



## **Healing the Past by Nurturing the Future: Workshop Report**

**Key stakeholder co-design workshop four  
report (online)**

***9<sup>th</sup> and 10<sup>th</sup> August 2022***

\* 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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- The Healing the Past by Nurturing the Future project team, students and critical friends.

## Our project partners

Women's and Children's Health Network, Central Australian Aboriginal Congress, Bouverie Centre, Nunkuwarnin Yunti Inc of SA, Victorian Aboriginal Child Care Agency, Victorian Aboriginal Community Controlled Health Organisation, Latrobe Regional Health, We Al-li Pty Ltd, Emerging Minds, The Healing Foundation, Orygen-The National Centre of Excellence in Youth Mental Health, The University of Melbourne, La Trobe University, Murdoch Children's Research Institute, South Australian Health and Medical Research Institute, University of Adelaide, Flinders University, James Cook University and Monash University

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## Executive Summary

### Background

#### Aim

This Workshop was the fourth in a series of co-design Workshops for the Healing the Past by Nurturing the Future (HPNF) project. The aim of the Workshop was to build on learnings from Workshops one, two and three to co-design perinatal awareness, recognition, assessment and support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma. At this stage of the project, the draft resources and strategies had been developed, and feedback was sought from participants on their acceptability, feasibility and usefulness. A pilot of the HPNF proposed strategies is planned at Latrobe Regional Hospital, in Gippsland, Victoria, starting in 2023, and feedback from this Workshop will shape the resources used in implementation and evaluation.

#### Participants

Workshop four was held over two days in August 2022 online using Zoom. Participants were sent a Workshop package prior to commencement that included a program, workbook, and self-care activities such as chocolate, tea, colouring in sheets, and modelling clay. Approximately 72 people attended the Workshop (including 29 project staff or presenters). This included community members, researchers, health workers and other partners. Workshop participants had the opportunity to contribute to discussions in breakout rooms throughout the Workshop.

#### Workshop overview

An overview of the Workshop was provided, including a background to the overall project. The four Workshop sessions aligned with each of the four HPNF domains of trauma-integrated care (awareness, support, safe recognition and assessment). Each session included an introductory presentation followed by co-design discussions in breakout rooms with smaller groups Workshop participants.

#### Session 1: Awareness

Associate Professor (A/Prof) Carlie Atkinson provided an overview of building trauma 'awareness' in the context of the HPNF project. She presented a framework with the overarching goals of trauma-integrated perinatal care. In addition, in-depth presentations on each of 3 strategies aimed at parents and 3 strategies aimed at service providers were provided.

#### *Parents resources*

1. Ms Jill Faulkner, Ms Deb Bowman and Ms Bel Kostos presented the **proposed parent storybook**.
2. Dr Mishel McMahon presented the **childrearing resource for parents**.
3. A/Prof Kootsy Canuto presented the **proposed dad's resource**.

Workshop participants were enthusiastic about the resources, noting that each was important in different ways and had great potential to strengthen parents' connection to culture and Aboriginal and Torres Strait Islander ways of knowing, being and doing in relation to parenting. Some common suggestions were to ensure the resources were available in different formats such as online, using social media, or apps. The importance of using artwork, visuals and audio also came up in discussions across the resources. Engaging with community members, in particular Elders, when developing the resources was seen as highly important. It was also noted that in resource development, considerations need to be made in to avoiding re-traumatising parents. Finally, the importance of considering different needs of parents accessing the resources was a common theme, for example: level of education or literacy, language, culture, specific community.

#### *Service provider resources*

1. Mr Lou Turner, Ms Rosie Schellen, Ms Deb Bowman, Dr Renee Fiolet presented the **online training modules** about Aboriginal and Torres Strait Islander trauma, developed in partnership with Emerging Minds.
2. Ms Sue Moffat provided an overview of the proposed **face-to-face training** with Blue Knot Foundation.
3. The **mentoring and wellbeing champion** program with We AI-li Pty Ltd, was presented by A/Prof Carlie Atkinson and Ms Alison Elliott.

Workshop participants discussed these training resources in depth. Some common themes relevant across resources included, getting buy-in from organisations so that staff are supported to attend; award CPD points for attendance; consider multiple modes of delivery (online, face-to-face) to ensure people will attend when their time is limited; offer a range of engaging content using different methods (e.g. animations, videos, podcasts, storytelling); and include people with lived experience in the training.

#### **Session 2: Support**

A/Prof Shawana Andrews gave an overview of the **HPNF Support Framework** developed for the project. The aim of the Support Framework is to assist services and parents to identify service availability, acceptability, and appropriateness, identify gaps for Aboriginal and Torres Strait Islander families, based on HPNF research about what support parents might want and need, and establish a database



of available services. Participants noted that completion and analysis of the support framework may be resource intensive but agreed that it was useful for advocacy purposes and for service providers to identify gaps.

Dr Jacyntha Krakouer and Dr Kim Jones presented the **HPNF Wise Counsel model of care**. The purpose of the Wise Counsel Model is to ensure that parents with complex social and emotional needs receive the same high standards of care as we expect for parents with complex medical conditions, rather than 'referring out' to child protection services. The aim is to ensure wrap-around care is provided within health services, with involvement and shared decision-making among people with the right expertise, including community expertise, and to ensure transparency and consensus from the 'wise counsel' group around decision making. Workshop participants thought that the Wise Counsel should include a mixture of community members and professionals and include people of different ages and genders. They also noted that there is a tension between empowering but not overwhelming families.

### **Session 3: Safe Recognition**

Professor (Prof) Cath Chamberlain explained 'safe recognition' in the context of the HPNF project. The aim is to develop training that service providers are required to complete before they are given access to the Aboriginal and Torres Strait Islander Complex Trauma and Strengths Questionnaire (under development). The training would aim to help service providers to develop skills in talking with parents about complex trauma. Workshop participants discussed the training, noting that supports for service providers are needed to minimise vicarious trauma impacts. They also discussed embedding training in mandatory cultural safety training, and undergraduate curriculum. Some of the barriers identified were time to attend training, motivation at organisation management level, and the capacity of services to support training.

In addition to the above, Dr Jayne Kotz and Ms Trish Ratajczak presented their work on the **Baby Coming You Ready (BCYR)** rubric. BCYR was co-designed by Aboriginal communities from 14 different Clans/Nations, Elders and Senior Aboriginal women and men, Aboriginal and non-Aboriginal practitioners and both Aboriginal and non-Aboriginal researchers. BCYR embodies passion and commitment to improve perinatal wellbeing and engagement for Aboriginal parents at this important time. It was described as a program that celebrates cultural wisdom and relational collaboration and the program has benefited from ongoing support from the code sign team since its conception. Workshop participants showed enthusiasm for the tool and discussed the importance of ensuring that parents feel safe to complete the rubric.

## **Session 4: Assessment**

Dr Graham Gee and Dr Tess Bright provided an overview of the Aboriginal and Torres Strait Islander Complex Trauma and Strengths questionnaire, developed as part of the HPNF project. Following HPNF Workshop Three, the questionnaire had been shortened through psychometric analysis and expert input. Workshop participants discussed the use of the questionnaire, agreed on its importance, and expressed that training (as described in the 'safe recognition' session) would be critical before implementation. Participants felt that there will be a need to ensure parents feel safe when the questionnaire is used. Therefore, the person administering the questionnaire should be a trusted person or professional and a relationship should be established with the parent or family before use.

## **Session 5: Pilot implementation and evaluation plans**

An overview of the implementation and evaluation plans for the HPNF pilot at Latrobe Regional Hospital (LRH) was provided by Prof Cath Chamberlain, Dr Elise Davis, Dr Tess Bright and Dr Kim Jones. Workshop participants expressed that the evaluation plan was comprehensive. Important points for consideration in the plans were raised, including the use of Aboriginal and Torres Strait Islander methods, including parents in the evaluation planning, and making sure people feel safe to engage in the project. Participants noted that in regard to evaluation, the important changes for families are decreased child protection notifications as well as decreased length of time between a notification and case closure, length of stay in hospital post-birth, and number of referrals parents receive to services that support them. For service providers, participants thought increased job satisfaction, and increased confidence in speaking to families were important. For policy makers, cost and reduced incidence of child removal were seen as important. Overall, participants thought that the burden on participants involved in the HPNF pilot needs to be minimised, so collecting data that is readily available, or without time pressure would be preferred.

## **Workshop Evaluation**

Workshop participants who completed the evaluation (n=15, 20% of total, 35% excluding project staff and presenters) gave positive feedback. They reported that the Workshop was very well organised and ran smoothly on Zoom. Participants reported the Workshop was useful for their work, and personally. In addition, all participants agreed that the knowledge generated in the Workshop will help Aboriginal and Torres Strait Islander communities. All respondents felt they had been able to contribute their thoughts and ideas (and felt safe participating). All respondents felt that appropriate support was available if needed at the Workshop.

# Healing the Past by Nurturing the Future Co-design Workshop four: Developing program materials

## Overview of Workshop

This Workshop was the fourth in a series of co-design Workshops for the Healing the Past by Nurturing the Future project. Approximately 72 participants (including 29 project staff or presenters) attended the online Workshop over two days in August 2022. This included community members, researchers, health workers and other partners. Initially, this Workshop was planned to be held in person in Gippsland Victoria. Unfortunately, there was a last-minute shift online due to the high number of COVID-19 cases at the time.

