‘When the dust settles on our lives, all we get to keep and take with us is our dignity, our integrity and the love and respect we share with people.’

Founder Red Dust Healing, Tom Powell
Content

Acknowledgements .................................................................................................................. 4
Terminology ............................................................................................................................. 4
The Red Dust Healing team ...................................................................................................... 6
Executive Summary ................................................................................................................ 8

1 THE STORY SO FAR ............................................................................................................. 12
1.1 Red Dust Healing Program Outline ............................................................................... 12
1.2 Outline of RDH tools ..................................................................................................... 13
1.3 Red Dust Healing Trainers ............................................................................................ 16
1.4 Red Dust Healing and Partnerships ............................................................................... 17
1.5 Caritas Australia ............................................................................................................. 17
1.6 What is healing? ............................................................................................................. 17

2 WHY WE DID THIS EVALUATION .................................................................................. 18

3 HOW WE DID THE EVALUATION .................................................................................. 19
3.1 Informant Interviews ..................................................................................................... 19
3.2 Data Sources and collection ......................................................................................... 21
3.3 Data Analysis ................................................................................................................ 21
3.4 Principles for the RDH evaluation ............................................................................... 22
3.5 Limitations ..................................................................................................................... 22

4 WHAT WE FOUND ............................................................................................................ 24
4.1 PERSONAL IMPACTS .................................................................................................. 24
4.1.1 Social and emotional healing/well-being ................................................................. 24
4.1.2 Improved self-awareness and clarity ....................................................................... 27
4.1.3 Better choices & changes ......................................................................................... 29
4.1.4 Strengthened cultural identity and spirituality ......................................................... 30
4.1.5 Impact other ............................................................................................................ 32
4.2 RIPPLE EFFECT ........................................................................................................... 32
4.2.1 Ripple Effect - Impact on families/relationships ...................................................... 35
4.2.2 Ripple Effect - Workplace Impact .......................................................................... 37
4.2.3 Ripple Effect - Impact on wider community ........................................................... 39
4.3 KEY ELEMENTS .......................................................................................................... 40
4.3.1 Key elements of the RDH program ....................................................................... 40
4.3.2 Key elements as compared with the general literature ....................................... 45
4.4 DIFFERENCES TO OTHER HEALING PROGRAMS .................................................. 47
4.5 SUSTAINABILITY ........................................................................................................ 48
4.6 WHAT IMPROVEMENTS COULD BE MADE .............................................................. 49
4.7 WHAT ARE THE PROGRAM’S CHALLENGES & POTENTIAL RISKS? .................... 50
4.8 HOW THE PROGRAM ALIGNS WITH CARITAS AUSTRALIA’S VALUES ........................................ 52
5 DISCUSSION AND CONCLUSIONS .................................................................................. 53
6 RECOMMENDATIONS ..................................................................................................... 57
7 REFERENCES .................................................................................................................. 58
8 ANNEXURES .................................................................................................................. 60
  8.1 Case Studies .............................................................................................................. 60
  8.2 Consent Form .............................................................................................................. 66

List of Figures and Tables

Figure 1: Tools of the RDH Program .................................................................................. 13
Table 1: No. of respondents interviewed by length of workshop attended by time since completed workshop ................................................................................................................. 20
Table 2: RDH Respondents - Characteristics .................................................................. 21
Figure Two: Ripple Effect Diagrammatic Depiction ......................................................... 34
Table 3: Key Elements of an effective Aboriginal and Torres Strait Islander healing program .......... 45
Acknowledgements

I am privileged to have been given the opportunity and trust to undertake this evaluation and I am extremely respectful of the personal stories that have been entrusted to me.

I acknowledge and thank the people who so willingly told me their stories of how the Red Dust Healing program has impacted on their lives. Red Dust describes itself as a program that is targeted at the heart and not the head and I was particularly struck by the way that those who had been through the program, were willing to speak with such openness and emotion about the changes in their lives as a result of undergoing Red Dust Healing.

Thank you to the external stakeholders who agreed to spend time to give their honest opinion of the Red Dust Healing program. I also acknowledge those who have helped to develop the various aspects and directions of the RDH program even where I did not have an opportunity to meet with them.

Thank you also to Caritas Australia staff who made time to share their thoughts about the Red Dust Healing program and who managed this project from beginning to end providing support whenever it was needed. Particular thanks to Sascha Costigan, Carl O’ Sullivan and Nicole Clements for their guidance and support.

Of special note, I would like to thank Tom Powell from Red Dust Healing for his extraordinary generosity of heart and mind and despite an incredibly busy schedule, made time to provide me with many hours of insights into the Red Dust Healing program. Tom’s capacity to show endless compassion and empathy and to provide support for those who take part in the program is so highly valued by all who come within his sphere of influence. As a result, there is deep respect for Tom by people from all over the country.

It has been an incredible privilege to take part in the Red Dust Healing program in this small way and I wish it and those who participate in the program, all the best with their healing journey as they roll with the red dust.

Terminology

There are a great number of Aboriginal and/or Torres Strait Islander nations, languages and cultures throughout Australia and there is no one terminology that is appropriate and acceptable to all of these groups.

Throughout this report wherever possible the terms Aboriginal and Torres Strait Islander is used to refer to Australia’s First Peoples. It is also used rather than ‘Indigenous’ to acknowledge the distinctiveness of the two major groups. On the rare occasion where ‘Indigenous’ is used it refers to both Aboriginal and Torres Strait Islander Australians.

‘Key facilitator’ refers to the founder of Red Dust Healing, Tom Powell. This is to distinguish him between the services providers and other practitioners, referred to as ‘facilitators’, who have been trained by the key facilitator to implement one or three-day RDH workshops.
To instil resilience and to restore families, that is what Red Dust is about for me. It’s about restoring that family structure because it’s been broken down, picked apart, through the model of oppression.

Founder and Key Facilitator, Red Dust Healing

Red Dust Healing is so culturally respectful and provides a safe space to talk and heal. There is so much pain for (Aboriginal and Torres Strait Islander) families that have been disconnected and ripped apart. Red Dust Healing is the only thing I’ve seen so far that can even touch their pain. We need more of it and it shouldn’t be locked away for the few.

Walk Alongside Families Coordinator, Red Cross, Western Australia

The whole country needs this program. It will go a long way towards healing for the last 200 years.

Male participant

I’ve seen so many demonstrated models of how Red Dust Healing has impacted on (people) and completely changed their lives – people who’ve lost all hope and who have rebounded – I don’t believe they would have without the RDH program.

Executive Director, Woolkabunning Kiaka Inc (former Roelands Mission)

There’s nothing around like RDH. It gets you here (in the heart). It’s brought out the best in me...RDH has helped me more than going to see someone else. RDH has been the best thing for me. I’d recommend it to anyone.

Aboriginal male participant who lost his son

The beauty around this program is the flexibility – we’re going to (community) and even though they’re going through Sorry Business, it would normally be taboo for people to come in to the community – but they’ve said no we need it (RDH), to have that happen – it speaks volumes – **there is no other organisation were this has happened.** And if this had been a school and Government, it would have taken weeks to get approval, letters etc – RDH doesn’t have to do that.

Partner referring to a remote community where several suicides had occurred in a short period of time
The Red Dust Healing team

Tom Powell founder of Red Dust Healing is a proud Warramunga Man from within the Wiradjuri Nation. Tom was born and bred in Narromine in the Central West of NSW.

After leaving school in year 10, Tom went on to work with his father in the family earthmoving and road construction business which against all the odds, was established by Tom’s father in 1973. Tom and his brothers worked with their father in the business until their father’s death in 1985. After his father’s passing, Tom continued in the business purchasing his own grader in 1987. In 1994, Tom enrolled in a community welfare course at night at Dubbo TAFE. Believing that he had had a fortunate upbringing, Tom was particularly keen to work with and support young Aboriginal people. Before finishing his course, Tom was offered a job with the NSW Department of Juvenile Justice as an Aboriginal Programs Officer both in Taree and Coffs Harbour on the mid north coast of NSW. He spent the next fourteen years working there. The Red Dust Healing program was initially developed to culturally enhance the Journey 2 Respect program, which Tom had facilitated for the NSW Department of Juvenile Justice and to work with and restore the families of juvenile offenders. After leaving the Department, Tom continued to improve and facilitate Red Dust Healing. It was further enhanced with the addition of the model of oppression developed by Randal Ross, a proud Aboriginal and Torres Strait Islander man, who Tom first met in 1996 while working for the Department of Juvenile Justice in Taree NSW.

Of Note

Both the founder of the RDH program, Tom Powell and the program itself, have been recognised and acknowledged in many ways and forms.

1. 2017 - United Nations Association Queensland, Tom Powell was recognised as an inaugural Unsung Hero for the Sustainable Development Goal themes.
2. 2018 – Tom Powell announced Winner of Mental Health Matters Awards, Aboriginal Social and Emotional Wellbeing Award.
3. Tom is regularly invited to speak at events regarding healing and Aboriginal and Torres Strait Islander people.
4. Tom previously sat on the Southern Cross University Coffs Harbour, School of Health and Human Sciences Psychology Program Course Advisory Committee. He still has a continued relationship with them through the provision of RDH workshops to psychologists at Southern Cross University.
5. Legislative Council, Standing Committee on Law and Justice (6 November 2014), The Family Response to the Murders in Bowraville¹, recommended that “That the NSW Government fund the Red Dust Healing Program to make it available to family members of Colleen

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¹ Legislative Council, Standing Committee on Law and Justice, The Family Response to the Murders in Bowraville, 6 November 2014
Walker-Craig, Evelyn Greenup and Clinton Speedy-Douroux. The program should be provided in both the Bowraville and Tenterfield regions”.

The evaluator

This evaluation was undertaken by independent consultant Jo Thompson from Jo Thompson Consulting. Jo specialises in program evaluations, program review, program scoping, program design, policy development and field research primarily within Aboriginal and Torres Strait Islander Australia. She is able to bring sensitivity to complex situations.

Jo has over 25 years’ experience working in the international and community development sectors twenty of which have been working alongside and learning from Aboriginal and Torres Strait Islander Australians. In her role as a consultant, Jo draws on her extensive experience in executive management and program positions as well as on her work undertaking participatory program evaluations and community research throughout remote Aboriginal and Torres Strait Islander Australia.

Jo’s work as a consultant is also informed by her experience of working with people at risk including refugees, homeless young people and families, as well as people living in poverty.

Jo has a Bachelor of Arts and a Bachelor of Social Work and has been fortunate to be both the participant and observer of several one-day and one, three-day Red Dust Healing programs.
Executive Summary

The Red Dust Healing (RDH) program, is a unique, cultural healing program written from an Aboriginal and Torres Strait Islander perspective and targeted primarily at Aboriginal and Torres Strait Islander men, women and families. It was first designed in 2007 and more than 15,000 people in almost 300 communities in urban, regional, rural and remote Australia as well as overseas, have officially completed different stages of the program. The RDH program has grown rapidly due to strong community support from Aboriginal and Torres Strait Islander men and women who have experienced the benefits of the program either in their own lives or recognised profound changes in the lives of family members. RDH only works with communities that have requested its assistance. The RDH program is being used to address a wide range of issues including suicide prevention, stolen generations, grief and loss, family and domestic violence, mental health and substance abuse. It has been commissioned by various agencies, government departments, Aboriginal and Torres Strait Islander communities and community organisations and has been run for a wide range of participants, including young people in juvenile detention centres, groups including men and women as well as people with disabilities, high school students, and community and health workers. RDH has also been adapted for delivery to doctors, psychology students, police, legal practitioners and tertiary students to amongst other things, increase cultural awareness and explain healing from an Aboriginal and Torres Strait Islander perspective. The RDH program which is aimed at the heart and not the head, operates on the principle that the answer to a problem and the means to healing, lies within an individual or a community. By providing RDH participants with a range of culturally relevant and easily accessible tools, the program encourages participants to connect with themselves to recognise and confront problems, hurt and anger in their lives, stemming primarily from rejection and grief. It also supports participants to recognise and own both the decisions they have made in their lives and the outcomes of those decisions. RDH supports participants to heal from within, by addressing family and personal relationships and what may have been lifelong patterns of violence, abuse and neglect.

“No one has a right to set another person’s healing agenda. Nor is it possible for one person to ‘heal’ another. Each of us needs to be recognised as the expert of our own healing.”

Although written from an Aboriginal and Torres Strait Islander perspective, RDH is equally beneficial for people from other cultural backgrounds. To this extent, RDH has been delivered to Caritas Australia (CA) partner organisations in the Philippines and to the members of the Maori population in New Zealand.

Findings

The findings of the evaluation validate that RDH is a strong, innovative program with some remarkable successes as a healing program and that the healing sector has much to learn from its approach. It has been rated by the University of Western Australia as a program showing strong evidence of effectiveness and good practice.

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2 While both Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians have attended the RDH program and are included in these numbers, by far the majority of participants have been Aboriginal and Torres Strait Islander Australians.


4 University of Western Australia 2016 Suicide Prevention in Aboriginal and Torres Strait Islander Communities: Learnings from a meta-evaluation of community-led Aboriginal and Torres Strait Islander suicide prevention programs.
The evaluation respondents, overwhelming indicate that the content of the program and the tools, are extremely useful and effective. The tools particularly assist participants to critically reflect on the impact of life choices and decisions on both their own lives and on those around them. They play a key part in ensuring that people make lasting changes in their own lives.

Additionally, there is confirmation that the RDH program is having not only a positive impact on the lives of a great many participants but also subsequent benefits for their families, communities, clients and workplaces. This concept referred to as the ripple effect, is an important aspect of this program and a key marker of its success. It is also an important aspect of the healing process for both individuals and Aboriginal and Torres Strait Islander peoples and communities in general. As identified by the literature, ‘Healing programs judged to be successful are shown to have had a positive impact on individuals participating in the program, who in turn have had a positive impact on those in their families and immediate social circle and beyond that to the wider community’5.

A recurring theme that emerges from the data and which is a further example of the ripple effect, is the extent to which the RDH tools have been adapted by a wide range of service providers and practitioners and used often to great effect, in both group and one on one programs with clients and students (refer Annexure 8.2 Case Studies). The subsequent positive impacts of these programs beyond the individual client or student to people around them, is also demonstrated.

There is strong evidence of the RDH program positively influencing people’s social and emotional wellbeing and that this is often sustained after participation. Respondents report an increased ability to express deep seated emotions, an improved capacity to deal with grief and loss, greater self-awareness and clarity, the ability to make better choices and consequently changes in their lives, increased skills to bring about conflict resolution in the family and community settings and a stronger sense of cultural and spiritual identity (refer section 4.1 Personal Impacts).

Almost 81% of interviewees first undertook the RDH program two or more years ago (refer Table 1). Of these, the majority indicated that they continue to use the RDH tools personally, in the workplace and/or that they share the tools with family members and the wider community indicating a broad level of sustainability.

The RDH program is characterised by its integrity, its immediate and ongoing impact on participants, and its cultural responsiveness. The program creates a culturally, emotionally, and physically safe environment where confidentiality is respected and understood. Its ability to be replicated in multiple locations and communities and across cultures and to cater for people of most ages, ability levels and with a range of numeracy and literacy levels, demonstrates its accessibility to a wide range of people. The key elements of the RDH are consistent with the main characteristics of an effective Aboriginal and Torres Strait Islander healing program as verified by the literature (refer Table 3).

Respondents overwhelmingly describe the RDH program as being different to other interventions that they have experienced. The unique elements such as the tools and in particular the tree, the Mat, and the heart-focus of the program, are considered to bring an approach which allows for real transformation to take place.

Like most healing programs dealing with high risk populations, the RDH program faces a number of key challenges and potential risks. The program is tackling the challenge of being able to meet the program’s growing demand by training hand-chosen, skilled facilitators to deliver the three-day workshops. It is too early to know how successful this model will be. In addition, an increased

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5 McKendrick, J. Brooks, R. Hudson, J. Thorpe, M. and Bennett, P 2013. For the Healing Foundation Aboriginal and Torres Strait Islander Healing Programs – Literature Review.
number of service providers including Aboriginal Mental Health and Social and Emotional Wellbeing Workers are being trained to use the tools in their everyday work with clients. As a result, there are strong examples of service providers reporting an improvement in the way they deliver their existing programs and in the lives of their clients as well as an increase participation in group sessions (refer Annexure 8.1 Case Studies). Expanding the reach of the program in this way, has increased the resources available to those participants who require ongoing support following participation in a three-day workshop.

There is always the potential risk for a program to do harm to a client if it is implemented in isolation and if the practitioner is lacking due care and an appropriate skill level. The key facilitator of the RDH program is acutely aware of these potential problems and the report outlines the extent to which he is cautiously implementing the program, extending its reach and providing ongoing support to those in need. Despite the potential risks, no formal complaints have been received about the RDH program and only less than half of one percent have chosen, for their own personal reasons, not to complete the program. This speaks to the key facilitator’s and the program’s credibility as well as his understanding of what he is doing.

In conclusion, RDH is a strong and ground-breaking healing program which demonstrates effectiveness, good practice and integrity. It provides an example of how a holistic, culturally relevant and strengths-based approach can achieve immediate and lasting change in the lives of participants to the benefit of their families, colleagues, clients and communities. By taking people out of the head space and by beginning at the heart level, the program is allowing for real transformation to take place.

Key Recommendations

The evaluation makes a number of recommendations regarding the future of Red Dust Healing. These are:

1. Continue to focus on training both a range of service providers to use the RDH tools with clients and where feasible, facilitators of the three-day program, to extend the reach of the program.

2. That Government and non-government funding bodies strongly consider providing additional funds to support the RDH program to reach an ongoing number of people in need.

