



Healing the Past by Nurturing the Future:

Perinatal support for Aboriginal and/or Torres Strait Islander* parents who have experienced complex childhood trauma

Key stakeholder co-design workshop three report

14th & 15th November 2019

Thornbury, Victoria

* There are many diverse populations in Australia. The term 'Aboriginal and Torres Strait Islander' is used throughout this report to be respectful and inclusive of all Aboriginal and Torres Strait Islander peoples. The only exceptions to this are where an entity have specified the use of 'Aboriginal' in their context. 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 are not from an Aboriginal and Torres Strait Islander background.

1The Healing the Past by Nurturing the Future Investigators Group; Catherine Chamberlain, Graham Gee, Stephanie Brown, Judy Atkinson, Jan Nicholson, Deirdre Gartland, Helen Herrman, Karen Glover, Yvonne Clark, Fiona Mensah, Caroline Atkinson, Shawana Andrews, Sue Brennan, Helen McLachlan, Tanja Hirvonen, Naomi Ralph, Danielle Dyall, Olivia Wells, Stacey Hokke.

Students: Carol Reid, Georgie Igoe

Suggested citation: 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.*

Healing the Past by Nurturing the Future (HPNF) key stakeholder co-design workshop three participants (who provided permission to be listed):

Caroline Atkinson, Samantha Bennett, Shannon Bennetts, Stephanie Brown, Catherine Chamberlain, Yvonne Clarke, Tegan Cornelissens, Adam Dunn, Fiona Fallo, Doseena Fergie, Deidre Gartland, Graham Gee, Angela Hampton, Tanja Hirvonen, Stacey Hokke, Rachel James, Naomi Kikkawa, Joanna Lynch, Pamela McCalman, Helen McLachlan, Kartanya Maynard, Joy Makepeace, Fiona Mensah, Diana Murphy, Sarah Perkes, Carol Reid, Rachel Reilly, Henrietta Rose Byrne, Leanne Slade, Layla Scott, Lisa Schwer, Kristie Watego, Olivia Wells

Acknowledgements

We sincerely thank the many people, partners and organisations that were involved and assisted in the success of workshop three. These are:

- Aunty Irene Morris, a Wurundjeri Elder, for her Welcome to Country.
- Leanne Slade for her incredible effort in organising the workshop and ensuring it ran smoothly.
- Ms. Sue-Anne Hunter for facilitating the workshop and creating a safe space for us all.
- The Aborigines Advancement League for hosting us and providing a great space.
- The National Health and Medical Research Council (NHMRC) for funding the project.
- The HPNF project team, students and critical friends.

Our project partners: Women's and Children's Health Network, Central Australian Aboriginal Congress, Bouverie Centre, Nunkuwarrin Yunti and Moorundi Aboriginal Community

Controlled Health Service, for their continued support and for enabling staff to attend the workshop.

Those who provided performances and relaxing activities: Aunty Dot Lovett for teaching us basket weaving; Ms. Kartanya Maynard and the Deadly Nannas for their great singing; the Djirri Djirri performers for dancing and didgeridoo playing; as well as Ms. Lee Couch for her Wayapa Yoga session; and the psychological support provided by Dr. Rachel Reilly, a psychologist from SA, who has assisted with counselling support for many of the discussion groups and workshops.

The investigators from 13 institutions including: La Trobe University, the Victorian Aboriginal Health Service, Murdoch Children’s Research Institute, University of Melbourne, We Al-li Pty Ltd, Orygen-The National Centre of Excellence in Youth Mental Health, Nunkuwarrin Yunti, Moorundi Aboriginal Community Controlled Health Service, South Australian Health and Medical Research Institute, University of Adelaide, Flinders University, James Cook University, Monash University and Central Australian Aboriginal Congress



Contents

Executive Summary	6
i. Aims.....	6
ii. Participants.....	6
iii. Workshop sessions overview.....	6
Day One	8
1. Creating our safe space.....	8
2. Brief introduction to the project.....	8
Awareness	10
3.1 Activity overview.....	11
3.2 Session discussion	11
Recognition	12
4.1 Activity overview	13
4.2 Session discussion	14
Day Two	15
Assessment	15
5.1 Activity overview.....	16
5.2 Session discussion	16
Support	17
6.1 Activity overview.....	18
6.2 Session discussion	18
Workshop Evaluation	19
Summary of evaluation	19
7.1 Next Steps	20
8. References.....	21
9. Appendices	22



Cultures Child, Ink on paper, 2018 © Shawana Andrews

A father, mother and child wearing possum skin cloaks sitting by a myrnong daisy, the father holds the stem and looks to the daisy as it holds history and knowledge of the ancestors, this gives him strength. The mother holds a newborn and rests against the stem, it supports her. Mother and father are on different sides of the stem representing their different paths and roles in caring and nurturing for children. The daisy is in flower but also has a new bud and speaks of future generations and continuity. The stones below represent a strong foundation of many generations and the stitching on the cloaks represent the relational connectedness of Aboriginal people and worldview. The mother's hair blows in the wind, representing change.



Fig 1: Project partners Lisa Schwer & Angela Hampton from Central Australian Aboriginal Congress and HPNF Masters Student, Georgie Igoe.



Fig 2: Workshop three 'Healing the Past by Nurturing the Future' project participants

Executive Summary

i. Aims

The third [Healing the Past by Nurturing the Future \(HPNF\)](#) project workshop aimed to build on learnings from Workshops one and two, to co-design perinatal awareness, recognition, assessment and support strategies for Aboriginal parents experiencing complex trauma.

ii. Participants

Workshop three of the HPNF project was held over two days at the Aborigines Advancement League in Thornbury, Victoria. Approximately 45 people attended the workshop, representing most Australian jurisdictions including Tasmania, Northern Territory, South Australia, Victoria, New South Wales and Queensland. Participants filled seven tables and contributed to four distinct discussions facilitated by two HPNF project team members throughout the two-day workshop.

iii. Workshop sessions overview

An introductory informal discussion/yarning circle was held prior to the start of the workshop for those who had not attended previous workshops, and an overview of the project was also provided at the start for all workshop participants. The next four sessions aligned with each of the HPNF domains and included an introductory presentation to inform subsequent co-design discussions among workshop participants.

Session 1: Awareness

Associate Professor (A/Prof) Catherine Chamberlain provided an overview of ‘awareness’ in the context of the HPNF project. She presented findings from a systematic review of perinatal views and experiences of parents who were maltreated in their own childhood, as well as summary findings and resonance of these themes from discussions with 17 Aboriginal and/or Torres Strait Islander parents in Australia. Workshop participants reflected on these themes, and each table (of 6-8 people) were given one of seven perinatal scenarios to consider: (1) What should ‘awareness’ of complex trauma look like in this setting? (i.e. goals), and (2) What needs to happen to achieve this? (i.e. actions).

