Bringing Up Aboriginal Babies At Home

Program Evaluation

Final Report

1 June 2024

An independent evaluation conducted by
Prof. Sarah Wise and Dr Ellen Pittman
University of Melbourne

Connected by culture
VACCA
VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Acknowledgement

We acknowledge and pay respect to the Traditional Owners of the land on which the Bringing Up Aboriginal Babies at Home program was delivered; the Bunurong people, and the Traditional Owners of the land upon which the University of Melbourne Parkville campus is situated; the Wurundjeri Woi-wurrung and Bunurong peoples. We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original custodians of the lands and waterways across the Australian continent with histories of continuous connection dating back more than 60,000 years. We also honour and pay respect to traditional Aboriginal ways of caring for women in labour, birth and postpartum periods that have been handed down through the generations, and Aboriginal parenting practise that have kept Aboriginal children safe and connected to culture since time immemorial.

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About this Report

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Statement of Limitation

This report has been prepared to fulfil a Research Agreement between the Victorian Aboriginal Child and Community Agency and the University of Melbourne. The findings in this report are based on information provided by the Victorian Aboriginal Child and Community Agency and their nominated stakeholders, cited references and the methods described in the report. The report is based on qualitative and quantitative data limited to the Bringing Up Aboriginal Babies at Home program. Projection to other activities within the Victorian Aboriginal Child and Community Agency cannot be made. To protect the identities of individuals all client stories used within this report have been anonymised, including where appropriate, changes to identifying details. Interview data with staff or other stakeholders has also been anonymised for presentation in this report. The services provided by the University of Melbourne are advisory and not subject to standards issued by any regulatory body.

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List of Acronyms

Acronym	Definition
ACCO	Aboriginal Community Controlled Organisations
AFPRR	Aboriginal Family Preservation and Reunification Response
BPA	Bayside Peninsula Area
BUABAH	Bringing Up Aboriginal Babies At Home
CBCP	Community-Based Child Protection
CP	Child Protection
DFFH	Department of Families, Fairness and Housing
FH	Frankston Hospital
KMS	Koori Maternity Service
LIG	Local Implementation Group
MCH	Maternal and Child Health
OOHC	Out-of-home care
VACCA	The Victorian Aboriginal Child and Community Agency

Executive Summary

Victorian Aboriginal[1] babies are 16 times more likely than non-Aboriginal babies to be admitted to out-of-home care, due to disruption to Aboriginal family, culture, and self-determination as the result of colonisation and ongoing stressors and a range of system factors. The most powerful system flaws related to Aboriginal baby removal are the absence of a program or intervention for pregnant mothers with complex needs who identify themselves or their unborn baby as Aboriginal and/or Torres Strait Islander and culturally incongruous and negative encounters with child protection practitioners and non-Aboriginal health professionals.

The Victorian Aboriginal Child and Community Agency, in collaboration with Social Work at the University of Melbourne, was successful in obtaining funding over 42 months from the Out-of-Home Care Philanthropic Funders Network to design a new approach to prevent Aboriginal baby removals in Victoria and undertake a small-scale rapid pilot. The Bayside Peninsula Area of metropolitan Melbourne, the traditional land of the Bunurong people, was the site selected for the project.

Following a systemic design and analysis process involving 27 professionals representing diverse Aboriginal health and social care services in the Bayside Peninsula Area, several ideas for action were combined into a single strategy; a case management program called Bringing Up Aboriginal Babies at Home (BUABAH). Perinatal Cultural Awareness Training for child protection and health professionals also formed part of the action plan. BUABAH was subject to feasibility testing with stakeholders from community-based child protection and Frankston Hospital (providing local maternity services) and steps in the service process and related timeframe, the client journey, the actions, or tasks undertaken by professionals and support processes were mapped out a collaborative co-design process.

Key design features of the BUABAH program included a single practitioner model supported by a team leader, the Victorian Aboriginal Child and Community Agency's Cultural Therapeutic Ways practice approach, a small caseload (*n*=5), intensive and continuous support from early in pregnancy for as long as needed following birth, flexible funding brokerage, supporting infrastructure within the Victorian Aboriginal Child and Community Agency (electronic case management system, policies, proformas, practice tools), Aboriginal Governance, a Local Implementation Group, referral from, and case consultation with, community-based child protection and Frankston Hospital and multiple activities relating to the BUABAH leading practitioner role, including care coordination, service navigation, a range of non-clinical supports that focus on building capacity and cultural connections, supporting contacts with antenatal care, secondary consultation and arranging the gifting of a possum skin cloak and Welcome to Country ceremonies. Eligibility criteria included mothers who identify themselves or their unborn baby as Aboriginal and/or Torres Strait Islander, complex needs, less than 24 weeks pregnant and residing in the Bayside Peninsula Area.

Social Work at the University of Melbourne designed an evaluation that sought to assess four aspects of the BUABAH program: program design; program process and implementation; client satisfaction; and program outcomes.

[1] The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander. 'Indigenous' is used when referring to Indigenous populations internationally. This is for ease of reading in this report only, and we respectfully acknowledge the diversity and autonomy of different communities.

The evaluation adopted a 'two eyes seeing' participatory action research frame in conjunction with the realist evaluation viewpoint, which started with the development of a comprehensive program logic.

Although it was originally planned to collect quantitative long-term outcomes data from unit-level secondary administrative databases, due to the small number of women who received a BUABAH service (*n*=7) and provided consent to access their casefile data (*n*=2), the outcomes and other findings are based on interviews with two clients and interviews and focus group discussions involving 13 different people from the Victorian Aboriginal Child and Community Agency, Frankston Hospital and the Department of Families, Fairness and Housing.

The BUABAH practitioner was intended to carry a caseload of five women with complex needs at any one point in time. Across the 18-month evaluation period (July 2022 to December 2023), seven women had engagement with the program. These mothers' cases reflected extremely complex issues, defined as current drug use (including injecting ice (crystal methamphetamine)), current family violence, previous SIDS (Sudden Infant Death Syndrome) death, significant mental health issues, history of trauma, previous child protection involvement, including older siblings removed, family estrangement, disconnection from culture, homelessness, and association with criminals, typically in combination.

While stakeholders from community-based child protection did not think it was possible for the BUABAH program to prevent legal intervention following birth for this cohort, six of the seven program participants were discharged from hospital with their baby in their arms (primary care)[2]. One baby was discharged from hospital to the care of kin while the BUABAH program continued support to the mother. The BUABAH program also completed four secondary consultations with community-based child protection, which helped avoid legal intervention in one case, keep one baby in the mother's arms (under a family preservation order), a further two babies in the arms of kin, and reduce the trauma of legal intervention in relevant cases. These statistics suggest a very different trajectory for unborn Aboriginal babies reported to child protection in the BPA, where prior to the BUABAH program more than half (56%) of Aboriginal babies involved in an unborn report to child protection were the subject of legal proceedings within the first year of life.

The evaluation provided strong evidence that legal interventions avoided were the result of the BUABAH practitioner "doing the incredibly hard stuff" of strengthening and achieving safety by, developing positive working relationships, mitigating crises and factors known to increase the risk of possible future harm, addressing underlying causes such as trauma, disadvantage, and disconnection, and developing empowerment in health and social care and child protection to the point where clients felt safe, respected and supported in these spaces. These outcomes were achieved through the Victorian Aboriginal Child and Community Agency's cultural practice approach, a small caseload, an Aboriginal BUABAH practitioner and a team leader with exceptional professional capabilities and knowledge of the local Aboriginal Community and extended family members, flexible funding brokerage, and a close, trusting, collaborative and complementary working relationship with community-based child protection practitioners.

While implementation was a success overall, there were two aspects of the program that were not delivered; referrals from Frankston Hospital and the participation of women prior to 24 weeks gestation. Women were often referred into the BUABAH program close to birth while the unborn baby was open with child protection, creating

[2] One of these six babies was later placed in kinship care at five months of age.

considerable timeline pressure on the BUABAH practitioner to motivate and support change. While the earliest possible involvement of women in pregnancy was recognised as an important practice principle, early identification and program enrolment is difficult to achieve in practice, and any intervention and support offered to women during pregnancy was considered 'early intervention' capable of transforming child protection trajectories.

Stakeholders within and external to the BUABAH program recommended removing strict eligibility requirements that mothers reside in the Bayside Peninsula Area and are less than 24 weeks pregnant and activating community referrals while continuing to work closely with community-based child protection as a primary referral pathway. However, this is not to suggest that the overarching aim to work with women earlier in gestation and to identify families through hospital or primary care referrals (rather than child protection referrals) should be abandoned. Stakeholders also recommended that the program operates with a minimum of 2.0FTE BUABAH practitioners, and 1.0FTE team leader/s, to help relieve the enormous pressure on a single practitioner working to manage crises and complexity close to birth, to provide peer support and staff leave coverage, and to recognise the significant role that the BUABAH team leader plays in case planning and management, case conferencing, and fostering partnerships, collaboration and practice changes within maternity care and child protection.

1. Recommendations

In line with the views of interview participants, the current evaluation creates a strong case for the continuation of the BUABAH program in the Bayside Peninsula Area and possible expansion to other areas where there is an obvious gap in service provision for pregnant women with Aboriginal babies at risk of being reported to and investigated by child protective services.

1.1. Recommendation 1: Program Continuation

The Victorian Aboriginal Child and Community Agency should seek additional funding for continuation of the BUABAH program in the BPA into subsequent years, with additional staff capacity to sustain an intensive case management model and practice change within child protection and birthing hospitals. This includes a minimum of 2.0EFT to undertake BUABAH case management work, and a minimum of 1.0EFT BUABAH team leader position.

1.2. Recommendation 2: Program Improvement

The Victorian Aboriginal Child and Community Agency should consider proposed adaptations to program design, including expanding and refocusing referral pathways (including persisting with hospital referrals, and perusing opportunities for primary care and community outreach-based referrals), and prioritising women at risk of child protection involvement with babies at any stage of pregnancy, within a revised and expanded team structure. The Victorian Aboriginal Child and Community Agency should also consider a caseload lower five if participants are all severe/complex risk, and/or considering the optimal caseload mix to ensure BUABAH practitioners can maintain effectiveness, vitality, and self-care.

1.3. Recommendation 3: Full Implementation and Potential Replication or Adaptation

The Victorian Aboriginal Child and Community Agency should create a plan to move from pilot to full implementation and potential replication in other service sites. This includes clear documentation of the problem the program

addresses, the settings in which the program is intended to be used, how it works, what is needed to successfully implement the program in different service sites[3], and how progress can be assessed. This involves reviewing and revising the BUABAH program blueprint and logic model to reflect design improvements, clearly documenting the responsibilities and capabilities of the BUABAH practitioner and team leaders, the role and function of partnerships with community-based child protection and developing a monitoring and evaluation framework that potentially incorporates case-specific performance criteria to assess the results of interventions throughout the life of the program. Engagement with policymakers is also needed to secure sufficient financial resources and create an enabling environment for the program's continuation and expansion.

1.4. Recommendation 4: Knowledge Translation

To ensure evaluation findings are used to advocate for the program's sustainability over the long term, the Victorian Aboriginal Child and Community Agency should actively communicate information about the BUABAH program and its effectiveness. This includes making the evaluation report available to the public, and communicating evaluation findings through scholarly journals, presentations at conferences, press releases and webinars.

[3] Here, it should be highlighted that the exceptional attributes and capabilities of professionals involved in the pilot, and a willingness within VACCA and CBCP to work collaboratively toward a shared purpose, are vital to program success.

Background

2. Background

2.1. Racial Disproportionality in Baby Removals

There have long been concerns about racial disproportionality in Australian child welfare systems (SNAICC, 2022), and over recent years much attention has focused on the disproportionate and increasing number of Aboriginal[4] babies entering out-of-home care (OOHC). The rate of Aboriginal babies admitted to care in Victoria is the highest in the country, at 89.0 per 1,000 in 2021-22 (*n*=149), 16 times the rate of non-Aboriginal babies at 4.0 per 1,000 (*n*=425) (AIHW, 2022).

2.2. The Need for Aboriginal-Led and Systemic Solutions

While Aboriginal baby removals are sometime required to ensure a child's safety, this causes terrible suffering for women/couples, other family and Community, which may exacerbate and perpetuate intergenerational trauma. Aboriginal babies entering care are also exposed to the risk of unstable care and sequential attachment disruptions resulting from placement churn and failed family reunification (Granqvist et al. 2017; Gee, 2016). The proportion of children placed with Aboriginal relatives or kin, or other Indigenous carers is also unacceptably low across all jurisdictions (AIHW, 2022). As identity, belonging and cultural connection is conferred through family, extended family, and kinship networks, removal during infancy may have long-term detrimental impacts to Aboriginal children's sense of identity and overall wellbeing (SNAICC, 2022).

The unacceptably high rates of Aboriginal baby removals demonstrated the urgent need for new interventions to prevent further intergenerational trauma. Aboriginal people have a collective right to self-determination and self-management in child welfare matters (Australian Government, 2020; UN General Assembly, 2007), and Aboriginal community control in service design and delivery is an act of self-determination. Aboriginal Community Controlled Organisations (ACCOs) are grounded within and managed by local communities, and bring unique perspectives, experiences, and knowledge to child welfare challenges (Luke et al. 2022).

3. Out-of-Home Care Philanthropic Funders Network Grant

3.1. A Victorian Aboriginal Child and Community Agency collaboration

The Victorian Aboriginal Child and Community Agency (VACCA) is the lead Aboriginal child and family welfare agency in Victoria, with over 40 years' experience and expertise as an ACCO, supporting and advocating for the needs of Aboriginal children, young people, their families and Community. In collaboration with Social Work at the University of Melbourne (UoM), VACCA was successful in obtaining funding over 42 months from the Out-of-Home Care Philanthropic Funders Network to design a new approach to prevent Aboriginal baby removals in Victoria and undertake a small-scale rapid pilot. The Bayside Peninsula Area (BPA) of metropolitan Melbourne, the traditional land of the Bunurong people, was the site selected for the project, because in this area rates of unborn child reports and

[4] The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander. 'Indigenous' is used when referring to Indigenous populations internationally. This is for ease of reading in this report only, and we respectfully acknowledge the diversity and autonomy of different communities.

Aboriginal infant removal were above the state average, and there were key implementation enablers; VACCA has a strong service presence and staff were highly engaged in the idea of implementing a new response to reduce Aboriginal baby removals.

3.2. Aboriginal-led Systemic Solution Design

Systems change was the overarching paradigm used by Aboriginal stakeholders to tackle the problem of Aboriginal baby removals. Systems change is based upon complexity and systems theory's understanding of complex nonlinear organisations and how they change over time. Change is expected to happen by understanding, and changing the structure or conditions of a system that are responsible for the problem (Wise, 2021). There is various system change methodologies and approaches, but all include the same basic steps: articulate the problem; develop a systemic understanding of the problem; identify root causes or leverage points; design a feasible and powerful intervention to address root causes; apply action and learn for continuous improvement (e.g. Foster-Fishman & Watson, 2012). The UoM supported VACCA to facilitate a systemic inquiry and design process, drawing on the Mobilising change Agents for Better Lives (MABL) model (Wise, 2016) and Foster-Fishman and Watson's ABLe change framework (ACF) (2012). A summary of the problem analysis and design process is provided below, with a more detailed description available in a journal article produced by Author 1 and VACCA colleagues (Wise, King, Sleight at el. forthcoming).

3.2.1. Problem Analysis and Design

Understanding the problem of Aboriginal baby removals and designing a systems-level solution was undertaken through the 'dialogue and deliberation process' (as per approach documented by Holman, Devane, & Cady, 2007), specifically two 2-hour online workshops, with Aboriginal stakeholders in the BPA. Due to the COVID-19 pandemic and time resource constraints, these processes were conducted online. Dialogue processes have been used for many years to learn from stakeholders and the research about problems or issues affecting human service systems and to support action at the system level (Boyko, Lavis & Dobbins, 2014). Storytelling is also a traditional method for of conveying knowledge among Indigenous cultures and was thus considered a culturally appropriate way of engaging Aboriginal stakeholders in the BPA.

A total of 27 professionals within local antenatal care, maternal and child health, patient care (Aboriginal health liaison officers), family support services, family violence services, drug and alcohol services, justice, Aboriginal protecting children programs, OOHC, youth services, community health services, and gathering places[5] were ultimately engaged in the storytelling and deliberation process.

The problem analysis stage explored aspects of the local health and social care system responsible for Aboriginal baby removals and identified powerful system causes that might be targeted for change. This was achieved during the first online workshop facilitated by a University of Melbourne researcher (Author 1). The design stage of the system change project involved the identification of strategies to tackle powerful system causes that emerged out of the first online workshop. This was achieved in the second online workshop (also facilitated by Author 1).

Following the second online workshop, five VACCA practitioners and managers involved in the online workshops considered each of the ideas for action against a set of pre-determined questions and made

[5] Gathering Places are community owned and operated places that provide opportunities for people to connect and deliver services.

recommendations on which action or actions to pursue. Ultimately, several ideas for action were combined into a single strategy; a case management program called Bringing Up Aboriginal Babies at Home (BUABAH). To attend to culturally incongruous and negative encounters with child protection practitioners and non-Aboriginal health professionals during pregnancy, labour and birth, Perinatal Cultural Awareness Training for child protection and health professionals also formed part of the action plan.

To test the feasibility of the BUABAH program, identify implementation barriers and enablers, and cultivate an enabling context for implementation, the BUABAH core components were taken back to the full Aboriginal stakeholder group, and discussed with child protection practitioners and midwives at the local birthing hospital who were ultimately involved in the delivery of the intervention (Kilbourne, Neumann, Pincus, Bauer, & Stall, 2007).

The problem analysis and design process are illustrated in Figure 1.

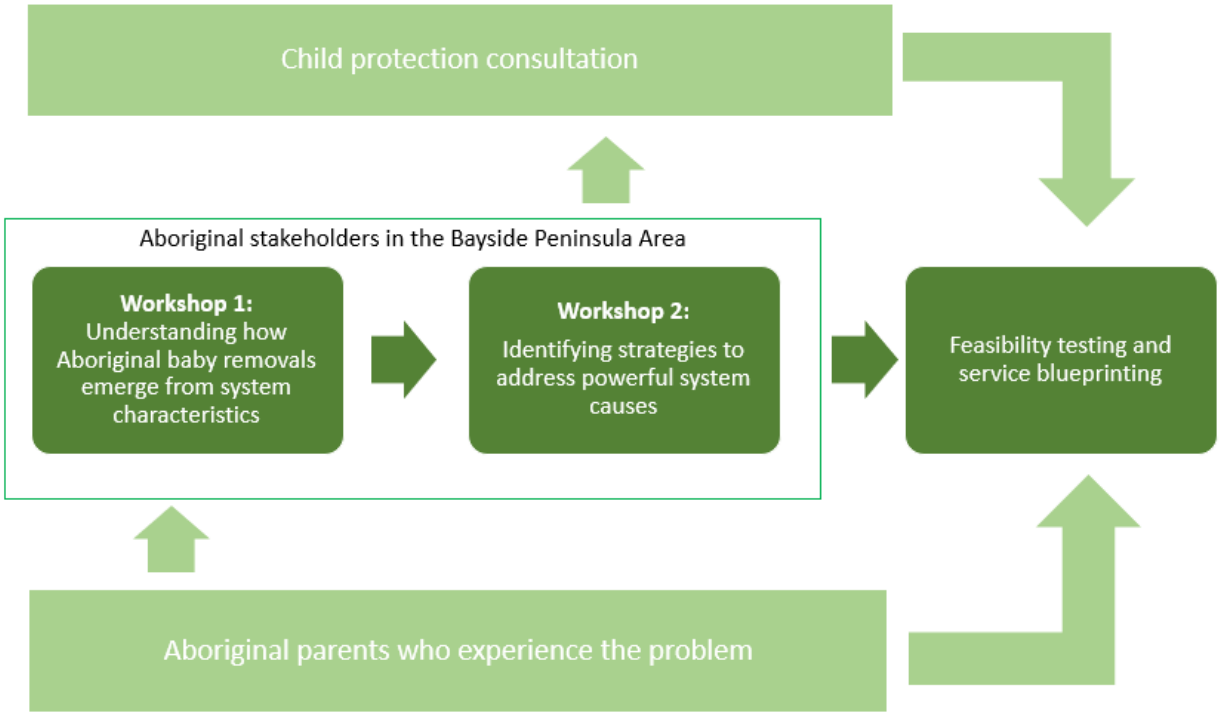


Figure 1 The Problem Analysis and Design Process

Figure 1 *shows the three stages of the process systemic inquiry process undertaken with Aboriginal stakeholders to identify the system causes of Aboriginal baby removals and develop a powerful strategy to tackle them.*

Service blueprinting (Bitner, Ostrom & Morgan, 2008; https://www.vic.gov.au/service-blueprint) was used to present the activities, roles and responsibilities, relationships, and interdependencies of the BUABAH program in a precise and highly specific manner; to make the initial idea more concrete and actionable. Service blueprinting results in a visual picture of the service process that everyone can see and understand. Steps in the service process (from initial contact to service closure) are mapped out. For each step or stage in the service process, the timeframe, the client's journey or interaction with the service, the actions or tasks undertaken by professionals (seen and unseen by the mother/couple) and support processes (tools and systems that support service delivery) are added.

