



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 two report

10th September 2018

Alice Springs, Northern Territory

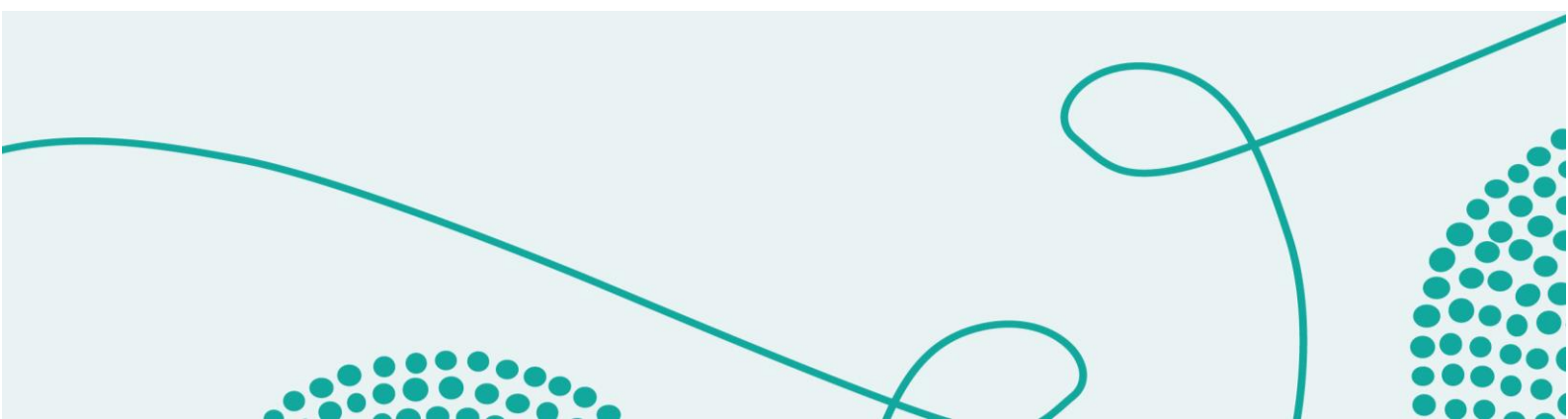
*The term 'Aboriginal and/or Torres Strait Islander' is used throughout this report to be respectful and inclusive of all Aboriginal and Torres Strait Islander peoples. The only exceptions to this are where an entity have specified the use of 'Aboriginal' in their context. The term 'Indigenous' is used to refer to Indigenous people globally. For ease of reading, the term 'non-Aboriginal' is used to refer to people without an Aboriginal and/or Torres Strait Islander background.

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¹The *Healing the Past by Nurturing the Future investigators group*; Catherine Chamberlain, Graham Gee, Stephanie Brown, Kerry Arabena, Judy Atkinson, Jan Nicholson, Deirdre Gartland, Helen Herrman, Karen Glover, Yvonne Clark, Fiona Mensah, Caroline Atkinson, Shawana Andrews, Helen McLachlan, Tanja Hirvonen, Sandra Campbell, Naomi Ralph, Danielle Dyall.

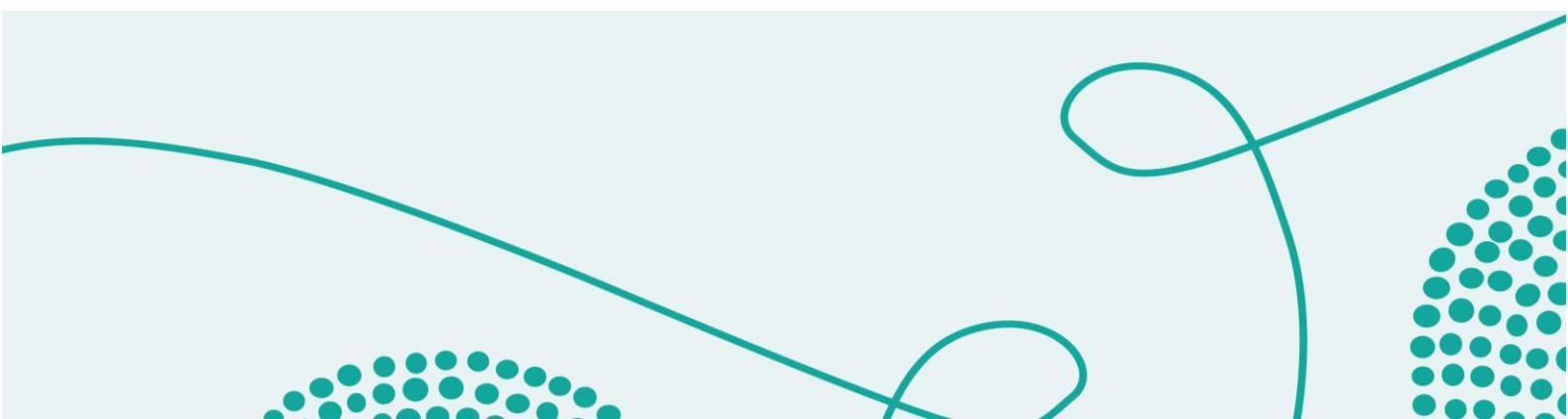
²*Healing the Past by Nurturing the Future (HPNF) key stakeholder co-design workshop two participants (who provided permission to be listed)*; Angela Hampton, Cherisse Buzzacott, Jacqueline Ah Kit, Valerie Aylesbury, Miriam Bevis, Ai Wen Chan, Eugene Efron, Alison Elliott, Georgie Igoe, Bianca Gonos, Ella Gorman, Vicki Hartman, Catherine Leane, Joy Makepeace, Sarah Mares, Rhonda Marriott, Blythe McAuley, Annabelle Moody, Carol Mudford, Philippa Middleton, Rachel Reilly, Shelley Torcetti, Georgie Trevorow, Lisa Schwer, Jackie Simmonds, Marcus Tabart, Lou Turner, Glenda Woodall, *Catherine Chamberlain, *Graham Gee, *Stephanie Brown, *Kerry Arabena, *Judy Atkinson, *Jan Nicholson, *Deirdre Gartland, *Helen Herrman, *Karen Glover, *Yvonne Clark, *Fiona Mensah, *Caroline Atkinson, *Shawana Andrews, *Helen McLachlan, *Sandra Campbell, *Naomi Ralph, *Danielle Dyall.

**Investigators*



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Executive Summary

The Aims of the 2nd workshop of the HPNF Project were to build on the foundations from Workshop 1 and:

1. Define the *key domains* to be included in assessment for complex trauma in the perinatal period.
2. Reflect on discussions with Elders/Nannas and *plan for working with parents*.
3. Start to share information about *current support strategies*.

Who attended?

Fifty-seven service providers, academics and community members from approximately 25 institutions across Australia attended the workshop (Appendix 1).

Creating our safe space and setting the scene

Dr Graham Gee facilitated the workshop and started by outlining strategies to foster safety, including listening respectfully, being aware that the content may trigger our own trauma responses, that psychological and Angangkere support would be available, and mindfulness activities were provided.

Dr Yvonne Clark introduced the draft safety protocol to foster safety within the Healing the Past by Nurturing the Future (HPNF project).

Brief introduction to the project and setting the scene

Dr Catherine Chamberlain briefly introduced the aims of the HPNF project, to co-design acceptable, safe and feasible perinatal strategies for Aboriginal and/or Torres Strait Islander parents experiencing complex trauma, including: recognition and assessment, awareness and support. She outlined the HPNF conceptual framework and values, project plan (Appendix 2), and briefly recapped on workshop 1.

The authors of the book 'Tjulpu and Walpa', from the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPYWC), set the scene for the discussions about assessment and support for Aboriginal and/or Torres Strait Islander parents experiencing complex trauma. They shared their reasons for developing the story and Dr Gee read the story out to the workshop group.

Areas of distress for complex trauma assessment

Dr Gee outlined the process for synthesizing 12 core domains/areas of distress from reviewing over 25 tools used for assessing complex trauma and/or experiences of child maltreatment. The 12 domains/areas of distress are: *recognition, intrusive thoughts, avoiding reminders, changes in thoughts and beliefs, changes in anxiety and reactivity, difficulty managing emotions, negative self and beliefs, difficulty maintaining relationships, community disconnection, loss of identity, grief and loss, and other cultural impacts*.

Workshop participants discussed each of these areas of distress at their tables and completed individual 'Delphi-style' surveys to indicate how important they felt the area of distress is, and comment on why, who, where, when and how these should be asked.

Feedback on discussion groups with 'Deadly Nanna's' and Tree of Life exercise

Dr Clark facilitated this session which aimed to provide feedback on the preliminary discussion group with the 'Deadly Nanna's' in Murray Bridge (SA), and pilot the use of the 'Tree of Life' exercise for parents. Three members of the 'Deadly Nanna's' Group introduced their group, and a summary of the preliminary discussion group findings were presented. The main themes included:

- Services- the gap is getting wider not closing
- Child protection- what has really changed?
- Young Aboriginal parents and people need lots of empowering help and support
- There are many lifestyle and trauma effects on parents
- Turning the situation around- opportunities and strengths?
- Volunteering- it's important to help children and families
- Engage and acknowledge that parenting is hard
- Education and teaching skills is important

Workshop participants then worked through the 'Tree of Life' exercise at tables, generating the following preliminary themes:

- Togetherness (couple)
- Personal and individual traits/ skills/talents
- Connections to family, community and culture
- Pregnancy: optimism and opportunity for new and different life
- Support is accessible to both (Tom and Mary)
- Transformations via healing and therapy
- Transformations via education, training and employment

Workshop participants discussed the experience of the exercise and it was felt it was suitable for using with parents next year.

Sharing information about current support strategies

The final session, led by Dr Naomi Ralph, offered an opportunity for workshop participants to share information about current support strategies for Aboriginal parents experiencing complex trauma.

Four programs were presented in a 'market place' style format:

- *Baby coming- you ready?* presented by Professor Rhonda Marriott and Ai Wen Chan
- *Family Support Service* presented by Angela Hampton and Lisa Schwer (Central Australian Aboriginal Congress)
- *We all-li* presented by Dr Caroline Atkinson and Professor Judy Atkinson
- *Nunga Playgroup* presented by Valerie Aylesbury and Joy Makepeace

Evaluation

Fifty-three (53%) of participants completed the evaluation and all considered either 'beneficial' or 'highly beneficial'; and that the workshop aims were 'completely' or 'partially' met.

Positive comments related to activities and facilitation to create a safe space, including the drummers, clay modelling and other activities.

Concerns were raised about the lack of time to discuss important issues and to introduce each other at tables, the cramped room and facilities, and some of the challenging questions and language.

Many constructive suggestions were provided to assist with planning for workshop three in Melbourne in late 2019.

Acknowledgements

We thank Amelia Kngwarraye Turner for providing a Welcome to Country as well as Angangkere support during the workshop.

We appreciate the psychological support provided by Annabelle Moody. Thank you also to Tahnia Edwards, Angela Hampton and other Congress staff for invaluable advice and assistance organising the workshop.

We also wish to acknowledge the fabulous performance by Drum Atweme, part of the Tangentyere Aboriginal Council Drum Atweme Program.

Thankyou also to Leanne Slade and Simone Pakin for assistance in preparing this report.

This workshop was funded by a grant from the Lowitja Institute, with some travel support funded by a grant from the National Health and Medical Research Council (NHMRC).

We also acknowledge the support of our project partners in supporting staff to attend the workshop: Central Australian Aboriginal Congress (Congress), Nunkuwarrin Yunti of South Australia Inc, The Women's and Children's Health Network (WCHN) in South Australia, and the Bouverie Centre, La Trobe University.

This collaborative research is led by investigators from eleven institutions, including La Trobe University, the Victorian Aboriginal Health Service, Murdoch Children's Research Institute, University of Melbourne, We-Ali Pty Ltd, Orygen-The National Centre of Excellence in Youth Mental Health, South Australian Health and Medical Research Institute, University of Adelaide, Flinders University, James Cook University and Monash University.