The aim of the Workshop was to build on learnings from Workshops one to three to co-design awareness, recognition, assessment, and support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma. The specific aim of this fourth Workshop was to share and discuss draft program materials and discuss implementation and evaluation plans. A pilot of the proposed strategies is planned in at Latrobe Regional Hospital (LRH) in Traralgon, which services the Gippsland Region in Victoria, starting in 2023. Feedback from this Workshop will help shape the pilot project implementation and evaluation plan.

The Workshop program is included as Appendix 1. In brief, it consisted of presentations to the entire group, followed by discussion groups held in breakout rooms of 15-20 people to encourage engagement. Discussion groups were facilitated by a researcher on the HPNF team, recorded, and notes taken. Participants could also engage in discussions through the Zoom chat function. The data from these discussion groups forms the basis for this report.

## Day One: Coming together and awareness strategies

### 1. Acknowledgement to Country

To open the Workshop, Prof Cath Chamberlain acknowledged all the Lands from which people were connecting. Participants were encouraged to use the chat function to acknowledge the Lands they were on.

### 2. Creating a Safe Space

Prior to the Workshop, participants were emailed a Workshop program (Appendix 1), a trauma response factsheet (developed by We Al-li Pty Ltd) and information for psychological support, including the mobile number of a psychologist. Participants were informed that they could contact the psychologist at any time during the Workshop for immediate support, particularly if any discussions raised issues for



them. Additionally, participants were sent a pack with self-care and diversionary activities, including mindfulness colouring/drawing, modelling beeswax, a water bottle, and refreshments and treats. They were encouraged to use these throughout the Workshop to help self-regulation. The program included the use of regulation activities including music, mindfulness, regular breaks, stretching and reminding people to drink water. Participants were also asked to share a picture of a place that was special to them as their Zoom background to build connections.

A/Prof Carlie Atkinson shared with participants the guiding principles outlined below, to foster a safe space for engagement.

- Confidentiality – to ensure that participants felt comfortable to speak freely, and that content discussed was not to be shared outside the Workshop.
- Be respectful – recognition and acknowledgement that there are different ways of doing things and that everyone is learning from each other. Participants were asked to avoid interrupting and encouraged to speak briefly.
- Be brave – participants were encouraged to share their thoughts and feelings to facilitate learning.
- Be kind – the importance of care for ourselves and each other was highlighted.

Participants were encouraged to keep their Zoom cameras on as much as possible and to use reactions and the chat function. It was reiterated that people would not be asked or expected to share personal experiences (this was not the purpose of the Workshop). Participants were also informed that they could leave at any time if they felt uncomfortable.

### 3. Introduction and Aims of the Project

Prof Cath Chamberlain provided an overview of the HPNF project.

In brief, HPNF acknowledges that becoming a parent can be an exciting time, but it can also be hard, particularly for parents who have experienced hurt in the past. The project aims to develop, implement and evaluate perinatal (pregnancy to two years after birth) awareness, recognition, assessment and support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma. Pregnancy and the first two years after the baby's birth offer a unique opportunity for parents to heal from past hurt and prevent intergenerational transmission of trauma to the child. HPNF aims to co-design safe, acceptable and feasible perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma.

Strategies have been developed under the following four domains, over 4-years of codesign:

1. **Awareness** of the impact of trauma on parents and the potential for triggering during the perinatal period
2. **Safe Recognition** of parents who may benefit from assessment and support
3. **Assessment** of areas where parents may be distressed, to understand their experiences of complex trauma
4. **Support strategies** for parents to heal and to help nurture the parent-child relationship

Figure 1 shows the conceptual framework for the project. Figure 2 provides an overview of the past, present and future phases of the project. The co-design period was 2018-2022, the pilot will be conducted 2022-2025, and the scale up will be integrated into Replanting the Birthing Trees in 2023-2026.

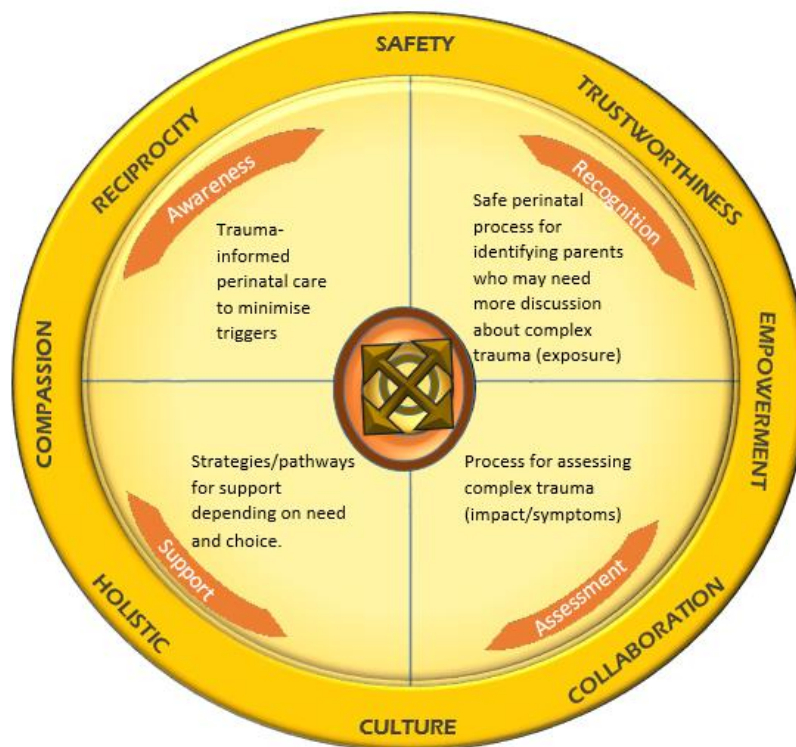


Figure 1: Conceptual Framework for HPNF project

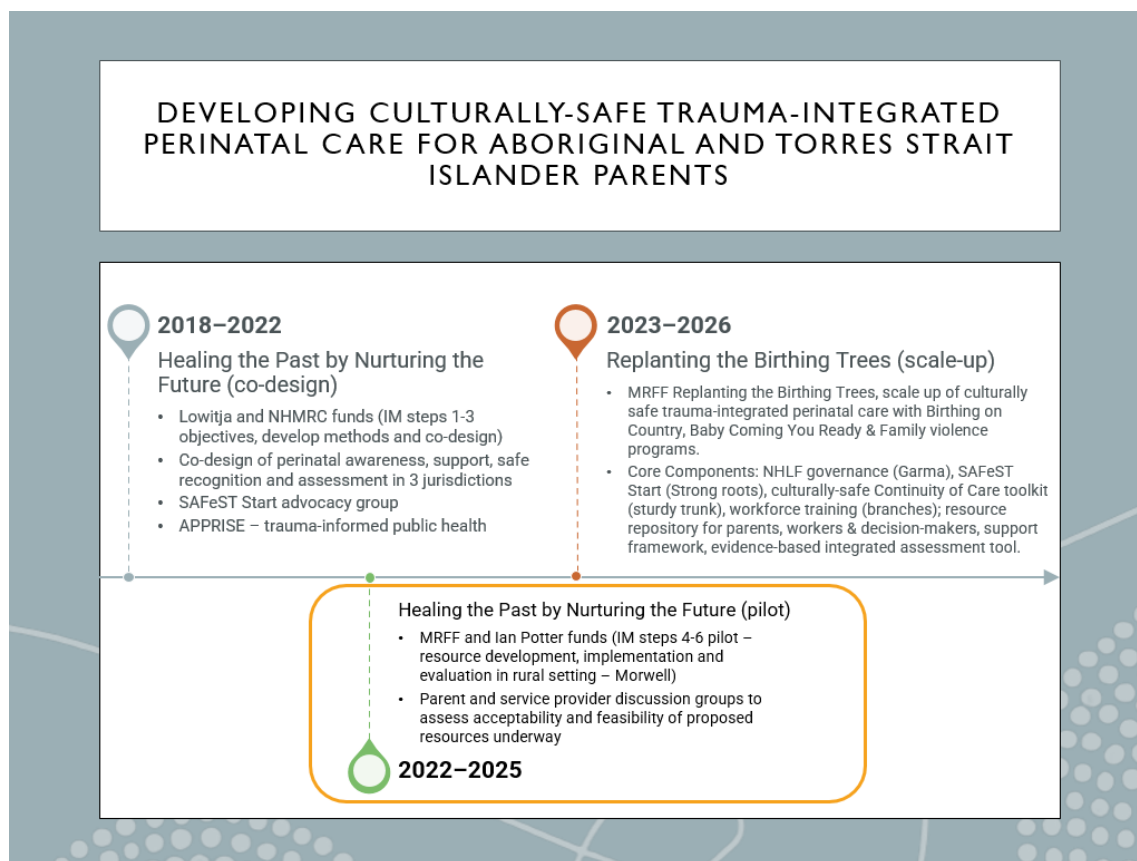


Figure 2: Phases of the project

**This was the fourth co-design Workshop in the *HPNF* project.**

For information on the first three Workshops, you can visit [the website](#), however summary, the three previous Workshops were undertaken to complete the first three of six steps of the intervention mapping process:

- Develop relationships and understand complex trauma (Workshop one, March 2018)
- Develop objectives (Workshop two, September 2018)
- Co-design support strategies (Workshop three, November 2019)

**The intention of this fourth Workshop was to share and discuss draft program materials and discuss implementation and evaluation plans.**

The Workshop was conducted over two days.

