

Healing and trauma services for Aboriginal and Torres Strait Islander people: A scoping review

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Executive Summary

Aboriginal and Torres Strait Islander communities continue to face significant health and wellbeing disparities due to the enduring impacts of colonisation. Racism, forced child removals, and dispossession from land and culture have perpetuated cycles of intergenerational trauma, resulting in disproportionately high rates of psychological distress, incarceration, unemployment, and a disease burden 2.3 times higher than that of non-Indigenous Australians.

Recognising these challenges, the 2021 Royal Commission into Victoria's Mental Health System identified Aboriginal and Torres Strait Islander people as a priority group for a unified support service that embeds Aboriginal knowledges and practices to deliver the best possible mental health and wellbeing outcomes for people of all ages with lived experience of trauma. This report outlines the methods and findings of a scoping review conducted to provide an overview of the evidence base to inform discussions about the design and delivery of the proposed statewide trauma service in Victoria. It describes existing services designed to support Aboriginal and Torres Strait Islander people with experiences of trauma, violence or abuse.

Any trauma-specific service or program designed for Aboriginal and Torres Strait Islander people with a lived experience of trauma, violence or abuse was eligible to be included. Publications describing services were sourced from academic and grey literature databases. Where services had been evaluated, details of their conceptual frameworks, guiding principles, core service components and key success factors were extracted and synthesised.

Seventy services and 28 healing frameworks were found; of these, 14 services had published evaluation evidence which was synthesised in case studies.

Most services were guided by six main principles:

- cultural centredness,
- community leadership,
- cultural safety,
- holistic approaches,
- collaboration, and
- provision of flexible, tailored responses to individual and community needs.

The most commonly reported core components were:

- cultural activities,
- referral networks and/or service navigation support,
- counselling and other therapeutic supports,
- activities fostering community connection,
- yarning circles,
- case management and care coordination and
- psychoeducation.

Services reported improvements in a range of indicators, however we were unable to identify which individual service elements contributed to these improvements due to the general nature of reported findings. Rates of engagement, satisfaction ratings, and participant feedback were used to assess the acceptability of services. Feasibility was explored via reported enablers and barriers to service delivery. Frequently reported enablers included:

- employment of Aboriginal staff and
- inclusion of cultural elements.

Common barriers were

- funding and resource limitations and
- staffing challenges.

The high degree of variability in service composition and outcome reporting precluded definitive determination of essential elements or primary facilitators and barriers to successful service implementation for improving outcomes. However, the findings of this review provide a valuable synthesis of well-designed and acceptable services that can inform future collaborative development of culturally appropriate acceptable services to support Aboriginal and Torres Strait Islander people experiencing trauma.

Introduction

Aboriginal and Torres Strait Islander communities are one of the world's oldest continuing cultures, dating back at least 65,000 years. Prior to colonization in 1788, Aboriginal and Torres Strait Islander communities experienced high levels of health and wellbeing, attributed to intricate kinship and social structures, and understandings of wellbeing centred on connectedness. However, the enduring legacy of colonisation, combined with racism, forced child removals and land dispossession has perpetuated cycles of intergenerational trauma driving persistent health inequities. Aboriginal and Torres Strait Islander adults report levels of psychological distress more than twice those of non-Indigenous Australians (1); are 14-times more likely to be imprisoned (2); have lower rates of employment (52% compared with 75%) (3); and experience disease burden at 2.3 times the rate of non-Indigenous Australians (4). For Aboriginal and Torres Strait Islander women experiences of violence are more common and more severe than for non-Indigenous women, for example, three in five have experienced physical or sexual intimate partner violence (5), and Aboriginal and Torres Strait Islander women are 33 times more likely to be hospitalised from family violence-related injuries and six times more likely to die from family violence-related injuries than non-Indigenous Australians (5, 6). Aboriginal and Torres Strait Islander children and young people also experience disparate rates of disadvantage; they are 11.5 times more likely to be placed in out-of-home care (7) and 16 times more likely to be under youth justice supervision compared to non-Indigenous young Australians (2).

To confront these systemic inequalities and continued suboptimal outcomes experienced by Aboriginal and Torres

Strait Islander communities, there have been calls for Aboriginal cultural knowledge and understandings to be embedded within intergenerational trauma and healing support services (8). A trauma-aware, healing-informed practice has been defined in this context by the Healing Foundation as “a strengths-based approach to healing that is based on an understanding of, and responsiveness to, the impacts of trauma...to create opportunities for people affected by trauma to rebuild a sense of control and empowerment” (9). The 2021 Royal Commission into Victoria's Mental Health System (herein, the Commission) highlighted that the existing mental health system falls short in meeting the needs of people affected by trauma, particularly in Aboriginal communities (10). The Commission identified the need to establish a Statewide Trauma Service, now known as Transforming Trauma Victoria, to drive exemplary, trauma-informed practice across the mental health and wellbeing system. This scoping review, led by The Victorian Aboriginal Child Care Agency (VACCA), will inform the design and delivery of services for Aboriginal communities, to meet the need identified by the Royal Commission.

To our knowledge no contemporary reviews describe Australian-based healing services that support Aboriginal and Torres Strait Islander people with lived experience of trauma, violence and/or abuse. A number of reviews describe promising healing practices however these are outdated (11) or focused on other population groups (such as exclusively Canadian samples or young individuals) (12, 13). Consequently, there is a compelling need for an updated review focused on healing services within the unique context of Australian Aboriginal and Torres Strait Islander populations.

The objective of this scoping review is to identify and describe acceptable and appropriate services to support Aboriginal and Torres Strait Islander people with experiences of trauma, violence or abuse.

The review addressed the following research questions:



Figure 1. Research questions

Methods

The review follows the Joanna Briggs Institute (JBI) methodology for scoping reviews and adheres to the PRISMA-ScR checklist (14). This methodology was deemed the most appropriate given the broad focus of the review to identify current services that support healing for Aboriginal and Torres Strait Islander people with experiences of trauma, violence and/or abuse. Scoping reviews are also the most appropriate methodology to summarise bodies of information stemming from heterogeneous study designs.

Eligibility criteria

The Population, Concept, Context (PCC) framework was used to determine the eligibility criteria. A summary of the eligibility criteria can be found in Table A1 in Appendix I.

Participants

Indigenous people from Australia, New Zealand, Canada and United States of America (USA). There were no exclusion criteria for age, gender or health status of participants.

Concept

A trauma-specific service or program in this context has been defined as any targeted comprehensive program or service designed to support healing or recovery for Indigenous peoples with experiences of trauma, violence and/or abuse. These include health services, programs, guidelines, models and frameworks.

Characteristics of interest within trauma-specific services or programs include guiding principles (e.g., theoretical or epistemological basis of the service), core components of service delivery, service activities and practices, and resources (e.g., number and qualifications of staff required to deliver the service, other inputs). Where available, evaluation studies or reports, including assessments of effectiveness, acceptability, and feasibility (barriers/enablers) of care were included.

Context

Trauma-specific services or programs for Indigenous people within a variety of settings including primary care, community-based care, school settings, Aboriginal Community-Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOS)

Types of Sources

The review considered any publications that provided a description and/or evaluation of a service or program that aimed to provide support for Indigenous peoples with experiences of trauma, violence and/or abuse. This includes internal or independent evaluations of services, literature reviews, qualitative descriptive studies or intervention studies. Academic, governmental and organisational reports, websites and opinion pieces describing services were also eligible for inclusion. Dissertations were excluded given the limited timeframe in which the review was to be conducted.

Search strategy

A four-step search strategy was used to locate peer-reviewed studies, grey literature reports and key organisational websites.

1. A search of PsycINFO and Google Scholar was undertaken to identify relevant articles.
2. The text words and index terms contained in the titles and abstracts of relevant articles, in combination with previous systematic reviews, were used to develop a full search strategy. A second search was conducted in July 2023 using this search strategy for Medline (Ovid), EMBASE (Ovid), PsycINFO (Ovid), Cinahl (EBSCO), Informit Indigenous Databases (Indigenous Collection, Aboriginal and Torres Strait Islander Health Bibliography [ATSIHEALTH], Indigenous Studies Bibliography [AIATSI]) and Web of Science (Core Collection). The search strategy was designed around three core constructs: (1) trauma, violence or abuse; (2) service or program; and (3) Indigenous peoples. The final search strategy for each database can be found in Appendix II.
3. A manual search was conducted on the HealthInfoNet website (15) to identify and retrieve information about relevant services and programs. Following this, a manual search of relevant government and institutional reports from two identified organisations was also conducted. Selection of organisations was guided by the project working group and included The Healing Foundation and Guwaa Dhuwaa.
4. Where further information was required, snowball searches were conducted using references of sources and service websites identified in the initial search to retrieve additional information on service/program design and delivery.

The search was restricted to papers written in English and published between 2012 and 2023.

Evidence selection

Following the search, all identified citations were exported into Endnote, then merged into Covidence to remove duplicates. An initial pilot phase in which all members of the screening

team screened 10% of papers was conducted to build consensus on the eligibility criteria. Following the pilot phase, titles and abstracts were independently screened by two reviewers for assessment against the inclusion criteria for the review. The full-text of potentially relevant citations were then retrieved and a pilot exercise conducted to calibrate the eligibility criteria. Multiple reports of a single study or service were linked and screened together. The remaining papers were independently screened by two reviewers. Disagreements at the title and abstract and full-text phases were resolved through discussion; where necessary a third reviewer adjudicated. Records deemed ineligible at full-text phase were excluded and the reason recorded.

Data Charting

Following an initial pilot exercise conducted to calibrate a purpose-built data extraction form, data were extracted from eligible papers and reports by two independent reviewers. The data points of interest included service details such as location, operational status (i.e., current or no longer delivered), target population, underpinning frameworks, guiding principles and core components), and evaluation indicators (program/service design and outcomes, such as effectiveness, acceptability and feasibility (see Table 1)). Data was sorted and coded by relevance and quality and extracted until saturation was reached, where no new themes or components emerged.

Table 1. Evaluation indicator definitions

Indicator	Definition
Effectiveness	Extent to which services and programs achieve their goals. In this context, this includes positive outcomes in the domains of social and emotional wellbeing (e.g., health and wellbeing, employment, education attainment, connection to kin and culture), contact with child protection services or the justice system and program cost-effectiveness.
Acceptability	Extent to which a service or program is perceived as suitable, appropriate and useful by service users and/or providers. This includes service user feedback (such as satisfaction surveys), engagement, attainment and dropout rates and testimonials.
Feasibility	Practicality and viability of implementing a service or program. This includes consideration of barriers and enablers to service implementation, acceptability and effectiveness.

Data Analysis and Presentation

Simple descriptions of all identified services were summarised and tabulated.

Given the broad scope of focus, a step-wise approach for the selection of relevant services was adopted erring towards inclusivity, with the aim of achieving saturation of key domains. Identified services and programs were categorised first by their degree of relevance to the research questions, and second by the quality of evidence available (see Table 2 for relevance and quality scoring criteria). Highly relevant studies with high quality evaluation reports were summarised in detailed case studies (herein, case study services). Evidence from the case study services was used to address the research questions in a descriptive analysis.

Table 2. Relevance and quality scoring criteria

Relevance	Quality
<ol style="list-style-type: none">1. Trauma specific service for Aboriginal and Torres Strait Islander people2. Service providing support for Aboriginal and Torres Strait Islander people experiencing traumatic events (family violence, child sexual abuse, Out of Home Care, and natural disasters)3. Other (general healing services, social and emotional wellbeing)	<ol style="list-style-type: none">1. Evaluation reports published post-20122. Evaluation reports published pre-2012 or organizational reports lacking sufficient detail3. Annual reports published post-20124. Annual reports published pre-2012 or annual reports lacking sufficient details5. Detailed descriptions of program/service only6. Outline of programs/services only

Note. Evaluation reports refers to both internal evaluations and independent evaluations

To highlight the overarching key guiding principles and evidence-informed service elements for each case study service, the review team planned to map these to an established healing framework for Aboriginal and Torres Strait Islander communities. To identify an appropriate framework, we reviewed existing healing frameworks (as identified in our search strategy). The important components for each identified framework were examined to identify commonalities between frameworks and inform the development of an umbrella framework. Case study services were then mapped to the umbrella framework to assess adherence to important guiding principles and evidence-informed service elements as delineated in the literature.

Quality assessment

Given the variety of studies anticipated, an adapted general critical appraisal approach was used to assess of the quality of evaluation reports of case study services (16, 17). The degree of confidence was categorized as high, moderate, low or very low as follows:

1. Program or service evaluation informed by intervention studies, descriptive/observational studies, qualitative studies, mixed-method evaluations conducted by independent organizations and reviews began at “high”, and were downgraded one category for serious concerns or two categories for very serious concerns about any of the following domains:
 - a. Study limitations (concerns about whether methods were appropriate; researcher relationship considered; selection bias; incomplete outcome data inadequately addressed; inadequate accounting/adjustment for confounders).
 - b. Adequacy of data (concerns about sampling, sample size, data analysis).
 - c. Indirectness/relevance (concerns about outcome measures, for example, were the data collected in a way that addressed the evaluation questions).
2. Program descriptions, expert opinions, commentaries, annual reports or internal evaluations were categorized as “low” and downgraded to “very low” as per the criteria above.

Results

Search results

Figure 2 displays the PRISMA flowchart of search results. Electronic searches yielded 4,828 records, of which 1,779 were identified as duplicates. 3,049 records were screened on the basis of title and abstract, with 86 assessed for eligibility at full-text review. Twenty-one studies were deemed eligible for inclusion. An additional 147 records were identified through the grey literature search, of which 91 were deemed eligible for inclusion. Overall, 112 records were included in the review.

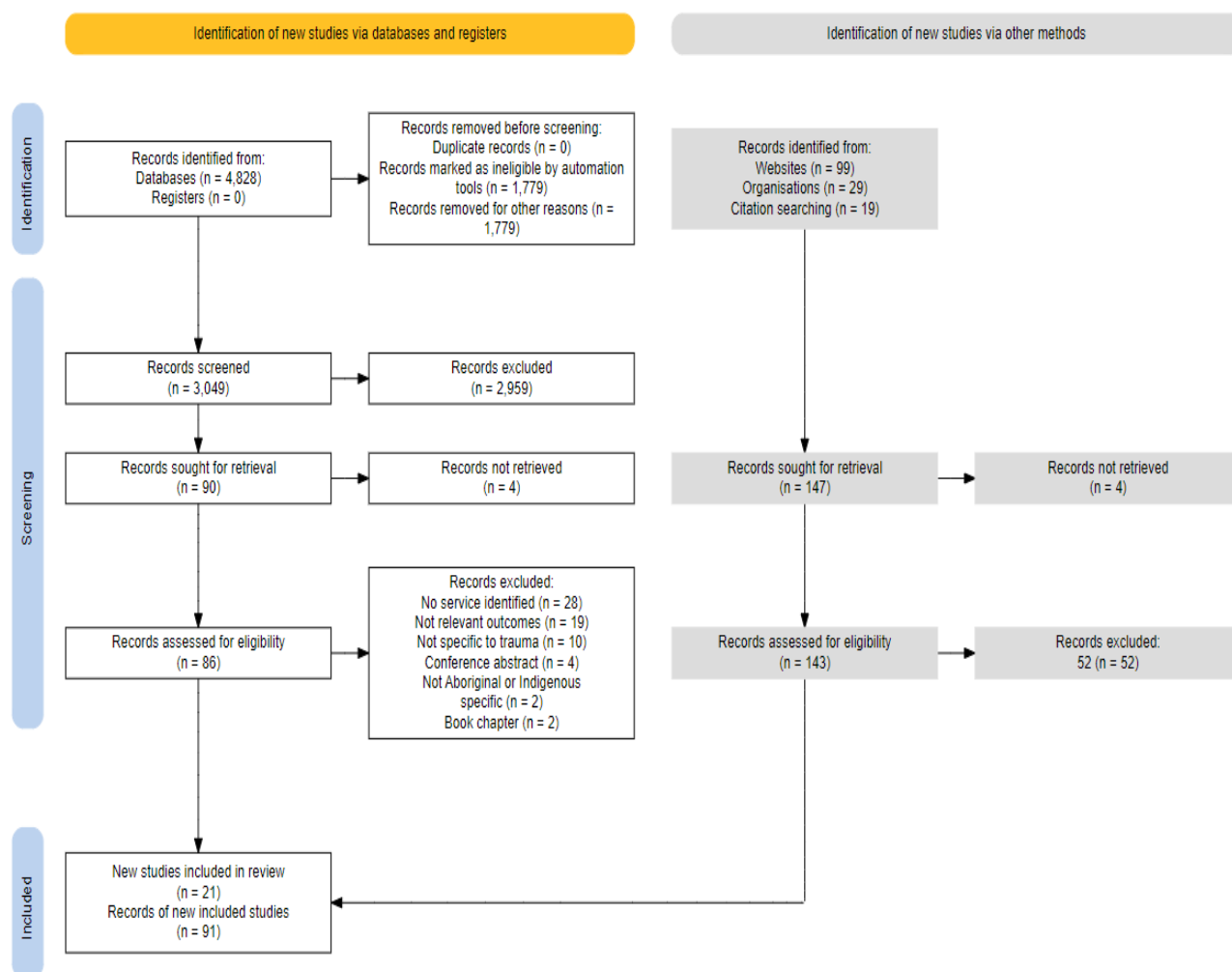


Figure 2. PRISMA flowchart

Characteristics of all services and programs

The records (n = 112) identified 70 relevant programs and services for Aboriginal and Torres Strait Islander people, of which 12 (17%) were categorised as being trauma-specific, 16 (23%) for supporting people with experiences of potentially traumatic events (such as family violence), and 22 (31%) as healing/social and emotional wellbeing services (see Table A2 in Appendix III). Twenty services (29%) were a mix of trauma-specific, support for potentially trauma-inducing events, and/or healing/social and emotional wellbeing service. Services

were reasonably evenly distributed across Western Australia (19%), New South Wales (17%), Northern Territory (16%), Queensland (16%) or Victoria (14%). Over three-quarters of services were still in operation (77%), the majority target any Aboriginal and/or Torres Strait Islander people, families, or communities (54%), while 19% specifically target families. Other target groups included young people (13%), women or women and their and children (7%), and men only (7%).

The most common core components across the 70 identified services were: non-specific healing/social and emotional wellbeing support (70%), counselling and therapeutic support (56%), cultural activities (44%), referral networks/service navigation support (40%), yarning circles (34%) and community connection (31%).

Fourteen services (20%) were rated as high relevance and quality as they had quality published evaluation evidence or guiding frameworks and these have been included as case study services. The case studies include the services and programs in Table 3.

Table 3. Case study services and programs

Organisation	Relevant Programs	Ref
VACCA	1. Cultural Healing Program	(18)
Dardi Munwurro	1. Men's Healing and Behavioural Change 2. Bramunh Jaarn (Journeys Program) 3. Ngarra Jarranounith Place (residential program)	(19)
Deadly Connections Community Services	1. Girra Girra Healing Place 2. Deadly Families 3. Deadly Young Warriors 4. Deadly Futures 5. Deadly Pathways 6. Deadly Brothers and Deadly Tiddas	(20, 21)
Djirra (formerly Family Violence Prevention Legal Service – FVPLS)	1. Sisters Day Out 2. Dilly Bag 3. Dilly Bag: The Journey	(22)
Kornar Winmil Yunti (KWY) Aboriginal Corporation	1. Stronger, Safer Families Outreach Hubs 2. Aboriginal Women's Safety Contact Service 3. Taikurtirna, Tirra-Apinthi 4. Intensive Family Support (Ana Wardli – Towards Home, Walking Together) 5. My Journey 6. Healing by Art program	(23)
Mpwelarre Health Aboriginal Corporation	1. Social and Emotional Wellbeing Service	(24)
Murri School	1. Healing Program	(25)
Marninwarntikura Women's Resource Centre (MWRC)	1. Baya Gawaiy Buga Yani Jandu Yani U 2. Crisis Response (Family Violence Prevention Legal Unit) 3. Marulu 4. Marnin Studio	(26, 27)
North Australian Aboriginal Justice Agency (NAAJA)	1. Healing Program	(28)
Neami National	1. Wadamba Wilam	(29)

Ngaoara	1. Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT)	(30)
Healing Foundation	1. Our Men Our Healing Project	(31)
Red Dust Healing	1. Red Dust Healing Program	(32)
Waminda – South Coast Women’s Health and Welfare Aboriginal Corporation	1. Nabu Aboriginal Family Preservation and Restoration Program 2. Waminda Counselling Services 3. Baalang Healing 4. Case Management Services 5. Strong Yawa	(33, 34, 35)

A summary of each case study service can be found in Table A4 to Table A17 in Appendix III. A summary the remaining 56 services can be found in Table A18 in Appendix III.