The BUABAH program blueprint was refined over a series of iterations. A University of Melbourne researcher (Author 1) and VACCA practitioners and managers developed a base design involving the service steps on which child

protection practitioners and staff at the local birthing hospital (Frankston Hospital (FH)) were able to elaborate and iterate in a series of group conversations and individual meetings. Key design decisions (such as eligibility, caseload, referral protocols, where the BUABAH practitioner would be located) were made during design meetings. In an on-line environment, Padlet was used to create the service blueprint and support participation throughout the design process. Service blueprinting continued until the final solution was working well for all implementers.

A short version of the BUABAH program blueprint with artwork produced by VACCA is shown in Figure 2. After a doctor qualified in general medical practice (GP), midwife from FH Koori Maternity Service (KMS), BPA child protection intake practitioner or a community-based child protection[6] (CBCP) practitioner identifies eligible mothers, with the mother's consent, they complete a 'Connection Form' and send it to the BUABAH intake email address. Within 24 hours VACCA assesses the service request and makes an intake decision, ensuring the mother meets the program eligibility requirements[7]. After intake, the BUABAH practitioner contacts the mother via telephone or in-person at the antenatal clinic to arrange a first visit. At the first contact, the BUABAH practitioner explains the purpose of the BUABAH program and using VACCA's culturally appropriate assessment and planning tools, identifies risks, and goals that the mother is going to meet during pregnancy.

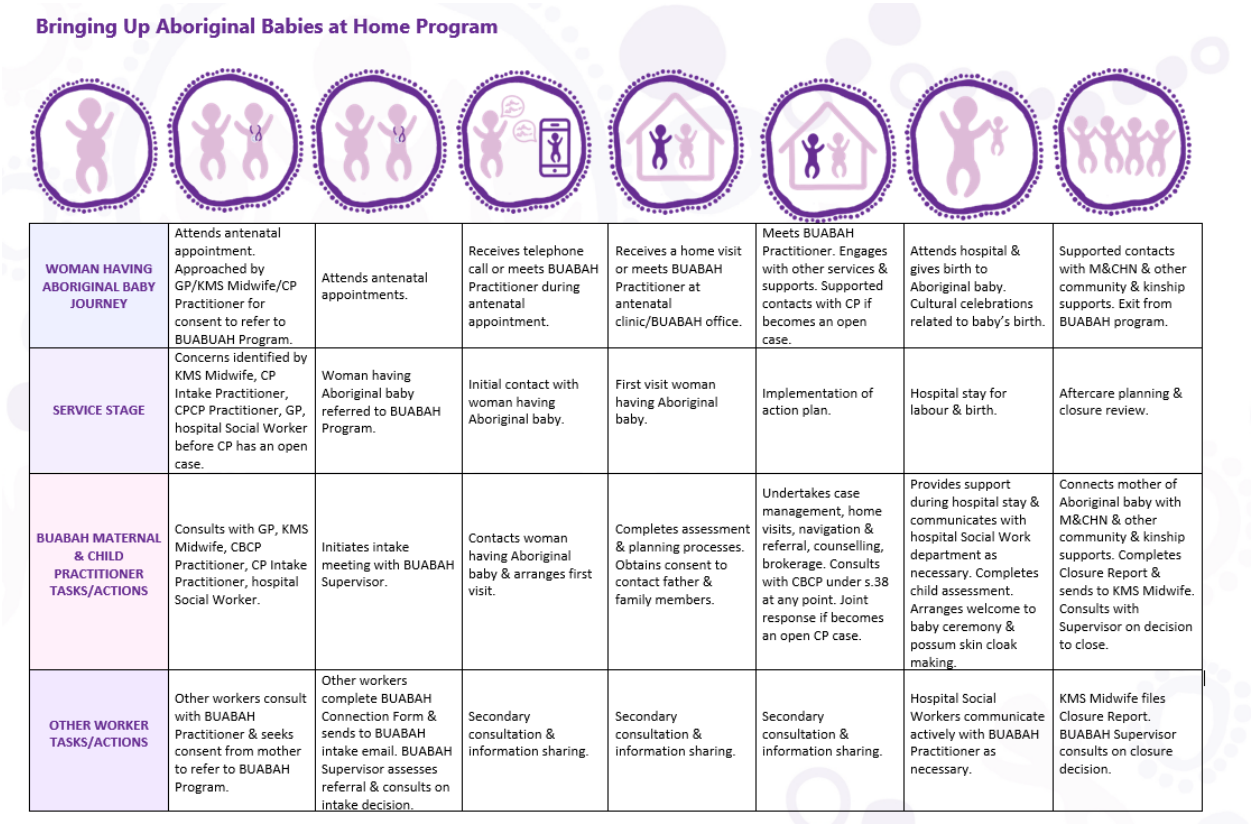
Following the first visit, the BUABAH practitioner implements the tailored support plan. The BUABAH practitioner provides care coordination, service navigation, and a range of non-clinical supports that focus on building capacity and cultural connections. The BUABAH practitioner conducts frequent visits and provides a high level of support and monitoring. Flexible funding brokerage is available to the BUABAH practitioner to fund items that meet women's immediate or essential needs (e.g. rent and bond) and to assist engagement.

The BUABAH practitioner works closely with local service providers, including CBCP as needed. If it does become necessary to make a report to child protection to ensure the safety of the baby at birth, the BUABAH practitioner attends meetings with child protection practitioners to support the woman/couple and ensure culturally informed assessments and decisions. The BUABAH practitioner also assists with the identification of relatives/kin in cases where an investigation is needed following birth. Following birth, the BUABAH practitioner arranges the gifting of a possum skin cloak and Welcome to Country ceremonies (cultural celebrations related to the birth of a baby) and coordinates the mother's exit from the BUABAH program. The BUABAH practitioner's task at case closure is to ensure the mother is connected to the maternal and child health (MCH) service and other community and kinship supports and/or is transferred to VACCA's Aboriginal family preservation and reunification response (AFPR) program.

In keeping with the intensive nature of the service, the BUABAH practitioner manages a caseload of up to five mothers with severe/complex risk. As well as working with a caseload of women, the BUABAH practitioner attends regular meetings with hospital social workers regarding pregnant Aboriginal women with complex psychosocial concerns and provides secondary consultation in cases where there are worries about an unborn Aboriginal baby and there has been a referral to their department. The BUABAH practitioner also provides secondary consultation to CBCP during the intake phase and where there is an open child protection case.

[6] Community-based child protection is the term used to describe a range of roles and functions in child protection operations which support the partnerships between and service delivery of community-based child and family services and child protection.
[7] Mothers who identify themselves or their unborn baby as Aboriginal and/or Torres Strait Islander, living in the BPA, less than 24 weeks gestation, complex needs.

The final blueprint was used to prepare for implementation by communicating the responsibilities of people across VACCA, child protection and the birthing hospital (FH) and ensuring that the tools and support infrastructure that need to be developed were ready prior to implementing change. The program blueprint is also used to track success and point out weaknesses or failures in design that can be the basis of continuous improvement.



Artwork produced by VACCA.

Figure 2 The Bringing Up Aboriginal Babies at Home (BUABAH) Service Blueprint

Figure 2 *shows the key stages of the BUABAH service alongside the client's journey, and the actions and tasks of the BUABAH practitioner and other key workers*

3.2.2. Practice Approach

The BUABAH Programs adopts VACCA's whole-of-agency approach to working with children and families, called Cultural Therapeutic Ways (CTW) (Wise, Jones, Johnson, Croisdale, Callope, and Chamberlain, 2024). CTW, focuses on cultural compatibility, trauma awareness, and self-determination in service delivery, and is based on Aboriginal theories, beliefs, and experiences about the underlying causes of psychological distress and related harms in Aboriginal communities and what is needed to bring about change. Anchoring culture in the practice of assessing and strengthening child safety means drawing on cultural knowledge to understand Aboriginal childrearing and cultural protective factors.

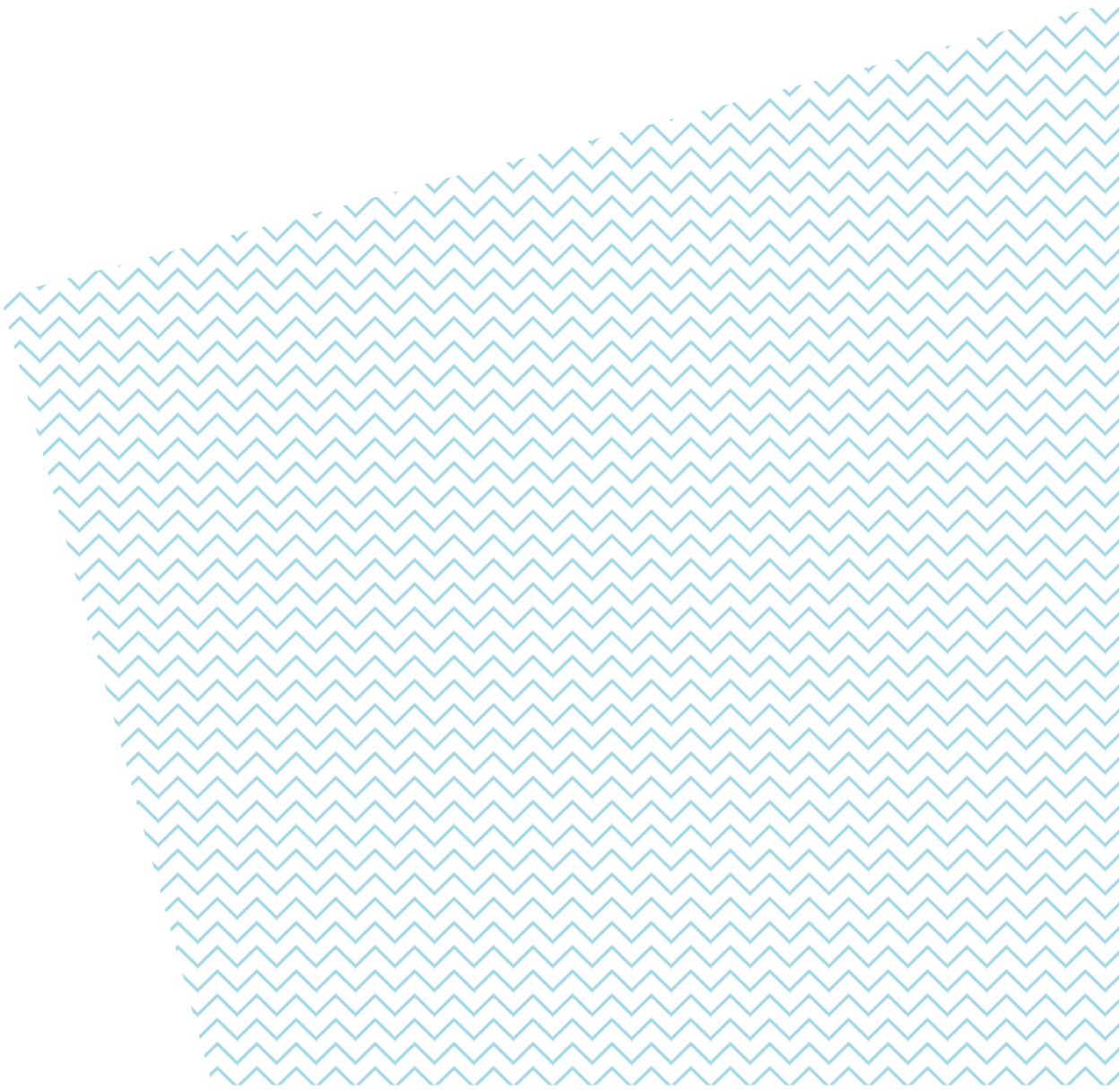
3.3. Logic Model

A program logic was developed by the University of Melbourne in accordance with the program design and in consultation with VACCA stakeholders. The logic model (Figure 3, below) articulates a comprehensive framework delineating the program's inputs, activities, outputs, and anticipated short-, medium- and longer-term outcomes.

Inputs	Outputs: activities	Outputs: participation	Short-Term Outcomes (during service)	Medium-Term Outcomes (during service)	Long-Term Outcomes (at program end)
• Program funding • BUABAH maternal and child practitioner (1.0EFT) • BUABAH team leader • CSnet • Aboriginal Governance and a Local Implementation Group • VACCA policies, proformas and practice tools • VACCA practice framework • Flexible funding brokerage	• Consultations with professionals prior to service • Referrals from KMS midwife, CBCP/CP intake and First People's Health and Wellbeing • Maternal consent to BUABAH contact and engagement in program • Case management • Home visits • Counselling support • Assessment and planning • Supported contacts with antenatal care clinic, hospital stay for labour and birth and MCH • Cultural celebrations surrounding baby's birth • Consultations with professionals and family conferencing • Culturally safe referrals • Aftercare plan and closure report • Expenditure of brokerage	• Severe/complex needs • Mothers who identify themselves or their unborn baby as Aboriginal and/or Torres Strait Islander • Mothers residing in the BPA • Caseload of 5	• Client safety, trust and receptivity • Working relationship between BUABAH maternal and child practitioner and mother • Increased consultation between BUABAH maternal & child practitioner, and CBCP practitioners, CP intake practitioners and FH social workers	• Increased client engagement in antenatal services • Increased client engagement in services to address risk of future harm to the unborn baby • Richer client networks of Aboriginal community and extended family support • Increased client engagement in MCH services • Reduction in unborn child reports to CP from FH • Increased participation in cultural activities • Increased awareness of risks to child safety • Increased client personal safety and self-efficacy	• Decreased child safety concerns • Decrease in pre-term birth, small for gestational age and stillbirth • Decreased child protection intervention following birth • Increased client cultural connection

Figure 3 Logic Model for the BUABAH Program

Evaluation Approach



4. Evaluation Approach and Key Evaluation Questions

The BUABAH program provides intensive support to mothers who identify themselves or their unborn baby as Aboriginal and/or Torres Strait Islander and fathers/partners in the BPA of Metropolitan Melbourne.

4.1. Scope of the Evaluation

This evaluation focuses on the activities and results of the BUABAH program described above. The pilot program blueprinting process is excluded from this evaluation (beyond the description provided in background sections of this report) as it is already thoroughly documented in a peer-reviewed academic paper due to be published in 2024 (Wise, King, Sleight at el. 2024.). Additionally, the Perinatal Cultural Awareness training, which formed part of the action plan to prevent Aboriginal baby removals in the BPA, was deemed out of scope for this evaluation.

4.2. Approach

The evaluation sought to assess four aspects of the BUABAH program: program design; program process and implementation; client satisfaction; and program outcomes. Table 1 details each of these four aspects of the evaluation, and six corresponding evaluation questions.

Table 1 Evaluation Approach and Guiding Evaluation Questions

Evaluation type	Description of Approach	Research Question
Design Evaluation	Assesses the degree to which the program design/blueprint was appropriate in addressing community need	**1.** What is the intended design for the BUABAH program and what do delivery experiences tell us about that design?
Outcome Evaluation	Assesses the success of the pilot program in providing Aboriginal families with culturally appropriate services and support, preventing encounters with child protection, and preventing Aboriginal child removals	**2.** What were the benefits and outcomes of the BUABAH program?
Client Satisfaction Evaluation	Assesses the quality of experience of parents who participate in the program trials	**3.** How satisfied were participants/expectant parents with their experience of the BUABAH program?
Process Evaluation	Assesses the implementation of the program	**4.** What were the enablers and barriers to delivery? **5.** What elements of the BUABAH program seemed to make the greatest difference? **6.** How can the BUABAH program be strengthened/improved?

5. Design, Methods and Recruitment

5.1. Design

The evaluation adopted a 'two eyes seeing' participatory action research (PAR) frame (Peltier, 2018) in conjunction with the realist evaluation viewpoint (Pawson and Tilley, 1997), which started with the program theory or logic model shown in Figure 3 above. PAR is an approach to research that prioritises collective processes and action, through the empowerment of participants including potentially marginalised groups. Community members are engaged as equal partners, in the design and delivery of research. Taking a PAR approach, the lived experience and wealth of knowledge of Indigenous peoples is honoured, with an overarching aim to support and co-create social change. Realist evaluation is an explanatory (rather than judgmental) approach, seeking to establish 'what works, for whom, under which circumstances' by examining three program dimensions: the context (e.g. barriers and enablers); mechanism (e.g. process and implementation); and outcome (e.g. program efficacy against aims - causation).

5.2. Methods

The data collection methods were guided by the types of data that were needed to answer the evaluation questions. Both quantitative and qualitative data collection methods were included in the evaluation design, with quantitative data being focused on long-term program outcomes (child protection case outcomes and maternal and child health outcomes). Qualitative data are used to address program 'mechanism/process' and 'context' dimensions of the study, and to assess client satisfaction as a key outcome of the study. This is to assist in forming a multi-dimensional explanation for and assessment of program outcomes.

5.2.1. Data Sources

Qualitative data were collected during interviews with mothers who participated in the BUABAH program, interviews with professionals involved in the BUABAH program from VACCA, DFFH CBCP and FH, and a focus group discussion with professionals from VACCA and DFFH. Qualitative data were also extracted from the minutes of Local Implementation Group (LIG) meetings. Quantitative data were identified from unit-level secondary administrative databases (VACCA's case records (CSnet database) and hospital records (iCope and Birth Outcomes System (BOS) databases)).

5.3. Recruitment

5.3.1. Recruitment and Permissions

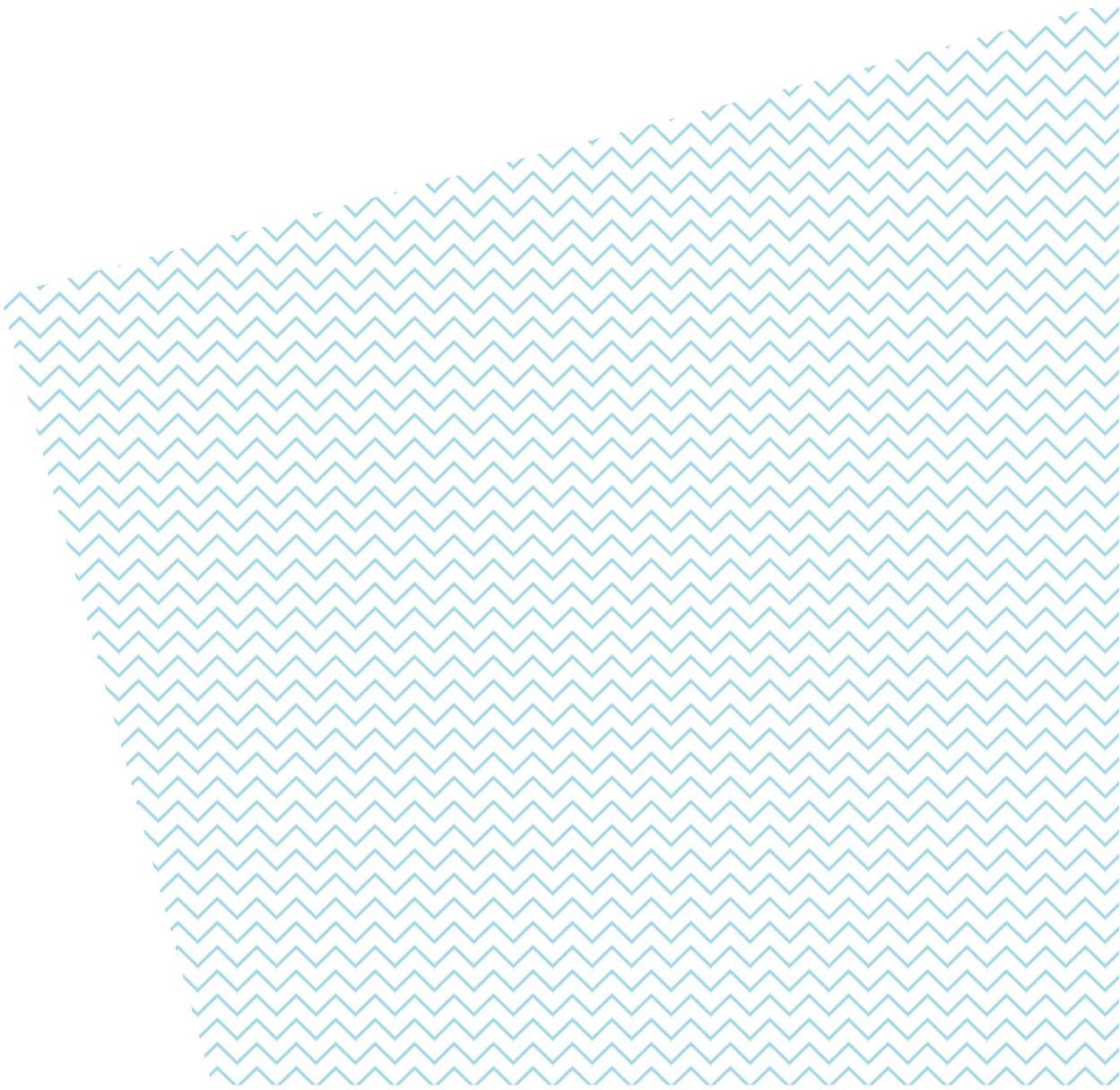
The BUABAH practitioner obtained written consent from program participants, upon program commencement. Consent forms sought separate consent from participants, for: i) access to data collected by VACCA; ii) access to data collected by FH; iii) participation in a research yarn; and iv) university access to participant contact information from a third party (VACCA, via the BUABAH practitioner) to arrange for the interview to occur.