Session 2: Recognition

A/Prof. Chamberlain and Ms. Karen Glover explained ‘recognition’ in the context of the HPNF project. They presented an outline of international and national principles for population-based screening, and shared perspectives and learnings from previous HPNF workshops regarding *why, by whom, where* and *how* discussions about complex trauma should be held. Participants revisited scenarios from the previous session and were asked to consider: (1) what does ‘safe’ recognition look like in this setting? (i.e. goals) (2) what needs to happen to achieve this? (i.e. actions) (3) if they had any specific practical advice about whether to ask parents about ‘bad or hurtful things that have happened’ (4) other ways of identifying parents who may be at risk of complex trauma for the purposes of offering further assessment or to identify where further assessment is definitely *not* indicated.

Session 3: Assessment

Dr. Graham Gee and Ms. Olivia Wells introduced the ‘assessment’ question facing the project team: *how do we accurately/reliably assess parents who experience complex trauma?* Dr. Gee described the process and steps undertaken by the team in developing a preliminary list of questions for psychometric evaluation for potential inclusion in an Aboriginal Complex Trauma Assessment Questionnaire. This included; an international scoping review, feedback from Workshop two, language development by Aboriginal members of the HPNF team, and assessment of face validity with six parents across the three sites (two in Victoria, South Australia and Central Australia). The over-inclusive draft questionnaire was provided to participants to consider any issues and discuss the utility of the tool in the perinatal context.

Session 4: Support

Dr. Yvonne Clark and Ms. Carol Reid facilitated the final *Support* session of the workshop. The purpose of the session was to explain to the group what was meant by “support” in respect to the project. Eight qualitative support themes were presented from HPNF reviews, previous workshop data, Aboriginal senior women and parent interviews and discussion groups. These specific sources were from the HPNF scoping review, qualitative systematic review, intervention review, descriptive review, the Deadly Nannas (discussion group), Aboriginal perinatal parents (interviews and discussion group), workshop two ‘tree of life’ results and the Koori Parenting booklet. The display of posters around the room with the eight themes, enabled participants to determine the themes that they most resonated with, to add comment and provide examples of thriving support processes in Aboriginal perinatal contexts.

Day One

1. Creating our safe space and setting the scene

Safety, in all aspects of the workshop, was aligned with the HPNF safety protocol (Clark et al. in press). Prior to the workshop, participants were provided information about the two days and asked to sign an informed consent form, which included consent for the collection of photographic and audiovisual material (Appendix 3, Appendix 4). There was also an informal yarning circle prior to the workshop, for participants who had not attended previous workshops, to meet the Principal Investigator and discuss the project informally. At the commencement of the workshop, efforts to promote safety were outlined to the group and included:

Welcome to Country by Aunty Irene Morris.

Workshop Facilitator Ms. Sue-Anne Hunter, who acknowledged that what we were tackling together over the two days was hard. She reiterated:

- The importance of deep listening.
- No participants or facilitators would be asked to share personal experiences.
- It's ok to leave the room or the workshop at any time.
- Psychological support was available if it was needed.

Several additional protocols were outlined to participants including:

- Offer for all participants to contribute to the collective agreement on 'principles of participation,' outlining to staff to put any additions on butchers' paper.
- Diversions available on each table include mindfulness colouring books, pencils and clay modelling.
- Trauma response factsheet (developed by We Ai-li) and psychological support contact cards available to everyone.
- Fresh gum leaves were placed on each table. Participants were invited to write any worries on the leaves at the end of the day, before the leaves were smoked in a fire.

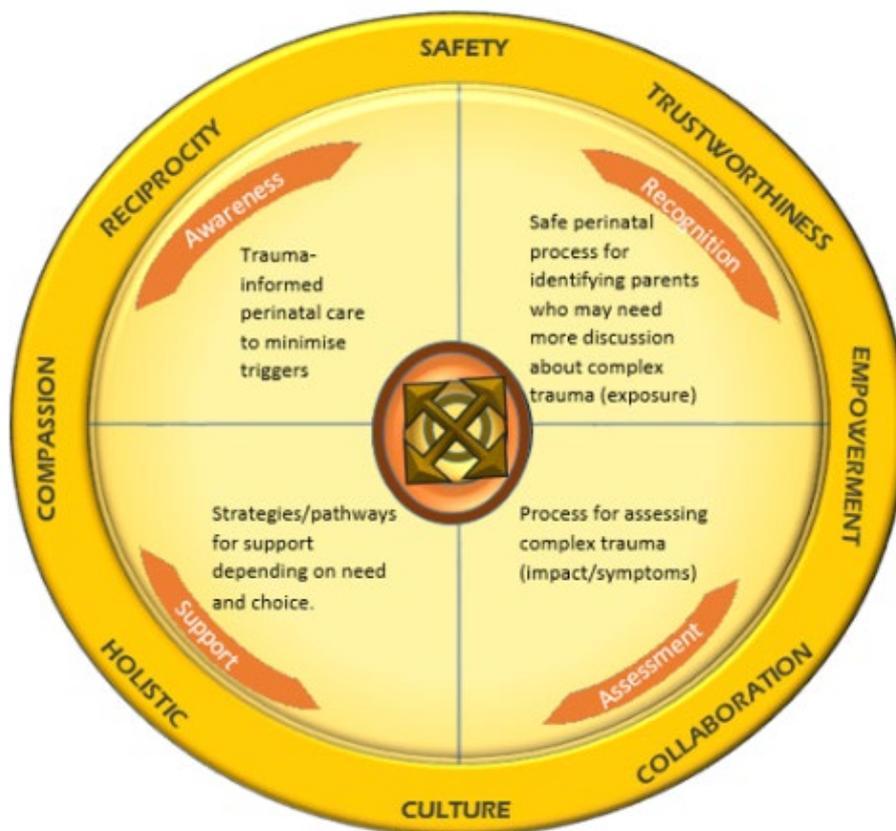


Fig 3: Leaves for participants to write any worries at the end of the day.

2. Introduction to the Project: Project Overview by A/Prof. Catherine Chamberlain

Principal Investigator A/Prof. Catherine Chamberlain provided an overview of the HPNF project and outlined the structure for the two days. Her introduction included:

- The purpose of the workshop in tackling new steps in an *intervention mapping process* and ‘reflecting and planning’ for the next cycle of this community-based participatory action research project.
- An overview of the project plan, including introduction to the team, our approach, project activities and what is next.
- Definition of complex trauma, epidemiology of complex trauma and the project context.
- A re-cap of co-design stakeholder workshop one and two, and an outline of how the project is building on insights and learnings from them.
- Plan for Workshop 3 - four sessions termed “awareness”, “recognition”, “assessment” and “support”.



Artwork by Danielle Dyall

Fig 4: ‘Healing the Past by Nurturing the Future’ Conceptual Framework

Chamberlain C, Gee G, Brown SJ, Atkinson J, Herrman H, Gartland D, Glover K, Clark Y, Campbell S, Mensah F, Atkinson C, Brennan S, McLachlan H, Hirvonen T, Dyall D, Ralph N, Hokke S, Nicholson JM. 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*.