Participants

Fifty-seven service providers, academics and community members from approximately 25 institutions across Australia attended the workshop. We thank the workshop participants and their institutions for contributing their valuable time, resources and expertise to the workshop. See Appendix 1 for list of workshop 2 participants who consented to having their names included in this report.

Project investigator Dr Gee (Figure 1) facilitated the second Healing the Past by Nurturing the Future (HPNF) key stakeholder co-design workshop. See Appendix 2 for the workshop program outline.



Figure 1: Dr Graham Gee leading the icebreaker

1. Creating our Safe Space

Fostering safety within these workshops is a primary concern for the team leading this project which was approved by the Central Australian Human Research Ethics Committee (CA-18-3150). Participants were asked to sign a consent form prior to participating in the workshop (Appendix 3). The following guidelines were outlined to promote safety within the workshop, which are aligned with the HPNF safety protocol (Clarke et al reference):

- Welcome to Country.
- Brief 'icebreaker' activity to get to know each other (Figure 1).
- Outlining the guidelines and strategies for keeping safe.
- Importance of listening respectfully to all views.
- Reassurance no-one will be asked or expected to share personal experiences.
- Access to Angangkere and a psychologist if needed.
- Everybody's contribution and expertise at the workshop is valued.
- Non-Indigenous people are welcome.
- Aiming to bring together millennia of Aboriginal and/or Torres Strait Islander wisdom and new western scientific knowledge.
- Ok to leave the room at any time if uncomfortable.
- We will be using scenarios that may trigger our own trauma histories and a Trauma Response Factsheet (We Al-li) and card with contacts is provided to help manage 'triggering' of trauma responses that may occur.
- Some diversionary activities on tables - mindfulness colouring/clay modelling. These creative activities can help to regulate 'triggering of trauma' responses. Tactile activities such as clay modelling can help 'grounding', and creative activities can help to distract and engage other parts of the brain (Figure 2 & 3).



Figure 2: *Future Dreaming* by Shelley Torcetti



Figure 3: Clay modelling by Anonymous Participant

Dr Clark outlined the draft HPNF Safety Protocol (Figure 4) which details strategies to foster safety within the HPNF project for parents, service providers, key stakeholders and researchers, and the wider Aboriginal community. Copies are available on request from hpnf@latrobe.edu.au.

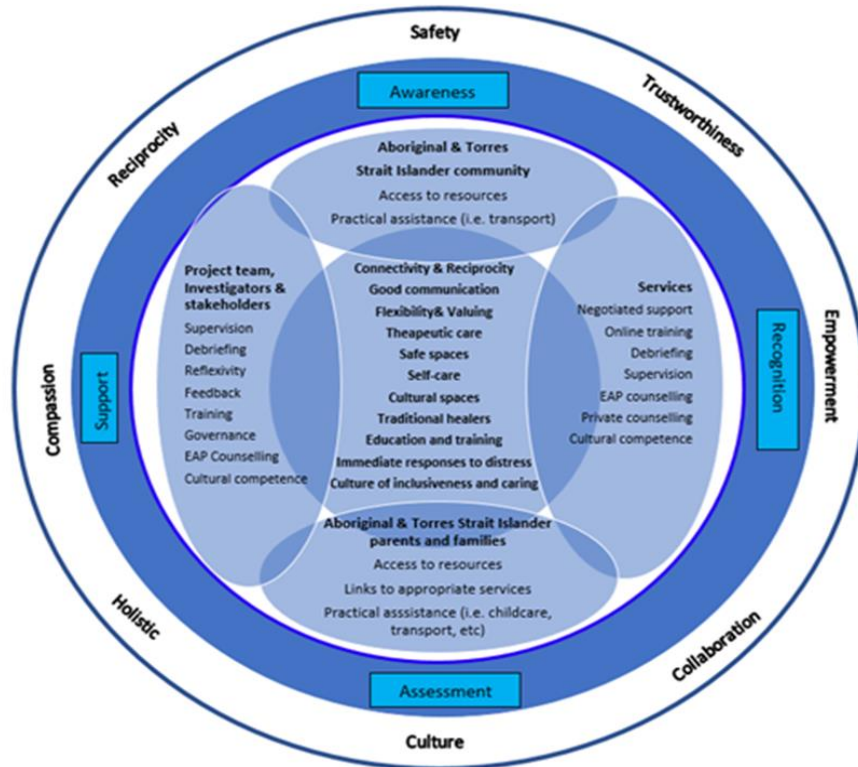


Figure 4: Draft HPNF Safety Protocol

We ended the day with a fabulous performance from Drum Atweme, part of the Tangentyere Aboriginal Council Drum Atweme Program (Figure 5). As well as being a great way of ending the day on a positive note and having fun, music and drumming helps regulate brain waves - an important element to help regulate 'triggering' of trauma responses.



Figure 5: Drum Atweme

2. Brief Introduction to the Project

Project leader Dr Chamberlain provided a brief introduction (10 minute) to the HPNF project (Figure 6).



Figure 6: Dr Catherine Chamberlain introducing the HPNF project

The introduction included:

- A brief re-cap of the first key stakeholder workshop, which is summarised in the first key stakeholder co-design workshop report available on our website <https://www.latrobe.edu.au/ilc/research/healing-the-past/workshops/past-workshops>.
- Definition of 'complex trauma' – being caused by cumulative exposure to multiple traumatic events, often occurring within a child's care giving system.
- Outline of the aims of the HPNF study: to co-design acceptable, safe and feasible perinatal strategies for Aboriginal and/or Torres Strait Islander parents experiencing complex trauma, including: *recognition and assessment, awareness and support* and the HPNF conceptual framework (Figure 7)

An overview of the project plan and where we are today (Appendix 6)

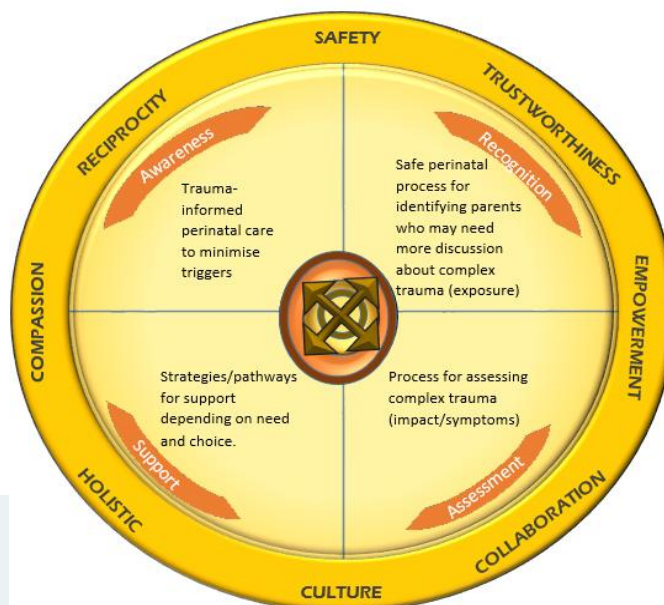


Figure 7: HPNF conceptual framework

3. Areas of Distress for Complex Trauma Assessment

The purpose of this session, led by Dr Gee, was to address the first workshop aim: **to define the key domains to be included in assessment for complex trauma in perinatal period.**

3.1 Setting the Scene

To set the scene for the discussion, the authors (Figure 8) of the book *Tjulpu and Walpa: Two Children, Two Roads*

https://books.google.com.au/books/about/Tjulpu_and_Walpa.html?id=UJITMQAACAAJ&redir_esc=y, from the NPY Women's Council (NPYWC) discussed the 'story behind the story', wanting to understand the impacts of the past on parents today.

They talked about the purpose being to create new stories of how we want to go forward our way. Tjulpu's story is about a family and Walpa is on a road that also starts with family. It's important to think carefully about what supports are surrounding families to help parents to bring up children.

The authors talked about how important it was not to push aside people experiencing trauma, but to think carefully about how we can fill up their spirit. They also highlighted that having had a group of women come together to develop the book, it was now time to think about how to support men coming together. Currently they were working on developing a book for men. The current book is about working together on 'making healthy minds' through 'two-way learning'. The authors suggest that women are worried, but need to be empowered and not overcome with worry. The authors are also currently working on a video and voiceover in three languages.

Dr Gee was given permission to read Walpa's story for the workshop.



Figure 8: Authors of *Tjulpu and Walpa* tell how the story was developed

3.2 Complex trauma areas of distress discussion (Adapted Delphi Exercise)

Prior to the workshop, the HPNF reviewed over 25 assessment tools used for parents experiencing complex trauma and/or with a history of maltreatment in their own childhoods. These were synthesised into ten 'key domains' aligned with complex trauma symptoms, and we added an additional domain for discussion about 'recognition' of parents at risk of complex trauma (eg. parents with a history of child maltreatment), and another domain to invite open discussion about 'other cultural impacts'.

Workshop participants were asked to consider Walpa's story and discuss each area of distress (domain) for complex trauma listed in Figure 9 with people on their table for approximately three minutes.

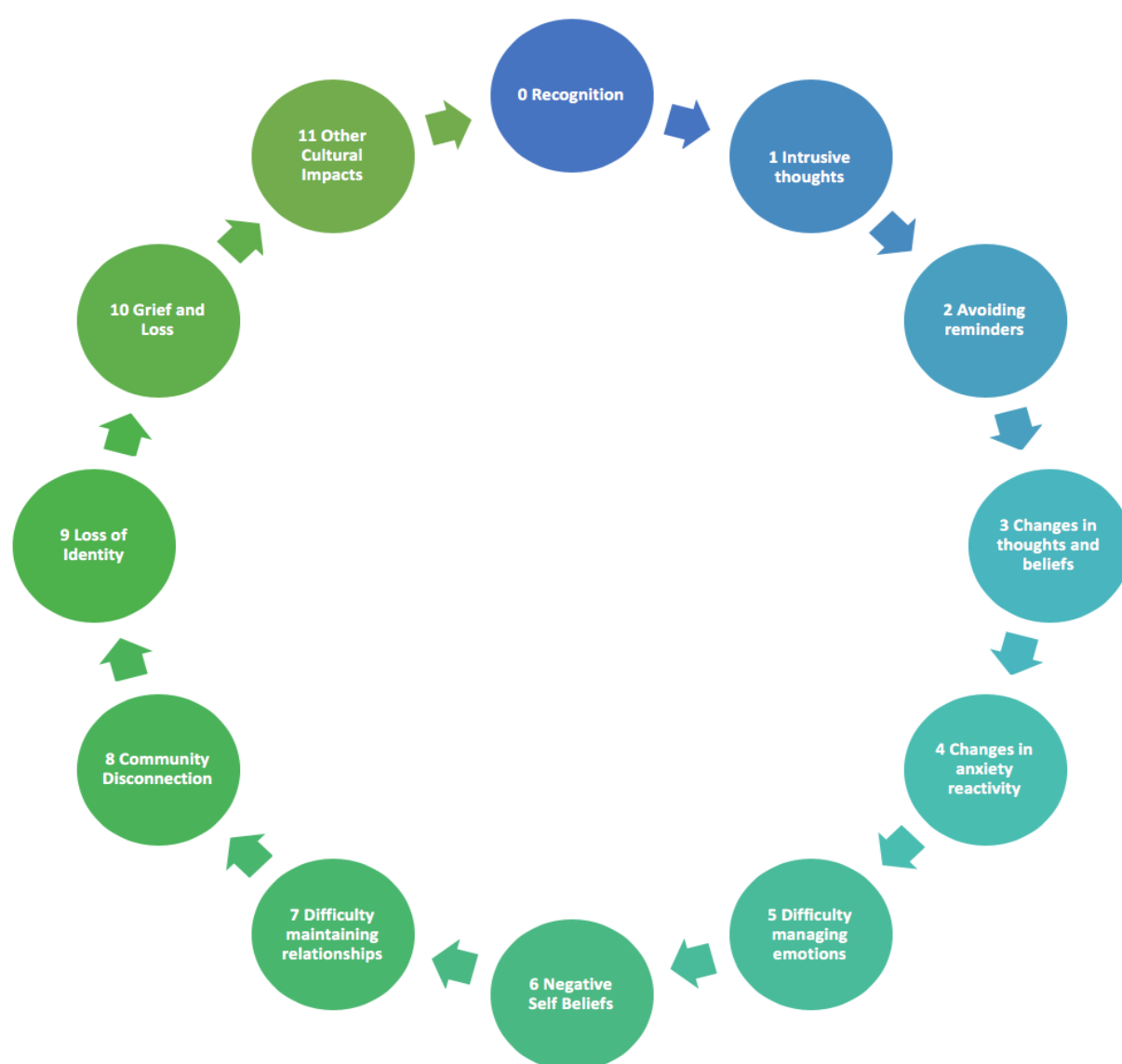


Figure 9: 12 Complex Trauma Assessment Domains included in discussion

Discussions at each table were facilitated by a project investigator who also took brief notes from the discussion. Each participant was given a sheet of paper with the description of the area of distress (see Appendix 6 for example). During the discussion they were asked to:

- Circle the 'degree of importance' of asking parents about this area of distress (not at all important, not so important, important, very important, not sure)
- Write down any notes about why, who, where and how these areas of distress should be asked about.

