

Gathering the Seeds Symposium Report

3rd-5th April, 2023. Whadjuk Noongar Boodja (Perth)



Replanting the Birthing Trees, 2022 © Valerie Ah Chee



There are many diverse populations in Australia. The term 'Aboriginal' or 'Aboriginal and Torres Strait Islander' are used in this report. The term 'Indigenous' is used to refer to Indigenous people globally. For ease of reading, the term 'non-Aboriginal' is used to refer to people that do not identify as Aboriginal and/or Torres Strait Islander.

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Executive Summary

Hosted by Replanting the Birthing Trees project team, the Gathering the Seeds Symposium (GTSS) was held on the banks of the Derbarl Yerrigan (Swan River) on Whadjuk Noongar Country from April 3-5, 2023. The symposium showcased the research and practice, both established and emerging, that is driving health system reform to transform cycles of intergenerational trauma and ensure that all Aboriginal and Torres Strait Islander babies have the best possible start in life.

The aims of the Gathering the Seeds symposium were to:

1. Inspire service providers, researchers and community with **WHY** work in this area is critical.
2. Refine **WHAT** key elements are required to support Aboriginal and Torres Strait Islander families.
3. Demonstrate **HOW** to recreate safe and sacred places in holding space for 'hard discussions'.
4. Connect those **WHO** are driving and supporting the implementation at local and national levels.

Gathering the Seeds 2023 was attended by 215 delegates from across Australia. This included nurses, midwives, doctors, allied health professionals, researchers, community members and Elders. Over half (53%) of attendees identified as Aboriginal and/or Torres Strait Islander.

A welcome event was hosted on Monday 3rd April 3-6pm, and the following two-day symposium was structured around the Replanting the Birthing Trees conceptual model as outlined in Figure 1.

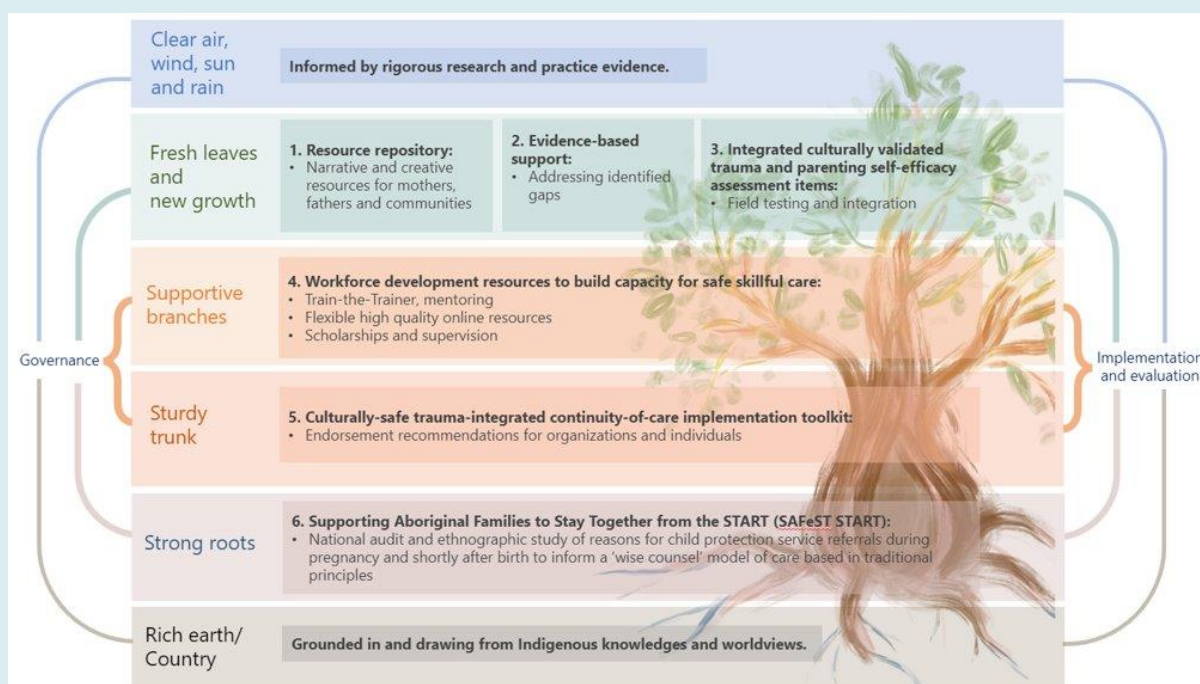


Figure 1: Conceptual Model of the Replanting the Birthing Trees Project.

Welcome Event

The welcome event began by Aunty Maree Taylor delivering a generous and warm Welcome to Country. Ms Catherine Liddle delivered the first keynote speech, highlighting the importance of improving early years support for Aboriginal and Torres Strait Islander families. Professor Cath Chamberlain gave some background to the Replanting the Birthing Trees (RBT) project and we heard from artist Valerie Ah Chee about creating the beautiful RBT artwork. The day concluded with a welcome reception to allow delegates to socialise and enjoy the views of Boorloo and the Derbarl Yerrigan.



Aunty Marie Taylor delivering the Welcome to Country



Attendees participating in the Water Ceremony

Day 1

Day 1 started with an inspiring panel of Elders sharing their wisdom, experiences and advice. The next session began exploring the conceptual tree at the leaves- the resource repository session. Here, presenters shared what makes an effective resource and the importance of employing Aboriginal knowledge and worldviews when developing support for Aboriginal families. The branches (workforce development) session extended insights about the amazing programs that exist to educate and empower service providers to deliver culturally aware and trauma integrated support to Aboriginal families. The day concluded with a session outlining the importance of providing the right support for families and the Support Framework which is being developed as part of *Healing the Past by Nurturing the Future*.



Elders Yarning Circle



Professor Catherine Chamberlain presenting.



Professor Helen Milroy AM participating in the painting space.

Day 2

The final day moved down the tree to the strong trunk with a session on culturally aware continuity of care/r models and the experiences of Aboriginal-led maternity services around Australia that have been implementing them. The Wise Counsel session represented the strong roots of the Birthing Tree, presenting a moving account of why Supporting Aboriginal Families to Stay Together from the Start (SAFeST Start) is so essential. The symposium continued with a series of presentations on implementation and the hopeful future of Aboriginal maternity care before concluding with an uplifting dance performance by the Middar Yorgas Dance Group by the river.



Dance performance by the Middar Yorgas Dance Group.



Professor Fiona Stanley AC presenting.

See Appendix 1 for full program.

Creating a Safe Space

In organizing the symposium, we placed a strong emphasis on creating a culturally safe and trauma-aware environment for all participants. We recognized that the content of the presentations would address sensitive and heavy topics, including discussions of abuse, child removal, and racism. It was crucial for us to acknowledge that these discussions had the potential to be triggering or retraumatizing for some individuals attending the symposium.

To address this concern, we implemented several key initiatives, ensuring that participants felt supported and able to engage with the symposium content while prioritizing emotional well-being. Our primary objective was to offer a safe space where individuals could navigate these challenging topics in a manner that felt comfortable and empowering. These initiatives included thinking carefully about the flow of the discussions, providing good food, music and a beautiful environment to gather, as well as:

Welcome Event

Aunty Marie Taylor opened the symposium with a beautiful Welcome to Country and Water Ceremony. The Welcome to Country laid a foundation of safety, trust and openness on which the symposium's discussions were able to take place.

Healing Tent

This semi-private and secluded space provided a refuge for attendees to reflect, regulate their emotions, and engage in self-care practices. We aimed to create an environment where individuals could process their emotions and experiences at their own pace, in a way that felt safe and empowering.

On-site Psychologist

Recognizing the potential emotional challenges and triggering experiences that could arise during the conference, we made it a priority to have a qualified psychologist available on-site. The psychologist was accessible throughout the event, offering confidential consultations and support to attendees who may have required additional emotional guidance or assistance. This ensured participants had the comfort of knowing there was professional resources readily available to should they need it.