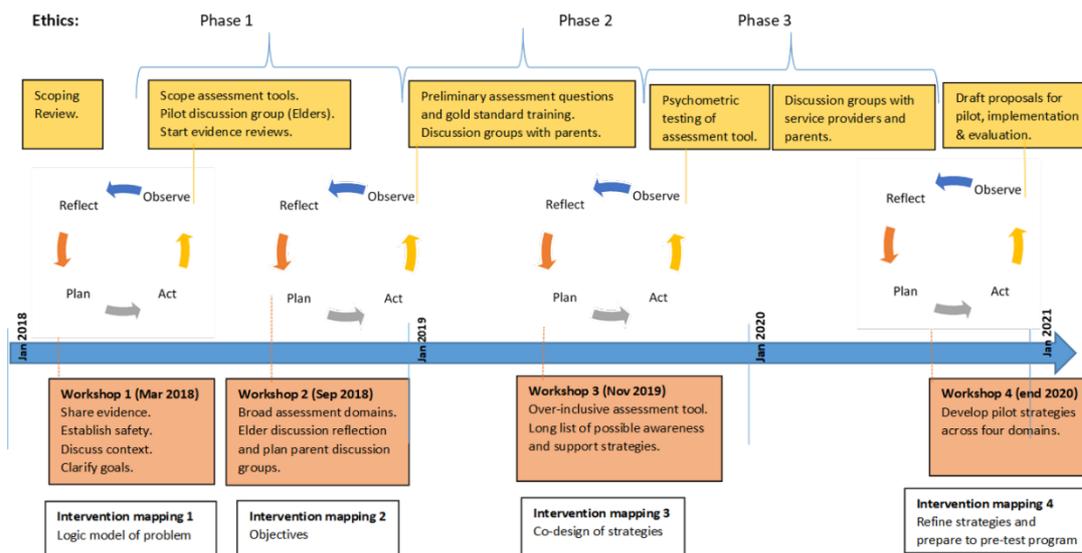


Fig 5: 'Healing the Past by Nurturing the Future' project timeline

3. 'Awareness'- Facilitated by A/Prof. Catherine Chamberlain and Ms. Georgie Igoe

The purpose of the presentation in session one, *Awareness*, was to outline:

- What do we mean by 'awareness'?
- Themes from analysing studies of 351 parents who had experienced maltreatment in their own childhood.
- How much of these themes resonated in discussions with 17 Aboriginal and/or Torres Strait Islander parents in Australia?

The seven analytic themes presented to the workshop participants were:

- **New beginnings:** Becoming a parent can be an opportunity for 'a fresh start', to put the past behind them and move forward with hope for the future to create a new life for themselves and their child.
- **Changing roles and identities:** Becoming a parent is a major life transition, influenced by perceptions of the parenting role.
- **Feeling connected:** The quality of relationships with self, baby and others have major impacts on the experiences of becoming a parent.
- **Compassionate care:** Kindness, empathy and sensitivity enable parents to build trust and feel valued and cared for.
- **Empowerment:** Control, choice and 'having a voice' are critical to fostering safety.
- **Creating safety:** Parents can perceive the 'world as unsafe'; it can be helpful to use conscious strategies to build safe places and relationships to protect themselves and their baby.
- **'Reweaving' a future:** Managing distress and healing while becoming a parent is a personal, ongoing, and complex process, requiring strength, hope and support.

Concluding the presentation, A/Prof. Chamberlain outlined the importance of understanding the experiences and views of perinatal care for these parents in developing acceptable, effective, and feasible support strategies. She explained that this process would also inform a comprehensive intervention review to ensure we are looking for a broad range of

strategies parents say they want or find helpful, rather than just looking at what research has been published on clinical or other similar therapies.

A/Prof. Chamberlain reiterated there are many challenges across multiple levels, but that pregnancy, birth, and the early postpartum period represent a unique life course opportunity for healing for parents with a history of maltreatment and is a time of hope. She outlined that findings from the project support 'hope-affirming' and strengths-based approaches to foster safety and aspirations for a happy family.

3.1 'Awareness' activity overview

Ms. Georgie Igoe and A/Prof. Chamberlain presented tables with a specific perinatal setting scenario (e.g. birthing on country model, private obstetrician, large metropolitan hospital). Following discussions, each table was asked the following questions in relation to those contexts:

- What do safe or 'trauma aware' perinatal care services look like (goals)?
- Write or draw images of a safe service that will minimise risk of trauma for parents.
- Group discussion about things that need to happen to create awareness in these services (actions). What are some of the barriers and enablers? Are there any good examples where this is happening well?

Each table was given the opportunity to share their discussions and posters with the rest of the workshop.

3.2 Session discussion

An in-depth analysis of table discussions will be conducted to capture what themes, insights and learnings were generated from table discussions.

Please contact c.chamberlain@latrobe.edu.au if you would like a copy of the notes collected in the interim. At a preliminary glance, discussions addressing 'awareness' questions included the following insights:

- Developing a relationship is essential between services, individuals accessing care and workers.
- Aboriginal workers need to be embedded in service delivery as cultural experts.
- Increase opportunities for community-based yarning to talk about healing and trauma.
- The importance of a sustainable, bi-cultural workforce.
- Knowledge of trauma and changing the narrative can be liberating, but deficit language is still used around it.
- It is important that services are informed and understand the ongoing impact of colonization, including examining power dynamics, our own sets of beliefs, values and attitudes.
- Developing a workforce that is self-aware, Aboriginal-led with responsive training is important.
- Consider cultural determinants of health.
- Time pressure in service settings is difficult to manage when delivering quality care.
- An ongoing review and reshaping systems to support culturally safe services delivery.

Fig 6 & 7: During each lunch and afternoon break, Aunty Dot offered her skills and guidance in basket weaving. All participants and project team members were invited to do some weaving, with Aunty Dot's guidance.



4. 'Recognition'- Facilitated by Ms. Karen Glover & A/Prof. Catherine Chamberlain

The purpose of the presentation in session two, *Recognition*, was to:

- Explain what we mean by '**recognition**' in the context of this project
- Outline international principles and key concepts for population-based screening that are important to understand
- Share perspectives from our previous workshop in Alice Springs, where we spoke about why, who, where and how discussions about complex trauma should be held with Aboriginal parents.

A/Prof Chamberlain outlined the international and national principles of using screening tools as:

1. Relates to an important health problem/condition;
2. An accepted treatment is available;
3. Facilities for diagnosis/treatment are available;
4. Condition has a recognisable latent/early symptomatic stage;
5. A suitable test or examination is available;
6. Test is acceptable to the population;
7. The natural history of the condition (from latent to declared disease) is adequately understood;

8. Agreed policy on whom to treat as patients;
9. Cost of case-finding is economically balanced against possible expenditure on medical care as a whole;
10. Case finding is a continuing process.

Ms. Karen Glover explained the need to account for the cumulative and compounding nature of traumas experienced by Aboriginal and Torres Strait Islander people in Australia and presented discussions from Workshop two, which aimed to examine **perspectives** regarding recognition and assessment of complex trauma, specifically:

- The **key prerequisites** with regards to safe recognition of complex trauma in the perinatal period (i.e. why, by whom, where and how should complex trauma be discussed with Aboriginal parents?)
- The **key domains** that should be included in an assessment of complex trauma in the perinatal period

Workshop two helped to elucidate that a screening tool may help service providers understand the parent and their needs, help parents understand the experiences of trauma were not normal and to validate experiences; and ultimately, support people transitioning into parenthood. Workshop two also helped to identify concerns about *why not* to use a tool, the importance of who and their attributes, where and how. The implications for the study are to consider:

- How do we foster conditions that enable **safe and effective** discussions about complex trauma in perinatal care?
- How do we **ensure safety** prior to any assessment for parents who may be experiencing complex trauma?