Following the brief discussion, participants were asked to move onto the next table to discuss another area of distress.

These notes have been collated into a Microsoft Excel spreadsheet and are currently being analysed. Preliminary findings are summarized below and detailed results will be shared when these are available.

Perceived level of importance of areas of distress

In general, the majority of respondents perceived each of the areas of distress to be 'important' or 'very important'. All respondents participants rated intrusive thoughts (100%), 'community connection' (100%), negative thoughts (100%), negative self-beliefs (%100) and community connection (100%) as 'important' or 'very important'. The areas of distress with the lowest proportions of respondents perceiving the area as 'important' or 'very important' were 'recognition' (ie asking people about childhood trauma experiences (83%), 'avoidance' (85%) and grief and loss (92%) (see table 1).

Table 1: Summary of perceived levels of importance in areas of distress by key stakeholder workshop 2 participants

Area of distress	Not at all important	Not so important	Important	Very important	Unsure	Missing	Facilitator	TOTAL Responses (excluding facilitator notes and 'missing responses')	%important or Very important
0. Recognition of risk		2	8	11	2	4	2	23	83
1. Intrusive thoughts		0	5	15			1	20	100
2. Avoidance	1	2	7	10		3	1	20	85
3. Negative thoughts			6	16		2	0	22	100
4. Anxiety/reactivity		1	5	13		3	0	19	95
5. Managing difficult emotions		1	10	13		2	2	24	96
6. Negative self beliefs			11	16		1	0	27	100
7. Difficulty maintaining relationships		1	9	20		1	0	30	97
8. Community connection			9	24			0	33	100
9. Loss of identity		1	9	15		1	0	25	96
10. Grief and loss		2	5	19		2	7	26	92
11. Other personal and cultural impacts			3	24	1	4	0	28	96
Grand Total	1	10	87	196	3	23	13	297	95

See Appendix 7 for a summary of preliminary coding of comments about why, who, where and how parents should be asked about complex trauma.

4. Reflecting on “Deadly Nanna’ discussion groups and planning for working with parents (Tree of Life exercise)

The purpose of this session, led by Dr Clark was to address the second workshop aim to: **Reflect on discussions with Elders/Nannas and plan for working with parents.**

4.1 Deadly Nannas Project

As part of the HPNF project aims, consultation occurred with the Deadly Nannas (Ngarrindjeri Muthar) group in Murray Bridge, SA in July 2018. This process was to:

- Understand community perspectives and insights into perinatal issues for families affected by trauma; and
- Pilot safe approaches for working directly with vulnerable families.

The Deadly Nannas project addresses the effects of trans-generational trauma in a culturally safe and confidential environment to heal the wounds of the past and assist grandchildren to reconnect to culture and language through music (Figure 10).

Three of the deadly nannas (Georgie Trevorrow, Pauline Walker and Vicki Hartman) presented information on how their project started and their activities within the community. One of their activities is that they have recorded a Lullaby CD (Figure 11) and played various songs to the workshop audience (CD can be purchased from Georgie) G.Trevorrow@murraybridge.sa.gov.au .

4.2 Discussion group findings

Preliminary findings from the discussion with the Deadly Nanna’s group was presented by Dr Clark. The preliminary themes included:

- Services- the gap is getting wider not closing
- Child protection- what has really changed?
- Young Aboriginal parents and people need lots of empowering help and support
- There are many lifestyle and trauma effects on parents
- Turning the situation around- opportunities and strengths?
- Volunteering-it’s important to help children and families
- Engage and acknowledge that parenting is hard
- Education and teaching skills is important



Figure 10: Deadly Nanna’s



Figure 11: Deadly Nanna’s CD cover

4.3 Tree of Life exercise

We used the *Tree of Life* exercise to facilitate discussions about complex trauma for four main reasons:

- i. It is a strengths- based approach to enable inclusion of information on areas of strength to the assessment areas - from previous session on areas of distress;
- ii. It has been used successfully with Aboriginal parents experiencing complex trauma in other projects (e.g. Kunga's Program);
- iii. It enables discussion of broader aspects of social and emotional well-being during the perinatal period. For example, what might be the strengths, support and strategies for good social and emotional wellbeing of Aboriginal parents who have experienced complex trauma to enable them nurture healthy happy families?; and
- iv. To receive feedback about the *Tree of Life* exercise and what's helpful when working with Aboriginal parents (best format) in the future.

The Process

Workshop participants were asked to consider a fictional scenario about 'Tom' and 'Mary', a young Aboriginal couple with a trauma background and expecting their first child (Appendix 8). This third person scenario method aims to lessen the potential for trauma triggers for workshop attendees. Groups at each table were guided through a step-by-step process from drawing and naming a tree, working from the roots to the flower and fruits of an individual tree, to comprising a forest. Strength-based metaphors were used and adding pictures, words, sticky notes as symbols of meaning on the trees (Figure 12). For example, the roots represent the foundation and the context, and the fruits and flowers represented the gifts of life and protection for Mary and Tom. The forest represented the community support and protection.



Figure 12: 'Tree of life' exercise

The last set of questions posed to the open forum concerned the safety of the tree of life approach and asked for ideas about other safe approaches.

Once the information was collated the information from each tree was analysed via the utilisation of Nvivo 12 (qualitative information software).

Preliminary Findings

Seven main strength-based themes emerged from the *Tree of Life* exercise which are presented below, with more details in Appendix 8:

- *Togetherness (couple)*
 - Overall it was thought that the strengths for this couple was their 'togetherness' -support and connection with each other
- *Personal and individual traits/ skills/talents*
 - Tom and Mary had many individual traits and talents and therefore they need to be drawn upon, nurtured and enhanced to empower the couple.
- *Connections to family, community and culture*
 - Individually they had various connections and access to family, community and culture but together they can connect more.
- *Pregnancy: optimism and opportunity for new and different life*
 - Pregnancy is the time to think about and take action for a new and different life for their children.
- *Support is accessible to both (Tom and Mary)*
 - There are various support services available to assist but they might need assistance to gain confidence to access them.
- *Transformations via healing and therapy*
 - Various therapeutic processes were suggested so that the couple can heal from their past
- *Transformations via education, training and employment*
 - The existing traits, skills and talents can be nurtured and enhanced via education, training and employment.

Learnings about working with parents

Three main learnings discussed within the forum included that: the language of identity needs to be carefully considered when working with community including parents; support for parents must start early; and that using narratives and metaphors to communicate with parents in focus groups is a good option.

5. Sharing our Knowledge

The purpose of this session, led by Dr Ralph, was to address the third and final workshop aim; to '*start to share information about current support strategies*'. This was achieved through an informal 'marketplace' session, with four stall holders stationed at tables in the meeting room, and discussing their program and the resources used. This permitted people to move between the different stalls gathering information, trialing different resources and making future connections. The stall holders that presented during this session on the day are outlined below.

5.1 Baby Coming – You Ready

Stall Holder: Rhonda Marriott & Ai Wen Chan, Murdoch University

Description: A culturally safe and effective screening for anxiety and/or depression in the perinatal period for both mothers and fathers of Aboriginal and Torres Strait Islander descent. Uses a screening and assessment 'rubric' called 'Baby Coming – You Ready?' (Figure 13) delivered via iPad where visual images guide both users through specific domains of inquiry. It exemplifies four key elements: good engagement, a sense of safety, a trusting relationship, and the capacity to embrace the strengths in the Aboriginal and Torres Strait Islander people's cultural viewpoint which is central to family and community centred-care.

This web-based next generation approach to screening has been designed by Aboriginal people for Aboriginal people to overcome the significant limitations experienced by both practitioners and Aboriginal mothers using the Edinburgh Postnatal Depression Scale (EPDS).



Figure 13: News article about Baby Coming You Ready project

Source: <https://nacchocommunique.com/2016/07/06/naccho-naidoc2016-womens-health-how-babycoming-you-ready/>

5.2 Family Support Service – CAAC, NT

Stall Holder: Angela Hampton & Lisa Schwer, Central Australian Aboriginal Congress

Description: Working with Aboriginal Children and their families: A bicultural approach to working in a cross cultural setting. The Family Support Service (FSS) consists of two programs, Intensive Family Support Service (IFSS) and Targeted Family Support Service (TFSS). TFSS is the early entry/ prevention family support program and IFSS works more directly with families who may have entered the child protection system. The FSS team works with families to assist in providing some stability and enable families to focus on their children's needs and develop and improve their parenting skills and capacity. Using the

bicultural approach assists in achieving increased engagement and improved outcomes for the families referred into the FSS. The Yarning Mat by Faye Parriman (Figure 14), a tool to help families share their stories was provided for people to try. For more information on the Yarning Mat see <https://vimeo.com/260854202>



Figure 14: Yarning Mat

5.3 We Al-li Trauma informed Training to Community and Organisations **Stall Holder:** *Caroline Atkinson & Judy Atkinson* (Figure 15)

Description: We Al-li community and workplace workshops are an Indigenous therapeutic response to individual, family and community pain that many people carry as part of their life experience. For Aboriginal peoples this pain is more specifically defined as the traumatic impacts of the multiple intergenerational experiences of colonization resulting in ill-health, individual, family and community dysfunction (dys - Latin from the Greek dus meaning painful or difficult functioning). We Al-li specifically meets

this need through tailored workshops that are trauma informed in their design and trauma specific in their delivery. Our workshops are built on the principles of integrating Indigenous cultural processes of education, conflict management, and personal/social healing with Eastern and Western therapeutic skills for trauma recovery within an action based experiential learning practice. For more information see <http://wealli.com.au/> (Figure 16).



Figure 15: Carlie and Judy Atkinson



Healing People

We Al-li is a trauma informed, trauma specific educational and practice based approach that promotes health, well-being, and sustainable pathways of positive change for individuals, families and communities at both a personal and professional level.

Sharing Culture

We Al-li embraces and promotes Indigenous cultural traditions and ways of sharing, caring and renewal. Our name We Al-li literally means fire and water, two forces that are culturally understood to embody Indigenous wisdom, knowledge and transformation.

Regenerating Spirit

Our focus at We Al-li is to cultivate and nurture the experience of exploring with curiosity a life long process of seeking and sustaining wholeness. We Al-li provides learning environments where this exploration happens in safety and without challenge.

Figure 16: Wealli webpage

5.4 Nunga Playgroup Elizabeth Vale SA

Stall Holder: Valerie Aylesbury & Joy Makepeace

Description: *“A Partnership in Trauma Therapy through Playgroup: Relationships are biological interventions”*

Trauma stops the ability to play (Figure 17). When our body is not at peace it's hard for our minds to be at peace. Many of the Aboriginal women whom we work with, do not live in the present moment due to both unrecognised and unresolved childhood trauma and are therefore emotionally unavailable for their children. Play gives voice to both the children and the parents. Often in a world where their voices go unheard. Playgroup helps to readdress Global development delay and speech and physical delays. Giving opportunity for creative play and meaning making. The play group is about regaining and rebuilding trusting relationships between parents and children and staff alike. Playgroup addresses complex trauma through simple methods. Providing a sense of belonging, community, unity and safety. It provides a safe space where every person feels heard, important and valued. Learning is achieved on many experiential levels. The child's worldviews are expanded and exposure to new knowledge and experiences is broadened. Each, individual's capacity to learn emotional regulation for self and their child is nurtured and modelled in a healthy new way of being. Concepts informing our practice have included Cultural Practices, Attachment Theory, Interception, and Psychotherapy.