3. Where resources allow, develop a regional strategy to ensure that all aspects of the program i.e. implementation, training and follow-up, are covered in one geographic area. This would include focussing on a small number of communities where the need is greatest, to support these populations to fully grasp the program and become self-sustaining, before moving on. This would also include training relevant service providers to ensure ongoing support as required and to rationalise the resources needed to implement the program.

4. Continue to ensure that newly trained facilitators understand the importance of providing follow up support after the delivery of the RDH tools. The program has the potential to bring out sensitive issues that the clients may not fully understand themselves and which may require further sessions to resolve.

5. Continue to hand select three-day workshop facilitators, to minimise unintentional harm to participants. In addition, continue to provide these facilitators with a thorough debriefing and ongoing support after their training; and continue to ensure that these facilitators understand the importance of providing follow up support to participants after walking on the mat.¹

¹ Both the key facilitator and the three-day facilitators are available to provide these participants with support.
6. Where funding permits, prioritise follow-up support for those undertaking the RDH workshops in remote communities and where there is limited access to service providers.

7. Continue to provide professional associations e.g. those relevant to Psychology, Social Work, Social and Emotional Wellbeing Counselling, Aboriginal and Torres Strait Islander Health organisations and the like, with training in the RDH program to complement and enhance their approaches to counselling. As referred to in the Apology to Aboriginal and Torres Strait Islander People from the Australian Psychological Society, the RDH training and approach will enable non-Indigenous counsellors to develop and apply treatments and approaches that are relevant to Aboriginal and Torres Strait Islander people and which recognise the importance of culture in understanding and promoting social and emotional wellbeing.

8. Develop policies e.g. child protection and sustainability, which will guide all facilitators and particularly those who are engaged to deliver three-day workshops.

9. Consider establishing a governing body or committee to assist with overseeing the development and implementation of the program and any potential healing centres into the future.
1 THE STORY SO FAR

1.1 Red Dust Healing Program Outline

The Red Dust Healing (RDH) program, is a unique, cultural healing program written from an Aboriginal and Torres Strait Islander perspective and targeted primarily at Aboriginal and Torres Strait Islander men, women and families. It was first designed in 2007 and since that time, more than 15,000 people in almost 300 communities in urban, regional, rural and remote Australia as well as overseas, have officially completed different stages of the program.

The RDH program is delivered in a relaxed, non-threatening workshop format most commonly over a one or three-day period. It uses simple but effective, culturally relevant tools or symbolic diagrams which have been developed to be accessible to participants and which target ‘the heart and not the head’. The tools are also explained in a way that seek to easily resonate with participants and which assist them to clearly grasp the key messages of the program.

The one-day workshop provides participants with a context for the reasons for rejection and grief and loss as well as an introduction to the tools. Participants learn that while rejection and loss in their life may hurt, it is ‘not their fault’. At the same time, they are encouraged to understand that the choices that they make in life has an impact on those around them – specifically their children, nieces, nephews and grandchildren. As one informant noted, the one-day workshop ‘whets the appetite’ and consequently many participants then choose to attend the three-day program.

The three-day workshop provides participants with the opportunity to consider individual issues in some depth. It encourages personal insights and a journey of personal growth and wellbeing through a series of group, paired and individual sessions.

It encourages participants to confront and deal with the problems, hurt, anger, rejection and grief and loss in their lives that is the result of this intergenerational disadvantage and the persistent effects of trauma. It draws on traditional Aboriginal and Torres Strait Islander culture and lore and adheres to cultural protocols and cultural knowledge.

RDH promotes follow up by linking participants with relevant Aboriginal and Torres Strait Islander services, mentors and at times, buddies. In some instances, the key facilitator of the program follow-ups with participants via phone and/or face-to-face meetings as an informal support mechanism.

Further, an increasing number of Aboriginal and Torres Strait Islander and non-Indigenous counsellors, health professionals and other service providers who work with Aboriginal and Torres Strait Islander clients, have attended a second three-day workshop where they are trained to use the

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7 See Figure 1
tools with clients on a one-on-one basis, and to run the one-day workshop in the broader community (refer RDH Trainers below).

1.2 Outline of RDH tools

![Figure 1 - Tools of the RDH Program](image)

The RDH Program has five key tools used to deepen the understanding of rejection and to develop the ability to cope when rejection occurs. They are introduced to participants during a one-day workshop and then further explored over the three-day intensive workshop.

The tools are outlined in some detail below. Many of these tools or phrases relating to the tools are used throughout the body of this report and in quotes.

**The Tree**

On the second day of a three-day RDH workshop, participants are asked to draw a tree with branches and roots. Along each root, participants write the name of each person – this might be a family member, friend or mentor - who has contributed to their upbringing. Participants write their own name on the trunk of the tree to signify ownership and identity. In a group setting, the participants then discuss which good and bad nutrients (people) have filtered into the ‘root system’ of their life. The Tree gives participants an understanding of where they get their strength from and

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9 This figure is the intellectual property of Red Dust Healing Pty Ltd. It must not be used or reproduced without prior permission.

10 This outline is taken from a paper entitled Red Dust Healing Tools, which was provided to the evaluator from the Red Dust Healing program, from Dr Jodie Fleming’s The Psychology of It meets Tim Powell, Founder and Director, Red Dust Healing, 13 March 2017 and from Cull, S. 2009 The Road to Healing: Identity and the overrepresentation of Aboriginal men in the Australian criminal justice system, University of New South Wales, Sydney. It is also the result of attending the RDH workshops and of numerous conversations with Tom Powell.
also where some of the rejection in their lives may have come from. Rejection can be the result of many things including abuse, being separated from the family, having a main carer leave the family or due to the death of a significant person. The facilitator talks about both strength and rejection travelling from the roots up the trunk. The hurt of rejection often means that this rejection can travel back down the trunk to those people in the roots and can also impact on choices that people make in their lives.

The facilitator then talks about the branches signifying the choices that an individual makes, the consequences of these choices, including who else these choices affect. If the choices are based on love and respect, then love and respect will be passed on to those around them; if choices are based on rejection, then rejection will be passed on.

The tree also helps participants to understand grief and loss. If a branch falls off the tree, it leaves a scar, which never heals, and the branch never regrows. Participants draw branches that have broken off and label them with the names of loved ones who have died or with the name of a major life event or trauma. The scar symbolises the hole that is left in one’s life when these things occur. While the branch may never grow back, two things happen. The branch falls to the ground and is reabsorbed into the earth, into the roots of the tree, continuing to support the tree, providing it with strength. While it is no longer in the same position, it has not gone away. It is still there, a vital part of the tree. In addition, at the site of the scar, where the branch fell away from the tree, regrowth occurs all around it - this is a person’s adaptation, coping and grieving process around the loss.

Participants then draw saplings beside their tree. They label them with the names of younger people who look up to them, such as their children, little brothers and sisters, nieces and nephews. These are the people who receive either love or rejection from each person based on the kinds of choices that have been made.

Understanding their tree supports participants to understand that rejection is not their fault. As the founder says about rejection:

> We did not ask for it. No-one has ever said “abuse me”, “neglect me”, “belt me”, or “abandon me”, nor have they asked someone to “die on me”. Grief and loss is a major part of rejection. We can tap into this pain in order to prevent our big tree feeding our root system with rejection, instead choosing acceptance to nourish it and our saplings.

RDH takes a simple idea of a tree, a tree that has a very strong identity, which draws nutrients from the soil which give the tree life, help it to bear fruit and to renew its leaves. If a tree were to take up bad nutrients, then the tree would wither and the same is true for a person. By acknowledging that cycle, RDH helps a person to identify the rejection that is not their fault and to develop a freedom to make choices to be a person who passes on good nutrients particularly to their family members and their wider kinship.

**Bird and Fish**

The Bird and Fish tool helps participants to realise the futility of trying to control things that are beyond their capacity to control, as well as how to deal with grief and loss. It uses the scenario of a bird and a fish that are connected by love, one living in the air and the other in the water. Even though there are differences and boundaries between them that they cannot overcome, they can still connect through their hearts. Likewise, when a person leaves or dies, it is no longer possible to see or touch them, but they can be felt in the heart and in that way, they are always there. The picture also demonstrates that it is only possible to control what is in one’s own environment. The fish is swimming in the water - it can never survive up on the land, therefore it is difficult for it to have any control over what happens up there. If the fish tried to come up onto the land or if the bird tried to ‘swim’ under the water, both would find themselves in an extreme state of stress. However,
when they both accept their situations and both only focus on the things they have control over, they find a greater sense of calm and peace. It is a metaphor to remind participants of the importance of letting go of the things outside of one’s control and focus only on what is in one’s ability to change.

There is also another side to the Bird and Fish story, one that is based on the use of power and control as opposed to peace, calm and love. There are unfortunately some birds that prey on fish. For example, a pelican can sit on top of the water coaxing a fish closer before diving below the surface to harm them. Rather than demonstrating love, this is instead a use of power and control over the fish and is equivalent in human terms to situations of domestic violence, bullying or paedophilia.

Mutual respect between the bird and the fish will always lead to equilibrium or love.

LORE and LAW

The difference between L-O-R-E (Land, Origin, Respect, Elders) and L-A-W (Legalities e.g. the Police, Attorney General e.g. the court system, Westminster system e.g. Magistrates or Judges) is explained to participants. Lore is about where you come from or feel you belong, knowing who your people are, showing and maintaining respect for one’s self, land and people and acknowledging and paying respect to the Elders. It is important for participants to understand that respect is not given but is earned. This allows people to understand their identity.

Law Vs LORE demonstrates that while most Aboriginal and Torres Strait Islander people live by two laws, if they maintain their LORE, this being their dignity, integrity, power and freedom, and abide by this LORE in a righteous way by knowing right from wrong, then it makes the other LAW redundant and they are able to keep their power and their freedom. According to the key facilitator, if LORE is upheld then:

The police won’t charge you, you won’t find yourself sitting in a court room and with respect, the person in the white wig won’t be making decisions about your life. But, if you choose to give up your dignity and integrity, your power and freedom to LAW, and it is a choice, then LAW will make decisions on your life. No-one can take these things from you because they are inside you, BUT, you can choose to give them up.

JIG syndrome

The JIG syndrome stands for Jealousy, Insecurity and Greed. JIG is evident in many workplaces and in communities and is the thing that impacts negatively on families, relationships, agencies, organisations and communities.

The JIG syndrome is at its worst when people are insecure in themselves. The key facilitator describes it as such:

What other people think of you is NONE OF YOUR BUSINESS. What other people write about you on ‘Disgrace-book’ is none of your business. If you retaliate on Facebook and write something back out of hurt or revenge, you have come down to their level. We are better than that. When people point the finger at you or blame others it is usually because they are jealous or are trying to deflect away from their own hurt, feelings and pride. They probably don’t like themselves and so how are they ever going to be able to like others? There are three fingers pointing directly back at their own heart telling them and us they are insecure. Greed is not just about money, it is also about power and control - like a pelican preying on a fish. Examples of this in today’s society relate to domestic violence or bullying in the office or at school.

POUCH
POUCH is a solution-based, problem solving concept that allows participants to deal with the issues and difficulties in their own lives. As the key facilitator points out:

*If you don’t get to the solution, you remain within the problem.*

It stands for what Problems U have, what Options U have, what Choices U have and How are U going to deal with them. This tool gets the participants to look at solving some of the concerns that they may have and is a way of putting the responsibility back on the person.

**The Mat**

During the three-day workshop the participants are given an individualized session on a mat. Prior to this, the Red Dust Healing Message-stick video is shown to give people an understanding of the process of healing that can take place during the three-day program. The transformation in the people on the mat in the video is evident as we see them talk about the effect of the tools on them and the positive impact of acknowledging and expressing deep seated emotions.

The mat is an important exercise that ties all the above concepts together by providing an understanding of rejection’s inter-generational dimensions. The effect is to demonstrate how learnt behaviours and actions are often repeated and passed down from one generation to the next. Participants gain an understanding of how rejection is passed on unless you choose to change it. It is the physical walking through the mat activity that holds RDH unique from other programs.

**Suicide Safeguarding**

Over the past two years, RDH has developed new tools which specifically relate to suicide, along with the development of a two-day Suicide safeguarding workshop, called ‘You’re Somebody’s Someone’. The new tools which complement each of the other tools, include the ‘black dot’ which is helpful for people suffering from anxiety and which supports people suffering from specific forms of grief which occurs following the suicide of a family member. Due to timing of their introduction, the evaluation does not include an analysis of the Suicide safeguarding tools. However, it is acknowledged that the original tools outlined in Figure 1, have been extremely helpful in supporting people experiencing grief following the suicide of a family member.

**1.3 Red Dust Healing Trainers**

A level of sustainability is embedded in the program by providing participants with information, understanding and tools that they can choose to pass on to family members, communities, colleagues and clients.

The program also has a training component which supports selected Aboriginal and Torres Strait Islander and some non-Indigenous community and health workers to use the tools with clients and communities in a one on one or group setting and where appropriate to present the one-day RDH program. This training requires that identified trainers attend two blocks of the program. The first block is held over three days and assists participants to deal with their own healing issues and to familiarise themselves with the program. During the second block, participants take a more active role in the program as mentors and co-facilitators under the supervision of the key facilitator. This provides them with the skills and tools to work within and to therefore strengthen their families, workplaces and community. At the end of the training, the trainees are presented with a Red Dust Healing one-day training manual and materials and are provided with ongoing support from the key facilitator where required. This training component assists in increasing the reach of the program and ensures a level of sustainability.
Seven carefully selected, skilled health workers and counsellors have also been trained to deliver the three-day RDH program, with a further nine to potentially be trained in this way. To date, nine people have been taught to run a one-day workshop.

1.4 Red Dust Healing and Partnerships

Since 2007, RDH has formed strong partnerships and relationships with a broad range of organisations including academic institutions, Aboriginal and Torres Strait Islander communities, community-based organisations throughout Australia, Government organisations and independent Commissions. These partnerships have assisted with the implementation of the program as well as at times provided ongoing support of participants who have completed the program. They have also enabled RDH to expand its reach by training selected staff members to use RDH tools with clients and communities as outlined above.

1.5 Caritas Australia

Caritas Australia (CA) is the aid and development agency of the Catholic Church. Through its First Australians Program (FAP), CA has a 43-year history supporting programs implemented by Australia’s first peoples around Australia.

CA works in partnerships with Aboriginal and Torres Strait Islander peoples towards the common cause of strengthening Aboriginal and Torres Strait Islander led initiatives and solutions. CA’s approach is flexible, respectful and sensitive and is guided by Aboriginal and Torres Strait Islander peoples’ right to self-determination.

The projects supported under the FAP are shaped by the priority to strengthen cultural identity and spirituality and centred on the importance of strong inter-generational relationships and healing. The organisations supported by the FAP have worked across a range of sectors including health, social enterprise development, leadership, healing, financial management, youth leadership and connection to culture.

Caritas Australia has worked in partnership with the RDH program since 2011.

1.6 What is healing?

“Healing refers to recovery from the psychological and physical impacts of trauma. For Aboriginal and Torres Strait Islander people this trauma is predominantly the result of colonisation and past government policies. Healing is not an outcome or a cure but a process; a process that is unique to each individual. It enables individuals, families and communities to gain control over the direction of their lives and reach their full potential. Healing continues throughout a person’s lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base.”

This definition of healing recognises that healing for Aboriginal and Torres Strait Islander people, requires recovery from physical and psychological impacts of trauma, brought about by colonisation and past government policies. It understands that the healing journey is unique to each person, embraces a whole-of-life approach, and allows for the individual to be in control of their life. It recognises that individual health is intrinsically linked to the social, emotional and cultural well-being of the individual, the family and the whole community.

In line with this definition of health, RDH’s approach to healing acknowledges the impact of colonisation on Aboriginal and Torres Strait Islander peoples’ social and emotional wellbeing and seeks to support participants to develop the skills and knowledge to heal themselves. It also

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11 From The Healing Foundation, Glossary of Healing Terms. According to the glossary, it contains words that are regularly used in relation to Aboriginal and Torres Strait Islander healing.
acknowledges that healing is an ongoing journey. The ripple effect is an important aspect of the RDH program and not only encourages participants to share their knowledge and tools within families and the wider community but also supports participants to be a positive role model for those around them. This process is an important aspect of the healing process for both individuals and Aboriginal and Torres Strait Islander peoples and communities in general and a key indicator of a successful healing program.

The principles of Collective Healing consider the questions, who does the healing and who is being healed? Collective Healing is a process that moves away from reliance on ‘expert’ professionals and instead supports individuals to ‘develop their own skills and capacities to empower healing in themselves’. Furthermore, it supports those on the healing journey to influence family and community around them to heal. This process is considered necessary to develop healing communities. The Muru Marri Consultancy Team\textsuperscript{12} describes the RDH program as a collective healing program.

The Team also notes that this idea of ‘in healing oneself one heals others’ replicates ‘an Aboriginal worldview and definition of health’ where healing is more than ensuring the physical well-being of the individual but also includes the social, emotional, and cultural well-being of the entire community.

\section*{2 WHY WE DID THIS EVALUATION}

The overarching intent of the evaluation is to understand the value of the RDH program as a ‘unique culture-based healing model’ from the perspective of the participants, the program founder and other key stakeholders. The evidence collected during the evaluation process seeks to improve our understanding of the contribution that the program is making to improving participants’ lives. A high degree of consistency in the data collected can increase confidence in the findings.

The evaluation focussed on the following broad issues:

1. The ongoing impacts of the Red Dust Healing Program on the lives of workshop participants over time.
2. The ripple effects of the program identified from the ongoing ways that participants utilise and share the program’s tools.
3. The elements of the Red Dust Healing model that make it effective.
4. The program challenges or risks as identified by facilitators or participants.
5. The way in which the RDH program aligns with Caritas Australia’s values and with the principles of Catholic Social Teaching.

