local organisations such as Akeyulerre. The onus of partnership development should not necessarily be on staff at Akeyulerre to initiate—rather it is on government agencies to do this work. Further, government departments should treat non-government organisations as equal partners rather than holding their funding as an obligation. This obligation tends to skew the power balance in favour of the funder and makes true partnership potentially fraught with tension. This is not to suggest that the funded organisation should not be accountable for the funding but rather that the funding arrangements should be negotiated to better meet the requirements of the owners of the traditional knowledge.

6.9.3 Recommendations about specific funding needs

Recommendation 6  It is recommended that DHF accept an application for funding from Akeyulerre for specific infrastructure projects such as disability ramps and toilets.

The issue of toilets and ramps for wheelchair access arose repeatedly throughout the evaluation. This is a pressing need as many of those who visit the Centre are elderly, wheelchair bound or who otherwise have some difficulty negotiating steps into the building.

Recommendation 7  It is recommended that DHF accept an application for funding for a targeted youth program, to build on the intergenerational aspects of Akeyulerre’s work.

One of the specific needs identified by Akeyulerre related to support of youth. While the specific form of this support does not need to be specified at this point it is clear that the
needs connect with a range of local issues as they relate to Aboriginal youth including substance abuse, violence, education and employment. However, the nature of the program would not necessarily address these ‘issues’ specifically. Rather the cultural way of working would be a vehicle for change addressed the cultural needs of youth. The spin-offs—consistent with the literature—would however relate to mainstream issues.

**Recommendation 8** It is recommended that as part of the Department’s funding of Akeyulerre allowance is made for payment of helpers that carry out important tasks (such as caring and cooking) through a small pool of funding.

The opportunity for some discretion on the part of Akeyulerre to support individuals for specific purposes would be helpful from a capacity building perspective. The amount of funding required for this purpose would be relatively small and could be tied to specific activities. It would acknowledge the significant contribution of some of the volunteer work that is currently being done.

**Recommendation 9** It is recommended that DHF explore a flexible funding model, so that Akeyulerre can respond to needs as they arise for specific purposes.

Funding should enable core activities (for example for staff and basic maintenance/infrastructure) to be carried out (as per Recommendation 1) as well as activities that may not be immediately identified at the time of funding applications. The flexible component of the funding should be on top of core funding to allow for needs to be addressed as they arise. For example, at the time of the evaluation staff identified a desire to commence a youth program. This was not foreseen at the time that Akeyulerre was initially funded.
7 Conclusions

The evaluation of Akeyulerre has highlighted the significant gap that it fills among Arrernte people in the Alice Springs region. While it may be difficult to fully articulate the findings in mainstream terms, so they reflect the significance of the activities Arrernte families engage in through the Healing Centre, there is ample evidence in this report to demonstrate the valuable outcomes of Akeyulerre. However, before we summarise these outcomes, it is important to recognise the Aboriginal understanding of healing and how that then translates into a culturally functional healing centre.

Healing in this context should not be equated with mainstream conceptions of health or well-being. Healing is defined in terms of spiritual, social, physical and emotional wellness that is connected to family, culture, language and country. Healing is achieved through a combination of what on the surface may seem to be simple activities, such as bush trips, collecting bush medicines and bush tucker, barbecues, story-telling, singing and dancing. However, surrounding these activities is a spiritual dynamic that is expressed through the work of Angangkeres, in ceremonies, and in the transmission of knowledge from one generation to the next. It is about keeping culture strong, reconnecting with country, and building a sense of belonging.

Akeyulerre is carrying out a range of activities that are highly important to supporting family based Aboriginal health in Alice Springs. The list of potential activities for Aboriginal healing noted in the Literature Review are evident in the data collected for this evaluation. The damage and trauma inflicted on Indigenous people by colonisation and that is demonstrated through current levels of violence, the stolen generation and the like are reflected in the local Alice Springs population. Examples of healing through Akeyulerre activities such as counselling, Aboriginal medicine, engagement of the youth, increased engagement and learnings by all generations, increasing pride and increasing cultural guidance were prevalent in the data (and examples can be found in this report).

Translating these activities into mainstream ‘measurable outcomes’ is problematic. From a mainstream perspective, service providers were able to articulate several outcomes that connect to a range of desirable health and social outcomes. The outcomes can certainly be described in terms of improved mental health, engaged processes of education and learning for young people and adults, social inclusion, support for aged care and disability services as well as crime prevention and prevention of substance abuse. Akeyulerre provides a foundation for engaged families that will support them to overcome the effects of trauma, loss of culture and disengagement from social supports.

It is now worth repeating the information provided in the Literature Review, that among the many benefits accruing from healing are the following (see Kishk Anaquot Health Research 2006; Young 2007; Cripps and McGlade 2008; McCoy 2008a; Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009; Queensland Centre for Domestic and Family Violence Research 2009):

- Reducing suicide incidence;
- Addressing mental health concerns;
- Alleviating stresses on health system;
- Improved engagement in education;
- Improved health promotion and awareness among Aboriginal participants;
- Reductions in domestic violence;
- Overcoming the impact of trauma and abuse;
• Social inclusion benefits;
• Improved collaboration between mainstream and Aboriginal services;
• Reduced recidivism rates among criminal offenders;
• Reconciliation;
• Intergenerational learning; and
• Reduced rates of sexual and physical violence.

There is any number of directions that Akeyulerre could grow to meet a range of service needs within the community. There are logical connections to health services, aged care, palliative care, mental health, education and substance abuse support services. However, the evaluators recognise that there are tensions with trying to meet needs as they are perceived in the broader community compared with needs as they are articulated by the Elders. In order to maintain its effectiveness as an Aboriginal owned organisation the temptation to expand to become a referral point for services should be avoided. Rather, the effectiveness of the Healing Centre can be supported through an appropriate funding structure that allows for continued local Aboriginal control—an inherent strength in terms of its sustainability—while at the same time ensuring that a core level of service is provided with an appropriate level of staffing. To this end the funding provided by DHF has been invaluable in providing the necessary base from which Akeyulerre can pursue future directions. There appears to be a growing recognition of the value of traditional healing in Australia, with the emergence of the Aboriginal and Torres Strait Islander Healing Foundation. Connections with the foundation would be important for Akeyulerre to follow up on.
8 References

ABC 2010. "Urgent need for more Indigenous health workers." Stateline NT.