4.1 'Recognition' activity overview

The *Recognition* session activity and discussion on each table asked participants to revisit the scenarios presented from the previous session and in relation to them discuss:

- What are some of the things that need to be done to achieve 'safe' recognition (goals)?
- What needs to happen to achieve this? (actions)
- Whether they had any specific practical advice for asking parents about 'bad or hurtful things that have happened', or other ways of identifying parents who may be at risk of complex trauma.
- Ways of identifying parents at risk or the purposes of offering further assessment, or to identify where further assessment is definitely NOT indicated.
- Are there any 'exemplars' of this being done really well?

Each group then shared their discussions with the wider workshop group.

4.2 Session discussion

Learnings and insights from the 'Recognition' session table discussions will be summarised through an in-depth analysis. Please contact c.chamberlain@latrobe.edu.au if you would like a copy of the notes collected in the interim. At a preliminary glance, discussions addressing these questions included:

- Safe recognition relies and depends on the quality of the relationship.
- Aboriginal governance and guidance are essential to service design and delivery.
- Taking into consideration the physical environment, emotional and cultural safety, and timing are all important aspects of safe recognition.
- Acknowledge First Nation worldviews and 'both ways' of talking (e.g. yarning & Didirri) and knowing.
- Self-reflective practice is essential.
- Consent and permission to ask questions is important.
- How you ask difficult questions, what you ask, and the context of the conversation needs to be considered.

Day one of the workshop concluded with a session of Wayapa Yoga. Workshop participants and the project team were invited to relax and unwind with a guided yoga session delivered by Lee Couch.

Day Two



Fig 8: The second day of the HPNF workshop opened with a performance by the 'Djirri Djirri Dancers and Didgeridoo'.

5. 'Assessment' – Facilitated by Dr. Graham Gee and Ms. Olivia Wells



Fig 9: Dr. Gee presenting the 'Assessment' session to the workshop group

The *Assessment* session aimed to investigate:

- If we are able to develop trauma **awareness** in (trauma-informed) perinatal services/spaces, and personal and culturally safe processes that allow for the **recognition** of parents who might be experiencing Complex Trauma, and
- **How do we accurately/reliably assess those who are experiencing Complex Trauma?**

Dr. Gee presented the steps undertaken by the project so far covering:

1. International Scoping Review

- Project team identified what tools/questionnaires exist to assess Complex Trauma. The scoping review identified 22 studies and included one Aboriginal adapted measure describing Aboriginal patterns of distress.
- Project team took into consideration the recent international acceptance of Complex Trauma/Complex PTSD versus PTSD in the ICD-11.

2. Workshop two in Alice Springs

- During the workshop, the team used a story from Central Australia, 'Tjulpa and Walpa', by Ngaanyatjara Pitjantjatjara Yankunytjatjara Women's Council, to help participants identify six International Complex Trauma areas of distress as relevant, plus five other culturally important areas of distress.
 - Tree of Life activity identified key strengths that were viewed as important for parenting by participants.
- 3. Development of HPNF Assessment Working Group (AWG)**
- Initially selected 113 distress and strength-based items from scoping review and review of Aboriginal strength-based questionnaires.
 - The language and structure of a questionnaire has been modified, based on feedback from HPNF Aboriginal team members from the AWG, coupled with feedback from parents. The outcome is a strengths-and distress-based questionnaire, with 77 items consisting of both open-ended and Likert scale response items.

Dr. Gee presented the next steps for questionnaire/screening tool:

- Interview 173 parents across the three project sites with the questionnaire.
- Semi-structured clinical interviews with the International Trauma Questionnaire, as the current gold standard for trauma screening tools, to reduce the questionnaire from 77 items to between 20-30 items.

The preliminary Aboriginal Complex Trauma questionnaire was provided to each participant to review, with an explanation of:

- The structure of the questionnaire including examples of items that represent areas of distress and strengths;
- The preamble section;
- The blocks of questions;
- The open-ended questions and Likert scale items.

Project team member Ms. Olivia Wells then presented overall feedback from the Parent Discussion Groups held over the three sites across Australia that helped the team to consider:

- Language and structure of the tool;
- Issues relating to confidentiality and use of private information;
- The importance of support mechanisms and referral pathways in place prior to using the tool.

5.1 'Assessment' activity overview

Facilitators at each table then prompted workshop participants to consider:

What immediately stands out for you?

Tables were set up with a question to tackle and participants were asked to move between the tables to answer each of the questions:

- When could a tool/questionnaire like this be helpful? e.g., why use it? Best outcome?
- When could a tool/questionnaire like this be unhelpful? e.g., why not use it?
- Does this tool/questionnaire meet the needs of being able to assess someone experiencing complex trauma/distress? Yes because.... /No because... (separate paper).

5.2 Session discussion

Participants responded to the questions posed with many insights and suggestions, as well as concerns. These discussions are essential for guiding how the tool is further developed and how it is used with parents. An in-depth analysis will look at what themes emerged from these discussions. Please contact c.chamberlain@latrobe.edu.au if you would like a copy of the notes collected in the interim.

A snapshot includes:

- Therapeutic relationship, trust, rapport, in a supportive and trusting setting is key.
- Used within community-based settings, at the right time.
- The assessment tool may lay a framework for continuity of care.
- Some women could find undertaking the assessment experience hugely validating.
- Concerns about protection of privacy and confidentiality in jurisdiction with high levels of institutional surveillance.
- Client safety and adequate support and referrals in place is essential.



Fig 10: During lunch Palawa workshop participant Ms. Kartanya Maynard performed original music for the workshop.

6 Support'- Facilitated by Dr. Yvonne Clark and Ms. Carol Reid

The purpose of the 'Support' session was to:

- Explain what we mean by "support" in the context of the project;
- Share parents' voices about their preferences for support during the perinatal period;
- Report back on findings from the systematic review of parental support programs;
- Continue to build an evidence-base for supports, strategies and resources to assist Aboriginal and Torres Strait Islander parents in the perinatal period, with trauma backgrounds.

Dr. Clark explained that for the purpose of the project, 'support' is for parents to heal, including psychological/emotional, social, cultural and physical strategies. She then presented themes from the recent parent discussion groups of what parents have said helps them, including:

- Safety and stability which includes access to
 - Employment/education/housing; and to
 - Remove yourself from unsafe situations
- Being the best parent you can be
- Heal and not pass on trauma (i.e. therapeutic intervention)
- Empowerment and asking for help
- Togetherness/close or intimate relationship with someone
- Connections to partner, family, community and the self

Dr. Clark and PhD candidate Ms. Carol Reid provided an overview of the process the HPNF have undertaken to establish a comprehensive understanding of the support strategies and programs for Aboriginal parents in the perinatal period.