Figure 17: Valerie Aylesbury and Joy Makepeace presenting

Key Learnings are identified and presented both through the voice of workers and families. The strengths of families are celebrated. Evaluation has been through stories telling, photos and video. The app 'StoryPark' was presented on laptop and mobile phone, to illustrate the way Nunga Playgroup promotes upcoming sessions, and shares photos and videos of past sessions with the parent and family community of Nunga Playgroup.

6. Summary of Evaluation

Paper based evaluation forms were provided and people were encouraged to complete these at the end of the day. In the week following the workshop people were also sent an online evaluation, if they didn't get the chance to complete a paper one on the day. A response scale accompanied most of the questions, using a sliding scale from 0-10 with three options indicated above the scale that ranged from the lowest end ('Not beneficial', 'Not at all'), to in the middle ('Beneficial', 'Partially Met', 'Somewhat') and to the uppermost end ('Highly Beneficial', 'Completely Met', 'Completely'). In addition, space was provided for people to make comments.

Altogether, 35 evaluations were received, which represented 53% of registered attendees. The feedback was overwhelmingly positive, and a summary is provided below.

Overall how would you rate Workshop Two?

The workshop was considered to be 'beneficial' (40%) and 'highly beneficial' (60%) by all of the respondents. No one responded that the workshop was not beneficial. Some of the comments people made to support positive ratings included;

"That it was engaging and active - some workshops can be slow and boring but this one was interactive."

"The workshop was beneficial overall to be a part of a project that is led by Aboriginal people to try and improve the health and wellbeing of Aboriginal people. It was useful to hear different people's perspective and to contribute to such a project."

"I found all aspects of the workshop beneficial and enjoyed the way in which we all contributed."

"Aboriginal Led; methods to engage audience in getting their input; safe and collegial atmosphere."

We also asked participants if they found any aspects of the workshop concerning. Comments on this related to time, and perhaps need more than one day to complete activities, discuss topics and contribute experience and expertise. In terms of practicalities, the space was noted to be a little cramped, with more people attending than anticipated, and there were not very many toilets easy to access. The difficulties of finding a common narrative, that is not confronting, to discuss trauma as a group and with communities, as well as evolving Aboriginal and Torres Strait Islander birth and parenting practices was noted by a few attendees. The need to involve more male participants in the workshop, as Fathers, workers and leaders was also noted.

"I was concerned that there wasn't enough time to do activities thoroughly- but understand that we needed to get through lots. Maybe 1.5 or 2 day workshops are better- but I know it's hard to get people to commit to 2 days."

"I think that some of the questions were still a little challenging in terms of language & exploring definitions."

How well the aim of the workshop was met to: ‘agree on the safety protocol and principles to guide the project?’

The majority (76%) of the participants felt that this aim had been completely met, with the remainder (23%) indicating it had been partially met. It would appear that consensus was achieved on accepting the cultural and emotional safety protocol, that was developed arising out of activities from workshop one, and will guide the manner in which the HPNF project ensures safety for all involved over the course of the project.

How well the first aim of the workshop was met to: ‘define the key domains to be included in the assessment for complex trauma?’

The majority (63%) of participants felt that this aim had been completely met, with the remainder (37%) indicating that it had been partially met. The opportunity to discuss the areas of distress associated with complex trauma was noted as one of the most beneficial aspects of the workshop. Comments included;

“Distilling areas of distress.”

“Hearing about other peoples experiences and input into how to create a culturally safe tool to use for our community.”

“Opportunity to think deeply re trauma”

“Rotating & discussing the impacts of trauma.”

“Going around in groups to discuss the complex trauma assessment.”

“Discussing the specific elements of distress.”

How well the second aim of the workshop was met to: ‘reflect on discussions with Elders/Nannas and plan for working with parents?’

The majority (63%) of participants felt that this aim had been completely met, with the remainder (37%) indicating that it had been partially met. Respondents also commonly noted the sessions involving the Deadly Nannas, and the Tree of Life activity alongside the discussion regarding the areas of distress as the most beneficial aspects of the day to them. Comments included;

“Tree of Life- Hearing about the challenges.”

“Tree of Life activity.”

“Thinking about components of assessments; Tree of Life.”

“Discussing group activities (rotating). The Tree Activity.”

“Complex trauma & Deadly Nannas”

“Meeting different people in the first speed dating; discussing the specific elements of distress; the Tree.”

How well the third aim of the workshop was met to: 'start to share information about current support strategies?'

The majority (63%) of participants felt that this aim had been completely met, and partially met (28%), with a small proportion indicating that this aim had been less than partially met (9%). Many people used this as an opportunity to learn more about the four programs presented by stall holders, and try out the different resources. As an informal session, it was also a good opportunity for people to take a quick break. This session was designed in response to evaluation comments from Workshop One regarding increasing opportunities to learn from the experience and expertise of people involved in the project and co-design process. Respondents did note of Workshop Two that they found the opportunity to contribute to discussion and learn from one another to be one of the most beneficial aspects of Workshop Two.

"I found all aspects of the workshop beneficial and enjoyed the way in which we all contributed."

"Gentle inclusive process. Respectful re different knowledges. Very interactive. Varied day."

Hearing about other peoples experiences and input into how to create a culturally safe tool to use for our community.

Other comments

Further to this, the Drum Atweme performance was a highlight, as well as the presentation by the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPYWC) regarding the thinking and strategy behind the Tjulpu and Walpa book.

In terms of creating a safe space, and providing for workshop attendees emotional and cultural safety, comments indicated that people appreciated the presence of a psychology counsellor, and an Angangkere, as well as the pre and post workshop debrief, 'getting to know you' activity, and the modelling clay activity. The modelling clay and the drumming were intentionally selected for this workshop with the knowledge that these activities are an important element to help regulate 'triggering' of trauma responses, with creative activities helping to engage the frontal lobe and music or drumming to help regulate brain waves.

"NPY Women's Council. Tree of life activity."

"Topics from Tjulpu & Walpa book & NPY input."

"Hearing the authors of Tjulka and Walpa explain the intention and thinking behind the book, particularly description of transgenerational trauma."

"Great discussions with diverse peoples. Loved the drummers."

"All - Balance of mind, heart, feelings."

"Having bits of time for reflection & connection."

"Loved the clay modelling and drumming which are both strategies to help regulate effects of trauma triggering as well as inspiring and fun."

Did you find Workshop Two to be a safe space?

As suggested above, the majority (89%) of participants found the workshop to be a 'completely' culturally and emotionally safe space. A small group (11%) found the workshop to be 'somewhat' of a safe space, and no one indicated that they felt unsafe. Comments are presented below:

"Felt very safe"

"Safety was facilitated really well."

"It was safe but slightly overwhelming in a good way to have so many people who are passionate about this project."

"I did feel safe overall, but get a bit upset when people have outbursts - I know this can't be helped sometimes and I think it was managed well in the workshop. Don't know how that can be helped as we don't always know if people are going to have an outburst and say something offensive. I liked that there were counsellors and a Ngankari - I knew I could be looked after if I became upset. Good and gentle facilitators."

"Heartening to see the effort to create such a place."

"Good pre-brief & de-brief - great that had counsellor & Elders / Nanna @ the workshop."

"I felt safe. I was conscious of the safety of my colleagues."

"The thought and care taken on this aspect was beneficial and highly appreciated."

"Allows people to be open & honest about their experiences."

"We make the safe places!! We were reason for that."

"Great to see so many Aboriginal participants."

The few negative comments in relation to safety related to the structure of the activities, and allowing enough time for thorough discussions, particularly in relation to working with services from other sectors. These points will be built into planning for the third workshop, to ensure that all participants have the opportunity to contribute and be heard.

"No time to even introduce each other at tables so felt a bit shy. Despite all the movement tended to stay with same people at the table during the exercise before lunch."

"The comment that came up at the end highlighted that there wasn't much yarning together time, and that put the community/ services discussion off."

Next Steps

In terms of recommendations for Workshop Three (to be held in Melbourne in mid-late 2019), participants felt that more than one day was needed to allow time for thorough reflection and discussion regarding complex trauma and that a broader range of services working with Aboriginal people should be involved. The differences between urban and remote Aboriginal communities across Australia was also noted, and the need to continue to incorporate this into the design of the study to reflect the experiences of different Aboriginal families was acknowledged. The use of humour, and light hearted activities to break up the focus on complex trauma, and the further use of traditional practices such as smoking ceremony were also noted. These suggestions will shape the third workshop, which is scheduled to be held in Melbourne in June 2019. Suggestions for third workshop included;

Suggestions for Third Workshop

- “Keep up the amazing work!”
- “Same excellent preparation”.
- “Really enjoyed it and very thoughtful beneficial discussion. Thanks very much.”
- “I would suggest that we have these organisations (Department of Child Protection) attend and maybe also have some guests from the stolen generation to discuss issues on how this affected them. Also open it up for even workers in that field to attend so that they know what other people around the country think.”
- “Maybe two days. Consider smoking in Vic.
I did see the Apology film the night before. It was a great film and well worth watching but it was too upsetting to see just prior to a workshop on trauma. I would have liked some 'light hearted' or comical film- that is because those sort of films help me cope better and prepare for a potentially heavy session dealing with trauma. I understand that everyone is different and that may not suit everyone's coping style”.
- “It was great having the drummers at the end to lighten the mood and therefore I think it would be good to have something like that again.
A bit more time to discuss findings. eg the end of the workshop was a bit rushed again. not the end of the world but probably could be a bit more opportunity for checking with everyone”.
- “Perhaps the workshop could go for more than one day? Given that people are travelling far and interstate to attend, it could be good to space out the discussion and content across two days to give more people time to sink into the workshops and longer, more in depth conversation could be had around complex issues.
I wasn't part of Part 1 but considering the immense differences b/w urban & bush is critical. Also so important to hear from the families - exciting next part”.