Regulating Activities

Understanding the importance of self-soothing and grounding techniques in maintaining emotional well-being, we integrated regulating activities into the conference experience. Each table at the event was equipped with colouring materials and modelling clay, providing participants with an opportunity for creative expression and self-regulation whilst listening to the presentations.

Painting with Aunty Millie Penny

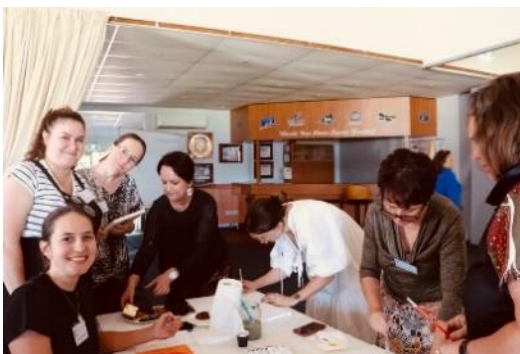
We were privileged to have Aunty Millie Penny facilitate a women's only painting space that ran concurrently throughout the symposium where participants could take time away from the presentations to yarn and create artworks which spoke to their feelings about the symposium's content. We would like to also extend thanks to Nadine Foley from Culture Weave and Julianne Wade for holding a creative and healing space alongside Aunty Millie.



Artworks by participants



Painting by attendee



Attendees working on their artworks



Aunty Millie Penny painting.

Principles for engagement

Delegates were regularly reminded of the guiding principles outlined below, to foster a safe space for engagement.

- **Confidentiality-** What is discussed in the group stays in the group, we need to be able to speak freely.
- **Be respectful-** We are all learning. There is no right or wrong, good, or bad, just different ways of doing things and learning to do things better for everyone.
- **Be brave** - share your thoughts and feelings.
- **Be kind** - to yourself and to others.

Detailed Presentation Summaries

Welcome Session

Professor Catherine Chamberlain provided a brief overview of the Replanting the Birthing Trees project and the symposium aims, including a recording from the governance group Chair, Aunty Dr Doseena Fergie AM, who was unable to attend. Ms Catherine Liddle provided an inspiring keynote to start the symposium, as a member of the Replanting the Birthing Trees governance group.

Monday 3rd April, 4.45pm-5.15pm

‘We Know What Works for Our Families’: The Importance of Holistic Early Support For Aboriginal And Torres Strait Islander Families

Catherine Liddle CEO, Secretariat of National Aboriginal and Islander Child Care (SNAICC)

“...our children come from the most resilient culture in the world. Our people have withstood significant social and environmental changes. This is an extraordinary strength to build our families on.” – *Catherine Liddle*

Key points:

- SNAICC was established through the will of Aboriginal communities to challenge the government policies that continually cause pain through the removal of children from their family, community and culture.
- SNAICC amplifies the voices of Indigenous children, families and communities to affect change on the systems that were intentionally designed to exclude and assimilate Aboriginal and Torres Strait Islander people.
- Aboriginal and Torres Strait systems, stories and understandings of kinship, bringing up children and grandmother’s law are enduring. Even where these stories may be sleeping, they remain part of a 60,000 year history.
- The Coalition of Peaks have developed 17 new targets in National Closing the Gap Agreement.
- The Coalition of Peaks have negotiated a target that by 2031, the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care will be reduced by 45 per cent.
- This target, as well as Early Childhood Development target, are staggeringly behind track and going backwards. This can be directly linked to the government defunding of Aboriginal community-controlled organisations.
- Aboriginal communities have had an inherent and unwavering understanding of how to best care for their families for 60,000 years. Grandmother’s Law acknowledges the need to care for all children as though they are your own.
- The first 1000 days of a child’s life is when they become rooted in their culture. While the importance of this has always been known by Indigenous people, this has been reaffirmed by the Royal Commission’s repeatedly identifying that children do better when they are connected to their family, their community and culture.

- It is only through Aboriginal led decisions and solutions that we will see the story change. These poor outcomes have been driven by colonial policymaking and continual government failure to invest in the well being of our Aboriginal and Torres Strait families. It is Aboriginal community-controlled organisations that can turn this around through generational knowledge and understanding the needs and strengths of their communities.



Catherine Liddle presenting.

Working in Two Worlds Session

Day 1: Tuesday 4th April, 9.15am-11.00am

Elders Yarning Circle

Chaired by Professor Rhonda Marriott, AM

We started the formal program with an Elders session to ensure the symposium and our work is grounded in the rich earth and Aboriginal and Torres knowledges and worldviews. The first group of Elders to share were Whadjuk Noongar Elders Aunties Doris Getta, Doreen Nelson, Millie Penny, Christine Parry and Vivienne Hanson. All were authors in *Ngangk Waangening*, a book of mother's stories which speaks to the importance of grandmother's legacies. The stories in [Ngangk Waangening](#) are excellent example of working in two worlds and provide a window of reflection into the lives of the women who shared their moving, lived experiences. The book was born out of Aunty Doreen Nelson's call for Elders and senior women's stories to be shared as a legacy for families and as educational tool for midwives. The Elders shared and spoke about the importance of grandmother's wisdom and birthing experiences in supporting and guiding new parents.

The attendees then heard from Elders Aunty Muriel Collard (Ballardong Noongar), Aunty Edna Winmar (Ballardong Noongar), Professor Elaine L  wurrpa Maypilama (Yol  ju), Djapirri Mununggirritj (Yol  ju), Yalmay Yunupingu (Yol  ju), Sally Maymuru (Yol  ju) and Rosemary Gundjarranbuy (Garrawurra). The women shared their experiences of being mothers and grandmothers, and their experiences of birthing on country and in hospitals. They told stories of discrimination, loss and fear but also of their tremendous resilience, pride and strength. Many women spoke of how their connections to Country and community informed them through birth and motherhood.

Leaves (parent resources, assessment tools) Session

The focus of the second symposium 'session' was on the repository and activities to develop important resources for parents. Professor Helen Milroy introduced the session with a powerful keynote about the power of storytelling.

Day 1: Tuesday 4th April, 11.20am-11.40am

The Power of Storytelling

Professor Helen Milroy AM

Stan Perron Professor Child and Adolescent Psychiatry, Perth Children's Hospital and UWA

"...so be proud, be proud of our traditions, be proud of our knowledge. We did a really good thing. We made our people resilient and strong, and we should be able to continue to do that. So let's make sure we bring back all of those cultural ways of birthing and parenting and take pride in that." – *Professor Milroy*

Key points:

- Storytelling is the oldest form of teaching and learning, for both children and adults.
- Indigenous storytelling embeds children within an ecological framework that connects people to the landscape, totems, the air and earth.
 - This is why, even with the Stolen Generations, connection hasn't been broken- because that connection is spiritual, not just physical.
- Storytelling has a basis in good neurodevelopment- it lays down neural pathways and enhances learning about culture, emotions, problem solving and relationships.
- Storytelling is therapeutically beneficial- it develops a coherent personal narrative, acts as a vehicle for indirect expression, provides a broader narrative for understanding the historical legacy and creates a focus on the future.
- For children in out-of-home care, who gives them their stories and holds their stories and reinforces that throughout their life?
- The nation is not going to last on wealth, it's going to last on the future of our children. We need a wellbeing agenda for children that transcends all of the other things in politics.
- Grandmothers are essential in buffering for families, for sharing stories and knowledge and for providing the love that children need. We need to nurture the children of today so they become grandparents, because that's one of the most important roles in life that you can play.



Professor Helen Milroy presenting.

Day 1: Tuesday 4th April, 11.40am-11.50am

Family Matters Building Blocks

Associate Professor Paul Gray

Jumbunna Institute of Indigenous Education and Research

“...focus on community aspirations and outcomes, not government aspirations and outcomes... so our communities can continue to refine and improve their own models of care models that centre our communities, our cultural values and perspectives and provide the foundation for healing.”- *Associate Professor Gray*

Key points:

- The Family Matters campaign aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040.
- The goal is for Aboriginal and Torres Strait Islander children and young people to grow up strong, safe, and cared for in their families, communities, and culture.
- The campaign is grounded in the four evidence-informed Family Matters Building Blocks:
 - All families enjoy access to quality, culturally safe, universal, and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive.
 - Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children.
 - Law, policy and practice in child and family welfare are culturally safe and responsive.
 - Governments and services are accountable to Aboriginal and Torres Strait Islander people.