The evaluation was guided by the following key questions:

- **Impacts**
  - What effects has the program had for participants?
  - What are the ripple effects from the program?
- **Other evaluation issues**
  - Are there any suggestions for changes to the program?
  - How does the program align with CA’s values?

3 HOW WE DID THE EVALUATION

The evaluation took the form of both an impact and a process evaluation. An impact evaluation looks at how a program has affected or impacted on the people participating in the program as well as those around them and a process evaluation considers processes and what can be done to improve the operation of the program.

This evaluation employed a mixed methods approach\textsuperscript{13}, although it was primarily qualitative in nature. As far as possible, the evaluation sought to be transparent by using a participatory method which involved the stakeholders\textsuperscript{14} in the evaluation process as much as practicable. The evaluation secured qualitative data using methods such as semi-structured interviews, Ripple Effect mapping, review of previously filmed videos and stories and a data verification workshop. The evaluator was aware of the importance of providing participants with the opportunity and environment in which to tell their own story and for their voice to be heard, a methodology which would enhance the richness of the data that was collected, and which would be important for the ultimate findings.

While it is understood that the findings of such an approach to evaluation may not be acceptable to all, the literature around healing programs does point to the fact that ‘findings of (healing) evaluations using methods grounded in local Indigenous knowledge together with participatory action research and other qualitative methods are remarkably consistent across programs, tribal groups and countries, making them difficult to reject. Similarly, the factors found to be associated with successful healing programs are similarly consistent across contexts’\textsuperscript{15}.

With consent some interviewees were videoed, and relevant content was used to develop a visual report to complement this written report. Prior to public release, those included in the video were provided with a draft copy to ensure they agreed with how they were portrayed.

The evaluation was undertaken in two phases:

Phase One – this involved interviewing key stakeholders throughout urban, rural and remote Australia. This is described in more detail below.

Phase Two – The development of a video to form a visual report.

3.1 Informant Interviews

A total of forty-two, semi-structured interviews were undertaken (see Tables 1 & 2 for a breakdown of the people interviewed by category), with each interview lasting between 30 minutes to more than one hour. To ensure that the data was culturally appropriate, informants were offered the option of being interviewed individually, in pairs or in groups and understood that they could stop the interview at any time should they feel uncomfortable. With agreement, each interview was voice recorded and transcribed and others were also video recorded. Each participant was asked to sign a consent form\textsuperscript{16} for photography, video and interviews and permission was sought regarding inclusion of their name\textsuperscript{17}, quote or photo in the final reports and videos.

The interview processes used were cognisant and respectful of Aboriginal and Torres Strait Islander cultural protocols and norms. Due to the potential complexities of an evaluation which focusses on trauma and healing, the approach also needed to be one which was sensitive to the issues

\textsuperscript{13} In this instance, ‘mixed methods’ refers to an approach which uses a combination of quantitative and qualitative methods.

\textsuperscript{14} Stakeholders included RDH program participants, other relevant informants and key RDH and CA staff.

\textsuperscript{15} McKendrick, J et al 2014

\textsuperscript{16} Refer Annexure 8.2

\textsuperscript{17} It was decided to de-identify the data in this report.
potentially raised by participants. Confidentiality was respected by explaining to all informants that unless otherwise agreed, the information collected would remain anonymous and only be heard and/or viewed by the evaluator.

To promote reliability, selection bias was addressed by interviewing strategically and broadly to collect corroborating evidence from diverse sources. RDH and CA staff compiled a list of suggested informants to be interviewed and these people were invited to contribute to the evaluation by the RDH staff. No one refused the request and in fact all were extremely cooperative and willing to tell their story to the evaluator, often with very personal details being revealed. Other RDH program participants were invited to be interviewed by the evaluator, after being recommended by other interviewees. All of these participants were also willing to be interviewed. All interviews took place in person to provide an opportunity for trust to develop.

Interview questions were vetted by CA and RDH staff to ensure that they were appropriate for the target group. These questions were adapted to suit different stakeholders’ perspectives and experiences, which resulted in six varied question sets as follows: for participants who had undertaken a one-day RDH workshop within the last few days; for participants who had undertaken a three-day RDH workshop within the last few days; for participants who undertook a one or three-day RDH workshop at least three months prior to the interview; RDH trainers; other stakeholders and RDH staff.

Table 1 below provides a breakdown of participants interviewed.

Table 1 – No. of respondents interviewed by length of workshop attended by time since completed workshop

<table>
<thead>
<tr>
<th>Length of workshop attended</th>
<th>Participant (workshop less than one year ago)</th>
<th>Participant (workshop 1-2 years ago)</th>
<th>Participant (workshop 2-3 years ago)</th>
<th>Participant (workshop 3-4 years ago)</th>
<th>Participant (workshop more than 4 years ago)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>One day only</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Three day only</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Both one and three day</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Total no of people interviewed</td>
<td>5 (11.9%)</td>
<td>3 (7.1%)</td>
<td>8 (19%)</td>
<td>12 (28.6%)</td>
<td>14 (33.3%)</td>
<td>42</td>
</tr>
</tbody>
</table>
### Table 2 – RDH respondents - Characteristics

<table>
<thead>
<tr>
<th>Age</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25 years</td>
<td>3</td>
<td>7.1</td>
</tr>
<tr>
<td>26-35 years</td>
<td>4</td>
<td>9.5</td>
</tr>
<tr>
<td>36-45 years</td>
<td>14</td>
<td>33.3</td>
</tr>
<tr>
<td>46-55 years</td>
<td>6</td>
<td>14.3</td>
</tr>
<tr>
<td>56-65+ years</td>
<td>15</td>
<td>35.7</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20</td>
<td>47.6</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>52.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and/or Torres Strait Islander</td>
<td>33</td>
<td>78.6</td>
</tr>
<tr>
<td>Maori</td>
<td>3</td>
<td>7.1</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>6</td>
<td>14.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Remote</td>
<td>14</td>
<td>33.3</td>
</tr>
<tr>
<td>Regional</td>
<td>19</td>
<td>45.2</td>
</tr>
<tr>
<td>Urban</td>
<td>9</td>
<td>21.5</td>
</tr>
</tbody>
</table>

### 3.2 Data Sources and collection

To address the key evaluation questions, the evaluator compiled evidence from multiple data sources which included:

- Review of supporting documents including RDH proposal documentation to CA, project reports, and various feedback emails and letters from a range of stakeholders;
- Key Informant Interviews of participants, facilitators, service providers, RDH staff, community members and other relevant stakeholders;
- Review of literature sources regarding the relevant practices around behaviour change, healing programs and social and emotional well-being programs for Aboriginal and Torres Strait Islander people as well as articles, literature and newsletters which refer to the RDH program;
- Review of video interviews provided by the key facilitator, showing workshop participants following their involvement in a three-day RDH workshop. Some interviews were filmed immediately after the workshop while others were videoed after participants had had time to use the skills and knowledge learned in the workshops;
- Data analysis workshop;
- Ripple Effect Mapping workshop; and
- Consultant’s participation in a one and three-day RDH workshop;

This report covers the work undertaken by RDH throughout urban, rural and remote communities.

### 3.3 Data Analysis

Both deductive\(^\text{18}\) and inductive\(^\text{19}\) thematic coding was used to build an understanding of the qualitative data. Deductive coding was used to organise the data in relation to the Key Evaluation Questions and the purpose and objectives of the evaluation. Inductive coding was used when ideas emerged from the data that were not previously thought of, but which were considered important to building an understanding of the impact of the program on participants’ lives.

\(^{18}\) Deductive coding is a type of coding qualitative data where the analysis is started with codes already in mind.

\(^{19}\) Inductive coding is a type of coding of qualitative data where the analysis is undertaken without any codes in mind.
Dedoose, a web-based software, was used to facilitate the coding and analysis of the qualitative data and their integration with demographic and other quantitative data.

After completing the coding of the data, the consultant undertook pattern identification and connections within and between categories of the information.

Both methodological triangulation and data triangulation were used to ascertain whether the findings of the evaluation were both true and certain, to gather strong evidence.

Methodological triangulation involves the use of multiple qualitative and/or quantitative methods to study the project\textsuperscript{20}. In this evaluation results from interviews, focus groups, observation and document analysis were compared to see if similar results could be found. Where the conclusions from each of the methods were the same or alike, then validity was established.

Data triangulation involves the use of different sources of information to increase the validity of a study\textsuperscript{21}. In this evaluation, semi-structured interviews were conducted with a range of stakeholders including, RDH program participants from urban, rural and remote communities, aged between 18 years old and over 65, service providers (some were also RDH program participants), a psychologist, Caritas Australia partner organisations, RDH partner organisations, the founder of Red Dust Healing and other stakeholders.

At the end of the interview phase, a data verification workshop was held with a small group of RDH participants, to provide feedback to the group regarding the findings to date as a means of checking validity.

### 3.4 Principles for the RDH evaluation

1. Reflect an Aboriginal and Torres Strait Islander worldview;
2. Be respectful of the views of all contributors;
3. Be sensitive to demands in terms of time and methodology on key stakeholders while at the same time ensuring their adequate involvement and ownership of the process where requested;
4. Be as participatory as possible;
5. Be sensitive to ethical\textsuperscript{22} and cultural needs;
6. Be accountable to Aboriginal and Torres Strait Islander Australians;
7. Seek to provide reports and feedback in formats accessible to all key stakeholders; and
8. Acknowledge and respect Aboriginal and Torres Strait Islander histories, cultures and knowledge systems.

### 3.5 Limitations

- According to the literature, one of the key limitations of a healing evaluation, is that healing takes time and is a complex as well as non-linear process that makes it difficult to evaluate at any one period of time. While it was initially intended to undertake a longitudinal analysis as part of the evaluation, limited resources meant that this was not able to be undertaken. However, almost 81% of interviewees first undertook the RDH program between two and more than four years ago (refer Table 1). This timeframe has provided data which extends over a reasonable period of time. Should resources become available, a longitudinal analysis would provide additional evidence of the program’s effectiveness and level of sustainability.

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\textsuperscript{20} Guion, L A. Diehl, D C. and McDonald, D; Triangulation: Establishing the Validity of Qualitative Studies Seen on 24 July 2014 at [http://edis.ifas.ufl.edu/fy394](http://edis.ifas.ufl.edu/fy394)

\textsuperscript{21} Ibid

\textsuperscript{22} As outlined in Australian Institute of Aboriginal and Torres Strait Islander Studies Guidelines for Ethical Research in Indigenous Studies
• The evaluation is primarily limited to evaluation measures which are qualitative in nature. The breadth of the program and the sensitivity of certain issues meant that there was limited access to quantitative data such as fewer police interventions, decrease in the number of people abusing substances, reduction in family violence and the like. It may be useful for these indirect indicators to be collected over two different time periods, to verify that they are related to the RDH program.

• Even though a large number of people have participated in the RDH program, the sample group percentage wise is relatively small. This is partly due to the fact that resources were unavailable to interview a wide range of people throughout remote, regional and urban parts of Australia as well as to the fact that saturation was reached\(^{23}\).

• Due to the sensitive nature of much of what people were revealing, the respondents interviewed were those who were comfortable to share personal information with the evaluator. The trust needed for participation in the evaluation was therefore significant, especially for participants who had been impacted more significantly by the program. During the times when trust was not as well developed, the data may not have been as rich as was hoped.

• There was always the potential for respondents to feel emotional during and/or following an interview and for this to impact negatively on their social and emotional wellbeing. In the one case where this was evident, the evaluator mentioned her concerns to a close associate of the respondent, who agreed to provide follow up support. As this interview was undertaken in a very remote community, there were no relevant referral agency available.

• As with most social research, at best it is only possible to ascertain the contribution that the program makes to healing of Aboriginal and Torres Strait Islander people as opposed to the attribution.

• As someone who was independent and external to the communities, the evaluator was unknown to the respondents. It is possible that the data is not as strong as it would be from someone better known to the stakeholders.

• Due to our own cultural bias, when working cross-culturally it is not uncommon to misinterpret what is going on for people and within communities. Not only do we need to actively recognise and monitor our own cultural bias and behaviour, it is also important to check in with those who do know what is going on and explore our interpretations with them.

\(^{23}\) Saturation has attained widespread acceptance as a methodological principle in qualitative research. It is commonly taken to indicate that, on the basis of the data that have been collected or analysed hitherto, further data collection and/or analysis are unnecessary.
4 WHAT WE FOUND

In this section, findings are presented which outline the themes and sub-themes identified through the analysis of the data. This represents the outcome of a ‘data reduction’ process, meaning that the data have been summarised from the interview transcripts and emergent commonalities highlighted. Data have been aggregated as much as possible, and due to the richness of many of the interviews, a decision was made to use quotations liberally to highlight participant responses.

It should be noted that many of the percentages outlined below may be an underrepresentation of the actual results. The questions asked of interviewees were often broad based e.g. interviewees were asked to talk about the biggest impact that attending the program had on them. This meant that while an interviewee may not have indicated a particular response, it may still have been their experience.

It should also be acknowledged, that even though RDH that has been presented to more than 15,000 people in almost 300 communities, to date there have been no adverse reactions or official complaints about the program. As indicated by one participant, I haven’t heard one person speak negatively of the program – everyone speaks highly of it including Aboriginal people who hold high positions within their workplaces – they’re highly respected around the place and we do catch up regularly. There’s a lot of good things said. Out of the total number who have attended the program, only 11 people, or less than half of one percent, have chosen for their own personal reasons, not to complete the program.

4.1 PERSONAL IMPACTS

The data has demonstrated that the RDH program is having a positive impact on the lives of interviewees because of their participation in the program. They report an increased ability to express deep seated emotions, an improved capacity to deal with grief and loss, greater self-awareness and clarity, the ability to make better choices and consequently changes in their lives, increased skills to bring about conflict resolution in the family and community settings and a stronger sense of cultural and spiritual identity. There are many examples of how these changes in people’s lives then impact positively on those around them, a concept known as the ripple effect. This is further dealt with in section 4.2.

4.1.1 Social and emotional healing/well-being

Enhanced social and emotional wellbeing

‘To be quite honest, it was a sense of relief for me. All those things I was bottling and (things were) bothering me for years and years. I didn’t get help all the time and there wasn’t that type of program that made sense to me. Just doing the Red Dust Healing gave me that sense of relief.’

Over 55% of respondents who had completed a three-day workshop, described how the RDH program had encouraged and supported them to safely express deep-seated emotions that had been impacting negatively on their behaviour and overall health. For many, this was the first time they had allowed themselves to acknowledge these feelings. This form of expression meant that they could begin to resolve previously long-held, unspeakable memories and feelings. This process of dealing with their physical and emotional trauma, helped them to improve their social and emotional wellbeing.
There are also strong examples in videos supplied by the key facilitator of people discussing the impact of the RDH program on suppressed emotions and on their mental wellbeing in general. While these participants were not interviewed by the consultant, the videos have been used as another means of verifying what interviewees were saying.

Many participants compared their experience of the RDH program with other workshops or counselling sessions that they had attended. The approach used by many counsellors, where patients are asked to verbalise the issues in their lives, were at times difficult for participants to grasp - ‘all these fancy big words’ and often left them feeling unable to move forward with their healing. ‘I’ve been to counsellor after counsellor and never ever dealt with it.’ It was often acknowledged on the other hand, that the RDH program starts at the heart level which takes people out of the headspace and into the heart space, a method which was allowing for real transformation to take place.

In addition, participants acknowledged the importance of other RDH program tools to bring about ongoing changes in their behaviour, and in their overall mental wellbeing. The use of tools is further explored in section 4.3 Key Elements.

It should be noted that interviewees were not specifically asked about these issues because it was considered to be too sensitive to cover directly. In all instances, interviewees who felt comfortable enough, voluntarily provided this information. Therefore, there may have been additional respondents who also experienced enhanced social and emotional wellbeing but who were not able or willing to talk about this during the interview process.

‘I’ve done other trainings, but this is like hitting the high strings and getting inside and taking all that stuff out – place for people to express themselves and get that stuff out.’

‘The main thing I remember was taking out all of my feelings. I had all of this inside of me. I couldn’t take it out or tell anybody. But when Red Dust came and sat with us and said ‘you can cry if you want to’ that’s when I took it all out. It was a good thing for me.’

‘I had a really sh*t childhood, I had my childhood taken away from me through sexual abuse, and I’ve had that pushed right down, from 11 years of age. I’ve been to counsellor after counsellor and never ever dealt with it. I’ve been feeling really useless, not good enough, but when RDH pointed out (on my tree) that this is you, all the caring nurturing, loving, respect and I finally saw it – because I know my kids love me and my grandkids love me – there must be some good - I’d like to hand the sh*t back to the person who gave it to me. That changed me, I finally said, OK I’m not carrying your sh*t anymore, you did this to me, I didn’t ask for it – you take it back, it’s your turn to carry it now. That was a light bulb moment.’

‘No matter how many courses, counselling sessions and programs I’ve ever been to – and I’ve been to a lot – but it was all in their heads, all these fancy big words, we don’t know where to search to find our answers but you (RDH) spoke from in here (heart) and it touched each and every one of our hearts in this room, it made us search within us. I’ve never had that before. I’ve never cried, not even to the other counsellors I used to deal with and it was a privilege to share my life story with (RDH). These tools will help me make the right choices in life.’