- The first day was dedicated to strategies being co-designed to improve *awareness* of complex trauma and promote safe trauma-integrated perinatal care
- The second day was devoted to discussing strategies for addressing *support*, *safe recognition* and *assessment* of complex trauma.

Prior to this Workshop, Dr Renee Fiolet, Ms Debra Bowman, Ms Emma Stubbs, Ms Alison Elliott, and Prof Cath Chamberlain spoke with parents and service providers in Victoria, South Australia and the Northern Territory about the key elements of the

program described above. In total, seven parent and three service provider discussion groups were held with a total 21 parents and 21 service providers. Parents were asked to rank the acceptability and usefulness of the HPNF resources or strategies, with comments; and service providers to rank the feasibility and usefulness of the resources or approach. Ms Deb Bowman shared her reflections on the discussion groups (Figure 3).

*Many lands, many stories, many voices, a long journey to safety and happiness...*

*We travelled across our beautiful lands and waterways,  
We met many wonderful people and had many yarns and heard many stories, stories of hurt and pain, stories of strength,  
resistance, and hope  
Now we come together to make meaning and purpose of those stories and knowledge,  
we will listen and learn together to develop these  
stories into culturally safe and meaningful resources for our mum's, dads, and babies...*



I would like to acknowledge the collective voices of the Kaurna people from South Australia, the Arrernte people from the Northern Territory and the Gunai-Kurnai and Wurundjeri people of Victoria for sharing their knowledge and wisdom in the discussion groups.

Art Reflection: I do not claim to be an artist, but art, poetry and storytelling have been an important part of my life in recent years and the latter part of my life as I grow older. The past few years I have been able to combine the three.

*Black and White arches* represent our Ancestors whose footsteps we follow, they guide and look over us, they represent our Elders as the knowledge holders, they represent the diversity of our people, as we come in many skin colours from many countries across the lands and waterways of Australia, we have our own language groups with our own cultural dreaming and creation stories, lore, dance, and ceremonies. *The black and white* also represents Aboriginal and non-Aboriginal people working side by side to support healthy outcomes for our peoples by combining cultural knowledge and practices, native medicine with western ways of methodology and research. Alice Springs Men's yarnning group with the spears: *inside circle* represents the big red kangaroo. The purple and silver Alice Springs Women's & Service Provider yarnning groups: *inside circle* is the national flower of NT, the Sturt Desert Rose. Adelaide Women's & Service Provider yarnning groups: *inside circle* are the colours for the national flower emblem of SA, the Sturt Desert Pea. Vic Women's & Service Provider yarnning groups: *inside circle* are the colours that represent the national flower emblem, the Common Heath. *The gum leaves* were used to regulate *our emotions* as we held them in our hands, we smelt the eucalyptus and felt the texture and shape of the leaves. We created art on the leaves, some to keep as a reminder of the day or returned to the earth to enrich the soil again. *The blue* represents *water*, as it gives and sustains life. *The large inner circle* represents the resources coming to life by our developers, listening to the many voices and stories of participants and service providers. These creative resources will be led and guided by community for community and will give safe recognition and awareness to the effects of trauma and provide support for the safe journey of our mum's babies...with hope to keep families together from the start.

Figure 3: Deb Bowman's reflective art piece about the discussion groups held with parents and service providers and the description of the art



## 4. Awareness strategies

### 4.1. Introduction to the awareness strategies, facilitated by A/Prof Carlie Atkinson

To determine appropriate awareness raising strategies, data was collected during HPNF Workshop three which was held with predominantly Aboriginal and Torres Strait Islander key stakeholders. The aim of this previous Workshop was to co-design strategies to foster trauma-integrated culturally safe perinatal care. Four overarching themes were identified and represent proposed goals for trauma-aware culturally safe care: Authentic partnerships that are nurtured and invested in to provide the foundations of care; a skilled workforce educated in trauma awareness; empowering and compassionate care for building trust; and safe and accessible environments to facilitate parent engagement (Figure 4).

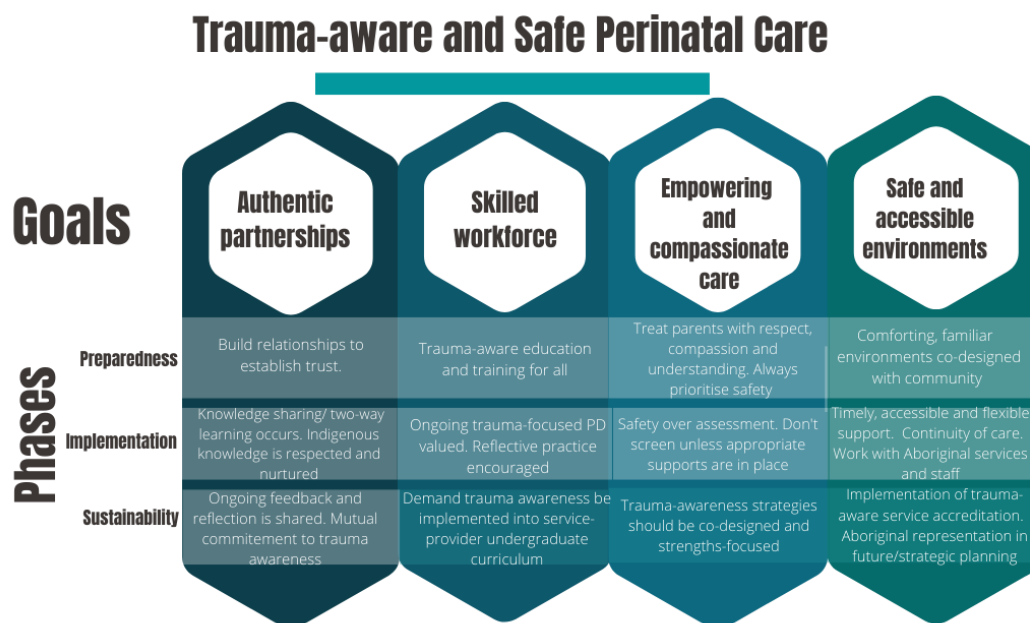


Figure 4: Goals for trauma aware and safe perinatal care

Provision of trauma-aware culturally safe care that encompasses these goals is likely to enable parents experiencing complex trauma to access appropriate support and care that will help foster healing in the critical perinatal period. To address the goals a suite of resources are being developed, including resources for parents and resources for service providers. Each of these were discussed in dedicated sessions during Workshop four, as described below.

## 4.2. Parent resources

An overview of each resource was provided for all Workshop participants. Following this, smaller groups of participants entered breakout rooms for a more in-depth discussion.

Participants were also asked to complete a survey asking the following questions for each parent resource:

- How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?
- How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?

In addition, in discussion, participants were asked to share their thoughts on questions specific to each resource.

### 4.2.1 *Story book for parents, facilitated by Ms Jill Faulkner, Ms Debra Bowman, and Ms Bel Kostos*

**Purpose:** A storybook to help parents understand what complex trauma is and how addressing complex trauma can help our children to grow up happy, safe and strong. The storybook is intended to offer opportunities for families to reflect on the story and how they may relate to it.

**How we are doing it:** We would like to work with Elders and community groups to inform the development of the storybook for parents. It will be facilitated by Jill Faulkner and other members of our team who will work closely with the community to determine their needs.

**What it could look like:** The storybook will show what complex trauma can look or feel like and support parents to understand this, put aside shame and fear, and be curious to ask questions without being judged. We would like the book to be a strengths-based resource which focuses on strategies and cultural practices of connection and knowing. It is hoped that parents might find the story helpful through increasing their awareness of trauma and providing strategies for coping with trauma. Similar work has been facilitated by Jill with other communities – such as *Tjulpu and Walpa* a storybook that was designed with the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council. The HPNF storybook may cover concepts such as how children's sense of themselves grows in relation to those around them, and the protection that culture offers to how we feel like we belong to our family and community.



Figure 5: Examples of artwork from other Storybook resources

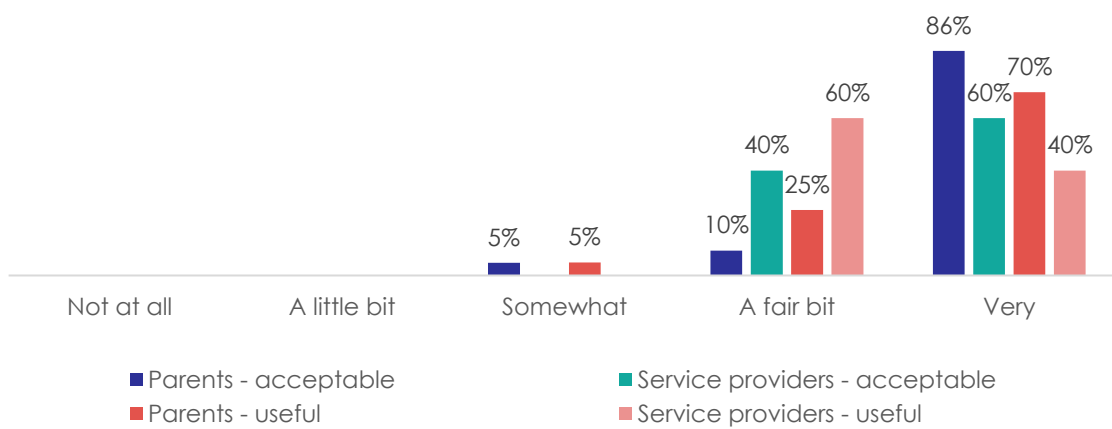


Figure 6: Acceptability (appropriateness) and usability of the proposed co-designed storybook (data from 2022 parent discussion groups)

A summary of the discussions about the HPNF storybook is provided in the box below.

