

Supplementary file 2: ‘Healing the Past by Nurturing the Future’ conceptual framework values, principles and reflective questions

Value	Value description	Related principles	Reflective questions
<i>Safety*</i>	<p>Safety in the context of trauma refers to efforts to ensure safety for service users, staff, key stakeholders and the broader community. This means reasonable freedom from harm or danger and to prevent further traumas from occurring. Emotional, cultural and physical safety are included in this term, and are defined in the HPNF safety protocol. The importance of ensuring safety in programs is highlighted by being the number one principle in numerous existing guidelines,¹⁻⁵ including the National Trauma Guidelines.¹</p>	<p>The principle of respect and commitment to all forms of diversity and different cultural backgrounds is foundational to trauma-informed care.^{1,3} As safety and trust are established, the two-way dialogue between worker and client enables all voices to be heard and mutual respect in the ongoing maintenance of a culturally safe environment.³ Self-reflection and workplace reflexivity are crucial, and more detailed information about cultural safety are outlined in the safety protocol.</p>	<p>a. To what extent do the project’s activities and settings ensure the physical, cultural and emotional safety of:</p> <ul style="list-style-type: none"> • Parents and community members participating in the research? • Service providers? • Stakeholder and team members involved in the co-design process? • The broader community? <p>b. Are there protocols to protect privacy?³</p> <p>c. Are people approached in a private not public space when asking personal questions?³</p> <p>d. Are questions asked in such a way that people do not feel obliged to answer unless they choose to?</p> <p>e. How can safety be ensured in the asking of such questions?¹– including minimising risks of inappropriate referral to child protection services.</p> <p>f. Are questions that involve disclosure combined with stay/strong plans and support if needed?³</p> <p>g. Is the environment for sensitive discussions inviting and accessible?¹</p> <p>h. Are the first contacts welcoming, respectful and engaging?¹</p> <p>i. Are policies and practices in place to foster cultural safety, self-enquiry and self-reflection in the workplace?³</p>
<i>Trustworthiness*</i>	<p>Fostering trust is another critical principle included in national and other trauma-related guidelines.^{1,6} Trust was also highlighted by project key stakeholders in workshop 1.</p>	<p>Key principles for fostering trust include being honest and transparent⁷ and clear and consistent.¹ Key stakeholders in workshop 1 highlighted the important principle of transparency and demonstrating responsibility, leadership and a commitment to goals to ensure timelines are adhered to and that we do what we say we will. Understanding relatedness (how the person engages in the world which they live and learn) and building authentic and positive relationships³ are central principles to achieving</p>	<p>a. To what extent do the projects activities and settings maximise trustworthiness by making the tasks involved clear, and by ensuring consistency and transparency?</p> <p>b. Are there processes in place to reflect on commitments made and whether these are being adequately addressed and demonstrated?</p> <p>c. How can the project maximise honesty and transparency?¹</p> <p>d. Are professional boundaries maintained?¹</p> <p>e. Are there processes in place for fostering deep listening and trusting relationships?</p> <p>f. Are services family friendly?³</p> <p>g. Are parents aware of any risks? Including honest and transparent discussions about the risks of being referred to child protection services etc?</p> <p>h. What is involved in the informed consent process?¹</p>

		trustworthiness. In this project we are adopting a strengths-based approach, focusing on capabilities that people bring and we aim to practise deep listening. Facilitating peer-to-peer support across the workplace, families and social groups is also very important. ^{3, 5, 6}	i. Does the program provide a clear explanation of what will be done, by whom, when, why, under what circumstances, at what cost and with what goals? ¹
<i>Empowerment*</i>	Fostering empowerment is a critical value for overcoming the transgenerational effects of complex trauma among Aboriginal parents and communities. ^{1, 5}	Principles to promote empowerment include maximising choice, control and autonomy and opportunities to actively make decisions. ^{1, 3, 5, 6, 8} Using a strengths-based approach to build competencies and recognise the capabilities that individuals bring can help to foster a sense of empowerment and resilience. ^{3, 6} Flexibility is also important ⁷ and was highlighted by key stakeholders in workshop 1 (being open to change, asking people if they want to be involved and participate even if it means challenging ourselves). Atkinson et al. ³ suggest it is important to enable resilience and recovery using a strengths-based approach which focuses on the capabilities that individuals bring to an issue and incorporate a message of hope and optimism.	<ul style="list-style-type: none"> a) To what extent do the program's activities and settings maximise choice and control? b) Does the program build in small choices that make a difference?¹ c) Are choices respected? d) Is the need for standardization of screening across sites balanced with the unique needs of each program or setting?¹ e) Are there choices in the way people can identify concerns they wish to discuss? f) Does the parent or service provider have a choice in the way contact is made?¹ g) Does the program work with the community to monitor and proactively respond to changing priorities and needs?⁹ h) Are parents able to choose not to be swept into care pathways they do not wish? i) To what extent do the program's activities and settings prioritise consumer empowerment and skill-building? j) How can the project be modified to ensure that experiences of empowerment and the development or enhancement of skills are maximised? k) Are the questions strengths-based and ask 'what's happened to you?' and 'what's strong in you?' rather than 'what's wrong with you?' l) Are messages of hope and optimism conveyed? m) Does the program build individual, family and community capabilities to respond to [trauma] and its risk factors?⁹ n) To what extent do the formal policies of the program reflect an understanding of trauma survivors' needs, strengths, and challenges? Of staff needs? Are these policies monitored and implemented consistently?¹