For those participants who agreed to participate in a research yarn, towards the end of service, they were contacted by a University of Melbourne researcher (Author 2) through the BUABAH practitioner. If the BUABAH practitioner had any concerns about involvement of a program participant in an interview (for example, if there are ongoing domestic violence concerns) they were not referred for interview. Program participants were asked for their

verbal consent immediately prior to interview to check their understanding of the evaluation, and to confirm their consent to participate. Interviews were conducted in-person and locations were negotiated with participants and reflected considerations of participant preference. Interviews were audio recorded and fully transcribed.

Professionals were contacted about the evaluation via email and, if they agreed, were asked to accept an electronic invitation to participate in an interview/focus group discussion, conducted face-to-face or online. Consent was obtained prior to the commencement of data collection, by the University of Melbourne researcher conducting the interviews or focus groups with professionals (Author 2).

Analysis and Findings



6. Analysis

6.1. Information Available for the Analysis

The BUABAH practitioner was intended to carry a caseload of five women with complex needs at any one point in time. Across the 18-month evaluation period (July 2022 to December 2023), seven women had some engagement with the program. Of these, four expressed an interest in participating in the evaluation, two consented, and two interviews took place. Neither mother was from an Aboriginal family. Both mothers commenced their engagement with the BUABAH program before the third trimester (28 weeks pregnant) and received a service for at least six months following birth. The overall service episode was 11.5 and 9.5 months respectively.

Due to the small number of women who received a BUABAH service and provided consent to access data collected by VACCA and FH[8], the findings are based on interview data with 13 different people overall. This includes:

- Two interviews with mothers[9]
- Five interviews with VACCA staff
- Four interviews with staff from DFFH and FH
- One focus group, including both VACCA staff (*n*=6) and DFFH staff (*n*=3)[10] and
- Minutes from LIG meetings.

6.2. Analysis

The qualitative data gathered through interviews and focus group discussions were analysed in NVivo. Coding was abductive, initially drawing on deductive (theory-derived) codes derived from the program logic. Where data could not be adequately classified deductively, inductive codes (codes derived from the data) were developed. Research questions were used as a boundary guide to qualitative coding throughout. Codes were subject to a thematic analysis (Clarke, Braun, and Hayfield, 2015) for data synthesis and interpretation. Project documentary data (e.g. minutes from fortnightly BUABAH program implementation meetings) were used as a source for qualitative triangulation, providing further context to the thematic analysis of interview and focus group data.

7. Benefits and Outcomes

What follows is a description of the short-, medium- and long-term outcomes generated by the BUABAH program.

7.1. Short-Term Outcomes

Findings related to anticipated short-term outcome are presented in Table 2 and discussed below.

[8] Only one BUABAH client received antenatal care at Frankston Hospital.
[9] BUABAH clients who participated in an interview gave birth to Aboriginal babies but were not Aboriginal themselves.
[10] Some participants in the focus group also took part in an individual interview.

Table 2 Summary of Key Findings: Short Term Outcomes

Anticipated Outcome	Source of Evidence	Outcome Met	Key Findings
• **Client safety, trust, and receptivity** • **Working relationship between BUABAH practitioner and client**	Interview data	Yes	• **Cultivation of Positive Working Relationships:** BUABAH clients experienced supportive and non-judgmental relationships with practitioners, akin to having someone 'in their corner' enhancing their willingness to engage and share personal stories. • **Development of Trust and Safety:** Through gentle persistence, reassurance, and positive regard, BUABAH practitioners successfully cultivated a deep sense of trust and safety among clients, leading to a significant level of openness and vulnerability. • **Receptivity to Addressing Child Safety Concerns:** The established trust and rapport enabled clients to voluntarily share sensitive information, including current risk factors such as drug use or family violence, that could necessitate child protection involvement, demonstrating a high level of receptivity to addressing child safety concerns. • **Rapport Comparable to Close Personal Relationships:** The relationship between clients and BUABAH practitioners was often likened by clients to that of close friends or family members, facilitating the client's spontaneous sharing of both positive developments and deeply traumatic experiences, previously unshared with others in their life. • **Acknowledgment from Child Protection:** The effectiveness of the BUABAH Program's approach in building rapport and engaging clients was recognised by CBCP practitioners, highlighting its success in cases that might not have engaged effectively without BUABAH's intervention and support.
• **Increased consultation between BUABAH maternal & child practitioner, & CBCP practitioners, CP intake practitioners & FH social workers**	Interview data	Yes	• **A 'Movement'**: BUABAH was described as a transformative 'movement', fostering unprecedented collaboration, and understanding between child protection and BUABAH/VACCA, characterised by mutual respect, cultural sensitivity, and teamwork. • **Partnership Model**: The shift to a partnership model, allowed for equal partnership and shared decision-making, signifying a significant cultural and operational change in practice. • **Improved Cultural Competency:** The enhanced cultural competency, engagement, and appropriate use of regulatory authority among child protection team members, was attributed to learnings derived from observing BUABAH's approach and joint case work. • **Inter-Organisational Team**: The evolution of strong, team-like relationships between BUABAH team members and CBCP team members, led to the development of shared goals, motivations, and commitments across both organisations. • **Ripple Effects Throughout BPA Child Protection**: There was recognition of BUABAH's impact beyond immediate outcomes, including cultural shifts within BPA child protection, improved teamwork across organisations, and a broader ripple effect leading to better service delivery and outcomes for families in the area.

7.1.1. Client Safety, Trust and Receptivity and Client-Practitioner Working Relationship

In the short-term, the BUABAH logic model anticipated the cultivation of a positive working relationship between the BUABAH practitioner and the client, and through that, development of the client's feelings of safety, trust, and receptivity in working with the BUABAH practitioner to address any child safety concerns. Interview data, including data collected from both BUABAH clients and staff/stakeholders of the program, provided a clear account of the presence of client-level short-term outcomes. One BUABAH client recalled:

> *… having someone in my corner - that was really helpful. She [the BUABAH practitioner] was understanding with everything, pretty much. She understood what we were going through and she was on our side the whole time… no judgement. She was open and honest, and… supportive… I've cried to her several times with no judgement at all.* (BUABAH Client I)

"She understood what we were going through and she was on our side the whole time… no judgement. She was open and honest, and… supportive"

BUABAH Client

Another client commented how rare it is for her to 'let her guard down' and reflected on the process of developing a very intimate level of trust and sense of safety, noting the importance of the BUABAH practitioner's gentle persistence, reassurance, positive regard for her, and dependability:

> *On the first day there was [mistrust], but then [the BUABAH practitioner] rang me and asked to catch up. I said "No." She said, "Please?" and I was like, "Okay." Then she said, "no matter what, we will be there"… She told me that I could trust her. I don't trust a lot of people… I've been hurt by so many people and it's not worth putting my guard down… After the first time [she] came to me, I was still the same. I was still closed off and had my wall up, but then she kept asking to meet up. She said, "No matter what, I'll help you through everything." She told me she would be there for me and that I can trust her, and I can. I can ring her if anything is going on, and I can tell her. I know that she will do her best to help me, no matter what… She told me from the start, that I can tell her anything, and I do, because I trust her. I trust she's going to do the best for [baby] and me. It usually takes a long time for that [trust] to happen…I only knew her for a little while [before birth]. I still remember when I rang her to tell her that I had given birth… She was just as excited as I was.* (BUABAH Client II)

BUABAH clients often compared their rapport with the BUABAH practitioner to that of a close friend or family member. For example, a BUABAH team member recalled being affectionately referred to as the child's Aunty whenever she would arrive. Clients would also spontaneously pass on positive news, or 'those proud moments they are so excited to share' (BUABAH Team Member A). The trust clients felt in the BUABAH practitioner also led them to disclose information about deeply traumatic experiences, such as sexual assault (BUABAH Team Member C and BUABAH Team Member A), as well as information about current risk factors (e.g. drug use or family violence):

> *… the reward in all this is that we were able to walk that journey with them… What we see is families actually coming to us if they've stuffed up – honest. They'll come to us and go: 'I did this' or 'this*

happened' or 'I made the wrong choice.' That's the most rewarding – for them to trust in you. (BUABAH Team Member A)

A DFFH CBCP practitioner commented how significant the rapport was between BUBAH client and practitioner, noting the multiple cases where BUABAH team members were very successful in their engagement efforts, which 'would not have occurred without BUABAH' (Community-Based Child Protection Team Member X).

7.1.2. Increased Consultation between VACCA, DFFH and FH

In the short-term, the BUABAH program was expected to lead to increased connections between VACCA, DFFH and FH. The BUABAH program appeared to have sparked and supported substantial change within the BPA child protection system, particularly around how VACCA and child protection services coordinate and work together as a team. One BUABAH team member referred to BUABAH as 'a movement' rather than a program, and changes to child protection as 'a new era':

I call BUABAH a 'movement' because… we've never really had that buy in from child protection [before]… we're [now] getting child protection on board; [they're] listening, understanding the cultural lens at the forefront – respecting VACCA – allowing us to do what we need to do… that flexible thinking, creative thinking, working alongside the practitioner or the BUABAH program – if we can come together and have flexible thinking, robust conversations and creative ways to address things, [and work] as a team, then we can make those changes, and we can [achieve] those outcomes for families. So, that's why I call it a 'movement'. (BUABAH Team Member A)

We're in a different era now… that [change in] practice from child protection being more directive to allowing us to be equal partners… that's rewarding to see that change. This is the work that VACCA's been doing for many, many years, and to actually see it play out in front of you is very rewarding, and to be a part of this – yeah, it's amazing. (BUABAH Team Member A)

These comments were supported by several other BUABAH team members who had observed similar seismic shifts in the way VACCA/BUABAH and child protection were able to work together – moving away from an historical 'us and them' to a deep and respectful collaboration:

"…being Indigenous myself – there was a lot of distrust with Child Protection and the way that they worked. But, having been a part of this changed my mind about Child Protection…"

BUABAH Team Member

…when BUABAH came along, we were able to identify areas where we needed to work… we were able to come into the BUABAH program with a, 'let's work alongside each other', not, 'let's work against each other' [approach]. That was the relationship before BUABAH. Since then, we've been able to have these open and frank conversations in the best interests of the families, and we're working with a similar framework to support families. (BUABAH Team Member E)

Previous to the BUABAH program, there was – being Indigenous myself – there was a lot of distrust with child protection and the way that they worked. But, having been a part of this changed my mind about child protection. (BUABAH Team Member C)

… [the BUABAH team] are able to trust the child protection workers in the unborn space. [The BUABAH practitioner] is able to work alongside them, so it's no longer an us and them, it's a how can we… [help child protection] take a step back, or even close the case. (BUABAH Team Member B)

These observations were echoed by child protection team members, who had seen a 'key shift' in the way child protection approached and worked with Aboriginal families, and VACCA staff:

…one of the key shifts has been… us, child protection [working from] a more paternalistic model of leading decision making to one where it's collaborative… instead of child protection making decisions about: is this family going to need an investigation at birth, are we worried that mum [might] go somewhere with baby, is there going to be sufficient safety…. Whereas, before… it was a decision that was led by child protection, now, it is a collaborative decision and a shared decision. I think that is a really tangible shift in the right direction. (Community-Based Child Protection Team Member Z)

Further, child protection team members commented how much they had learnt from observing the approach of BUABAH team members. Specifically, practitioners said they had developed: cultural competencies, more effective engagement practices; and different ways of using power and authority:

… it's been about building cultural competency and I think the team have a really strong positive relationship with the BUABAH program and want to continue that. There's a lot of learnings that have come from working alongside the BUABAH team manager and practitioner… it's that shared case management, to be able to have really open honest discussions, not only between ourselves, but with families as well. But, also, [BUABAH] demonstrating how to engage a family, how to build rapport, how to hold difficult conversations. There's been a lot of positive feedback from staff in observing BUABAH. (Community-Based Child Protection Team Member Y)

…our cultural practices have changed significantly in the past 12 months. We now hold cultural planning meetings for every unborn. We hold secondary consults for every unborn with BUABAH, we consult with Lakidjeka on every unborn… BUABAH has really driven our practice in the past 12 months… I think there is an increased awareness around self-determination, about how we can engage families, but also the success of outcomes for families if we do these things (Community-Based Child Protection Team Member Z)

"…we're just so privileged to have had the opportunity to actually be part of a pilot program like BUABAH, because we have seen so many positive outcomes for families… And, I think the strength of our relationships [with VACCA], they transfer to other teams, and they transfer to other programs as well."

Community-based Child Protection Team Member

A child protection team member also spoke about how the strong relationships that had developed between BUABAH team members and CBCP team members felt "really similar to a team" rather than two different organisations working in parallel, or worse, at loggerheads. The interviewee observed that there was "a shared goal", "shared motivation" and "shared commitment" between both BUABAH and child protection practitioners, and from this "some really positive outcomes for families" (Community-Based Child Protection Team Member Z). Further, they reflected on feeling privileged to have been part of the pilot program, and

acknowledged the extensive ripple effects that the BUABAH program has had upon broader changes within child protection in the BPA:

> *I think I can speak on behalf of the team: - we're just so privileged to have had the opportunity to actually be part of a pilot program like BUABAH, because we have seen so many positive outcomes for families… And, I think the strength of our relationships [with VACCA], they transfer to other teams, and they transfer to other programs as well. So, I think it's put us in a much better position moving forward, to work alongside VACCA. And now there's actually times where we lean on each other for other cases, or other discussions, that are outside of BUABAH, because we've been able to build those really positive strong working relationships. I think that's really valuable moving forward on a broader scale. That there is a lot of positive change. And, from child protection, there's definitely been cultural changes and shifts, and I hope that can continue in the future.* (Community-Based Child Protection Team Member Z)

Finally, child protection commented on how much they valued being 'on the same page' with BUABAH, arising from their close working relationship on the care team. They noted that there was a shared understanding and acknowledgement of risks, and also, a strong commitment to working together to resolve these risks, which is not always the case:

> *From child protection's perspective… there were some pretty significant concerns, [and we were all] seeing that… I think that then made it a better care team because we were on the same page in terms of the concerns and then how to manage those concerns, how to have those conversations with the mother... Whereas… support services are [often] not on the same page as child protection… and what can happen is a split care team and there's a lot of energy battling [each other]… and there's less focus on how can we help the family. I think that close engagement and those good strong working relationships make for better outcomes in that space… instead of the worst-case scenario which is child protection fronting up at the hospital after the baby is born with no knowledge of the family, no knowledge of the parents, and sort of starting the assessment from scratch. And, this poor woman has to deal with us after she's just given birth.* (Community-Based Child Protection Team Member X)

One VACCA team member described a conversation that they had with CBCP, highlighting BUABAH's focus on the possibility of change to achieve safety in decision-making:

> *… there were two scenarios with two of the Mums that I was working with. The child protection Officer was asking, "Why are you so concerned about this Mum (B), but not about this Mum (A)?" Whereas child protection had the opposite opinion to what I did. I explained to them that with all the supports in the world, this Mum (A) could thrive. She could be the best Mum in the world, I could see it. This other Mum (B), with all the supports in the world, the baby will still be removed. She doesn't have the parenting capacity, she doesn't have the want, the drive, she isn't able to parent. So that was my concern. The program is about this Mum (A). The program is able to provide these supports and work intensively with Mum. There is family violence, there is mental health, but we can change the outcome for this Mum...* (BUABAH Team Member C)

One BUABAH team member also commented that child protection's inability to make any decisions during the unborn phase prevented proactive planning to minimise the trauma of infant removal following birth:

I built really good and strong relationships early with them [the clients], but I felt like it was going around in circles… With one of them, I had to do a Section 38 consult with child protection to get their recommendations about where we should go with this. Trying to get child protection involved, even though our aim was not to, actually ended up being challenging. Technically, with child protection, they don't see the [unborn] as a baby or a human until the baby is physically born and then they come in and do the "crisis response" which then in turn is traumatic for Mum and the whole family, and baby as well. So, with one of them I was pushing for child protection to become involved [early] to help change Mum's thinking… or, even, plan with child protection how to remove the child in the least traumatic way, if Mum was still injecting, for instance… It was hard to try to get that involvement. I think that needs to be worked out within a legal system and a process made with child protection. (BUABAH Team Member C).

7.2. Medium-Term Outcomes

Findings related to anticipated medium-term outcome are presented in Table 3 and discussed below.

Table 3 Summary of Key Findings: Medium Term Outcomes

Anticipated Outcome	Source of Evidence	Outcome Met	Key Findings
• **Increased client engagement in antenatal services** • **Increased client engagement in MCH services**	Interview data	Yes	• **Enhanced Antenatal Engagement**: BUABAH facilitated increased engagement with antenatal services through personal support at appointments and linking clients to supportive groups and services, with attention to both logistical and psychological barriers. • **Addressing Trauma**: BUABAH practitioners supported clients in overcoming trauma related to the hospital system and connected them to culturally appropriate services, improving antenatal care engagement and trust in healthcare. • **Professional Balance Between Compassion and Pragmatism**: BUABAH practitioners balanced compassion and pragmatism, encouraging antenatal visits, and addressing fears of child protection. • **Cultural Safety and Broader Systemic Impact**: The program's efforts enhanced cultural safety practices within the health care system including antenatal services, significantly shifting how services are perceived and accessed by clients, thereby improving overall health and wellbeing outcomes during pregnancy. • See also Section 7.3.1 of this report (long term outcomes) for further information on birth and neonatal outcomes stemming from greater engagement with MCH services.

Anticipated Outcome	Source of Evidence	Outcome Met	Key Findings
• **Increased client engagement in services to address risk of future harm to the unborn baby**	Interview data	• Yes	• **Service Referrals**: The BUABAH Practitioner played a crucial role in connecting clients to a wide array of services, including mental health support, substance abuse treatment, family violence interventions, housing assistance, and legal support, addressing various needs to ensure client and baby wellbeing. • **Person-Centred Approach**: Clients appreciated being introduced to essential services, and BUABAH team members excelled in coordinating care across different service providers, enhancing the client experience through person-centered approaches and ensuring the best outcomes. • **Care Coordination**: Care coordination efforts focused on streamlining services and prioritising needs to mitigate child protection risks, with BUABAH team members playing a key role in keeping the broader care team accountable and actions timely. • **Advocacy for a Strengths-Based Approach**: BUABAH teams were instrumental in helping the broader care team understand clients' backgrounds and strengths, seeing the possibility for change, and fostering a positive shift towards a strengths-based approach in health and social care.
• **Richer client networks of Aboriginal community and extended family support** • **Increased participation in cultural activities**	Interview data	• Yes	• **Strengthening Family Connections:** BUABAH played a critical role in mending estranged family relationships, facilitating safe living arrangements for clients and their newborns, and encouraging a community approach to child-rearing. • **Facilitating Cultural Reconnections:** BUABAH's efforts led to rekindled relationships with extended family members, with the Practitioner's support being essential for clients to reach out and rebuild these connections, enhancing cultural ties and family support networks. • **Recognition of BUABAH's Impact:** Child protection stakeholders acknowledged BUABAH's success in reconnecting families, emphasising its importance in preventing baby removal and fostering cultural and family bonds. • **Welcome to Country:** Welcome to Country ceremonies were initially planned to welcome baby to Community but needed to be postponed due to client needs (e.g. personal crisis) and difficulties scheduling for several families at different points of their journeys. This demonstrated the program's sensitivity and balance between prioritising immediate needs, with intentions to revisit important cultural practices when more feasible (beyond the timescale of this evaluation).
• **Reduction in unborn child reports to CP from FH**	Interview data	• No	• **Unexpected Primary Referral Pathway:** Despite the program's aim to reduce unborn child reports to child protection through early engagement with midwives and secondary consultations, the majority (*n*=5) of referrals came directly from child protection rather than from FH, necessitating ongoing child protection involvement and limited coordination with FH.
• **Increased awareness**	Interview data	• Yes	• **Enhanced Awareness of Child Safety**: Evidence of parents' increased ability to recognise risks to child safety can be inferred from BUABAH's practice approach, which emphasises transparency

Anticipated Outcome	Source of Evidence	Outcome Met	Key Findings
of risks to child safety			and openness with families about child protection risks, and the high level of client engagement in services to address risk of future harm to the unborn baby discussed above.
• **Increased client personal safety and self-efficacy**	Interview data	• Yes	• **Building Trust in the System:** Participation in the BUABAH Program helped families overcome fears and distrust towards support services, showing them that services and supports are there to help and guide. • **Empowerment and Self-Determination:** Clients gained confidence to navigate the service system independently, reaching out to services like family violence support on their own and advocating for their children, highlighting a shift towards self-determination and agency. • **Increased Self-Efficacy:** Engagement with the BUABAH Program revealed clients' hidden talents and strengths, enhancing their self-efficacy. For example, a client's creative gifts led to consideration of further education or starting a small business, reflecting growth in confidence and positive future planning.