## Summary of workshop discussions on the HPNF storybook

*How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

- The storybook would be acceptable and appropriate, and useful, provided it was tailored to the local community
- Need to be careful not to trigger trauma
- Stories and illustrations are a great way to introduce topics as they are less intrusive, and overcome issues with literacy, particularly for children
- The story might help parents to articulate their goals for maternity care and parenting
- Suggestion of offering two stories: one with strengths and resilience that it would take to raise bub in a healed, happy environment; and another where the supports are not in place and what that would look like
- Storytelling could be done in a different format to a book, Aboriginal people tell stories in different ways e.g. audio recording

*When might be a good time to use the book or how could it be provided?*

- Have books on hand in service provider room where parents and young families can browse, as this is a non-intrusive way of exposing families to stories about trauma and healing
- Library setting
- A lot of work needs to be done before implementing the storybook, failure to implement other cultural safety tools in addition could be more traumatising

*Who do you think the key people are to talk about the book?*

- Elders and local traditional owners – need their permission and power to do it well
- In Morwell and Latrobe Valley there are people from different communities living on Gurnai Kurnai lands, so would need to make sure all groups are represented
- Consider asking the Gunai Kurnai community what they want and need, rather than offering ideas
- Young parents who have experienced trauma
- Extended family/relational family groups
- Local service providers
- Be aware that community may themselves be experiencing trauma, so getting them to accept the value and positive effects of a project like this is important
- Local artist to develop content

*Do you have any suggestions around the content or format for this resource, or any challenges?*

- Content should focus on awareness and impact of trauma without focussing on exposure
- Include art, healing, and strengths in the story
- Art needs to look like they are in the local community
- Consider scale up – could it be broadly accessible to all communities?
- Use plain language
- In Elders group, there is a lot of discussion about kids not knowing who their community/mob is. Therefore, could include something on who is your mob and how to find them.

*4.2.2. Resource about Aboriginal childrearing and child development, facilitated by Dr Mishel McMahon*

**Purpose:** The aim of this resource is to provide information about Aboriginal and Torres Strait Islander ways of parenting. The resource will specifically provide information about child development and child rearing principles.

**How we are doing it:** This resource is being designed by an Aboriginal social worker, Dr Mishel McMahon, who has done a PhD in this area which involved working with many Aboriginal communities. She is ready to start getting feedback on her draft of the resource.

**What it could look like:** From Aboriginal and Torres Strait Islander literature an overarching principle regarding development is that it's child-led, not age related. The resource/s will focus on understanding the strengths of Aboriginal and Torres Strait Islander ways of bringing up kids safe and strong, remembering that Aboriginal and Torres Strait Islander parents have been doing this for thousands of generations and that prior to organisation, Aboriginal and Torres Strait Islander children were healthier than non-Aboriginal children. The resource will explain that this did not happen by accident – it was due to practices and ways of bringing up our kids together, and a lot of this has been disrupted by organisation and trauma, and we want to reclaim this knowledge and understanding for us and our kids. Some of the concepts that will be addressed in the childrearing and development resource might include that children are not simply raised within a nuclear family but can be members of a large family that includes connection to their Kinship, their Community, their Country, and their Ancestors.

A summary of the Workshop discussion groups is provided in the box below.



## Summary of workshop discussions on the HPNF parents childrearing resource

*How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

- Participants thought the resource would be acceptable, appropriate and useful
- There are not a lot of resources about Aboriginal ways of knowing and doing
- Child protection risk-driven approach fails to recognise Aboriginal ways of parenting
- We need to be talking up our ways of parenting with our own mob so that we grow up confident parents

*Tell us about your level of comfort in discussing these principles of parenting that we share as Aboriginal and Torres Strait Islander people*

- Would vary for each individual family depending on how strong they feel and how connected they are to the principles
- Would vary based on region
- Would depend on how the principles are written, and whether it goes directly to parents
- Service provider need a guide around the questions to ask

*How can the resource support parents to be strong from their own community or mobs localized ways of knowing for childrearing?*

- Providing evidence, and reinforcing Aboriginal ways of knowing, bring and doing, which can only strengthen mob
- Providing the language to describe First Nations parenting and the differences
- Providing the knowledge of parenting styles, to allow parents to better advocate for themselves
- Knowledge of culture and connectedness is a strong protective factor
- Linking to cultural knowledge and integration of family
- Providing a way of reclaiming and taking back identity, handing power back to families
- Providing parents with resources to help them understand how trauma can impact parenting
- Services need to be aware of Aboriginal ways of parenting, so parents do not get judged by health workers. One way to do this could be through university courses where social workers, midwives and others are trained

*Do you have any suggestions around the content (e.g. principles) or format (e.g. online, booklet) for this resource?*

- Provide examples of localised differences in parenting styles
- Be mindful of diversity of experiences and diversity of parents, especially stolen generation descendants
- Important to have the information available in a variety of formats to ensure accessibility (e.g. YouTube, illustrations, verbally, online resources, vignettes/stories, audio, booklet, artwork)
- Important to think about how service providers could incorporate this into their thinking, how it could be linked to Closing the Gap, developmental strengths and outcomes in the early years (pre-primary school), not just the Australian Early Development Census and 'developmentally on track'

### 4.2.3. Resource for men, facilitated by Dr Kootsy Canuto

**Purpose:** To develop resources for fathers to support their journey into parenthood as they have historically been under-supported and have access to few resources that are designed to support their role as a parent.

**How we are doing it:** Because fathers have always been critical to bringing up kids, but are often excluded from care around pregnancy, birth and the early years, Dr Koosty Canuto, an Aboriginal man (who has been working closely with other Aboriginal and Torres Strait Islander men) is leading the co-design of father-specific resources. Dr Canuto has been speaking with men about the kind of support they need as fathers, and what resources would be beneficial for new dads. Dr Canuto is preparing to speak to men in the Latrobe Valley to determine the needs of Aboriginal men on GunaiKurnai Country.

**What it could look like:** The resource/s will contain information and tools to help dads understand the changes that occur before, during and after pregnancy, and support them on their fathering journey.

### **Summary of discussions on HPNF dad's resource**

*How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

- Most participants felt that this resource would be useful, acceptable, and appropriate and something dads want and need
- There are few resources and support for dads, using the voices of other dads/grandfathers/uncles
- Important for dads to feel connected to their children, strengthens the whole family
- Elevates the important role of dad/partner in parenting and relationships

*Do you have any suggests around the content or format for this Resource Kit, or any perceived challenges?*

- Artwork needs to be localised
- Ensuring men can access the resources, both young and middle aged (e.g. through social media, exercise focussed environments, mobile app, use of mentors etc)
- Could hold men's circles in perinatal health services
- Women receive a pack at their antenatal appointments, this could be an opportunity to give a pack to both parents
- Use visuals and interactive links
- Provide information in a range of different formats (YouTube, artwork, app etc)
- Consider the languages that the resources are provided in
- Provide information on safe sleeping
- Keep the information practical (e.g. nappies, playmats, items they need for baby, books about being a dad)
- It is important for parents to have the language to be able to describe Aboriginal parenting
- Separation of men's and women's business needs to be explored
- Consider different levels of knowledge, and needs
- Include information about connecting with baby in utero (e.g. through song)
- Provide information on miscarriage and stillbirth to prepare fathers
- Use humour

*Accessing the resources*

- A central repository might work so different communities can select what might suit them best
- Use technology (e.g. apps, social media, YouTube)
- Make available from service providers, a place that men can take something away to show they are being considered
- Alternative spaces where men come together to talk about obligations, yarning circles, men's groups
- Using champions in community settings, that young people look up to
- Put on Health InfoNet website, and network

#### **4.4. Service provider resources**

An overview of each resource was provided for all participants. Following this, participants entered into smaller breakout rooms for a more in-depth discussion.

Participants were also asked to complete a survey asking the following questions for each resource:

- How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?
- How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?

In addition, in discussion, participants were asked to share their thoughts on questions specific to each resource.

*4.3.1. Online training modules about Aboriginal and Torres Strait Islander trauma, facilitated by Mr Lou Turner, Ms Rosie Schellen, Ms Deb Bowman, Dr Renee Fiolet*

**Purpose:** To provide service providers with awareness about building genuine partnerships with Aboriginal and Torres Strait Islander children, families, and communities. The aim is to also provide information about the impact of trauma on Aboriginal and Torres Strait Islander peoples, introduce the basics about trauma awareness and suggest ways to work safely with Aboriginal and Torres Strait Islander families.