References

Clark Y, Gee G, Ralph N, et al. The Healing the Past by Nurturing the future: Cultural and emotional safety framework. *Manuscript submitted for publication 2018*

Appendices

- Appendix 1: Key Stakeholder Co-design Workshop 2 List of Participants who consented to their names being included in this report
- Appendix 2: Workshop Program
- Appendix 3: Participant Information and Consent Form
- Appendix 4: We Al-li Trauma Response Sheet
- Appendix 5: Participant Thank You Card and Support Contacts
- Appendix 6: Area of Distress adapted Delphi Exercise Sample Participant Sheet
- Appendix 7: Summary of preliminary themes about why, who, where and how parents should be asked about complex trauma
- Appendix 8: Fictional 'Tom and Mary' Scenario for Tree of Life Exercise and summary of preliminary themes

APPENDIX 1 – List of Participants who consented to their names being included in this Report

FIRST NAME	SURNAME	ORGANISATION
Jacqueline	Ah Kit	Women's and Children's Health Network
Caroline	Atkinson	We Al-li Trust
Judy	Atkinson	We Al-li Trust
Diana	Amend	Central Australian Aboriginal Congress Aboriginal Corporation
Valerie	Aylesbury	Nunkuwarrin Yunti of South Australia
Miriam	Bevis	North Australian Aboriginal Justice Agency
Stephanie	Brown	Murdoch Children's Research Institute
Cherisse	Buzzacott	The Congress of Aboriginal and Torres Strait Islander Nurses & Midwives
Catherine	Chamberlain	La Trobe University
Ai Wen	Chan	Murdoch University
Yvonne	Clark	La Trobe University / South Australian Health and Medical Research Institute
Danielle	Dyall	Aboriginal Medical Services Alliance Northern Territory
Eugene	Efron	Murdoch University
Alison	Elliott	Bouverie Centre, La Trobe University
Deirdre	Gartland	Murdoch Children's Research Institute
Graham	Gee	Victorian Aboriginal Health Service
Karen	Glover	South Australian Health and Medical Research Institute
Bianca	Gonos	sistabee productions
Ella	Gorman	Murdoch University
Angela	Hampton	Central Australian Aboriginal Congress Aboriginal Corporation
Vicki	Hartman	Deadly Nanna's
Helen	Herrman	Orygen
Georgie	Igoe	Central Australian Aboriginal Congress Aboriginal Corporation
Cathy	Leane	Women's and Children's Health Network
Joy	Makepeace	Nunkuwarrin Yunti
Sarah	Mares	Flinders University (Psychiatrist/PhD student) UNSW Sydney Conjoint Senior Lecturer
Rhonda	Marriott	Murdoch University
Blythe	McAuley	Australian Childhood Foundation
Helen	McLachlan	La Trobe University
Fiona	Mensah	Murdoch Children's Research Institute
Philippa	Middleton	South Australian Health and Medical Research Institute
Annabelle	Moody	Central Australian Aboriginal Congress Aboriginal Corporation
Carol	Mudford	Congress Family Partnership Program
Jan	Nicholson	La Trobe University
Naomi	Ralph	La Trobe University
Rachel	Reilly	South Australian Health and Medical Research Institute

Lisa	Schwer	Central Australian Aboriginal Congress Aboriginal Corporation
Natasha	Scott-Weetra	Nunkuwarrin Yunti of South Australia
Jackie	Simmonds	Congress Family Partnership Program
Marcus	Tabart	Central Australian Health Service
Shelley	Torcetti	Aboriginal Medical Services Alliance Northern Territory
Georgie	Trevorrow	Deadly Nanna's
Lou	Turner	Healing Foundation
Glenda	Woodall	Nunkuwarrin Yunti/Australian Nurse Family Partnership Program

+3 people from Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPYWC) for morning tea only

APPENDIX 2 – Workshop Program

Healing the past by nurturing the future

Co-designing perinatal (pregnancy to two years after birth) awareness, recognition, assessment and support strategies for Aboriginal and Torres Strait Islander parents who have experienced complex trauma

KEY STAKEHOLDER CO-DESIGN WORKSHOP 2

The Aims of this 2nd workshop are to build on the foundations from Workshop 1 and:

4. Define the *key domains* to be included in assessment for complex trauma in perinatal period.
5. Reflect on discussions with Elders/Nannas and *plan for working with parents*.
6. Start to share information about *current support strategies*.

PROGRAM

Time		Facilitator
8.45am	Registration and tea/coffee	
	Setting up posters/resource tables	
9.15	START	Graham Gee
	Welcome to Country	Akeyulurre (Amelia)
9.30	Creating our safe space	Graham/Yvonne
9.45	Introductions	Graham
10.00	Overview of project and role of workshop in plan	Cath Chamberlain
10.20	Tjulpu and Walpa	NPY
10.50	MORNING TEA	
11.10 (12 mini break)	Domains for complex trauma assessment	Graham
1 pm	LUNCH	
1.40	Reflecting on discussions with the 'Deadly Nannas' and plan for talking with parents about the perinatal support they need when experiencing complex trauma	Yvonne Clark and Deadly Nanna's
3.00	AFTERNOON TEA	

3.15	Sharing our knowledge about what works (poster and resource sharing)	Naomi Ralph/ Fiona Mensah
4.15	Final reflections/evaluation and Drumation	Graham
5.00	THANKYOU AND CLOSE	Graham

For psychological support during workshop: Contact Annabel Moody on 0429 587 691

Role of key stakeholders participating in Workshop 2

There are four workshops planned within the Healing the past by nurturing the future project to co-design perinatal strategies around awareness, recognition, assessment and support for Aboriginal and Torres Strait Islander parents experiencing complex trauma (see figure 1 for conceptual framework). In each workshop we are tackling a new 'step' in an intervention mapping <https://interventionmapping.com/> process and 'reflecting and planning' for the next cycle in this community-based participatory action research project (see Figure 2 for summary of plan).

We recognise and celebrate that the expertise in these co-design workshops is among the group. The following rights and responsibilities are listed to help clarify your important role.

1. Right to be safe and respected

- We will do everything we can to ensure a safe environment in workshops.
- No-one will be asked or expected to share personal experiences as the purpose is to look to the future and how we can best support parents and families.
- It is absolutely ok to leave at any time if uncomfortable and to do diversionary activities provided to help ease discomfort.
- Please utilise psychological and healing support services available at the workshop as needed.
- Please respect and value everyone's opinion and expertise they bring.

2. Right to be valued and expertise formally acknowledged (reciprocity and collaboration)

- Your contributions in the workshop will be documented in a report and your contributions acknowledged as either a co-author if you contribute to or give feedback to the report, or as a part of the co-design group based on your contributions to discussions and the workshop on the day, and your permission to list your name will be sought.
- Any research papers or presentations emerging from the workshop will formally acknowledge the contributions of the workshop co-design group, with names listed if possible and if permission to be named is provided. Depending on how direct the contribution to the findings are, this will either be listed in the 'acknowledgements' section or included as a group byline.

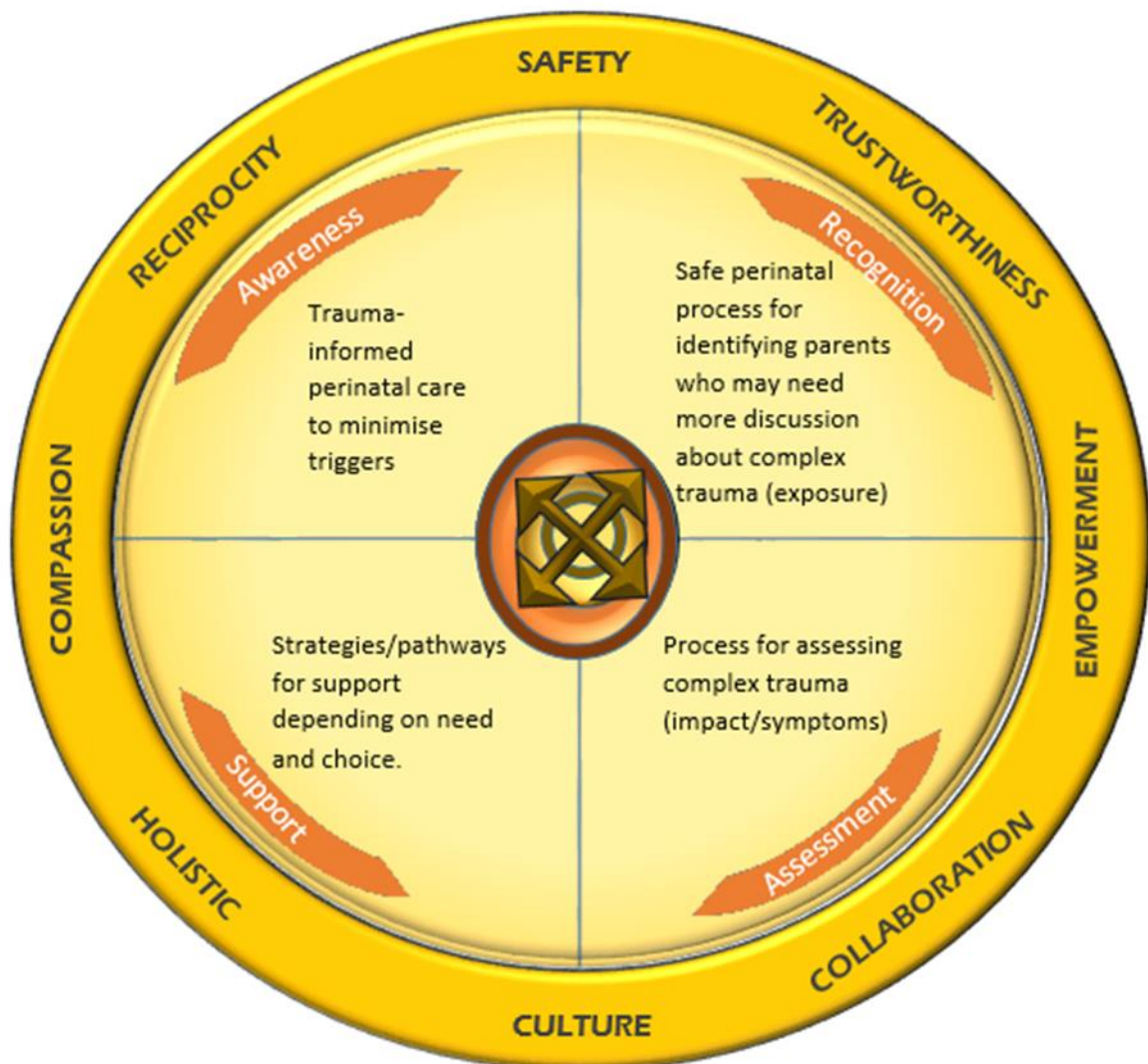
3. Right to transparency and learning (open communication)

- Project decisions will be based on the rigorous and systematic evaluation of information from the workshops, discussion groups with parents and other

community members, expert advice and existing research literature. We will endeavour to present this in a way that is transparent and readable.

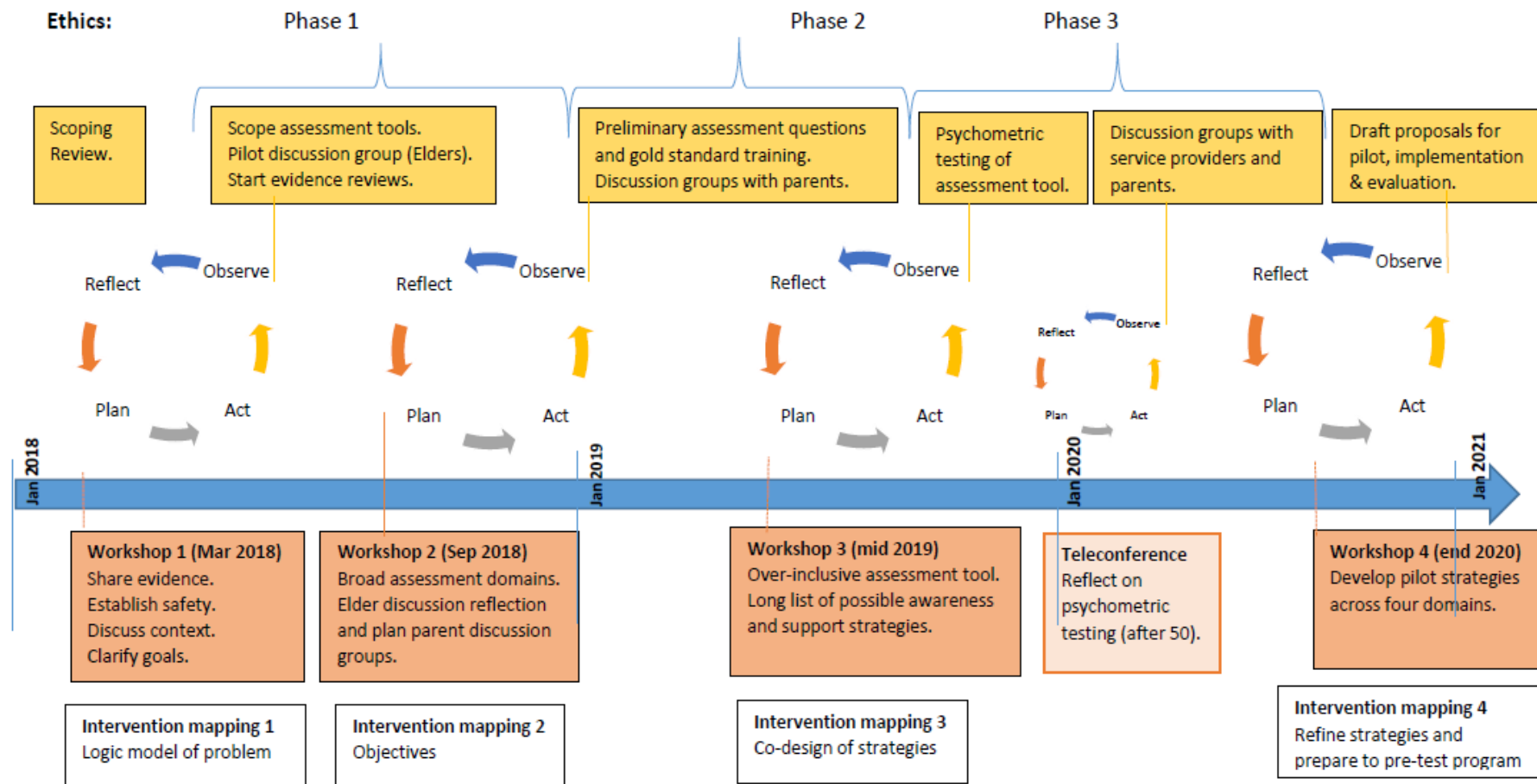
- There are also opportunities for academic learning and participating in project activities. Please contact the project team if there are particular aspects you would be interested in being more closely involved with.