A/Prof Gray discussed that while utilization of ACCHOs is increasing, there is often a failure to effectively enable community led culturally embedded models of care. Communities are contracted to deliver a particular program with defined parameters regardless of whether these aligned to the needs of the communities. The language of evidence-based approaches is increasingly employed to justify these decisions. This insistence on existing evidence reinforces the privileging of Western knowledge systems and ignores that the opportunity to develop what is seen as suitable evidence has not been equitably distributed across our society for many decades. This approach also ignores the evidence that non-Indigenous programs often do not work for Indigenous families and places the blame for these failings back on Indigenous communities. A/Prof Gray affirmed the need to create greater support for the development and implementation of new models of care, programs, resources, that are created **by community for community** by recognising self-determination and culture as key factors promoting healing.

Day 1: Tuesday 4th April, 11.50am-12.00pm

First Nations Principles for Childhood; A Child's Journey from Spirit Self to Social Self

Dr Mishel McMahon

Aboriginal Rural Health Coordinator, Office of La Trobe Rural Health

“children are not just parented by their parents or extended family, children are actually raised by their ancestors, and they're also raised by all entities of country, by their community.” – *Dr McMahon*

Key points:

- Dr McMahon presented the findings of her research on principles and ontologies of Aboriginal childrearing and child development, which is informing a resource being developed for parents.
- Indigenous ways of knowing can't be viewed as just an add-on to the Western system – we need to start by looking at the roots.
- Relational ontology is a view of reality that all entities; plants, animals, elements, seasons, skies, waterways, the land, the spirit world, our Ancestors and humans are in interconnected relationship; oneness. First Nations peoples have held relational worldviews for thousands of years.
- Colonisation brought with it Western European collective cultural code which includes a hierarchal worldview- these worldviews are vastly different and disruptive to relational worldviews, which position inter-dependency & inter-relationships (seen & unseen) between all entities.

Key principles of Aboriginal childrearing and child development:

- **Relatedness** – a child learning who their family is- may include relations, friends, pets, other animals, landscapes, waterways & ancestors. From relatedness comes both a collective and individual identity.
- **Relational parenting** – *who* is raising the children. Children are raised not only by parents but also by ancestors, entities of country, community and Kid Mob. However, Kid Mob has history of being referenced as a protective concern by child protection services. Pregnancy to first year of life, a child is transitioning from spirit self to social self, and there is a need special care and ceremony.
- **Strong kids** – the outcome of relatedness and relational parenting. A child is born with agency and gains knowledge from lived experiences but are also born with Ancestral memory.
- **Tracks of Australian First Nations Childrearing**- First Nations child rearing is ancestral knowledge which is thousands of years old, but it was normalised as part of cultural consciousness. There has not previously been a need to conceptualise these principles but there is now a need translate this into assessments, reporting and documentation that professionals use so that Aboriginal childrearing is integrated as equal but different to Western childhood development theories.
- **Selfhood** – a child's journey is cyclical. The major milestone celebrated by communities was when the child moved into their social self through being introduced to their community. See figure 2.

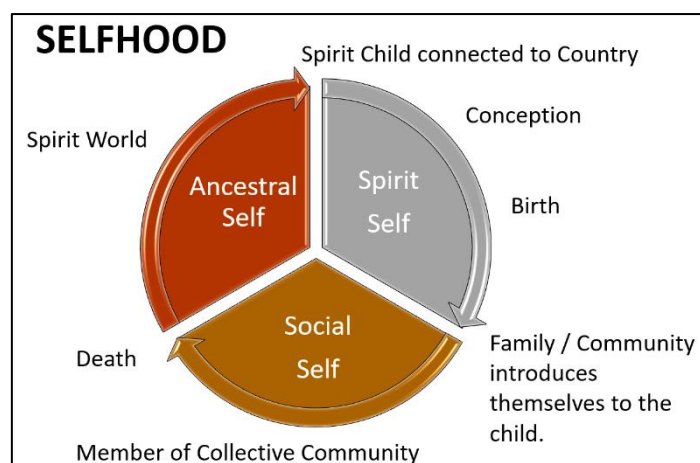


Figure 2: The cyclical journey of a child's selfhood.

Day 1: Tuesday 4th April, 12.00pm-12.20pm

The Sharing Power of Stories and Parents Books

Ms Jill Faulkner

"[storytelling] is a way of connecting, a way of making meaning, a way of immediately starting to understand someone's world." – Jill Faulkner

Key points:

- Storytelling is a resource for healing from trauma, and Ms Jill Faulkner is working with communities to develop story resources to share as part of the Replanting the Birthing Trees project.
 - It holds a healing element, opportunity for repair, and a process of moving on and rebuilding.
 - Experiences of trauma create an "unmaking" of our worlds, storytelling offers a "re-making" of the world that taps into agency and imagination.
- There is often an emphasis in the psychological world on 'retelling', which can be re-traumatising – storytelling offers a safe place from which to reimagine and move forward.
- The neuroscientific approach focuses primarily on the brain, concealing the politics of people's lives that are so shaping of experience and identity. On the other hand, narrative therapy is interested in thinking about feelings, meaning and action as a unit of experience, rather than in the dualistic ways that we see in medical models.
- Jill described working with the NPY Women's Counsel to create the picture book Tjulpu and Walpa. The book was developed by a group of Ngangkari (traditional healers), grandmothers and Elders and with the story is threads of their experiences with challenging times, through the eyes of children.
- Jill shared the story with the audience- a story of two girls who receive vastly different care, leading them down two very different paths.

Day 1: Tuesday 4th April, 12.20pm-12.30pm

SMS4DeadlyDads – Keeping in Touch and Monitoring the Wellbeing of New First Nations Fathers in Rural & Remote Australia Through Text Messages During The Perinatal Period.

Uncle Dr Mick Adams

Senior Research Fellow, HealthInfoNet

“We looked at how we get blokes involved... so that as a family unit, we’ll go together.” - *Uncle Dr Adams*

Key points:

- SMS4DeadlyDads is a program specific to Aboriginal & Torres Strait Islander people, that is part of SMS4Dads- a national project funded by the Department of Health and Aged Care.
- These are text-based information services that aims to get men engaged and supported throughout the leadup to their child’s birth.
- The adaption from SMS4Dads to SMS4DeadlyDads included integrating cultural norms such as women’s business and men’s business.
- Aims to empower men in how they can walk alongside their partner by better understanding and supporting them.
- The service includes:
 - Texts to check in – tips, information, and support. If dad replies that they are not ok, they are sent information for further support.
 - 3 messages a week synced to baby’s stage of development. From 12 weeks of pregnancy to 1 year old.
 - 80 embedded links to further online information & assistance
- Uncle Mick expressed the need for word to be spread about this fantastic service – encourage your mates and families to have a look and sign up. We will be promoting the excellent work of the SMS4Dads team through the Replanting the Birthing Trees program.

Further reading of interest: <https://www.healthymale.org.au/research-reviews/why-talking-dads-critical>



*Uncle Dr Mick Adams
presenting.*

Branches (workforce development) Session

Adjunct Professor Janine Mohamed led the session talking about the importance of workforce development (strong branches). This session was then followed by presentations on types of workforce training being developed and offered as part of the Replanting the Birthing Trees project, including online training by Emerging Minds, Face to Face Training by the University of Melbourne and Sydney teams, mentoring by We Al-li Pty Ltd, and Baby Coming You Ready.

Day 1: Tuesday 4th April, 1.40pm-1.55pm

Importance of Culturally and Emotionally Safe Care During Pregnancy, Birth and Postpartum.