Case study services

Characteristics of case study services

The key characteristics of the 14 case study services can be found in Table A2 in Appendix III. Of the 14 services, 12 had supporting evidence in the form of evaluation reports. The remaining two services were included as they had robust published guiding frameworks.

Five (36%) of the case study services were categorised as supporting people with experiences of potentially traumatic events such as family violence (18, 19, 22, 23, 26), four (29%) as social and emotional wellbeing services (24, 30, 31, 32), three (21%) were trauma-specific (25, 28, 30) and two (14%) were a mix of trauma-specific, supporting those with experiences of potentially traumatising events and/or healing and social and emotional wellbeing (20, 33).

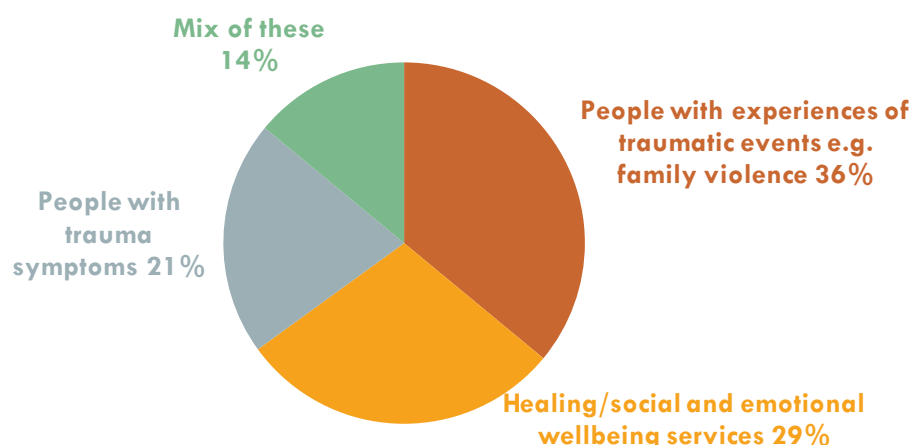


Figure 3. Case study service categories

Location

Case study services operated across all states and territories except Tasmania: four in Victoria (18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29), three in Northern Territory (24, 28, 30, 31, 32), two in New South Wales (20, 33, 34); and one each in Queensland (25), South Australia (23), and Western Australia (26). One service operated nation-wide (32), and one

operated in both Australian Capital Territory and New South Wales (30). All 14 services were delivered by not-profit organisations, with eight of these being Aboriginal Community Controlled Organisations (18, 19, 20, 22, 23, 24, 27, 33), and five being Aboriginal-led, governed, or founded (25, 28, 30, 31, 32).

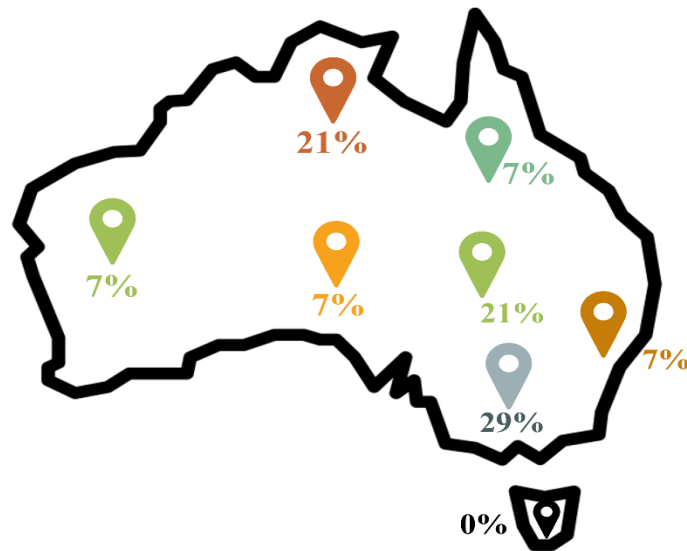


Figure 4. Case study service locations

Setting

Among the case study services four provided justice and legal support (20, 21, 22, 27, 28), three provided family violence prevention and/or support (19, 22, 23), two provided broad community services (20, 21, 27), two provided primary health care in addition to a range of family and health promotion supports (23, 33). One program operated exclusively within a school setting (25). Another service was integrated into school settings through their referral network (30). One program was delivered within a mainstream mental health service (29). One program has been adapted to suit a wide range of settings and can be delivered through local workshops as well as in clinical and allied health settings, both within Australia and overseas (32).

Most case study services were still in operation at the time of this review (71%), three services or programs were no longer in operation (21%)(18, 28, 31) and the status of one program was not reported (25).

Target group

Case study services were specifically targeted towards Aboriginal and Torres Strait Islander people. Within these, five were available to all Aboriginal and/or Torres Strait Islander people, families, or communities (18, 20, 24, 29, 32), three services offered support specifically to women or to women and their children (22, 27, 33, 35, 36), two targeted men (19, 31), two were aimed at youth or children (28, 30). Two supported families, with one focusing on families at risk of child removal or justice system involvement as a result of the use of violence (23) and the other offering support to students and families of students attending the school (25). Within these broad target groups, one service specifically targeted Stolen Generation survivors of institutional child sexual abuse (18) and one focused on

supporting those experiencing low social and emotional wellbeing with a history of homelessness (29) and one was targeted towards men living in remote communities (24).

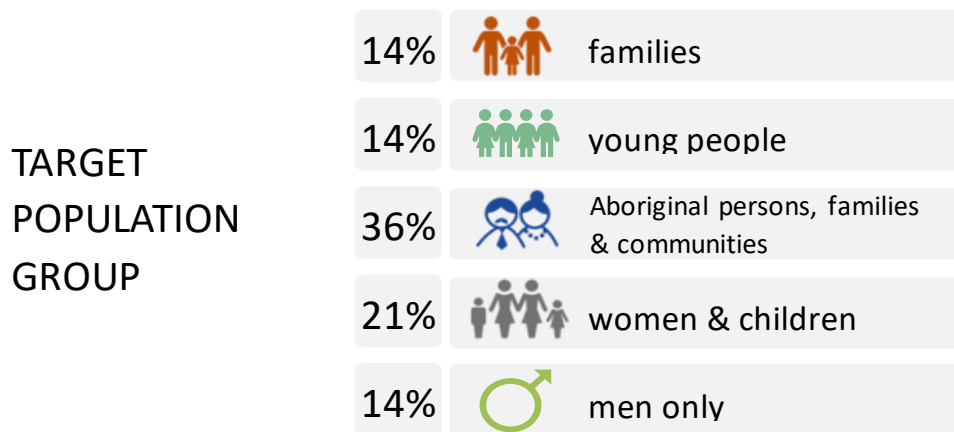


Figure 5. Case study target population

Underpinning conceptual frameworks, guiding principles and values

The search identified 28 relevant healing frameworks. A preliminary analysis of the frameworks identified a high degree of overlap between guiding principles and service elements, while no single framework that captured all identified important components. four frameworks (37, 38, 39, 40) covered all important guiding principles and service elements identified across all 28 healing frameworks. Consequently, a decision was made within the wider review team to amalgamate these four frameworks into a consensus umbrella framework. Details on the rationale for selecting the four frameworks can be found in Table A19 in Appendix III.

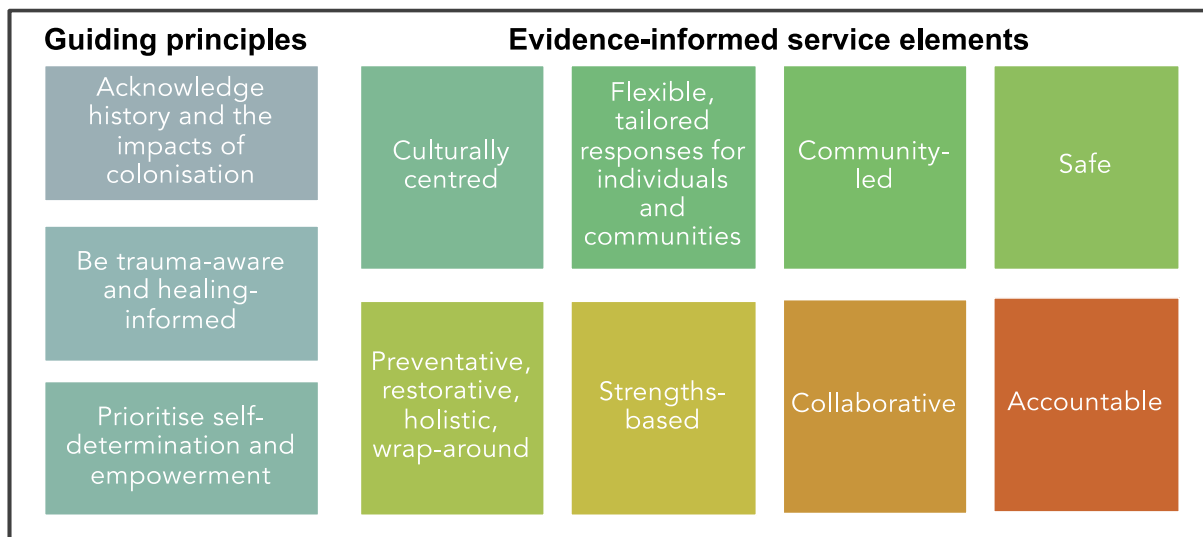


Figure 6. Case study guiding principles and service elements

The umbrella framework consists of three overarching principles of healing and wellbeing services, along with eight evidence-informed service elements (refer to Table 4 for details).

Table 4. Consensus umbrella framework

Overarching guiding principles of healing and wellbeing services		
GP1	Acknowledge history and the impacts of colonisation	Healing supports Aboriginal peoples to overcome trauma and disadvantage. Intergenerational trauma is caused by the impacts of colonisation, loss, systemic barriers, and ongoing racism. These affect social and emotional wellbeing, health, income, personal safety, and justice (37, 40)
GP2	Be trauma-aware and healing-informed	Trauma-aware, healing informed practice ensures all initiatives to support healing are based on an understanding of the ongoing impacts of intergenerational trauma on individuals, families, and communities (37)
GP3	Prioritise self-determination and empowerment	Healing will happen by enabling Aboriginal peoples to address distress, overcome trauma, strengthen connections, and restore wellbeing at the individual, family and community level. This is a continuous process throughout each person's life and across generations (37)
Evidence-informed service elements		
SE1	Culturally centred	<ul style="list-style-type: none"> To enhance a positive sense of identity, self-confidence, and hope (39) Having a strong sense of identity through connection to culture, country, family, and community will help fulfil the cultural needs of individuals. It will help individuals and their families to know who they are, who they are connected to, and where they fit in the world (37, 39)
SE2	Flexible, tailored responses for individuals and communities	<ul style="list-style-type: none"> Recognition of cultural diversity: there is no one-size fits all approach as there is no single Aboriginal or Torres Strait Islander culture or group (40) Healing services need to be locally defined, based on local lore, culture, knowledge systems, family and kinship systems and ways of working (39, 40) Services need to be flexible and transferable
SE3	Community-led	<ul style="list-style-type: none"> Aboriginal ownership of policies, programs, service design, implementation and evaluation across all systems, sectors, and organisations (37, 40) Local community at the front and centre of the service: "nothing about us, without us" (39) Embedded in Indigenous led (community-controlled) organisations with demonstrated healing leadership or other culturally safe, trauma-informed organisations (38, 39)
SE4	Safe	<ul style="list-style-type: none"> Provision of culturally safe healing spaces which are spiritually, socially and emotionally safe, as well as physically safe for people (41) Inclusive of physical elements that are culturally grounded Psychological safety for Aboriginal people through cultural respect and recognition
SE5	Preventative, restorative, holistic, wrap-around	<ul style="list-style-type: none"> Aboriginal people's health is viewed in a holistic context that encompasses mental health and

		<p>physical, cultural and spiritual health, including connection to land/country (40)</p> <ul style="list-style-type: none"> • Interconnectedness between individual, family and community wellbeing, and the ripple effects of trauma (39) • Capacity building for individuals, families and communities (38) • Inclusive of practical supports (e.g., provision of food and supplies)
SE6	Strengths-based	<ul style="list-style-type: none"> • Focus on the strengths that exist within their families and communities, which can provide the foundations for healing and pride in identity (39)
SE7	Collaborative	<ul style="list-style-type: none"> • Collaboration with community: to ensure readiness, capacity, local leadership (38) • Collaboration with local service sector through effective partnerships (37, 38) • Two-ways thinking: combine western therapeutic support with Indigenous cultural healing (38)
SE8	Accountable	<ul style="list-style-type: none"> • Incorporate strong, culturally appropriate evaluation frameworks, communications plans and performance monitoring mechanisms to ensure responsibility, accountability, transparency and program sustainability (38)

Note. GP = overarching guiding principle; SE = Evidence-informed service elements

Each case study service was mapped onto the umbrella framework to assess its alignment with the guiding principles and service elements as endorsed in the literature, and to identify commonalities among services (see Table 5). Table 5 illustrates guiding principle or service element that are met by each service with a checkmark, and with a dash where no evidence of adherence to a guiding principle or service element could be identified. It is important to note that the presence of a dash does not necessarily indicate a service lacks these elements; it simply indicates that the elements were not clearly described.

As seen in Table 4, most services addressed all key guiding principles and evidence-informed service elements in the umbrella framework. For instance, eight of the 14 services mentioned the importance of acknowledging history and the impacts of colonisation (which was implied in an additional four services); 11 were trauma-aware and healing-informed; and 11 explicitly prioritised self-determination and empowerment.

In relation to the evidence-informed service elements, all 14 services were culturally centred. Twelve services explicitly included culture as one of their guiding principles, while two services implied cultural grounding, safety and connection within the core components of service delivery. All but two services were community-led, underscoring the importance of programs and services being designed and delivered by and for Aboriginal and Torres Strait Islander people and communities; 12 emphasised cultural-safety, collaborative and holistic approaches; and 12 provided flexible, tailored responses for individuals and communities. There was greater uncertainty regarding whether services integrated strengths-based elements into their services or emphasised the incorporation of evaluation frameworks for monitoring program effectiveness and sustainability. However, as 12 out of the 14 services had evaluation evidence available, it is plausible to suggest that they have evaluation frameworks in place that were not explicitly reported.

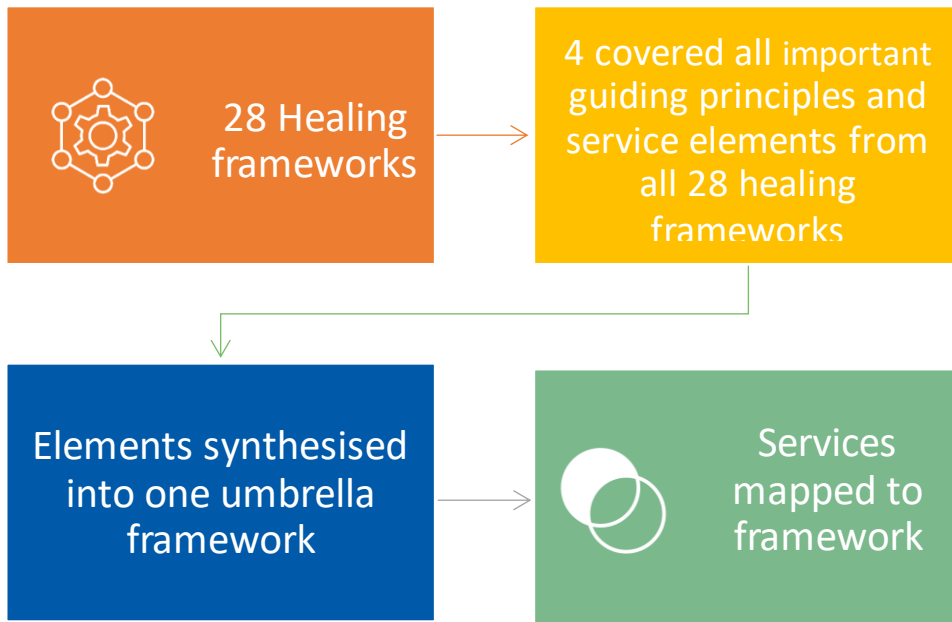


Figure 7. Healing framework synthesis

Table 5. Overarching guiding principles, evidence-informed service elements and core components of case study services

	Guiding principles			Evidence-informed service elements								Core components														
	Acknowledge history	Trauma-aware and healing-informed	Self-determination	Culturally centered	Flexible, tailored responses	Community-led	Safe	Holistic, wrap-around	Strengths-based	Collaborative	Accountable	Non-specific SEWB/healing support	Counselling/therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/ case coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hotline
Cultural Healing Program	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	✓	-	✓	✓	✓	-	-	-	-	-	-	-	-	-	-
Dardi Munwurro	-	-	-	✓	-	✓	✓	✓	-	✓	-	-	✓	✓	-	✓	-	-	-	-	-	-	✓	✓	✓	✓
Deadly Connections Community Services	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-	-	-
Djirra/FVPLS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓	-	✓	-	-	-	-	-	-	-	-	-
KWY Aboriginal Corporation	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	✓	✓	-	✓	✓	✓	✓	-	✓	-	-	-	-	-
Mpwelarre Health Aboriginal Corporation	-	-	-	✓	✓	✓	-	-	-	✓	✓	-	✓	✓	-	✓	✓	-	-	-	-	-	-	-	-	-
Murri School Healing Program	-	-	✓	✓	-	✓	-	✓	-	✓	-	-	✓	✓	✓	✓	✓	-	✓	✓	-	-	✓	-	-	-
MWRC*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓	✓	✓	-	-	-	✓	-	-	✓	-	-
NAAJA Healing Program	-	✓	-	✓	✓	-	✓	✓	-	✓	-	-	✓	✓	✓	-	-	-	✓	-	-	-	✓	-	-	-
Neami National	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-
Ngaoara (TARROT)	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	-	✓	-	✓	✓	✓	✓	-	✓	-	✓	-	-	-
Our Men Our Healing Project	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓	✓	-	-	-	-	-	-
Red Dust Healing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-	✓	-	✓	✓	-	-	-	-	✓	-	-	-	-
Waminda*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓

Notes. * = Services have underpinning frameworks but do not have available evaluation evidence

Family Violence Prevention Legal Service (FVPLS), Kunar Winmil Yunti (KWY), Trauma Assessment, Referral & Rehabilitation Outreach Teams (TARROT)

Exemplar conceptual frameworks

Two identified services describe robust underpinning frameworks.

Waminda - South Coast Women's Health and Welfare Aboriginal Corporation have produced two relevant frameworks: the Waminda Model of Care and the Balaang Healing Framework (see Figure A1 and A2 and the case study summary in Appendix III) (33). Both frameworks have been designed in collaboration with community Elders, members and the Waminda cultural committee and other staff. Research into the impact of using the Balaang Healing Framework to support the healing process for Aboriginal women and their families experiencing intergenerational trauma is currently underway (33). Waminda's framework aligns with all three overarching guiding principles and all eight evidence-informed service elements from the umbrella framework.

The underpinning healing and trauma informed framework of the Marninwarntikura Women's Resource Centre (MWRC): Marroorryawarrani Ngambirriyawarrani Yoowarnia, means Gathering, Caring and Nurturing Together as One (see Figure A3 and the case study summary in Appendix III) (26). The framework was developed through a series of reviews and consultations with senior leadership and team members from all areas of the service. The MWRC framework aligns with all three overarching guiding principles and seven of the eight evidence-informed service elements from the umbrella framework.