Sources used:

- HPNF Qualitative Systematic Review (QSR);
- HPNF Scoping Review (SR);
- HPNF workshop 2- Tree of Life activity (W2-ToL);
- Koori Parenting: What Works For Us (KP);
- Deadly Nannas consultation in SA (DN);
- Parent Discussion Groups (PDG) (preliminary findings phase 2);
- Intervention Review (IR); and
- Descriptive Review (DR).

To triangulate the material, all support themes were consolidated into one document and broad and sub-themes were developed. Dr. Clark and Ms. Reid presented eight **overall themes of supports and strategies** as:

1. Healing, therapeutic approaches and understandings
2. Building resilience, strength and/or empowerment
3. Compassionate care and support
4. Connections and reconnections
5. Parenting training, education and skills
6. Practical assistance and/or life skills
7. Self-care
8. Enabling and developing supports

6.1 'Support' activity overview

Facilitators directed participants to seven poster stations around the workshop room. The posters detailed different support strategies under each of the eight **overall themes of supports and strategies**. Participants were asked to put a colored sticker (*green*-support, *orange*- unsure, *red*-do not consider) and comments. Participants were also asked to share any examples of where this was happening well and add any other suggestions under the theme.

Project team members shared trends, themes, examples and comments from each station with the rest of the workshop group.

6.2 Session discussion

Overall, there was resonance with the support themes and for many of the strategies underneath each theme. A detailed analysis of the data will help to synthesize a long list of support strategies and ideas. Please contact c.chamberlain@latrobe.edu.au if you would like a copy of the notes collected in the interim. The discussions provided insight into examples of programs and approaches where strategies are already happening well and helped to identify complexities and challenges, including: accessing services, safety, training, culturally and trauma informed care.

Workshop Evaluation

7 Summary of evaluation

Paper-based evaluation forms were provided to participants at the conclusion of 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.

Out of the 45 workshop attendees, 31 evaluation forms were received, which represents approximately 69% of total participants.

Overall, the feedback was extremely positive. A summary of the feedback is provided below:

Scaled Questions 1-7

From the 31 replies, *93% of respondents* 'strongly agreed' (77%) or 'agreed' (16%) *found the workshop 'useful and informative for their work'*.

All of the respondents felt that the workshop was useful and informative for them personally (68% 'strongly agreed' and 32% 'agree') and they were able to contribute their thoughts and ideas in the workshop (81% 'strongly agreed' and 19% 'agreed').

Similarly, *all of the respondents enjoyed the workshop* (87% 'strongly agreed' and 13% 'agreed and felt safe (83.9% 'strongly agreed' and 16.1% 'agreed)').

Most participants (94%) felt that support was available if needed (71% 'strongly agreed' and 23% 'agreed') and *most (97%) believed that the knowledge generated from the workshop will help Aboriginal families* (84% 'strongly agreed' and 13% 'agreed').

Responses to open questions (8-10) with comments:

Is there anything you particularly liked about the workshop?

All respondents (n=31) provided a comment on this question. The most common responses related to safety and that the cultural activities and performances enhanced this sense of safety. Many participants also liked the opportunity to network and share information and knowledge with others. A snapshot of their comments includes:

“So valuable for everyone's knowledge and perspectives to be brought together- really excellent.”

“I loved the creation of safe spaces and engagement in art, yoga and music.”

“Aboriginal people talking Aboriginal business respectfully.”

“The pace-facilitators gave adequate time for discussion. Program was well set out and targeted.”

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

Twenty entries for this section were filled on the evaluation forms. These comments were diverse, with some respondents noting the overwhelming nature of the material, with limited time for deeper discussions. Comments included:

“Long way out of the city”

“Days were quite intense and long (but hard to change this!)”

“Perhaps the content was a bit overwhelming however- it was crucial in complex healing it covers”

“I perhaps would have liked more time/focus dedicated to strategies. Though I appreciate that strategies and implementation may be more of priority in the next phase.”

Any other comments or suggestions you would like to make?

20 respondents provided additional comments on the evaluations. These were generally positive messages of strength and inspiration. Comments included:

“Creative, flexible and adaptable to the participants. Incredibly inspiring- so much work- amazing!”

“The commitment of facilitators was awesome”

“Love your work, you all inspire me!”

“Keep on going and growing stronger”

7.2 Next steps

Many of the suggestions from the second workshop were incorporated into the planning and program for workshop three. Although the workshop evaluation did not specifically ask about next steps, there were inspirational comments urging the project team to continue to grow in strength, along with excited anticipation of strategies and resources to support parents and people working in the field.

The discussions during this workshop will continue to be refined and triangulated with various other sources in the HPNF project. The material will be used for phase three of the project scheduled to start in April 2020, which will focus on further developing the four interrelated domains (i.e. awareness, recognition, assessment, support) to inform plans for implementation and evaluation of innovative strategies.

A critical 'next step' is to hone the Aboriginal Complex Trauma Questionnaire (ACTQ) (to be appropriately named at a later date). A draft questionnaire will be piloted in a two-stage process with an approximately 173 Aboriginal parents and expectant parents from Adelaide, Melbourne and Alice Springs. As part of this process, it will also be important to 'check in' with parents about whether the tool is acceptable, feasible and helpful to them. For this to happen successfully, preparation will need to include the development of an Operational Manual, a Training Manual (for those administering the ACTQ and training in the 'International Trauma Questionnaire' (ITQ) as well as ethics submissions in the three states.

It is uncertain at this stage whether there will be a fourth HPNF workshop at the end of 2020 as originally planned. A fourth workshop was originally planned, to present the pilot strategies and tools across the four domains (particularly for service providers). This may be conducted as the first step in a subsequent funding submission.

8 References

Chamberlain C., Gee G., Brown SJ., Atkinson J., Herrman H., Gartland D., Glover K., Clark Y., Campbell S., Mensah F., Atkinson C., Brennan S., McLachlan H., Hirvonen T., Dyall D., Ralph N., Hokke S., Nicholson JM. 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*.

Chamberlain, C., Ralph, N., Hokke, S., Clark, Y., Gee, G., Stansfield, C., Sutcliffe, K., Brown, SJ., Brennan, S. (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*. Accepted 7/11/2019.

Chamberlain, C., Gee, G., Harfield, S., Campbell, S., Brennan, S., Clark, Y., Mensah, F., Arabena, K., Herrman, H., Brown, S. for the Healing the past by nurturing the future team. (2019) Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period. *PLOS ONE*. 2019;14(3): e0213460. <https://doi.org/10.1371/journal.pone.0213460>.

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 Group¹ and Co-Design Group² .(in press). Healing the past by nurturing the future: Cultural and emotional safety framework. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin*.