Adjunct Professor Janine Mohamed

CEO, Lowitja Institute

“Imagine if all of us who have ever suffered racism and ignorance in our health care, but especially at the precious moment of birth, instead had care that we want and need. Imagine being surrounded by our women assisting us in our birthing, bathed in our ways, our understanding, surrounded by our family and culture and by non-Indigenous health professionals who understand, respect and value our ways and put themselves under the microscope before putting us under it. Imagine a system that understood the torment of our powerlessness in so many places, and restored our cultural authority, stopped othering us, transformed itself. Not just for the benefit of all of us as mothers and Aboriginal Torres Strait Islander peoples and families in that community. But importantly, for everyone else in Australia. It is important in every part of our lives to have emotionally and culturally safe care, I believe, but no more important and no more precious than when you bring a new life. Our lineage into this world.” - *Adjunct Professor Mohamed*

Key points:

- Aboriginal mothers are too often viewed through a deficit lens of being non-compliant and high risk.
- When health services adopt a paternalistic attitudes towards Aboriginal women, it results in the silencing of women, often leading to devastating consequences. This result is seen in the alarming statistic that Aboriginal and Torres Strait Islander women are three times more likely to die in childbirth compared to their non-Indigenous counterparts.
- The Lowitja Institute aims to provide cultural safety resources and support. Unlike cultural awareness training, cultural safety training draws the focus to the non-Indigenous participant and prompts them to explore a challenge privilege and power dynamics.
 - It is importance to maintain that cultural safety is a lifelong journey.
 - You can learn more about the Lowitja Institute’s cultural safety resources here: <https://www.lowitja.org.au/page/services/tools/evaluation-toolkit>
- The Lowitja Institute conducted a literature review which asked ‘What are the key components of a holistic, women-centred and collaborative approach to antenatal and birthing services?’. The findings aligned with the components of the Birthing in Our

Community model. The findings were that a good quality birthing program or service for our people should:

- respond to Community needs.
- be co-designed, led, and implemented by collaborating members of Aboriginal health networks and tertiary mainstream services and
- focus as much on the family as on the mother.
- be holistic.
- be responsive to individuals' needs and be culturally safe.
- with a significant presence of our health workforce.

Day 1: Tuesday 4th April, 1.55pm-2.10pm

Developing Practitioner's Skills Through Online Workforce Packages: Replanting the Birthing Trees.

Rosie Schellen, Shirley Young and Nancy Jeffery

Emerging Minds

"...before we actually can celebrate the beauty of our births we have to talk about those systemic abuses that have occurred for our women. "– Shirley Young

Key points:

1. The National Workforce Centre for Child Mental Health (NWC) is fully funded by the Australian Federal Government, Department of Health and is led by [Emerging Minds](#).
2. Three key components of the NWC are to:
 1. Provide an **online hub for professionals to access resources** such as practice guides, e-learning courses, webinars, tools and research.
 2. **Assist organisations and workforces to understand the role they can play to support positive mental health outcomes in Australian children.**
 3. **Translate evidence-based data and research into practical implementation strategies and resources.**
- All the resources are being developed and led by Aboriginal and Torres Strait Islander organisations, Elders, practitioners and lived experience advocates.
- The resources focus and build on hope and strength rather than focus on what is not going well.
- Emerging Minds is developing a 5 module, practical training course aimed at non-Indigenous service providers that focuses on supporting the social and emotional needs of Aboriginal and Torres Strait Islander children in the first 2000 days of life.
 - They are working with the team at [Wunungu Awara: Animating Indigenous Knowledges](#) to integrate animations into the training that represent the diverse yet universal ways communities and families have supported children's social and emotional wellbeing for over 60,000 years

Day 1: Tuesday 4th April, 2.10pm-2.20pm

Healing The Past by Nurturing The Future: Working Safely With Aboriginal And Torres Strait Parents During The First 2000 Days.

Ms Danielle Cameron

Research Fellow, University Centre for Rural Health, University of Sydney

“...those who are living with complex trauma, they’re sitting in a hypervigilant space. It’s up to us to ensure that we cause no further harm.”- *Danielle Cameron*

Key points:

- Ms Cameron provided an overview of the training modules that are being developed as part of the Healing the Past by Nurturing the Future project to foster trauma-awareness.
- This online and face-to-face training for service providers will run over 5 modules:
 - **Module 1:** Concept of ‘two-ways’ thinking to recognise Aboriginal and Torres Strait social and emotional wellbeing and childrearing practices.
 - **Module 2:** Types of trauma, basic overview of physiology and neurobiology of trauma and specific factors in the perinatal period.
 - **Module 3:** What trauma-informed perinatal care looks like and reflection with peers on ways to recreate hope-inspiring, health promoting “safe and sacred” places.
 - **Module 4:** Develop safe strategies and build relationships for working with Aboriginal and Torres Strait Islander parents experiencing complex trauma.
 - **Module 5:** Where to go to expand understanding of trauma-integrated care and support for parents.

Day 1: Tuesday 4th April, 2.20pm-2.30pm

Mentoring and Developing ‘Wise People’ to Support Families to Transform Cycles of Intergenerational Trauma.

Ms Alison Elliott

La Trobe University

“...the cultural safety, it’s both for the families using the service and for the staff. Because both ways can feel very unsafe at times.”- *Alison Elliott*

Key points:

- We Al-li offers a comprehensive approach to achieve systems transformation through a Culturally Informed, Trauma Integrated Healing Approach (CITIHA)
- This training is rooted in an understanding of the impacts that responding to trauma can have on staff as well as families.
- The training is for everyone in an organisation, including administration staff who are often overlooked in cultural safety training.

- The training is strength-based; it avoids a deficit approach and acknowledges what the organisation is already doing well. This is measured using Culturally Informed, Trauma Integrated Healing Assessment Tool (CITIHAAT) which also monitors the improvement.
- Wellbeing champions are individuals within an organisation who coaches the organisation through the change and addresses resistance to change within the organisation.
 - These champions are often the people who are already working towards change.



Figure 3: We Al-li training phases.

Day 1: Tuesday 4th April, 2.30pm-2.40pm

Baby Coming You Ready?

Dr Jayne Kotz and Ms Trish Ratajczak

Ngangk Yira Institute for Change

“It just goes to show that if you’re told how deadly and strong you are, how far you can go.” -Ms Trish Ratajczak

Key points:

- [Baby Coming You Ready?](#) (BCYR) is a culturally responsive, perinatal mental health tool to support trust and engagement between professionals and Aboriginal and Torres Strait Islander mothers and fathers.
- With their healthcare practitioner, women navigate through the touch screen rubric and select their strengths and worries from collections of images and voiceovers. There are also support services scattered throughout the tool that the practitioner can discuss with the parent if appropriate.
- Health professionals can retraumatise people intentionally or unintentionally. BCYR disrupts this by having the practitioner deeply present and listening to the mother. It allows parents to tell their story rather than just be questioned by the practitioner.
- BCYR is strengths based- it allows parents to explore their strength and resilience before meeting the challenges of birth and postpartum.

Support Framework Session

The focus of the final session of Day 1 was on support services and framework for families (leaves).

Day 1: Tuesday 4th April, 3.25pm-3.50pm

The Importance of the Right Support for Families.

Ms Lesley Nelson

CEO, South West Aboriginal Medical Service (SWAMS)

“...every Aboriginal child deserves a champion and an adult or an organization that will never give up on them, who understands the power of connection, family, community and culture and helps them become the best version of themselves within a culturally appropriate and safe environment.”- *Lesley Nelson*

Key points:

- Kwiilenap is SWAMS Maternal and Child Health Clinic. The clinic offers:
 - Case load midwifery (allowing for continuity of carer from first presentation up until six weeks postpartum), child health nurses, Indigenous outreach workers, domestic violence support and playgroups.
- SWAMS and the Boodjari Moort Maternal and Child Health run a Positive Birth Program which provides culturally relevant and quality childbirth education to indigenous mothers and families. The program is designed to give women the tools and knowledge to be empowered and to have a safe, calm and relaxed birth experience.
 - After completing the program, 70% more women felt prepared, 58% more felt empowered and 80% more felt excited.