7.2.1. Increased Client Engagement in Antenatal Services

The BUABAH program logic model anticipated enhanced health and wellbeing outcomes for mothers and babies (long-term outcome), via increased engagement with antenatal services. A BUABAH client described how attentive and reliable she found the BUABAH practitioner to be, in supporting her with antenatal appointments and linking her up with the right groups and services after birth:

"Any time I needed something, she was there. She asked, 'Can I be there?'"

BUABAH Client

> *She came to one of my ultrasounds also. Any time I needed something, she was there. She asked, 'Can I be there?'… She helped me organise to go to a supportive playgroup also.* (BUABAH Client II).

As explained by several BAUBAH team members, facilitating engagement with antenatal services included paying close attention to logistical matters such as appointment scheduling, reminders, and transport to and from the service (BUABAH Team Members A and D). Beyond the logistical, however, the BUABAH practitioner also needed to address psychological barriers to engagement in antenatal services; acknowledging and working with the trauma that many families had suffered during previous encounters with the hospital and child protection, and erosion of trust due to injustices inflicted upon previous generations. As demonstrated by the comments of two BUABAH team members, the program was able to work with clients to support their engagement with antenatal services provided by the hospital, or otherwise, connect women to antenatal services provided by an Aboriginal Community Controlled Health Organisation (ACCHO):

> *… we had some families who also incurred trauma through the hospital system with either previous children or themselves. So, it was supporting these mums to overcome that and not miss appointments because they couldn't face it themselves… really providing that encouragement and support…* (BUABAH Team Member D).

… when we realised that Mums weren't doing their antenatal, well, we know First Peoples Health [First People's Health and Wellbeing] are really great. They've got mental health supports and psychologists, maternal child health nurses, they've got midwives. So, it's like a one-stop shop, and that worked for our families. And, they trusted in that service... from a cultural lens as well, they do things differently and families really take to that. So, that was really great to have that working relationship and services available to our families. They [First People's Health and Wellbeing] went above and beyond as well to support families. They're like, "What can we do?... Yes, we can go and do a visit to the family at the home" even though that's not in their scope [of service]. (BUABAH Team Member A)

The BUABAH practitioner was required to build a positive relationship with the mother, while maintaining transparency about the consequences of failing to receive antenatal care. As described by several BUABAH team members, the BUABAH practitioner navigated this successfully, leading to enhanced engagement with antenatal services:

… The women who don't want to attend a hospital service, in fear of child protection removal… she's [BUABAH Practitioner] been able to be really creative in [helping] them attending those antenatal visits… [and] she's actually having those really up front conversations with them to say, "if you don't go, child protection will be on your back. I'm going to be with you, I'll take you"… she's given them all of the resources and materials that they need to be able to access the services… and also [restored] trust in the services… she's been able to get them to those antenatal visits and get mother and bubba checked out the whole way through. And, also birth safely in a hospital. (BUABAH Team Member B)

…[it's so important] to have that oversight to attend antenatal appointments to make sure that baby is growing as it should, identifying things like gestational diabetes earlier on, supporting in the treatment of that… I definitely felt that a lot of things were picked up a lot earlier with that antenatal engagement… [we were] engaging the right services within the hospital to support them while making sure they were culturally appropriate where possible. (BUABAH Team Member D).

Child protection team members also emphasised how impressive antenatal care utilisation was, given the service history and complexity of BUABAH clients:

Some of those clients had a history of not engaging in any antenatal care, but I think that's really important to know and some of them have had multiple pregnancies where they birthed in public or they'd present [to the hospital for the first time] at birth, and had little or no [prior] presentation, or they'd only present after a family violence incident or drug related issues. They actually wouldn't primarily present for the pregnancy. (Community-Based Child Protection Team Member Y)

"…despite their complexity, all mums have birthed at hospital and all mums have been supported to attend medical and antenatal care appointments"

Community-based Child Protection Team Member

…despite their complexity, all mums have birthed at hospital and all mums have been supported to attend medical and antenatal care appointments, either with BUABAH or by themselves. They've been able to get themselves there, and all have been linked with Koori Midwife Services at a hospital as well…

that's definitely an improved outcome for Aboriginal women in their pregnancy… when there is crisis and complexity, the main concern has been women receiving antenatal care, but not only for the infants. For themselves, gestational diabetes, preeclampsia, there's been Aboriginal women [clients of the BUABAH program] who have presented as quite physically unwell and have needed their own medical treatments for other health issues as well… (Community-Based Child Protection Team Member Z)

Further, child protection team members commented how significant this overall shift was – not only for the women receiving services, but also the broader impact on the health and care system, where improvements to cultural safety practices were made as a result of efforts by the BUABAH program team:

A really huge shift for those women in the way that they see the service system. And, BUABAH's been quite instrumental in helping support them to access services, because hospital employees, I'm told, are seen as quite culturally unsafe… BUABAH have been great at helping lead the work with those hospitals around why it's important to engage and encourage mums with unborns to engage earlier rather than later… they've been great doing that educational work, because we [child protection] are the wrong people to lead it. Having an Aboriginal-led service [say] they know this [standard approach] is counter-productive to our mum's best interests… We need you to support mums to get the help that they need… [and] that's been incredibly helpful, because, that's a service gap at the moment [and] BUABAH's just stepped into the fold. (Community-Based Child Protection Team Member Y)

7.2.2. Increased Client Engagement in Services to Address Risk of Future Harm to the Unborn Baby

In addition to linking BUABAH clients with antenatal care services, coordination between the BUABAH practitioner and various community services featured strongly in interview data, such as:

…detox, rehabs, putting the mental health supports in early on, such as psychologists, psychiatrists, alternatives to self-medication through illegal substances, family violence interventions, safety planning, practical safety measures where there is family violence within or outside the home, transiency and linking the family into services so they could have stable and appropriate house for when baby was born, including connecting families into refuges if need be. [Also] parenting supports where families had a history of being unable to meet baby's needs or having children out of care. Supporting if there were criminal legal proceedings. Provide support letters and attending court with the families. Exploring what services could be involved in a corrections kind of space. (BUABAH Team Member D)

> **"...no-one highlights the positive things that a family does, and I think BUABAH really held that to account... and then you're seeing that change in the care team as well - highlighting the positive"**
>
> **BUABAH Team Member**

Both BUABAH clients who were interviewed spoke about how much they valued being connected and introduced to much-needed services, such as additional psychological and parenting supports.

BUABAH team members also played a leading role in coordinating care across various services and professionals assisting the client. This included initiating a care team meeting when a client became overwhelmed and confused by the number of services they were involved with, and working closely with key professionals; demonstrating a high degree of person-centredness and attunement to the client's experience, needs and what would lead to the best outcome:

> *We would create care team meetings for the families and pull together all the ones that were involved. [One Mum] had an extensive care team… [but without coordination] it ended up being too much, too many… You'd also get some Mums who didn't have anyone at all, but I was able to go out and have those appointments and* meetings *with the obstetrician and the midwife and the GP appointments. For them, it wasn't about pulling the whole care team in and together, but going out and working with them individually.* (BUABAH Team Member C)

Care coordination also involved identifying 'what services can be streamlined' or sequenced so that the most pressing areas of need are prioritised. For instance, one BUABAH team member stated: 'if child protection were involved at… early gestation, and I was able to identify what would be seen as risks, then I could allocate or delegate tasks to the care team to work specifically on those pressing issues that would [otherwise] increase child protection risk assessment when they became involved' (BUABAH Team Member D). Similarly, through the care coordination role, the BUABAH team was instrumental in keeping the broader care team accountable for ensuring actions were followed through within necessary timeframes. Where necessary, this included reminding care team members that the window to address child protection risks was narrow and action was urgently needed: 'we've only got a certain timeframe and [if you can't attend the meeting] you need to report to us every week to let us know what's happening, because if this doesn't happen [in time], there could potentially be a child removal' (BUABAH Team Member B).

> **"...we were on the same page in terms of the concerns and then how to manage those concerns, how to have those conversations with the mother...what can happen is a split care team and there's a lot of energy battling [each other]... less focus on how can we help the family"**
>
> **Community-based Child Protection Team Member**

Another vital role played by the BUABAH team, was to help the care team understand their client, their client's story, and their strengths. This affected the way clients were seen by health professionals, and encouraged a strengths-based approach to meeting health and social care needs:

> *…it was a critical part of the program to be part of that care team, to coordinate that care team, to be the voice, because BUABAH is the one that builds the relationship with the family, they're the one that know the family inside out, compared to the other services. Really highlighting how the family is and what observations we see and [particularly] the positive side of things. We [as a social*

care system] always discuss the negatives, and no-one highlights the positive things that family does, and I think BUABAH really held that to account… and then you're seeing that change in the care team as well and highlighting the positive. (BUABAH Team Member A)

7.2.3. Richer Client Networks of Aboriginal Community and Extended Family Support and Engagement in Cultural Activities

The BUABAH logic model anticipated that the BUABAH program would help strengthen the client's connection to important informal supports such as family members and mob, and support their (and/or their child's) participation in cultural activities. With regards to the former, there is strong evidence that the BUABAH program helped repair key relationships, including with estranged immediate family members. As recalled by one BUABAH client:

> *It was good after we had sorted out [where to live with my newborn]… [during the post-birth interview with child protection] I was trying to think of somewhere that would be safe for [baby] and myself. I suggested my [estranged extended family member] and I was in tears trying to talk to him. He said, "Of course you can [live here]." I didn't think I would be going to live with my [elderly family member] – not at this age, and not with a newborn… [but he] said to me the other day.. it's like [baby] is repairing something [in our family].* (BUABAH Client II)

A BUABAH team member spoke about another client who was suffering a breakdown in a relationship with a family member shortly after the birth of their child. The client believed that the other person was making malicious reports to child protection. The BUABAH team managed the situation by helping child protection understand the familial context, and by working closely with the family, to de-escalate tensions:

> *[An]other family had a very toxic relationship between the mum and [her immediate family member], almost wanting to take over the parenting… [we were] explaining to child protection that that's normal. [Family members] fight… Let them work it out… [and] obviously get involved at a certain point if it is a risk to the child, but this is going to happen back and forth and you need to respect mum's voice in this… it slowly died down with the reporting… every little move mum did [to] child protection. By the end of the program, they were able to work together, and you know how 'it takes a community to raise a child' they got that in the end. It's almost like they understood that concept and were able to support one another.* (BUABAH Team Member A)

"[In the context of a very toxic family relationship] by the end of the program they were able to work together, and you know how 'it takes a community to raise a child' they got that in the end. It's almost like they understood that concept and were able to support one another."

BUABAH Team Member

The same BUABAH team member spoke in more depth about the process that the program took to help repair family relationships. This involved first facilitating a reconnection (particularly where the client felt anxious or ashamed to reach out) and slowly getting the family members more involved in caring for the newborn. If interpersonal issues arose, the BUABAH Practitioner also provided support to debrief, reframe, and find a better way to work together:

… There's probably about three families that we worked with who had really negative relationships with their family, like their mum, their dad, their sisters and things like that… we were able to reconnect the families. We were able to build those relationships slowly with the families and get the families involved to be a part of caring for the child… leaning on the paternal and maternal grandparents, or the Uncle to be there to support mum when mum was ashamed to ask for support, and then [being able to say]: the love of this child has brought everyone back together, and BUABAH is there to build those relationships alongside the family… and If something is to happen [between family members] we're able to debrief, and then look at it different angles and how we can help repair the relationship. So, a lot of that work was done and there's been a lot of great connections back to family where there were no connections… (BUABAH Team Member A)

One BUABAH client spoke, with great excitement, about the various relationships that were being rekindled thanks to the help of the BUABAH practitioner. She also stated that she would not have otherwise reached out to these family members (or taken other steps to facilitate the reconnection, like securing transport to visit them) without the support and a helpful 'push' from the BUABAH Practitioner:

I hadn't spoken to my [immediate family member] in years and now he has actually come over and met [baby]. [Another immediate family member] has sent a message through another friend, too, that she wants to come and meet [baby]. We are now working on [another immediate family member]. [It wouldn't have happened without the BUABAH Program] because I wouldn't have bothered. I want [baby] to know their family and know where they come from. [Baby] deserves that. (BUABAH Client II).

[The BUABAH Practitioner has helped 'push me' to get] my driver's licence… I don't know if I would have done it as soon as I have… Now we're pushing to get me a car so that I can get around with [baby]… The day I get my licence back is the day I'm going to my [estranged immediate member's] door [to reconnect]. (BUABAH Client II)

"we've been able to pull together family support and mitigate risk and have this baby safely in the mother's primary care. So, I think that's a beautiful example of the links back to family and culture, for that baby"

Community-based Child Protection Team Member

Child protection stakeholders spoke about how difficult the task of reconnecting families can be, and commented on how remarkable the achievements of the BUABAH Program were in this regard. They also emphasised how critical these re-connections were in preventing the removal of the infant:

… there is a beautiful case example of a [BUABAH] Mum reconnecting with family and through the AFLDM [Aboriginal Family Led Decision Making] process, as well through child protection, we've been able to pull together family support and mitigate risk and have this baby safely in the mother's primary care. So, I think that's a beautiful example of the links back to family and culture as well, for that baby. (Community-Based Child Protection Team Member Z)

Cultural activities including a Welcome to Country ceremony and making of a possum skin cloak for new babies were part of the BUABAH program blueprint (see Figure 2), but ongoing crises led the team to postpone. This also

demonstrates how attuned the BUABAH team were to the needs and priorities of their clients, as opposed to imposing planned project activities on clients at the wrong time:

> *We had some amazing plans and I actually had some consultations with some Elders… it would be a smoking ceremony. The babies would be placed in pods underneath the Indigenous gardens and the babies would be given some soil from Bunurong country where they were welcomed to Country. That would be something they could keep as their connection to the land throughout their lives… but being able to find a specific time and day that was suitable to do that with their families, it was just impossible. It was always a crisis mitigation… So, that's why I thought it would be more appropriate to do that kind of cultural welcoming when things were more stable, which we were seeing around the six-month mark post-birth.* (BUABAH Team Member D)

> *I think we misjudged the intensity in the crisis and the complexity [of these families]. If we had more time, we would have been able… to do a Welcome to Country for baby… but we weren't able to because [our primary focus has been] crisis response, right up to the very end. But as they move on to maybe family services as a dropdown service, that's something that they can focus on and… enjoy in a natural way rather it being forced during crisis. But in regards to culture, everything was done from a cultural lens.* (BUABAH Team Member A)

7.2.4. Increased Awareness of Risks to Child Safety

The logic model anticipated that BUABAH clients would gain an increased awareness of certain behaviours and their potential impact on the unborn baby. To protect the psychological safety of research participants and to guard against any need for mandatory reporting, interviewees were not directly asked about risk factors, behaviours associated with risk, or their attitudes surrounding behaviours that may cause child protection worries, and so data that directly addresses this step in the logic model is not available as part of the evaluation. Evidence of parents' increased ability to recognise risks to child safety can be inferred from BUABAH's practice approach, which emphasises transparency and openness with families about child protection risks, and the high level of client engagement in services to address risk of future harm to the unborn baby, discussed above. Further, BUABAH team members' reflections on their process, and how this relates to shifts in client attitude and behaviour is addressed in Section 9.1.2 of this report (VACCA's Cultural Therapeutic Ways). Finally, evidence relating to improved child safety outcomes is discussed under Section 7.3.2 of this report.

7.2.5. Reduction in Unborn Child Reports to Child Protection from Frankston Hospital

Midwives are a key profession dealing with the initiation of child protection reports concerning an unborn baby. Through secondary consultations with the BUABAH practitioner, and the availability of the BUABAH program as an alternative to making a child protection report, it was anticipated that the overall number of unborn child reports to child protection initiated from FH would reduce. Although the evaluation did not seek access to the actual number of reports prior to, and during, the BUABAH program, very few referrals to the BUABAH program were received from FH (this is further discussed and explained under Section 9.3 of this report). Most (*n*=5) referrals to the BUABAH program came directly from child protection, following an unborn child report.

7.2.6. Increased Client Self-Efficacy

Participation in the BUABAH program appears to have led to a new capacity to trust that 'the system' would help rather than harm. Acknowledging intergenerational trauma and the injustices caused by past and present systemic racism and discrimination, the significance of this leap of faith – to work with the system rather than fear it, fight it, or hide from it – should not be underestimated. As one BUABAH team member articulated:

> **"...families that we've worked with have shied away from the system... and to see them grow trust in the system, trust in VACCA, trust in supports, I think that's a huge difference, and it's a learning – a life lesson that, if you ever need help, there is a system of supports there for you."**
>
> **BUABAH Team Member**

> *Most significant positive impacts? I think trusting in services and the system. I think that we've been able to, in the BUABAH program, show families that they are valued, they do matter, and that if we work with the system appropriately or in the correct manner, that they are there to support you and guide… and work with you to get the best outcome for you and your family. That's been the significant impact – families that we've worked with have shied away from services, shied away from the system… and to see them grow trust in the system, trust in VACCA, trust in supports, I think that's a huge difference, and it's a learning – a life lesson that, if you ever need help, there is a system of supports there for you, don't ever feel like you're alone or there's no-one there for you. I think that has been huge.* (BUABAH Team Member A)

For some clients, this renewed faith in the system seems to have grown their confidence in navigating the service system themselves rather than seeking support from the BUABAH practitioner to make introductions or connections. As described by one BUABAH team member, this includes clients reaching out to family violence services, or feeling empowered to advocate for their child when needed:

> *I think the other thing is that, because of the way that [the BUABAH Practitioner] works, in such a strength-based way, it actually, over time, encouraged the women themselves to be able to have that self-determination and advocate for themselves with their own agency to make the phone calls that they need to make. So, for example, one of them made her own phone call to Safe Steps, another one made her own phone call to her childcare centre to advocate for her child. So, it's not [BUABAH] going in as rescuing and saving, it's more about building that self-determination and agency within themselves as mothers and women.* (BUABAH Team Member B)

Another BUABAH team member made similar comments on how clients had grown their capacity and sense of empowerment to access the service system on their own terms:

> *I often hear [the BUABAH practitioner] say, 'I didn't tell mum to do that', or 'I didn't recommend mum to do that, she did it on her own, like, she found this program'. So, that's what we've noticed with a lot of the families - we haven't actually connected them to the services or supports or groups, they've done it on their own. Their own capacity has grown through having the confidence in the system and confidence in themselves to make the right decision and know what to do… so, that's a massive difference that I've seen. They're actually reaching out and doing it on their own.* (BUABAH Team Member A)

The same BUABAH team member spoke about a client who had made a gift for the BUABAH practitioner, to show her gratitude for the support. This small act shone a light on the client's artistic and design talents, and from this, the client's confidence and sense of self-efficacy grew; and they began taking steps to make more items, consider enrolling in a course, or how they might start a small business that could fit around being at home with baby:

> *…for her to come out and go, 'Well, this is what I made you,' or, 'This is what I've been working on'… that was huge because it distracted her from negative associations and negative activities. She's actually turned it into something positive now that she's spending her time creating and doing this task. The natural thought process is, 'Hang on a minute. I'm really good at this. What should I do next?' And, it's easier to make good choices [when you feel good about yourself]. So, it's like, 'Do I do a photography course?' And then, natural conversations go to positive outlets and positive pathways. And, 'Let's talk about career' and, 'What can you do when you're a stay at home mum?'. That will be a great option for you right now is you can do that work from home. You can be flexible around your baby.* (BUABAH Team Member A)

7.3. Long-Term Outcomes

Findings related to anticipated long-term outcome are presented in Table 4 and discussed below.