9 Appendices

Appendix 1: List of participants who consented to their names being included in this report

Appendix 2: Workshop Program

Appendix 3: Participation Information and Consent form

Appendix 4: Photographic and Audio-visual Consent form

Appendix 5: Thank you and support cards for participants

Appendix 6: We Al-li Trauma Response Sheet

Appendix 1: List of participants who consented to their names being included in the report

Surname A-Z	First Name	Listed in Publication
Atkinson	Caroline	Y
Bennett	Samantha	Y
Bennetts	Shannon	Y
Brown	Stephanie	Y
Chamberlain	Catherine	Y
Clarke	Yvonne	Y
Cornelissens	Tegan	Y
Dunn	Adam	Y
Fallo	Fiona	Y
Fergie	Doseena	Y
Gartland	Deidre	Y
Gee	Graham	Y
Hampton	Angela	Y
Hirvonen	Tanja	Y
Hokke	Stacey	Y
James	Rachel	Y
Kikkawa	Naomi	Y
Lynch	Joanna	Y
McCalman	Pamela	Y
McLachlan	Helen	Y
Maynard	Kartanya	Y
Makepeace	Joy	Y
Mensah	Fiona	Y
Murphy	Diana	Y
Perkes	Sarah	Y
Reid	Carol	Y
Reilly	Rachel	Y
Rose Byrne	Henrietta	Y
Slade	Leanne	Y

Scott	Layla	Y
Schwer	Lisa	Y
Watego	Kristie	Y
Wells	Olivia	Y

Appendix 2: Workshop 3 Program

Healing the Past by Nurturing the Future

KEY STAKEHOLDER CO-DESIGN WORKSHOP 3 PROGRAM

Aborigines Advancement League, 2 Watt St, Thornbury, VIC 3071

Thurs 14 th November: Day One – Co-designing Awareness and Recognition strategies		
Registration will be from 8:30-9:25am with tea/coffee		
8.40 am: Review and discussion of workshops 1 and 2 with Cath Chamberlain (Optional – recommended if attending co-design workshop for the first time) ¹		
9.30	START	Welcome to country (Aunty Irene Morris)
9.40	Creating our safe space and getting to know each other	
	Sue-Anne Hunter	
10.00	Overview of <i>Healing the Past by Nurturing the Future</i> project^{2,3}	
	Cath Chamberlain	
10.40	<i>Awareness: Hearing the voices and perinatal experiences of parents who suffered hurt in their own childhood</i>⁴	
	Cath Chamberlain & Naomi Ralph	
11.15	MORNING TEA	
11.30	<i>Awareness: What does a trauma aware perinatal service look like</i>	
	Georgie Igoe and Cath Chamberlain	
12.10	<i>What needs to happen to improve trauma awareness for parents and service providers?</i>	
	Group discussions	
1pm	LUNCH and 'Reweaving our future' basket weaving with Aunty Dot Lovett	
2pm	<i>Recognition: Stakeholder voices about why, by whom, where and how discussions about complex trauma should be held</i>⁵	
	Cath Chamberlain and Karen Glover	
2.30	<i>What should safe processes/discussions to recognize parents who may be experiencing complex trauma look like?</i>	
	Group discussions	
3.15	AFTERNOON TEA	
3.30	<i>What needs to happen to improve/develop safe processes or discussions to recognize parents who may be experiencing complex trauma?</i>	
	Group discussions	
4.00	Reflection on day	
	Sue-Anne Hunter	
4.15	Indigenous Yoga (comfy clothing required) – Wayapa https://wayapa.com/	
	Lee Couch	
5.15	THANK YOU AND CLOSE	

Workshop 3 builds on the learnings from [two previous workshops](#). We will aim to work towards co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma (during pregnancy and to two years after birth). Our focus will be on the four domains detailed in the [project conceptual framework and plan](#): **(Day one)** (1) awareness, and (2) recognition, **(Day Two)** (3) assessment and (4) support.

OPTIONAL DINNER 6.15pm: Welcome to Thornbury bar and food truck park
<https://welcometothornbury.com/>

Friday 15th November: Day Two – Assessment and support strategies		
Registration will be from 8:30-9:10am with tea/coffee		
9.15	START	Acknowledgement. Djirri Djirri dancers and Didgeridoo
9.40	Creating our safe space	
9.50	Recap of previous day and outline of purpose of today	
10.10	Assessment: Hearing the story of the development of an assessment tool for Aboriginal parents experiencing complex trauma⁶	Graham Gee and Olivia Wells
10.30	MORNING TEA	
10.45	Yarning about the draft <i>assessment</i> tool	
12.00	LUNCH Basket weaving with Aunty Dot Lovett & Live music by Kartanya Maynard	
1.00	Support: Hearing what parents currently find helpful^{7,8,9} Reviewing support strategies that have been evaluated	Yvonne Clark and Carol Reid
1.30	What is the main goal or purpose of <i>support</i>? What supports are needed (or NOT) to achieve these goals?	Group discussions
2.45	AFTERNOON TEA	
3.00	Sharing	
3.30	Overview of day and next steps	
4.00	Reflections, evaluation forms and letting go	
4.30	THANK YOU AND CLOSE	

Appendix 3: Participation Information and Consent Form

Healing the past by nurturing the future project

Participation consent form: Workshop 3

Whether you decide to sign this consent form is completely up to you.

THIS MEANS YOU CAN SAY NO

By signing this consent form I declare that I accept to participate and that I have understood the following:

- The purpose, methods, risks and inconveniences of the study as described in the information sheet.
- That I may not personally directly benefit from participating in the study.
- That my participation is voluntary and I can withdraw at any time.
- I have been given information and the opportunity to ask questions.
- That the information specified in the information sheet concerning me will be securely stored in a research database for the purpose of this study for up to seven years, and that you can contact us, if you want access to the information you provided, or to the data from the workshop discussion groups (all de-identified).
- That the ownership of Aboriginal knowledge and cultural heritage is retained by the informant and this will be acknowledged in research findings and in the dissemination of the research.
- We will not release that information to any third parties, unless we have your permission first.
- I have been given a copy of the participant information sheet and consent form to keep.
- That any publication of the results will conceal my identity, unless I have indicated below that I am happy to be acknowledged as a workshop participant.

Participant:

PRINT

NAME.....

SIGNATURE..... DATE...../...../.....

I give permission for my name to be identified in publications to acknowledge my workshop contribution, and I will confirm this prior to any publication.

Do not cross if you would prefer not to be named in any publication.

I give permission for the contact person listed here to be contacted if I become distressed and need assistance;

Next of kin/contact person:.....

Phone:.....

Witness:

PRINT

NAME.....

SIGNATURE..... DATE...../...../.....

Declaration by Senior Researcher:

I have given a verbal explanation of the research project, its procedures and risks and I believe that participant has understood that explanation.

PRINT

NAME.....

SIGNATURE..... DATE.../.../.....

Appendix 4: Photographic and Audio-visual Consent

Healing the past by nurturing the future project Photographic and Audio-visual Consent Form: Workshop 3

Whether you decide to sign this consent form is completely up to you.

THIS MEANS YOU CAN SAY NO

The Healing the Past by Nurturing the Future project is seeking your permission to use any photographs and/or audio-visual (video and voice) material taken of you at the event indicated below, for an indefinite period, in project material. You can still take part in the workshop, if you do not wish to appear in photographs or other audio-visual recordings. Please note that copyright for the photographs and/or audio-visual footage remains with the Healing the Past by Nurturing the Future project and that there is no payment associated with their use. Under no circumstances will the Healing the Past project release the originals of photographs, videos or voice recordings of you to a third party for an alternative use without your permission.