Service components

As illustrated in Table 5, all fourteen services integrated culturally grounded activities into their service delivery models. These activities served both therapeutic and cultural identity strengthening purposes and include:

- yarning and storytelling (eight services) (18, 20, 22, 25, 26, 28, 31, 33)
- cultural activities including:
 - ceremonies (18, 31);
 - song and dance (18, 24, 27, 31);
 - painting and art (18, 23, 29, 33);
 - possum skin cloak making (18);
 - drumming circles (28, 31);
 - camps and spending time on Country (19, 20, 23, 24, 25, 29, 31, 32);
 - unspecified cultural healing activities (20, 24, 25, 30).

Nine services outlined additional modalities of therapeutic intervention, these included:

- individual and/or group counselling (19, 20, 23, 24, 25, 27, 28, 29, 30, 33);
- behaviour change workshops (19, 31);
- family, narrative, art and play therapies (24, 27);
- traditional healing methods (19, 23, 31).

Additional service components included:

- Psychoeducation, offered by 8 services (20, 22, 23, 24, 29, 30, 32);
 - one offered education with the goal of increasing community capacity to handle domestic violence (22),
 - another with the goal of empowering consumers (29), another aimed to increase awareness of the impacts and effects of trauma (30),
 - one service offered cultural education with the goal of empowering participants to be strong learners and teachers (31),

-
- another offered substance use, cultural, and parenting education programs (20).
 - One service aimed to increase knowledge and shared language about family violence whilst increasing cultural understanding in the community (23).
 - One program relied on culturally grounded psychoeducational tools to deliver workshops educating participants on managing grief and loss, the difference between lore and law, the Indigenous Model of Oppression and solutions-based problem-solving skills, among other topics (32).
 - Referral networks and/or support to navigate service systems were described by eleven services (20, 21, 23, 24, 25, 26, 29, 30, 31, 32, 33);
 - Wrap-around support was demonstrated by eight services through their description of case management and/or care coordination as core components of their service delivery models (21, 23, 25, 28, 29, 30, 31, 33). A further two services demonstrated this support implicitly; one through the provision of supports across a range of domains, including employment, training, relationships and parenting (28). The second service demonstrated this through collaboration between SEWB service staff and allied health and health service teams (24).
 - Community and/or family connection was detailed by eight services as a fundamental component of their service and offered a range of activities to strengthen and support this connection (18, 19, 20, 24, 25, 26, 31, 33). These activities included:
 - tracing family history and cultural tours (18),
 - future planning for healthy relationships and counselling to strengthen connections (19),
 - provision of safe spaces to facilitate reconnection with culture and community (23),
 - time spent on Country (18, 25, 31, 32), and with Elders (19),
 - unspecified cultural activities (20, 26, 28, 30, 31) and
 - unspecified community engagement activities (24).
 - Outreach activities were described by seven services (20, 23, 25, 29, 30, 32, 33),
 - Advocacy was a core component of five service delivery models (20, 26, 29, 30, 31, 33). Advocacy activities, where specified, included:
 - parliamentary submissions and support for people involved in the justice system (20),
 - legal support and comprehensive letters of support for courts (29) and
 - promotion of local and systemic change through:
 - cultural immersion workshops,
 - application of strengths-based approaches,
 - encouraging avoidance of pathologising language in assessments,
 - meetings with services, and
 - provision of reports and affidavits to challenge harmful narratives put forth to courts by child protection and justice services (34).
 - Mentoring was offered by six services (19, 20, 25, 26, 28, 32, 33).

Outcome goals and guiding principles were core components of eight programs, detailing the importance of:

- empowerment, pride, identity, wellbeing, confidence and connection to family, community and/or culture to their activities (18, 19, 20, 22, 25, 26, 28, 33).

Interventions integral to practice models were described in three evaluations and included:

- deep-listening, family-led decision making, goal setting, supporting autonomy and choice, healing and trauma aware practice, critical reflection and strengths-based assessment (20, 26, 33).

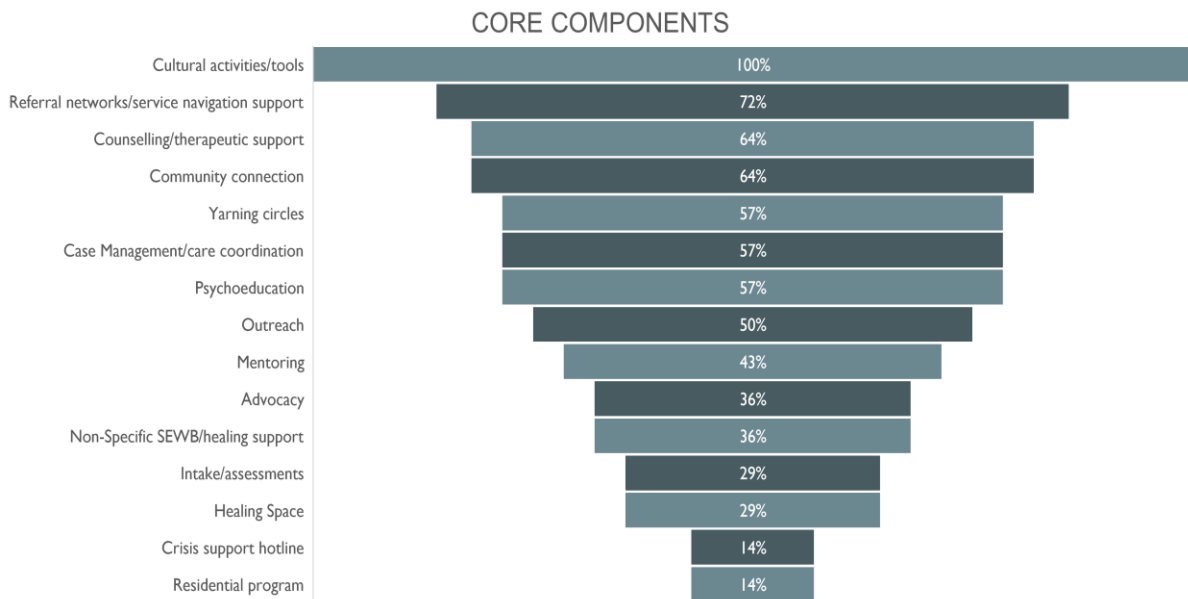


Figure 8. Case study core components

Please refer to [Tables A4 to A17 in Appendix III](#) on pages 37-59 for detailed components for each case study service.

Personnel

The size and composition of staffing varied across the fourteen services. Most services employed multidisciplinary teams (ten services), with disciplines including psychology, medical and allied health, youth and family support, youth and family engagement and social work (19, 23, 24, 25, 26, 27, 28, 29, 30, 33). These services utilised a range of counselling specialisations, including Aboriginal healing, social and emotional wellbeing, youth, child trauma and men's and women's family violence.

Five programs were delivered by facilitators; two programs were delivered by Aboriginal facilitators (22, 32), one program was delivered by a team of four facilitators, one of which was non-Aboriginal but had over 35 years' experience working in community (18). One program reported the employment of 14 Aboriginal facilitators throughout its duration, however, the ratio of Aboriginal to non-Aboriginal staff was not reported (31). One service engaged facilitators and community Elders to deliver a behaviour change program (19).

Five services explicitly noted that non-Aboriginal staff completed cultural training and mentorships (29, 33) or had extensive prior experience working with and within Aboriginal and Torres Strait Islander communities (18, 23, 24). One service prioritised the employment of both Aboriginal and non-Aboriginal staff with lived experience of healing and systems involvement (21).

Please refer to [Tables A4 to A17 in Appendix III](#) on pages 37-59 for detailed information on service personnel.

Evaluation indicators

Effectiveness

Outcomes were reported for all except one service (23). Most services reported trends of improvement in general terms relating to factors such as self-reported social and emotional wellbeing (11 services) (18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 31, 32). Impacts on social and emotional wellbeing were described as participant reports of increased connection to culture, community, spirit and Country (18, 19, 31, 32), improved relationships with family and increased feelings of safety (31), improvements in confidence, feelings of positivity and empowerment (22), improved life satisfaction (20, 21), improved ability to express emotions and process grief and loss, greater self-awareness, ability to make beneficial choices and strengthened conflict resolution skills (32).

One service measured wellbeing through the Strengths and Difficulties Questionnaire (SDQ) and reported reductions in 'borderline' and 'abnormal' scores (25). A number of evaluations did not specify how wellbeing was measured, however their delivery models were centred on holistic understandings of wellbeing, as represented by the SEWB model (20, 21, 28, 29, 30). Many services reported improvements in individual principles of the SEWB model, such as cultural connectedness (seven services) (18, 19, 20, 21, 25, 28, 31, 32), improvements in kinship, family and community relationships (seven services) (19, 20, 21, 24, 28, 31, 32), increased help-seeking behaviour and improved conflict resolution skills (28) and improved resilience and capacity (21, 22). Four services reported improvements in care and service coordination and/or quality through increased collaboration (20, 22, 28, 30). Additional outcomes reported included reductions in justice system involvement (three services) (19, 25, 31), improvement in educational engagement/attendance (three services) (19, 25, 30), and reductions in child protection notifications and removals (three services) (20, 25, 33, 35), and family violence (two services) (19, 31).

Some examples of tangible outcomes include an 80% reduction in reports of family violence incidents post program and a 100% reduction in rates of homelessness (19) reported by Dardi Munwurro; Deadly Connections reported a 72% improvement in overall wellbeing (20, 21); Murri School reported a 30% reduction in OHC placements and 19% reduction in contact with CPS (25) while Waminda reported that no children were removed from families using the service and four longer term cases were closed in 2021-22 financial year (33) and Deadly Families observed a 43% reduction in reports of neglect or abuse (21); and Wadamba Wilam reported a 61% decrease in the number of inpatient psychiatric admissions post-referral and a 67-72% reduction in alcohol and drug use (29).

Two service evaluations reported positive return on investment, with one service delivering \$8.85 worth of return benefits for every dollar invested, in the form of cost savings in the child protection and justice systems and in increased educational attainment, which results in reduced dependence on financial support systems (25), another service saw 50-190% return on each dollar invested in their behaviour change programs (19).

Please refer to [Tables A4 to A17 in Appendix III](#) on pages 37-59 for detailed service outcomes and indicators of effectiveness for each case study service.

Acceptability

Indicators of acceptability similarly varied across the evaluated services. These included rates of engagement (seven services) (20, 22, 25, 30, 31, 32, 33), satisfaction ratings (two services) (28, 32), positive participant feedback (five services) (18, 20, 22, 24, 25) and community and family appraisals (three services) (20, 30, 32). Acceptability indicators were not reported for three services (19, 23, 27). Please refer to [Tables A4 to A17 in Appendix III](#) on pages 37-59 for specific indicators of acceptability for each case study service.

Feasibility

Feasibility was assessed through enablers and barriers to service implementation. Frequently reported enablers included the incorporation of cultural elements, cultural safety and connection (six services) (18, 20, 21, 29, 31, 32, 33) and employment of Aboriginal staff, local staff and/or staff with lived-experience (six services) (20, 22, 23, 25, 27, 30). Six services reported that the provision of comprehensive and ongoing support targeting multiple areas of need enhanced the feasibility of the program and enabled positive outcomes for program participants (20, 24, 25, 29, 30, 33). Additional enablers reported were adaptability to local needs, accessibility, flexibility (six services) (20, 29, 31, 32, 33); partnerships and collaboration with other teams and services (three services) (28, 29, 30); commitment to clients and belief in the program (three services) (20, 23, 30) and skills and capacity development (three services) (27, 28, 30). Additional enablers mentioned included trust (four services) (22, 24, 25, 32), teamwork (two services) (24, 25), and good staff to case ratio (one service) (29). Three evaluations noted positive return on money invested in programs (19, 20, 25).

Barriers related to inadequate resourcing were a recurrent theme across the evaluations, including funding constraints (five services) (20, 24, 27, 31, 33); staff and workforce challenges, including staff shortages, heavy workloads and workforce casualisation (five services) (20, 23, 24, 27, 31, 36); inability to meet high demand (two services) (32, 35) and difficulties with data collection and management (two services) (20, 21, 23), or with referral and case management systems (22, 30), and lack physical space (two services) (28, 31). Communication difficulties with clients were highlighted by two services (23, 24), one of these also highlighted issues with collaboration with other services and lack of clear decision-making pathways as additional barriers affecting the feasibility of the service (24). One service highlighted the lack of culturally appropriate child risk assessment measures as a barrier (23), another noted the lack of available services in remote areas (32), and one pointed to external policy decisions as hindering effective service delivery (28). Barriers were not reported for five services (18, 19, 25, 28, 29).

Please refer to [Tables A4 to A17 in Appendix III](#) on pages 37-59 for detailed barriers and enablers for each case study service.

Quality Assessment

Evaluations from three services were graded as high confidence (18, 24, 32), six as moderate (22, 30, 31), two as low (20, 23) and one as very low (28). Of note, Deadly Connections included two evaluation reports (one which scored moderate and one low), and reports from Waminda and Marninwarntikura Women's Resource Centre were not graded as they were not evaluation reports. Wadamba Wilam published an internal practice report and

this was not graded. [Table A3](#) in Appendix III provides details of quality ratings for each service.

Discussion

This scoping review provides an overview of the existing literature describing the provision of acceptable and appropriate support and healing services for Aboriginal and Torres Strait Islander people with experiences of trauma, violence or abuse. While the review identified numerous relevant healing frameworks outlining guiding principles, it is worth noting a significant lack of evidence regarding the practical application of these principles. Overall, there is a lack of robust evidence assessing the effectiveness healing of services for Aboriginal and Torres Strait Islander people.

Among the 14 case study services, a clear consensus emerged regarding the **guiding principles** underpinning service delivery. It is evident from the broader literature informing the umbrella framework and case studies that acknowledging the historical context and enduring impacts of colonisation is of primary importance for any service. Use of a trauma-aware and healing-informed approach that prioritises self-determination and empowerment of individuals and communities also emerged as key guiding principles, as well as the importance of services being firmly rooted in the local cultural context, led by the community, and designed with safety and a strength-based perspective in mind. Collaborative efforts with individuals and communities were identified as an important cornerstone of service operation. Exemplary services offered flexible and personalized wrap-around responses that encompass both preventative and restorative measures, while maintaining a holistic outlook. Finally, services should incorporate culturally appropriate evaluation frameworks, which not only ensure accountability but also promote transparency and program sustainability. Interestingly, less than half of the case study services emphasized the importance of accountability, whereas the majority of services endorsed all other domains.

The **core components** of case study services were highly varied. Cultural components were the most consistently described element across the services; case study services unanimously acknowledged the importance of integrating culturally grounded elements into their service delivery models, highlighting the central and critical importance of these. In terms of specific cultural activities, these varied between services and included yarning, storytelling circles, artistic activities such as weaving, painting and beading, ceremonies, dance, song, language learning, time spent on Country, and connecting with Elders. While most services focused on providing therapeutic support, counselling services, referrals, and case management and psychoeducation activities, fewer services incorporated outreach, advocacy, establishment of a safe healing space, or mentoring and residential programs. The diversity in service components across the case study services may be attributed to the diversity of services included. Although all services were intended for Aboriginal and Torres Strait Islander people, they were implemented in heterogeneous settings and targeted different population subgroups. Some services were designed for family healing more generally, while others catered to specific subgroups, such as men who use violence or school children. It was noted in one evaluation report that:

“The activities that were developed in this context emerged from a combination of the skills of the service providers and the needs and interests of the community. There is no sense in which this particular array of activities is the “right” selection in order to improve the social and emotional wellbeing of Indigenous people in remote communities. For this reason, the focus of the research

concerned the way in which the service generally was developed and maintained and not the effects of particular activities provided within the service” (24).

Comparing **enablers and barriers** related to service implementation, acceptability, and effectiveness across case study services was also challenging due to a lack of detail provided in the evaluation reports. Across the services, certain facilitating factors were described as important, such as the employment of local and Aboriginal staff members, the integration of cultural safety and connection, and the adaptation of services to meet local needs. One important barrier noted across multiple services was limited funding and resources.

Effectiveness of case study services was predominantly reported in terms of ‘improvement’ trends across diverse sets of indicators. Importantly, these estimates of effectiveness varied across services, and generally did not report measures used. This reflects a common challenge within the Indigenous healing literature of how to measure effectiveness and success within Indigenous health services. A critical tension exists in balancing Western evaluation techniques with Aboriginal worldviews when translating the impact of services into mainstream understandings of effectiveness (42). In a Western context, program success may be defined by achieving specific outcomes such as reducing trauma-related symptom scores, enhancing wellbeing indicators, improving school performance, or lowering unemployment rates. On the other hand, success within Indigenous healing programs is suggested to be better represented by the healing journey itself, a concept that is challenging to quantify in numerical terms (43). While qualitative evaluation approaches, such as narratives, interviews, and testimonials, have been proposed as more culturally appropriate, they often conflict with the expectations of funding bodies that prefer quantitative methodologies (42). The paucity of quantifiable evaluation data may possibly be at least partly explained by this issue.

International context

Internationally, there was also a notable lack of evaluation evidence. While our search did not identify any service evaluations meeting the inclusion criteria of this review, literature describing healing programs in Canada, the USA and Aotearoa, New Zealand reported findings consistent with the findings of this review. Promising practices, core components and characteristics of international programs served diverse target groups including, but not limited to, youth, survivors of residential school programs, incarcerated individuals and those with substance use and mental health difficulties. Programs described in a scoping review by Roy and colleagues (42) centred on reclaiming history, cultural interventions, and Traditional and Western therapeutic interventions.

Guiding principles described in international literature largely mirrored those in Australian case study services with culture being a central tenet of most programs. Honouring culture and tradition, use of the Medicine Wheel, which represents holism and balance between the physical, emotional, mental and spiritual dimensions of health, and strengths-based, empowering approaches were the most frequently reported principles guiding 14 Canadian programs described in a scoping review by Yu and colleagues (12). Also reported, were the principles of engagement and ownership, contextually and locally tailored approaches, collaboration, family and community centredness, and trauma-informed approaches (12) highlighting significant parallels with the guiding principles underpinning Australian services.

Core components were similarly heterogeneous across reviewed programs in Canada and USA. They encompassed camp programs in culturally relevant locations; cultural activities such as storytelling and ceremonies; mentorships and cultural teaching from Elders; skill development; artistic expression, including song, dance, drawing, painting, and drumming; and mindfulness. In Aotearoa, New Zealand, mental wellness services were guided by family centredness, and included components such as cultural interventions including cultural assessments, family participation, Māori arts, crafts and leisure activities, formal Māori welcomes, language, and guidance from Elders. It is important to note that traditional services were more likely to be integrated into, or operate alongside mainstream services, in line with the Treaty of Waitangi. This treaty enshrines bi-culturalism into Aotearoa, New Zealand's foundational principles, and protects Māori culture and knowledge, including healing practices (11).

International literature highlighted similar evaluation challenges as those identified in this review, with many programs lacking formal evaluations. Challenges with evaluating program effectiveness included misalignment between accepted evaluation techniques and Indigenous values and beliefs (44) and expectations of quantitative methods of evaluation from funding bodies which are often at odds with more culturally appropriate oral or narrative evaluation techniques (42). Finally, defining healing outcomes can be difficult as quantifiable metrics do not necessarily capture intangible aspects of healing that are deemed important by communities (42).

Limitations

It is important to acknowledge several limitations to the review. First, our search strategy unintentionally introduced bias towards an Australian context. Despite our intention to be inclusive of Indigenous people from Australia, Aotearoa, New Zealand, Canada and USA, we predominantly identified services with evaluation evidence through the grey literature search on Australian Indigenous HealthInfoNet. This led to the omission of relevant international literature, potentially constraining the comprehensiveness of our findings. Second, the status of the 56 additional services identified in the review regarding their evaluation remains uncertain. It is unclear whether these services have not been evaluated, or if the evaluations have not been publicly disclosed. This uncertainty could result in overlooking valuable insights. However, we proactively reached out to organizations in cases where we suspected that evaluations might have been conducted, in an effort to mitigate this limitation. Finally, the review had a specific focus on trauma-related services, resulting in the exclusion of services related to adjacent areas, such as suicide and alcohol and other drug (AOD) services. Although this focus was intentional and necessary within the scope of the review, it is important to acknowledge that services from these areas may contain valuable information for the development of a statewide trauma service.