‘Being abused as a young child, brain just blocks it all away and doing this program makes you realise how much you’re really hurting yourself with not bringing it out and not having to deal with it – learning how to (deal with it). It lifts a lot of weight off your shoulders and gives you something to look forward to – opens your eyes to a lot of things – things that you can control yourself but there are other things that you just can’t control – it’s just learning how to deal with it.’
Dealing with grief and loss

The centrality of grief and loss to social and emotional wellbeing amongst Aboriginal and Torres Strait Islander people, is well established in the literature. As the RDH program acknowledges, grief and loss are immense amongst Aboriginal and Torres Strait Islander people. They are related both to past history of loss (stolen generations) and dispossession and to current losses due to high mortality rates, incarceration and removal of children. The basis of the RDH program, is to facilitate participants’ understanding of grief and loss and rejection, because as recognised by RDH’s founder, these are the foundation of all hurt.

The literature recognises that Aboriginal and Torres Strait Islander grief and loss programs and resources that are most likely to be successful, are those which have been developed by Aboriginal and Torres Strait Islander people, and where Aboriginal Mental Health and Social and Emotional Wellbeing Workers, have been supported to deal with their own grief and loss and then trained to work with members of the Aboriginal and Torres Strait Islander community in this area. The literature further notes that grief and loss amongst Aboriginal and Torres Strait Islander people, can often be complicated, and that healing programs developed to support this, need to take into account the cultural and historical context of this grief and loss. The RDH program satisfies each of these requirements as outlined in Table 3.

Some interviewees were willing to talk about the extent to which the RDH program supported them to deal with profound grief and loss. For most of these respondents, participation in the RDH program, was the first time that they had been able to acknowledge and begin to deal with the painful loss of a family member, even though many had spent years seeking a way to deal with the effects of the grief they were experiencing. All felt a sense of relief that they could express their loss in a culturally, emotionally, and physically safe and supportive environment and through the use of a cultural framework that made sense to them. They talked about no longer feeling guilty about their loss (especially with respect to suicide or murder of their child) and felt empowered to be able to find a way out of the murkiness of grief.

Due to the extreme sensitivity of this topic, once again interviewees were not specifically asked about the impact of the program on their grief and loss. This was only explored if respondents initiated the conversation and felt comfortable enough to continue speaking about this.

Second-hand anecdotal evidence from the key facilitator indicates that it is not unusual for RDH participants to express deep-seated grief and loss as they walk on the mat, and to feel a sense of contentment afterwards. Videos provided to the evaluator by the key facilitator, also corroborate this evidence.

‘RDH just made sense to me – in how I can deal with it (my son’s suicide) better and I’d never ever got that from going to other (suicide) meetings or workshops over the years. (Before RDH) I’d never left from a (suicide) workshop feeling good – unbelievable. RDH was very positive and it made me feel like I finally learned something. It has changed my life in how I deal with everyday

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25 Ibid
life. It put things in perspective for myself, my children, my grandchildren.’ (Female participant who lost her son to suicide.)

‘When we lost our son, I was 8 months pregnant and I didn’t really have time to grieve – he was 17 months old – it was a car accident just outside our house, we had an old gate that was falling down and he walked out across the road. (The facilitator) picked up on that and he asked me how did you feel and it just hit me – I didn’t have time to grieve. That’s what hit me most.’

‘RDH was life changing – actually lifesaving – before I did this (RDH), I was in a really bad part of my life with losing my husband and coming up to a year – I wasn’t really coping with it; I’d struggle every day to get out of bed, to live to eat and I’m only just starting to face the reality that he’s not here. Me sitting around moping and being depressed, dying more or less is not going to bring him back, I’ve got to make a choice to live and I’m going to make that choice.’

‘We all have our ups and downs, especially with grief and loss and like I spoke about before, grief and loss within our family. In one year, we lost - I couldn’t count them on both hands and I usually wouldn’t be able to talk about it without breaking down. But now I still have the odd tear in there, we all do, but it’s (RDH) helped me to deal with that side of life and be a bit stronger; and just using the tools to be able to work it out.’

4.1.2 Improved self-awareness and clarity

The RDH program encourages participants to look at their lives from a different and more positive perspective. For those who are immersed in difficulties in their lives, it can be hard to realise that there can be more than one way of seeing or understanding things. A shift in how life and associated issues are perceived, can support a reinterpretation of what is happening in one’s life. According to Positive Psychology26, people who can shift their perspectives and look at things from different viewpoints often manage difficulties better and see chances where others see struggle.

More than one third of interviewees reported experiencing increased self-awareness and clarity as a result of attending the RDH program. Many described how the program provided them with skills to deal with ongoing issues and emotions in their lives. Others talked about developing a heightened awareness of their negative behaviour on family members and how their change in perspective helped them to not only change their behaviour but to positively impact on those around them. Once again it is more than likely that additional interviewees also developed improved self-awareness and clarity as a result of involvement in the program. As this was not specifically asked, it was not necessarily articulated by all interviewees as the biggest impact on them as a result of undertaking the RDH program.

‘Before I did the program, I had a lot of anger - because of the oppression model, because of grief and loss and rejection and because of our situation and my people and it’s like an endless cycle that thought I can’t get out of and it’s never going to get any better. And it (RDH) has helped me grow from that and to really look at other ways to help people in the community, even family members.’

26 Positive psychology is a scientific approach to studying human thoughts, feelings, and behaviour with a focus on strengths instead of weakness, building the good in life instead of repairing the bad, and taking the lives of average people up to “great” instead of focusing solely on moving those who are struggling up to “normal”. Viewed on 15.08.18 at https://positivepsychologyprogram.com/what-is-positive-psychology-definition/
'There’s so many problems I saw in my life before I did that (RDH program). Before I just had tunnel vision, I just saw what I wanted to see. Mainly the negativity. It opened my eyes.'

'Yes, I’ve been on the mat. It’s very emotional, the mat. But that’s where you get to step out of yourself and see your life differently. Once I got on the mat, that opened my eyes to a lot of things. I saw my own life and how I can improve and what things affects it.'

'Everything impacted because it’s a different way of looking at things. Before I did that course, I was looking at things totally different way, and that showed me more ways of dealing with things.'

'It was the right time as I had just lost my boy (to suicide). It gave me a chance to see life in a different way – I didn’t mope around.'

'Red Dust really makes you face the problem and realise that a lot of the problems that you put on yourself, aren’t even your problems in the first place. So it (Red Dust) makes you look at things in a totally different way.'

For many those few words, it’s not your fault, a term which is used deliberately and at an appropriate time by the facilitator, resonated deeply, especially for those who have been abused, rejected or neglected or who had family members who had suicided or been murdered. People talked about the RDH program as being the first time they had really heard and believed those words and that hearing them was ‘a light bulb moment’. This not only allowed many to let go of the guilt that they had been burdening them but to feel a sense of relief and empowerment.

‘From this workshop I learnt a lot of things that I thought I’d learnt over the years going to different workshops in regards to suicide, family issues and things like that. The message was like switching on a light. I knew it wasn’t my fault. It put into perspective what I knew about suicide.’

‘Remembering that rejection from my childhood (only saw father once and ma an alcoholic – boys home for 3 weeks), and being told that I had no control over it, it hurt, it was very upsetting, it was very shameful. There was stuff in me and I was carrying it and didn’t want to bring it out – but it came out in these sessions – and it made me a better person to think why did I need to hold that all that time, it wasn’t my fault – being rejected. Aboriginal men in particular are like me and have been through a lot of rejection and a lot of good – just having this (RDH) has put a hand to some of those hurtful feelings that are there, that you hide away and keep away.’

‘So the spirit tree for me was a way of processing some of the hurt, some of the pain, the trauma. I thought I had it sorted it out, and the part of the spirit tree that hit me the most was the words ‘It’s not your fault’. And for me, although I’d processed it out of my head, and I knew it wasn’t my fault, I still hadn’t processed it in my heart. And so after we’d finished doing the walk through the mat, I went out by the beach and said a karakia (prayer) and sent that hurt and that rejection on its waka, on its canoe from my shoulders to where it needed to go. I was also asking in the karakia, forgiveness for those who had harmed myself and that they’d find peace in their lives. It wasn’t just about my own healing but it was about others healing as well. That’s what the spirit tree means as well for me.’

‘Tom talks about ‘You don’t have an alcohol problem, you’re not depressed, you’ve actually got a rejection problem’ and when you source where that initial rejection comes from, and you can see that and understand that, and understand that it’s not your fault, and it’s not the fault of the person who rejected you, it goes back to colonisation, when that happens, that’s when change seems to happen.’
4.1.3 Better choices & changes

Numerous respondents attributed their involvement in the RDH program, to making better choices as well as a range of positive changes in their lives. These included overcoming addictions to drugs and alcohol; communicating about conflict, loss and trauma; dealing with the impacts that trauma had on their lives; remaining outside of the prison system and improving their relationships. It should be noted that it cannot be assumed that the respondents who did not discuss these issues, actually faced any of them prior to, during or after their involvement in the RDH program. The evaluator has made an assumption that they did not face them or that they were not willing to discuss these issues. Those respondents who did discuss the above issues highlighted how participation in the RDH program had assisted them to make significant choices and changes in their lives.

‘Since the program I’ve given up pot, cigarettes, I help the missus out more at home, so our household alone is unbelievable – it’s so much happier, me and my missus we have a better relationship, we talk more, we share things and everything we talk about all comes from in here (heart) and not from our minds. And providing those tools to my three kids and my missus alone, has helped them out too. We’ve still got a bit of a journey but I’m in a really good heart and mind set and I know what I want in life now. RDH sticks so much.’

‘The magistrate was going to send me to jail and he asked me to come and do this course (RDH). I used to be in and out of jail all the time, I used to (hit) my missus and after I did this course, it slowed me down; now I’m starting to talk to my woman, not (hit) her like I used to with the other woman I lived with. The best thing about the course was choices - I had a choice to hit my girl or walk away and sit down and talk to her about it. Before every second word was a swear word but now I’m starting to put things into place and talk to her in a better way.’

‘Kept blaming myself but now thanks to RDH I now have tools to work with; and now I can make the right choices and know how to go about them – not just for me but for my beautiful children so they can have that caring mother again, that I’ve always wanted to be. I’ve lifted a lot of my guilt, a lot of my hurt – it’s gone.’

‘Some of the men (in remote Kimberley communities) have said, ‘This has saved my life, it has changed me so much.’

‘I wasn’t sure what impact it (the program) had. But it reached into his heart and it found something. Best part of that story is that he said, look at my arms. And I looked and there were no track marks. Last time I saw him, he was frail, he had scabs, he had marks all over his arms. ... he told me that he’d been clean since the day that he walked out. He wanted to thank me, and I said, I didn’t do anything, I just created some space for you to find yourself. He did it all, it was his journey and I walked alongside him.’

‘(In reference to a video of a juvenile offender) - his story for instance, he was basically asked: “Why did you attend the (RDH) program?” and he just talks straight to camera and says, “The judge says if I don’t do this program he’s going to put me in jail”. And that’s it, and so he had no choice: do the program or not. He did the program, went away, came back and changed his life, changed his relationship, changed everything.’

‘Drinking was a big part of my life, I’d drink for three days and have two days off and drink again. Then I did the Red Dust and the drinking eased off. Before (I did Red Dust), I was in jail six months out of 12, every year for 34 years. I was a disqualified driver for 34 years, but I’d just jump back in the car and keep drink driving. (After RDH) I ended up easing down... and picked up where I left my life before, got my licence and now everything’s changed. If I didn’t do the Red Dust, I probably wouldn’t be here. It (RDH) changed my life a lot.’
4.1.4 Strengthened cultural identity and spirituality

Cultural identity and spirituality are increasingly recognised as being central to a person’s health and wellbeing. For the first time, the importance of culture in relation to health has been acknowledged in a national policy document – the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. By drawing on traditional Aboriginal and Torres Strait Islander cultural practices and lore, there is evidence that the RDH program has supported participants to strengthen both their cultural identity and their spirituality.

Cultural Identity

For many Aboriginal and Torres Strait Islander people, land, family, law, ceremony and language are five key interconnected elements of Aboriginal and Torres Strait Islander culture which combine to create a way of seeing and being in the world that’s distinctly First Australian.

By recognising how intricately interconnected these elements are, it is possible to understand the damage done when colonisation occurred. When people are disconnected from culture, this has a deep impact on their sense of cultural identity and belonging, which gives meaning and purpose to people’s lives. Understanding this helps Aboriginal and Torres Strait Islander people to find appropriate ways to respond to the pain caused by colonisation.

The RDH program is created from an Aboriginal and Torres Strait Islander perspective which adheres to cultural protocols and cultural knowledge and is reinforced by a strong cultural and spiritual base. The use of culturally appropriate tools, in particular the Model of Oppression and LORE and Law, help to explain the reasons for the cultural disconnect that Aboriginal and Torres Strait Islander participants may be experiencing and provides them with a cultural and historical context of their grief and loss. In this way, the program goes some way to supporting Aboriginal and Torres Strait Islander participants to strengthen and better understand their cultural identity. It should be noted that some respondents were already proud Aboriginal and/or Torres Strait Islander people, with a strong sense of identity and connection to culture.

The data highlights that for many participants, understanding the Model of Oppression provided helped them with an understanding and acceptance of family members’ behaviour and helped re-establish previously broken relationships. In addition, some respondents indicated that the LORE and LAW tool reminded them of the futility of being involved in the criminal justice system and the importance of maintaining both connection to family, community and cultural values and one’s integrity and dignity.

‘You’ve got the model of oppression worldwide and Australia wide and you realise too that oppression can come from family members and bring about a lot of pain – but once we understand that, where that pain comes from and understand that our parents and grandparents may have also been through that trauma, then you realise ‘how can you blame them for anything?’ So you can forgive them because they did it tough like you’re doing it tough.’

‘LORE and LAW, it’s two different perspectives – with LAW it’s more about control, being in a system where it favours departments. Whereas our LORE – it’s more about your origin, your land, your elders – it’s about being connected to community – the other LAW doesn’t give you that option – you lose your integrity and your dignity once you get locked up – that’s what RDH is all about, helping you to keep your integrity and dignity, if you go to jail it takes away your dignity – you’re just a number. But if you stick to our LORE, you won’t get caught up in that LAW.’

Spirituality

The literature defines Aboriginal and Torres Strait Islander people’s spirituality as something that ‘derives from a sense of belonging to the land, to the sea, to other people and to one’s culture’ and which provides ‘an understanding of how to live in harmony’. Service provision is often more effective if it respects and incorporates service users’ cultural and spiritual understandings.

This is verified by the Healing Foundation, which demonstrates that the elements of a successful Aboriginal and Torres Strait Islander healing program include incorporation of spirituality through cultural practices and values. The RDH program reminds participants that they have the answers to their problems inside of themselves and this is often referred to as the ‘wise woman’ or the ‘wise man’ or ‘where the spirit of your Elders reside’. As a result, some respondents spoke about feeling more connected to culture, family, their ancestors and themselves because of their participation in the RDH program. Spirituality, however, is a very personal concept and can have a different meaning for each individual which can be difficult to articulate.

The following quotes provide some evidence that the RDH program has helped to strengthen the spirituality of some participants.

‘(While participating in the RDH program), spiritually you’re at peace with yourself. You feel this connection straight away, that you’ve actually got the answers sitting there with you and around you. That’s how I felt that day (at the RDH workshop), I felt like my (deceased) mum and dad was in that room with me and I know another person did too.’

‘I think spiritually it’s help me grow a lot.’

‘The main benefit (for Aboriginal people) is that their spirit heals, it actually does heal. It actually comes together again, if you can visualise that. All things are possible from that place. And you can move forward. So your spirit heals and it’s about integration. It doesn’t matter what anyone does to us, we are whole, we are spirit. Hold your head up high, know that you’re worth it, that you’re as valuable as anyone else and be proud of the colour of your skin. Be proud of it and your people are with you. And Red Dust Healing brings you back to that place.’

‘It was the tree, the spirit tree, because it’s something that I can relate to on a really deep level, with the type of rejection I went through growing up. Not only that I go through but my ancestors, my dad, you can go through the generations, there’s something that we experienced and didn’t cope with too well. The way of coping was to push it down, shove it under the carpet, throw a whole lot of alcohol on top of it to try and take away the pain of some of the stuff we experienced.’

‘The tree reconnected me to the mob and the tree has connected me with the people that I need in my life and that I don’t need in my life. Made my life so much easier – it’s not as complex as it used to be. I did a bit of counselling and that never helped me not one little bit, they had no answers for me but now RDH – I’ve had all the answers all of the time – it’s just having them tools to put it in place and give the answers that I’ve been seeking all that time.’

‘The tools help to guide you through. Everything comes from your heart. The tree has connected me a little more with the spirit side of Indigenous people and I feel honoured to have this close connection with the Elders of the past. The tree reconnected me to the mob and the tree has connected me with the people that I need in my life and that I don’t need in my life. Made my life

30 Powell, T. 2014
31 McKendrick, J et al 2014
so much easier – it’s not as complex as it used to be. I did a bit of counselling and that never helped me not one little bit, they had no answers for me but now RDH – I’ve had all the answers all of the time – it’s just having the tools to put it in place and give the answers that I’ve been seeking all that time.’

4.1.5 Impact other

The following factors were not articulated by interviewees but need to be noted.

4.1.5.1

It is important to acknowledge the extent to which Aboriginal and Torres Strait Islander people attend the RDH workshops. Many Aboriginal and Torres Strait Islander people have been through various programs and systems that have failed them time and again and, it can be very difficult to encourage them to take interest in another intervention. Yet, the credibility and community recognition of the key facilitator and word of mouth which acknowledges the widespread success of the program, play an important role in encouraging attendees to show up.

The fact that Aboriginal and Torres Strait Islander people not only attend a one-day workshop, but return for two and three days, recommend the program to family members and ask for repeat presentations of the program, are strong indicators of success. Additionally, there are examples of remote communities or families requesting RDH to run the program during a time of crisis (e.g. youth suicides, murders) and at a time when the community is closed to all other service providers.