Day 1: Tuesday 4th April, 3.50pm-4.00pm

Associate Professor Shawana Andrews.

Director, Poche Centre for Indigenous Health, University of Melbourne

“Evidence demonstrates how nurturing love can positively reinforce parental recovery.”- *Associate Professor Shawana Andrews*

Key points:

- A/Professor Andrews gave an overview of the progress and aims of the support framework being developed as part of Healing the Past by Nurturing the Future
 - This framework will be an online repository to help care providers and families identify services suitable for indigenous families.
- Part of the rationale for this framework is that while the perinatal period can be very traumatic, it also brings with it the opportunities for recovery and interrupting cycles of trauma.

- Becoming a parent is often the first time most people have regular scheduled contacts with healthcare services since childhood, offering opportunities to identify parents at risk and offer support. Despite identifying trauma as a significant issue affecting Indigenous parents, many healthcare providers are not satisfied with the ability of their service to address trauma.
- The codesign phase of the framework development highlighted the need to ensure services are safe, not re-traumatizing parents, and that support is considered broadly and inclusively of determinants of health.
- The goals of the support framework are to:
 - Enable access to comprehensive, culturally responsive, trauma-specific support for Aboriginal and Torres Strait Islander parents.
 - Build a structured framework to identify and address existing primary healthcare service gaps for supporting families.
 - Offer a tool with which services may self-audit in relation to support, accessibility and cultural-safety in perinatal care for Aboriginal and Torres Strait families.

Day 1: Tuesday 4th April, 4.00pm-5.00pm

Support Framework Workshop

Facilitated by Dr Kim Jones and Ms Emily Darnett

Indigenous Health Equity Unit, The University of Melbourne

Dr Kim Jones and Ms Emily Darnett introduced a tool that is under development as part of the Support Framework that Associate Professor Shawana Andrews presented on. This tool is designed for organisations to self-assess the cultural safety and accessibility of their services. Based on five service delivery principles, the proposed tool will generate a cultural safety profile (Figure 4). This information will then be used to build a directory of services where service providers and parents can search for services in their area and receive a snapshot of that service's cultural safety and accessibility. This will better enable parents to find or be linked to services that meet their needs.

Cultural safety profile snapshot	
●	Staff <i>may</i> have done <u>trauma-informed</u> care training
●	All service providers working with Aboriginal families have done <u>cultural-safety</u> training
●	<u>Strengths-based</u> approaches <i>always</i> used
●	Service <i>is</i> <u>specific</u> for Aboriginal and Torres Strait Islander people
●	No Aboriginal and Torres Strait Islander providers <u>delivering</u> this service

Figure 4: Cultural safety profile snapshot

The audience had a go at filling out the tool on a mock service before Kim and Emily sought feedback on the strengths and weaknesses of the proposed audit and service directory database.

Workshop insights:

Overall, the feedback was positive, with the tool being described as accessible and user friendly. The traffic light system is quick and easy to follow for people browsing multiple services and the database “enables consumers to prove that cultural safety is an important metric within Blak service provision”.

Concerns and constructive feedback were also welcomed from the crowd. Several delegates were concerned that organisations may not respond honestly to the audit to avoid losing clients or appearing badly. Some suggested that for this reason, it would be better if consumers and community were involved in rating the service. It was recommended that the tools avoid jargon as terminology such as “strength-based approaches” shouldn’t be assumed knowledge. Feedback suggested that there should be further conditions for meeting the cultural safety training requirements; for example, the service provider needs to have been actively engaged in recent and comprehensive training. This feedback will be used to further develop this prototype.

Strong Roots Session

We started the second day with a focus on the ‘strong roots’ supporting Aboriginal and Torres Strait Islander families to Stay Together, and addressing the crisis in the rising numbers of Aboriginal and Torres Strait Islander children being placed in out of home care.

Day 2: Wednesday 5th April, 9.15am-9.35am

Getting Down to Serious Business: The Safety of Women and Children.

Professor Marcia Langton AO and Dr Kristen Smith

Indigenous Studies Unit, University of Melbourne

"Family violence and alcohol abuse are the biggest destroyers of the community, linked to various social issues like sexual assaults, domestic violence, poverty, and health problems."

Professor Langton and Dr Smith presented innovative approaches to improving family violence policies and support access in Aboriginal and Torres Strait Islander communities, drawing on 3 research projects that interviewed 148 people across Kununurra & Wyndham East Kimberley (WA), Mildura (Vic), Albury-Wodonga (NSW-Vic). Participants included Aboriginal people who had experienced or perpetrated family violence, Aboriginal elders, leaders and community members, multiple services, agencies and officials. Protecting the safety of women and children is a priority in improving the health of children and keeping them out of out-of-homecare.

Key issues experienced by Aboriginal and Torres Strait Islander people across all three sites:

- **Instability of accommodation and homelessness:** Women living in insecure housing are often placed in financial precarity due to family violence-related issues including

partner damage to current housing, financial abuse or other controlling behaviours, which places them at risk of homelessness.

- **Severity of violence:** The severity of family violence in all three case study sites were far more extreme than we had expected. This is supported by the crime data in the WEK region and the qualitative data from all three case study sites that details the sometimes elongated and torturous violence enacted, often with the use of weapons.
- **Women left without protection of violence:** Delays regularly arise between violence occurring, obtaining an Apprehended Violence Order and serving the order, which can leave them unprotected for extended periods of time – this was particularly evident in the WEK region, but was also reported on in the other 2 case study sites. Further, compounding this issue is that many Aboriginal women who had experience FV noted that police do not always attend the incident when callouts are requested, and even when they do, often the victims are not believed.
- **Supporting the violence of perpetrators:** Our qual data illustrated that perpetrators are often supported by their extended families and community. This is particularly dangerous for women when they are living with his extended family group.

There is a need for urgent legal and policy reform:

- Delink reporting of family violence incidents and police AND child protection agency attendance at the family home leading to removal of children into out-of-home care.
- The system must respond earlier and provide support to families to avoid not just violence but also the removal of children into out-of-home care.
- The system must respond earlier by counselling the perpetrator of the violence and removing the perpetrator from the home when necessary.
- AVOs are not working well, and the system has been exploited and manipulated by perpetrators at the victim's cost. The victims are tricked into breaching AVOs, and they are subject to AVOs and police charges, sometimes leading to imprisonment.
- Training of courts, police and service providers is also required to enable them to avoid destroying families.

Key recommendations to decrease the impact of family violence from the research are:

- **Further restrictions on takeaway alcohol limits that align more closely to the Australian health guidelines:** The Australian guidelines to reduce the health risks of drinking alcohol recommend no more than four standard drinks on any one occasion to reduce accidents and no more than two standard drinks per day. Current restrictions in the region allow up to 56 standard drinks per person per day.
- **Alignment of alcohol supply restrictions across the Kimberley:** The 'patchwork' of supply limits across the vast region drives "sly-grogging" and ongoing alcohol-related harm (e.g. road accidents) due to increased mobility to access alcohol.
- **An economic evaluation of the cost of harmful use of alcohol to the communities of the Wyndham-East Kimberley region:** This evaluation should include a gap analysis of related services in the health, social, legal and education sectors to provide a realistic assessment of

the needs of the region and enable resources to be directed to appropriate areas and organisations.

- **More secure and effective wrap-around support services:** Although there are many alcohol-related support services provided within the region, there are clear gaps in some areas and replication in others.

Strong Trunk (Culturally safe continuity of carer) Session

In the second session we focussed on the need for a 'sturdy trunk' or continuity of care and carer as a basis for building trusting relationships. This included presentations on exemplar models of care such as the Koori Maternity Service, Boodjari Yorgas and Baggarrook.