Conclusions

From a theoretical standpoint, this review reveals clear guiding principles that should underpin the design and delivery of services for Aboriginal and Torres Strait Islander people impacted by trauma: acknowledgement of history, trauma-informed healing aware support and self-determination. Most existing services integrate cultural centeredness, flexible tailored responses, community leadership, safety, holistic wrap around support and collaboration into their service delivery models. Additionally, strengths-based approaches and accountability were explicitly incorporated in the delivery of six services. Core

components of services included cultural activities and tools, community connection, counselling and other therapeutic supports, non-specific SEWB supports, referral networks and service navigation support, psychoeducation, case management and care coordination, outreach, advocacy, mentoring, healing spaces, residential programs and crisis support phonelines. The diverse combinations of service elements and core components across services, coupled with variability in evaluation of effectiveness, prevented the formulation of specific recommendations for service design. However, this review establishes a foundational framework that can be built upon in consultation with identified agencies and services, and with local communities to ensure that developed services are responsive to the needs of their target populations. Consultation with services based in Aotearoa, New Zealand is also recommended to ascertain how to best integrate services into mainstream models.

References

1. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey: ABS; 2018-2019 Available from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>.
2. National Indigenous Australians Agency. 2.11 Contact with the criminal justice system: Australian Institute of Health and Welfare; 2023. Available from: <https://www.indigenoushpf.gov.au/measures/2-11-contact-criminal-justice-system#:~:text=As%20at%20June%202021%2C%20Indigenous,11.8>).
3. National Indigenous Australians Agency. Aboriginal and Torres Strait Islander Health Performance Framework - Summary report: Employment: Australian Institute of Health and Welfare 2023 [Available from: [https://www.indigenoushpf.gov.au/report-overview/overview/summary-report/5-tier-2---determinants-of-health/employment#:~:text=Indigenous%20Australians%20aged%2015-64%20had%20a%20lower%20employment%20rate,remote%20areas%20\(Figure%205.3\)](https://www.indigenoushpf.gov.au/report-overview/overview/summary-report/5-tier-2---determinants-of-health/employment#:~:text=Indigenous%20Australians%20aged%2015-64%20had%20a%20lower%20employment%20rate,remote%20areas%20(Figure%205.3))).
4. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Canberra: Australian Institute of Health and Welfare; 2021.
5. Australian Institute of Health and Welfare. Family, domestic and sexual violence data in Australia; 2023. Available from: <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-and-sexual-violence>.
6. Bricknell S. Homicide in Australia 2020–21. Report no. 42. Canberra: Australian Institute of Criminology; 2023.
7. National Indigenous Australians Agency. 2.12 Child protection: Australian Institute of Health and Welfare; 2023 [Available from: <https://www.indigenoushpf.gov.au/measures/2-12-child-protection#:~:text=At%2030%20June%202021%2C%2042,12.12>).
8. Hinton R, Kavanagh DJ, Barclay L, Chenhall R, Nagel T. Developing a best practice pathway to support improvements in Indigenous Australians' mental health and well-being: A qualitative study. *BMJ open*. 2015;5(8):e007938.
9. Healing Foundation. Glossary of healing terms. 2020.
10. Royal Commission into Victoria's Mental Health System. State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6). 2021.
11. McKendrick J, Brooks R, Hudson J, Thorpe M, Bennett P. Aboriginal and Torres Strait Islander healing programs: A literature review. 2013.
12. Yu Z, Steenbeek A, Biderman M, Macdonald M, Carrier L, MacDonald C. Characteristics of Indigenous healing strategies in Canada: a scoping review. *JBI Evidence Synthesis*. 2020;18(12):2512-55.
13. Gupta H, Tari-Keresztes N, Stephens D, Smith JA, Sultan E, Lloyd S. A scoping review about social and emotional wellbeing programs and services targeting Aboriginal and Torres Strait Islander young people in Australia: Understanding the principles guiding promising practice. *BMC Public Health*. 2020;20(1):1-20.
14. Peters M, Godfrey C, McInerney P, Munn Z, Tricco A, Khalil H. Chapter 11: Scoping Reviews. In: E A, Z M, editors. *JBI Manual for Evidence Synthesis*; 2020.
15. HealthInfoNet. [Available from: <https://healthinfolnet.ecu.edu.au/>].
16. Heris CL, Kennedy M, Graham S, Bennetts SK, Atkinson C, Mohamed J, et al. Key features of a trauma-informed public health emergency approach: A rapid review. *Frontiers in Public Health*. 2022;10:1006513.
17. Murad MH, Mustafa RA, Schünemann HJ, Sultan S, Santesso N. Rating the certainty in evidence in the absence of a single estimate of effect. *BMJ Evidence-Based Medicine*. 2017.
18. Black C, Frederico M, Bamblett M. Healing through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal

Survivors of Institutional Child Sexual Abuse. *The British Journal of Social Work*. 2019;49(4):1059-80.

19. Deloitte Access Economics. *Strengthening Spirit and Culture: A cost-benefit analysis of Dardi Munwurro's men's healing programs*. The Healing Foundation; 2021.
20. *Deadly Connections*. *Deadly Connections Impact Report 2019-2021*. 2021.
21. Booth E. *Deadly Families Evaluation Report For-Purpose Evaluations*; 2020.
22. *Aboriginal Family Violence Prevention And Legal Service Victoria*. *Evaluation Report Of The Aboriginal Family Violence Prevention And Legal Service Victoria's Early Intervention And Prevention Program*. 2014.
23. Cahill M, Brown RA, Baker G, Barnes-Proby D, Sandrini H. *Australia's Third Action Plan of the National Plan to Reduce Violence Against Women and Their Children, Priority Area 2: Aboriginal and Torres Strait Islander Women and Their Children - Final Report*. RAND Corporation; 2021.
24. Carey TA. *A qualitative study of a social and emotional well-being service for a remote Indigenous Australian community: implications for access, effectiveness, and sustainability*. *BMC Health Services Research*. 2013;13(1):1-11.
25. Deloitte Access Economics. *Cost Benefit Analysis of the Murri School Healing Program*. the Healing Foundation; 2017.
26. *Marninwarntikura Women's Resource Centre*. *Marninwarntikura Healing Framework*. Marninwarntikura Women's Resource Centre; 2022.
27. *Marninwarntikura Women's Resource Centre*. *2021 Annual Report*. Marninwarntikura Women's Resource Centre; 2021.
28. Prince J. *Intergenerational trauma initiative: North Australian Aboriginal Justice Agency Healing Program review. Understanding the impact*. The Healing Foundation; 2021.
29. Chiera J. *Wadamba Wilam Practice Approach*. Neami National; 2021.
30. Ngaoara Limited. *Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT): A description of the program and an evaluation of its impact. A report to the Department of Health*. Ngaoara Limited; 2019.
31. The Healing Foundation. *Our Men Our Healing: Evaluation Report*. The Healing Foundation 2015.
32. *Red Dust*. *Red Dust Healing Program Evaluation Red Dust*; 2018.
33. *Waminda*. *Waminda Annual Report 2021 - 2022*. Waminda; 2022.
34. Armstrong R. *Strong Women, Strong Culture: Community Control Success Stories at Waminda 2019* [updated 31/10/2019]. Available from: <https://www.ahmrc.org.au/strong-women-strong-culture-community-control-success-stories-at-waminda/>.
35. SNAICC. *Waminda – South Coast Women's Health And Welfare Aboriginal Corporation: Nabu Aboriginal family preservation and restoration program*. 2021.
36. Pearce J. *Marninwarntikura Women's Shelter Review Stage 2 Report*. Marninwarntikura Women's Resource Centre; 2017.
37. The Healing Foundation. *Stolen Generations Collective Healing Initiatives Rounds 1–6: impacts and findings*. 2022.
38. The Healing Foundation. *A Theory of Change for Healing*. 2019.
39. Hovane V, Sellers L, Pickett K, Mogridge R, Pickett L, Wallum D, et al. *Truth-Telling At The Centre: An Evidence-Informed Co-Design Of A Healing Framework For Koorlangka With Complex Trauma*. Perth: Yorgum Healing Services and the University of South Australia, Australian Centre for Child Protection; 2023.
40. Commonwealth of Australia. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. Canberra: Department of the Prime Minister and Cabinet;; 2017.
41. Bamblett M, Long M, Frederico M, Salamone C. *Building an Aboriginal cultural model of therapeutic residential care: The experience of the Victorian Aboriginal Child Care Agency*. *Children Australia*. 2014;39(4):206-10.
42. Roy A, Noormohamed R, Henderson RI, Thurston WE. *Promising healing practices for interventions addressing intergenerational trauma among Aboriginal youth: A scoping review*. *First Peoples Child & Family Review*. 2015;10(2):62-81.

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43. Arnott A, Guenther J, Davis V, Denise F, Eileen C. Evaluation of the Akeyulerre Healing Centre Darwin: Charles Darwin University Social Partnerships in Learning Consortium; 2010.
 44. Venugopal JM-N, ME; Green, Nadia TG; Peach, Laura; Linklater, Renee; George, Pricscilla; Wells, Samantha A scoping review of evaluated Indigenous community-based mental wellness initiatives. Remote and Rural Health. 2021.

Appendices

Appendix I: Eligibility criteria

Table A1. Detailed eligibility criteria

Inclusion Criteria	
Population	<ul style="list-style-type: none"> • Indigenous people • Any age, gender or health status
Concept	<p>Trauma-specific services or programs designed to support Indigenous people with a lived experience of trauma</p> <p>Trauma, violence or abuse-specific services or programs defined as:</p> <ul style="list-style-type: none"> • Services with a focus on delivery • Provides a range of care, support or intervention options for people experiencing trauma to meet their needs • Staff can deliver multiple interventions within the service
Context	<ul style="list-style-type: none"> • Indigenous people globally • Various settings: health care, community, school
Other	<p>Outcomes: Service characteristics of interest:</p> <ul style="list-style-type: none"> • Theoretical, epistemological, conceptual basis of the service • Guiding principles or values • Main components of the service (e.g., the process of healing. Models of care) • Human resources (e.g., setting/who delivers the intervention and qualifications required) • Key success factors (e.g., acceptability, feasibility, cost, effectiveness, barriers/enablers of care) <p>Sources</p> <ul style="list-style-type: none"> • Peer-reviewed literature, including primary research articles or papers (quantitative, qualitative and mixed methods designs); review articles (including systematic and scoping reviews); text, opinion, commentary and discussion papers. • Grey literature, including academic, governmental and organisational reports, websites and opinions pieces • Papers published in English.
Exclusion Criteria	
Population	Non-Indigenous
Concept	Individual-level trauma-focused interventions, including single, multiple or tailored interventions
Context	NA
Other	<ul style="list-style-type: none"> • Theses/dissertations • Papers not published in English

Appendix II: Search strategy

Medline: 527 results on July 19, 2023

1	exp Indigenous Peoples/
2	(aborigin* or "first nations" or "first nation" or indigenous or first people*).mp.
3	("Torres Strait Islander*" or Maori* or "American Indian*" or "Alask* Nativ*" or "Nativ* Alask*" or "Nativ* Hawaiian*" or "Hawaii* Nativ*" or "Nativ* Americ*" or "Americ* Nativ*" or "Americ* Samoa*" or "Samoa* Americ*" or Eskimo* or Inuit* or Aleut* or Metis).mp.
4	Stress Disorder*.mp.
5	("PTSD" or "posttrauma*" or "post-trauma*" or "post trauma*" or "stress disorder*").mp.
6	("out of home care").mp.
7	((((History or histories or historic* or survivor* or continuity or cycle* or discontinuity or disclos* or recover* or unresolved or past or cultur* or coloni* or generation* or intergeneration* or inter-generation*) adj2 (abus* or adversity or maltreat* or neglect* or posttrauma* or post-trauma* or stress or trauma* or violen*)) not ("physical trauma" or "head trauma" or "traumatic brain injury"))).mp.
8	Health Services Indigenous/
9	(Service* or approach* or strateg* or program* or framework* or practice* or tool* or casework*).mp.
10	((trauma* or cultur*) adj2 inform*).mp.
11	(healing or wellbeing or "well being" or "strength based" or holistic or integrat*).mp.
12	1 or 2 or 3
13	4 or 5 or 6
14	7 or 8 or 9 or 10
15	12 and 13 and 14
16	limit 15 to (english language and yr="2012 -Current")

PsycINFO: 717 results on July 19, 2023

1	exp Indigenous Populations/
2	(aborigin* or "first nations" or "first nation" or indigenous or first people*).mp.
3	("Torres Strait Islander*" or Maori* or "American Indian*" or "Alask* Nativ*" or "Nativ* Alask*" or "Nativ* Hawaiian*" or "Hawaii* Nativ*" or "Nativ* Americ*" or "Americ* Nativ*" or "Americ* Samoa*" or "Samoa* Americ*" or Eskimo* or Inuit* or Aleut* or Metis).mp.
4	Stress Disorder*.mp.
5	("PTSD" or "posttrauma*" or "post-trauma*" or "post trauma*" or "stress disorder*").mp.
6	("out of home care").mp.
7	((((History or histories or historic* or survivor* or continuity or cycle* or discontinuity or disclos* or recover* or unresolved or past or cultur* or coloni* or generation* or intergeneration* or inter-generation*) adj2 (abus* or adversity or maltreat* or neglect* or posttrauma* or post-trauma* or stress or trauma* or violen*)) not ("physical trauma" or "head trauma" or "traumatic brain injury"))).mp.
8	Health Care Services/
9	(Service* or approach* or strateg* or program* or framework* or practice* or tool* or casework*).mp.
10	((trauma* or cultur*) adj2 inform*).mp.
11	(healing or wellbeing or "well being" or "strength based" or holistic or integrat*).mp.

12	1 or 2 or 3
13	4 or 5 or 6
14	7 or 8 or 9 or 10
15	12 and 13 and 14
16	limit 15 to (english language and yr="2012 -Current")

Embase: 721 results on July 19, 2023

1	exp Indigenous People/ or Indigenous Australian/
2	(aborigin* or "first nations" or "first nation" or indigenous or first people*).mp.
3	("Torres Strait Islander*" or Maori* or "American Indian*" or "Alask* Nativ*" or "Nativ* Alask*" or "Nativ* Hawaiian*" or "Hawaii* Nativ*" or "Nativ* Americ*" or "Americ* Nativ*" or "Americ* Samoa*" or "Samoa* Americ*" or Eskimo* or Inuit* or Aleut* or Metis).mp.
4	Stress Disorder*.mp.
5	("PTSD" or "posttrauma*" or "post-trauma*" or "post trauma*" or "stress disorder*").mp.
6	("out of home care").mp.
7	((((History or histories or historic* or survivor* or continuity or cycle* or discontinuity or disclos* or recover* or unresolved or past or cultur* or coloni* or generation* or intergeneration* or inter-generation*) adj2 (abus* or adversity or maltreat* or neglect* or posttrauma* or post-trauma* or stress or trauma* or violen*)) not ("physical trauma" or "head trauma" or "traumatic brain injury"))).mp.
8	Health Service/
9	(Service* or approach* or strateg* or program* or framework* or practice* or tool* or casework*).mp.
10	((trauma* or cultur*) adj2 inform*).mp.
11	(healing or wellbeing or "well being" or "strength based" or holistic or integrat*).mp.
12	1 or 2 or 3
13	4 or 5 or 6
14	7 or 8 or 9 or 10
15	12 and 13 and 14
16	limit 15 to (english language and yr="2012 -Current")

Web of Science: 1445 results on July 19, 2023

1	TS=(aborigin* or "first nations" or "first nation" or indigenous or "first people"*)
2	TS=("Torres Strait Islander*" or Maori* or "American Indian*" or "Alask* Nativ*" or "Nativ* Alask*" or "Nativ* Hawaiian*" or "Hawaii* Nativ*" or "Nativ* Americ*" or "Americ* Nativ*" or "Americ* Samoa*" or "Samoa* Americ*" or Eskimo* or Inuit* or Aleut* or Metis)
3	TS=("PTSD" or "posttrauma*" or "post-trauma*" or "post trauma*" or "stress disorder*")
4	TS=("out of home care")
5	TS=((History or histories or historic* or survivor* or continuity or cycle* or discontinuity or disclos* or recover* or unresolved or past or cultur* or coloni* or generation* or intergeneration* or inter-generation*) NEAR/2 (abus* or adversity or maltreat* or neglect* or posttrauma* or post-trauma* or stress or trauma* or violen*))

6	(TS=((History or histories or historic* or survivor* or continuity or cycle* or discontinuity or disclos* or recover* or unresolved or past or cultur* or coloni* or generation* or intergeneration* or inter-generation*) NEAR/2 (abus* or adversity or maltreat* or neglect* or posttrauma* or post-trauma* or stress or trauma* or violen*))) NOT TS=("physical trauma" or "head trauma" or "traumatic brain injury")
7	TS=(Service* or approach* or strateg* or program* or framework* or practice* or tool* or casework*)
8	TS=((trauma* or cultur*) NEAR/2 inform*)
9	TS=(healing or wellbeing or "well being" or "strength based" or holistic or integrat*)
10	#1 OR #2
11	#3 OR #4 OR #6
12	#7 OR #8 OR #9
13	#10 AND #11 AND #12
14	#13 Timespan: 2012-01-01 to 2023-12-31

Cinahl: 440 results on July 19, 2023

1	(MH "Indigenous Peoples")
2	("Torres Strait Islander*" or Maori* or "American Indian*" or "Alask* Nativ*" or "Nativ* Alask*" or "Nativ* Hawaiian*" or "Hawaii* Nativ*" or "Nativ* Americ*" or "Americ* Nativ*" or "Americ* Samoa*" or "Samoa* Americ*" or Eskimo* or Inuit* or Aleut* or Metis).mp.
3	("Torres Strait Islander*" or Maori* or "American Indian*" or "Alask* Nativ*" or "Nativ* Alask*" or "Nativ* Hawaiian*" or "Hawaii* Nativ*" or "Nativ* Americ*" or "Americ* Nativ*" or "Americ* Samoa*" or "Samoa* Americ*" or Eskimo* or Inuit* or Aleut* or Metis).mp.
4	Stress Disorder*.mp.
5	("PTSD" or "posttrauma*" or "post-trauma*" or "post trauma*" or "stress disorder*").mp.
6	("out of home care").mp.
7	((((History or histories or historic* or survivor* or continuity or cycle* or discontinuity or disclos* or recover* or unresolved or past or cultur* or coloni* or generation* or intergeneration* or inter-generation*) adj2 (abus* or adversity or maltreat* or neglect* or posttrauma* or post-trauma* or stress or trauma* or violen*)) not ("physical trauma" or "head trauma" or "traumatic brain injury"))).mp.
8	Medline: Health Services Indigenous/ PsycINFO: Health Care Services/ Embase: Health Service/
9	(Service* or approach* or strateg* or program* or framework* or practice* or tool* or casework*).mp.
10	((trauma* or cultur*) adj2 inform*).mp.
11	(healing or wellbeing or "well being" or "strength based" or holistic or integrat*).mp.
12	1 or 2 or 3
13	4 or 5 or 6
14	7 or 8 or 9 or 10
15	12 and 13 and 14
16	limit 15 to (english language and yr="2012 -Current")

Informit: 983 results on July 19, 2023

1	trauma OR violence OR abus* OR "out of home care" OR PTSD OR "posttrauma*" OR "post-trauma*" OR "post trauma*" OR "stress disorder*" OR "inter*generation*" OR adversity OR maltreat* OR neglect*
2	Service* OR approach* OR strateg* OR program* OR framework* OR practice* OR tool* OR casework* OR "Trauma inform*" OR "cultur* inform*" OR healing OR wellbeing OR "well being" OR "strength based" OR holistic OR integrative