Table 4 Summary of Key Findings: Long Term Outcomes

Anticipated Outcome	Source of Evidence	Outcome Met	Key Findings
• **Decrease in pre-term birth, small for gestational age & stillbirth**	Interview data; numerical case outcomes	Partially: some data not available	• **Improved Birth Outcomes**: CBCP noted BUABAH's success in ensuring all clients received antenatal care, birthed in hospitals, and many chose breastfeeding, marking significant improvements from previous pregnancies where engagement with health services was minimal. • **Engagement with Postnatal Services**: Following birth, all BUABAH clients engaged with MCH services, contrasting with their prior minimal health service engagement. • **Cultural Safety Enhancements**: Positive birth and neonatal outcomes were attributed to BUABAH's efforts in making hospital settings more culturally safe, leading to clients viewing hospitals as safer spaces and being more receptive to extended postnatal stays for mothercraft and parenting skill development. • **Data on Birth Outcomes**: Although specific data on pre-term births and size for gestational age were not accessed, no stillbirths were recorded.
• **Decreased child safety concerns** • **Decreased child protection intervention following birth**	Interview data; numerical case outcomes	Yes	• **Effective Case Management:** BUABAH provided case management for seven women, leading to six babies being discharged to the mother's care and one to kin, indicating effective risk management and support. • **Proactive Approach to Risk:** BUABAH's vigilant assessment of risk and management significantly reduced child protection interventions, addressing issues like safe housing and substance abuse, and fostering a meaningful connection between clients and their support networks. • **Reduction in Child Protection Involvement:** Despite the higher than anticipated number of referrals received directly from child protection, the BUABAH Program led to a notable reduction in child protection involvement, with a decrease in legal interventions post-birth and successful early interventions that ensured safe childbirth and care arrangements.
• **Increased cultural connection**	Interview data	Yes	• **Cultural Connection Enhancement:** BUABAH significantly aided clients in reconnecting with their culture, family, and community thereby reinforcing cultural identity and belonging through community support and celebrations. • **Decolonising Assumptions around Child Rearing:** BUABAH educated child protection and the broader sector on the importance of the extended family in child-rearing, challenging Western-centric models and promoting integrated, community-involved child rearing. • **Building Trust and Understanding:** BUABAH's success in bridging cultural disconnects was noted by child protection, highlighting the importance of the Program's community-based approach that fosters trust and a deep

Anticipated Outcome	Source of Evidence	Outcome Met	Key Findings
			understanding of Aboriginal culture, family life, and child rearing practices. • **Trauma-Informed and Culturally Safe Practices:** In the one instance where child safety concerns led to removal, BUABAH ensured that the process was handled in a trauma-informed and culturally sensitive manner. BUABAH also enhanced cultural connections by facilitating kinship care arrangements.
• **(Unanticipated) Growth in Client Parenting Self-Efficacy and Capacity**	Interview data	Yes	• **Foundation for Parenting Focus:** BUABAH's early intervention approach stabilised mothers' circumstances, allowing them to focus on improving parenting capabilities. • **Affirmation of Parenting Skills:** BUABAH clients felt affirmed in their mothercraft skills and parental capacity, with the Practitioner's encouragement significantly boosting their self-confidence and belief in their abilities to be good parents. • **Overcoming Internalised Prejudice:** The BUABAH Practitioners' affirmation and support addressed internalised prejudice and helplessness among clients, enhancing their self-perception as capable and successful parents. • **Influence on Care Team Attitudes**: BUABAH's affirmative practices influenced the attitudes and behaviours of the entire care team, extending the supportive network for the client's growth as a parent, while providing constructive feedback on parenting.

7.3.1. Birth and neonatal outcomes

CBCP team members provided rich interview evidence in support of BUABAH's positive influence on birth and neonatal outcomes. This includes achieving key outcomes at the time of birth and postnatally, such as: all clients of the program received antenatal care and birthed in hospital; several clients chose to breastfeed; and all clients engaged with MCH services after birth (Community-Based Child Protection Team Member Z). These achievements were a dramatic improvement when compared with their engagement with health services for earlier pregnancies, which was minimal, at best:

> *Some of those clients had a history of not engaging in any antenatal care… some of them have had multiple pregnancies where they birthed in public or they'd present [to hospital] at birth, and had little or no presentation [prenatally], or they'd only present after a family violence incident or drug related issues. They actually wouldn't primarily present for the pregnancy.* (Community-Based Child Protection Team Member Y)

Another CBCP team member attributed these positive outcomes to BUABAH's work with the health and care system, ensuring that it was culturally safe for BUABAH clients:

> *…they [BUABAH clients] are now viewing hospitals as a safe space, so many of them are actually accepting extended stays as well, in hospital, to have that time to build the mothercraft and parenting skills. Whereas, previously, some of those women were wanting to leave hospital immediately after birth. So, they are receptive to support that's been provided and I think that's because there's a lot of work being done about trying to make hospital settings more culturally safe. And, I think BUABAH's work with the Koorie midwives has really increased that sense of safety for Aboriginal women in hospitals as well.* (Community-Based Child Protection Team Member Z)

"they are now viewing hospitals as a safe space, so many of them are actually accepting extended stays as well, in hospital, to have that time to build the mothercraft and parenting skills. Whereas, previously, some of those women were wanting to leave hospital immediately after birth."

Community-based Child Protection Team Member

The evaluation team were unable to access data pertaining to baseline or actual pre-term births for the Program. Of the two interviewees who consented to share their data with the evaluation, one was pre-term and one was not. Access to data on size for gestational age was not available. There were no stillbirths recorded for pregnant women who participated in the BUABAH Program.

7.3.2. Decreased Child Safety Concerns and Child Protection Intervention Following Birth

Information provided by VACCA indicated that seven women received case management support from the BUABAH program, five of whom were referred by CBCP. Of the seven cases, six babies were discharged from hospital to the mother's primary care, and one baby was discharged to the care of kin.[11] One of the six babies discharged from hospital into their mother's care was subsequently placed in a kinship care arrangement at 5 months of age.

Interview data indicate that the BUABAH program took a very proactive approach to risk assessment and management, which seemed to prevent child protection interventions following birth. For instance, a hospital employee noted how successfully the program had worked to resolve key risk factors, such as finding safe housing arrangements, disconnecting the client from friends who use alcohol and drugs, and connecting the client to key supports early enough to 'keep baby' and avoid infant removal or other legal proceedings:

[11] As highlighted below, the BUABAH program provided secondary consultation to child protection on a further four cases.

[Thanks to] BUABAH, [the client] did successfully engage with her family, got some housing and she was well supported in that early period just after birth and making sure she's set up with everything she needs at home to be able to keep baby. She was able to get away from the social stuff, like drug use and alcohol due to BUABAH's support. (Hospital Staff Member)

A BUABAH team member explained how these practical shifts were supported by a deeper level of work, whereby establishing a meaningful interpersonal connection between practitioner and client and between the client and important informal connections in their life, paved the way for 'cycle-breaking', sustainable change:

> **"…the ripple effect of putting those supports in place and getting to the core and the vulnerable side of these women who have endured so much… if you start peeling back those layers, you realise it's the same for everyone. They want to be connected. They want a sense of belonging"**
>
> **BUABAH Team Member**

child protection work on a risk assessment basis, so the more supports we could put in place to address what was going on for the family, the lower the risk assessment for child protection would be… [Beyond interventions for alcohol and drug abuse, mental health, family violence and housing]… we'd [also] look holistically at the family dynamic and the individual as well… to build those foundations to break that cycle… the ripple effect of putting those supports in place and getting to the core and the vulnerable side of these women who have endured so much… But, if you start peeling those layers, you realise it's the same for everyone. They want to be connected. They want a sense of belonging and a lot of the time that's through family, through kinship… I wasn't expecting these women to reconnect to family, to services, et cetera… what we would usually see as a removal wasn't even entering the legal court system, legal space. (BUABAH Team Member D)

Interviewees consistently commented on positive, improved or better than otherwise expected child protection outcomes. One BUABAH client reflected on the pivotal role of the BUABAH program in bringing about the closure of their case with child protection:

Child protection's not involved [now] so, that's a massive outcome there… [the BUABAH Practitioner] was a massive part of [child protection] closing [my case]… 'cause we had to go to counselling, drug and alcohol so, she did all that, for them to close… [If BUABAH wasn't helping] they'd still be involved… I feel like I'm more happy, even though, I've got shit to deal with… I'm happy. (BUABAH Client I)

Similarly, hospital staff commented on how the BUABAH Program had helped to significantly reduce child safety concerns:

…one referral that I sent through - she was high risk all round and I really think that having BUABAH there… they managed to turn things around really well… [When she first presented to hospital] she had drug use and violence and no housing and all that kind of stuff. And, she managed to turn everything around with that support. (Hospital Employee)

BUABAH team members shared similar observations about the efficacy of the BUABAH program in reducing child safety concerns and the involvement of child protection. They noted:

We had families who [initially] had child protection involved, and since BUABAH began working alongside those families, child protection [became less directly involved, acting more] as a safety net. They kind of viewed us or, viewed the family, as being safe enough for child protection to step out and therefore minimise children entering the statutory system. (BUABAH Team Member E).

… this program has made a world of difference and has had really great outcomes in order to achieve that. If it wasn't for this program, we would have seen a different outcome. We would have seen removals, we would have seen that constant back and forth between child protection and the families… [BUABAH has helped] families to understand the child protection system, to understand what the responsibility of child protection is, and I also believe that the program has also helped develop child protection's practice in responding to unborns from a cultural lens… massive outcomes there… (BUABAH Team Member A)

…if the BUABAH project wasn't involved, a lot of [BUABAH clients] may have remained on the drugs that they were on, lived in homelessness, the squats and the couch surfing that they would have been in, they wouldn't have been wrapped around with the support that they need in order to have that clarity of mind during labour and also early parenting. Parenting would have been on the back burner, it would have just been babies born, child protection comes in, see you later and it would have been another statistic of a child removal. (BUABAH Team Member B)

"[the BUABAH Practitioner] was a massive part of [Child Protection] closing [my case]… 'cause we had to go to counselling, drug and alcohol so, she did all that, for them to close… [If BUABAH wasn't helping] they'd still be involved."

BUABAH Client

It is worth noting that the aim of the BUABAH program was to identify risk factors for child abuse and neglect early in gestation (up to 24 weeks), and to intervene and support women to reduce harm to children and reduce the need for child protection involvement. Given the unexpected high number of referrals that came directly from child protection[12], statutory involvement was not avoided. However, as observed by a CBCP team member, the BUABAH program helped avoid legal intervention following birth, an increase the involvement of mothers and kin as primary carers where legal intervention was deemed necessary, which was regarded as a substantial achievement:

…Community-based [child protection] made five referrals to the BUABAH program and BUABAH completed four secondary consults and attended three cultural planning meetings. Of the nine families[13] that we worked together with… five babies were in mother's arms post-birth, three babies were subject to legal intervention… It just highlights the significant decrease we had in legal intervention, post-birth. And, also: of the babies that were subject to legal intervention, we were able to keep one baby with mum, and two in kinship placements… [which] shows how many women we were able to have early intervention with, that birthed safely, with their babies in hospital, despite multiple crises that happened

[12] Five of the seven women supported by the BUABAH program were referred by child protection.
[13] One baby was later confirmed to not to be pregnant.

during their pregnancy…. So, I think it's really positive across the BUABAH group here, that we were able to achieve that for those families. (Community-Based Child Protection Team Member Z)

As stated by a CBCP team member:

It may not be that we can divert from child protection, but at least there can be a better understanding from the mother about what's involved, about what their rights are as well. (Community-Based Child Protection Team Member X)

And despite the ongoing involvement of child protection, the same interviewee commented on how effective BUABAH's wrap around service was, in mitigating child protection worries and facilitating 'really successful outcomes':

… there was one [client who] was in and out of rehab - issues with accommodation, issues with criminal justice system. Knowing that BUABAH was able to support her and try do their best to help her was hugely helpful for us… we've seen really successful outcomes for families… (Community-Based Child Protection Team Member X)

7.3.3. Cultural Connection

The program logic anticipated that participation in the BUABAH program would facilitate a long-term improvement to clients' (and their baby's) connection to culture. Interview data provided evidence that this was achieved. As touched on under Section 7.2.3, the BUABAH program was highly successful in supporting clients to reconnect with culture, through strengthening ties with their extended families and communities:

… finding resources that were culturally safe so that we can bring it all together and when the new baby was born the whole family were able to be a part of that celebration and connecting them with culture. And, even if they weren't living on country, supporting them with local communities within the area, so that they didn't feel like they were on their own raising a child, like there was a whole community out there that can support them. (BUABAH Team Member E)

BUABAH's work in this area can also be seen as part of a broader decolonising effort – educating child protection and the sector more broadly, on more collective ways of child rearing, which involves the entire extended family:

… We always ensure that an AFLDM - Aboriginal family-led decision-making meeting, is completed. So, that's about getting the whole family together to understand where they can support in that process. There's reconnection. I think child protection can now see… it does 'take a village' [to raise a child] within culture. It doesn't always have to be Mum providing those [care essentials] – extended family can meet the baby's needs, not just mum. (BUABAH Team Member D)

"… it's not unusual for a lot of our families to come through and… have a real disconnect from culture. BUABAH has been… recreating connections and mending ruptures"

Community-Based Child Protection Team Member

This sentiment was reiterated by child protection, who remarked on the important role of BUABAH as the facilitator of these connections (to family, mob, and culture), and how this sort of work can only be done from within Community, where trust and a deep understanding of culture exists, rather than imposed by external agencies or departments with Western roots and a mainstream service logic:

> *Traditionally, we've had really unsuccessful outcomes in the unborn space, and I think it's due to intergenerational trauma and the impact of colonisation… without BUABAH, we would have a legal framework [in place] and the child would be in care, but because [BUABAH] know the Community, they're able to engage and challenge and support, but, coming from a really strong cultural lens… A lot of the work that they do is recreating those connections to family, to culture, to community. A lot of our clients are intergenerational child protection clients, so there's a complete disconnect from all of these support systems. We've seen incredible success.* (Community-Based Child Protection Team Member Y)

> *… it's not unusual for a lot of our families to come through and… have a real disconnect from culture. BUABAH has been connecting mothers with playgroups and activities at gathering places and bringing them to community events and… recreating those connections and mending ruptures and, there's been incredible success with that.* (Community-Based Child Protection Team Member Y)

Indeed, one BUABAH client who was not from an Aboriginal family and who gave birth to an Aboriginal baby commented on how valuable this bridge to culture was to her, and the ongoing connection to culture for her baby:

> *The support that we got from VACCA about [baby's] heritage has been helping me find out about [baby's] "stuff" [connection to culture]. It's been helping me go to the [VACCA cultural] playgroups and things like that, which I never would have tried to look up and go to if it weren't for [the BUABAH Practitioner] and everyone here.* (BUABAH Client II)

It's also worth noting the importance of BUABAH's cultural lens in helping to address child protection concerns and associated advocacy. Indeed, a strong finding from interviews with CBCP emphasised how vital it was for clients to receive a service that operated from a strong understanding of Aboriginal culture, family life and child rearing:

> *[…whereas child protection] would go out and that same mother would say to us 'I don't have any family, there's no one.' And, we'd have this huge risk, no safety and we would be forced into making a decision based on risk that nobody wanted to make or felt comfortable with. But, because we have [the BUABAH] worker near the family, near the extended family, they're able to… identify suitable extended family or community members that we can assess and do our due process and then, Mum has the support she needs until we get AoD or family violence supports around her. And, during that time, [BUABAH's] doing more work with her on culture and if there's been conflict and breakdown of family relationships, helping support mending those ruptures… what [BUABAH] has done is tackle the incredible challenging hard stuff and turn things completely around.* (Community-Based Child Protection Team Member Y)

And where child safety concerns were not able to be resolved, BUABAH was able to ensure that the removal process, and any steps towards reunification, were approached in a trauma-informed and culturally safe way:

> *…the one removal that there was for baby, BUABAH played a huge part in being part of the hospital meetings and removal process and what it should look like, and how it should be done. [It was] less traumatic and allowed Mum to spend a bit more time with baby instead of having baby removed straight away. So, that was a huge input by BUABAH there to change that practice, and I think for community-based and child protection to see how that played out might have changed the way that they do things in the future… It was about child protection consulting with VACCA around how we should do this culturally and getting the cultural input so that – having BUABAH there allowed those conversations. If BUABAH wasn't there, those conversations would never have been opened up.* (BUABAH Team Member A)

> **"…The support that we got from VACCA about [baby's] heritage has been helping me find out about [baby's] 'stuff' [connection to culture]… I never would have tried to look up and go if it weren't for [the BUABAH Practitioner] and everyone here."**
>
> **BUABAH Client**

> *It's not an uncommon situation for child protection to become involved, remove the infant, and then the parents sort of drop off for a multitude of reasons. Having a program like BUABAH can be helpful in helping to prop parents up and keep them engaged so that they can at least continue contact with the baby. It's not ideal to work towards reunification - preservation would be best. But, at least there can be contact if neither of those weren't an option.* (Community-Based Child Protection Team Member Z)

7.4. Unanticipated Benefits and Outcomes

7.4.1. Parenting self-efficacy and capacity

As well as achieving anticipated long-term outcomes in areas including enhanced birth outcomes, decreased legal intervention, and increased cultural connection both BUABAH clients who participated in an interview expressed feeling deeply affirmed for their mothercraft skills and their capacity as a parent due to the encouragement of the BUABAH practitioner:

> *[The BUABAH Practitioner] tells me all the time that she can't believe how well I'm doing and how well I've pushed through with [baby]. It's so good that someone believes in me and knows that I can do it. I just want to be the best Mum I can for [baby].* (BUABAH Client II)

> *When I feel like I'm failing, [the BUABAH Practitioner]'s like, 'no, every mother goes through this, like you're not failing, you're just – you're human. It's a learning challenge, because you learn every day when you're a mother. There was no book or manual on how to be a mother or a parent, you just – you learn from it.' Learn as you go - that was good… when I feel like I'm down, I've always got the things that she's said pop up in my mind and I'm like, I'm doing a good job. I'm not failing… I always just come back to what she's told me.* (BUABAH Client I)

As commented by one BUABAH team member, this sort of affirmation and increased self-confidence as a Mum, is crucial in overcoming internalised prejudice and hopelessness, which may have otherwise undermined the client's capacity to parent. As articulated by one BUABAH team member:

> *A lot of feedback we're getting from mums is: 'I'm a bad mum' and 'child protection thinks this and the care team thinks this, and everybody thinks this'… And, just being there to go, 'No, you've done a really great job'… Having those conversations, then getting maternal child health nurses involved to support that messaging. So, yes, I think that the parenting outcome from the families we've seen is huge. Babies are doing really well, healthy, happy… [and then] they thank [the BUABAH Practitioner] and it's like – 'no, that's you'* (BUABAH Team Member A)

The same BUABAH team member went on to explain how important this affirmative practice was in shaping the attitudes and behaviours of the entire care team (e.g. medical, allied health, social supports) and their collective capacity to provide a safe and consistent network to support the client's growth as a parent. This also seemed to be an important strategy in providing gentle feedback to the client, in a way that helped them adjust or improve their parenting approach without feeling blamed or becoming defensive:

> *… a lot of these mothers in this program have been judged as being bad parents, based on history, removals – in their mind, they're thinking, 'child protection thinks I'm a bad parent. I'm this. I'm that.' [BUABAH] has provided mothers the confidence that they are doing a great job… this program, being intensive [the BUABAH Practitioner] could observe, and she could really look at how they're parenting, and give them that positive feedback. Maybe provide them a little bit of parenting advice or recommendations, linking into maternal child health, and validating that they've done a really great job and they're doing the right thing… opening the eyes of the care team, getting [other care team members]… to validate their parenting too.* (BUABAH Team Member A)

As observed by CBCP, the focus on parenting skills would not have been possible without the BUABAH program's early intervention approach, which first worked to stabilise the mother's circumstances (e.g. by resolving housing, alcohol and drug and/or family violence issues), laying the groundwork for improving parenting capability prior to birth, and monitoring/guiding after birth:

> **"BUABAH [provided] stability around the mother… Once they've got stability and housing and relationships, they've got support around their AOD and mental health, it allows them to focus on parenting"**
>
> **Community-based Child Protection Team Member**

> *… in the first instance, BUABAH [provided] stability around the mother, which gave them the opportunity to be able to focus on parenting. Once they've got stability and housing and relationships, they've got support around their AOD and mental health, it allows them to focus on parenting…* (Community-Based Child Protection Team Member Z)

8. Satisfaction

8.1. Client Satisfaction

The following section and Table 5 present findings on client satisfaction with the BUABAH program.