4.1.5.2

Interviewees spoke with great candour to the unknown evaluator about their experience of the RDH program and often revealed a great deal about their lives to a relative stranger. Much of this openness was due to the high level of satisfaction that respondents felt with the program as well as the trust and respect that participants have in the key facilitator.

4.2 RIPPLE EFFECT

Simple Choices Create Wide Circles of Change

The evaluation was tasked to determine the ripple effect of the RDH program, by examining where the program has gone beyond direct program delivery of the individual. It is to understand two concepts. One is where and how individual participants of the program, have influenced other people’s lives through the sharing of the RDH tools. The other is how participants make changes in
their own lives, by improving their choices, decisions and behaviour, to positively impact on family, friends, the community, colleagues, clients and students.

The literature identifies that ‘Healing programs judged to be successful are shown to have had a positive impact on individuals participating in the program, who in turn have had a positive impact on those in their families and immediate social circle and beyond that to the wider community’.

Therefore, the overall breadth of the RDH program’s ripple effect, is a key indicator of the program’s success. This is best appreciated by considering the ripple effect diagram (refer Figure 2 and Case studies in Annexure 8.1), that was developed with key stakeholders, to better understand the complex and interrelated relationships and changes that have taken place since the commencement of the RDH program.

This diagram is not static but changes with each new connection formed by and because of the program. The ripple effect is also evident by examining how the program impacts on, families and relationships (section 4.2.1), the workplace (section 4.2.2) and the wider community (section 4.2.3).

The evidence demonstrates that a three-day workshop is more effective than the one-day workshop when it comes to the likelihood of participants sharing the tools with families and in the workplace. This is likely to do with the level of confidence that participants feel to be able to do so. However, participants are almost as likely to use the tools in their own lives whether they have completed a one or three-day workshop.

32 Ibid
DIAGRAMMATIC DEPICTION OF THE RIPPLE EFFECT OF THE RED DUST HEALING PROGRAM

Figure Two – Diagrammatic Depiction of Ripple Effect
The diagram highlights that the RDH program addresses a wide range of issues or sectors\textsuperscript{33}, has been implemented for a diversity of participants\textsuperscript{34} and has been commissioned by various organisations\textsuperscript{35}.

The most impressive ripple effects occur after an individual has attended the RDH program. It is not uncommon for participants to share the RDH tools with people in their sphere of influence, and/or for their changed behaviour to impact on family members (including aunties/uncles, grandchildren, partner, son/daughter, or grandparents), friends and colleagues, and/or for them to adapt the program into their work with clients.

Three case studies have been documented (refer Annexure 8.2) to highlight in detail, the ripple effects from the ongoing ways that participants utilise and share the tools and the overall program.

The importance of sharing tools in a culturally relevant way, was evident from many of the interviews with respondents. Sitting down by the river bank or under a tree, and yarning with people, is often considered a more appropriate way of reaching people, as opposed to the Western model of one-on-one counselling in an unfamiliar room.

4.2.1 Ripple Effect - Impact on families/relationships

\textit{There’s no doubt that there’s a ripple effect; I mean those individuals who have changed, how many people does that effect? That lady, in particular, all of her kids were then back with her after doing Red Dust Healing, all of them. That’s a huge thing for Aboriginal kids to be back with their mum in the stable care environment whereas before they were fostered out.}

Information gathered from the interviews and from videos recorded prior to the beginning of the evaluation, demonstrated that RDH participants regularly share the RDH tools with families and their relationships often to great effect. A number of respondents also described how positive changes in their own behaviour and attitudes, which developed following their involvement in the RDH program, has beneficially impacted on family members. Stories were told of reconciling broken relationships, creating more positive and harmonious relationships, becoming stronger role models and parents, improving communication styles and of regaining guardianship of children.

One interviewee described how he and his wife have developed ‘tree murals’ for each of their two sons. By using the trees, they record both the good and bad events in their children’s lives, including how each of their sons has dealt with difficulties they have faced, such as bullying. This has supported their children to build resilience by assisting them to know that they can overcome problems. They also use the ‘murals’ to document the positive people in their children’s lives – those who provide love or nutrients and include those who have passed away. Other interviewees mentioned how family members reminded \textit{them} to use the tools e.g. Bird and Fish, when they are stressed about an issue.

Examples of the impact of sharing the tools within families or of making better choices, are highlighted in the following quotes from participants of the program.

\textit{‘When I was thinking with my head, I’d go straight to boiling point and then I’d get on the grog and I’d bring that violence back home. Then that violence is all happening there and my kids and everything witness me do it and I don’t remember cos I’m drunk you know. This one here (RDH)\textsuperscript{33}}
made me think with my heart... I think about how they feel, you know, standing in the corner watching me go off at somebody else you know who they love. You know they see two people arguing and it hurts them. That's what I think about when we argue... I have to be someone that my sons and daughters can look up to. I have to teach them better ways.'

'I grew up with not having a real understanding of love and the roles of a father, I wasn’t really able to demonstrate how I felt towards my children and after coming through the RDH program, it gave me tools to make those changes by being able to come up and kiss and cuddle my kids and tell them how much I love them and care for them. Definitely a turning point for me.'

'We never used to talk about anything in our relationship. When Red Dust asked me ‘who is the main person in your family that hurt you’, I said ‘my partner’. And I’ve been through the violence and all that. He said, ‘you have to talk to him, find the man, tell him what you think’. And I did that, and he turned around and said ‘Ok, I’ll go to this Red Dust and see for myself if it will change me’ and it did. Our relationship is strong now. And this is because of Red Dust. I took all my feelings out that I had locked up for ten years. And I wanted to open up, but you don’t trust some people they just come and go but he sat there for three days (during the RDH workshop).’

'I wanted to show my kids love. In the Red Dust Healing they say you need to break that chain. And I have. I was very uptight and strict with my children, and now I’m more open. I’m getting to a point where they tell me a lot of things, they’re at that age. It’s cool. I think I’ve broken that chain with my children.’

‘In (one) case, there’s a reunited family which before Red Dust you would have thought that is never going to happen, never ever. And now it’s pretty solid again. So there’s a huge ripple effect within the immediate family and once you get outside that, with the settling of the family .... And I think people look at them and think ‘What the heck happened there?’ That must be pretty good to have changed that person, when some of these people have done some heavy-duty health psychology courses before which haven’t had much effect or lasted. This (RDH) had an immediate effect and lasted. So there’s got to be a big ripple effect.’

'I've seen so many men make changes in regards to their own families and themselves (after going through RDH) - having the tools to make those changes so they can reconnect back to their families and their loved ones.'

'Ve've got a (RDH tool) poster on our fridge at home, that my boys look at and it’s good because it’s got the pictures on it. Most of our mob, not only our kids but our men, our women are more visual, so (it helps to have) the pictures up there (on the fridge). I stuck the pictures on the fridge and let my kids ask questions. They’ll just see the bird and the fish and go, ‘What’s that dad?’ So then we’ll have a yarn about it and then they’ll see the POUCH and we’ll have a yarn and they might use them at school. My son said to me at one stage, ‘Bird and Fish dad’, when I was coaching his sports team (and getting stressed). He obviously took notice of the poster on the fridge!’

'I've shown the tools to heaps of people around the Coffs area - my family, friends, some work colleagues have learnt a little bit about the RDH program. We’re actually doing a young person’s program in Grafton and my co-worker runs a little RDH program up there with the young people he works with - going through the tools.'
4.2.2 Ripple Effect - Workplace Impact

The RDH impact on workplaces are many and varied and extend beyond the actual workplace itself.

One of the recurring themes that emerged from the data and which is a clear example of the ripple effect, relates to the extent to which service providers have adapted the RDH tools into programs that they are running with justice clients, in health organisations, for secondary school children, in prisons, with people with disabilities and in counselling sessions, and the subsequent positive impacts that this often had beyond the individual client or student (refer Annexure 8.2 Case studies).

RDH has also been adapted for delivery to doctors, psychology students, police, legal practitioners and tertiary students to amongst other things, increase cultural awareness and explain healing from an Aboriginal and Torres Strait Islander perspective.

‘It’s called the Excel program and it means to excel to ones best self. The program is based on all the values of Red Dust. In that program, we cover everything from the spirit tree to grief and loss, JIG syndrome, Law vs Lore – I think this is something that these guys can really relate to…It’s the best program that corrections of Bunbury have ever seen. It’s got a 95% completion rate. Corrections asked, what is it about this program? I said it’s the inclusion of Red Dust Healing. People relate to it, Indigenous and non-Indigenous alike. So it’s been a real blessing for the people of this area; to have an opportunity to share these (Red Dust Healing) tools and they go home and share these tools with their family and their kids, be better husbands, better fathers, better partners.’

‘Basically, I did a program for community justice. It was a two-week program and we wrote it out, it’s for the prisons and mandated clients from court. Basically, the introduction is the first two days of the (RDH) program, so I’ll go through that, and then I’ll go through specific issues that community justice wants us to highlight.’

‘At that stage we were still quite heavily involved in schools, and the bad nutrient aspect of it really had an impact on us; in fact we went on in several schools to use that analogy to teach children about bullying where we would go from bad nutrients in nature, which they knew lots about, bad nutrients in food which they knew lots about, and then went on to bad nutrients in emotions and feelings and that was highly effective. With (the RDH facilitator’s) agreement we used that analogy from his tools to get kids to think “ah, I was putting bad nutrients in my classmates, in my family, in my teachers. I better stop doing that”. So it was a highly effective strategy.’

‘(My colleague) has been using the (RDH) tools in her own life and with her clients. She teaches the tools and she’s got some really challenging clients - these are people who’ve done the mental health merry-go-round. They’re constantly in and out of facilities and they’re on alcohol, on ice. She was able to get some of these people housed, people who’d been in and out of jail for the last 20 years, are now housed and functioning. (Apart from) the cost of people being in jail, this is the longest time that one person has spent out of jail. For someone to have not been to jail for the last 4 years when for the last 20 years they’ve been in jail, is amazing and it’s the first house they’ve had in 20 years.’

Respondents reported enhanced work place practices, more harmonious workplaces, improved effectiveness on counselling, and enhanced skills as a manager, as a result of undertaking the RDH
program. The evaluation also demonstrated that there are many positive examples of the RDH program impacting on individual staff members, on staff as a team, on the families of staff and on the broader client community.

‘The healing component of RDH is important for our staff. Working with Aboriginal people they come across a lot of inter and trans generational hurt. It’s important that they sort themselves out if they want to help others. RDH helps them to do this.’

‘My work practices have been enhanced (because of RDH) and that then makes me a better Manager, makes me think more about valuing healing and social-emotional well-being as one of your principles.’

‘I deal with suicide in the Kimberley and support families – I’ve done my own training around that but I think using the RDH tools will make my training 100% better than what it is. I’ve had good reports from my training but I think that the tools that I’ve learnt here fits into all of that as well. They’re simpler and easier for our people to understand, with the graphics — simple things to remember and understand and to apply to your life.’

‘I use the tools with most of my clients all the time, I just love it.’

‘Three to four staff of the 12 trained in RDH had poor attendance (we were lucky if they were here for three days a week and they were full-time workers), poor decision making (they’d take the work car, go to the TAB and be gone for three hours; some were on written warnings) and they would suck the life out of the other staff. After RDH, attendance has improved to working full time consistently, and they’re not drawn into issues in the same way. For the first month, we had to support them with bird and fish, second month there was less support and now they can manage themselves and they’re not sucking the life out of the others. They have shown noticeable growth in managing their own way of responding to issues.’

‘I (use RDH tools) through supervision too. I do monthly supervision with my girls, so one month we’ll do it in the office and we’ll focus on work and then the following month, we go outside, and we do a lot of this stuff (RDH). I try to do healing stuff for them or anything they want to know culturally. I talk about transgenerational trauma, I talk about this model of oppression and to really look out for their kids (work kids) and the birth parents and the carers and try to bring them all together and be on the same page. But just more around their own social and emotional well-being.’

‘One girl (client), a couple of weeks ago she didn’t want to talk to her dad and so I talked to her about the model of oppression and his relationship with his dad and she called me late last week to say that dad was invited to the dinner. It doesn’t excuse anything, but it helps her to understand.’

Some service providers who have incorporated the RDH tools into their programs, have noted the importance of developing a trusting relationship between the facilitator and the group before RDH can be delivered daily before they can discuss RDH further. Similarly, they have also commented that it is important to have a contingency plan in place after delivering RDH on an individual basis as it has the potential to bring out sensitive issues that the clients may not fully understand themselves. Often, follow up support is required36.

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4.2.3 Ripple Effect - Impact on wider community

The interviews illustrate the impact that the RDH program can have on Aboriginal and Torres Strait Islander people in the wider community. In this context, the definition of community is broad and extends to urban, regional and remote Aboriginal and Torres Strait Islander communities, people living with disabilities, people involved in the justice system and secondary school students. There are examples of innovative programs such as the Red Dust Heelers Wheeling and Healing program, and a 10-week RDH program for secondary students (see Annexure 8.2 Case Study 2), which have been delivered in communities and schools and which have been adapted from the original RDH program.

There are also examples of individuals who have taken part in the RDH program, ‘yarning’ informally with community members and as one participant said ‘drip feeding them’ with information and the tools. Aboriginal and Torres Strait Islander service providers often become the go-to person when community members have problems. Many of these service providers have described informally talking through the tools with community members outside of work time.

37 Red Dust Heelers in collaboration with RDH, run a two-day Wheeling and Healing program in Aboriginal and Torres Strait Islander communities. This involves a game of wheelchair basketball and a customised RDH and disability advocacy awareness workshop.
when we’re training – we have male and female and different forms of disabilities – people from different cultures and there’s no bad words or animosity.’

‘People are asking for the program. Particularly grandmothers or mothers, they’ve heard of the program and they ask if there’s anyone who can do it, ‘can you do it, cos he really needs it’, because they’ve seen the changes in other people who’ve been involved in it and they know it works.’

4.3 KEY ELEMENTS

4.3.1 Key elements of the RDH program

The interviews highlight that the key elements of the RDH program are many and varied and highly interconnected. The responses go some way to explaining what makes the program immediately accessible and relevant to Aboriginal and Torres Strait Islander people.

Each respondent was asked what they considered to be the key elements of the RDH program. They were not given a range of potential elements to choose from and hence were free to indicate whatever they considered appropriate. Many respondents responded with more than one element and many of the key elements were recognised by a significant number of the participants as indicated below.

1. ‘The Tools’,

The tools are fundamental to the overall program and were mentioned most often as the key element (22 mentions). These tools have been designed to complement the clinical model for health and wellbeing practitioners who according to one Psychologist ‘have struggled to effectively diagnose the mental health issues of Indigenous people through lack of understanding of not only the cultural differences but also their histories of trauma, grief and loss and rejection’. To this end, the RDH Founder works closely with Southern Cross University to educate students and psychologists to enhance their understanding of these issues to improve the outcomes for their clients.

Some respondents considered that all the tools were important, while others mentioned one or more specific tools. Many respondents considered that the cultural appropriateness of the tools was critical (17 mentions), and some highlighted the simplicity of the tools (14 mentions).

‘The simplicity of the tools is awesome. You don’t have to be any form of academic for the tools to make sense.’

‘It’s the tools; it’s the way that it’s presented that Aboriginal people can relate to – all sorts of insecurities but there’s all sorts of tools that can empower you to make the right choices and the right decisions.’

‘The men and the people I’ve seen doing it (the program) really relate to it. It’s so simple and the tools that he gives with it, all go hand in hand.’

‘RDH gives you guidelines (tools) that you can really understand. You can look at it and you can see what it is that they’re saying. With a Counsellor, you don’t really understand because, they’re sitting there asking you about your life, whereas RDH is showing you ways to deal with all that.’

Other respondents spoke about the power and importance of the tree (8 mentions). The tree was considered to be adaptable to all ages and accessible to and understood by all. It was seen as something that provided a personal depiction of a participant’s life allowing them to reflect on their past, their memories and their childhood in a very visual, personal and sensory way. The impact of drawing the tree often lead to participants accessing a range of emotions and started them on their

38 Dr Jodie Fleming’s The Psychology of It meets Tim Powell, Founder and Director, Red Dust Healing 2017.
healing journey. The tree was also described as a means of showing how the effect of one’s behaviour can be noticed by others e.g. children/grandchildren (saplings).

‘I think the key element is the tree. The effect it had on myself, where the branch falls off the tree but it goes back in (to the soil), and becomes a part of you. I think it was a big part of the healing process for my niece, that realisation that even though her mum and dad had died, they were still a big part of her. That’s one of the biggest impacts on me, as well as the branches as choices. Just that bit, the good and bad nutrients and the choices, works fantastically. If you make bad choices, the branch is going to die. And it’s simple enough for anyone (to understand).’

Many considered that the Model of Oppression was critical in supporting them to develop a deeper understanding and acceptance of the behaviour of family members. This opened the opportunity to accept and forgive them and paved the way towards healing fractured relationships.

According to Dudgeon et al39, it is important to firstly acknowledge and understand the intergenerational and ongoing impact of the colonial legacy on the lives of current Aboriginal and Torres Strait Islander people, to re-establish strong and healthy communities. They maintain that there are several pathways necessary for healing from historical trauma, including at the individual level, dealing with loss, grief and disconnection, trauma and helplessness, powerlessness and loss of control; and at a community level, ensuring self-determination and community governance, reconnection and community life, restoration and community resilience. RDH is cited by these authors as an innovative example of a program which addresses oppression of Aboriginal and Torres Strait Islander Australians, and which uses this and other key elements, as a means of assisting participants to heal and make better choices for themselves.

‘For a lot of people, from the first when he goes through the model of oppression, I think people start thinking...I think it’s the Aboriginal perspective on it. So, I’ll look at my father for example, as an alcoholic and growing up with him and through the program, it helped me be able to separate the alcoholism from my father and still see all those good things and know the reasons why he was the way he was.’