**How we are doing it:** We have co-designed and launched an online training package made up of five modules with one of our partner organisations – [Emerging Minds](#). The modules are easy to access and free to use to encourage service provider uptake. Those choosing to use the training can do it at their own pace.

**What it looks like:** Five modules cover six learning outcomes: 1. Gain awareness of ‘two-ways’ thinking (which will be demonstrated in this resource), diversity and systemic factors impacting Aboriginal and Torres Strait Islander experiences of intergenerational and complex trauma. 2. Understand why pregnancy, birth and the early transition to parenting is a critical time for parents experiencing complex trauma. 3. Appreciate the important role of perinatal care providers in providing a safe environment and supporting parents experiencing complex trauma. 4. Outline key principles of fostering safety in perinatal care (awareness), and examples of models that can help to facilitate safety. 5. Demonstrate essential pre-requisites and practical skills for talking with Aboriginal and Torres Strait Islander parents about complex trauma. 6. Identify the broad range of support options that may be required to support Aboriginal and Torres Strait Islander parents experiencing complex trauma. **You can find out more about the modules by following this link:** [Healing the Past by Nurturing the Future – Emerging Minds](#)

Further work is being done by Emerging Minds to develop high quality animations and materials that will be freely accessible, and the team sought advice on what this should look like.

### **Summary of discussions on HPNF online training modules for service providers**

*How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

- Positive feedback received for the presented materials, participants felt it was acceptable and useful

*Do you have any suggestions around the content or format for this resource or any challenges?*

- Support required for participants in case previous trauma is triggered
- Keep the content engaging and fun, despite the topic. Embracing the Blakfella sense of humour is important
- Merge the face-to-face and online training to make it more intensive and allow in-person engagement
- Get the course accredited
- Keep the voice of the individual in mind in responsive care

*What would be the preferred mode of delivery for our next e-learning resource topics and why?*

- Use different modes to deliver content to account for different learning styles: music, video, audio, animation, reflective exercises, podcasts, case studies, art, storytelling

*An animation is being developed to support the online training – Do you have any suggestions around the content/key message or challenges?*

- Could include stories of unconditional love, and connection to each other, or a story of a non-Aboriginal person getting it wrong, and then getting it right.
- Pathways of getting into training are important. Could include an element of train the trainer within this to ensure its impact.

#### *4.3.2. Face-to-face training with Blue Knot Foundation, facilitated by Ms Sue Moffat*

**Purpose:** For service providers to build their understanding of complex trauma and develop strategies for working with Aboriginal and Torres Strait Islander families and communities in the perinatal period.

**How we are doing it:** We are working to develop a training session that will be face-to-face and take place over a full day. The plan is that the training will involve Aboriginal and Torres Strait Islander facilitators so that they can provide an Indigenous lens on the content during delivery.

**What it looks like:** The full-day training will build on the foundations that have been provided by the online modules we have previously discussed, so will provide more detail and opportunities for service providers to interact and ask questions.

The training will aim to increase awareness of ‘two-ways’ thinking, diversity and systemic factors impacting Aboriginal and Torres Strait Islander experiences of trauma. The historical context and understanding Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) as well as the steps towards decolonising practice.



Training will also cover the prevalence, neurobiology and impacts of trauma on the body and brain. It will provide information on supporting parents with complex trauma in the perinatal period and offer practical skills for talking with Aboriginal and Torres Strait Islander parents about complex trauma. Using case scenarios, the training will apply principles of trauma-sensitive perinatal care to train participants on how to use strategies which enhance safety, organisational and support recovery from trauma.

### **Summary of discussions on HPNF face-to-face training**

*How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

- Feedback that it was acceptable, appropriate and useful

*What are the key messages or content that is important to you for inclusion in this training for service providers?*

- Use different methods in trainings: role play, drama, song, dance, as these are important for mob
- Include mums, dads, uncles, aunties, grandparents, and Elders in the training to express lived experience that supports the evidence and research informing this project

*Are there any challenges or barriers to this being accessible for service providers including attending a full day training?*

- A potential barrier to accessibility of this course is the time to attend. Some options to address this were discussed: 1) The length of training should be 1 day or less due to other staff commitments. 2) It could be broken in to two half days, as this may work better for some workplaces. 3) It could be run out of hours or on the weekend. 4) Some information could be recorded, in to 2 hour sessions, with face-to-face sessions used for discussion.
- Funding to keep this training going is another possible barrier
- Need to consider whether men and women can be in the same room, and consider the way in which culture shapes interactions.
- Ensure there are mechanisms in place to deal with tensions, or issues, that arise when presenting content to ensure participants and presenters feel safe

*Any other comments?*

- Provide food for participants
- Ensure participants receive CPD points for attendance

#### *4.3.3. Ongoing mentoring and developing wellbeing champions with We Al-li Pty Ltd, facilitated by A/Prof Carlie Atkinson and Ms Alison Elliott*

**Purpose:** To help service providers become experts in supporting parents who have experienced trauma and become leaders in their organisation (Wellbeing Champions).

**How we are doing it:** This training is being co-designed with [We Al-li Pty Ltd](#) who are specialists in the provision of training in culturally informed trauma-integrated healing approaches. This training is offered in a two-to-three day training and

ongoing supervision package, which will include ongoing mentoring for those nominating to take the role as 'Wellbeing champions' in their organisation.

**What it looks like:** The training and support package is divided into four main phases. The first phase involves meeting with the health organisation who has signed up to the training to get to know them and provide them with a self-assessment tool called the We AI-li Pty Ltd Culturally Informed, Trauma Integrated Healing Assessment Tool (CITIHAT). The second phase involves working with organisation employees to identify Wellbeing Champions who will ensure sustainability of the work being done within the organisation. During this phase the organisation also submits their CITIHAT. The third phase includes the face-to-face component of the training that usually takes place over several days. This training is attended by both the wellbeing champions as well as other organisational employees. The final phase involves continuing to work with the wellbeing champions by supporting them and mentoring them to keep the trauma-integrated healing approach alive within their organisation.

## Summary of discussions on HPNF ongoing mentoring and wellbeing champion training

*How acceptable or appropriate do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for Aboriginal and Torres Strait Islander parents experiencing trauma?*

- Positive feedback on the model of champions and champion working groups

*This training is focused on personal and professional development. How comfortable do you think service providers will feel with this approach*

- Personal development component important for mental health professionals, self-care is theoretically encouraged, as well as detachment of personal self. When working with Aboriginal and Torres Strait Islander people, you need to bring some of yourself to build trusting relationships
- Important to include the element of personal development because there is a need to disrupt some of the elements about professional roles which is often disconnection, alienation and not relational

*Are there any challenges? (e.g. multidisciplinary groups undertaking personal and professional development collectively)*

- Some of the challenges of the training could include: cost, variability in levels of understanding, time to complete, triggering, ensuring that cultural authority is respected and the Aboriginal voice is primary through the conversations and consultations with the care team
- Service providers would be enthusiastic, however they are time poor and overworked and may find it difficult to attend training, and reflect following the sessions
- Organisations need to provide time for ongoing learning
- Organisations would need to be educated on the importance of the training for Aboriginal people, and benefits to the organisation
- Some people may feel uncomfortable with their own personal development, but being upfront about what the training involves will help people know what to expect
- Need skilled facilitators to read the field, and acknowledge the different levels of learning that people are at

*How feasible do you think it is for service providers to attend at least two days of training?*

- Two days of training (or 2 x 2 days) was considered feasible by some participants, but others suggested that a mixture of face-to-face and online would need to be considered to allow people to attend. Consider flexibility with timing – morning/afternoon sessions.
- Maximum of 25 attendees, with two facilitators suggested

*What can we do to make this more acceptable and accessible?*

- Ensure that participants get CPD points
- Need to get buy in from the organisation

## 8. Key Reflections on day one

Prof Cath Chamberlain welcomed reflections on day one's discussions. Each facilitator fed back to the wider group some of the key points from the discussions they led. She also thanked participants for their contributions throughout the day.

## Day Two: Support, Recognition, and Assessment Strategies, bringing it all together

### 8. Acknowledgement

Day two started with Prof Cath Chamberlain acknowledging the Countries all participants were calling in from, and paying respects to Elders past, present and future.

### 7. Reminder about our safe space

A/Prof. Carlie Atkinson provided a reminder of Day one, where the elements to consider in creating a safe space were discussed.

### 8. Recap of previous day and outline of purpose of today

Prof. Cath Chamberlain provided a recap of the content provided on Day one and outlined the purpose of Day two. The day focussed on the HPNF conceptual model factors of support, recognition, assessment and implementation and evaluation.

### 9. Support strategies

An overview of the HPNF support framework and the Wise Counsel model of care was provided. Participants then discussed the resources in breakout rooms.

#### **9.1. HPNF Support Framework, facilitated by A/Prof Shawana Andrews**

**Purpose:** The aim of the HPNF Support Framework is to assist services to identify service availability, acceptability, and appropriateness, identify gaps for Aboriginal and Torres Strait Islander families, and establish a database of available services.

**How we are doing it:** Organisations in the area will be asked to complete a questionnaire based on a framework which is grounded in research about parents' needs. The purpose is to identify support services available to families during pregnancy and the first two years and answer questions around accessibility and any barriers to access. Organisations will be asked about any additional supports they offer parents that are not currently included in the HPNF Support Framework.