Day 2: Wednesday 5th April, 9.15am-9.50am

Koori Maternity Service

Ms Storm Henry

Koori Maternity Strategy Senior Project Officer at VACCHO

Key points:

- Ms Storm Henry discussed some of the factors that make the Koori Maternity Service (KMS) so valuable and successful, as well as some of the challenges it faces.
- KMS currently has 14 sites across Victoria (11 in Aboriginal community-controlled organisations/3 in metro public hospitals).
- Around 30% of Aboriginal families in Vic will receive care through KMS with the average client receiving 16.5 hours of care (excluding birth support) [unpublished data]
- Strengths:
 - **Community Control at inception-** Designed by Aboriginal women for Aboriginal women and led by Aboriginal Health Workers.
 - **Primary Maternity Care-** Unlike the mainstream hospital system, KMS provides preconception care, antenatal care in the first trimester and unlimited postnatal care in 6-8 weeks postpartum.
 - **Flexible care delivery-** each program is unique to local Aboriginal community; dedicated vehicle access; provides outreach to home/community settings; and KMS programs within ACCHOs aren't limited by hospital policies.
- Challenges:
 - KMS is not considered as a formal caseload model and so has no clear ratios/geographic boundaries, which can mean service providers spend a lot of time on the road getting to families.
 - Hospital-based programs must adhere to hospital guidelines, preventing first-trimester care and limiting post-natal care.
 - Limited public profile due to non-publication of program data held by Department of Health.

Day 2: Wednesday 5th April, 9.50am-10.00am

Boodjari Yorga's Midwifery Group Practice

Aunty Christine Parry

Senior Aboriginal Health Officer, Boodjari Yorgas

Key points:

- Boodjari Yorgas ('pregnant women' in Noongar) is a program for young mothers in the Armadale area which was initiated in response to a lack of antenatal care services in the region, with community consultation and involvement playing a crucial role in the program.
- The program started in 2007 with one midwife and has grown over the years to include five midwives, an Aboriginal Health Officer and Grandmother Liaison Officers.
- Statistics indicate the program's success, with over 330 women returning for care, an average of 20 births per month, and involvement in research collaborations with various institutions.
- The program emphasizes inclusivity and involvement of partners, providing support and education to fathers during the pregnancy and labour process.
- Care in the program goes beyond medical aspects, focusing on holistic health and providing consistent follow-up appointments and home visits for ongoing support.
- Community engagement and support, particularly from elders, are recognized as vital to the program's success.

Day 2: Wednesday 5th April, 10.00am-10.10am

Baggarrook

Ms Gina Bundle and Ms Res McCalman

Program Coordinator/AHLO, Badjurr-Bulok Wilma AHLO Unit and Midwifery Lecturer, School of Nursing and Midwifery at La Trobe University, respectively

Key points:

- The Baggarrook Yurrongi Partnership Project is a study that was a collaboration between researchers at La Trobe University, the VACCHO and the three metropolitan tertiary hospitals in Narm/Melbourne (the Women's, Joan Kirner Women's and Children's and Mercy Hospital for Women). The aim was to look at the capacity of the three maternity services to implement, embed and sustain a culturally specific caseload midwifery model for women having an Aboriginal or Torres Strait Islander baby.
- Despite research showing that caseload midwifery is associated with substantially better perinatal outcomes for women and babies, it was found that only very small numbers of First Nations women had ever received caseload care.
- Women in the new models (called 'Baggarrook' at the Royal Women's Hospital, 'Galinjera' at Joan Kirner Womens & Children's Hospital, and 'Nangnak Bubun Murrup' at Mercy Hospital for Women) received collaborative and coordinated care with a known midwife, who had received appropriate cultural training, and who helped women navigate their journey through the maternity care system. Midwives also worked with the Aboriginal Hospital

Liaison officers and maintained communication with the midwife at the Victorian Aboriginal Health Service in Melbourne.

- Before the project, only 34 Aboriginal women had received caseload midwife care at any of the three hospitals, but after the project, the number increased to over 700.
- Other positive outcomes of the project include decreased smoking and increased rates of breastfeeding initiation and maintenance.
- Enablers of the project implementation include being First Nations' community-driven, responsive hospital management, accurate identification of First Nations women (and babies) and engagement across departments in health services.
- One regional site was unable to be implemented during research period due to local staffing challenges.
- Further scale up of this model should be prioritised to help address the disproportionate poorer perinatal health outcomes experienced by First Nations mothers and babies.

Strong roots (SAFeST Start) Session

We then entered back into a deep conversation on the 'strong roots' and addressing the crisis in children in out of home care, with a moving discussion from people with rich lived experience in a mock 'wise counsel' panel, being proposed as a strategy as part of the Replanting the Birthing Trees project.

Day 2: Wednesday 5th April, 11.00-12.30pm

Wise Counsel Mock Panel

Chair: Dr Jacynta Krakouer

Panellists: Renna Gayde, Jeanice Krakouer, Storm Henry, Professor Jane Fisher AO and Associate Professor Melissa O'Donnell

...we can build up a new model of care that harnesses the wisdom of Aboriginal and Torres Strait Islander elders and families and communities to look after our own mob and to do things in ways that honour and respect our traditions and respect the knowledge that we have in being able to care for our young ones.

– Dr Jacynta Krakouer

Dr Krakouer introduced the prospective Wise Counsel Model of Care which is being co-designed as part of the Replanting the Birthing Trees project and the Supporting Aboriginal Families to Stay Together from the Start (SAFeST Start) coalition. The Wise Counsel Model of Care is for parents and families experiencing highly complex needs during the perinatal period aims to keep care within the perinatal sector, rather than involve Child Protection System. This approach reframes support as a therapeutic model of care rather than 'risk management' and allows for cases to be looked at with more understanding and nuance than the hospital system typically accommodates for.

Vision: To create a safe, self-determining space to provide meaningful, family-centred, trauma-informed support to Aboriginal and Torres Strait Islander parents and families at risk of child protection involvement during pregnancy and post-birth.

Purpose: To generate solutions and provide nurturing support to Aboriginal and Torres Strait Islander parents and families, which aim to enable babies and children grow up safe and thriving, and where possible, prevent child protection from removing an Aboriginal and/or Torres Strait Islander baby at birth.

How: By drawing on the collective wisdom of a Wise Counsel of wellbeing champions selected by the family to support the parent(s) and family during pregnancy and post-birth.

The audience and panellists were presented with a case study of two young Aboriginal parents-to-be experiencing complex social and emotional needs and were asked to respond with how they might respond to this case as part of a Wise Counsel Model of Care. The panellists responded from a range of perspectives; lived experience, academic and as service providers.

Implementation and Next Steps Session

We ended the formal content of the symposium with a focus on ‘implementation and evaluation’ – and reflecting on practical ways forward.

Professor Chamberlain provided a brief overview of the implementation and evaluation process within the Replanting the Birthing Trees project and talked about the importance of language. Including communicating for change and needing to consider different languages for providers (to understand and be aware of trauma), and for parents – to inspire hope.

Day 2: Wednesday 5th April, 1.15pm-1.25pm

Creating The Change We Want to See.

Professor Fiona Stanley AC

Patron, Telethon Kids Institute and Distinguished Research Professor, University of Western Australia

“Services will only get there and only succeed if Aboriginal people are telling us what to do or are controlling them.”-Professor Stanley AC

Key points:

- Professor Stanley acknowledged the profound impact of colonization on Aboriginal birth outcomes and discussed that there has been a resurgence of knowledge and efforts to restore Indigenous birthing practices, both in Australia and globally.
- Colonisation of female control of birth by white male obstetricians has made birthing into a medical condition. It is time for women to remove the fear that this has created and to reclaim power in their birthing.
- Professor Stanley strongly supported the innovative approaches and interventions discussed at the conference, highlighting the evidence of improved outcomes for preterm birth rates and the health of mothers and children.
- There needs to be partnership with Aboriginal communities and incorporation of Aboriginal worldviews into projects and initiative to drive positive change.

- She encourages the recruitment of advocates and underscores the importance of Aboriginal voices in shaping services and policies. She highlights the power of lived experiences and how they contribute to better outcomes when incorporated into decision-making processes.

Day 2: Wednesday 5th April, 1.25pm-1.35pm

WeCARE About ICARE.