Table 5 Summary of Key Findings: Client Satisfaction and Staff/ Stakeholder Satisfaction

Research Question	Source of Evidence	Key Findings
How satisfied were clients with their experience of the BUABAH Program?	Interview data	• **High Client Satisfaction**: BUABAH clients expressed significant satisfaction, feeling 'lucky' to access such supportive services and would highly recommend it to others. • **Valued Practical Support**: Clients appreciated the practical assistance provided by the program, including help with accommodation, transport, and baby care essentials, emphasising the importance of having the BUABAH Practitioner's support during critical times like returning home from the hospital. • **Effective Advocacy with Child Protection**: The BUABAH Practitioner's advocacy was crucial in navigating child protection processes, with clients valuing the practitioner's ability to clarify and resolve issues, leading to case closures. • **Dependable Support**: Clients found the BUABAH Practitioner highly reliable, offering a sense of security and immediate assistance whenever needed, enhancing their sense of being supported through vulnerability. • **Emotional Support and Reassurance**: Emotional support from the BUABAH Practitioner, including reassurance during challenging times and the provision of comfort and encouragement, was highly valued, with clients comparing the practitioner's support to that of a close friend or 'Aunty'. • **Inspiration and Encouragement**: The BUABAH Practitioner's encouragement was seen as a source of inspiration, pushing clients to improve themselves and their situation, such as gaining a driver's license and aspiring for personal growth, without feeling overwhelmed.
(Unanticipated) staff and stakeholder reflections on satisfaction regarding their involvement with the BUABAH Program	Interview data	• **'A Privilege to be Involved':** CBCP team members and BUABAH team members expressed feeling privileged to be part of the Program. • **Witnessing Transformations**: BUABAH team members reflected on their deep satisfaction in witnessing the significant positive changes in clients' lives, including preventing child removals, fostering healing, and empowering women to confidently make positive decisions for themselves and their babies. • **Contributing to Practice Change within Child Protection**: BUABAH team members valued their role in driving practice change, particularly in shaping how BPA child protection engage and collaborate, appreciating the shift towards a more respectful and effective practice that aligns with the program's advocacy and framework.

8.1.1. Overall satisfaction

Interview data indicate a high level of client satisfaction with the BUABAH program. One participant commented on feeling lucky to have been a part of the program:

> *My experience, it went really well so, I didn't see any negatives or anything. It was really good. Just happy I could have that program. Some mothers don't – don't have access to stuff like that. I was lucky. Consider myself lucky for that.* (BUABAH Client I)

When asked whether they would recommend the program to someone else in need of help, another participant answered, emphatically, "A thousand per cent!" (BUABAH Client II). The same participant went on to describe how thankful she was to have the BUABAH practitioner "still checking up on me and making sure everything is good" and how the BUABAH practitioner would go above and beyond the call of duty – for example, even when the practitioner was on sick leave, she would still attend the client's child protection meetings, via video link.

8.1.2. Satisfaction with practical supports provided

The BUABAH Program was highly valued for the practical supports that were offered. For example, one participant noted they were helped with basic needs like safe accommodation, transport, and baby care items. They also noted the significance of having the BUABAH practitioner take her and baby home from hospital – often experienced as a momentous occasion for new parents:

> *She helped me with getting to appointments and things like that. She helped me with a lot of the stuff that I still hadn't got for him [baby]. I tried to get as much as I could, but the things I was struggling with like trying to find somewhere to live, she was great. She took us home from hospital. I don't know how I would have gotten home if it wasn't for her.* (BUABAH Client II)

"…she was great. She took us home from hospital. I don't know how I would have gotten home if it wasn't for her…"

BUABAH Client

Both clients who were interviewed noted how important the BUABAH practitioner's advocacy was, in dealing with child protection. For example, one participant spoke, at length, about being 'ambushed' by child protection in hospital after the birth of their child, and how crucial the BUABAH practitioner's support was in navigating child protection processes, 'filtering' what was being said so that the client could understand, resolving issues that arose, and eventually, having the case closed:

> *…it was the day that I was told I was going to go home and then the hospital lied to me, to say that they were getting social workers to come see me. And, then four child protection people rocked up. So, it wasn't social workers at all. Just ambushed me. Traumatised me. I called [the BUABAH Practitioner] straight away… I let her know and she was just like, straight onto it… It was crazy and we had this [child protection] worker that was just a bitch. She was lying to us and all that. When [the BUABAH Practitioner] found out, she told us [that the child protection worker was lying]. So, I reported her… We had to deal with her for three or four months and then we finally got a new case worker. He was pretty good. He was understanding… [The BUABAH Practitioner] did most of it [advocated for a new worker]. [The BUABAH Practitioner] knows more. I think it was just reporting and then trying to find someone*

new... and [the BUABAH Practitioner] finally got them to close the case… I would only allow them [child protection] to be here, if [the BUABAH Practitioner] was here. 'Cause, obviously I'm young, like I didn't get half of the stuff they were saying, and they would like, sugarcoat it but with [the BUABAH Practitioner], she would just be down to earth, like no, that's not happening, this is bullshit and stuff. So, it was really helpful that [the BUABAH Practitioner] was there. So, she could kind of, filter through what they're saying. Especially with this first worker. (BUABAH Client I)

Clients also noted how dependable the BUABAH practitioner was, helping them feel as though there was a safety net during a time of great vulnerability and need:

[The BUABAH Practitioner] was there every time I needed her, or we needed her. She was there, no matter what. When I rang, she would always answer, "I'm ringing you back in two seconds!" Anytime I needed anything, I could always just ring her and ask her. If we couldn't make it work, we made a way. (BUABAH Client II)

8.1.3. Satisfaction with emotional support provided

The BUABAH practitioner was highly valued for providing emotional support. This was often in the form of reassurance when things were tough. For example, one client commented that "Every time I was having a meltdown, I would ring her and she would tell me it's all right and tell me what to do… [tell me] no matter what, we would get through it" (BUABAH Client II). They also stated:

I don't know what I would have done without her. Any time something was going on, I could ring her and she was there, no matter what. (BUABAH Client II)

"I rang [the BUABAH Practitioner] and I was bawling my eyes out. I said, 'I can't do this.' And she said, 'I'm coming to get you right now.'… she was there, the whole way, by my side…"

BUABAH Client

Another client spoke about how the BUABAH practitioner was 'open and honest' and 'supportive' which they found 'really good… like one of my friends, kind of thing' and how comforting it was to receive 'kind words' from the BUABAH practitioner when things felt overwhelming (BUABAH Client I). And one client spoke about how attuned the BUABAH practitioner was to their needs, intuiting and anticipating what was needed when they were not able to articulate it for themselves:

It was okay when I had [the BUABAH Practitioner] there. When [child protection] rang me at hospital and said they needed to have a meeting with me, I rang [the BUABAH Practitioner] and I was bawling my eyes out. I said, 'I can't do this.' And she said, 'I'm coming to get you right now.' She came to pick me up from hospital and came in here [to the VACCA office]. We sat down and spoke to them. I was a mess. They threw so much at me. But, she was there, the whole way, by my side… [the BUABAH Practitioner] was really good about it all. Halfway through the meeting, she said to them, 'She needs to have a break', because I was a mess and in tears. She knew I needed to have a break and go outside for a minute. I went outside and bawled my eyes out. (BUABAH Client II)

The same client also reflected on how much she appreciated the BUABAH practitioner "pushing me to be the best me" (BUABAH Client II). The participant described this as an important source of inspiration, encouragement, and a (welcome) "pressure" to get things on track:

> *I've worked in hospitality all my life, so I've learned to work under pressure… [It's useful to have the BUABAH Practitioner] pushing me to be the best me. Not at all [in a way that is too much]… [for example they have helped me get] my licence. I don't know if I would have done it soon, or as soon as I have done it. Now we're pushing to get me a car so that I can get around with [baby].* (BUABAH Client II)

8.2. Staff and Stakeholder Satisfaction and Reflections

Although the evaluation design did not anticipate or account for staff and stakeholder satisfaction, the interview data pointed to a rich and rewarding work experience for professionals involved with the BUABAH pilot. As reported under Section 7.1.2, CBCP team members spoke about feeling "privileged" to have been part of the program. And several staff of the BUABAH Program reflected on the deep level of satisfaction that arose from witnessing and being part of the unexpected transformation of women's lives:

> *… I would look at the situation and almost feel helpless because of how complex the situation was, how much these families were suffering and what would be protective concerns… sometimes I'd feel like I couldn't do anything. It'd potentially be a removal… [but through] building a relationship with them, putting supports in place [we'd see] a completely different outcome: babies remained within the house and [we'd achieve] child protection closures. If that support wasn't there, the child would be out of the mother's care. I think it's just seeing that whole transformation of healing for the mother and what goes with that.* (BUABAH Team Member D)

> **"… you just see them light up about their child and [to go from] fear of removal, to now having baby. They thought they couldn't do it… To see them so happy in their life right now with their baby in their care and making those right decisions, and being confident in making right decisions, that's [incredible]."**
>
> **BUABAH Team Member**

> *… you just see them light up about their child and [to go from] fear of removal, to now having baby. They thought they couldn't do it. They thought that it was going to be a different pathway for them. To see them so happy in their life right now with their baby in their care and making those right decisions, and being confident in making right decisions, that's [incredible].* (BUABAH Team Member A)

And in parallel with client outcomes, being a part of changing child protection practice was also noted as a hugely rewarding experience:

> *And also - child protection. Just seeing that change in the work that child protection is doing as well, and coming to the party, and respecting that advocacy piece that we've done to get this program to where it is, and listening to us, and being a part of child protection going: 'Okay. This is your framework; we respect it. We're going to work with you. We want to change our practice. We understand that this works.' That's the most rewarding.* (BUABAH Team Member A)

9. Program Process and Implementation

This section discusses the extent to which program inputs and activities were implemented, and the factors that acted as barriers and enablers to program implementation. Findings are summarised in Table 6 below.

Table 6 Summary of Project Implementation: Inputs, Outputs, Barriers, and Enablers

Program inputs and outputs	Implemented successfully	Source	Barriers	Enablers
Program Resources • Funding • BUABAH practitioner (1.0EFT) • Brokerage	Yes. Resources were made available to the program, as expected	Interview data	N/A	N/A
Program Governance and Framework / Approach / Infrastructure • Aboriginal Governance • VACCA policies, proformas and assessment tools • CSnet • Culturally responsive practices and practice frameworks	Yes. Program governance and associated policies, proformas, assessment tools and client information systems (e.g. Csnet) were utilised by the program The program employed a cultural practice framework	Interview data; LIG Minutes	N/A	N/A
Program activities and components: casework	Yes, although cultural celebrations relating to the birth of a baby were not implemented due to ongoing crises	Interview data	Client's history of trauma and fear when working with support services and child protection	Personal aptitudes and exceptional professional capabilities of BUABAH team members VACCA's practice approach Small caseload Increased client motivation to improve lifestyle and health behaviours during pregnancy VACCA's independent, yet complementary role to child protection
Program partnerships • Consultation with child protection	Yes. An unexpectedly close partnership and primary referral pathway was established with BPA CBCP	Interview data; LIG Minutes		Shared purpose 'Work with' attitude and approach

Program inputs and outputs	Implemented successfully	Source	Barriers	Enablers
				Development of mutual trust and less formal ways of collaborative problem-solving Processes and structures facilitating the partnership (e.g. LIG)
Program partnerships • Referrals from FH	No. The expected primary referral and client enrolment source from FH did not occur as expected; and the opportunity for a BUABAH consulting space at Frankston Hospital was not taken up	Interview data; LIG Minutes	Few women that met BUABAH eligibility criteria attending Maternity Booking in appointment at FH	
Participation • Complex needs • Mothers up to 24 weeks pregnant • Maternal consent to BUABAH contact and engagement in program • Mothers who identify themselves or their unborn baby as Aboriginal and/or Torres Strait Islander • Caseload of five at any one time	No: Fewer than expected mothers received case management support over an 18-month implementation period	Program data; Interview data	Clients' crises and complex needs managed by a single BUABAH practitioner Unexpected program intensity due to the combination of high acuity cases and the very short timeframe to address concerns Personal and professional challenges working with clients Lack of referrals from FH Eligibility criteria restricted to BPA and up to 24 weeks pregnant	

9.1. Activities and Components: Casework

As highlighted in Sections 7.1, 7.2 and 7.3, the BUABAH program was highly successful in achieving short-, medium- and long-term client outcomes, including prevention of legal intervention following birth in six of seven cases. In each case, pre-identified casework components and activities, including client engagement, assessment and planning, care coordination, service navigation, consultation with child protection and a range of non-clinical supports that focus on building capacity and cultural connections, were implemented successfully. However, as discussed in Section 7.3.2, not all cultural activities were able to be fully implemented, as expected, due to difficulties scheduling activities at times of client crisis. The decision to delay these activities demonstrates appropriate sensitivity to the needs of clients.

A close analysis of interview data and documentary evidence (e.g. fortnightly LIG meeting minutes) highlight several factors acting as enablers. These included the attributes, aptitudes, and capabilities of the BUABAH practitioner/s and team leader/s, VACCA's practice approach, increased client motivation to improve lifestyle and health behaviours during pregnancy, and VACCA's independent, yet complementary role to child protection.

9.1.1. BUABAH Team Member Capabilities

As observed by one CBCP team member, BUABAH's client-level achievements were wholly unexpected, and they attributed 'the success of the model' to the BUABAH practitioner:

> *…some of the cases that they've worked, there's, hand on heart, absolutely no way I thought that we would avoid a legal intervention, and those children not being placed.... the knowledge of the practitioner and the area and the extended family and the community and her relationship building with our mums, has been the success of the model.* (Community-Based Child Protection Team Member Z)

"…there's, hand on heart, absolutely no way I thought that we would avoid a legal intervention, and those children not being placed… the knowledge of the practitioner… and her relationship building with our mums, has been the success of the model…."

Community-based Child Protection Team Member

Some aspects of the BUABAH practitioner's role and approach were included in the program logic (as discussed further in Section 3). For instance, the BUABAH practitioner position was to be filled by an Aboriginal person. The BUABAH practitioner also needed to be able to implement a cultural practice approach with pregnant women with complex social problems. Beyond this, evaluation data points to the critical importance of the ways in which practice principles were *enacted* and *extended* by BUABAH team members, which relied heavily on individual aptitudes and professional capabilities, and the capacity for lateral and creative problem solving. In other words, with different professionals involved in the pilot, there is little guarantee that the same outcomes would have been achieved.

9.1.2. VACCA's Cultural Therapeutic Ways

A BUABAH team member explained how strengthening cultural connections and trauma-informed care helped address intergenerational cycles of trauma. They suggested that tracing and repairing connections was key to addressing the behaviours that often led to child protection involvement. For instance, where cycles of intergenerational trauma and disadvantage had resulted in disconnection from family and culture, and led to associated problems, including mental health conditions, drug use and association with criminals – the BUABAH team

> **"A lot of our families don't feel a sense of belonging and then feel that sense of belonging within a world where drugs or crime is at the centre of it… it's really about diverting the families and creating positive outlets for them… I think: connection to culture, the sense of belonging within culture. [We've helped by] addressing the underlying issues that are the cause of protective concerns"**
>
> **BUABAH Team Member**

member believed this cycle could be reversed with the right approach and support. The BUABAH team member explained how they helped to "break the cycle", by nurturing belonging:

[The most significant outcome from the BUABAH program was] addressing longstanding trauma, breaking the cycle, that intergenerational cycle, understanding the importance of kin and a sense of belonging. A lot of our families don't feel a sense of belonging and then feel that sense of belonging within a world where drugs or crime is at the centre of it. That's where they feel like they belong. So, I think it's really about diverting the families and creating positive outlets for them instead of feeling a sense of belonging within a dangerous world. I think: connection to culture, the sense of belonging within culture. Yeah, [we helped by] addressing the underlying issues that are the cause of protective concerns or being unable to safely care for a baby. (BUABAH Team Member D)

Interviews revealed nuanced explanations about the deep, sometimes long, and arduous work involved in building and supporting a client's readiness for change, and about how fundamental it was to have this to realise any positive outcomes with the family. For example, one BUABAH team member spoke about the importance of persistence in "checking in" and ensuring that the BUABAH practitioner was reliably "always there" no matter what, maintaining positive regard; listening and learning; never judging, and not giving up:

…there was so much work to do with the family but in order to do the work, it was around the family coming on board to want to change – the readiness of the family…. And, that's a lot of the work that BUABAH did: build that readiness… the long involvement of building trust; if you say you're going to do something, then do it; following it through. That's the work that [the BUABAH Practitioner] did… Even if the family didn't call her, [the BUABAH Practitioner] will go, 'Hey, how are you going? What are you up to?' Or if there were issues, or the drug usage – 'okay, we understand that – we're not going to judge you. How can we support you?'… She would push away; she wouldn't answer phone calls, but then: '[BUABAH Practitioner], I need you' and the Practitioner was right there. Or, '[BUABAH Practitioner], this is what's happening' and she was there. Even though the client pushed us away, didn't give us much, we were still there, we were consistent, we were working alongside her but from a distance – and we were always there – when she fell, we were there to pick her up and provide that validation and support, and the confidence to go, 'You're okay. It's okay. How can we support you? What do you need from us?' …the outcome for that family is huge… She didn't even want to let us in. She wasn't ready. But this program allowed her to get ready for her baby. (BUABAH Team Member A)

The same interviewee spoke in more detail about the trauma that some clients had endured, and, after spending time with the client and remaining trustworthy, reliable, and non-judgemental, the client often divulged details of significant trauma, such as sexual assault or significant family violence. And further, the BUABAH practitioner often learned that this was the first time that the client had spoken about this with anyone, or in some cases, the first time that they were believed or taken seriously, even by other social services. The BUABAH program supported women to make statements to the police and reach out to family violence services (BUABAH Team Member A).

"...that's a lot of the work that BUABAH did: build that readiness...[the client] would push away; she wouldn't answer phone calls, but then: '[BUABAH Practitioner], I need you' and the Practitioner was right there... Even though the client pushed us away, didn't give us much, we were still there, we were consistent... when she fell, we were there to pick her up and provide that validation and support... She didn't even want to let us in. She wasn't ready. But this program allowed her to get ready for her baby."