Appendix III: Supplementary results

Table A2. Characteristics of identified services and programs

Outcome		All services (70)		Case study (14)	
		Count	%		
Relevancy ^a	1	12	17%	3	21%
	2	16	23%	5	36%
	3	22	31%	4	29%
	Mix of categories	20	29%	2	14%
Quality	1	14	20%	1	100%
	Other	56	80%	0	0%
Location	ACT	2	3%	1	7%
	NSW	12	17%	3	21%
	NT	11	16%	3	21%
	QLD	11	16%	1	7%
	SA	4	6%	1	7%
	TAS	2	3%	0	0%
	VIC	11	16%	4	29%
	WA	13	19%	1	7%
	National	4	6%	1	7%
Operational status	In operation	54	77%	10	71%
	Completed	11	16%	3	21%
	Not reported	5	7%	1	7%
Target population	Aboriginal Individuals	38	54%	5	36%
	Families	13	19%	2	14%
	Youth	9	13%	2	14%
	Women and children	5	7%	3	21%
	Men	5	7%	2	14%
Core components	Non-specific SEWB/healing support	49	70%	5	36%
	Counselling/therapeutic support	39	56%	9	64%
	Cultural activities	31	44%	14	100%
	Yarning circles	24	34%	8	57%
	Community connection	22	31%	9	64%
	Referral networks/service navigation support	28	40%	11	72%
	Psychoeducation	17	24%	8	57%
	Outreach	14	20%	7	50%
	Case management/care coordination	16	23%	8	57%
	Mentoring	8	11%	6	43%
	Advocacy	12	17%	5	36%
	Intake/assessments	9	13%	4	29%
	Healing space	6	9%	4	29%
	Crisis support hot line	4	6%	2	14%
Residential program	3	4%	2	14%	

Notes. ^a = Relevancy scores, where 1 = Trauma specific service for Aboriginal and Torres Strait Islander people, 2 = Service providing support for Aboriginal and Torres Strait Islander people experiencing traumatic events (family violence, child sexual abuse, Out of Home Care, and natural disasters), 3 = Other (general healing services, social and emotional wellbeing)

Table A3. Evaluation quality assessment ratings

Service	Evaluation method	Quality assessment	Reasons for downgrading
Murri School Healing Program	Independent evaluation, cost benefit analysis	MODERATE	Downgraded 1 for study limitations (missing data - 45% response rate to evaluation survey)
Dardi Munwurro	Independent evaluation, cost benefit analysis	MODERATE	Downgraded 1 for study limitations (missing data apparent and unaccounted for)
North Australian Aboriginal Justice Agency Healing Program	Document review	VERY LOW	Downgraded 1 for study limitations (no evaluation plan, data sources unclear, documents used for assessment unavailable) and 1 for data accuracy (subjective measures)
Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT) Program (Ngaoara)	Independent, mixed method evaluation	MODERATE	Downgraded 1 for data accuracy (unclear data analysis plan)
Djirra	Independent, mixed method evaluation	MODERATE	Downgraded 1 for data accuracy (unclear data analysis plan)
Kornar Winmil Yunti (KWY) Aboriginal Corporation	Independent, mixed method evaluation	LOW	Downgraded 1 for data accuracy and 1 for indirectness (insufficient data)
Red Dust Healing	Independent, mixed method evaluation	HIGH	Not downgraded
Our Men Our Healing Project	Independent, mixed method evaluation	MODERATE	Downgraded 1 for data accuracy (unclear data analysis plan)
Mpwelarre Health Aboriginal Corporation	Peer reviewed qualitative study	HIGH	Not downgraded
Deadly Connections Community Services (1)	Internal impact report by the organisation, independent social impact/effectiveness evaluation	N/A	Methodology not reported, insufficient details to assess quality unavailable
Deadly Connections Community Services (2)	Independent	MODERATE	Downgraded 1 for data accuracy (inconsistent data collection)
Cultural Healing Program	Peer review qualitative study	HIGH	Not downgraded
Wadamba Wilam	Internal report		
Waminda	No evaluation report/paper		
Marninwarntikura Women's Resource Centre	No evaluation report/paper		

Table A4. Case study: Cultural Healing Program

Location	Victoria
Setting	Not-for-profit, VACCA, ACCO
Operational status	Program completed
Target population	Stolen Generation survivors of institutional child sexual abuse
Aim	To address the untreated healing needs of Stolen Generational survivors from childhood institutional sexual abuse and cultural abuse
Framework	Not reported
Guiding principles	<ul style="list-style-type: none"> Context and knowledges (colonisation history, institutional abuse, Aboriginal knowledges have been denigrated and denied, empowerment through co-design) Cultural connection and healing (identity, safety)
Relevant programs	<ol style="list-style-type: none"> Yorta Yorta Cultural Healing Camp Wurundjeri Women's Healing Program Dja Dja Wurrong Community Healing Gathering Dja Dja Wurrong Women's Cultural Healing Gathering
Core components	<p>Across all programs</p> <ul style="list-style-type: none"> Ceremonies: Welcome to Country, smoking ceremonies, closing ceremony, song and dance Cultural practices: arts and crafts, painting canvases, coolamons, clap sticks, boomerangs, and rocks, basket weaving, making nulla nullas and boondies, Koorie jewellery making, creating possum skin cloaks Explore and strengthen identity and connection to community: tracing family history and cultural tours Self-care, healing and wellbeing activities Sharing of knowledge of past policies, laws and history of removal, impact of removal and losses. Storytelling and yarning: yarning circles, elders' yarns, cultural storytelling with cultural custodians. Sharing of meals Transportation
Staffing	Four facilitators (three Aboriginal, one non-Aboriginal). The non-Aboriginal facilitator was strongly connected to Aboriginal community and had worked in community for over 35 years. Facilitators trained in either social work or family therapy
Evaluation Design	<p>Design: Qualitative, peer-review paper (1)</p> <p>Aboriginal governance, design and execution in the evaluation: Aboriginal involvement and input in the program design, process and evaluation. To ensure integrity of the evaluation process, non-Aboriginal researchers were vouched for by survivors, facilitators, elders and communities.</p> <p>Published: 2019</p> <p>Evaluation period: Not reported</p> <p>Sample size: 62</p> <p>Age: Not reported</p> <p>Gender: Not reported</p>
Evaluation indicators	<p>Effectiveness</p> <ul style="list-style-type: none"> Participants reported feeling better and finding 'peace and happiness', that it 'cleared my mind', and allowed them 'keep my culture, identity and dignity and who I am' Significant power in storytelling: sharing, talking and listening to others' stories Empowerment: participants reported feeling strengthened by their connection to and knowledge of culture. Recognition that their trauma was a consequence of invasion and colonisation was important to feeling empowered. Many survivors were empowered to advocate and have their voices heard.

	Acceptability	<ul style="list-style-type: none"> Participants felt safe: support from facilitators, company of other survivors, program conducted on country, ceremony, cultural arts and crafts and focusing on family
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> Culturally grounded Program fostered connection and belonging through shared experiences <p>Barriers: Not reported</p>
Other	Funded by Commonwealth and State Governments following advocacy from VACCA	

Table A5. Case study: Dardi Munwurro

Location	Victoria
Setting	Not-for-profit, specialist Aboriginal family violence service, ACCO
Operational status	In operation since 2000
Target population	Aboriginal men who use violence (including men on Family Violence Intervention Orders, those charged with family violence offences in the previous 12 months, court-ordered referrals, and self-referrals from Dardi Munwurro's prison program)
Aim	To break the cycle of intergenerational trauma in the Aboriginal community and disrupt the patterns of behaviour that can result in domestic violence. These programs support Aboriginal men to recognise their emotions, strengths and their own responsibility by using traditional Aboriginal healing practices
Framework	Not reported
Guiding principles	Not reported
Relevant programs	<ol style="list-style-type: none"> Men's Healing and Behavioural Change Bramung Jaarn (Journeys Program) Ngarra Jarranounith Place (residential program)
Core components	<p>Healing programs take place in culturally safe setting, such as traditional lands or at Aboriginal and Torres Strait Islander community-controlled locations</p> <p>Men's Healing and Behavioural Change: Weekly/fortnightly men's counselling group sessions addressing drivers for violence by strengthening cultural connection, developing pride and confidence, and planning a future with healthy relationships in families and communities.</p> <p>Bramung Jaarn: draws on key elements of the Men's Healing and Behavioural Change program to engage and empower young Aboriginal men (aged 10-17 years) with the intention of diverting them from the justice system through group sessions, one-on-one mentoring, and access to strong male mentors and Elders.</p> <p>Ngarra Jarranounith Place: a 16-week intensive residential program that supports at-risk men to strengthen their spirit and culture, adopt positive behaviours, and nurture healthy relationships. Programs individual support, group activities and medically supervised detoxification (where required). Team consists of Aboriginal psychologists, allied health professionals and Family Engagement and Safety workers.</p>
Staffing	<p>Men's Healing and Behavioural Change: Each session run by two facilitators and community Elders.</p> <p>Bramung Jaarn: Not reported</p> <p>Ngarra Jarranounith Place: Aboriginal psychologists, allied health professionals and Family Engagement and Safety workers</p>

Evaluation Design	<p>Design: Cost-benefit analysis (mixed-methods), independently conducted (Deloitte) (2)</p> <p>Aboriginal governance, design and execution in the evaluation: not reported</p> <p>Published: 2021</p> <p>Evaluation period: not reported</p> <p>Sample size: 80</p> <p>Age: Not reported</p> <p>Gender: Not reported</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Improved social and emotional wellbeing (connection to culture, identity and community, improved relationships and taking responsibility for behaviour) • Reduction in substance use (80% pre-program vs 34% following program completion) • 45% increase (33 pre-program to 48 post-program) in men returning to their family/kinship homes or secured own accommodation, with number of men experiencing homelessness reducing by 100% • Improved educational attainment (number of young people engaged in education programs doubled) • Reduced contact with justice system (less likely to be incarcerated or subject to court order) • Improved family violence outcomes (80% reduction in reported family violence incidents following program completion) • Increased rates of employment following program completion • For every dollar invested in the programs, there are 50%-190% return on investments (cost-benefit ratio of 1.5-2.90)
	Acceptability	Not reported
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Positive return on investment <p>Barriers: Not reported</p>
Other	Funded by the Healing Foundation	

Table A6. Case study: Deadly Connections Community Services

Location	New South Wales
Setting	Not-for-profit, community and justice specialist agency, ACCO
Operational status	In operation since 2018
Target population	Aboriginal people, families and communities
Aim	To break cycles of disadvantage, trauma, child protection and justice involvement
Framework	<ul style="list-style-type: none"> • Self-determination • Healing centred engagement • Lived-experience • Life course approach • Holistic
Guiding principles	<ul style="list-style-type: none"> • Creation of safety within self and environment • Stability and structure • Programs developed by and for community • Culturally responsive ways to support First Nations people • Caring for community, families, children and individuals • Holistic, practical and culturally responsive programming • Grounded in culture, respect and identity • Collaborative partnerships with community, partners and government • Long term commitment and responsibility to community

	<ul style="list-style-type: none"> • Create innovative solutions and opportunities to amplify community's voice and enable Aboriginal-led and community driven solutions • Provision of accessible, fun and pro-social activities 	
Relevant programs	<ol style="list-style-type: none"> 1. Girra Girra Healing Place 2. Deadly Families 3. Deadly young warriors 4. Deadly Futures 	<ol style="list-style-type: none"> 5. Deadly Pathways 6. Deadly Brothers and Deadly Tiddas
Core components	<ul style="list-style-type: none"> • Education programs • Cultural activities to promote connection within family • Contemporary cultural healing activities • Support service navigation/advocacy • Case management 	<ul style="list-style-type: none"> • Multimodal programs tailored to suit clients' needs • Men's and Women's groups • Cultural camps • Therapeutic group work • Case advocacy • Mindfulness
Staffing	<p>3 directors and 10 Aboriginal and non-Aboriginal staff members with lived experience in the healing journey, based on a credible messenger model. Student placements and volunteers (number not reported)</p> <p>Advisory board (11 members: professionals, Elders and community members)</p>	
Evaluation Design	<p>All services – social impact report Design: Mixed methods, evaluation independently conducted (Huber Social) (3) Aboriginal governance, design and execution in the evaluation: Not reported Published: 2022 Evaluation period: 2018 – 2021 Sample size: Not reported Age: Not reported Gender: Not reported</p>	<p>Deadly families program Design: Mixed methods, evaluation independently conducted (For-Purpose Evaluations)(4) Aboriginal governance, design and execution in the evaluation: the evaluation plan was co-designed with Aboriginal staff Published: 2020 Evaluation period: 3 months in 2020 Sample size: 21 interviewees Age: Not reported Gender: Not reported</p>
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Improved connection to identity, which was associated with higher wellbeing scores • Across all programs, wellbeing was 49% higher after 3 months, and 42% high among former clients than people on intake • Deadly Families: Clients reported 72% higher overall wellbeing, with the greatest improvement in building and managing healthy relationships, 43% decrease in number of DCJ reports of abuse/neglect, 44% increase in connection to culture, language and country and a 56% increase in positive parenting interactions. It deepened trust and engagement with services, increased agency and confidence when navigating social service systems, empowered Aboriginal people to know their rights, advocate for themselves and their cultural needs. Within the first 12 months of the program, there was an estimated return on investment is \$1.02 for every donated/funded dollar • Breaking the cycle: Clients reported 41% higher overall wellbeing, with the greatest improvements in holistic wellness, relationships and daily life skills • Deadly Young Warriors: Participants feel confident in resilience and sense of community connection

	Acceptability	<ul style="list-style-type: none"> • Program highly valued by program participants. 78% of participants in the Deadly Family program reported a positive experience • Participants reported feeling safe and listened to <p>Rates of engagement (Deadly Families)</p> <ul style="list-style-type: none"> • 52% increase in attendance to planned appointments • 51% increase in answering calls • 36% reduction in re-scheduled appointments
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Flexibility • Cultural safety • Warm, loving and supportive • Commitment to the client • Feeling listened to • Aboriginal staff with lived experience • Realistic, practical support <p>Barriers</p> <ul style="list-style-type: none"> • Funding limitations have led to casualisation of workforce causing difficulties with retention and stability of staff • Unsustainable data collection methods and client management system with rapid increase in program participant numbers

Table A7. Case study: Djirra (previously FVPLS)

Location	Victoria
Setting	Not-for-profit, Community family violence service, ACCO
Operational status	In operation since 2007
Target population	Aboriginal women who experience violence
Aim	To build capacity to prevent family violence, address the impacts of family violence, and reduce family violence re-victimisation.
Framework	Not reported
Guiding principles	<ul style="list-style-type: none"> • Culturally safe • Respect the personal and sensitive nature of family violence • Flexible approach focusing on the participants' social and emotional well-being • Acknowledge history and the impacts of colonisation • Strengths-based
Relevant programs	<ol style="list-style-type: none"> 1. Sisters Day Out 2. Dilly Bag 3. Dilly Bag: The Journey
Core components	<p>Sister's Day Out: access to services, self-care and wellbeing, access to information and education (in a relaxed, informal environment)</p> <p>Dilly Bag Programs: small groups, overnight stays, weaving, beading (while sharing stories and experiences)</p>
Staffing	Program facilitators are Aboriginal women with over 20 years experience working in Victorian Aboriginal communities who are known and trusted by community members
Evaluation Design	<p>Design: Mixed-methods, independently conducted (agency not reported) (5)</p> <p>Aboriginal governance, design and execution in the evaluation: Special care was taken to avoid evaluation methods that were deemed to represent 'white system' tools</p> <p>Published: 2021</p> <p>Evaluation period: 2007-2014</p>

	<p>Sample size: interviews with 55 program participants; number of service providers interviewed not reported; number of participant satisfaction surveys completed not reported</p> <p>Age: Not reported</p> <p>Gender: 100% women</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Enhanced participant's self-esteem and well-being • Strengthened friendships/relationships/connections within the community and increased community networks (reduced isolation) • Strengthened individual participant's resilience and the community's ability to address family violence • Increased participant's knowledge and understanding of family violence • Increased participant's awareness of support and legal services, both Aboriginal specific and mainstream (e.g., some participants become clients of FVPLS Victoria following the workshops). • Since the first Sister's Day Out workshop, 88 participants had been referred to other services (59 referrals to legal service, 29 to other services). This data is likely to be under-representative.
	Acceptability	<ul style="list-style-type: none"> • Participant and service provider feedback was very positive • Participants reported feeling safe, relaxed and comfortable <p>Rates of engagement</p> <ul style="list-style-type: none"> • Since 2007, 84 Sister's Day Out workshops with 6,078 Aboriginal women have been conducted • Since 2010, 16 Dilly Bag workshops with 166 Aboriginal women have been conducted
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Incorporation of cultural elements to facilitate safety within program design • Welcoming environment: venues are easily accessible, peaceful and purposefully decorated; promotion of program through community networks • Trust: employment of Aboriginal women, opportunities to speak with mainstream service providers • Language: using the community's language rather than mainstream terms e.g., 'day out with sisters' vs workshops/activities • Power relationships with mainstream service providers inverted as they participate by invitation only; participants able to approach service providers in relaxed environment <p>Barriers</p> <ul style="list-style-type: none"> • Lack of childcare during program activities • In 2012, a reduction in Federal funding resulted in a loss of \$150,000 that was used to fund the programs. Since then, the programs have been funded by ad-hoc limited grants. Insecure funding drains considerable resources from the organisation due to time spend identifying and applying for funding. • Data collection points for robust referral data need to be strengthened.
Other	<ul style="list-style-type: none"> • Funded by the Mallee District Aboriginal Services, Commonwealth Department of Social Services, Department of Justice Victoria, Department of Human Services Victoria and Relationships Australia. 	