Associate Professor Yvonne Clark

Associate Research Professor, University of South Australia

“We need to improve communication and coordination between community and various sectors and we need to disrupt the causal pathways and systemic racism that’s happening.”- *Associate Professor Clark*

Key points:

- ICARE is a project that launched in March 2023, funded by the National Health and Medical Research Council. It focuses on addressing the Close the Gap targets 2 and 4- that children are born healthy and strong and thrive in their early years.
- The project involves five streams;
 - Decolonizing methodology -integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS)
 - Baby Coming Your Ready – implementing a thorough perinatal social and emotional wellbeing needs assessment using the BCYR App.
 - The Coolamon Wraparound Care Program – a culturally supportive model of maternal and child health in pregnancy and early years care referral and coordination process.
 - Creating maternal and child health and wellbeing indicators using linked datasets and available evidence, and Aboriginal and Torres Strait Islander data sovereignty and governance principles ready for national implementation.
 - Creating a professional Aboriginal and Torres Strait islander maternal and early years network to promote learnings, ensure sustainability and transferability.

Symposium Feedback

The evaluation survey was sent to 206 email addresses. Just over a fifth (21%) of recipients completed the survey. Of the 44 respondents, 36% identified as Aboriginal and/or Torres Strait Islander (n=16). The respondents represented a wide range of professions.

Respondents answered 7 questions using a 5-point Likert scale (Figure 5).

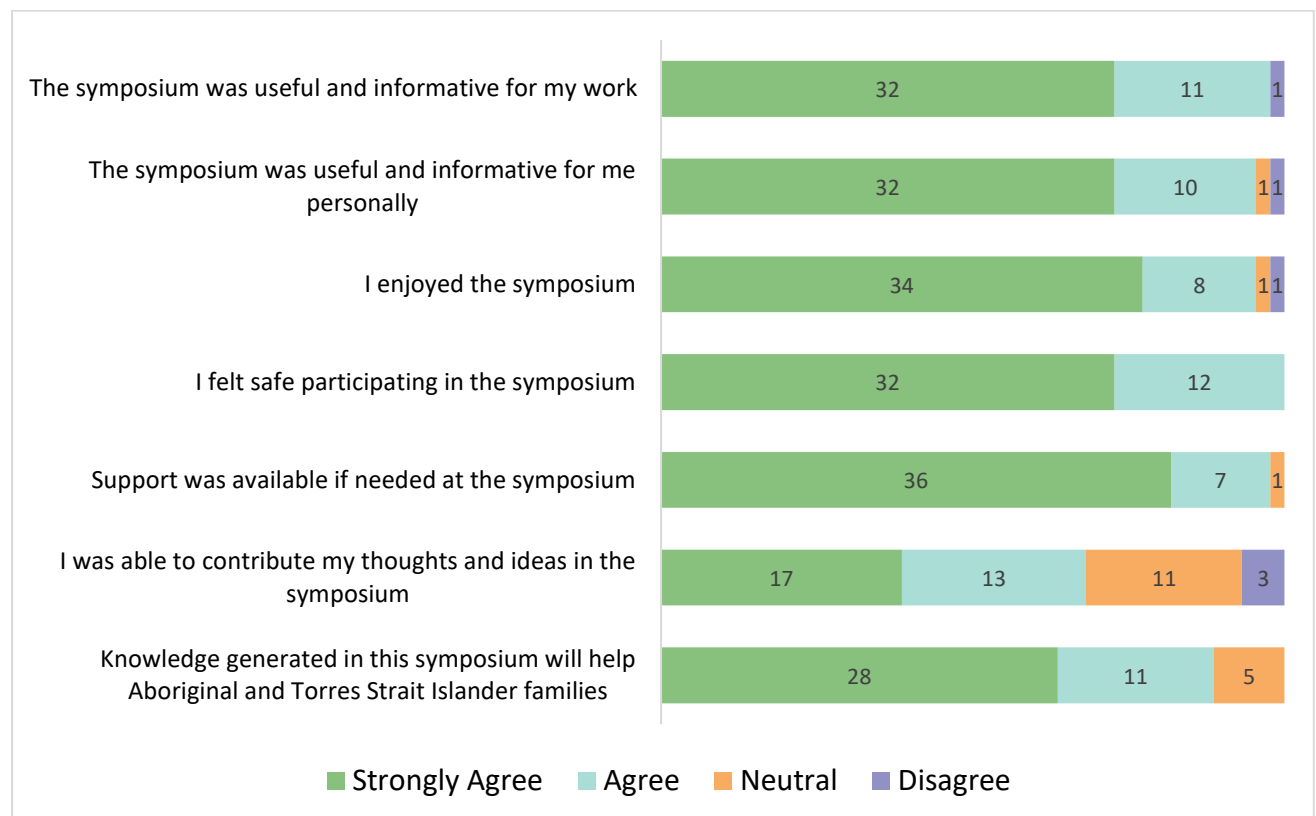


Figure 5: Evaluation responses

Participants were also asked “Is there anything you particularly liked about the symposium?”. Keywords from these responses can be found in Figure 6. The responses were synthesised into 3 themes:

“Strong Women’s energy”

Many participants loved that the symposium brought together like-minded individuals who encouraged and supported each other. For example:

“The sense of community, so much power in that room.”

“Being in the presence of great role models and Elders.”

“The energy in the room was amazing. We all had the same thing in common about helping our women to become empowered during their pregnancy and birthing”

“I really loved that so many strong and powerful women were in the one place at the one time. Power of positivity.”

“Relaxed and friendly atmosphere”

Several respondents commented that, despite the heavy subject matter, they felt safe and supported at the event. For example:

"I really enjoyed the culturally safe, supportive and encouraging atmosphere."

“The symposium had a very warm and welcoming atmosphere right from the start. The presenters really contributed to this - through showing humility, listening to others, being so generous with their time and sitting in amongst the participants”

"That there was a safe, supportive place to go, and the artwork was so beautiful to be part of when emotions ran high."

"I really valued the general atmosphere of connection, vulnerability, safety, truth-telling, strength, collaboration, and change."

"The openness, honesty and willingness of people to share their stories."

Participants loved the presentations, the stories they told and what they learnt from them. For example:

"I really valued the opportunity to listen and learn from so many different aspects of community, from women's own experiences to professionals' experiences to research findings, the symposium captured it all."

“Really enjoyed all the speakers and the passion everyone had. The different models of care and how they all work and what they offer really assisted for my personal work plans.”

"I loved the Elders providing their stories. It made everything real and genuine. Qualitative information really does put it into context for people. I love the message of hope, despite the atrocities still occurring today."



Figure 6: Keywords from responses to the question, “Is there anything you particularly liked about the symposium?”.

Insights for the next gathering

While the symposium was a tremendous success,

Respondents provided free text feedback to the following questions:

1. Is there anything you particularly didn't like about the symposium? If so, what was it?
2. Any other questions or comments you would like to make?

This feedback was synthesised into 3 areas which we can approve upon when planning future events and gatherings:

Program schedule

In fitting in so many amazing speakers, there was limited time for each presentation. Some feedback said that this made the presentations feel rushed at times and many wished that there was more time to delve deeper into each topic.

Activities

In addition to traditional presentations, participants wanted to engage in more activities and group discussions. Many suggested that the event facilitate conversation, interaction and problem solving through breakout rooms and table discussions.

Scope and content

The presentations gave context to the importance of this area and the research and initiatives in improving Aboriginal and Torres Strait Islander healthcare, however more focus could have been placed on ways in which individuals can improve their practice. In response to the diverse range of delegates, the program may be improved by having concurrent workshops which reflect specific areas of work (research, healthcare, social work, etc). Future events should also include more content that is relevant to remote and underrepresented organisations.