<i>Collaboration*</i>	Collaboration and sharing of power is a key value for addressing trauma, and is also included as a core principle for national trauma guidelines. ^{1, 3, 5, 7}	The first key stakeholder workshop highlighted collaboration and unity as of critical value and suggested this could be achieved by communication (listening and considering other people’s views and how they participate) and participation (recognising community expertise and needs). Committing to participation at all levels and facilitating involvement and engagement are also key elements of the vision incorporated in national and other trauma guidelines. ¹ 10	<ul style="list-style-type: none"> a) To what extent do the program’s activities and settings maximise collaboration and sharing of power? How can the project be modified to ensure that collaboration and power-sharing are maximised?¹ b) Are parents with trauma histories involved in design of programs? c) Are their voices elicited and validated in formulating the plan?¹ d) Does the program cultivate a model of doing ‘with’ rather than ‘to’ or ‘for’ consumers?¹ e) Is the community a partner in the process? f) Does the program support communities and families to address the impact of negative social determinants?⁹ g) Is there a consensus this activity is required?⁹ h) How must we adapt project elements for a particular parent/community member etc? Are there other parts of this modality that may dovetail with other work?¹
<i>Culture</i>	Culture is central to the social and emotional wellbeing of Aboriginal people and the complex trauma experienced by Aboriginal people today is a legacy of the destruction of and violence against Aboriginal culture during colonisation.	Aboriginal understandings of relatedness and nurturing relational development with family, community, culture and country are sophisticated and have been passed down for millennia. Therefore, incorporating cultural knowledge and wisdom into our understandings of complex trauma affecting parents and incorporating ‘culturally informed healing elements’ ⁹ is critical to this project.	<ul style="list-style-type: none"> a) Will the program pro-actively engage people with cultural knowledge? b) Are culturally informed healing elements present? And designed by community/credible cultural leaders?⁹ c) What strategies are in place to protect and preserve traditional knowledge and avoid ‘colonising’ it? d) Are Aboriginal and Western knowledge’s equally respected and valued within the project and information?
<i>Holism</i>	Aboriginal understandings of social and emotional wellbeing are holistic and recognise the inherent relatedness to spirit, body, culture, mind, family, community and country. ¹¹	Principles to foster these holistic values include integrating care to bring together all services and supports needed to holistically meet the needs of individuals, families and communities to enhance their physical, emotional, social, cultural and spiritual wellbeing. ^{3, 5} National guideline visions also include promoting collaboration and	<ul style="list-style-type: none"> a) Is the project integrated with other relevant community services and activities?⁹ b) Are the full range of social, education, health and justice systems etc included? c) Is a life-course perspective integrated? d) Does the recognition and assessment processes avoid unnecessary repetition? While there is no need to ask the same questions at multiple points in the intake or assessment process, there is often a good rationale for returning to such questions after some appropriate time interval.¹ e) Are existing services already addressing trauma?⁹

		coordination across systems of care and include a life-span perspective. ¹	f) How can this program work effectively with existing programs/services?
<i>Compassion</i>	Compassion has been identified as an important value in one existing framework, ⁶ and the importance of empathy and compassion within project was highlighted by key stakeholders in workshop 1.	Compassion and love are critical elements of relational healing. ¹² Strategies include using play, mindfulness and <i>Dadirri</i> or deep listening.	a) Does the project display compassion towards parents and both Aboriginal and non-Aboriginal community members?
<i>Reciprocity</i>	Reciprocity was highlighted by key stakeholders in workshop 1 and is a core value for the Ethical guidelines for working with Aboriginal communities in Australia. ¹³	Ensuring there is resonance with the project aims and activities is an important principle for fostering the sense of reciprocity. ³	a) Are the needs of all stakeholders considered? b) What are the benefits and cost for those involved with the project? What are they contributing and what are they receiving in return? c) Are the project aims and activities recognising and respecting the contributions of all involved and are they resonating?

*National Trauma Guideline Principle¹

References

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