BUABAH Team Member

The depth of trust that developed between BUABAH practitioner and client was so significant, that clients often volunteered information about current risk factors (e.g. family violence, drug use) that would, mandatorily, need to be shared with child protection. As described by a BUABAH team member:

> *…openness about their situation, really delving deep into trauma and… they knew that there's mandatory reporting… [and] whilst it may have to be reported to child protection, [they would tell me reportable information because] I could support them to address that. So, I had families who would – something traumatic would happen or they'd be going through something and I'd be their first port of call, over their friends and family. I'd see some of these women who had become quite heightened in their situation. I saw their vulnerabilities. They would call me crying and I could just see beneath the surface.* (BUABAH Team Member D)

These sorts of disclosures were supported by a highly transparent way of working. As below, two BUABAH team members explained how they did not 'shy away' from difficult questions or topics, and how the client came to mirror the practitioner's own honesty and accountability:

> *'We're here for you.'… 'We're going to talk to you about [child protection] concerns.' 'We're not going to shy away from those conversations, and we would like you not to shy away from asking us questions', and things like that.* (BUABAH Team Member A)

> *The way it was successful, would be: worker accountability. So, I felt that I was very transparent with the families and if I'd say I was doing something, I would do it. But, also I would be upfront and honest and sometimes that was quite confronting for families, but in actual fact, they actually liked and benefited from me being a little bit direct at times… I think a lot of it was walking the talk.* (BUABAH Team Member D)

Building on this foundation of belonging, trust, and complete transparency, the BUABAH practitioner seems to have supported clients – who were not necessarily ready for change – to break the trauma response and undertake a series of self-determined learning cycles that helped them address child protection concerns. That is, by offering dependable and non-judgemental support to women throughout (potentially) several cycles of relapse (e.g. drug use or association with perpetrators of family violence), the BUABAH client was empowered to cultivate a way of living that enable them to care for their baby safety at home. This type of supported learning cycle is described in detail, by one BUABAH team member:

> *…as a practitioner... you're seeing it from a different angle to what they're seeing it. They're seeing it from inside their trauma response and the chaos, and what's happening for them… So, when it comes to that change work, it's really about just being there, and talking to them about what's happening, from an honest view… Because families have to go through the process in order to realise it's not working for them. We can't tell them… we can recommend, but it's up to them, at the end of the day. If they're not ready to accept that or take accountability, there's not much more that you can do but just be there to guide and support them, and understand why – and understand their trauma response… And, give them that space to learn for themselves, but also be there to help guide, and if they fall, you're there to help... There's a lot of counselling, a lot of validation, a lot of, 'You're okay. That's fine... This was your decision. Yes. Child protection might view it as this. You've done it. What can we do to get back on track?'… She needs to understand it for her herself, and go, 'Hang on a minute. Yeah. I get what you're talking about now'… A lot of the times, the mothers we've worked with have apologised to [the BUABAH Practitioner], and said, 'I know you told me but I didn't listen' – and all this kind of stuff, and crying because they made that decision, fearful that their child's going to be removed – or fearful of child protection's involvement – but it's like, 'It's okay. You've done it. Let's see what we can do differently.' And, going through that process, it might take multiple times. But towards the end, they begin making the right decisions because they've learnt for themselves. They've understood it. They've gotten to that process by themselves, with the guidance and support of the BUABAH program. And, having the time to allow that to occur, I think that's the difference between BUABAH and the other programs: we've had a lot of time to work with the families around that back and forth.* (BUABAH Team Member A)

"A lot of the times, the mothers we've worked with have apologised to [the BUABAH Practitioner], and said, 'I know you told me but I didn't listen'… and crying because they made that decision, fearful that their child's going to be removed… but it's like, 'It's okay. You've done it. Let's see what we can do differently.' And, going through that process, it might take multiple times. But towards the end, they begin making the right decisions because they've learnt for themselves. They've understood it."

BUABAH Team Member

Running in parallel with this self-determined learning process, was a similar, supported process of empowerment in working together with child protection. As one CBCP team member observed:

…the [clients' child protection] history was pretty worrying and the current situations were also quite worrying. But, I think BUABAH was helpful in being able to empower and support mothers to engage with child protection. (Community-Based Child Protection Team Member X)

This process of empowerment appears to have been developed through a modelling process, whereby clients were able to witness BUABAH and child protection working respectfully, collaboratively, and flexibly to support their family, rather than engaging in a (formerly) adversarial or combative way. This seems to have diffused many of the tensions, fears and defences, and helped to renew trust in the service system, and allow the family to join the partnership in addressing child protective concerns. As described by a BUABAH team member:

> **"The family sees us having those conversations [with Child Protection]… So, when the family sees that, they're like, 'Okay… I can relax now.'.. [Child Protection are] respecting we're an Indigenous organisation and they're seeing that Child Protection is trying to work with us. And then, then that kind of changes their perception of the Practitioner, and maybe the system…"**
>
> **BUABAH Team Member**

…when [BUABAH clients] see us in action with child protection - drawing out questions from child protection, getting child protection to understand that [the client is] human. Yes. They made a mistake, but then, also, challenging child protection in a respectful way, to come to flexible thinking. So, the family's part of that process. The family sees us having those conversations, asking those questions... So, when the family sees that, they're like, 'Okay… I can relax now.'.. [child protection are] respecting we're an Indigenous organisation and they're seeing that child protection is trying to work with us. And then, then that kind of changes their perception of the practitioner, and maybe the system… – a lot of work goes into, well, 'What happened previously [with child protection] was a different worker' or, 'That's how it used to be, but with this new framework and with BUABAH, that's not how we operate, and we're going to be here, we're going to be your voice. If we find anything unjust, we will speak up'… – and they're a part of that process, part of the conversations. And, they see us advocating, but, also, when it comes to that risk, we also go, 'Yep. We agree [there are risks to the infant]. Maybe wrong decision-making but what can we do to support the family to get on that track, on the positive pathway'. And, having child protection come to the table in that moment… And, I think that's where [BUABAH clients] see our relationship with the child protection worker and building that trust and relationship with child protection and understanding of how they operate, understanding of how we operate, and having those robust conversations, and coming together and trying to work together… and child protection going, 'We'll trust in your judgement. You handle this [with the BUABAH client]' and the family go, 'Hang on a minute. They [child protection] can be okay. They can start to see it from a different angle. (BUABAH Team Member A)

These observations were echoed by a child protection team member, who could see that by fostering cultural and psychological safety in interactions with child protection, clients were better able to appreciate and address risk factors, and feel safe during their pregnancy:

…the family seeing those interactions between [the BUABAH Practitioner] and community-based child protection, the family, in particular the pregnant mother, she was able to actually see that we are

working collaboratively together, and we are here to actually support her. And, knowing that the mother was aware that we were having a collaborative discussion with the care team, the mother was actually able to see that we're all being open and transparent. The mother was able to feel safe in her pregnancy, and leading up to the birth of the baby. (Community-Based Child Protection Team Member W)

The strength of the client relationship with the BUABAH practitioner, in combination with the client feeling more empowered in relation to child protection, meant the BUABAH client-practitioner relationship could withstand a formal report to child protection. As observed by a BUABAH team member, although a child protection report was often a 'setback' to the relationship, the process of rebuilding trust was possible through transparency, maintaining an outcome-focus, and respectful and non-judgemental persistence. This involved consulting with the client before making a report, focusing on practical steps that can be taken to mitigate the risk, and proactively and persistently ensuring that support is available to the client during this time:

It's definitely a setback, but as a worker, you need to rebuild… So, in the first instance, if there is something that needs to be reported, I need to discuss it with the family but also discuss what I'm going to put in place to mitigate that risk. So, that's something I'd try to do prior to that phone call to child protection so that they could understand how I'm going to support the family… I'd always relay that to the family… [and] they would usually disengage for a few days but it's that continual reaching out, calling them, that refocus. I often found that we would have that solid relationship foundation, so they would be drawn back to communicating with me, being clear that I'm only human and I need to do what's right for my role as well. So, I'm not going to jeopardise that by trying to protect the situation that might be going on within your family network. So, they would understand. I would just have to be clear to them that this is what we're going to do to mitigate what's happened. Sometimes it's giving them space that they need. As soon as [the report] happens, their reaction is always greater than after they've processed what's happened and understand what I was explaining. (BUABAH Team Member D)

9.1.3. Increased Client Motivation to Improve Lifestyle and Health Behaviours During Pregnancy

Several BUABAH team members observed that the client's pregnancy was a key enabler to their engagement with support services, and their subsequent motivation to address child protection worries. For instance:

> *… if they open the doors for that bonding, they'll bond with someone more than they would if, say, they weren't pregnant*. (BUABAH Team Member D)

"… There were multiple cases where they [BUABAH] were really successful and did some really good engagement that would not have occurred without BUABAH, like, Child Protection would not have been able to get that level of engagement…"

Community-based Child Protection Team Member

9.1.4. VACCA's Independent, Yet Complementary Role to Child Protection

VACCA's position as independent (from child protection) and an Aboriginal-specific support service was a key enabler for implementation of casework activities and components. As observed by a CBCP team member, this laid an important foundation for the BUABAH program's capacity to forge strong engagement with clients:

> *There were multiple cases where they [BUABAH] were really successful and did some really good engagement that would not have occurred without BUABAH, like, child protection would not have been able to get that level of engagement…* (Community-Based Child Protection Team Member X)

Further, the ongoing involvement of child protection as an authoritative body was considered an important complement to BUABAH's status as a voluntary service. That is, a partnership approach between VACCA and child protection, whereby clients voluntarily engage with BUABAH's trauma-informed, strengths-based, and culturally safe service, while understanding child protection's statutory role and authority, supported the client's sense of both safety and the need to change to promote safety and wellbeing of the unborn baby:

> *I know the program is all about keeping child protection out of it, but there was a very high risk with one of the Mums, where we needed child protection involvement. As hard as it is to say, child protection has more of a pull, whereas we are just a voluntary program. They can opt to step out, and they don't have any of that obligation to actually work with us.* (BUABAH Team Member C)

However, the success of this 'good cop, bad cop' dynamic (BUABAH Team Member A) was, most likely, only possible due to the strong partnership and shared sense of purpose that was forged between BUABAH and BPA CBCP.

9.1.5. Factors Acting as Barriers

Although the BUABAH program successfully implemented all casework activities and components, there were several factors that acted against client engagement. This included tensions between Aboriginal families and ACCOs, where these support services were not trusted and were sometimes badged as an Aboriginal proxy for child protection (BUABAH Team Member D).

Often distrust of child protection was based in previous negative experiences. For instance, some interviews commented on the strong biases against clients due to historical factors rather than an assessment of a client's current circumstances or capacity.

> **"... I built really good and strong relationships early with them [the clients], but I felt like it was going around in circles... Trying to get Child Protection involved... actually ended up being challenging. Technically... they don't see the [unborn] as a baby [until] physically born and then they come in and do the "crisis response" which is traumatic... So, with one of them I was pushing for Child Protection to become involved [early] to help change Mum's thinking"**
>
> **BUABAH Team Member**

9.2. Program Partnerships: Consultation with Child Protection

As outlined in Section 7.1.2 above, the short-term outcome of consultation and connection between BUABAH and CBCP team members was achieved. As documented in more detail under Section 9.1.4, the 'new era' of collaborative relationships that developed between the BUABAH Program and BPA CBCP, was a critical implementation success factor. Both BUABAH and child protection team members commented on how the partnership emerged somewhat organically yet was supported by the collaborative process and structures that were initiated as part of the BUABAH blueprinting/codesign process and program monitoring practices (e.g. the fortnightly LIG meetings).

The close partnership appears to have been founded on an implicit mutual desire to work together to make a difference for clients and their families, and a commitment to a new way of working which centred on working *with* the client, through a respectful and strengths-based approach that supported self-determination, rather than a service system that imposed itself upon the client or otherwise negated a client's sense of agency. This attitudinal foundation led to more explicit changes and collaborative processes, including shared case planning and conferencing; cultural planning meetings; secondary consults; and a commitment to organisational learning cycles within DFFH to improve their cultural competence. The development of mutual trust, also resulted in a better understanding of the perspectives, pressures or processes faced by the other organisation;

> **"You get to know each other's assessments and their skills as a practitioner, and there was a lot of trust in each other's assessment. And, if assessments differed... [BUABAH] were able to keep child protection's assessment in view, but also talk to the strengths of the family... The trust between each practitioner was the key to achieving the outcomes with each case..."**
>
> **Community-based Child Protection Team Member**

trusting the risk assessments and professional decisions or recommendations of members of the other organisation; and adopting an ad-hoc and informal and creative team approach to problem-solving. The fortnightly LIG meetings were key to this. Although the LIG was responsible for the design and management of the implementation, they were used by the BUABAH and CBCP team members as an opportunity to discuss individual cases.

The collaboration also entailed the more difficult task of respectfully challenging each other and being willing to learn, evolve and improve; and importantly, maintaining faith in the collaboration when differences of professional judgement might arise. As observed by CBCP team members:

> *You get to know each other's assessments and their skills as a practitioner, and there was a lot of trust in each other's assessment. And, if assessments differed at any point - whether that was with BUABAH or other community services - BUABAH acted as a bit of a bridge between the other community services and child protection. They were able to keep child protection's assessment in view, but also talk to the strengths of the family, and they did that really well. The trust between each practitioner was the key to achieving the outcomes with each case.* (Community-Based Child Protection Team Member V)

> *We've really tried to lean into ways in which we can engage families in a culturally safe way, that's also based on the advice of BUABAH… there has been those opportunities for learning, as we haven't always got it right in CP [child protection]. So, I think it's really valuable: having that feedback, so that we can continue to move in a positive direction, rather than thinking that what we're doing is correct, when actually it may not be. And, it may not be culturally safe for families, or for services.* (Community-Based Child Protection Team Member Z)

9.3. Program Partnerships: Referrals from Frankston Hospital

Although the BUABAH program blueprint incorporated referrals from FH following the Maternity Booking in appointment, FH did not emerge as a source of referrals during the pilot. While adherence to identification and referral procedures by temporary staff within FH was an issue, it appeared that eligible mothers did not present to FH for Maternity 'Booking In' appointments and associated screening and scheduled antenatal visits early in the second trimester. Eligible women were either receiving antenatal care elsewhere (a trained GP or Aboriginal Community Controlled Health Organisation (ACCHO)) or were not receiving antenatal care, due to a perceived lack of safety within FH. For this reason, the primary referral pathway for the BUABAH program shifted from FH to child protection.

"… the issues are incredibly complex and there's a hell of a lot of trauma. BUABAH's done a bit of a 180 and we've had all these really hard complex cases with these mums with just every barrier you can think of to her taking her baby home at the end."

Community-based Child Protection Team Member

9.4. Participation

Participation in the BUABAH program was lower than originally anticipated. Seven women received case management support from the BUABAH program over an 18-month implementation period. In the program logic, it was anticipated that the BUABAH practitioner would manage a caseload of five at any one point in time, and that support and

intervention would be provided from up to 24 weeks gestation to a period following birth, at which point the mother is either connected to the MCH service and other step down services and/or is transferred to VACCA's intensive family preservation and reunification response program. Client factors were identified as the main reason for the lower than anticipated number of program participants.

9.4.1. Client Factors Acting as Barriers

Although the aim of the BUABAH program was to identify and refer pregnant women to the BUABAH program early in gestation, it was always intended to cater to a high-risk cohort at risk of child protection involvement with babies. However, the intensity of the response required to mitigate crises and risks was not anticipated, nor was the pressure that a single BUABAH practitioner would experience working with high-risk clients close to birth. Taken together, these factors resulted in a lower caseload of approximately three. Further, as women were not referred from FH at the Maternity Booking In appointment, and commenced the BUABAH program much closer to birth, child protection involvement during the unborn phase was inevitable. For instance:

> *Initially they [VACCA] were thinking there would be less complexity in the cohort and we've probably, through need, done the opposite… so many of our [BUABAH] families have had really strong intergenerational involvement with us [child protection], with justice and AoD or mental health. So, the issues are incredibly complex and there's a hell of a lot of trauma. BUABAH's done a bit of a 180 and we've had all these really hard complex cases with these mums with just every barrier you can think of to her taking her baby home at the end. That's what they're focused on and that's why the caseloads have been smaller* (Community-Based Child Protection Team Member Y)

> *I was expecting the Mums to come in being high risk, because that's what the program was about. I wasn't under the impression though, that with all the supports and services put in place that no matter what, child protection was going to be involved.* (BUABAH Team Member C)

The level of psychosocial complexity, acuity of need, and pre-existing trauma for BUABAH clients was extremely high, involving multiple and intersecting risk factors such as: family violence; homelessness and transiency; alcohol and drug use and associated crime; mental health diagnoses; a history of involvement with the criminal justice system; poor physical health; family history of child protection interventions; service system trauma; social isolation; highly dysfunctional family relationships; previous interventions/removals of older children; and in some cases, a history of multiple miscarriages and/or infant death. As described by both BUABAH and child protection team members:

> *… for some it was the history with child protection - previous other babies had been removed. There was a mistrust in combination with all of the issues for Aboriginal mothers engaging with child protection: the historical – the intergenerational experiences, the trauma, forced removals, stolen generation – all of that which is always there. For some of the mothers it was their specific history – the sheer disfunction...* (Community-Based Child Protection Team Member X)

> *… for one Mum, she had previous child protection involvement and a SIDS death. She had extensive mental health issues and extensive family violence going on in the home… Another one was very high mental health issues and drug use, to the point of injecting ice. Housing issues, homelessness…* (BUABAH Team Member C)

… very complex – and when I say 'complex', there's multiple complexities… within one family, you've got significant family violence, you've got significant mental health, you've got significant drug usage, you've got history of out of home care for the parent or you've got a history of removal of their children, and child protection involvement with the family… a long history of the complexities that they're dealing with, and the trauma that they're dealing with… it was really difficult to navigate (BUABAH Team Member A)

The BUABAH practitioner also grappled with the high level of service intensity caused by an impending birth, whereby risk factors needed to be addressed within a very short timeframe. As observed by one BUABAH team member, the practitioner was 'incredibly pressured':

> … because we're working within a timeline, I think that's the intensity and the complexity that the worker has to face. You've got to get the hard work done before the baby's born. It's not like you've got two years, it's incredibly pressured and a lot of anxiety – a lot of anxiety and baby might come out not safe. You're dealing with two people, not just one… baby might come out drug affected… (BUABAH Team Member B)

"… I know there's girls that aren't willing to get help at all but there's also a lot that do but they just don't have anyone to help them… They don't trust anyone.."

Hospital Employee

Further, this work may be taking place in the context of a client who finds it very difficult to trust the service system (or anyone) and has great difficulty relying on others to help. As observed by both a BUABAH Client and a hospital stakeholder:

> *I hate asking for help. Like, that's just not me. I'm the person that helps, not asks for help. Like, I've worked up the courage to now ask for help, if I need it.* (BUABAH Client I)

> *I know there's girls that aren't willing to get help at all but there's also a lot that do but they just don't have anyone to help them… They don't trust anyone.* (Hospital employee)

BUABAH team members also spoke about the personal and professional challenge in working with these highly complex cases, including sometimes feeling confronted by or helpless in the face of the task ahead, the struggle to remain patient and non-judgemental while working with clients, and the need to remain resilient and not take client comments or behaviour personally. And finally, a key challenge of the BUABAH practitioner role was to balance their advocacy for both mother and baby. For instance, despite appealing to the client to be vulnerable with them and to trust them, some circumstances may require the BUABAH practitioner to refer the case to child protection. As explained by one BUABAH team member:

> *At the end of the day, we are there to help Mum and family, but most of all we are there for the baby.* (BUABAH Team Member C)

A CBCP team member commented on how unusual it was to have a single practitioner handling so many extremely complex and high-risk cases, noting that – usually high acuity cases would be distributed amongst a team of professionals whereby one individual practitioner's caseload would comprise a 'mix' of low-, medium- and high-risk cases.

10. Design Strengths and Proposed Adaptations to Program Design

10.1. Design Strengths

The experience of program delivery outlined in Section 9 above points to several program design features that were critical to success. These included:

- Early intervention, providing adequate time to build trust and readiness to change, manage crises, mitigate risk of possible future harm, and prepare for safe birth and parenting
- Aboriginal governance of the BUABAH program
- A strong Aboriginal cultural practice framework and approach
- Lead practitioner model
- A small caseload per practitioner (*N*=3) to deliver an intensive service response and continuous engagement for as long as needed following birth
- Flexible funding brokerage, and
- Continuous consultation between BUABAH team members and CBCP team members.

10.2. Proposed Adaptations to Program Design

The experience of program delivery outlined in Section 9 highlights two key divergences from the original program design and blueprint. First, the program's planned referral pathway from FH did not eventuate and second, the program participants were referred into the program later in gestation; participants received a more intensive service than was originally anticipated and the overall program caseload was lower than planned. Further, the crises and risks that the BUABAH practitioner was working to mitigate, the multiple factors affecting service engagement, and the high stakes in service delivery given birth was approaching, placed a great deal of pressure on a single BUABAH practitioner. As also outlined above, while consultation between BUABAH team members and CBCP team members was a central design feature, a far closer relationship evolved during the pilot program than was originally anticipated, resulting in a new level of trust between the two organisations and an entirely new collaborative practice between VACCA and CBCP.

An analysis of interview data and LIG meeting minutes pointed to several areas in which the program design could be strengthened or improved (see Table 7, below). Many of the suggestions – received from BUABAH team members and external stakeholders – centred on the need for greater program flexibility, including less restrictive eligibility criteria, and the use of case-specific performance indicators. Here, there importance of flexible funding brokerage to ensure that each family receives the resources that are required to suitably attend to their needs was reaffirmed. There were also several suggestions made about expanding and refocusing referral pathways, ensuring that barriers to hospital referrals are removed, continuing to receive referrals from CBCP, and working more closely with the local Aboriginal Community to generate Community referrals. The proposal to remove 'early gestation' as an eligibility criterion is discussed more fully under Section 10.2.1, below. Responding to concerns about person-dependency and high levels of pressure placed on the sole BUABAH practitioner, it was suggested that a minimum of 2.0EFT undertake BUABAH case management work, and a minimum of 1.0EFT be dedicated to the BUABAH team

leader role, recognising the importance of the role in supporting and planning case management and in leading broader efforts for system change. In addition to these design enhancements, there were also suggestions to formalise and explore ways to further support the BUABAH program's work in leading system change, including informing system redesign around culturally safe and self-determined ways of working.