Figure 1: Healing the past by nurturing the future conceptual framework



Artwork by Danielle Dyll

Healing the past by nurturing the future CBPAR process and Intervention Mapping steps



APPENDIX 3 – Participant Information and Consent Form

Healing the past by nurturing the future project

Participation consent form: Workshop 2

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 may be stored in a research database for the purpose of this study.
- 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.
- 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...../...../.....

*****PLEASE TURN OVER PAGE FOR PHOTOGRAPHIC CONSENT*****

Healing the past by nurturing the future project

Photographic and Audio-visual Consent Form: Workshop 2

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. 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...../...../.....

Witness:

PRINT
NAME.....

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

APPENDIX 4: We Al-li Trauma Response Sheet



Responding to Potential Triggers during Orientation Visits – Self Care for Staff

We Al-Li Facilitators have all participants' wellbeing at the forefront of our work together. Whilst we are here to help improve outcomes for FVPLS clients by implementing a Culturally Informed Trauma Integrated Healing Approach, at times it may become apparent that you have your own trauma histories. These usually present as the experience of 'triggers'. This is an emotional and physical response to perceived danger, which reminds you of your previous trauma/s and can come up as fear, panic, vulnerability and/or feeling disconnected. It can be expressed physically as constricted or rapid breathing, increased heart rate, sweating, blurred vision, tensing up of the jaws and/or shoulders and becoming hyper vigilant or "on alert". Be conscious of these symptoms and follow the instructions provided in this handout to help bring your nervous system back in balance. Remember, experiencing a trigger is not unusual and can be an opportunity for growth and healing.

The content of the OV may have material that causes you personal distress. We Al-Li Facilitators use "stories" to help contextualise content. Some of these stories are from their own lived experiences of trauma and triumph and others are drawn from their extensive work experience however, during the OV Presentations only material that has been pre-approved by your Management will be used. It is still possible that the content of the OV may trigger your own lived trauma.

There may also be group discussions within OV sessions where participants may choose to share their own stories – this too may cause distress. If you find any of the content distressing and you can feel your body physically responding please enact the *Self Care for Managing Triggers* using We Al-Li's **GROWTH** technique on page two and know that you are empowered to leave at any time, take care of yourself and seek support if needed.

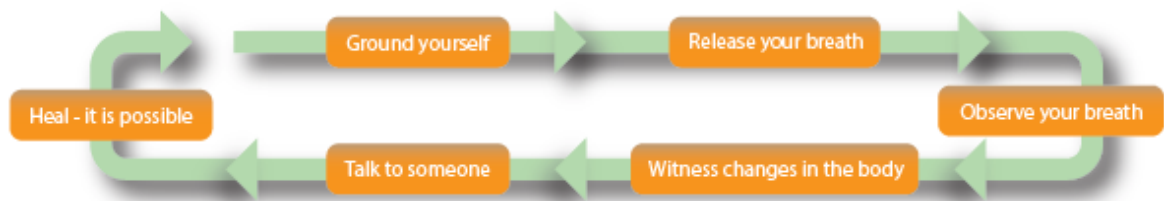
To ensure staff safety and self-care We Al-Li Facilitators will:

- Ensure transparency of **all** OV content before commencement.
 - Send OV material including Agenda, PowerPoint and Case Study (no traumatic personal anecdotes will be used) to organisation prior to visit for approval.
 - Pre Brief and De Brief with CEO/Managers.
- De-Brief staff after OV Presentation and Feedback session.
- Be alert to the potential of staff being triggered and respond by checking in with you during the OV and following up after the OV if you felt the need to leave.
- Provide self-care grounding and physical activities during the OVs.
- Provide self-care suggestions for managing distressing feelings.

Please note that this resource is only for the OV and a more comprehensive self-care and de-briefing strategy will be in place for the actual workshops.

Self-Care for Managing “Triggers”

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



The following suggestions address the **GROWTH** response and provide more detail of activities that can help settle your sympathetic nervous system:

Ground yourself and Breath:

- **Ground** yourself. Simple grounding exercises such as feeling the feet solid on the floor and wiggling the toes can be surprisingly helpful.
- A Sensory Awareness Grounding Exercise called the 54321 “game” suggests you name 5 things you can see in the room with you, 4 things you can feel (“chair on my back” or “feet on floor”), 3 things you can hear right now (“sound of birds outside, a car driving past”), 2 things you can smell right now (or, 2 things you like the smell of) and 1 good thing about yourself.
- **Release** your breath. Sometimes we hold our breath when we begin to feel stressed or we start breathing rapidly. A few deep, mindful breaths, accompanied by reassuring thoughts such as, ‘I am safe here’, can settle the sympathetic nervous system greatly. **Observe** the breath as it goes in and out. Breathe in through your nose and out through your mouth. **Witness** the changes that occur in your body as your heart rate comes down and your breathing normalises. It will then be easier to excuse yourself if needed.

Physical activity to help release stress hormones:

- Go for a walk.
- Do some stretches.
- Do jumping jacks or other exercise.
- Release your jaw if you are clenching it and relax your shoulders.

Fluids, which also help to flush stress hormones:

- Drink some water.
- Be careful choosing drinks with caffeine or sugar which can make those nerves more intense.
- Consider bringing your own healthy drink such as cold herbal tea.

Nutrition

- Eat something!
- Protein is best (non-sugary, i.e. peanuts).
- Consider packing yourself an extra snack, e.g. cracker with cheese, even if food is provided on the day. Sometimes the day’s schedule may not fit with what we personally need.

Debrief/Seek Support

- **Talk** it out with a peer or supervisor and brainstorm ideas for future prevention.
- The We AI-li Facilitator is a great resource for information on how to handle trauma and to offer advocacy if you need support from your supervisor.
- Access HR appointed counselling service providers.
- You can advocate for each other as well. Don’t hesitate to ask for or offer help.
- **Heal** – healing is always possible.


Consider other ways that you can integrate this trigger, such as artistic work, writing, drama ... there are many ways to tell the story. If you are triggered it is likely that there is still some of the story to be integrated. This can be very healing.

ABN: 18116698706 We AI-li Trust trading as We AI-li

PO Box 21 GOOLMANGAR, NSW, Australia, 2480

Ph: +61 2 6689 9452 Mob: +61 499 993413 E-mail: enquiries@wealli.com.au Web: www.wealli.com.au

APPENDIX 5: Participant Thank You Card and Support Contacts



Thank You
& Support
Services

Support Services

Central Australian Aboriginal Congress Clinic	Medical clinic, social workers, psychologists, health workers and AOD specific services. Phone (08) 89514401 Visit 25 Gap Road, Alice Springs NT 0870
Akeyulerre Inc. Arrernte Cultural Healing Centre	Traditional healers (Ngangkere), bush medicines, smoking ceremonies, cultural maintenance. Phone (08) 89522339 Visit 3 Stuart Terrace, Alice Springs NT 0870
Sexual Assault Referral Centre	24 hour access to medical, legal and counselling information. Phone (08) 89554500 Visit 44 Railway Terrace, Alice Springs NT 0870
Alice Springs Women's Shelter	Crisis accommodation is open 24 hours 7 days a week, and outreach and support/counselling services from Monday to Friday 9am-5pm. Phone (08) 89526075
Mental Health Association of Central Australia	Drop in centre, support and counselling services, mental health specific services. Phone (08) 89504600 Visit 14 Lindsay Avenue, Alice Springs NT 0870
1800 (RESPECT)	24 hour free national sexual assault, family and domestic violence counselling services. Phone 1800 737 732
MensLine Australia	Phone and online counselling service for men with family and relationship concerns. We're here to help anywhere, anytime. Phone 1300 78 99 78
Victims of Crime NT	Services to help people reduce their risks of becoming victims of crime and support for people who have already been affected by crime. Phone 1800672242 Visit 4/15 Leichhardt Terrace, Alice Springs NT
Lifeline	24 hour free crisis counselling. Phone 13 11 14
Relationships Australia Alice Springs	Follow up counselling and support. Phone (08) 89504100 Visit 5 Parsons Street Alice Springs NT 0870 Free call Counselling for Remote Areas: 1800 634 405
Alice Springs Hospital	24 hour emergency department. Phone (08) 89517777 Visit 6 Gap Road, The Gap, NT 0870
Alice Springs Police Station	24 hour front counter Phone (08) 89518823 Visit 17 Bath Street Alice Springs NT 0870
NT Police, Fire and Emergency Services	24 hour emergency and life-threatening situations Phone 000 (police, fire or ambulance) For police assistance, Phone 131 444

Thank you for attending Workshop Two of the HPNF project.

We hope that you have had the opportunity to share and learn in this co-design process. It is important to look after yourself when working in trauma, so we encourage you to spend some time after this workshop 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 playing; 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.

Support available at Workshop Two

You are welcome to spend time with **Psychologist Annabelle Moody** (0429587691), and **Ngangkere's Amelia Turner and Shirley Turner** at any point during the Workshop.

Healing the Past by Nurturing the Future is funded by



Our Project Partners are



APPENDIX 6 - Area of Distress adapted Delphi Exercise Sample Participant Sheet

0. Recognition

To provide the young woman from the Walpa story with the best possible care, how important do you feel it is to ask her in a personal and culturally respectful way whether she's been around any personal or community violence?

Please circle the word to show how much you agree or disagree with the need to ask her about this.

Not sure Not important at all Not so important Important Very important



Example conversation: *'Becoming a parent can be one of the most rewarding and important things that ever happens in our life. Sometimes first time parents can also struggle with their own issues though, and we know that being around things like community violence can sometimes really affect people and even make their parenting experiences much more challenging. But we also know that becoming a parent is a great opportunity for healing. Would you feel comfortable if I talked a little about trauma and healing? (If the answer is yes) 'I wanted to ask if you have ever seen or been around any violence in your community - for example physical violence, emotional abuse, or*

sexual violence - that you feel has affected your wellbeing in a negative way? If you have, I'm not going to ask you about those experiences. Instead, I'd like to know if you'd be interested in getting support around healing and knowing more about how being around things like violence can affect us in different ways.

0. Recognition

Please feel free to write **WHY** you think it is or isn't important to ask the young woman about this - and if important- **WHO, WHERE** or **HOW** the young woman should be asked about potential exposure to trauma.

Appendix 7: Summary of preliminary themes about why, who, where and how parents should be asked about complex trauma

Preliminary issues (codes) related to WHY asking about each area of distress is important:

- Effects of trauma
- Validate experiences and responses
- Understand parent and their needs
- To enable support and healing
- Parenting transition a critical time
- Identity and strengths
- Helping parent understand effects of trauma
- For baby (including to improve capacity for parenting)
- De-normalise experiences
- Break the cycle of trauma
- Other

Forty-two responses outlined concerns about asking these questions. See figure 1 for a word cloud displaying word frequency for 'Why'.

Figure 1: 'word cloud' displaying word frequency coded under 'why'. See figure 1 for a word cloud displaying word frequency for 'Why'.