Through prior community consultation and research, four core factors were identified as integral enablers of safe, supportive care:

1. **Culture** (cultural traditions, practices and strengths),
2. **Relationality** (family, individual, community and services),
3. **Safety** (frameworks, choice and control) and
4. **Timing** (the right time socio-emotionally and stage of parenting).

These were crucial to achieving eight parent goals:



**What it looks like:** When development of this framework is complete it will be available for service providers and parents to enable choice in determining which organisation/s will best be able to meet the needs of the new parents.



### Summary of discussions on the HPNF support framework

*Are there other potential barriers or anything else missing that could be identified in the questions?*

- The analysis may be labour intensive, but good information being gathered
- May be time consuming to complete, and organisations may need support to do the survey
- Organisations may be resistant to completing it, and might not want to share information
- If it was embedded in annual audits there might be less resistance
- Needs to be sustainable so that it is kept up to date
- Barriers and facilitators from external policies (e.g. child protection) is missing from the framework

*Who should be responsible for the framework at your/each organisation?*

- Insight from a variety of people needed to complete
- All levels of the organisation should be engaged in the process
- One person should coordinate
- Aboriginal Liaison Officers and Midwifery team should be involved in the process

*How will identifying service gaps be useful for organisations?*

- Advocacy for services
- Capacity to be a cultural safety check in for organisations
- Identify where need to improve service delivery
- Identify how can support families before making a report to child protection services

*How often should the framework be reviewed (e.g. annually after initial mapping)?*

- At least annually
- Could tie in to annual accreditation

## **9.2. HPNF Wise Counsel Model, facilitated by Dr Jacynta Krakouer and Dr Kim Jones**

**Purpose:** The purpose of the HPNF Wise Counsel Model is to ensure that parents with complex social and emotional needs receive the same high standards of care as we expect for parents with complex medical conditions, rather than simply 'referring out' to child protection services. It aims to ensure that families are supported to stay together from the start, as outlined in these two recent papers: [systematic review](#) and [safest start position paper](#).

**How we are doing it:** We are still exploring how this might work in practice, but our aim is to ensure care is provided within health services, with involvement of people with the right expertise, including community expertise, and that transparency and consensus exist around decision making.

**What it might look like:** Although we are exploring how this works in other settings, the Wise Counsel Model will most likely include oversight and collaboration with a Wise Counsel of members with clinical expertise, social support expertise, and

community expertise/Eldership, to enable safe 'wrap around' support for families with complex support needs.

### **Summary of discussions on the HPNF Wise Counsel model**

#### *What should the Wise Counsel look like?*

- Safe, open respectful, strengths-based, connected to cultural values and beliefs
- Families should be at the centre of the process, and could nominate who could support them through the Wise Counsel
- The Wise Counsel could be set up differently for each family, depending on the needs
- Could include Wise Counsel champions within the organisation that can enable 'wrap around' support for families
- Services being around family rather than family having to go to many different appointments

#### *Who should be on the Wise Counsel?*

- Family, and people who play an important role in the person's life
- Include a mixture of community members (Elders, people of different ages and genders) and professionals (e.g. midwives, mental health care workers)

#### *Who should decide this?*

- Community Elders, family, the person involved
- Empowering families to make the choice

#### *Do you have any suggestions, comments or thoughts about the process for developing or establishing the model (including who to speak to or challenges we should be aware of)?*

- Advise from Community Elders, family, ACCHOs and other service/support people/midwife/health worker/counsellor
- Funding needs to be guaranteed on a continued basis
- Support for Wise Counsel members who may experience vicarious trauma
- Tension between empowering but not overwhelming families
- Compensating Elders for their time
- Be aware of other children in the scenarios as well

#### *Barriers or challenges*

- Getting men to be involved in the Wise Counsel
- Timing of pregnancy is too late, need to access services prior to that to give them more time to do the wrap around services
- Who would co-ordinate? Where would the Wise Counsel sit? How to ensure it's not replicated by different services?

## **10. Safe recognition**

### **10.1. Safe recognition training, facilitated by Prof. Cath Chamberlain and Dr Tess Bright**

It is critical that the benefits of any assessment or screening process outweigh any risks and harms. This is particularly important for any assessment for parents

experiencing complex trauma, given the concerns and risks of inappropriate support leading to family disruption and removal of children, as outlined in the [previously mentioned paper](#).

**Purpose:** We are aiming to develop training that service providers would be required to complete before are given access to the Aboriginal and Torres Strait Islander complex trauma and strengths questionnaire, similar to what has been done previously with [the Kimberley Mums Mood Scale \(KMMS\)](#).

**How are we doing it:** The prerequisites for any assessment have been co-designed in HPNF Workshop two, and are outlined [here](#).

**What is might look like:** Similar to the KMMS, and based on developing skills around the pre-requisites.

### Summary of discussions on HPNF safe recognition

*Do you have any suggestions around the content or format for this training to make it accessible and useful to service providers?*

- Prerequisite for use is that clinicians will have received training, in trauma informed care, and how to respond
- Be upfront about what the challenges people might experience when participating in this training and prepare them for that.
- Need supports for service providers to avoid vicarious trauma
- Embed within mandatory cultural safety training
- Include in undergraduate curriculum as well as in ongoing training
- Include video vignettes as an adjunct to training
- Need to ensure conversations are held in a safe manner, and that parents are assured disclosure will not lead to reporting
- Talk about the historical context – focus on that there is not individual or family fault, but it is historical, government and systematic

*Are there any challenges or barriers to this being accessible and useful for service providers?*

- Time to attend trainings
- Identifying Aboriginal and/or Torres Strait Islander status
- Service provider fatigue
- Promote widely so that people are aware
- Motivation of the organisation/unit
- Organisational management in health care systems
- Capacity of services
- Creating a safe space for families
- Peer support important

## **10.2. Baby Coming You Ready, facilitated by Dr Jayne Kotz and Ms Trish Ratajczak**

**Purpose:** The Baby Coming You Ready aims to: (i) give control back to the mother over her perinatal care (ii) enhance her strengths and self-efficacy (iii) improve maternal and infant health and wellbeing outcomes during the first 2000 days (pregnancy and the early years of parenting).

**How it has been done:** BCYR was co-designed by Aboriginal communities from 14 different Clans/Nations, Elders and Senior Aboriginal women and men, Aboriginal and non-Aboriginal practitioners\* and both Aboriginal and non-Aboriginal Researchers. BCYR embodies passion and commitment to improve perinatal wellbeing and engagement for Aboriginal parents at this important time. It was described as a program that celebrates cultural wisdom and relational collaboration and the program has benefited from ongoing support from the code sign team since its conception, during the Kalyakool Moort research project (2013-2016).

**What it looks like:** BCYR is a new generation mental health and well-being assessment and screening 'rubric'. It is a therapeutic intervention and supports follow-up care. BCYR includes the BCYR website and practitioner training.

*\*Midwives, child health nurses, social workers, Aboriginal health workers/liaison officers, mental health workers, psychologists, psychiatrists, GPs*

*To have a play around with the rubric used please follow this link (it requires a test name and pretend birth date and due date to get through to the rubric)*

<https://r.babycomingyouready.org.au/bc/c/0A7QvwqotJg/>

### **Summary of discussions on Baby Coming You Ready?**

*How acceptable or valuable do you feel this would be for service providers working with Aboriginal and Torres Strait Islander parents experiencing trauma?*

*How useful do you feel this would be for service providers working with Aboriginal and Torres Strait Islander parents experiencing trauma?*

- Participants reported that this was **very** valuable and useful for parents experiencing trauma.
- Taking a strengths-based approach is important
- The fact that it is a living resource with continual evolution is great
- Service providers need and appreciate this type of tool

*Do you have any feedback or suggestions?*

- Embed cultural training before using it
- Add a question about feeling safe with service provider
- Use the term 'support resource' rather than 'rubric'
- Incorporate photos, through the use of PhotoVoice into the resource
- Add a space for adding extra notes
- Include a space for non-binary parents to use BCYR
- Need to ensure organisations are onboard
- Include in the induction process when new employees start
- Include in mandatory training
- Build into personal review and development plans in the workplace, rather than just training alone
- Focus on people who really understand and want to improve first
- Include an evaluation at the end of the resource so there is continual development
- Include information for when a dad is absent

## 10. Assessment

### **10.1. Introduction to the HPNF assessment tool, facilitated by Dr Graham Gee and Dr Tess Bright**

**Purpose:** We are developing a questionnaire designed to measure the impact of trauma-related distress and strengths and supports that communities identified as important (e.g. connectedness, sense of self, sense of belonging).

**How we are doing it:** We have been interviewing parents from Victoria, South Australia and the Northern Territory using both the Aboriginal and Torres Strait Islander Complex Trauma Questionnaire and a comparator, the only validated self-report questionnaire assessing complex trauma symptoms, the International Trauma Questionnaire.

**What it might look like:** We are hoping to produce a final version that includes about 20-30 questions that can be useful for service providers and parents in understanding experiences of trauma-related distress and protective factors to inform effective support.