By signing this consent form I declare that I accept to participate and that I have understood the following:

- I UNDERSTAND that the photographs and/or audio-visual material taken of me may be used and distributed as described above, and if posted on the project website or other online platforms they will be available to the public.
- I also understand that because the internet is a public medium, the project is not responsible for, and has no control over, the use or misuse of images available on its website or social media platforms.
- The purpose, methods, risks and inconveniences of the study as described in the information sheet.

Participant:

PRINT
NAME.....

SIGNATURE..... DATE...../...../.....

I give permission for photographs and other audio-visual material that I appear in to be used for the purposes outlined above;

I DO NOT give permission for photographs and other audio-visual material that I appear in to be used for the purposes outlined above;

Witness:

PRINT
NAME.....

SIGNATURE..... DATE...../...../.....

Declaration by Senior Researcher:

I have given a verbal explanation of the research project, its procedures and risks and I believe that participant has understood that explanation.

PRINT
NAME.....

SIGNATURE..... DATE...../...../.....

Appendix 5: Thank you and support card for participants



**Thank You
& Support
Services**

Thank you for attending Key Stakeholder Workshop 3...

We hope that you have had the opportunity to share and learn in this process. It is important to look after yourself when talking about trauma, so we encourage you to spend some time after today in ways that are meaningful to you, for your own self-care. This might include spending time with family, sitting and playing with children, or watching children play, in nature, breathing in, taking off your shoes and physically grounding yourself in the dirt or sand, preparing healthy food and drinking lots of water, as well as all the different ways we move our bodies through caring, work, housework, and exercise.

Self-care activities

Express it
Talk it out,
write it out,
draw it out,
symbolise it

Breathe
Release your
breath, feel it
flow in & out

**Grab a
healthy
snack**

Ground yourself
Wriggle your toes.
Use your senses -
what can you
smell, hear, taste,
see and feel

**Move your
body**
Stretch and flex
your muscles,
walk, dance

**Drink
Water**

Support available during and after Key Stakeholder Workshop 3

You are welcome to contact and spend time with Aboriginal Psychologist's **Tahnee McBean** or **Ashley Paxton** **(03)94033300 (Victoria)**; and non-Aboriginal psychologist **Rachel Reilly 0416119129 (South Australia)**

Support Services

National	
Blue Knot	1300 657 380 free helpline supporting recovery from childhood trauma, 9am-5pm Mon-Sun
Lifeline	13 11 14 24 hour free crisis counselling
1800 (RESPECT)	1800 737 732 24 hour free information, counselling and support for sexual assault, family and domestic violence
MensLine Australia	1300 78 99 78 24 hour free phone and online counselling service for men with family and relationship concerns
Employee Assistance Program	https://eapassist.com.au/ Provides employees across Australia with immediate confidential counselling support
Victoria	
VAHS Family Counselling Services	(03) 9403 3300 Culturally safe social emotional wellbeing, and mental health counselling, cultural healing and recovery programs, 9am-5pm, Mon-Fri
Djirra	1800 105 303 Culturally safe place where culture is strengthened and practical support is available (legal / non-legal), 9am-5pm, Mon-Fri

Healing the Past by Nurturing the Future is funded by



the
Lowitja
Institute

Australia's National
Institute for Aboriginal
and Torres Strait Islander
Health Research



Our Project Partners are



LA TROBE
UNIVERSITY



Aboriginal Health Council
of South Australia Inc.
'Our health, our choice, our way'



murdoch
children's
research
institute



Women's
& Children's
Hospital



Flinders
UNIVERSITY



THE UNIVERSITY
of ADELAIDE



Nunkuwarnin Yunti
of South Australia Inc.



Government
of South Australia
SA Health



Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION



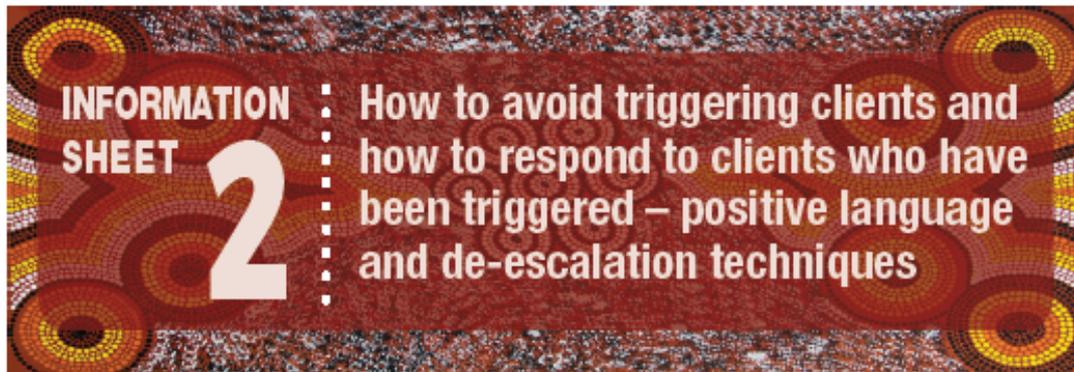
the women's
the royal women's hospital
victoria



THE UNIVERSITY OF
MELBOURNE



Appendix 6: We Trauma Response Sheet



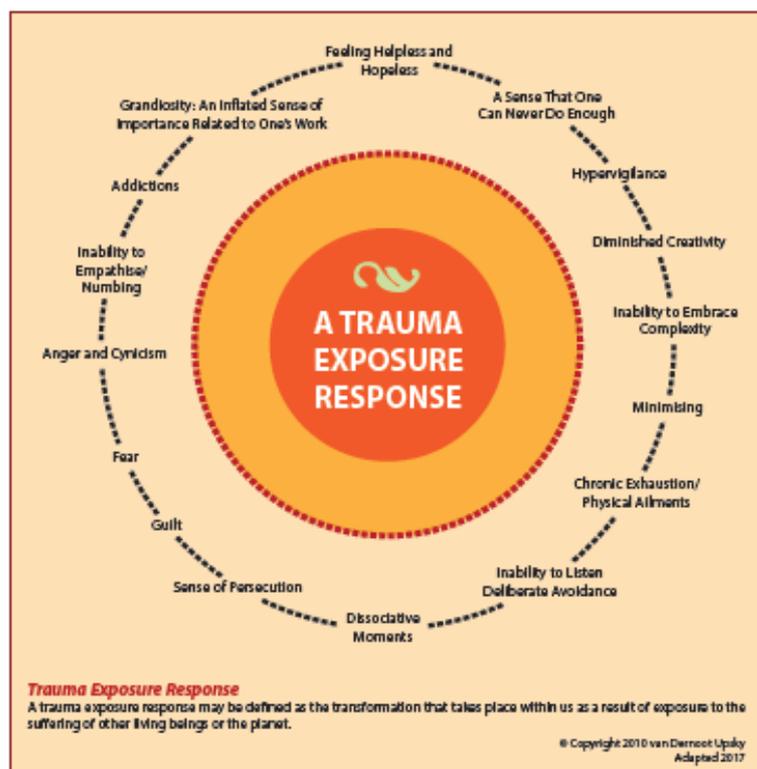
Part One - how to avoid triggering clients

Prolonged exposure to other people's trauma stories puts us at risk of being re-traumatized. This is known as secondary or vicarious traumatization.