‘Right from the beginning, you go into the history and (the facilitator) makes no bones about the difficult history and points a lot of fingers at the difficult history…which has got to happen because there’s some real problems there that caused these issues. And people then understand “ok, yeah alright, I see what’s happened there, maybe what I feel is justified, but there are tools I can use to get past that and move on.” And he’s (the key facilitator) very good at showing them that cultural side of what’s gone wrong and culturally how they can go about fixing it.’

‘Well it’s all to do with the history as well. Those people (other service providers such as Suicide Prevention and mental health), don’t tell us about our history. Indigenous history it’s a hurt and pain situation where you’re suffering and there’s no answers to some things. What happened with the Red Dust Healing is that it gives you the understanding from your history, where it all happened. Where some of the problems that our mob is facing happened. We’re still facing the problem now, and it’s how we’re dealing with it now. Doing the Red Dust Healing is a much better thing and having those tools and that understanding of how we can make better choices and make better decisions.’

‘My mum and I never got on for years – our relationship was very tense, and I know now that it was because of all her pain and all the broken promises she had in her life – and all us kids were brought up with that. As I started to understand my mum’s history, all the resentment I’d felt slowly started to drop off – and RDH just knocked the nail on the head.’

39 Dudgeon P Prof, Milroy J Prof et al 2016, ATSISPEP Solutions that work: what the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report
'The Mat' Over half of the respondents who had undertaken the three-day program\(^{40}\), made mention of the power of walking on the mat. This experiential aspect of the program, where participants are required to physically walk through the mat and explore the good and bad nutrients in their lives, as well as the impact of the choices they have made, was often a catalyst for expressing and ultimately beginning to resolve unpleasant feelings and memories that they had long avoided. Some respondents talked about ‘feeling lighter’ ‘more connected’ ‘able to understand my journey’ as a result of walking on the mat.

‘The mat journey – it was just the right time – I’d had counselling for some of my issues but the physical walking through that and understanding what sits where in your life and the physical walking through of that is what made it stronger for me. I put up boundaries, so I didn’t get abused but RDH made me understand that I have been part of the problem, isolating myself.’

It is acknowledged that some participants, for their own personal reasons, choose not to walk on the mat.

‘The Facilitator’ was mentioned 20 times as a key element of the program. In some instances, the facilitator referred to the current program founder and key facilitator. At other times, it was considered that an Aboriginal and/or Torres Strait Islander facilitator was important to be able to immediately engage Aboriginal and Torres Strait Islanders in the program and to ensure someone who understood protocol and culture. Most respondents indicated that they felt comfortable and safe with the key facilitator. They felt understood, considered that their concerns were taken seriously and noted that the key facilitator treated them and the other participants with respect and compassion.

‘It’s with our own kind. You’re with someone that understands how we talk and say things.’

‘For me it was that there was an Aboriginal facilitator. I think people feel as if nobody knows that they’re being heard, they’re reassured, cos like many people they feel like they’re alone with things and that no one understands them but with the three days, you get reassured. Aboriginal people are more comfortable with an Aboriginal person running it. He knows the problems, issues, that Aboriginal people face in communities.’

‘Red Dust has been designed by an Aboriginal person and I think that insight into what Aboriginal people have been suffering and need to step forward for and realise the hurts and experienced it themselves. A lot of what he [the facilitator] experienced were tough times that led him to develop these programs and these tools. It’s got to come from that [the heart] and you can’t help but feel that. It has to be culturally appropriate and I truly believe it has to be Aboriginal people to drive this program and it is being driven [by Aboriginal people in Red Dust]. That’s why, to me, it is a success – it has to be driven by Aboriginal people who know the full background and know the hurts and things that have been experienced over the years. I don’t think anyone can understand that unless you’ve experienced it yourself, and certainly it comes through in this program.’

‘The facilitators, they share their stories, they’re so genuine, humble, loving and they’re ground roots people – when you go to other seminars you’ve got facilitators maybe dictating in some way or giving you all this information, but RDH guys are coming from their heart and being Aboriginal people their experience is so much alike, there’s that automatic connection with them being Aboriginal. Them being Aboriginal is very important.’

‘I think it took someone like an Indigenous person, who sees the world differently, who is an Indigenous man, to be able to develop this because of that story telling tradition of the culture that he’s from, and that’s why I think he’s able to be so successful with it, is because he actually understands that particular kind of construct.’

\(^{40}\) Participants who had only taken part in the one-day program, had not experienced walking on the mat and were therefore unable to talk about this experience.
‘Empowers people’ A number of respondents talked in depth about the strengths-based approach of the program (15 mentions). Specifically, they mentioned the way that the three-day RDH workshops use a personalised approach which allows each participant to go through a process of understanding their own issues and how they are relevant to their lives. The program then provides participants with an accessible toolkit which arms them with information and a framework, to go out and feel empowered about making different choices in their lives and to find solutions to their problems.

In this way, the program is inclusive. Rather than using an approach where an ‘expert’ will do something ‘to’ people, participants do not have to tell their own story unless they want to and are empowered with tools which they can decide to use or not. This enables people to have control and choice.

‘Red Dust Healing gave me the tools. It gives me a bit of power back, and a bit of control about how we can live a better life and making the right choices and decisions and working with family and bringing the family together.’

‘It’s got the ability by giving people the tools, to not tell people what to do, so they don’t have to tell their story, but it gives them the tools to apply to their own story if they wish.’

‘He (Tom) allowed us to own our own emotions and not worry about what others thought. The fact that Tom knows that people have to walk themselves through the issues is important.’

‘Feelings’ There were nine mentions of the way that the RDH program targeted the heart and not the head. Respondents were often surprised by how quickly and deeply they were able to express their feelings both during and after they had attended the RDH program. Many respondents talked about the RDH program as being the first time that they had allowed themselves to express buried feelings in such a deep way. They attributed the focus of the program on the heart, as the reason for being able to make transformations in their life and for being able to begin their healing journey.

‘People are often changed not by what they hear but by what they feel. And that’s what Red Dust is, it’s a feeling program.’

‘For me Red Dust is the best program that I’ve ever seen. It has an immediate and lasting impact. It seems to really affect people deeply and very quickly.’

‘I’ve found that it’s brought a lot of feelings out for me. Your feelings that you don’t show anyone, the things you haven’t talked about before, you kept to yourself.’

‘At the end of the day the healing has to come from inside, from your heart, and that’s exactly where Red Dust touches, is your heart and it just opened you up.’

‘Flexible, mobile, accessible’ Respondents provided several strong examples of the of the flexibility, mobility and accessibility of the RDH program (7 mentions). As indicated previously, the program has been commissioned to address a range of issues including suicide prevention, grief and loss, family violence, mental health, social and emotional well-being, amongst a few. It is easily accessible to a wide range of people and ages and can be delivered and understood in different cultural settings. Further, a wide range of Aboriginal and Torres Strait Islander communities, in urban, regional and remote communities regularly ask for the program to be implemented.

‘And the program is flexible, in its delivery and how it can adjust to the community to meet those needs. That’s a really important thing.’

‘It’s the mobility of it, the fact that it can go into any culture, any level of educated individual, any background, any level of life it can be used, it’s really mobile, and mobility’s amazing.’

‘Its adaptable to any age really. You can do it with kids. I work with kids from 10-17 [years of age] and even ten-year old’s can do some of the tools where you can work with them.’
‘The portability and flexibility of the program. It’s ability to relate to men in particular and women and families.’

‘RDH works across a number of areas – drug and alcohol, suicide prevention, kids who’ve been removed, abused – all the tools work for these different areas.’

‘Spirituality’ Section 4.1.4 above, talks about the impact that the RDH has had, on strengthening spirituality of some participants. Spirituality is a very personal issue and a number of respondents indicated that in their experience, spirituality forms the basis to the RDH program.

‘Aboriginal people especially say there’s a spiritual thing already about this course (RDH) that I’m attached to. I can see young blokes especially when they’re drawing other things they see in the tree, they really start to get an understanding of the spiritual nature of it. And that sets the scene for everything that will be talked about now there’s some spiritual stuff behind it.’

‘The RDH is one of those ways of dealing with the healing processes. We’ve had other healing programs going here as well – this (RDH) is the best one I’ve seen but they can be complementary – it’s the best I’ve seen because people just connect with it.’
4.3.2 Key elements as compared with the general literature

There is general agreement in the literature regarding the key elements or characteristics of a successful healing program.\(^{41}\) Table 3 provides a snapshot of the key elements of the RDH program and compares these with findings in the general literature\(^ {42}\) regarding the main characteristics of an effective Aboriginal and Torres Strait Islander healing program.

It is evident from the table below, that the key elements of the RDH program, are consistent with those outlined in the general literature as being necessary to ensure an effective healing program. The extent to which the RDH supports participants to make positive changes in their behaviour, relationships and lives in general, is considered in Section 4.1, Personal Impacts.

<table>
<thead>
<tr>
<th>RED DUST HEALING – Key elements of the program</th>
<th>GENERAL LITERATURE - Key Elements of an effective Aboriginal and Torres Strait Islander healing program</th>
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</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander owned &amp; designed. Created by an Aboriginal person primarily for Aboriginal and Torres Strait Islander Australians. Presented by Aboriginal facilitator – immediate connection; understanding of protocol and culture. RDH is delivered in response to invitations for delivery from locally based organisations.</td>
<td>Indigenous ownership and design&lt;br&gt;Programs led by community-controlled organisations have a greater degree of acceptability to Aboriginal and Torres Strait Islander people(^ {43})&lt;br&gt;Grief and Loss programs most likely to be successful if developed by Aboriginal and Torres Strait Islander people(^ {44})</td>
</tr>
<tr>
<td>Culturally appropriate. Cultural and spiritual base.</td>
<td>Centrality of culture and spirituality</td>
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<tr>
<td>Addresses mental, emotional, spiritual needs and focuses on interconnectedness with family and community. Presented from the heart; a feeling program.</td>
<td>Holistic and multidisciplinary approach</td>
</tr>
<tr>
<td>Focus on the Indigenous Model of Oppression resulting from the oppressive colonising process both historically and presently.</td>
<td>Informed by history&lt;br&gt;Successful grief and loss programs need to take into account the cultural and historical context of this grief and loss(^ {45})</td>
</tr>
<tr>
<td>Focuses on the autonomy of participants by promoting self-healing, ‘you have the answers’; empowers Aboriginal and Torres Strait Islander people; use of common sense, culturally rich and easy to understand tools;</td>
<td>Adopting a positive, strength-based approach. Preventative and therapeutic strategies. Utilisation of approaches best suited to Indigenous context.</td>
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</tbody>
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\(^{41}\) McKendrick, J et al 2014
\(^{42}\) Key elements of the RDH program as identified by respondents, noted in the RDH literature and observed by the evaluator
\(^{43}\) University of Western Australia. 2016 Suicide Prevention in Aboriginal and Torres Strait Islander Communities: Learnings from a meta-evaluation of community-led Aboriginal and Torres Strait Islander suicide prevention programs.
\(^{44}\) Wynne-Jones M et al. 2016
\(^{45}\) Ibid.
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<th>develops skills and insights; builds individual, family and community capacity through sharing of tools.</th>
<th>Commitment to healing</th>
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<tbody>
<tr>
<td>Focus on solutions. Leaves participants with tools and seeks to pair them with other participants and with relevant service providers, trained in RDH. Understands that healing is an ongoing journey.</td>
<td>Grief and Loss programs most likely to be successful if Aboriginal Mental Health and Social and Emotional Wellbeing Workers, have been supported to deal with their own grief and loss and then trained to work with members of the Aboriginal and Torres Strait Islander community in this area.</td>
</tr>
<tr>
<td>Service providers trained to use the tools with clients and undergo two, three-day workshops to initially deal with their own issues.</td>
<td>Commitment to adaptability, flexibility and innovation</td>
</tr>
<tr>
<td>Flexible, mobile, accessible to everyone. Commissioned to address a range of issues. Portable – is easily accessible to young as well as older people. Can be implemented in different cultural settings. Innovative.</td>
<td>Adequately funded and supported</td>
</tr>
<tr>
<td>Ability over a 10-year period to consistently present workshops to over 15,000 people in almost 300 communities in urban, regional, rural and remote Australia and overseas. Demand currently exceeds ability to implement the program.</td>
<td>Provides a safe place for healing to occur</td>
</tr>
<tr>
<td>Provides a safe space to talk, examine issues in a personal and honest manner, and to heal. Safe mind and safe physical space. Where possible the program is run on country where people feel culturally safe.</td>
<td>Involves Elders</td>
</tr>
<tr>
<td>Elders consulted especially prior to implementation of workshops in remote communities. Respectful.</td>
<td>Incorporates ongoing reflective evaluation from the beginning/has an evidence or theory base</td>
</tr>
<tr>
<td>Initially implemented surveys for participants before and after workshops and video recordings of participants post workshops. Ongoing changes to program following participant input. Current evaluation.</td>
<td>46 Ibid.</td>
</tr>
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</table>
4.4 DIFFERENCES TO OTHER HEALING PROGRAMS

I’ve done other programs, but they didn’t give me as much relief as when I did Red Dust Healing. To be quite honest, Red Dust Healing was like a boss program – it has all the ingredients and all the things that I can point where my problems are. That sort of gave me the answers to how I can live a better life, how to look after myself better. You’ve got the tools there to do it. It took a lot of the worries that were bothering me, took a lot off my shoulders. I’ve done a few other programs that never made sense to me to be quite honest but doing the Red Dust Healing, it made me cry.

While not all respondents had been involved in other group healing programs, a great many had sought one-on-one support from a counsellor or psychologist at some point in their lives. To this end, 85% of respondents described the notable differences between the RDH program and other social and emotional wellbeing interventions they had experienced, as: accessibility (easy to understand; cultural relevance; portability (can be facilitated anywhere), flexibility, ability to quickly resonate with Aboriginal and Torres Strait Islander people, heart-felt nature (comes from the heart), experiential nature (visual tools & mat walk), ability to provide a simple explanation of the impact of history and oppression on Aboriginal and Torres Strait Islander people and its ability to empower participants.

As previously mentioned, a unique component of the program is the experience that participants have on the mat. It is clear that walking on the mat allows participants to physically and emotionally experience the journey they have outlined when drawing their tree. By introducing constructs such as good and bad nutrients and allowing participants to understand the roots that have given rise to their current behaviour, they can translate that into how they are then treating other people in their life or the choices they are making and how that might affect people that they care about.

The experience of walking on the mat lets participants own that experience. It allows them to ‘see’ what or who contributed to poor decisions that they have may have made in their lives, what made them feel ashamed of themselves or feel guilty, or what contributed to their trauma and in many instances immediately understand that these issues are not their fault. For many people, this allows them to let go of the burden of guilt and responsibility that they may be feeling.

This is one of the key elements of good psychotherapy, where the participant is supported to be the expert in their own life rather than the therapist or the facilitator determining what might be the cause or answer to the issues facing a participant. Further, supporting participants to explore the issues in their lives once they are on the mat, is not only empowering but also respectful of an individual’s privacy and readiness to deal with their issues.

‘The mat journey – it was just the right time – I’d had counselling for some of my issues but the physical walking through that and understanding what sits where in your life and the physical walking through of that is what made it stronger for me.’

‘I think that RDH gives you the feeling that they understand what’s going on in you. I’ve seen a few counsellors in my life and it was hard to find anyone who could relate to what was going on in me, which I found really hard, I couldn’t relate to them and I couldn’t open up to them because they didn’t fully understand inside me. And then doing RDH and going through those things (tools) and understanding where all these things are coming from, you can relate to it, and you know that they know what you’re feeling. It’s hard to just talk to a counsellor and trust them but RDH just brings this out.’
RDH brings you back to self, you have the power to heal yourself. It all sits within you and so it allows you to get on with your life. You don’t have to have 16 more appointments and any more tablets, it just allows you to get on with your life, it’s empowering.

There’s a lot of issues around programs that come from Perth and trying to transplant them up here. It does work, but there’s a lot about it that doesn’t work. I found Red Dust to actually (work) – they get it: quickly, easily. The young people get it as well as the older people and everything in between. It’s not difficult to present and it’s not difficult to understand and they get it pretty quickly.

The Red Dust Healing tools fit into everything that our organisation (Aboriginal Health Service) does. The clients just get it. A lot of our clients don’t want to deal with Psychologists or even Counsellors – they find it threatening – but they can relate to the Red Dust tools.

The program gives you tools to deal with that, it talks about those that have hurt you – it’s not a matter of getting back at people but it’s about reflecting – there’s a point in your life with this program where you’re able to reflect on things that have been done previously and reflect on how you can change to make your family more positive and healthy.

It’s not western, that cultural perspective and really Tom ensures that there is a great deal of cultural safety there.

What I liked about it (RDH) was that it gave you that political history and understanding about trans-generational trauma - where this stems from and how we’ve gotten to this space. And then it gave you hope as to where we could go.

I think it (Red Dust Healing) also helps them understand that they have some choices to make and empowers them in a way. Instead of feeling like the victim or the patient that’s being ‘fixed’ by a mental health system or by a medical model, the onus for change in their life, is left with them.

I think that’s the beauty of RDH – it gives us a language and a way to talk to each other and behave toward each other.

I’ve been to workshops in regard to suicide, different workshops over the years provided by different service providers - but I’ve never been to one like RDH.

One Other Thing

In 2017, the Australian Psychological Association apologised to Aboriginal and Torres Strait Islander people for using approaches to healing that ‘do not honour cultural beliefs and world views’ of Aboriginal and Torres Strait Islander people and for developing and using treatments that have ‘ignored Aboriginal and Torres Strait Islander approaches to healing’ and that have ‘dismissed the importance of culture in understanding and promoting social and emotional wellbeing’.