### Summary of discussions on HPNF assessment

*How comfortable would you be with this tool being used by health professionals working with parents during pregnancy and birth? And why/why not?*

- The tool addresses a gap, and gives great hope for use in clinical practice
- Tool includes sensitive information, so family and health care professionals need to feel safe
- Tool needs to be used carefully, and by the right person
- Training is required as a prerequisite to administer the tool
- Person administering needs to be culturally aware and have an understanding of complex trauma
- There is a need to consider concrete steps after the assessment is done (e.g. referrals)
- Need to be careful with the use of the tool, to avoid triggering and child protection notifications
- Setting and environment is important
- The timing is important, the perinatal period can be a busy time for parents, but it also a good opportunity to connect with parents and expectant parents

*Which health care professionals do you feel could use this safely and effectively?*

- Participants were supportive of any trusted person/professional administering the tool
- Establish a relationship with the family before it is used
- The specific person might vary by region
- Multidisciplinary teams could use the tool (e.g. midwives, childcare, GP)
- Concerns were raised about using the tool in hospital settings as this might be triggering.
- Midwives supporting each family may not be consistent through the pregnancy, which means the relationship is not there.
- A psychologist would be an appropriate person to administer the tool, however they are less accessible than other professionals (fewer possible points of contact)
- Social workers, lactation support workers, intensive family support workers, and ACCHOs were all considered to be appropriate. However, there is a need for confidentiality in close knit communities.

## 11. Implementation and evaluation

### **11.1. Overview of implementation and evaluation, facilitated by Prof. Cath Chamberlain, Dr Elise Davis, Dr Tess Bright and Dr Kim Jones**

All good projects need rigorous evaluation. The main things that we are measuring in this project include:

#### **Parent acceptability**

Individual-level barriers and enablers (Pre and 6-month post implementation discussion groups with 6-8 parents)

#### **Service provider acceptability**

Organisational barriers and enablers (pre and 6-month post implementation discussion groups with 6-8 service providers)

#### **Training**

Service provider engagement, satisfaction, knowledge, attitudes and practices (KAP)

#### **Implementation**



Processes and reach: Site Implementation Team journals, services provided

### **Costs**

Feasibility. Audit of service usage and cost

### **Health outcome analysis**

Interrupted time series (service use, maternal/child health outcomes, feasibility)

Pre-post (parent-infant dyads baseline/3-month, distress and strengths, parental knowledge, parenting self-efficacy, infant wellbeing)

## ***11.2. Discussions on Implementation and Evaluation***

### *11.2.1. Questions*

- What are your initial impressions of the plan for evaluation?
- What do you think are the most important changes for families that we would want to see in this evaluation? e.g., what are the things that matter most?
- What do you think are the most important changes for health care professionals?
- What do you think are the most important changes for policy makers and senior managers? Or matter most?
- How can we reduce the burden of the evaluation for parents and service providers?

## Summary of discussions on HPNF implementation and evaluation

*What are your initial impressions of the plan for evaluation?*

- Comprehensive evaluation plan presented
- Include parents in decision making on what outcomes are important to them
- Consider who is implementing the evaluation – need to have a trusted relationship. Ensure include Aboriginal people in the evaluation as much as possible
- Inclusion of social determinants of health in the evaluation is important
- Remaining flexible is important
- Need to ask questions to families in a way they can answer it
- Make sure people feel safe to engage
- Consider how to get the experience/voice/stories of those who have more severe complex trauma
- Consider Aboriginal methods, voice overs and pictures rather than Western methods (Likert scales, questions etc)
- Could use expressive arts format focused on healing and sharing experiences with visual modalities to capture healing journey
- Have someone on site who is just there, not necessarily be part of the team to engage with people about the project

*What do you think are the most important changes for families that we would want to see in this evaluation? E.g. what are the things that matter most?*

- Decrease in child protection notifications is important, but also need to look into the length of time between notification and case closure (expect to decrease), an increase in notifications could result from initiating conversations
- Reduction in child removal, number of babies going home safely to their families
- Reduction in racism experienced in the hospital
- Length of stay in hospital, or satisfaction with stay. Decreasing unnecessary stays in hospital could save money and translate to organisation's language.
- Number of referrals to services that support them
- Whether they feel safe that service is responsive, service is to individual and collective community needs
- Families would like to feel safe coming into hospital and feel support during their stay there
- People vote with their feet – they don't turn up until they need to (attendance)

*What do you think are the most important changes for health care professionals?*

- Increase job satisfaction, if feel more integrated into the organisation and needs are being met
- Tailor the workshops to the individual needs of the organisation. Involve service providers in training and listening to the areas they feel they need help
- Get in-depth data from practitioners in the form of interviews
- Change in service providers and organisations to be more approachable as a support rather than just a system
- Confidence in having conversations with families, feeling safe in these conversations, for both Indigenous and non-Aboriginal practitioners
- Accreditation of course

*What do you think are the most important changes for policy makers and senior managers? Or matter most?*

- Need policy makers to be invited to the conversation
- Program needs to be guided by policy
- Making information accessible. One pager of information and recommendations. Infographics
- Creating organisational change is really challenging within a hospital setting. Everyone taking those small steps at the same time in the same direction is necessary.
- Cost
- Children not being removed

*How can we reduce the burden of the evaluation for parents and service providers?*

- Collect data that is readily available, rather than new surveys or measures
- Safety of family and person using tool is important
- People need to feel welcome, so make the process enjoyable and engaging, and ensure people feel like they are contributing to making a difference
- Need service providers to be there because they want to be, not because they have to be
- Get more detailed information from interviews rather than surveys, yarning, and these should be face-to-face
- Data collection done in a way without time pressure on parents

## 12. Reflections

Prof Cath Chamberlain invited reflections on the Workshop from participants. The feedback was very positive (see comments below). Participants were also invited to provide feedback on the Workshop through an online evaluation form (see section 15 below).

Cath and team

This is the most wonderfully balanced and well organised workshop. Thankyou so much for looking after us all so well.

I really enjoy attending the HPNF workshops. they are very well organised, great work to all involved. the break out rooms open up the space for people to feel safe to participate and ask questions, share ideas - to ensure that everything is done in the most culturally safe way and causes no further harm to mob.

*Figure 7: Feedback from Workshop participants*

## 13. Letting go

A/Prof Carlie Atkinson shared an exercise in letting go and keeping ourselves safe when triggered (see Figure 8 below).



## Keeping ourselves **safe** when triggered: using the 4 elements

**EARTH** Feel the Land under your feet holding you right now

**AIR** – Notice your breath...slow it down, count to 4 in, hold, then 4 counts out...

**WATER** – Make saliva in your mouth and swallow

**FIRE** – Imagine a calm place in your mind, stay there and breath it into you

... While you imagine your calm place do some Slow Butterfly hugs across your chest




Figure 8: Letting go exercise

## 14. Thank you and close

Prof Cath Chamberlain thanked all participants for all their contributions and closed the Workshop.

## 15. Evaluation

Evaluation forms were distributed via email to all participants following the Workshop. Participants were asked to respond to 10 questionnaire items; items 1-7 used a 5-point scale from 1=strongly disagree to 5=strongly agree, and items 8-10 were open-ended questions.

Of 72 Workshop participants, 15 evaluation responses were received, giving a response rate of 21%. In general, the feedback was positive. A summary of the responses is provided below.

### Responses to scaled questions

Figure 9 shows the responses to individual survey items. Most respondents either agreed (27%) or strongly agreed (73%) that the Workshop *was useful and informative for my work*. Similarly, most respondents agreed (33%) or strongly agreed (60%) that the Workshop was *useful and informative personally*. In addition, all participants agreed (7%) or strongly agreed (87%) that the knowledge generated in the Workshop will *help Aboriginal communities*.

All respondents felt they could *contribute their thoughts and ideas* (33% agree; 67% strongly agree) and *felt safe participating* (27% agree; 73% strongly agree). All participants felt that *support was available* if needed at the Workshop (27% agree; 67% strongly agree; 1 neutral response).



Figure 9: Evaluation responses

## Responses to open-ended questions

### Is there anything you particularly liked about the Workshop?

In total 13 participants answered this question. Overall, many participants reported the Workshop was well formatted and organised, and people felt comfortable to share. The welcome packs were very well received, and participants liked the opportunities for self-care in the Workshop such as the mindfulness exercises.

Snapshot of responses:

*“The gift packages were so lovely, thank you very much. I have never been to such a well organised Workshop, online or in-person. Well done to the team”*

*“Mindfulness exercises. Listening to stories and work practices from elsewhere. The presenter spoke directly to the issues. Welcoming and friendly in spite of having to use tech.”*

### Is there anything you particularly didn't like about the Workshop? If so, what could be improved?

Nine participants responded to this question with comments. Most participants said that no improvements were needed. A few felt the Workshop would be better in person, but also mentioned it was well run despite being online. Some commented that it was challenging to understand each strategy in detail, in particular if they were new to the space.

Snapshot of responses

*“I think it was the most smoothly run online training I have done. From our end it appeared seamless”*

*“I always like face to face gatherings. I'm not the IT generation. I think perhaps the audience was at different stages in their [trauma informed care] journey and some felt the need of more training in the Trauma Informed space.”*

### **Any other comments or suggestions you would like to make?**

Ten participants provided comment for this question. Most responses were positive messages about the importance of the work and thanking Workshop organisers.