	<ul style="list-style-type: none"> Limited data, including referral data from all services, was a barrier to evaluation.
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Table A8. Case study: Kornar Winmil Yunti (KWY) Aboriginal Corporation

Location	South Australia	
Setting	Not-for-profit, ACCO	
Operational status	In operation since 2011	
Target population	Aboriginal families experiencing family violence and are at risk of having children removed and/or having a family member enter the criminal justice system due to perpetrating family violence	
Aim	To reduce family violence in the Aboriginal and Torres Strait Islander communities, and as a result reduce the number of children entering the out of home care and juvenile justice systems by breaking the cycles of family violence	
Framework	Holistic Family Hub Model	
Guiding principles	<ul style="list-style-type: none"> Cultural ways of healing and engagement Safe space to encourage reconnection with culture, spirit and community 	
Relevant programs	<ol style="list-style-type: none"> Stronger, Safer Families Outreach Hubs Aboriginal women's safety contact service Taikurtirna Tirra-Apinthi 	<ol style="list-style-type: none"> Intensive Family Support (Ana Wardli – Towards Home, Walking Together) My Journey Healing by Art Program
Core components	<ul style="list-style-type: none"> Referral process Intake/assessment Case plans/risk assessment Workshops Counselling Group work 	<ul style="list-style-type: none"> Educational therapy Financial counselling Activities for children (dance, music, art, narrative, community events, cultural camps)
Staffing	<ul style="list-style-type: none"> 3 men's family violence counsellors 3 women's family violence counsellors 1 social worker 2 children's trauma counsellors 1 operations manager/practitioner supervisor 1 administration officer 	<ul style="list-style-type: none"> CEO and 'many counsellors' are Aboriginal people. All staff experienced in working with Aboriginal communities and are 'exceedingly' culturally competent. Staff able to choose therapy modalities most comfortable for them. All staff trained in CBT
Evaluation Design	<p>Design: Mixed-methods, independently conducted (RAND) (6)</p> <p>Aboriginal governance, design and execution in the evaluation: Assistance from Inside Policy, an Aboriginal-owned organization in setting up the evaluation</p> <p>Published: 2021</p> <p>Evaluation period: 2018-2020</p> <p>Sample size: Not reported</p> <p>Age: Not reported</p> <p>Gender: Not reported</p>	
Evaluation indicators	Effectiveness	No outcomes reported in the evaluation report as after over two-years of serving clients, the data collected by KWY was not sufficient to enable a rigorous evaluation to be conducted
	Acceptability	Not reported
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> Organisation and staff strongly believed in the value of their program Staff had experience working with Aboriginal populations and were exceedingly culturally competent

	<ul style="list-style-type: none"> • Program was adapted to address staffing challenges • Staff able to choose modality of therapy most comfortable for them, all were trained in CBT.
	<p>Barriers</p> <ul style="list-style-type: none"> • Difficulties maintaining contact with clients (as they changed phone numbers regularly) • Lack of culturally appropriate measure for child risk assessment • Lack of central database (excel was not efficient) • Hard to adhere to the holistic family model due to staff shortages in remote areas
Other	<ul style="list-style-type: none"> • Funded by the Department of the Prime Minister and Cabinet Third Action Plan • Institutionalising service-wide data collection is a significant undertaking • Evaluation timeline limited the period during which actual program implementation could be observed

Table A9. Case study: Mpwelarre Health Aboriginal Corporation

Location	Northern Territory
Setting	Not-for-profit, primary health care service, ACCHO
Operational status	In operation since 1973
Target population	Aboriginal and Torres Strait Islander people living in a remote communities
Aim	To provide holistic and culturally appropriate primary health care for social and cultural wellbeing, mental health and community connectedness
Framework	Not reported
Guiding principles	<ul style="list-style-type: none"> • Community engagement with the project • Response to identified community needs • Delivery and responsibility for the project sits with Aboriginal people • Culturally valid understandings must shape the provision of services
Relevant programs	Social and Emotional Wellbeing Service
Core components	<ul style="list-style-type: none"> • Individual, family and large group activities • Individual counselling • Family therapy • Narrative therapy • Play therapy, sand play • Traditional healing • Cultural activities (e.g., men's dancing) • Community engagement activities • Community education
Staffing	Two Aboriginal Family Workers (AFW) that reside in the community, two non-Indigenous counsellors that spend significant time residing in the community. One AFW is also a traditional healer. SEWBS staff work with other health and allied health professionals from the Health Service and other organisations.
Evaluation Design	<p>Design: Cross-sectional qualitative study (7)</p> <p>Aboriginal governance, design and execution in the evaluation: participants offered opportunity to review transcripts; over a 12-month period, the principal researcher spent time in community to develop and build relationships, which informed the design of the research</p> <p>Published: 2013</p> <p>Evaluation period: Not reported</p> <p>Sample size: 21 (service providers, service participants and referrers)</p> <p>Age: Not reported</p> <p>Gender: 62% male</p>
Evaluation indicators	<p>Effectiveness</p> <ul style="list-style-type: none"> • Reductions in smoking, alcohol, self-harm • Increased engagement and sense of value

		<ul style="list-style-type: none"> • Provision of localised response to significant social and interpersonal problems has resulted in reduction of these problems
	Acceptability	<ul style="list-style-type: none"> • Participants reported that the program has been an effective response to significant community problems
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Strong teamwork between SEWB service staff, colleagues in wider service and other local groups. • Working flexibly • Having a trusted person to talk to • Targeting multiple levels of change
		<p>Barriers</p> <ul style="list-style-type: none"> • Demands of the service leave providers overwhelmed and exhausted • Communication barriers • Difficulty establishing, maintaining and promoting access • Difficulty recruiting staff • Lack of clear decision-making pathways • Issues with funding: Funding from multiple sources with lack of funding sustainability; funding decisions being made by non-Indigenous people focusing on a deficit model (rather than strengths-based) • Reporting requirements difficult to balance with the role of the service.
Other		<ul style="list-style-type: none"> • Community identified the need for the evaluation, stating that it was integral to accountability

Table A10. Case study: Murri School Healing Program

Location	Queensland
Setting	Not-for-profit, school, Indigenous owned and controlled
Operational status	Established 2012, unclear if in operation
Target population	Aboriginal and Torres Strait Islander students and parents
Aim	To assist young Aboriginal and Torres Strait Islander people to heal from their distress and prevent the continuing transmission of trauma
Framework	Trauma-aware and healing-informed
Guiding principles	<ul style="list-style-type: none"> • Connection to culture • Improved family relationships • Improved service coordination • Improved physical health
Core components	<ul style="list-style-type: none"> • Healing camps • Healing circles • Use of country to support increased cultural connection • Outreach support • Building pride and identity through cultural activities and experiences • Mentoring and personal development programs • Counselling and therapeutic support • Health service provision • Case management • Service coordination (e.g., DOCS, Centrelink, Housing, Evolve, Kummara, Kurbingui and Distance Education)
Staffing	Family support workers, psychologists, medical and allied health professionals and trauma-informed teachers
Evaluation Design	<p>Design: Cost-benefit analysis (mixed-methods), independently conducted (Deloitte) (8)</p> <p>Aboriginal governance, design and execution in the evaluation: Not reported</p> <p>Published: 2017</p> <p>Evaluation period: 2012-2016</p> <p>Sample size: 161 survey respondents</p>

	Age: Not reported Gender: Not reported	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> Improved social and emotional wellbeing (a reduction of 'abnormal' and 'borderline' scores in the Strengths and Difficulties Questionnaire) Reduced contact with child protection services (30% reduction in OOHC placements, 19% reduction in contact with CPS) Reduced contact with justice system (14% reduction in incarcerations) Improved education attainment (higher than average Year 12 completion rates and school attendance rates) Improved connection to culture: 77% of young people reported that the camp activities helped them strengthen their connection to culture Benefits of the healing program were calculated to be worth \$28,248 per student For every dollar invested in the program, there are \$8.85 return benefits
	Acceptability	Rates of engagement (Jan 2016-June 2016) <ul style="list-style-type: none"> 405 children and 129 family members undertook counselling 230 young people and 180 adult family members took part in healing activities
	Feasibility	Enablers <ul style="list-style-type: none"> Employment of Aboriginal and Torres Strait Islander staff Positive return on investment Barriers: Not reported
Other	<ul style="list-style-type: none"> Part of the Healing Foundation's Intergenerational Trauma Initiative funding The Healing programs at Brewarrina Central School and Bourke High School are based on the Murri Model The Murri School is also known as The Aboriginal and Islander Independent Community School 	

Table A11. Case study: Marninwarntikura Women's Resource Centre

Location	Western Australia	
Setting	Not-for-profit, community service, ACCO	
Operational status	In operation since 2003	
Target population	Aboriginal women and children	
Aim	To strengthen families through the journey of healing from intergenerational and early life trauma, family violence, grief and loss	
Framework	Marrooryawarrani Ngambirriyawarrani Yoowarnia (Gathering, Caring and Nurturing Together as One) (9)	
Guiding principles	<ul style="list-style-type: none"> Knowing history (decolonisation) Making connections Creating safe spaces Connection to Country Accessing the right kind of support Self-care Collective care Advocacy Culture at the centre "culture is healing" Working with people where they are at 	<ul style="list-style-type: none"> Build relationships and partnerships Caring, nurturing, empathy, understanding Strengths-based Privileging family voices Commitment (being there for the long journey) Accountability Informed by emerging knowledge, lived experience, and grounded in healing

	<ul style="list-style-type: none"> • Showing people what 'good' looks like • Family and community led • Leadership • Flexibility 	<ul style="list-style-type: none"> • Healing and trauma aware practices • Guided by cultural authority and women's voices • Supporting people to heal in their own way.
Relevant programs	<ol style="list-style-type: none"> 1. Baya Gawi Buga Yani Jandu Yani U 2. Crisis response (Family Violence Prevention Legal Unit) 3. Marulu 4. Marnin Studio 	
Core components	<ul style="list-style-type: none"> • Sharing information • Creating connection • Supporting autonomy and choice • Healing and trauma aware practice – integration into all aspects of organisation • Acknowledging feelings • Responding to and supporting people to navigate government policy and systems • Importance of relationships – building trust • Advocacy both individual and systemic 	<ul style="list-style-type: none"> • Referral integrated services across Marninwarntikura and external referral • Leadership and modelling • Culturally informed practice • Language learning • Building confidence and self-esteem, positive mental health and wellbeing • Embedding cultural parenting, practices, language • Yarning • Nurturing self and others
Staffing	Indigenous and non-Indigenous staff members, specific staffing composition unclear. Legal service includes a counsellor and social worker	
Evaluation Design	<p>Design: Mixed methods, independent review of the Women's Shelter (Moreton Consulting) (10)</p> <p>Aboriginal governance, design and execution in the evaluation: Moreton Consulting (now called Burbangana Group) is Indigenous owned and controlled; inclusion of a project advisory group to guide the co-design process</p> <p>Published: 2017, 2021</p> <p>Evaluation period: Not reported</p> <p>Sample size: Not reported</p> <p>Age: Not reported</p> <p>Gender: Not reported</p> <p>Information has also been extracted from the 2021 Annual Report (11)</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Various recommendations came from the 2017 review of the Women's Shelter, including: <ul style="list-style-type: none"> • changing the model of care to a strengths-based wrap around support for women and children • improving staffing by employing more permanent positions and providing opportunities for professional development and training • create a culturally safe and friendly environment; • increase opportunities for outreach • Evidence from the 2021 Annual Report indicates that these recommendations have been taken on board, and that overall the shelter is running well. <ul style="list-style-type: none"> • The team have incorporated a more trauma-informed understandings and approaches to the physical spaces in which women stay. For example, they have brought more greenery into the courtyard and common areas, reinvigorated our outdoor furniture, upgraded the bathroom areas, rethought language and information displays replacing what wasn't trauma informed

		<p>with art created by women staying in the Shelter. These changes were reported to enhance the well-being of the women and children staying in the shelter.</p> <ul style="list-style-type: none"> The report also indicates that the team have implemented a Mobile Outreach Program and have a more stable staffing roster
	Acceptability	Not reported
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> Evidence from the 2021 Annual Report (across all programs) <ul style="list-style-type: none"> Employing local staff on Country Investment in workforce skills development and capacity building
		<p>Barriers</p> <ul style="list-style-type: none"> Evidence from the 2017 review on the Women's Shelter: <ul style="list-style-type: none"> Outreach activities limited by funding Staffing complications (majority of staff were in casual positions) The shelter had a poor reputation The shelter did not provide enough wrap-around support Poor cultural sensitivity from staff
Other		<ul style="list-style-type: none"> Linked to Healing Foundation Trauma Education Programs Community identified the need for the evaluation, stating that it was integral to accountability Funding for the expansion of the Family Violence Prevention Legal Unit from Department of the Prime Minister and Cabinet Third Action Plan. Although MWRC was included in the Final Report by RAND (Australia's Third Action Plan of the National Plan to Reduce Violence Against Women and Their Children, Priority Area 2), as the funding was limited to the appoint of a counsellor and social worker, MWRC were unable to show evidence of program improvement. Staff did report anecdotally that clients were doing better overall

Table A12. Case study: North Australian Aboriginal Justice Agency (NAAJA) Healing Program

Location	Northern Territory
Setting	Not-for-profit, legal service, Aboriginal governance
Operational status	In operation between 2017 to 2018
Target population	Aboriginal youth with contact with justice system
Aim	To strengthen cultural identity, build skills and re-establish positive relationships
Framework	Trauma-aware and healing-informed approaches
Guiding principles	Not reported
Core components	<ul style="list-style-type: none"> Focus on future goals and engagement in employment and training DRUMBEAT and yarning group therapeutic sessions (individual and group) Weekly activities to strengthen cultural identity Young fathers took part in a parenting program Parents of young people offered support to care for their children's trauma and to re-establish positive relationships following their release
Staffing	NAAJA youth support workers, a Youth Engagement Counsellor based at SEWB branch of Danila Dilba Health Service, a Youth team coordinator

Evaluation Design	<p>Design: Document review of biannual Performance Reports (planned yarning circles were not conducted due to COVID-19 restrictions) (12)</p> <p>Aboriginal governance, design and execution in the evaluation: Not reported</p> <p>Published: 2021</p> <p>Evaluation period: 2017-2018</p> <p>Sample size: 70</p> <p>Age: Not reported</p> <p>Gender: 100% male</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Improved social and emotional wellbeing of children and young people • Improved sense of belonging and connection to culture • Improved resiliency of children and young people (including skills in managing conflict and enhanced help-seeking behaviours, securing employment) • Improved relationships/stronger connections between young people and their families • Improved service coordination for children and young people, and families. • Workforce development: Complex Case Clinic training for NAAJA team members (completed 5 training sessions during the program)
	Acceptability	<ul style="list-style-type: none"> • Participating young males and their families reported 90% satisfaction rating with the project • Pre-release relationship building excellent, safe, and provided a trusting platform to continue working with the young person and their family post-release
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Use of natural spaces, such beaches and parks to conduct therapeutic sessions • Partnerships and collaboration with teams from other organisations including Community Corrections, Youth Outreach and Engagement teams and NAAJA youth lawyers. • Complex Case Clinics were a key success factor. <p>Barriers</p> <ul style="list-style-type: none"> • Lack of physical space in the detention centre to conduct therapeutic conversations • Limited access to the detention centre • Personnel changes in partner organisations • Collaboration with some key stakeholders • Introduction of the Territory Families based Youth Outreach and Engagement Officers in early 2018 shifted support away from an Indigenous trauma-aware and healing-informed service
Other	Funded by the Healing Foundation, collaboration between North Australian Aboriginal Justice Agency, The Healing Foundation, and Relationships Australia	

Table A13. Case study: Wadamba Wilam (Neami National)

Location	Victoria
Setting	Not-for-profit, mainstream mental health provider
Operational status	In operation since 2013
Target population	Aboriginal people experiencing mental illness and poor social and emotional wellbeing, with a history of homelessness

Aim	To address the physical and mental health needs of individuals with complex histories of trauma and neglect and to remove barriers to service access by creating safe and trustworthy service systems
Framework	<p>Wadamba Wilam Practice Approach (Theory of Change)</p> <ol style="list-style-type: none"> 1. Foundation activities (see guiding principles) 2. Relational activities and immediate changes (Basic needs are met; hooks are offered in relation to need; the service meets people where they are at; not shaming; being with people in crisis; slow and flexible assessment; tools used at the right time, over time; early use of service systems; staff look for therapeutic windows; permission to spend time to build relationship; persistence - workers come back again; staff seek to understand rather than react; staff hold issues and come back to them at the right time) 3. Foundational outcomes (sense of hope is generated; workers are trusted; people are understood within a context of culture and trauma, informed by their social historical context) 4. Intermediate outcomes (flexible & responsive access; service is accepted and valued by community; Consumers choose to strengthen connections in relation to their wellbeing; Consumers can link with and use systems towards wellbeing; People feel safe to engage in healing activities) 5. End of program outcomes: Aboriginal people feel increased sense of their wellbeing, strength and connection 6. Long term goals: Holistic social and emotional wellbeing for Aboriginal people
Guiding principles	<ul style="list-style-type: none"> • Interdisciplinary team • Cultural responsiveness and culturally safe practice • Alignment with the 9 principles of the Social and Emotional Wellbeing • Family-centred practice • Strengths-based approach • Trauma-informed care • Culturally appropriate tools • Care coordination • Continuity of care • Interdisciplinary team approach • Discretionary budget • Long term support to build trusting relationships, with continued support after basic needs are met and soft endings to allow consumers to build gradually towards independence.
Core components	<ul style="list-style-type: none"> • Holistic mental health treatment and psychosocial support with a focus on trauma recovery and improving social and emotional wellbeing • Specialist Alcohol and Other Drug treatment and support • Case management and care co-ordination, which involves facilitating engagement with necessary social services and community resources such as cultural groups and camps. • Advocacy and support for navigating the myriad systems involved in consumers' care, including housing • Promoting and facilitating engagement • Liaison, education and involvement with the identified family to support and empower the consumer. • Activities to support connection to culture, including Men's Camps, time spent on Country, attendance at cultural events, provision of art supplies, among others.
Staffing	<ul style="list-style-type: none"> • Aboriginal and non-Aboriginal staff (non-Aboriginal staff have completed cultural responsiveness training, participate in cultural mentoring) • Outreach team consists of healthcare professionals representing Victorian Aboriginal Health Service, Neami National, Uniting Care ReGen Alcohol and Other Drug Service, and the Northern Area Mental Health Service. • The interdisciplinary team includes an Aboriginal Social and Emotional Wellbeing support worker, a Nurse Practitioner, a Senior AOD Clinician, two Community Rehabilitation Support Workers, a Consultant Psychiatrist and a Service Manager.
Evaluation Design	Design: Mixed methods, organizational impact report (13)

	<p>Aboriginal governance, design and execution in the evaluation: Not reported</p> <p>Published: 2021</p> <p>Evaluation period: 2016-2020</p> <p>Sample size: 48</p> <p>Age: Not reported</p> <p>Gender: Not reported</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • 81% of consumers are housed in sustainable tenancies, with 69% of consumers sustaining these tenancies for over 12 months. • 61% decrease in the number of inpatient psychiatric admissions post-referral. The average yearly psychiatric admissions reduced from 1.5 per year per person, to 0.1 per year per person. • 67% of consumers have experienced an increase in their meaningful activity, shifting from 73% of consumers engaging in survival activities only at service entry. • 72% of consumers have reduced both their use of alcohol and ice. 67% of consumers have reduced their use of opioids. • 49% of consumers reported increases in social connections. • 52% of consumers had a reduction in criminal offending. • 73% of consumers had an increase in engagement with medical support, with 44% of these having enough engagement to meet their needs. • 60% of consumers were connected with a regular GP. • 6% of consumers have an Involuntary Treatment Order (ITO) in place, down from 20% of consumers with an active ITO on referral.
	Acceptability	<ul style="list-style-type: none"> • Long term support allows trust and rapport to be meaningfully established
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Interdisciplinary team bring a range of specialty skills that can be utilised to meet complex needs with immediacy. • Intensive assertive outreach and visible presence in the community. • Interagency collaboration overcomes service disconnection. • Low case numbers and a high ratio of staff to consumers ensures staff have adequate time and collegial support to provide the care required to manage complex needs • Intensive assertive outreach, flexibility and responsiveness facilitate workers to overcome service access barriers and to support consumers when in crisis. • A foundational understanding of the nine-guiding principles of social and emotional wellbeing is applied to all aspects of the program. • Culturally appropriate tools, including the Aboriginal Resilience and Recovery Questionnaire (ARRQ) and the International Trauma Questionnaire, are utilised to facilitate meaningful and respectful assessment processes. • The right staff are employed and they behave in a culturally competent and safe manner. They are trauma-informed, understand the impacts of trauma, understand trauma behaviours, and utilise strengths-based interventions to improve people's wellbeing.