When this occurs we are at risk of unintentionally triggering our clients and/or colleagues.

Some of the ways we know we are suffering from vicarious trauma may include:

A Trauma Exposure Response Wheel



Self-care

A valuable skill we can bring to our work is that of being grounded and ready to meet the tasks of our working life with internal balance and an element of calm. Attention to **self-care** enables us to become aware of our own Social Emotional Wellbeing (SEWB), so we have a stronger connection to self. This awareness strengthens us, and our connections with family and community.

Each encounter with another person that we work with, is an opportunity to reflect, learn and refine our skills. This builds strong relationships, both with ourselves and with others.

Inner calm

When we bring a state of inner calm to our interaction with clients, they are more likely to naturally 'mirror' this internal state (attunement) and together we establish a good way of working together. Focusing on anxiety and distressing memories, and other overwhelming thought processes can create a negative loop. Conversely, when we engage a regular practice that 'trains' our mind to focus on wellbeing, such as noticing our breathing, physical activity and creative practices, we move through thoughts and feelings that might otherwise become stuck. We can support ourselves and our clients with some of these practices.

Language

Language creates meaning. Listen to how you 'speak' to yourself. Noticing our inner-dialogue can be a powerful place of self-awareness and self-respect. And in turn, noticing how we speak to others is important. The use of strengths-based, respectful language will support us, and the people we work with. For example:

Individual: "I don't know why I respond like that...it's like I lose my mind."

Practitioner: "Given everything that you have described, it sounds like a pretty normal response to abnormal events."

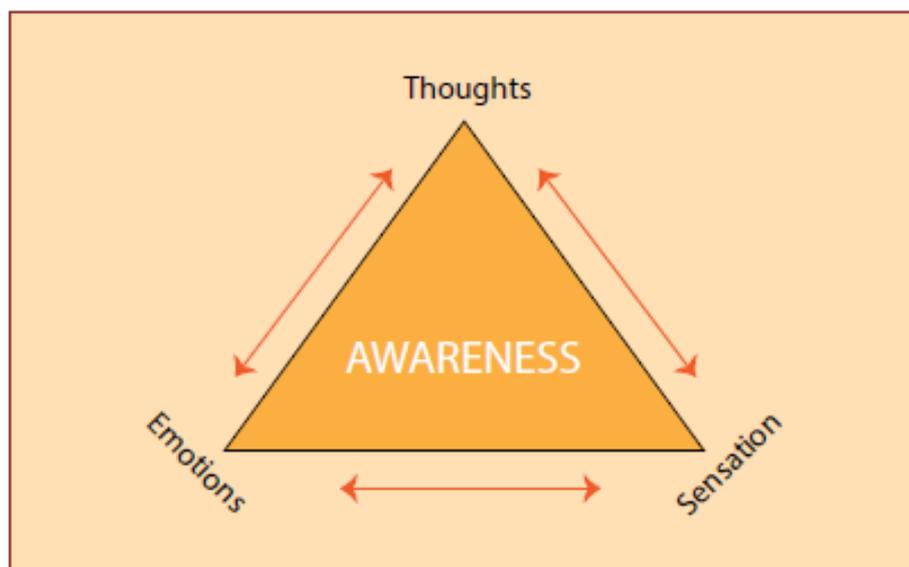
Part Two - how to respond to clients who have been triggered

Creating a sense of balance and calm within ourselves is a big step to building strong relationships.

However, sometimes the people we work with will be triggered no matter how prepared we are.

The following model explains the stress response, and the Grounding exercise will support the de-escalation of stressful interactions.

Triangle of Awareness



Any of the three sides to the triangle can be used as entry points to know what's going on for us, and how to respond:

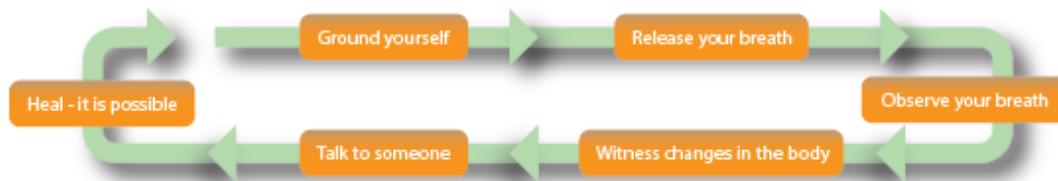
Thoughts – the mind can be in overwhelm, stop and simply notice your racing or confused thoughts.

Emotions – there may be fear, anger, sadness, distress, shock. Stop and notice how you are feeling.

Body sensations – may be racing pulse, agitation, sweating, blurred vision, ringing in the ears, shaking. Notice these.

The "Triangle of Awareness" offers insight into overwhelming experiences.

The following **GROWTH** model offers support to settle ourselves and also supports others to settle and regulate their overwhelmed or 'triggered' state.



GROWTH – Ground, Release, Observe, Witness, Talk and Heal

Growth

- G** - Ground Yourself: feel your feet on the floor, shoes off, feet on the grass, sip water, healthy snacks to regulate blood sugars. Rhythmic physical activities and movements support self-regulation and grounding. At home: music, movement, singing, humming, foot bath, regular aerobic movement increases the 'feel-good' natural endorphins.
- R** - Release your breath. Sometimes we hold our breath when we are stressed, distressed or triggered, breathe out.
- O** - Observe your breath. Notice your breath and your chest rising on the inhale, dropping on the exhale. Focus on gently breathing in through your nose and out through your mouth to settle your heart rate. See the quality of your breath, noticing if it's short, sharp, longer on the inhale, coolness on the inhale, warmth on the exhale? Begin to create an equal inhale/exhale. A longer exhale can help bring calm and relax quite well.
- W** - Witness the changes in your body as you focus on your breathing. Physical sensations like warmth, tingling energy, areas of expansion and enlivening (inhale), release and softening (exhale). Take the inhale to parts of your body where you might feel tension, for example visualise sending your breath to your tight shoulder muscles, or blurry head, jittery stomach, clenched jaw, then taking a long sigh on the exhale to release these tensions with the breath.
- T** - Talk to someone safe about your experience, or write about it, draw it or perhaps notice a symbol that represents your experience: a tree, clouds, flower, rains, sand, earth, shells etc.
- H** - Healing is possible. Imagine areas of your body or life that could grow into healing, picture colours of cells regenerating, begin the day with some gentle breathing activities as above, use kind language towards yourself, go to sleep observing your breath as a calm healing time.

These methods are helpful to practice whenever you have a moment in the day. It's a way of checking in with ourselves, the more we practice them the more familiar they become as supports through the day. They help to re-wire our brain for wellbeing. It is also useful when we are responding to a stressful situation. Remind ourselves and others that this moment will pass.

|