Snapshot of responses

*“We read a lot about what it means to work in a trauma informed manner, but don't often get the opportunity to discuss it with the experts in the field and hear about what's new. It was really nice to hear from the people implementing the new programs. Can't help feeling it would be great to chew their ears for more detail. Thanks.”*

*“I felt this digital platform was fantastic because it was more efficient on my time and energy.”*

*“You mob did great - considering the circumstances... in-person would have been fantastic too!”*



## Further reading

### Workshop reports

Ralph, N., Clark, Y., Gee, G., Brown S, Mensah F, Hirvonen T, & Chamberlain, C. for the Healing the past by nurturing the future group (2018). Healing The Past by Nurturing the Future: Perinatal support for Aboriginal and Torres Strait Islander Parents who have experienced Complex Childhood Trauma - Workshop One Report. Judith Lumley Centre, La Trobe University: Bundoora, Melbourne.

Chamberlain C, Ralph N, Clark Y and Gee G for the 'Healing the Past by Nurturing the Future investigators group1 and Co-Design Group1'. Key stakeholder codesign workshop two report. 10/9/2018. Alice Springs, Northern Territory.

Wells O, Clark Y, Mensah, F, Bennetts, S, Chamberlain C, for the 'Healing the Past by Nurturing the Future Investigators Group and Co-Design Group. Key stakeholder co-design workshop three report. 15/11/2019. Thornbury, Victoria.

### Relevant publications

Fiolet, R., Woods, C., Hine Moana, A., Reilly, R., Herrman, H., McLachlan, H., Fisher, J., Lynch, J., and Chamberlain, C. (2022). **Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents.** *Women and Birth: journal of the Australian College of Midwives*, Aug 4.

Chamberlain, C., Gray, P., Herrman, H., Mensah, F., Andrews, S., Krakouer, J., McCaLman, P., Elliott, A., Atkinson, J., O'Dea, B., Bhathal, A., & Gee, G. (2022). **Community views on 'Can perinatal services safely identify Aboriginal and Torres Strait Islander parents experiencing complex trauma?'**. *Child Abuse Review*, 1-14. [e2760].

Chamberlain, C., Gray, P., Bennet, D., Elliott, A., Jackomos, M., Krakouer, J., Marriott, R., O'Dea, B., Andrews, J., Andrews, S., Atkinson, C., Atkinson, J., Bhathal, A., Bundle, G., Davies, S., Herrman, H., Hunter, S.A., Jones-Terare, G., Leane, C., Mares, S., McConachy, J., Mensah, F., Mills, C., Mohamed, J., Mudiyansele, L.H., O'Donnell, M., Orr, E., Priest, N., Roe, Y., Smith, K., Waldby, C., Milroy, H., & Langton, M. (2022). **Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start (SAFeST Start): Urgent call to action to address crisis in infant removals.** *Australian Journal of Social Issues* 2022;00:1-21.

Clark, Y., Chamberlain, C., Brown, S., Gee, G., Glover, K., McLachlan, H., Hirvonen, T., Trevorrow, G., Deadly nannas co design group and HPNF investigators group (2022). **Yarning with the Deadly Nannas about safe practices and trauma**

**affecting Aboriginal perinatal parents: Healing the past by nurturing the future** (HPNF) research. *The Australian Community Psychologist* 32(2):4-22.

Reid, C., Gee, G., Bennetts, S.K., Clark, Y., Atkinson, C., Dyal, D., Nicholson, J.M., & Chamberlain, C. (2022) **Using participatory action research to co-design perinatal support strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma.** *Women and Birth*. Published online 25/12/2021.

Chamberlain, C., Clark, Y., Hokke, S., Hampton, A., Atkinson, C., Andrews, S., and for the HPNF Investigator group (2021). **Healing the Past by Nurturing the Future: Aboriginal parents' views of what helps support recovery from complex trauma.** *Primary Health Care Research & Development*, 22, E47 2021.

Clark, Y., Gee, G., Ralph, N., Atkinson, C., Brown, S., Glover, K., McLachlan, H., Gartland, D., Hirvonen, T., Atkinson, J., Andrews, S., Chamberlain, C., the Healing the Past by Nurturing the Future Investigators Group and Co Design Group (2020). **Healing the past by nurturing the future: Cultural and emotional safety framework.** *Journal of Indigenous Wellbeing: Te Mauri Pimatisiwin*, 5(1):38-57.

Chamberlain, C., Gee, G., Gartland, D., Mensah, F., Mares, S., Clark, Y., Ralph, N., Atkinson, C., Hirvonen, T., McLachlan, H., Edwards, T., Herrman, H., Brown, S., Nicholson, J., & the Healing the Past by Nurturing the Future group (2020). **Community perspectives of complex trauma assessment for Aboriginal parents: 'It's important but how discussions are held is critical'.** *Frontiers in Psychology*, 11, 2014.

Chamberlain, C., Gee, G., Brown, S. J., Atkinson, J., Herrman, H., Gartland, D., Glover, K., Clark, Y., Campbell, S., Mensah, F.K., Atkinson, C., Brennan, S.E., McLachlan, H., Hirvonen, T., Dyal, D., Ralph, N., Hokke, S. & Nicholson, J. (2019). **Healing the Past by Nurturing the Future—co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study.** *BMJ Open*, 9(6), e028397.

Chamberlain, C., Ralph, N., Hokke, S., Clark, Y., Gee, G., Stansfield, C., Sutcliffe, K., Brown, S., Brennan, S. & Healing the Past by Nurturing the Future group (2019). **Healing the Past by Nurturing the Future: A qualitative systematic review and meta-synthesis of pregnancy, birth and early postpartum experiences and views of parents with a history of childhood maltreatment.** *PLoS One*, 14(12), e0225441

## Appendices

### Appendix 1: Workshop Program

Tues 9 <sup>th</sup> August: Day One – Coming together and Awareness strategies		
<b>Please Log on via our zoom link from 9.15 am</b>		
TIME	ACTIVITY	FACILITATED BY
9.30	<b>START - Welcome to country</b> Traditional owner introducing attendees to Gunai-Kurnai country	TBA
9.45	<b>Creating our safe space</b>	Carlie Atkinson
9.55	<b>Breakout room introductions</b>	Cath Chamberlain
10.10	Overview of Healing the Past by Nurturing the Future project	Cath Chamberlain
10.30	<b>MORNING TEA BREAK</b>	
10.45	<b>Awareness: Introduction to the awareness strategies</b>	Carlie Atkinson
10.50	Storybook for parents – overview of goals, plans and development	Jill, Deb and Bel
11.00	Childrearing resource - overview of goals, plans and development	Mishel McMahon
11.10	Resource for men - overview of goals, plans and development	Kootsy Canuto
11.30	<b>EXTRA TEA BREAK</b>	
11.45	DISCUSSION GROUPS ON AWARENESS STRATEGIES FOR PARENTS	SMALL GROUP WORK
12.45	<b>LUNCH</b>	
1.30	Emerging minds online modules for service providers	Lou, Rosie, Deb and Renee
1.40	Blue Knot Face to face training for service providers	Sue Moffat
1.50	We Ai-li training, mentoring and supervision package	Carlie and Alison
2.00	DISCUSSION GROUPS ON AWARENESS STRATEGIES FOR SERVICE PROVIDERS	SMALL GROUP WORK
3.00	<b>AFTERNOON TEA</b>	
3.15	Feedback from breakout sessions	awareness strategy leads
3.50	Reflections on Day One	Cath Chamberlain
4.00	<b>CLOSE</b>	Cath Chamberlain

Wed 10 <sup>th</sup> August : Day Two – Support, Recognition, and assessment strategies; bringing it all together		
<b>Please Log on via our zoom link from 9.15 am</b>		
9.30	<b>START Acknowledgement</b>	Cath Chamberlain
9.35	<b>Reminder about our safe space</b>	Carlie Atkinson
9.40	Recap of previous day and outline of purpose of today	Cath Chamberlain
9.45	HPNF Support framework	Shawana Andrews
9.55	HPNF Wise Counsel model	Jacynta and Kim
10.05	GROUP WORK ON SUPPORT STRATEGIES	SMALL GROUP WORK
10.50	Feedback from groups on support strategies	Shawana and Jacynta
11.00	<b>MORNING TEA</b>	
11.15	Introduction/overview of safe recognition	Cath Chamberlain and Tess
11.20	Introduction to Baby Coming You Ready	Jayne and Trish

<b>11.40</b>	DISCUSSION ON SAFE RECOGNITION AND BABY COMING YOU READY (start with intros)	SMALL GROUP WORK
<b>12.25</b>	Feedback from groups on safe recognition, assessment and baby coming you ready	Cath, Tess, Jayne and Trish
<b>12.30</b>	<b>LUNCH</b>	
<b>1.15</b>	Introduction to Assessment Tool	Graham Gee and Tess Bright
<b>1.30</b>	Overview of implementation and evaluation	Cath/Elise/Tess/Kim
<b>1.40</b>	DISCUSSION OF ASSESSMENT TOOL AND IMPLEMENTATION AND EVALUATION IN GROUPS	SMALL GROUP WORK
<b>2.30</b>	Feedback from groups	Tess, Elise, Kim, Cath
<b>2.40</b>	<b>Reflections and evaluation forms</b>	Individual feedback
<b>2.50</b>	<b>Letting go</b>	Carlie Atkinson
<b>2.55</b>	<b>THANK YOU AND CLOSE</b>	Cath Chamberlain