	<ul style="list-style-type: none"> • The service works with multiple family members at once, which supports healing to multiple generations and strengthens connections to community and family. • Staff ensure care coordination which supports consumers to navigate various parts of the service system, sharing knowledge and resources with intersecting services to promote effective interventions and avoid re-traumatisation of consumers. • Continuity of care supports the maximising of available interventions, to promote meaningful co-ordination of services and discharge planning. • Workers continue to provide support to consumers after basic needs, such as housing, are met. This supports consumers to make the profound shift from surviving to thriving. • A slow exit process whereby support is provided with less frequency and intensity allows for consumers to build up independence. Quick re-entry to the service if the need arises, without any formal intake process, also allows for consumers to quickly re-engage with their trusted supports to avoid a severe decline in social and emotional wellbeing • Discretionary budget to meet consumer needs. • Trusting relationships established within the community through working collaboratively with ACCHOS and ACCOs
	Barriers: Not reported
Other	<ul style="list-style-type: none"> • Initially federally funded under the “Breaking the Cycle” initiative, with additional funding to mid-2021 from the Victorian Department of Health and Human Services • The idea of success is not defined by the attainment of broad goals, but rather that success and healing is unique to each person, and better represented by distance travelled than final outcomes

Table A14. Case study: Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT) Program (Ngaoara)

Location	New South Wales, Australian Capital Territory
Setting	Not-for-profit, founded by an Aboriginal woman, integrated within schools or ACCHOs
Operational status	In operation since 2016
Target population	Aboriginal and Torres Strait Islander children
Aim	To provide medical and therapeutic trauma assessment and referral outreach for Aboriginal and Torres Strait Islander children affected by trauma
Framework	Socio-ecological model, trauma-informed
Guiding principles	<ul style="list-style-type: none"> • Child centric • Integrated and multisectoral response • The promotion of positive cultural practices • Culturally informed and safe services • Treatment as prevention
Core components	<ul style="list-style-type: none"> • Take referrals from local schools and services to provide regular outreach for children identified with, or suspected of exposure to, the impacts of trauma, violence and abuse • Provision of free culturally informed, sustained outreach specialist assessments • Facilitate case management and coordinate care for at risk and vulnerable children

	<ul style="list-style-type: none"> • Promotes connection to culture through cultural activities • Practical support (food, clothing and access to safe shelter) • Outreach with specialist teams • High quality assessment of needs • Care planning • Coordination of care and case management • Capacity development of existing services and professional development of staff
Staffing	Small teams of multidisciplinary clinical and educational professionals
Evaluation Design	<p>Design: Mixed-methods, independently conducted (Murrawin Consulting, The Burnet Institute) (14)</p> <p>Aboriginal governance, design and execution in the evaluation: Involvement of Murrawin Consulting, an Indigenous consultancy firm</p> <p>Published: 2019</p> <p>Evaluation period: 2016-2019</p> <p>Sample size: 21 interviews (6 staff members, 15 family members); aggregate data for 21 children</p> <p>Age: Not reported</p> <p>Gender: Not reported</p>
Evaluation indicators	<p>Effectiveness</p> <ul style="list-style-type: none"> • Reframed behavioural problems as unresolved trauma, increased the awareness of trauma • Improve social and emotional wellbeing: children feel valued, listened to and cared for • Developed and delivered workforce capacity building (school staff, service staff) • Instilled aspiration and hope • Advocacy for improved services and resourcing to respond to trauma • Creation of a safe space • Improved school engagement • Addressed barriers to accessing specialist services (availability, distance, costs, cultural safety) • Improved quality of care in partner services (e.g., engagement with young people, trauma-informed)
	<p>Acceptability</p> <ul style="list-style-type: none"> • Increase in number of young people engaged in the program • Program highly valued by families and community members <p>Rates of engagement</p> <ul style="list-style-type: none"> • 78 outreach visits completed • 135 children/adolescents referred and engaged with service • 157 specialist assessments completed
	<p>Feasibility</p> <p>Enablers</p> <ul style="list-style-type: none"> • Employment of local staff members • Filled service delivery gap through the implementation of a comprehensive specialist medical assessment and care planning • Partnership with community • Maintained and unconditional commitment to addressing trauma <p>Barriers</p> <ul style="list-style-type: none"> • Lack of existing structures to support referrals, screening or ongoing support following assessment
Other	Funded by the Commonwealth Department of Health (Light House Project)

Table A15. Case study: Our Men Our Healing Project

Location	Northern Territory	
Setting	Not-for-profit, Indigenous controlled organization	
Operational status	In operation between 2013 and 2015 in three communities: Maningrida, Ngukurr and Wurrumiyanga	
Target population	Aboriginal and Torres Strait Islander men in remote communities	
Aim	To strengthen, support and empower Aboriginal men	
Framework	<ul style="list-style-type: none"> • Education: Men taking their place as strong learners and teachers • Employment: Men taking their place as strong providers • Health: Men taking their place as strong men • Identity: Men being stronger in themselves and their place as leaders 	<ul style="list-style-type: none"> • Law: Men taking their place as positive role models • Relationships: Men taking their place as nurturers • Resources: Men being empowered to be strong in various roles • Safety: Men taking their place as protectors
Guiding principles	<ul style="list-style-type: none"> • Combine western methodologies and Indigenous cultural healing • Understanding the impact of colonisation and transgenerational trauma, and grief in the local community • Build individual, family and community capacity • Incorporate strong evaluation frameworks, communications plans and performance monitoring mechanisms. • Require community readiness, capacity and collaboration • Are supported by effective partnerships across the local service sector • Are embedded in strong Indigenous led organisations with demonstrated healing leadership or other culturally safe, trauma-informed organisations • Driven by local leadership • Have a developed evidence base and theory base 	
Core components	<ul style="list-style-type: none"> • Counselling (e.g., Men's counselling group) • Family support • Advocacy and cultural brokerage • Case management and coordination • Day trips / activities (e.g., cultural education, fishing trips) 	<ul style="list-style-type: none"> • Group programs (e.g., the Men's Shed) • Yarning groups • Community events and celebrations (end of year celebrations) • Overnight camps
Staffing	<ul style="list-style-type: none"> • Wurrumiyanga: 3 First Nations staff employed (2014), 2 in 2015. • Maningrida: 6 First Nations staff employed (2014), only 1 in 2015. • Ngukurr: 1 First Nations staff employed in 2014 and 2015. • Men's group meeting facilitator: Local community member with lived experience of incarceration, violence, healing and participation in healing program. 	
Evaluation Design	<p>Design: not reported, independent evaluation (Social Compass) (15)</p> <p>Aboriginal governance, design and execution in the evaluation: community involvement in evaluation process</p> <p>Published: 2015</p> <p>Evaluation period: 2013-2015</p> <p>Sample size: Not reported</p> <p>Age: Not reported, included youth and adults</p> <p>Gender: 100% male</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Reduction in family and domestic violence • Reduction in self-harm and suicide • Wurrumiyanga site: Reduced contact with justice system (50% reduction in the number of men registered with the NT Department of Correctional Services, reduction in rates of recidivism and reoffending)

		<ul style="list-style-type: none"> • Women report feeling safer and more supported by the men in their families and communities • Improved social and emotional wellbeing (including enhanced self-esteem and confidence) • Increased re-emergence of cultural celebrations and ceremonies
	Acceptability	<p>Rates of engagement</p> <ul style="list-style-type: none"> • 448 men participated in program activities with many more attending community events and celebrations
	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Co-design by men in the community, ensuring ownership and adaption to local needs, so allowing men to lead the way in their own healing. • Connection to country, culture and identity increase empowerment and confidence to take the cultural lead with younger men, provide increased safety for families and take up employment
		<p>Barriers</p> <ul style="list-style-type: none"> • Slow implementation (lack of backing from auspicing bodies) • Lack of human resources (e.g., counsellors, mentors) • Lack of a space for men to meet, cool off and share story and belonging • Limited opportunities for transfer of cultural knowledge from Elders to young men
Other	Funded by the Healing Foundation and the Northern Territory Department of Children and Families	

Table A16. Case study: Red Dust Healing

Location	National	
Setting	Not-for-profit, Aboriginal and Torres Strait Islander owned & designed	
Operational status	In operation since 2007	
Target population	Aboriginal and Torres Strait Islander men, women and families. Has been adapted for a range of population subgroups: young people in juvenile detention centres, people with disabilities, high school and university students, and community and health workers (e.g., doctors, police, legal practitioners)	
Aim	To address suicide prevention, stolen generations, grief and loss, family and domestic violence, mental health and substance abuse.	
Framework	A holistic, culturally relevant and strengths-based approach	
Guiding principles	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander owned & designed • Culturally appropriate • Holistic: Addresses mental, emotional, spiritual needs and focuses on interconnectedness with family and community • Indigenous Model of Oppression: informed by history and colonization 	<ul style="list-style-type: none"> • Promoting self-healing, self-determination and empowerment • Solution focused • Flexible and transferable • Provides safe space: programs run on country where possible • Elder involvement • Incorporates reflective practices through evaluations
Core components	<ul style="list-style-type: none"> • Workshops delivered in a relaxed, non-threatening way • Two workshop modalities: 1 day or 3 days • Use of culturally relevant tools or symbolic diagrams: <i>The tree</i> (symbolizes different choices individuals can make and the impact of choices on family members); <i>Bird and Fish</i> (control, how to deal with grief and loss); <i>Lore</i> 	

	<p><i>and Law</i> (difference between L-O-R-E, Land, Origin, Respect, Elders, and L-A-W, Legalities, Attorney General and Westminster system); <i>JIG syndrome</i> (Jealousy, Insecurity and Greed); <i>Pouch</i> (solution-based, problem solving concept); <i>The Mat</i> (individualized session on a mat), <i>Suicide Safeguarding</i></p> <ul style="list-style-type: none"> • Post workshop linkage with relevant Aboriginal and Torres Strait Islander services, mentors and at times, buddies. Sometimes follow-up conducted by the facilitator 	
Staffing	<p>Founded and facilitated by Warramunga man (Wiradjuri Nation). Additional facilitators are carefully selected and trained by founder/key facilitator.</p> <p>Service providers and clinicians can be trained to deliver the RDH tools in their practice.</p>	
Evaluation Design	<p>Design: Mixed-methods, independent evaluation (Jo Thompson Consulting) (16)</p> <p>Aboriginal governance, design and execution in the evaluation: embedded within a participatory action research framework, designed to reflect Aboriginal and Torres Strait Islander worldview whilst respecting histories, cultures and knowledge systems.</p> <p>Published: 2018</p> <p>Evaluation period: Not reported</p> <p>Sample size: 42</p> <p>Age: 33% between ages of 36-45 years old, 33% over the age of 56 years old</p> <p>Gender: 52% female</p>	
Evaluation indicators	Effectiveness	<ul style="list-style-type: none"> • Improved social and emotional wellbeing sustained after program completion (e.g., 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) • Ripple effect: Benefits extend beyond the individual participant to their families, communities, workplaces • Program helped participants reflect on the impact of life choices and decisions on both their own lives and on those around them • The suicide prevention report by the University of Western Australia rate program as having strong effectiveness and good practice (16)
	Acceptability	<ul style="list-style-type: none"> • Has strong community support (from those who have experienced the benefits of the program in their own lives or recognised profound changes in the lives of family members) • A majority of interviewees reported continued personal use and sharing of RDH tools 2 or more years post program. • Participants report high levels of satisfaction with the program <p>Rates of engagement</p> <ul style="list-style-type: none"> • Since 2007, >15,000 people in almost 300 communities across Australia have completed the program

	Feasibility	<p>Enablers</p> <ul style="list-style-type: none"> • Creation of a culturally, emotionally, and physically safe environment that respects confidentiality • Adaptability and accessibility: program has been replicated in multiple locations, communities and across cultures • Tools employed by the program continue to be used by participants years after completion • Program tools can be delivered by clinicians and service providers • Rapport between founder, facilitators and participants <p>Barriers</p> <ul style="list-style-type: none"> • Difficult to meet growing demand. Nationwide demand outstrips capacity to fulfill requests • Ongoing support through external services can be difficult to facilitate in remote areas where services are limited
Other	Adapted for use in the Philippines and for Māori populations in New Zealand	

Table A17. Case study: Waminda - South Coast Women's Health and Welfare Aboriginal Corporation

Location	New South Wales	
Setting	Not-for-profit, primary healthcare, family support and health promotion services, ACCHO	
Operational status	In operation since late 1980s	
Target population	Aboriginal women, children, young people and their families	
Aim	To support Aboriginal women and their families to be strong, independent, prosperous, powerful, and self-determining	
Framework	Waminda Model of Care (2021), Balaang Healing framework (2021) (17)	
Guiding principles	<p>Waminda Model of Care (2021)</p> <ul style="list-style-type: none"> • Self-determination • Physical, emotional, spiritual, mental health and wellbeing • Restoration of power • Decolonisation • Trauma-informed • Strengths-based • Accountability • Collaboration • Leadership • Trauma-informed • Resilience • Culture • Respect • Boldness 	<p>Balaang Healing framework (2021)</p> <ul style="list-style-type: none"> • Identity and culture • Health and wellbeing • Being • Nyully • Sharing • Ceremony • Song and dance • Belonging and connection • Spirituality • Family and kinship • Nurturing • Language
Relevant programs	<ol style="list-style-type: none"> 1. Nabu Aboriginal family preservation and restoration program 2. Waminda Counselling Services 3. Balaang Healing 4. Case management services 5. Strong Yawa 	
Core components	<p>Nabu Aboriginal family preservation and restoration program: includes family-led decision making, family yarning sessions, deep listening, critically reflective practices, strengths-based assessments (Growth and Empowerment Measure), liaison with other services (e.g., NDIS, schools, allied health professions, midwives), in-home practical supports, individual and family therapeutic support, mentoring, and coordination of case planning</p>	

	<p>with referral points such as education, housing, health, legal, non-government organisations and justice-related services.</p> <p>Waminda Counselling Services: narrative therapeutic approach for crisis support, advocacy, group work, support for families who are impacted by sexual abuse, family and domestic violence support, interpersonal trauma support, grief counselling. Includes in-house and outreach services.</p> <p>Balaang Healing: Yarning circles, art therapy, Elders groups, Women's groups, Women's gatherings, short term accommodation</p> <p>Case management services: holistic seamless wraparound support for women and their families</p> <p>Strong Yawa: After-hours support (check-in service and crisis hotline)</p> <p>Other: free fresh fruit at the reception desk</p>
Staffing	<p>Nabu Aboriginal family preservation and restoration program: Caseworkers, Family Support Workers, Cultural Mentors, and Elder/Cultural Mentors, managers, counsellors, and intake/administration staff. Partnerships with DCJ and research institutes</p> <p>Waminda Counselling Services: Two Aboriginal Healing Counsellors, one Social and Emotional Wellbeing Counsellor, one Youth Counsellor and a Drug and Alcohol Counsellor</p> <p>Waminda's non-Koori staff are included through the Waminda Imperfect Allies group and by participating in cultural inductions and cultural mentoring</p>
Evaluation Design	<p>No formal, independent evaluations of relevant programs have been published. Evidence of effectiveness, acceptability, enablers and barriers have been extracted from annual reports (17), the SNAIC program review (18), the Waminda website and blog posts. (19)</p> <p>A large evaluation of Waminda's programs is currently underway, the expected completion date is unknown.</p>
Evaluation indicators	<p>Effectiveness</p> <ul style="list-style-type: none"> • 2021-2022: no children removed, four longer term family cases have been closed • 2016-2017: 100% success rate preservation and 91% for restoration
	<p>Acceptability</p> <p>Rates of engagement</p> <p>Nabu</p> <ul style="list-style-type: none"> • 2021-2022: 5831 episodes of care; 7716 client contacts • Recognised as one of the best Aboriginal-led early intervention models of care in Australia by SNAICC in 2020-2021 <p>Waminda Counselling Service</p> <ul style="list-style-type: none"> • 2021-2022: 156 clients supported; 292 counselling sessions; 1081 case management sessions; 852 client contacts; 609 episodes of care <p>Ballaang Healing</p> <ul style="list-style-type: none"> • 2021-2022: 315 episodes of care; 359 client contacts <p>Strong Yawa</p> <ul style="list-style-type: none"> • 2021-2022: 700 outgoing calls, received 56 crisis calls; 1782 client contacts; 15 staff trained; 1576 episodes of careh
	<p>Feasibility</p> <p>Enablers:</p>

		<ul style="list-style-type: none">• Waminda Counselling Service: accessible, adaptable, flexible – structured differently to mainstream services (e.g., no restricted number of sessions)• Nabu: family buy-in and participation, situated within an ACCHO that places culture and community at its foundation. <p>Barriers:</p> <ul style="list-style-type: none">• Balaang Healing: limited funding• Waminda Counselling Service: Long wait-lists due to high demand for counselling services
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Table A18. Summary of additional services (n = 56)

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Akeyulerre	Name: Various programs Location: NT Operational? Yes Target population: Individuals, families and communities	✓		✓		✓										
Armajun Aboriginal Health Service	Name: SEWB and Mental Health Service Location: NSW Operational? Yes Target population: Individuals, families and communities	✓	✓				✓	✓			✓	✓				
Baabayn Aboriginal Corporation	Name: Various healing programs Location: NSW Operational? Yes Target population: Individuals, families and communities	✓														
Bendigo and District Aboriginal Co-operative	Name: Bendigo and District Aboriginal Co-operative Family Safety Programs Location: VIC Operational? Yes Target population: Families	✓	✓							✓						
Bila Muuji Health services	Name: Bila Muuji SEWB Initiative Location: NSW Operational? Yes	✓	✓							✓						

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
	Target population: Individuals, families and communities															
Boorndawan Willam Aboriginal Healing Service	Name: Men's healing circles Location: VIC Operational? No Target population: Men	✓		✓	✓	✓										
Brewarrina Central School and Bourke High School, Healing Foundation	Name: School Healing Programs Location: NSW Operational? Unclear Target population: Youth			✓	✓								✓			
Canberra Rape Crisis Centre	Name: The Nguru Program Location: ACT Operational? Yes Target population: Individuals, families and communities		✓													
Che-Ki-Dee Pty. Ltd	Name: Che-Ki-Dee Cultural Healing Program Location: QLD Operational? Yes Target population: Families	✓				✓	✓						✓			
Cherbourg Regional	Name: SEWB Team & Family Wellbeing Program	✓	✓	✓		✓	✓									

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Aboriginal and Islander Community Controlled Health Services	Location: QLD Operational? Yes Target population: Individuals, families and communities															
Creating a Safe Supporting Environment & Central Australia Aboriginal Congress	Name: Aboriginal Australian Relations Program Location: National Operational? Yes Target population: Individuals, families and communities							✓								
Derbarl Yerrigan Health Service Aboriginal Corporation	Name: Weirn Mooditj Location: WA Operational? Yes Target population: Individuals, families and communities		✓													
Dhauwurd Wurrung Elderly and Community Health Service	Name: Nootyoong Mara Healing Centre Location: VIC Operational? Yes Target population: Individuals, families and communities	✓			✓											

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Dumbartung Aboriginal Corporation	Name: Kootamiara Quab Women's Healing Program Location: WA Operational? No Target population: Women	✓		✓	✓											
Galangoor Duwalami Primary Healthcare, ACCHO	Name: Galangoor Duwalami Primary Healthcare SEWB Program Location: QLD Operational? Yes Target population: Individuals, families and communities	✓	✓				✓	✓								
Gallang Place Aboriginal and Torres Strait Islander Corporation Counselling Services	Name: Gallang Place Location: QLD Operational? Yes Target population: Youth and Families	✓	✓													
Geraldton Regional Aboriginal Medical Service	Name: Geraldton Bringing Them Home Program Location: WA Operational? Yes Target population: Individuals, families and communities		✓				✓									

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Geraldton Regional Aboriginal Medical Service	Name: Maga Barndi SEWB Support Location: WA Operational? Yes Target population: Families	✓	✓				✓		✓							✓
Gippsland and East Gippsland Aboriginal Co-operative	Name: Sharing Culture, Sharing Knowledge, Healing People Location: VIC Operational? No Target population: Individuals, families and communities			✓		✓										
Gurriny Yealamucka Health Services	Name: Family Healing and Wellbeing Services Location: QLD Operational? Yes Target population: Families	✓	✓		✓							✓				
Healing foundation	Name: Young Healers Location: National Operational? No Target population: Youth	✓														
Helem Yumba	Name: Helem Yumba Central Queensland Healing Centre Location: QLD Operational? Yes	✓	✓													

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
	Target population: Individuals, families and communities															
Indigenous Psychological Services	Name: Indigenous Psychological Services Location: WA Operational? Yes Target population: Individuals, families and communities	✓	✓					✓								
Indigenous Wellbeing Centre Ltd	Name: Cultural Connect program Location: QLD Operational? Yes Target population: Individuals, families and communities	✓	✓		✓											
Ironbark Aboriginal Corporation, not-for-profit	Name: Ironbark Indigenous Support Location: NT Operational? Yes Target population: Individuals, families and communities	✓								✓	✓					
Karadi Aboriginal Corporation	Name: Karadi Aboriginal Corporation Community Education Training Program Location: TAS Operational? Yes Target population: Families				✓			✓								
Karadi Aboriginal Corporation	Name: Healing our Trauma Location: TAS Operational? No	✓		✓												