Appendix 1: Symposium Program

Monday, 3rd of April

Time	Speaker and presentation
2.30pm-3.00pm	Registration
3.00pm-3.10pm	Professor Rhonda Marriott AM Opening Address
3.10pm-3.30pm	Aunty Marie Taylor Welcome to Country
3.30pm-3.45pm	Hon Dr Tony Buti MLA Welcome Address
3.45pm-4.05pm	Ms Catherine Liddle 'We know what works for our families': the importance of holistic early support for Aboriginal and Torres Strait Islander families.
4.05pm-4.20pm	Professor Cath Chamberlain Replanting the Birthing Trees
4.20pm-4.25pm	Ms Valerie Ah Chee About the Replanting the Birthing Trees artwork
4.25pm-4.35pm	Aunty Millie Penny Introduction to the shared artwork
4.35pm-6.30pm	Welcome Reception



Tuesday, 4th of April

Time	Speaker and presentation
9:00am-9:05am	Professor Rhonda Marriott, AM Acknowledgement of Country
9:05am-9:15am	Associate Professor Carlie Atkinson and Ms Deb Bowman Grounding
Working in Two Worlds Session Chaired by Professor Rhonda Marriott, AM	
9:15am-9:30am	Professor Rhonda Marriott, AM Introduction to 'Working in two worlds'
9:30am- 11:00am	Yarning Circle Aunty Marie Taylor , Noongar Elder Aunty Doreen Nelson , Noongar Elder Aunty Doris Getta , Noongar Elder Aunty Millie Penny , Noongar Elder Muriel Collard , Noongar Elder Edna Winmar , Noongar Elder Lilly Collard , Noongar midwife Prof Elaine Lāwurrpa Maypilama , Guliwin'ku Elder Rosemary Gundjarranbuy , Guliwin'ku Elder Djapirri Mununggirritj , Yolŋu Elder Aunty Diane Kerr , Wurundjeri Elder
11:00am-11:20am	Morning tea
Leaves (resource repository) Session Chaired by Deb Bowman and Lyndal Alchin	
11.20am-12.50pm	Professor Helen Milroy AM <i>The power of story telling. (20 mins)</i> Associate Professor Paul Gray <i>Family Matters Building Blocks. (10 mins)</i> Dr Mishel McMahon First Nations Principles for Childhood; A Child's Journey from Spirit Self to Social Self. (15 mins) Ms Jill Faulkner <i>The sharing power of stories and parents' books. (15 mins)</i> Uncle Dr Mick Adams <i>SMS4DeadlyDads - Keeping in touch and monitoring the wellbeing of new First Nations fathers in rural & remote Australia through text messages during the perinatal period. (10 mins)</i> Q&A panel (20 mins)



Tuesday, 4th of April, continued

Time	Speaker and presentation
12:50pm-1:40pm	Lunch
	Branches (workforce development) Chair: Professor Catherine Chamberlain
1.40pm-3.05pm	<p>Professor Janine Mohamed Importance of culturally and emotionally safe care during pregnancy, birth and postpartum. (15 mins)</p> <p>Emerging Minds team- Rosie Schellen, Shirley Young and Nancy Jeffery Developing practitioner's skills through online workforce packages: Replanting the Birthing trees. (10 mins)</p> <p>Ms Danielle Cameron Healing the Past by Nurturing the Future: Working safely with Aboriginal and Torres Strait parents during the first 2000 days. (10 mins)</p> <p>Alison Elliott Mentoring and developing 'wise people' to support families to transform cycles of intergenerational trauma. (10 mins)</p> <p>Dr Jayne Kotz and Ms Trish Ratajczak Baby Coming You Ready? (10 mins)</p> <p>Discussion panel/Q&A (25 mins) Professor Janine Mohamed, Rosie Schellen, Shirley Young and Nancy Jeffery, Danielle Cameron, A/Prof Carlie Atkinson/Alison Elliott, Dr Jayne Kotz and Ms Trish Ratajczak</p>
3.05pm-3.25pm	Afternoon Tea
	Support framework Session Chaired by Dr Kim Jones and Emily Darnett
3.25pm-4.45pm	<p>Lesley Nelson The importance of the right support for families. (15 mins)</p> <p>Associate Professor Shawana Andrews Support Framework. (15 mins)</p> <p>Support Framework Workshop Facilitated by Dr Kim Jones and Emily Darnett</p>
4.45pm-4.50pm	Wrap up and closing
6.30pm	<p>Symposium Dinner at The Camfield with Noongar dance performance by the Wadumbah Dance Group</p> <p>Sponsored by Chief Nursing and Midwifery Office for WA With welcome speech by Klair Bayley, on behalf of the Chief Nursing and Midwifery Office for WA</p>



Wednesday, 5th of April

Time	Speaker and presentation
9.00am-9.05am	Hope Perkins: Acknowledgement of Country
9.05am-9.15am	Associate Professor Carlie Atkinson and Ms Deb Bowman: Grounding
9.15am-9.35am	Professor Marcia Langton, AO Getting down to serious business: the safety of women and children
Strong Trunk (Culturally safe continuity of carer) Session Chaired by Ms Storm Henry	
9.35am-10.45am	Ms Mel Briggs Waminda (15 mins) Ms Storm Henry Koori Maternity Service (10 mins) Aunty Christine Parry Boodjari Yorga's (10 mins) Ms Gina Bundle and Ms Res McCalman Baggarrook (10 mins) Panel Discussion and questions (20 mins)
10.45am-11.05am	Morning tea
Strong roots (SAFeST Start) Session Chaired by Dr Jacyntha Krakouer	
11.05am-12.30pm	Wise counsel mock panel session Scenario, discussion and questions with audience Panellists: Ms. Jeanice Krakouer, Ms. Storm Henry, Associate Professor Melissa O'Donnell, Professor Jane Fisher, AO, Associate Professor Paul Gray, Ms. Renna Gayde
12.30pm-1.15pm	Lunch
Implementation and Next Steps Session Chaired by Professor Catherine Chamberlain	
1.15pm-2.10pm	Professor Catherine Chamberlain Implementation and communication for change (10 mins) Fiona Stanley, AC Creating the change we want to see (15 mins) Associate Professor Yvonne Clark WeCARE about ICARE (10 mins) Research Presentations Skye Stewart: <i>Star Baby - a culturally responsive guide for Indigenous families after the loss of bub.</i> Bridgette Kelly: <i>An exploration of the antenatal Baby Coming You Ready (BCYR) assessment rubric to enhance therapeutic relationships between Aboriginal mothers and community nurses.</i> Trish Ratajczak: <i>Baby Coming You Ready: Aboriginal women's strengths and self-efficacy in perinatal mental health.</i> Janinne Gliddon: <i>Aboriginal Doulas/Birth Navigators to improve birth outcomes for Aboriginal women in WA.</i>
2.10pm-2.20pm	Aunty Millie Penny Wrap up of shared artwork
2.20pm-2.40pm	Dance performance and smoking ceremony by the Middar Yorgas Dance Group
2.40pm-2.50pm	Djapirri Mununggirritj Closing
2.50pm-3.00pm	Professor Catherine Chamberlain Closing Address

Appendix 2: About the Artwork



Replanting the Birthing Trees, 2022 © Valerie Ah Chee

This artwork represents the strength and resilience of Aboriginal and Torres Strait Islander people in respect to our birthing and parenting over the generations. The tree is strong and healthy and has strong roots that are embedded deeply in country, culture and family. The trunk is strong, sturdy and enduring and a family is represented here: pregnant mother, father and child supported by the roots and each person, an integral part of community. In the top left corner, we start with communities, represented by circles that make up the foliage of the tree. This foliage starts out grey and muted with pops of colour representing our traditional knowledge, birth rites and practices emerging from trauma and hardship, knowledge that has always been there, but has been lying dormant until the time was right to emerge. As this foliage moves across to the right, it blooms with strength, health and colour and are connected to form a beautiful and vibrant canopy, supported by the sturdy trunk and ancient roots. This foliage drops seeds so that other trees, the saplings seen here, can grow and stand strong. The grey circles on the black background represent the birthing places all over this land, connecting us again to country. In the earth, the circles represent the continuing birthing women, from generation to generation, unbroken with the smaller circles above and below representing our knowledge and strength as energy, passed on from our grandmothers and is never ending. At the bottom of the picture are our ancestors, men and women, born from country and passing back into country, holding us up, protecting us and making us strong. In our lives we tap into this strength from our ancestors to keep us moving forward.