Figure 1: Word cloud displaying word frequency coded under 'WHY'.

Preliminary issues related to WHO should ask about areas of distress:

- Characteristics
 - Aboriginal people
 - Aboriginal workers
 - Community members (family/peers)
 - Clinicians
 - Same gender
- Qualities
 - Culturally safe person
 - Respect, caring, understanding etc
 - Skills to respond appropriately
 - Trust and relationships (see also strong theme under HOW)
- Parents choice
- Someone who doesn't know parent personally
- Support available
- Other
- And WHO NOT



Figure 2: 'WHO' word cloud frequency

Preliminary issues related to WHERE parents should be asked about complex trauma were:

- Safe place (very strong)
 - Culturally appropriate
- Access to support available
- ACCHOs
- Clinical setting
- Depends on context
- During other activities
 - Engaging activities
- Home
- Non-clinical setting
- Opportunistic or multiple settings
- Privacy, confidentiality and comfort
- Where woman chooses
- Yarning circles or groups
- Other



Figure 3: Word cloud frequency for comments about ‘where parents should be asked about trauma’

Preliminary issues (coding) about HOW parents should be asked about complex trauma:

- Approaches for raising issues
 - Direct vs indirect questions
 - Education and 'educaring'
 - Mastery activities
 - Self-care
 - Genograms
 - Listening and reflecting
 - Consider context
 - Self-expression activities (art etc)
 - Understand behaviours
 - Normalise experiences
 - Person-centred
 - Stories and yarning
- Key considerations for raising issues
 - Connections to family, culture, community
 - family
 - Feeling supported and not judged
 - Compassion, kindness, care, sensitivity
 - Respect
 - Safety
 - Cultural considerations
 - Strengths-based
 - Empowerment
 - Take time
 - Not pressuring
 - Trust and relationships
 - Honesty
- Responses and support strategies
 - Counselling
 - Flexibility
 - Mindful of reactions
 - Peer support groups
 - Support services
 - Other
- Wording suggestions
- Other



Figure 4: Most frequent words coded under the theme of 'HOW'

APPENDIX 8 - Fictional 'Tom and Mary' Scenario for Tree of Life Exercise

Strength based exercise

Aims

1. Add information on areas of strength- from previous session on areas of distress
-
2. Engaged in co-design
-
3. During the perinatal period, what might be the strengths, support and strategies for good social and emotional wellbeing of Aboriginal parents who have experienced complex trauma to nurture healthy happy families
-
4. To receive feedback about what's helpful when working with parents (best format). Feedback on the *tree of life* exercise

Scenario

'Mary and Tom'

Mary is 19 and Tom is 21. They've been together for 2 years and Mary is 4 months pregnant with their first child. They live at Tom's parents place.

Mary's background: *Mary is the third oldest of 5 children and grew up as a ward of the state since she was 8 years old. She was originally taken into care, along with her two older brothers because of neglect and exposure to domestic violence in the home. She and her brother were removed after they witnessed Mary's mother Pamela being beaten by her then partner Joe who is the father of the 3 oldest children. Pamela was taken to hospital and the police were called. The children were described as extremely distressed and taken into care by the Department of Child Protection (DCP). Mary was placed in 2 separate non-Aboriginal foster families, without her siblings. She had a pattern of running away from the foster homes, describing the families as racist and aggressive. She was placed in residential care from when she was 15 until 18 years old. In residential care she reported that another young female resident had sexually assaulted her. Mary went to different high schools depending on where she was living at the time and had a record of aggressive school behaviour. She was always described as very bright and able to do the work, but with an extreme temper and quick to use physical violence against other students. Mary has had some contact with her mother over the years, often supervised by DCP. Mary often tried to make her own contact with her family when she ran away from foster home, but the visits to her mother and younger siblings always ended up in arguments. Mary has had no contact with her father since she was 8 years old.*

Mary is a very intelligent young woman and communicates well with people. She is resilient and has a bright personality until she feels confronted or emotionally threatened by somebody. She doesn't know who her traditional mob are, and privately thinks about this a lot.

***Tom's background:** Tom grew up within his own family in a small Aboriginal community and is the oldest of 6 children. He completed year 9 but struggled academically. He comes from a large extended family and regularly hangs out with his cousins. His mother Ruth and father Frank both drink alcohol and smoke marijuana heavily on the weekends and their house has always been the place in community for parties and heavy drug and alcohol use. Tom's mother Ruth was taken away as a child and adopted by non-Aboriginal parents. She met some of her biological family and traditional mob about 10 years ago through a Link-up reunification. However, some of the community were jealous of the attention she received and rejected her, telling her that she had no culture. Tom's father Frank's has erratic behaviour and has been described as aggressive and psychotic. Frank refuses to seek help for any of his issues and blames everyone else for them. Tom's parents frequently argue and fight at home and Tom and his siblings have been exposed to family violence since they were young, not only between their parents but also between community member intoxicated on the weekends at their house. Tom was sexually abused when he was 7 by a close friend of the family. He has kept this a secret his whole life. Tom has been arrested for a few minor charges in the last 2 years when he was with his cousins.*

Tom is a very talented football player and was selected for State and National football teams. He comes across as very confident to his cousins and mates, and makes a lot of jokes, but inside he also feels deeply insecure. He had dreams of playing AFL but has always experienced mood swings and periods of depression where he withdraws from everybody. He found it difficult to adjust to the discipline and demands from his coaches, including his Aboriginal coaches and mentors who remain in contact with him.

Maternity check-up: Tom and Mary attend their local Aboriginal service and meet the maternal Aboriginal mid-wife and the child paediatrician for a check-up. During this session, the Aboriginal mid-wife, who they both know well but are not related to (her mob is from another part of Australia) enquires if she can ask them both about some mental health and Social and Emotional Wellbeing information as part of their check-up.

The Tree of life exercise

Roots:

- Holds the tree in the ground- they supply the tree with nutrients from the ground
- Metaphor- the roots are the foundation and the context- It's what shapes us from the past.
- Use some words to describe the history and context of Tom and Mary and what shaped them.
 - What in their past nurtures or sustains them
 - What in their past has stifled them

Ground:

- The ground is where we are located, its where we live, what we grow and what we walk on, where we feel safe, where we are familiar.
- Metaphor- it represents the 'now'.
- What is the current situation they are in now?
- What is happening now for this couple?
- What are some of their risks?

Trunk:

- The trunk is the most solid and strongest part of a tree and helps the tree stand upright and sturdy
- Metaphor- It is what carries the resilience, the strengths and abilities
- What is Mary good at- what are her strengths?
- What is Tom good at- what are his strengths?
- What are they capable of together?

Branches and Twigs:

- The branches are the parts of the tree that grow toward the sky, can be all shapes, sizes and can wind around other branches and sprout new growth
- Metaphor- represent the hopes, dreams and wishes- reaching for the sky
- What do you think Tom and Mary's dreams and hopes for the future might be?
- What would be your hopes and wishes for Mary and Tom?

Leaves:

- The function of leaves is to absorb sunlight and convert it to chemical energy for the tree's use. A by-product is oxygen which is emitted back into the surrounding air space for our use- process of Photosynthesis
- Metaphor- changes, action, energy and usefulness
- What actions can Mary and Tom take to make transformations in their lives
- What kind of services could help them?
- Who can they ask to support them?
- What could make them feel useful?

Flowers and Fruits:

- The function of a flower is to produce the reproductive cells of the plant (eggs and pollen) and then produce seeds
- The principal purpose of the fruit is the protection and dissemination of the seed
- In this metaphor they are the gifts of life and protection.
- What are Tom and Mary's gifts – what gifts need protecting?
- You decide what the gifts are?
- Add anything missed or add important things to say in this section

The forest of life:

- Trees are rarely alone- they congregate into a forest
- Metaphor: forests of Life.
- A family, and a community

The forest hazards:

- A tree can survive all kinds of hazards- come back after a fire and flourish, survive in floods and through storms- De-forestation is a difficult one but the seeds can survive
- Tom, Mary and community risks are many
- Risks in the community that have an influence on Tom and Mary include– alcohol, drugs, fears of child protection at their door, trauma- sexual abuse, foster care, identity, limited maternal care, domestic violence, depression, mental health, community jealousy

Community protection:

- What are the protective factors for Tom, Mary, the family and community?
- How can Services support them and other parents in similar situations?
- What do Tom and Mary need to do to heal, to have better SEWB and nurture their children.

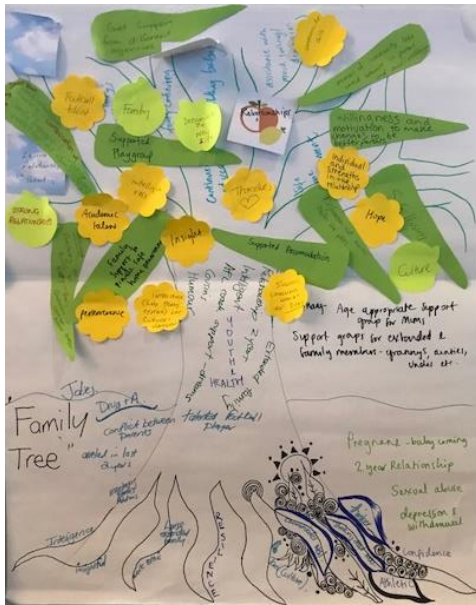
Material write-up

Tree 1:



Roots <ul style="list-style-type: none"> • Tradition and culture- still drawn to it • Independence • Communication • Bright personality • Personal strength • Tom's family • Mary's resilience and intelligence 	Ground <ul style="list-style-type: none"> • Strength for their family for the future • Mary and Tom starting their own family • Living with Tom's parents
Trunk <ul style="list-style-type: none"> • Independence • Strong relationship • Football • Self-defence • Humour 	Branches and twigs <ul style="list-style-type: none"> • Own home • Reconnect with traditional family • Happy baby • Football • Heal their pain
Leaves <ul style="list-style-type: none"> • Friends • FPP • Midwife • Community worker • Family • Educators • Employment • Other services: counselling, maternity & housing • Elders • Health services (midwives) • Love • NYFPP • Caring support 	Flowers and fruits <ul style="list-style-type: none"> • Follow our hearts desire • Excitement and joy • Happiness • Baby • Each other • Togetherness • Connection • Strength

Tree 2: Family Tree



Roots <ul style="list-style-type: none"> Intelligence Insightful Maintains family relations Work ethic Large extended family Resilience Tom (culture) Communicates well Thinking about mob Thinker Athletic confidence 	Ground <ul style="list-style-type: none"> Arrested in last 2 years Conflict between parents Drugs and alcohol Talented football player Jokes Pregnant-baby coming 2-year relationship Sexual abuse Depression and withdrawal
Trunk <ul style="list-style-type: none"> Extended family Youth and healthy Humour Cousins AFL coach Intelligent Relationship 2 years 	Branches and twigs <ul style="list-style-type: none"> Loving relationship in parenting Connect to Mary's family Footy continuing Continued education Healthy baby Assistance with mood swings and depression Safe home environment
Leaves <ul style="list-style-type: none"> Midwife preparing for birth of baby Being challenged to consider baby's needs Family support to provide safe home environment Short term: seek alternative housing Long term: family therapy and to provide support to all family members who want to change 	Flowers and fruits <ul style="list-style-type: none"> Perseverance Strong relationships Academic talent Intelligence Insight Love themselves Family

<ul style="list-style-type: none"> • Supported play group • Get support from different agencies • Supported accommodation • Full wrap-around mental health care plan • Safe housing • Willingness and motivation to make changes to be better parents • Members of community take vested interest in parents and child's wellbeing • Age appropriate support group for mums • Support group for extended family members- grannies, aunties and uncles etc 	<ul style="list-style-type: none"> • Dreaming the new life • Communication skills • Hope • Suggesting language names for baby • Individual and strengths in the relationship • Culture • Life and health • Relationships
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Tree 3: Ilwempe