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
and Nayri Niara Centre for the Arts of Healing, Healing Foundation	Target population: Individuals, families and communities															
Katherine West Health Board Aboriginal Corporation (KWHB), ACCHO	Name: Katherine West Health Board SEWB Program Location: NT Operational? Yes Target population: Individuals, families and communities	✓					✓									
Kinchela Boys Home Aboriginal Corporation	Name: Healing program Location: NSW Operational? Yes Target population: Individuals, families and communities	✓	✓	✓	✓	✓										
Larrakia Nation	Name: Larrakia Cultural Centre Location: NT Operational? Yes Target population: Individuals, families and communities	✓		✓		✓										
Lismore Men and Family Centre &	Name: Tweed Yarn Up Group for Indigenous Men Location: NSW				✓											

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Rekindling the Spirit	Operational? Unclear Target population: Men															
Melaleuca Place	Name: Melaleuca Place Location: ACT Operational? Unclear Target population: Youth		✓									✓				
Mens Outreach Service Aboriginal Corporation	Name: Various programs Location: WA Operational? Yes Target population: Men	✓	✓						✓		✓					
Moorundi Aboriginal Community Controlled Health Service	Name: Tumbetun Namawi mi:wi Program Location: SA Operational? Yes Target population: Individuals, families and communities	✓	✓	✓	✓	✓	✓									
Murrigunyah Family and Cultural Healing Centre	Name: Healing Our Way Program Location: QLD Operational? Yes Target population: Families	✓														
Northern Rivers	Name: Northern Rivers Community Healing Hub Location: NSW	✓	✓	✓	✓	✓			✓					✓		

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Community Healing Hub	Operational? Yes Target population: Individuals, families and communities															
Not reported	Name: Family and Community Healing Program Location: SA Operational? No Target population: Families	✓		✓		✓	✓						✓			
Not reported	Name: Heal For Life First Nations Healing Service Location: NSW Operational? Yes Target population: Youth														✓	
Nunkuwarrin Yunti of South Australia Inc	Name: Various healing programs Location: SA Operational? Yes Target population: Individuals, families and communities	✓	✓			✓				✓						
Ord Valley Aboriginal Health Service	Name: Intergenerational Trauma Program Location: WA Operational? No Target population: Youth			✓												
Relationships Australia	Name: Healing Our Children Program Location: NT	✓														

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
	Operational? No Target population: Families															
Richmond Wellbeing	Name: Moorditj Djerpin Wirrin Location: WA Operational? Yes Target population: Individuals, families and communities	✓							✓							
Rumbalara Aboriginal Cooperative	Name: Dunguludja Yakapna Traditional Healing Centre Location: VIC Operational? Yes Target population: Families	✓						✓								
Tangentyere Council	Name: Various programs Location: NT Operational? Yes Target population: Women and children	✓	✓					✓	✓	✓	✓	✓				
Townsville Aboriginal and Islanders Health Services	Name: SEWB Services Location: QLD Operational? Yes Target population: Individuals, families and communities	✓	✓		✓		✓					✓				
Turn em around Healing	Name: Turn em around Healing Location: NT	✓	✓	✓		✓								✓		

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
	Operational? Unclear Target population: Youth															
Victorian Aboriginal Community Services Association Limited	Name: Various healing programs Location: VIC Operational? Yes Target population: Individuals, families and communities	✓	✓				✓		✓	✓						
Victorian Aboriginal Health Service	Name: Minajalku Aboriginal Healing Centre Location: VIC Operational? Yes Target population: Individuals, families and communities	✓			✓											
Wakai Waian Healing	Name: Wakai Waian Healing Location: QLD Operational? Yes Target population: Individuals, families and communities	✓	✓			✓	✓									
Wellington Aboriginal Corporation Health Service (WACHS), ACCHO	Name: SEWB Program Location: NSW Operational? Yes Target population: Individuals, families and communities	✓	✓				✓	✓		✓						

Service	Service Details	Non-specific SEWB/ healing support	Counselling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
Wirraka Maya Health Service Aboriginal Corporation	Name: SEWB Programs Location: WA Operational? Yes Target population: Individuals, families and communities	✓	✓	✓	✓		✓	✓	✓	✓	✓					
Womens Health and Family Services	Name: Aboriginal Women's Services Location: WA Operational? Yes Target population: Families	✓		✓	✓	✓	✓				✓					
Wungening Aboriginal Corporation	Name: Wungening Moort Location: WA Operational? Yes Target population: Youth	✓	✓				✓									
Wurli Wurlinjang Aboriginal Health Service	Name: Wurli-Wurlinjang SEWB Unit Location: NT Operational? Yes Target population: Families	✓	✓				✓	✓			✓					
Yorgum Healing Services	Name: Yorgum Healing Services Location: WA Operational? Yes Target: Individuals, families and communities	✓	✓	✓	✓											
13YARN	Name: 13YARN Location: National Operational? Yes															✓

Service	Service Details	Non-specific SEWB/ healing support	Counseling/ therapeutic support	Cultural activities/tools	Yarning circles	Community connection	Referral networks/ service navigation support	Psychoeducation	Outreach	Case management/care coordination	Advocacy	Intake/assessments	Mentoring	Healing space	Residential program	Crisis support hot line
	Target population: Individuals, families and communities															

Table A19. Rationale for selecting frameworks for inclusion in the umbrella framework. Summary of guiding principles and service elements included within the umbrella framework

Framework	Rationale for inclusion in umbrella framework	Overarching principles included in the umbrella framework	Service elements included in the umbrella framework
Healing Foundation Theory of Change (2022)(20)	<ul style="list-style-type: none"> • The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that provides a platform to amplify the voices and lived experience of Stolen Generations survivors and their families • The Theory of Change 2022 version represents a culmination of the Healing Foundation's work on quality healing programs since 2012 	<ul style="list-style-type: none"> • Healing supports Aboriginal peoples to overcome trauma and disadvantage (GP1) • It begins by being trauma-aware and healing-informed (GP2) • To make healing happen (GP3) 	<ul style="list-style-type: none"> • Being culturally centred to enhance a positive sense of identity, self-confidence, and hope (SE1) • Self-determination for First Nations peoples to have a say in policies, programs, and service delivery across all systems, sectors, and organisations (SE3) • Preventive, restorative, and holistic responses to intergenerational trauma (SE5) • Collaboration through partnerships between organisations (SE7)
Healing Foundation Theory of Change (2019)(21)	<ul style="list-style-type: none"> • Some components of the Theory Of Change 2019 were not present in the Theory Of Change 2022 version. However these domains were present in other identified frameworks so it seemed pertinent to represent these 	<ul style="list-style-type: none"> • Are informed by an understanding of the impact of colonisation. Intergenerational Trauma and grief in the local community (GP1) 	<ul style="list-style-type: none"> • Are driven by local leadership (SE3, SE7) • Require community readiness, capacity and collaboration (SE7) • Combine western therapeutic support with Indigenous cultural healing (SE7) • Build individual, family and community capacity (SE5) • Are embedded in strong Indigenous led organisations with demonstrated healing leadership or other culturally safe, trauma- informed organisations (SE3) • Are supported by effective partnerships across the local service sector (SE7) • incorporate strong evaluation frameworks, communications plans

Framework	Rationale for inclusion in umbrella framework	Overarching principles included in the umbrella framework	Service elements included in the umbrella framework
			and performance monitoring mechanisms (SE8) <ul style="list-style-type: none"> • Have an evidence and theory base (not included in the umbrella framework)
Yorgum Healing Services Healing Framework For Koorlangka With Complex Trauma (2023)(22)	<ul style="list-style-type: none"> • Yorgum Healing Services provide culturally secure, community-based healing services that utilize a trauma-informed approach to support Aboriginal children, young people, and adults • The framework has an explicit focus on addressing complex trauma with a community setting • Recent publication (2023) 	<ul style="list-style-type: none"> • Empowerment (GP3) • Self-determination (GP3) 	<ul style="list-style-type: none"> • Culture-based responses (SE2) • Family (SE5) • Community-controlled (SE3) • Self-determination (SE3) • Safety and stability (SE4) • Holistic responses (SE5) • Identity (SE1) • Strengths-based (SE6) • Aboriginal/Noongar workers (SE3) • Education (SE7)
Social and Emotional-Wellbeing Framework (2004)(23)	<ul style="list-style-type: none"> • SEWB frameworks capture Aboriginal concepts of healing, where mental health is viewed through a holistic lens, inclusive of social, emotional, physical, cultural, and spiritual dimensions • Comprehensive SEWB framework (ref Gupta) 	<ul style="list-style-type: none"> • The impact of history in trauma and loss (GP1) • The impact of racism and stigma (GP1) • The right to self-determination (GP3) 	<ul style="list-style-type: none"> • Health as holistic (SE5) • The need for cultural understanding (SE1) • Recognition of the centrality of kinship (SE5) • Recognition of cultural diversity (SE2) • Recognition of Aboriginal strengths (SE6) • The right to self-determination (SE3) • Recognition of human rights (not included in the umbrella framework)

Figure A1. Waminda Model of Care(17)

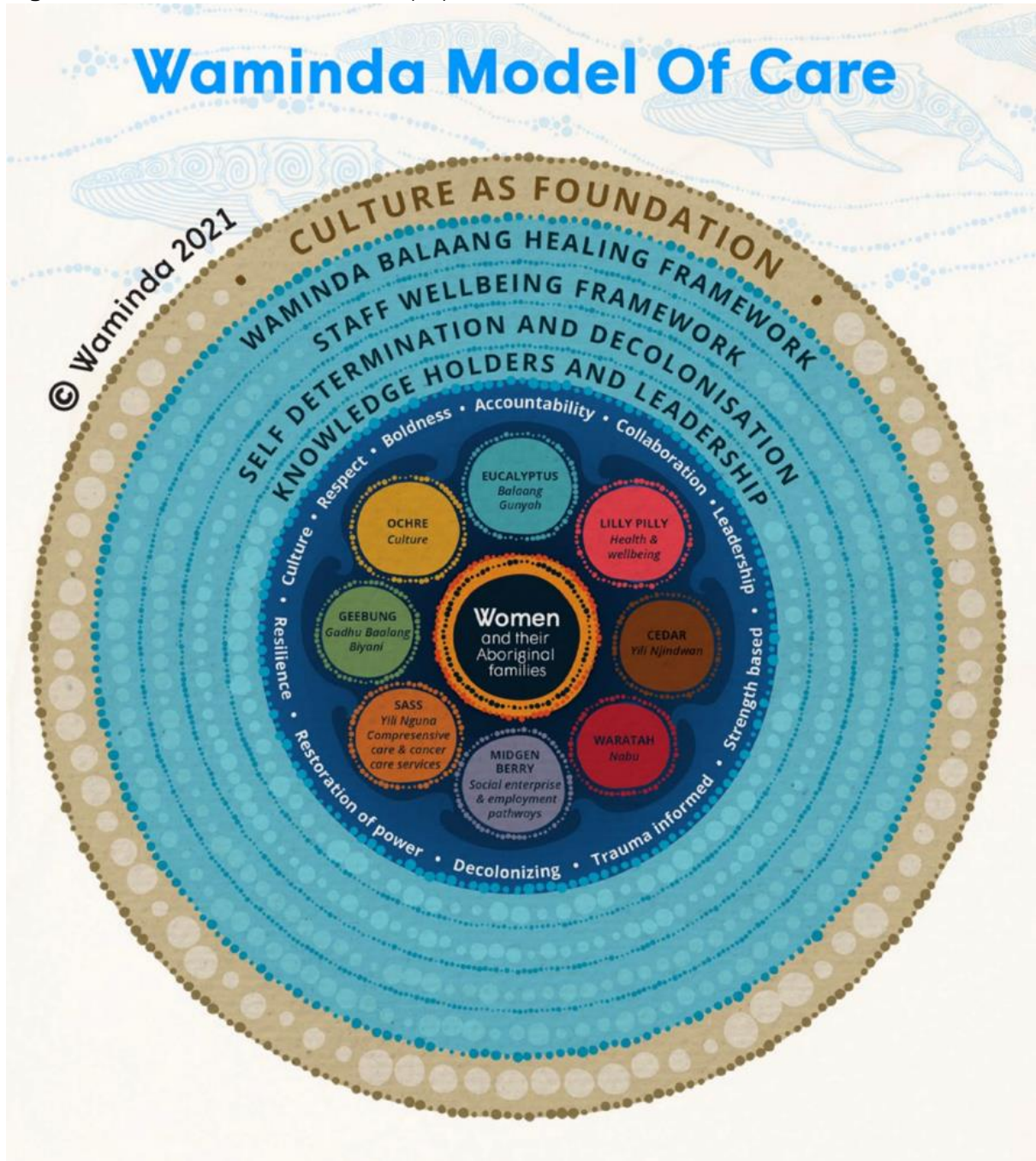


Figure A2. Balaang Healing Framework(17)

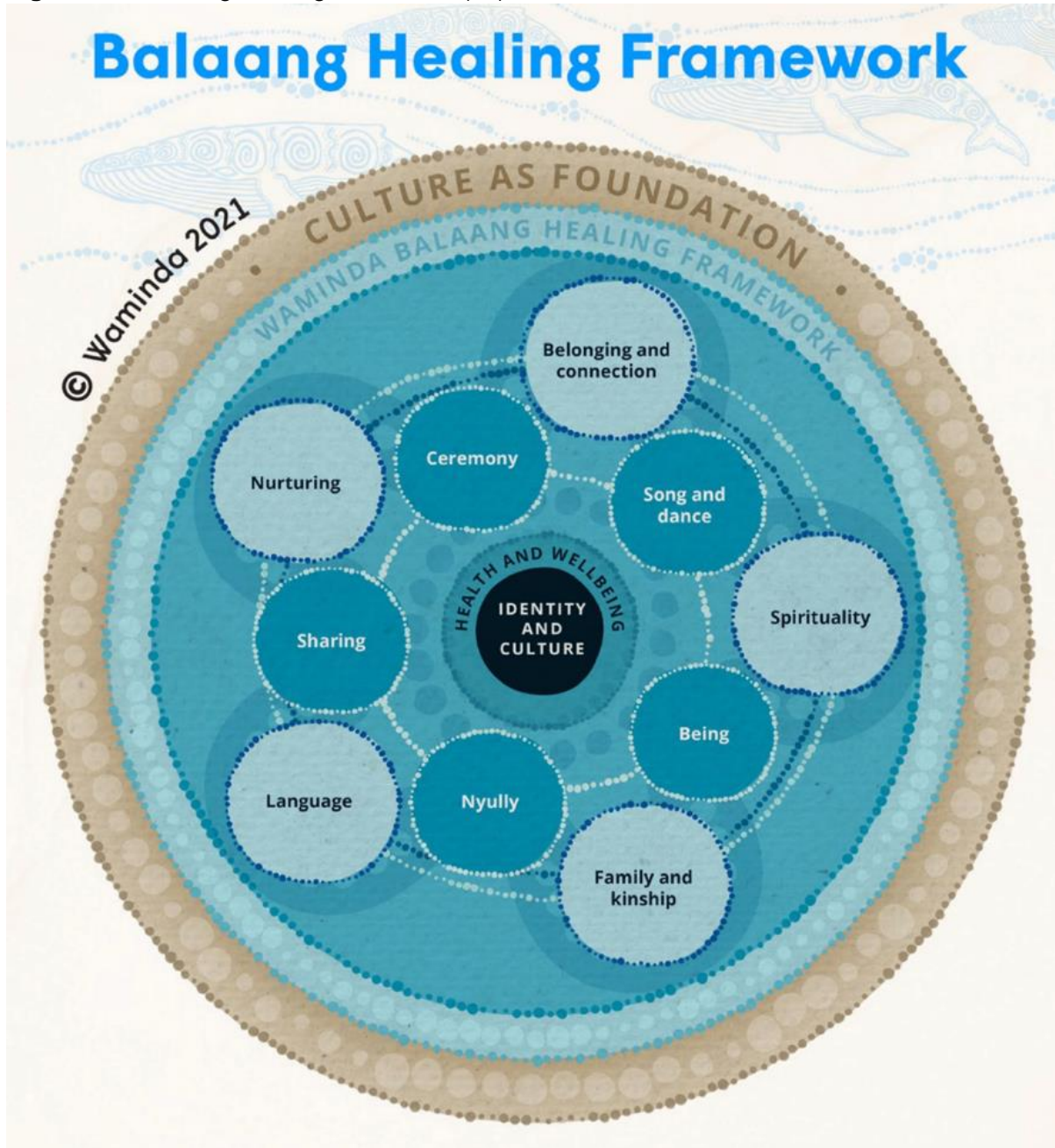


Figure A3. Marroorrywarrani Ngambirriyawarrani Yoowarnia(9)

Marninwarntikura



Appendix references

1. Black C, Ferderico M, Bamblett M. Healing through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse. *The British Journal of Social Work*. 2019;49(4).
2. Deloitte Access Economics. Strengthening Spirit and Culture: A cost-benefit analysis of Dardi Munwurro's men's healing programs. The Healing Foundation; 2021.
3. Deadly Connections. Deadly Connections Impact Report 2019-2021. 2021.
4. Booth E. Deadly Families Evaluation Report. For-Purpose Evaluations; 2020.
5. Aboriginal Family Violence Prevention And Legal Service Victoria. Evaluation Report Of The Aboriginal Family Violence Prevention And Legal Service Victoria's Early Intervention And Prevention Program. 2014.
6. Cahill M, Brown RA, Baker G, Barnes-Proby D, Sandrini H. Australia's Third Action Plan of the National Plan to Reduce Violence Against Women and Their Children, Priority Area 2: Aboriginal and Torres Strait Islander Women and Their Children - Final Report. RAND Corporation; 2021.
7. Carey TA. A qualitative study of a social and emotional well-being service for a remote Indigenous Australian community: implications for access, effectiveness, and sustainability. *BMC Health Services Research*. 2013;13(1):1-11.
8. Deloitte Access Economics. Cost Benefit Analysis of the Murri School Healing Program. the Healing Foundation; 2017.
9. Marninwarntikura Women's Resource Centre. Marninwarntikura Healing Framework. Marninwarntikura Women's Resource Centre; 2022.
10. Pearce J. Marninwarntikura Women's Shelter Review Stage 2 Report. Marninwarntikura Women's Resource Centre; 2017.
11. Marninwarntikura Women's Resource Centre. 2021 Annual Report. Marninwarntikura Women's Resource Centre; 2021.
12. Prince J. Intergenerational trauma initiative: North Australian Aboriginal Justice Agency Healing Program review. Understanding the impact. The Healing Foundation; 2021.
13. Chiera J. Wadamba Wilam Practice Approach. Neami National; 2021.
14. Ngaoara Limited. Trauma Assessment, Referral and Rehabilitation Outreach Teams (TARROT): A description of the program and an evaluation of its impact. A report to the Department of Health. Ngaoara Limited; 2019.
15. The Healing Foundation. Our Men Our Healing: Evaluation Report. The Healing Foundation 2015.
16. Red Dust. Red Dust Healing Program Evaluation Red Dust; 2018.
17. Waminda. Waminda Annual Report 2021 - 2022. Waminda; 2022.
18. SNAICC. Waminda – South Coast Women's Health And Welfare Aboriginal Corporation: Nabu Aboriginal family preservation and restoration program. 2021.
19. Armstrong R. Strong Women, Strong Culture: Community Control Success Stories at Waminda 2019 [updated 31/10/2019. Available from: <https://www.ahmrc.org.au/strong-women-strong-culture-community-control-success-stories-at-waminda/>.
20. The Healing Foundation. Stolen Generations Collective Healing Initiatives Rounds 1–6: impacts and findings. 2022.

-
21. The healing Foundation. A Theory of Change for Healing. 2019.
 22. Hovane V, Sellers L, Pickett K, Mogridge R, Pickett L, Wallum D, et al. Truth-Telling At The Centre: An Evidence-Informed Co-Design Of A Healing Framework For Koorlangka With Complex Trauma. Perth: Yorgum Healing Services and the University of South Australia, Australian Centre for Child Protection; 2023.
 23. Commonwealth of Australia. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. Canberra: Department of the Prime Minister and Cabinet; 2017.