This recognition and acknowledgement of the importance of using a cultural framework in healing programs and sessions with Aboriginal and Torres Strait Islander people, reinforces the importance and value of the RDH approach. The RDH means of drawing on traditional Aboriginal and Torres Strait Islander culture and its adherence to cultural protocols and knowledge, are some of the reasons why it works so well with Aboriginal and Torres Strait Islander people in particular. For this reason, it has much to teach and offer non-Indigenous counsellors and healers working with Aboriginal and Torres Strait Islander people.

4.5 SUSTAINABILITY

Almost 81% of interviewees first undertook the RDH program two or more years ago (refer Table 1). Of these, the majority indicated that they continue to use the RDH tools personally, in the workplace

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47 Apology to Aboriginal and Torres Strait Islander People from the Australian Psychological Society
and/or that they share the tools with family members and the wider community indicating a broad level of sustainability.

In addition, several strategies are either currently being implemented or are in planning, to ensure the ongoing sustainability of the program and to lessen the reliance on the current key facilitator including:

- Training additional service providers (Train the Trainer facilitators) to use the tools in their day to day work with clients and providing them with materials and resources;
- Training carefully chosen facilitators to deliver the three-day workshops and also providing them with relevant materials and resources;
- Providing participants with password protected access to the tools;
- Using technology such as music, visual graphics, videos and apps to encourage former younger participants to access and be reminded of the RDH tools.

4.6 WHAT IMPROVEMENTS COULD BE MADE

The following proposed improvements were suggested by interviewees. Additional suggestions are outlined in section 6, Recommendations.

No improvement but implement RDH more regularly

Seven respondents specifically said that the program did not need to be improved, adding that the program was simple, and that the ‘the tools are perfect for whatever you need them for’.

Other respondents (14 mentions) complimented the program by recommending ways of implementing Red Dust Healing on a more regular basis (see below). Some of these people were keen to participate in the program again, while others considered that the program should be made available to a greater number of people.

Where to extend the program – who else?

Given the program’s ability to be understood by and adapted to any age, there were eight mentions of the potential value of introducing a modified version of the program to both children and teenagers. There are a number of examples of adaptations of the program being run both for teenagers in high schools (refer Annexure 8.1 Case Studies) and for disengaged youth, and of the impacts that these programs are having on young participants’ lives and on the decisions that they make.

How to extend the program

Ten respondents commented on the importance of training additional service providers including psychologists, counsellors, health professionals and psychology students, in the use of the RDH tools. It was considered that this would support a range of practitioners to implement RDH and the tools within their own practices and thereby extend the reach of the program. As mentioned in section 4.5, Sustainability, RDH is committed to providing training for an increased number of service providers. In addition, an innovative model of training a network of Red Dust Healing facilitators from a cross-section of organisations in Western Australia, is outlined in Annexure 8.2, Case Study One.

Respondents considered that such training would make service providers more effective support workers and enable them to better understand the tools when using them with clients. It would also provide a useful referral mechanism for participants requiring ongoing follow up and support, after taking part in an RDH workshop. While this model of connecting service providers to the program is
already a part of the RDH model, any additional training of service providers, would help to provide extra resources for the program.

A small number of respondents talked about the potential of capturing the program using technology. This would support those who have access to a computer and an internet connection, to be reminded of the tools and may provide additional access for those living remotely. Ideas included videoing the key facilitator talking about the tools and their use, use of Skype by service providers to follow up people who have undertaken the program, access to on-line resources and a podcast from the key facilitator. Some of these ideas are already being implemented by RDH.

One male and one female respondent saw the importance of including a female facilitator to help younger women in particular, to engage in the program. While there are some examples of young women easily relating to the current (male) key facilitator, RDH is cognisant of this issue and is currently training a small number of carefully-selected male and female facilitators who can guide people through the entire three-day program. Further, a large number of the service providers trained to use the RDH tools with clients, are female.

Other suggested changes

A small number of respondents proposed the following useful changes to the program:

- Translation of the program into local languages.
- More tactile, interactive tools, e.g. POUCH so people become more familiar with using the tools. One participant considered that this was culturally appropriate because it is how Aboriginal and Torres Strait Islander people learn traditionally. Further, this resource is something that could be taken by participants or purchased by partners to use with clients.

4.7 WHAT ARE THE PROGRAM'S CHALLENGES & POTENTIAL RISKS?

As with all programs, the RDH program faces a number of challenges and risks. These are outlined below and includes how RDH is currently addressing such challenges and risks.

Challenges

A key challenge for the RDH program is being able to meet the growing demand for the program throughout a country the size of Australia. At the time of the evaluation, the demand throughout urban, regional and remote Australia for the program, continued to outweigh the program's capacity to fulfil these requests. This has partially been addressed by training both a small number of practitioners to fully implement the three-day workshop and an increasing number of service providers to use the RDH tools with clients.

Further, as the number of people undertaking the program increases, a growing number of people may require follow-up support. While the key facilitator makes himself available to all who contact him, he is increasingly referring those requiring additional support to local service providers including those who have undertaken the RDH program. The main challenge around this exists in remote communities where access to appropriate service providers may be difficult.

It is not unusual for Sorry Business to impact on the delivery of the program. With agreement, the key facilitator will instead take the opportunity to explain the tools, especially the scar on the tree, to help people to conceptualise grief and loss.

Over time, the RDH program has learnt to ensure that a community has requested the program, that services on the ground have put adequate effort into creating localised interest in the program and that RDH has built trusting relationships with both community members and service providers. Each of these is important to guarantee that there will be support for delivery of the program although at
times, they can each be challenging to achieve. When a community indicates that it has prepared for a three-day workshop, but on arrival, this is not the case, the key facilitator will instead spend time meeting with relevant service providers, organisations and individual community members, and explain the RDH tools to them.

**Potential Risks**

No modality or profession is risk free, especially when working with clients from high risk populations. On the other hand, at times the real risk for Aboriginal and Torres Strait Islander people who have experienced rejection or grief and loss, is to do nothing at all or to access professionals with little experience or no understanding of Aboriginal and Torres Strait Islander history and culture.

One external criticism of the RDH program made in 2013, was that it is an ‘individually run program with no academic or community links’ and that there are ‘concerns about safety, and adequacy of support’. The evaluation, however, demonstrates that to date, this criticism is no longer valid. The RDH program is now implemented by several skilled and experienced facilitators, it works in conjunction with the Southern Cross University Coffs Harbour, School of Health and Human Sciences Psychology Program and it has extensive community links throughout Australia. The RDH has been developed to complement other healing programs and to be one of many programs that can enhance and improve the lives of First Australians. To this end, RDH works in conjunction with practicing Psychologists and Social and Emotional Well-being Counsellors, by training them in the use of the tools and referring clients to them who require ongoing treatment and support. The program’s ability to provide a culturally and emotionally safe space for participants, is expanded upon in the body of this report.

A registered Psychologist who is close to the RDH program, notes that to his knowledge, there have been no formal complaints made about the RDH program, which is unusual when working with high risk populations. He observes that while more than 15,000 people have gone through the RDH program, despite all the potential risk factors, people are nearly always satisfied with the experience or at the very least, not harmed.

The psychologist also remarked, that in his experience, the key facilitator is very cautious about how he implements the program. He notes that the key facilitator is not focused on a financial motive and is not seeking to expand the program quickly to generate income. In his mind, this speaks to the key facilitator’s and the program’s credibility as well as his understanding of what he is doing.

While all respondents had complete trust in the key facilitator’s ability to guide people safely through the mat and to debrief and support them appropriately afterwards, care does need to be taken when deciding who should be permitted to walk people on the mat. To alleviate this potential risk or unintentional harm, the key facilitator has taken considerable time to choose and train only a small number of experienced practitioners to deliver the three-day program and ensures that they are provided with ongoing supervision and personal support. This indicates not only a good understanding of how this aspect of the program can go wrong if implemented without due care but also the degree to which he has sought to minimise any harm to participants.

In addition, it is critical to ensure that while they are learning to use the RDH tools with clients, newly trained service providers are supported to deal with the issues that can arise when working with populations facing rejection and grief and loss. It is important that their host organisations provide these less experienced facilitators with supervisors who can work in a culturally safe manner and who can provide support as required.

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48 McKendrick, J et al 2014
Similarly, it is important that as part of their training, newly trained facilitators understand the importance of providing follow up support subsequent to the delivery of the RDH tools. The program has the potential to bring out sensitive issues that the clients may not fully understand themselves and which may require further sessions to resolve.

4.8 HOW THE PROGRAM ALIGNS WITH CARITAS AUSTRALIA’S VALUES

Catholic Social Teaching and Integral Human Development

CA’s programs and partnerships are guided by Catholic Social Teaching (CST) principles and Integral Human Development (IHD). CST principles cover all spheres of life – the economic, political, personal and spiritual.

IHD forms a central component of CA’s organisational strategy and underpins the work that CA does with its partners. It is founded in CST and seeks to overcome the structures of poverty and injustice by assisting the poor and most marginalised to discover their dignity and through active participation, take greater control over their own lives. IHD promotes the good of every person and of the whole of the person in every single dimension. Accordingly, an IHD approach is concerned with the social, economic, political, cultural, personal and or spiritual well-being of each and every person in their community, affirming that human development can only be achieved in the context of just and peaceful relationships. As such, CA’s programs strive to ensure that those with whom they work experience life with dignity, just and peaceful relationships, sustained economic well-being and resilience, and greater influence and independence.

The RDH program demonstrates evidence of, and alignment with CA’s values including Catholic Social Teaching, as well of change against Caritas Australia’s four Integral Human Development outcome areas. The CST principles and IHD outcomes that are evident in the RDH program design and implementation include:

1. **Dignity of the Human Person (CST)/ Life with Dignity (IHD)** – All people involved in CA programs should have their dignity upheld independent of ethnicity, creed, gender, sexuality, age or ability. RDH promotes the dignity of participants by ensuring that the program is people-centred with empowerment at its core. RDH’s approach to healing supports participants to develop the skills and knowledge to heal themselves and through its intrinsic cultural and spiritual base, is sensitive to the values of the key target group. All participants are treated with dignity and respect during program implementation and participants are supported to regain any lost dignity by understanding and using the RDH tools. Respect by participants of other people in their lives, has also been an important outcome of the program.

2. **Solidarity (CST)** – CA expresses solidarity by supporting partner organisations to reach out to the poorest and most marginalised. The RDH is accessible to a wide range of people and particularly seeks to reach those who are most likely to be experiencing exclusion. For example, adaptations of the program have been implemented for Aboriginal and Torres Strait Islander juvenile offenders and the tools (the tree) have been revised and improved to be relevant for people living with a disability. The program is provided free of charge to individuals, providing access to all regardless of their economic situation. While the program design does not include a social analysis to identify those individuals most at risk, priority is given to individuals and communities facing major trauma.

3. **Subsidiarity and Participation (CST)/Influence and Independence (IHD)** – CA’s programs ensure that all people have the right to participate in decisions that affect their lives. Subsidiarity and Influence and Independence require that decisions are made by the people closest and most affected by the issues and concerns of the community. The RDH program is regularly described

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49 It is usual for a community organisation to be charged a fee.
by participants as being empowering, where individuals and communities are empowered to be part of their own solution through the provision of culturally appropriate and easy to use tools. The RDH program recognises that if a problem lies in a community, the answer is already there.

4. **The Common Good (CST)** – CA gives priority to development programs which involve collaboration with all relevant sectors of the community to promote the common good. There are numerous examples within the RDH program of families and communities working together towards common goals. The Mownanjum case study outlined in the meta-evaluation of community-led Aboriginal and Torres Strait Islander suicide prevention programs, is an excellent example of the common good. *(The RDH) program was invited to assist the community in response to a number of suicides that had occurred within a short period. The program had been conducted on two occasions with a large number of Elders and highly regarded, nominated members of the community. The first workshops focused on community healing and wellbeing and the second focused on training members of the community as potential natural helpers in the community. Interviews and correspondence with five independent, key stakeholders involved in delivering services in the Mownanjum community attribute many of the positive, restorative activities being determined and undertaken by the community to Red Dust Healing. They point to activities such as those discussed in the case as strengthening cultural identity (particularly those focused on young people) as well as the community’s engagement in economic initiatives including re-establishing a pastoral lease.*

5. **Just and peaceful relationships (IHD).** It is clear from the evidence that the RDH program has lead to enhanced relationships that are based on mutual respect, love and support. There are examples of improved relationships being between partners and various other family members, colleagues, school children, people living with disabilities and community members. Improvement in these relationships, inevitably has a positive impact on people around them, known as the ripple effect.

5 DISCUSSION AND CONCLUSIONS

The RDH program is an important, culturally responsive and ground-breaking healing program. Its cultural base means that it particularly resonates with Aboriginal and Torres Strait Islander people, although it is equally relevant for people from a range of cultures.

RDH is a program which demonstrates effectiveness, good practice and integrity. It provides an example of how a holistic, culturally relevant and strengths-based approach can achieve immediate and lasting change in the lives of participants to the benefit of their families, colleagues, clients and communities. This is known as the ripple effect and is a key indicator of success. By taking people out of the head space and beginning at the heart level, the program allows for real transformation to take place.

According to the University of Western Australia, RDH is ‘a unique example of an Indigenous run initiative that aims to equip Indigenous people with the skills to reassert their Aboriginal identity, responsibilities and roles in the context of their relationships in a postcolonial society’. *(51)*

The extent to which the program has been adapted throughout the country by service providers and practitioners, to be used in their work with Aboriginal and Torres Strait Islander clients, highlights the significance of RDH as a healing program as well as its adaptability and portability.

It should be noted that the RDH program does not attempt to be a one size fits all approach. It recognises that it exists to complement other modalities that may or may not be appropriate for

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50 University of Western Australia op. cit.
51 Ibid
people suffering from trauma. RDH is particularly important as a conduit for Aboriginal and Torres Strait Islander people who are disillusioned with the traditional healing system. It can assist with demystifying their experience and in an empowering manner, provide them with some tools and an understanding of why they have made certain decisions. It is acknowledged that the RDH program is not appropriate for someone who may have severe psychiatric disorders and who may instead require medication and to be kept safe.

**Individual Impact**

The program has demonstrated that it has ongoing positive impacts on the lives of participants, their families, clients and colleagues with respondents consistently reporting positive changes in their social and emotional health; increased skills to bring about conflict resolution in the family and community settings; enhanced ability to deal with grief and loss; a stronger sense of cultural and spiritual identity; better life choices; and increased self-awareness and clarity.

The program’s ability to empower participants by building dignity and self-respect, to increase self-esteem, provide enhanced self-development skills through the provision of accessible and culturally relevant tools, all within a culturally and physically safe environment for healing, are important aspects of this and other successful healing programs.

**Ripple Effect**

The extent of the RDH’s ripple effect is significant and a clear indication of the degree to which people are using RDH to improve not only their own lives but also those around them. There is strong evidence of the program having a positive impact on participants’ behaviour and choices, which in turn positively impacts on family members and relationships, the workplace and the wider community, a further indicator of RDH success as a program. The ripple effect is also demonstrated by the number of participants who take it upon themselves to share the tools with family and others around them.

Further, the ripple effect is particularly evident when considering the extent to which service providers, counsellors and other practitioners have adapted the RDH tools into their work with Aboriginal and Torres Strait Islander clients in particular. By doing this, the practitioner, themselves a participant in the program, is using their experience of the RDH program to firstly heal themselves and to secondly use the tools to impact on client’s lives.

Either a change in the client’s behaviour or an improved understanding of the impact of their behaviour on family members, will ultimately further impact on family and those around them. Like a stone being thrown into a pond, one person’s change will continue to ripple out to many other people.

The train the trainer model, which supports service providers to use the RDH tools in their work one-on-one with clients, is an excellent means of ensuring the ongoing sustainability of the program and of increasing the program’s reach.

**Key Elements**

The RDH program is by and large comprised of the key elements which are regarded as the main characteristics of an effective Aboriginal and Torres Strait Islander healing program. These along with the more unique elements of the RDH program such as the Tools, the Mat, and the heart-focus of the program, bring an approach which allows for real transformation to take place.

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52 McKendrick, J et al 2014
It is clear from the evidence that it is possible for each of the key elements of the program to combine to result in a program that resonates deeply and immediately for participants. The program’s ability to provide participants with a means of reflecting on their lives and on the impact of their choices and decisions on those around them, is critical to the changes that people are making in their lives as a result of the RDH program.

**Differences to other healing programs**

Regular positive feedback from participants, demonstrates that the format of the RDH program is of great importance to Aboriginal and Torres Strait Islander people in particular. Many RDH participants have had a lengthy history of negative experiences with standard healing interventions and therefore it can be a huge challenge to engage those most hurt in their past, in a program that addresses healing. However, the credibility and community recognition of the key facilitator and the widespread success of the program, means that it is not unusual for RDH to attract over one hundred, primarily Aboriginal and Torres Strait Islander people, of all ages to a one-day workshop held in regional towns.

**Challenges and Risks**

As with any program, the RDH program faces several challenges and potential risks. The main challenge of meeting the increasing demand of the program is being addressed by placing attention on training a small number of people who have the skills and ability to implement the three-day RDH program. As this strategy has only recently been implemented, it is difficult to know the extent to which it will help to overcome this ongoing challenge.

A further strategy has involved training a wide range of practitioners and service providers to run one-day RDH workshops and/or to work one on one with clients. As this strategy has been in place for many years, it is clear that it has allowed the program to broaden its reach in a safe and effective manner throughout almost every state and territory in Australia.