Roots <ul style="list-style-type: none"> • Tom football • Family connections • Tom- confident makes jokes, outgoing • Mary- bright • Mary- communicates well with people • Mary- bright personality • Mary-resilient 	Ground <ul style="list-style-type: none"> • Rights- young parents • Mary lacks parenting model • Both Tom and Mary sexually abused • Pregnant- expecting first child • History of violence & instability
Trunk <ul style="list-style-type: none"> • Tom and Mary aware of what they missed out on • Mary- strengths and resilience • Mary-bright academically • Adaptable as lived in many places and able to work 	Branches and twigs <ul style="list-style-type: none"> • Mary- to find a job, drive a car & housing • Tom's child • Play professional football (AFL) • Stable family • Someone to love

<ul style="list-style-type: none"> • Mary good people skills • Tom- talented footballer • social 	<ul style="list-style-type: none"> • Connect • Good parents and meet her child's needs • Ask Mary and Tom about their desired dreams • Mary find her mob • Mary go back to school and qualify for something she wants
Leaves <ul style="list-style-type: none"> • Self-care • Couple time • Maternity service • Antenatal care • Family partnerships program • Mary- contact link-up • Look for work • Drug and alcohol support • Counselling SEWB • Men's behaviour program • Join a young parents group • Connect with country "out bush" 	Flowers and fruits <ul style="list-style-type: none"> • Look for their own place • Tom and Mary as a couple- they have each other • Newborn child • Health • The joys of new life

Tree 4: Our Gum Tree



Roots <ul style="list-style-type: none"> • Shared experiences • Culture • Family history • Sibling relationships 	Ground <ul style="list-style-type: none"> • Confide in each other because of trauma • Support each other • Stability 2 years together
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<ul style="list-style-type: none"> • Culture, family, community, wise elders, caring people, kind workers • Survival against the odds- family, community and each other • Resilience • Support each other • Culture, connection and country • Football coaches and mentors • Bright personality • Sense of humour • Football talent • 2 years of relationship 	<ul style="list-style-type: none"> • Different personalities complement each other • Shared experiences • Living in 2 worlds • Good communication • Reaching out for support • Mary's intelligence to pick up on Tom's feelings • Have family support • Have somewhere to sleep
<p>Trunk</p> <ul style="list-style-type: none"> • Mary: strong, intelligent, expressive, cautious • Parenting, joy, love • Communication, resilient & bright • Strong together, raising baby together • Humour • Connected to cousins, coaches, mentors 	<p>Branches and twigs</p> <ul style="list-style-type: none"> • Happy family, stable house, income, food to eat, healthy baby, loving parents • Strong parenting skills to build strong children • Big family, strong culture • Connection to community • Strong community support • Culture • Respect for each other • Confide in midwife • Stable family • Caring parents • Keep baby safe • Good health and satisfying health • Grannies involved in their children's children • Happy healthy pregnancy and baby • Happy healthy family • Remaining together and sharing their life • Free from drugs • Secure family • Financial independence
<p>Leaves</p> <ul style="list-style-type: none"> • Mary to think about work, schooling after the newborn is older and stops breast feeding • Continue to play football and use those supports for Tom and Mary and the newborn • Anger management for both Tom and Mary • Family Link-up • Culturally appropriate CBT for counselling • Mental health/ SEWB/ counselling • Reach out to elders to make family connections better • Tom to reach out for support for their previous sexual abuse • Vocational support 	<p>Flowers and fruits</p> <ul style="list-style-type: none"> • Cultural heritage • Mary: intelligent, outgoing. Bright personality • Optimistic about pregnancy (reaching out to midwife) • Love • Hope • Parenting, joy & Love • Hope for future growth • Humour, fun • Finding ways to overcome past problems • Stability • Baby new beginnings

	<ul style="list-style-type: none"> • Make things better for their baby; even though they had bad upbringing • Resilience • Building capacity, achieving, empowerment
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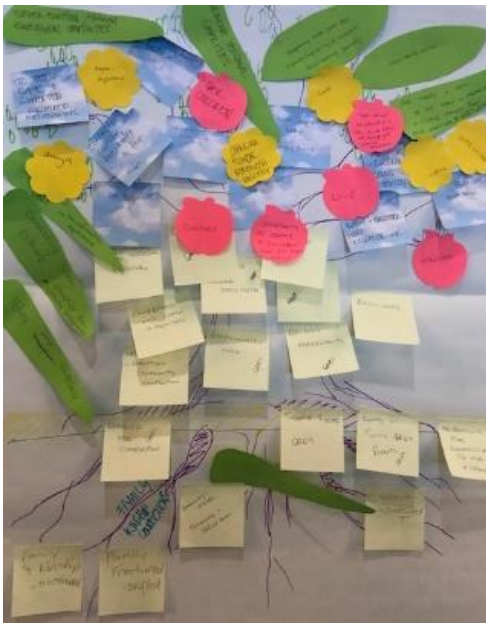
Tree 5



Roots <ul style="list-style-type: none"> • Family • Community • Sustain: each other, bright personality, pregnancy, footy, good communicator, Mary's intelligence • Smarts (Mary) • Sporting talent (Tom) 	Ground <ul style="list-style-type: none"> • Their relationship • Pregnancy • History of child protection and trauma • Been together for 2 years • Sharing parenting first time together • Aboriginal midwife service
Trunk <ul style="list-style-type: none"> • Both have knowledge and experience • Mary is smart and resilient • Relationship for 2 years • Both understand the risk for children • Tom good at sport • Mary is a good communicator • Tom and Mary together as a couple 	Branches and twigs <ul style="list-style-type: none"> • To have a good jog • Happy parenthood • Healthy happy baby/child • To reconnect with family and culture • To have enough money for a good life • To be a happy family
Leaves <ul style="list-style-type: none"> • Tom's coaches and mentors • First 100 days • Tom to coach and support young boys • Aboriginal community- controlled services • Primary health • Family supports 	Flowers and fruits <ul style="list-style-type: none"> • Baby • Their spirit • Culture • Baby love • Hopes for the future for them and their baby

<ul style="list-style-type: none"> • Family preservation • Birthing on country • Aboriginal family birthing program • Housing- move • Social work support • Culture • Parenting classes • Refer to psychologist /counsellor • Deadly nannas for them and their culture • Community to wrap around them • Politicians who care and mean it • Long term commitment and funding security for services and community 	<ul style="list-style-type: none"> • Love • Youth energy strength
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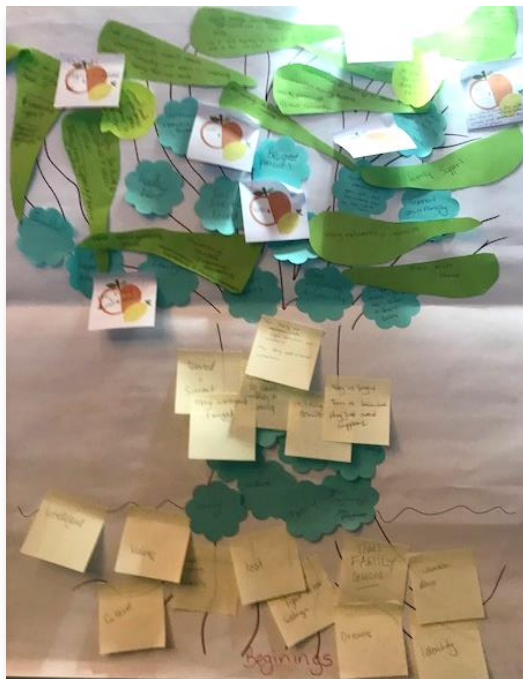
Tree 6



Roots <ul style="list-style-type: none"> • Family and kinship – sustained • Family fractures- stifled • Community = strength • Community = stifled them • Sport-sustained 	Ground <ul style="list-style-type: none"> • Looking for connection • Together for 2 years • Living with Tom's parents • Searching for connection for her mob and family
Trunk <ul style="list-style-type: none"> • Insight- wanting community connection • Communicates well • Connection with coach and mentors • Bright personality • Resiliency • Connecting with and engaging services 	Branches and twigs <ul style="list-style-type: none"> • Safe home • Supported and sustained relationships • Connected family for baby and themselves • Wanting community connection • This to be an opportunity for healing • To provide for their baby and each other

<ul style="list-style-type: none"> • Abandonment • Ward of the State • Residential care • Drug usage • Intelligence • Humour- jokes (Tom) • Sexual abuse • Alcohol abuse • Violence • Siblings • dysregulation 	<ul style="list-style-type: none"> • Child paediatrician • Pregnancy • Identity issues • Committed relationship for 2 years • Disconnection between how they act and how they think • Lack of privacy due to housing • Insecurity • Little 'mothering' role models for Mary • Family still a party place
<p>Trunk</p> <ul style="list-style-type: none"> • Aboriginal midwife • Mary communicates well • Mates • No drugs or alcohol for young parents • Tom is a talented footballer • Tom grew up with own family- strong identity • Clever • Aboriginal community 	<p>Branches and twigs</p> <ul style="list-style-type: none"> • To give their baby a better life than theirs • New parents open to new ways • May and Tom want own space- home • Mary wants a good education • To belong • AFL coach and play • A good job • To be good parents • Attending services, midwife, paediatrician • Build parenting skills • Good attachment to baby • Healthy baby • Intimate family • Adaptive coping mechanisms • Mary/Tom seek counselling in the future • Mary feels safe and secure • Strong family connections
<p>Leaves</p> <ul style="list-style-type: none"> • Parenting classes and support for whole family • Dads groups • Trauma informed counselling (EMDR) • Child health services & playgroup • Contraception & sexual health education • Nutritional education • Drug and alcohol education • Continuity of care- perinatal period • Drivers licence • Transport, housing and finances • Perinatal infant mental health • Education, training and employment • Childcare • Aboriginal coaches & mentors 	<p>Flowers and fruits</p> <ul style="list-style-type: none"> • Nurturing Tom and Mary's relationship • Genogram • Mary- resilient • Love • Mary- determined • Courage • Tom- mentors • Tom- sporting talents

Tree 8: Beginnings



<p>Roots</p> <ul style="list-style-type: none"> • Culture • Intelligence • Violence • Love, caring family • Lost • Mary mother figure to new siblings • Tom's family- cousins • Vulnerable- abuse • Identity • Dreams 	<p>Ground</p> <ul style="list-style-type: none"> • Identity • Culture • Family • New beginnings, 4 months pregnant • Together • Young couple excited and waiting for birth of 1st child • They have each other • They are strong and resilient
<p>Trunk</p> <ul style="list-style-type: none"> • Talented and smart • Mary intelligent and bright • Mary is bright • Tom is talented • They just need some support • Utilising services • Connect to each other and family • Tom- family and traditional mob- might strengthen or undermine • Mary doing well at school - connections 	<p>Branches and twigs</p> <ul style="list-style-type: none"> • Education • A happy family • A healthy baby • Feed love and be loved • Community network support • Be good parents • Support as a family • Love, happiness and security • Be good parents • To have a happy and stable life for them and their baby • Healthy pregnancy • Healthy relationships

	<ul style="list-style-type: none"> • Grow away from the violence that has been around them • Support as a family • The little one doesn't have the same experiences that they have had- use their talents
Leaves <ul style="list-style-type: none"> • Value their own talents and strengths and ways to use these in their own family and community • Recognition and respect as parents and their own and little one's achievements • Ask for help when they need it • Community supports • Regular contact with mid-wife • Look after themselves and others • Be kind to each other • Parenting supports for baby • Safe environment • Connecting with support agencies. • Connecting with families • Connecting with elders in community • Having their own identity • Ways to manage difficult emotions, reactions and conflict with one another and with family • Ways to work together to make the best of each other's strengths • Net-working agencies • Their own home • Family support • Discussion with Aboriginal health services • Community family support • Family gatherings • Cultural connection • Help from midwife 	Flowers and fruits <ul style="list-style-type: none"> • The baby and each other • Home • Love • Clever and strong- being able to share this with the little one- helping with school and sports as their child grows • Happiness and optimism for a new life • Family • Knowledge of what babies need and what makes good parents • The opportunity to change and go with what comes with a new life