The key risk of doing further harm to participants as a result of their participation in the program, is always a possibility for any healing program. The key facilitator understands that risks are always possible and to this extent, takes all reasonable steps to alleviate potential risks of the RDH program. These steps include:

1. Refusing to implement short one or two-hour workshops. According to the key facilitator, this has the potential to ‘open a tin of worms’ and instead, he insists on always implementing a full one-day workshop using a set and reliable format, as a minimum.

2. Referring participants requiring additional support to experienced health workers and counsellors who have ideally participated in the RDH program.

3. Spending several years carefully choosing and training facilitators to run the three-day program which includes walking people on the mat. Out of the more than 15,000 who have gone through the RDH program only seven primarily experienced health workers and counsellors, have recently been trained as both one and three-day facilitators, with a further nine to potentially be trained in this way. To date, nine people have been taught to run a one-day workshop. These facilitators have demonstrated professional skills in working with people experiencing trauma. They receive regular support from the founder of RDH including visits, additional individual workshops and phone calls.

4. Only allowing service providers who have participated in the train the trainer process, where they have undertaken the three-day program on two separate occasions, to work one on one with clients to show them the tools. This is achieved by only providing them with relevant resources as opposed to the booklet given to facilitators who can implement one and/or three-day workshops.
5. Implementing a range of strategies which ensure that the program will continue in a safe manner when the key facilitator is no longer running the program e.g. training facilitators (no. 3 above) and uploading tools on-line that are only accessible to those trained in their use.

This report is not suggesting that the RDH program is the only healing program that can achieve the results highlighted in this evaluation. There are many successful Indigenous and non-Indigenous healing programs in the sector, all of which can be improved by learning from each other’s strengths. It is also not inferring that the RDH program is superior to the clinical model. Where the RDH program tends to differ from the clinical model in most instances, is its ability to immediately resonate with Aboriginal and Torres Strait Islander people with its accessible tools and its ability to find a balance between the heart and the head. What this evaluation does is provide evidence of key elements that make the RDH program successful and provides a model of healing from which other practitioners can learn.

It is clear that the RDH program is a healing program that can provide men and women, who have suffered severe trauma (e.g. tragic loss of a family member, abandonment, physical and sexual abuse), with a means of dealing with the issues that arise as a result of their loss and trauma and has been instrumental in assisting with the healing process. It is also a program that allows people to make transformations in their own lives which subsequently benefit the lives of people around them.
6 RECOMMENDATIONS

The evaluation makes a number of recommendations for the future of the RDH program. These are intended to build on the existing success of the RDH program.

1. Continue to focus on training both a range of service providers to use the RDH tools with clients and where feasible, facilitators of the three-day program, to extend the reach of the program.

2. That Government and non-government funding bodies strongly consider providing additional funds to support the RDH program to reach an ongoing number of people in need.

3. Continue to ensure that newly trained facilitators understand the importance of providing follow up support after the delivery of the RDH tools. The program has the potential to bring out sensitive issues that the clients may not fully understand themselves and which may require further sessions to resolve.

4. Continue to hand select three-day workshop facilitators, to minimise unintentional harm to participants. In addition, continue to provide these facilitators with a thorough debriefing and ongoing support after their training; and continue to ensure that these facilitators understand the importance of providing follow up support to participants after walking on the mat\textsuperscript{53}.

5. Where funding permits, prioritise follow-up support for those undertaking the RDH workshops in remote communities and where there is limited access to service providers.

6. Continue to provide professional associations e.g. those relevant to Psychology, Social Work, Social and Emotional Wellbeing Counselling, Aboriginal and Torres Strait Islander Health organisations and the like, with training in the RDH program to complement and enhance their approaches to counselling. As referred to in the Apology to Aboriginal and Torres Strait Islander People from the Australian Psychological Society\textsuperscript{54}, the RDH training and approach will enable non-Indigenous counsellors to develop and apply treatments and approaches that are relevant to Aboriginal and Torres Strait Islander people and which recognise the importance of culture in understanding and promoting social and emotional wellbeing.

7. Where resources allow, develop a regional strategy to ensure that all aspects of the program i.e. implementation, training and follow-up, are covered in one geographic area. This would include focussing on a small number of communities where the need is greatest, to support these populations to fully grasp the program and become self-sustaining, before moving on. This would also include training relevant service providers to ensure ongoing support as required and to rationalise the resources needed to implement the program.

8. Develop policies e.g. child protection and sustainability, which will guide all facilitators and particularly those who are engaged to deliver three-day workshops.

9. Consider establishing a governing body or committee to assist with overseeing the development and implementation of the program and any potential healing centres into the future.

\textsuperscript{53} Both the key facilitator and the three-day facilitators are available to provide these participants with support.

\textsuperscript{54} Apology to Aboriginal and Torres Strait Islander People from the Australian Psychological Society
7 REFERENCES


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8 ANNEXURES

8.1 Case Studies

Case study One – ‘Great Southern Red Dust Healing Network Group’

In 2017, thirteen practitioners from a range of agencies across the Great Southern region of Western Australia, were trained in the use of the RDH tools. Ten of the thirteen trainees were Aboriginal. The aim of the workshops was to provide a network of trained facilitators in the use of the RDH tools to improve the support provided to Aboriginal and Torres Strait Islander clients throughout the region. A network was formed to act as a support mechanism for each of the facilitators, and to strengthen both potential collaboration between the practitioners and ways of improving the delivery of RDH.

The thirteen practitioners attended two blocks of the RDH program. The first block took the form of a usual three-day RDH workshop to assist the practitioners to deal with their own healing issues and to familiarise them with the program and the tools. The second block was held as a train the trainer workshop, where the practitioners took a more active role in the program as mentors and co-facilitators under the supervision of the RDH facilitator. This provided them with the skills and tools to work within and to therefore strengthen their families, workplaces and community. As of 2018 there are now 12 facilitators due to a relocation by one.

Since their training in the RDH model, most of the newly trained facilitators have incorporated and adapted the RDH tools into their practice in some form, through the delivery of group sessions and one on one sessions with clients. At times, the RDH tools are used to complement the programs that they already run. The majority of facilitators have indicated that they use the RDH tools on a regular basis with their respective programs and with individual clients.

As a result, over this period of time, 382 people (primarily Aboriginal and Torres Strait Islander) have accessed a form of the RDH program in the Great Southern region. Group sessions that have used the RDH tools have been diverse and have included yarning sessions, bush classrooms, youth programs, school groups, men’s groups, Aboriginal school-based trainees, and staff at Headspace.

All facilitators have reported an improvement in the way that they deliver their existing programs and have noted that incorporating RDH into these programs, has shown to increase participation. On a broader level, RDH has assisted in the way these organisations interact with and support the Aboriginal and Torres Strait Islander community. Having an RDH facilitator in the agency provides a ‘go to’ person for other staff when having issues with clients or needing advice on the most appropriate methods to improve engagement on a personal level. At a strategic level, being involved in numerous committees and boards on behalf of the organisation also allows the facilitators to have a wider impact on the community and other agencies to improve how they interact with Aboriginal and Torres Strait Islander people and implement projects in a culturally secure manner.

Headspace staff have since indicated that they would now be inclined to use the ‘RDH tree’ with young people (including non-Indigenous clients) as part of a strengths-based approach to family and community.

There is now a substantial push from the network members to have more practitioners from the region trained in RDH. Since RDH was introduced to the region, Tom Powell has run two additional one-day RDH workshops for community members, Elders and other agencies. Participants of these one-day workshops have also expressed a keenness for additional practitioners to be trained in RDH methods.

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Red Dust Healing Evaluation 2018
A survey has been developed and distributed to the RDH facilitators in the region. The results from the evaluation have varied depending on the agency and the role they play within the community. For one agency, the RDH model is used on a weekly basis in primary schools and high schools and has had a major impact on the way they implement and plan activities. Another agency that also works very closely with young Aboriginal people has noted the usefulness of the RDH tools. In particular, the Bird and Fish analogy, the POUCH model and the differences between Lore and Law have been useful tools when engaging with groups. All facilitators have used the tree to work with clients individually and in groups and have found this to be a great visual tool that helps to get more background of a client’s family life. In some situations, the tree helps to identify underlying issues that have significant relevance to their own personal issues.

One respondent stated that: *RDH is very effective in addressing the many and complex issues facing young Aboriginal people and helping them come to terms with the many challenges they face on a daily basis.*

Conversely, there have been some facilitators who have struggled with their existing groups and have noted that RDH cannot be delivered daily until a relationship has formed between the facilitator and the group. Developing trust and relationship enables them to discuss RDH further. Similarly, they have also commented that it is important to have a contingency plan in place after delivering RDH on an individual basis as it has the potential to bring out very sensitive issues that the clients may not fully understand themselves. Often, a great deal of follow up support is required.

There is the potential for the RDH tools and values to be incorporated into a local group of Aboriginal young people called the Great Southern Noongar Emerging Leaders. This group is committed to working with all Great Southern Noongar communities and people to create an environment of unity and trust, where today’s youth are empowered to lead healthy lives and create their own positive future through strong leadership, collaboration and purpose. There are over 20 people on this group and some of them are RDH facilitators. It is hoped that in the future, resources can be found to train more of them as RDH facilitators.

All facilitators would like to see the RDH program rolled out nationally, incorporated into the prison systems, health and all organisations that deal with Aboriginal and Torres Strait Islander people specifically. In particular the education system including primary schools, high schools and TAFE were identified as benefiting highly from the model. The facilitators also consider that it is important to deliver the program to youth, as a prevention method and as an education tool for a better understanding of oppression and the stolen generations. An agency and facilitator evaluation asked if they would recommend the RDH model to other organisations and the response was unanimously positive.
Case study Two – ‘Deadly Dads’

In 2013, a group of twelve Aboriginal men living and working in southern NSW, undertook the Red Dust Healing (RDH) program in two blocks. The men, who at the time were part of a program called ‘Deadly Dads’, were initially provided with a week-long workshop where they spent time familiarising themselves with the RDH program and the tools while dealing with their own healing issues. They were subsequently provided with training in how to use the tools with groups and clients and other community members as required.

Many of the men work in a professional capacity as Aboriginal Youth Workers and Aboriginal Health Workers, and most are well connected to the community in various ways including as sports coaches and the like.

Figure One below, visually communicates the extent to which six of the group have spread the RDH program to all parts of the local community, a concept known as the ripple effect. It provides examples of how they use the tools in their own lives, with family members, with clients and other community members and highlights how they have adapted the tools to be used in a range of programs that they have run for community members and client groups.

In particular, the figure demonstrates that members of the group are:

- Regularly using the tools in their own lives and acting as a positive role model.
- Sharing the tools with family members including partners and children.
- Facilitating eight-week programs for boys aged 12-18 years which have included the RDH tools.
- Developing and implementing a twelve-week RDH program for secondary Aboriginal students from years 8 to 12. The program was held once a week over two school periods, with each week focusing on a different RDH tool. One of the group members is a Mental Health Worker and was available to provide support to any of the young people where required. With the agreement of the students, the program was attended by the Deputy Principal as a participant, as well at times by the school Principal. Both provided a great deal of support for the program and were able to see the changes in behaviour and attitudes of the boys. In addition, the program provided both the Principal and the Deputy with increased cultural awareness and assisted them to be more effective in their work with Aboriginal students.
- Regularly using the tools and other aspects of the RDH program on a one on one basis with clients.
- Incorporating the tools into TAFE programs such as Cultural Language and Boating Licenses.
- Implementing cultural and drug and alcohol education camps, as part of the ‘Boys to Men program’ which are often attended by 50 young and older men. Once again, the RDH tools are incorporated into the overall presentation of the camps.
- Sharing tools with colleagues.
- Sharing tools on an informal basis with community members. Many of men in the group are seen as strong role models for the community and are often asked to support both extended family and the broader community who are facing problems in their lives. The use of the RDH tools has provided a useful framework for them to hold these informal discussions.

While it can be difficult to know the full extent to which the RDH program has travelled beyond clients, family, school students and the like, there is an example of the high school students who took part in the school program, using the tools as follows:

“We’ve practically been through the whole (adapted version of the RDH) program at school. I’ve seen a change in especially the young fellas at the High School. They use the tools themselves now. You hear them walking around school talking about using the Pouch and the Bird and Fish and one of the young lads came to school and said he had a bit of an incident on the weekend and he...
actually used the Pouch - Problem, Options, Choices and How to do it - to get himself out of a bit of strife and a blue that he was nearly in. That’s more or less the proof that they do take it in and they are using these tools. I was proud that the young lad even came up and told us that.’
In 2013, Justin, a counsellor from Western Australia, attended two, three-day Red Dust Healing programs. The first block of training took the form of a usual three-day RDH workshop to assist the participants to deal with their own healing issues and to familiarise them with the program and the tools. The second block was held as a train the trainer workshop, where participants took a more active role in the program as mentors and co-facilitators under the supervision of the RDH facilitator.

After attending the RDH program, Justin designed a program for corrections clients called The Excel Program, which was developed in response to corrections clients’ poor attendance at appointments. It was hoped that the new program would increase the attendance rates from the current level of fifty percent.

The Excel program is based on the values of RDH and is a combination of the RDH tools and Maori Kaupapa, Maori therapeutic models. It covers everything from the Tree to Grief and Loss, JIG syndrome and Law vs Lore. According to Justin, this approach is one which the clients, both Aboriginal and Torres Strait Islander and non-Indigenous, can easily relate to and supports participants to understand the first time that they felt rejection. More recently, Justin has been trained to deliver the three-day RDH program and is able to walk participants through the mat.

The Excel program now has a completion rate of 95% and according to Justin, it is the best program that corrections in Bunbury have seen. He attributes the improvement in attendance rates to the inclusion of the RDH tools in the program.

Numerous clients have returned after completing the program to share what they are doing and how they are faring. He admits that their lives are not perfect but that they are doing a lot better than they were prior to the Excel Program and there are many examples of them sharing the tools with children, partners and families of them becoming better husbands and fathers. This is an example of the Ripple Effect of the RDH program.

Justin shared the story of one client who changed dramatically as a result of attending the Excel Program.

'We were delivering the group program and we were sharing about the spirit tree and about our family, and there was this young guy who was hooked on methamphetamines and he was treating his mum awfully. We were sitting in a room full of guys who were offenders, and he was boasting about the number of drugs he could put into his arms, and he was seemingly really proud of that and of the fact that this was tearing his mum apart at the same time. And one of the guys stood up and said, that when everything falls apart, and it will, the only person who is going to be there for you is your mum.

I looked over at this guy and his lips started to quiver. He left, and he didn’t come back. I thought it was perhaps too much for him. And then, he came back about two months later and he came in with his mum. He said, I just want to say thank you. I’m sorry I didn’t come back to the program, but I felt I got what I needed.

And what he got was a realisation that somebody in this world loves him. Before that, he was angry at his mum for abuse that had happened in his life. He was sexually abused, and he felt like his mum should have protected him. She’d done everything she could. Then he came back and said that he found forgiveness.

It was wonderful experience. I wasn’t sure what impact it (the program) had. But it reached into his heart and it found something. Best part of that story is that he said, look at my arms. And I looked
and there were no track marks. Last time I saw him, he was frail, he had scabs, he had marks all over his arms.

And he told me that he’d been clean since the day that he walked out. He wanted to thank me, and I said, I didn’t do anything, I just created some space for you to find yourself. He did it all, it was his journey and I walked alongside him.

As well as using the RDH tools in his work, Justin also uses them in his everyday life ‘the tools are part of me, they resonate with who I am as a person’. In addition, his family are all using the tools to some degree including his children who use the Red Dust language as well. Justin indicates that he feels more connected and healing has taken place as a result of his participation in the three-day workshop.

The simplicity of the tools is awesome. You don’t have to be any form of academic for the tools to make sense. People are often changed not by what they hear but by what they feel. And that’s what Red Dust is, it’s a feeling program.

And this program will reach right in and grab your heart and give it nourishment and breath life, before if there was coldness and darkness. And I think that’s the beauty of Red Dust Healing.
Consent Form for Photos, Video and Interviews

My name is Jo and I have been asked by Red Dust Healing and Caritas Australia to find out what affect the Red Dust Healing Program is having on the lives of individuals, families and communities.

If you agree Caritas Australia, Red Dust Healing or I:

- Will interview you.
- May use some of your statements or stories from the interview in a written report, on the Red Dust Healing or Caritas Australia website and/or in their publications. These publications may be distributed widely. You may choose for these statements to remain anonymous.
- Might audio record the interview. This will only be used by the evaluator to check the wording of the interview.
- Might video the interview or take photographs of you. These might be used in an extended video which could be placed on the Red Dust Healing or Caritas Australia websites or in their publications.

You decide if you want to take part in this. You don’t have to answer any questions that you are not comfortable with. You can stop at any time.

CONSENT TO BE INTERVIEWED:

- I agree to be interviewed  
  - Yes  
  - No
- I agree that statements or stories from my interview be used in a written report, on the Red Dust or Caritas Australia websites or in their publications  
  - Yes  
  - No
  I agree to have my name on the interview (story) material  
  - Yes  
  - No
- I agree that you audio record the interview  
  - Yes  
  - No
- I agree to be video interviewed and to be photographed and for this to be used in an extended video, on the Red Dust Healing or Caritas Australia websites or in publications  
  - Yes  
  - No
- I give this permission without expectation of compensation, and all future uses do not require additional permission from me  
  - Yes  
  - No

Name: ____________________________________________

Signature: ______________________________________   Date: __________________________

Address: ____________________________________________

For children (17 and under): the parent/legal guardian who signed above gives this permission on behalf of the child/children named below:

Child’s name     Age     Signature or thumb print if 10 years or older

The following is required if the release form has to be read to the signer. I certify that I have read this consent form in full to the person(s) whose signature or thumb print appears above, including children who are 10 years or older. Signature of Caritas Australia or Red Dust staff person, consultant, partner, or community leader who read the statement.