Table 7 Summary of Key Opportunities to Strengthen the Program Design

Key Opportunities to Strengthen the Program Design	Source of Evidence	Key Findings
• Expand and refocus referral pathways	Interview data; LIG Minutes	• Target and remove ongoing barriers to the hospital referral pathway • Work more directly and closely within Community to seek referrals • Continue to work closely with CBCP as a primary referral pathway
• Remove restrictive eligibility criteria	Interview data; LIG Minutes	• Retain an emphasis on early referral, recognising the particular value in engaging early to strengthen safety before the baby is born • Remove early gestation as a strict eligibility criterion, recognising the value of pre-birth support and intervention at any stage of pregnancy • Remove geographical service restrictions to ensure that clients who relocate outside of the BPA during their service enrolment, can access service and case management continuity
• Ensure the program is funded to operate with a minimum of 2.0FTE BUABAH Practitioners, and 1.0FTE Team Leader/s	Interview data; LIG Minutes	• Recognising challenges associated with person-dependency and also the need for both formal and informal mechanisms of peer support, teamwork, and staff leave coverage, a minimum of 2.0EFT BUABAH Practitioners are recommended • Recognising the significant role that the BUABAH Team leader plays in case planning and management, case conferencing, and broader system partnerships and collaboration, it is recommended that a minimum 1.0EFT is retained for the program
• Devise case-specific performance criteria to measure program success	Interview data	• Remove child protection 'diversion' as a key performance target measured across the program • Consider introducing a framework of case-specific performance criteria, to ensure the program is appropriately tailoring interventions to the circumstances, capabilities, and preferences of each client

10.2.1. A Profound System Gap: Redefining 'Early Intervention'

The logic model had initially defined BUABAH as an 'early intervention' model by limiting enrolments to the program to women who were 'early' in gestation (24 weeks gestation or less). The rationale for this restriction rested on the notion that to prevent legal intervention following birth, the BUABAH practitioner would need several months to work with a caseload of five women/couples. As examined under Section 9.3, due to difficulties gaining referrals for women under this criterion, the (unexpected) primary referral pathway for BUABAH clients was CBCP. As such, enrolments may have been later in gestation, and cases were characterised by crises and complexity. Despite this, interviewees continued to regard BUABAH as an 'early intervention program', frequently commenting on the value of BUABAH in helping clients to address risk factors and prepare for parenting 'early' (Community-Based Child Protection Team Members X and Z; BUABAH Team Members A, B and D; Hospital Employee)

This is best explained by pointing to the limited intensive services, Aboriginal-specific or mainstream, that support pregnant women at risk of child protection with babies in the BPA. For instance, one BUABAH team member explained that, in an adjacent State-funded VACCA program – the AFPRR program, due to the strict enrolment criteria and funding arrangements: 'we have a five percent leeway where we can accept families who do not have a court order that they need to adhere to. So, that could be a later stage gestation but it's a five percent leeway… They might be the one lucky [pre-birth] family that gets through to the AFPRR program' (BUABAH Team Member D). This profound system gap means that any intervention targeting pregnant women is justifiably considered an 'early intervention'. As described by several CBCP team members, BUABAH's work to address this gap, including both the direct engagement with clients and their work to improve the system response, has been highly valued and effective:

"I feel a little bit anxious about going into the new year without BUABAH, because from the time that we've been in the team, having BUABAH work alongside us, we've been able to see such different outcomes... we don't have any other programs like that... hopefully we can get something similar, like BUABAH, rolled out soon."

Community-based Child Protection Team Member

> *Pre-BUABAH, the notifications were coming in a lot later, and at crisis point… we had some of the highest rates of removal, or reports for Aboriginal or Torres Strait Islander infants in the state before this pilot program started... there wasn't a program that was really focussed on supporting parents prior to birth of babies.* (Community-Based Child Protection Team Member Z)

> *…one of the great things about the program is that they will start working on parenting prior to the birth of the infant… discussions around attachment, around bonding… where is the baby going to sleep, what does that look like in the home environment… [and] I know that we have had a number of Aboriginal mothers who are breastfeeding as well… as well as the point of birth, the feedback from hospitals has been quite positive in relation to parents mothercraft skills and I think that's because they have the opportunity to focus on the baby [early].* (Community-Based Child Protection Team Member Z)

> *BUABAH have been great at helping lead the work with hospitals around why it's important to engage and encourage mums with unborns to engage earlier rather than later… they've been great doing that educational work, because we're the wrong people to lead it. So, having an Aboriginal led service, they know [hospitals lodging notifications to child protection late in pregnancy] is counter-productive to our mum's best interests, we need you to be part of the care team, so we need you to share information. We need you to support mums to get the help that they need. That's been incredibly helpful, 'cause, that's a service gap at the moment.* (Community-Based Child Protection Team Member Y)

A BUABAH team member also provided a strong rationale for working with women at any stage prior to birth or even at the hospital after birth (if need be), suggesting that although outcomes may be better with the earliest possible intervention, all support provided was valuable and led to better child protection outcomes:

> *…when I first came into the program, I started working with a mum who was about 29 weeks pregnant. We had one of our best outcomes there so I did still have time to do that work. Even if it's 38 weeks pregnant, I have managed to be a support in the hospital space after baby was born to explore referral*

pathways that can be initiated so that the family were given an opportunity [to keep baby at home]. They might not be as far along in their progress than someone who is earlier gestation [at time of enrolment in the BUABAH Program], but the child protection result will still look different, even if we start working together in later stages. (BUABAH Team Member D)

Finally, several CBCP team members described feeling 'anxious' and 'worried' about the pilot program drawing to a close at the end of 2023, recognising that this major system gap may return, with a (likely) significant detrimental knock-on effect for Aboriginal families in the BPA:

I feel a little bit anxious about going into the new year without BUABAH, because from the time that we've been in the team, having BUABAH work alongside us, we've been able to see such different outcomes… we don't have any other programs like that… hopefully we can get something similar, like BUABAH, rolled out soon. (Community-Based Child Protection Team Member V)

I think if they're listening to what the Aboriginal community is asking for… when you read your commission reports, and closing the gap reports, it's programs like this that bring about change… And, there's still work to do, but we're on the right track. And, it worries me with pilot programs when there's not an ongoing funding commitment. And so, at the start of next year we want to continue our cultural change, and practice, and how do we do that when we don't have programs like BUABAH to walk alongside? ...there really is a need for this, and hopefully in the future it secures funding, and can continue on a longer term basis. Because, I think this is the direction that we need to move in, in working with families. (Community-Based Child Protection Team Member Z)

10.3. Strong Support for BUABAH Program Continuation and Expansion

Despite there being no interview questions directly asking participants about BUABAH Program continuation, all interview participants volunteered their strong support for the Program's continuation and, for some, the Program's expansion state-wide. BUABAH clients commented on how 'lucky' they felt to have been supported by the BUABAH Program, and how 'sad' it would be if the program did not continue:

There needs to be more people involved, to have, like more families get the help that they need. So – yeah – just – this program needs to stick on, not just disappear. I've been lucky to have the help. (BUABAH Client I)

It would be very sad if it doesn't actually go through, because I don't know what I would have done if it wasn't for Maddi and the BUABAH Program and everyone here at VACCA. I don't know what I would have done… It would be so sad for the rest of the Mums that don't get a chance to have the help that I have had. (BUABAH Client II)

Similarly, key program stakeholders, including CBCP team members and hospital employees, voiced strong support for the program to continue, and to expand. A selection of key comments include:

BUABAH is a really good program and I think it's an important program and I think it's a program that we want to continue and we want to extend on programs like BUABAH… hopefully there will be a lot more BUABAH and BUABAH-like programs out there. (Community-Based Child Protection Team Member X)

…my view is it needs to be statewide and it needs to be resourced accordingly… what would be helpful is thinking about the way this service is funded and expectations around hours and parameters. Whilst BUABAH wasn't supposed to lead the way, they did; they bended and flexed to meet the community need. (Community-Based Child Protection Team Member Y)

I cannot advocate strongly enough that this program continues. It has had such successful outcomes, it's changed culture in child protection… I think this is a program that highlights how successful outcomes can be for family when it's led by an ACCO like VACCA. I really hope it continues. I think it's an amazing program and they've done an amazing piece of work… when you read your commission reports, and closing the gap reports, it's programs like this that bring about change. (Community-Based Child Protection Team Member Z)

BUABAH's really good at helping people turn their lives around and give them ongoing support so they have a good start at life. And, that cultural support as well. I think that's so important. We need that. (Hospital Employee)

Finally, BUABAH team members supported continuation, and also, pointed out that: i) allocating resources to early intervention programs such as BUABAH will reduce the demand on other programs and prevent harm at later stages; ii) that this program ought to be expanded and offered to Aboriginal families and people not from Aboriginal families through both ACCOs and mainstream services; iii) this program can help to disrupt the cycles of re-traumatisation and help bring about individual and community healing:

BUABAH program has been great, but it's just been within the South… [it needs] highlighting it to the broader VACCA, the great work that this program does, and the benefits and the outcomes. Showcasing it a little bit more… Not just within the South, but, you know, the whole of VACCA. (BUABAH Team Member A)

…if there was a BUABAH program [ongoing], we wouldn't need as much funding for the AFPR, or FPR programs, because we end up opening with families post birth. There is a lot of funding in that AFPR space, but if we can avoid that crisis, and baby to remain with mum, then we won't need that intensive crisis support after birth... I think the focus needs to be moved to that early intervention. Because, what's the point otherwise? (BUABAH Team Member D)

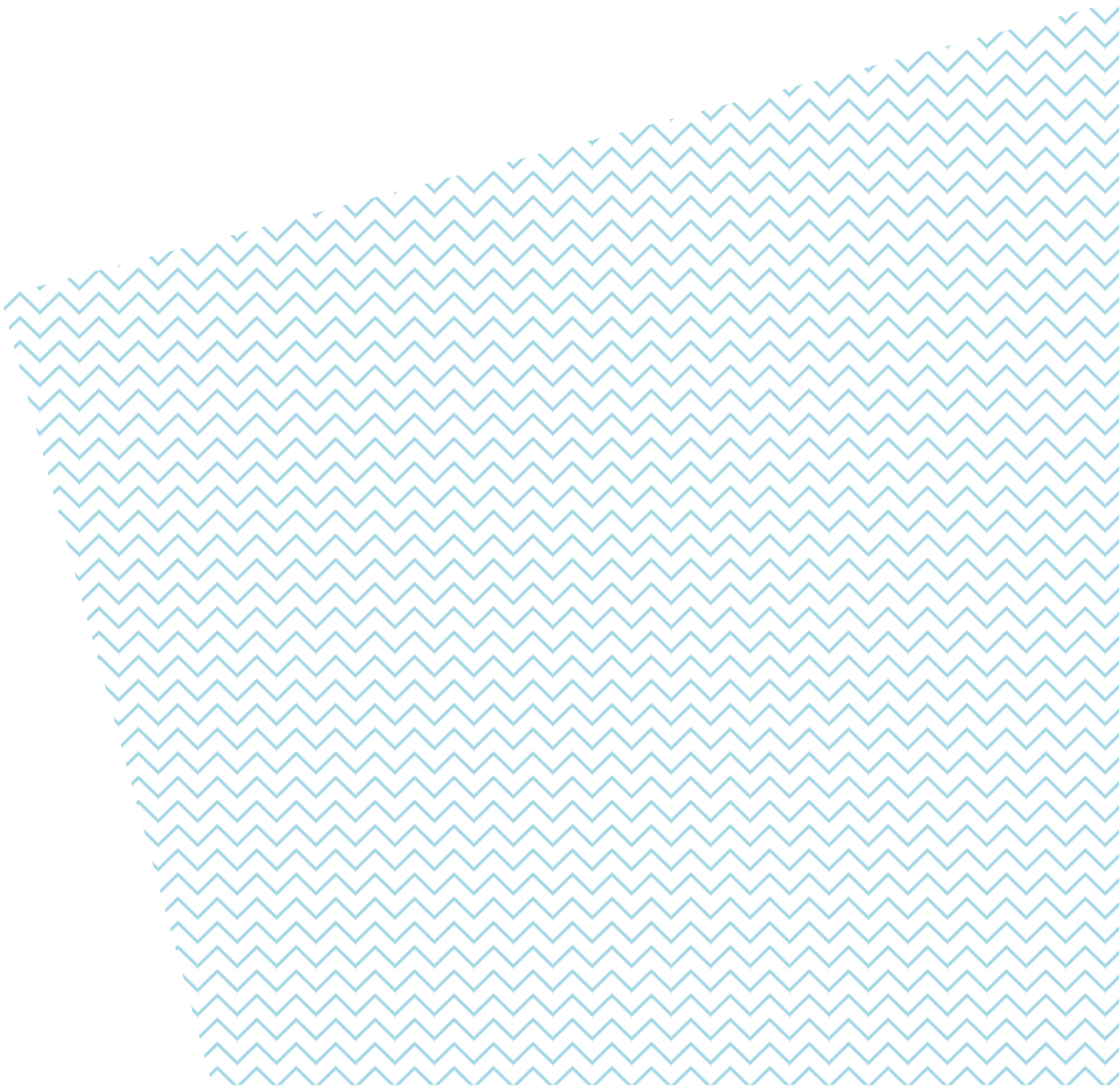
…we need to get this on a larger scale so then Aboriginal and non-Aboriginal families have the opportunity to keep their babies at home and grow them up and be parents and have that support given to them. (BUABAH Team Member E)

…it's just so unfortunate that we have to have a pilot of this, when it's a 'no brainer'. If we can get this part right, if we can get prenatal birth room and postnatal support right, we don't have to do the reactive work. We can actually be proactive and get these babies born safely and the mothers able to parent and connected to themselves, their bodies, culture, their babies, their families, at the beginning…. they're birthing future Elders. Without this service there's so many women who are just being so retraumatised and in a place of deficit of themselves as parents and it just perpetuates that really

unhealthy traumatic cycle. I want this program to continue, I want it to expand, it should be everywhere!

(BUABAH Team Member B)

Discussion and Conclusions



11. Program Success and Related Design and Implementation Factors

The women who used the BUABAH service across an 18-month evaluation period (July 2022 to December 2023) were extremely complex cases, with needs including current drug use (i.e. injecting ice (crystal methamphetamine)), current family violence, previous SIDS (Sudden Infant Death Syndrome) death, significant mental health issues, history of trauma, previous child protection involvement including older siblings removed, family estrangement, disconnection from culture, homelessness, and criminal legal proceedings, typically in combination). While pregnancy was a factor motivating lifestyle and behaviour change, client's distrust of child protection and community support services acted as a barrier to engagement. Additionally, women were often referred into the BUABAH program close to birth while the unborn baby was open with child protection, creating considerable pressure on the BUABAH practitioner to motivate and support change within a short period of time.

While CBCP did not think it was possible for the BUABAH program to prevent legal intervention following birth for this cohort, six of the seven program participants were discharged from hospital with their baby in their arms (primary care), with one subsequently placed in kinship care at age five months. One baby was discharged from hospital to the care of kin while the BUABAH program continued support to the mother. The BUABAH program also completed four secondary consultations with CBCP, which helped avoid legal intervention in one case, keep one baby in their mother's arms, a further two babies in the arms of kin, and reduce the trauma of legal intervention in relevant cases. These statistics suggest a very different trajectory for unborn Aboriginal babies reported to child protection in the BPA, where prior to the BUABAH program more than half (56%) of Aboriginal babies involved in an unborn report to child protection were the subject of legal proceedings within the first year of life.

The evaluation provided strong evidence that legal interventions avoided were the result of the BUABAH practitioner "doing the incredibly hard stuff" of strengthening and achieving safety by, developing positive working relationships, mitigating crises and factors known to increase the risk of possible future harm, addressing underlying causes such as trauma, disadvantage, and disconnection, and developing empowerment in health and social care and child protection to the point where clients felt safe, respected and supported in these spaces. These outcomes were achieved through VACCA's cultural practice approach, a small caseload, a BUABAH practitioner and team leader with exceptional professional capabilities and knowledge of the local Aboriginal Community and extended family members, flexible funding brokerage, and close, trusting, collaborative and complementary working relationships with CBCP practitioners.

11.1. Future Design

While the BUABAH design and implementation could be considered a success, there were two aspects of the program that were not delivered; referrals from FH and the participation of women prior to 24 weeks gestation. While the earliest possible involvement of women in pregnancy is still an important design feature, it was acknowledged that early identification and program enrolment is difficult to achieve in practice, and any intervention and support offered to women during pregnancy can be considered 'early intervention' capable of transforming child protection trajectories. Stakeholders within and external to the BUABAH program recommended removing the requirement that mothers reside in the Bayside Peninsula Area and are less than 24 weeks pregnant and activating referrals within

Community while continuing to work closely with CBCP as a primary referral pathway. Stakeholders also recommended that the program operates with a minimum of 2.0FTE BUABAH practitioners, and 1.0FTE team leader/s, to help relieve the enormous pressure on a single practitioner working to manage crises and complexity close to birth, to provide peer support and staff leave coverage, and to recognise the significant role that the BUABAH team leader plays in case planning and management, case conferencing, and fostering partnerships, collaboration and practice changes within maternity care and child protection.

Finally, the evaluation did not focus on the fathers of the unborn/newborn children and how the BUABAH program interacted with and supported them. As the BUABAH program design included a 'whole family' focus, there may be room to further explore and document opportunities and challenges in engaging fathers/partners in pre-birth casework and continue to develop strategies and activities for whole family engagement.

12. Interdependencies and Constraints

12.1. Interdependencies

It is difficult to draw simple causal relationships between factors when evaluating an intervention in a 'open system' setting. In other words, it is difficult to identify the precise factors or causes for a particular outcome, where there may have been several factors involved, including factors that do not form part of the BUABAH intervention and factors that remain unmeasured and unknown. For instance, the program's impact may have been influenced by parallel programs within VACCA such as: cultural strengthening programs, family violence support services, justice and mental health supports, and the adjacent work of the AFPRR program. Similarly, collaborative efforts with programs such as Lakidjeka and organisations such as First Peoples' Health and Wellbeing in Frankston have likely played an important role in extending the reach and impact of the program. Additionally, the program's outcomes are embedded within broader reform and improvement efforts across major institutions, including hospitals such as FH and maternity services delivered by Monash Health, as well as child protection services delivered by DFFH. Finally, although the Perinatal Cultural Awareness workshops were delivered relatively late in the program timeline, this initiative complemented and supplemented program activities, helping to foster a culturally sensitive environment for families, and paving the way for future inter-organisational collaboration.

These interdependencies highlight the program's integration into a larger ecosystem, emphasising the need for ongoing collaboration and coordination to address the multifaceted challenges faced by mothers who identify themselves or their baby as Aboriginal in Melbourne.

12.2. Constraints

Several constraints and limitations are likely to have affected the reliability and validity of this evaluation. First, it is worth noting that long-range interventions that are intended bring about long-term outcomes are difficult to trace, and often longitudinal evaluation methods are preferred. This relatively short-term evaluation is limited in that regard.

Further, several of the most important aspects of a person-centred and trauma-informed way of working: trust, mutual respect, quality of relationships etc, are difficult to quantify and compare. This evaluation draws heavily on qualitative data to form an assessment of these aspects of the program. The evaluators are trained, to a doctoral

level, in qualitative research methods and the approach used reflects academic and industry best standards (Kornbluh 2015); however, subjectivity is inherent within these methods.

It is important to note that the quantitative component of the evaluation was constrained by the limited availability of data. Whereas the initial evaluation study design included gaining access to unit-level secondary administrative databases, it was not possible to access much of this data given the low number of program participants and clients consenting to take part in the evaluation.

Finally, only two clients (mothers) took part in in-depth interviews, and neither was from an Aboriginal family. The omission of first-person accounts from Aboriginal mothers and fathers/partners limits our understanding of clients' experiences with, and perspectives of, the BUABAH program, particularly how fathers/partners were involved in case planning and other process, and any barriers encountered.

13. Recommendations

In line with the views of interview participants, the current evaluation creates a strong case for the continuation of the BUABAH program in the Bayside Peninsula Area and possible expansion to other areas where there is an obvious gap in service provision for pregnant women with Aboriginal babies at risk of being reported to and investigated by child protective services.

13.1. Recommendation 1: Program Continuation

VACCA should seek additional funding for continuation of the BUABAH program in the BPA into subsequent years, with additional staff capacity to sustain an intensive case management model and practice change within child protection and birthing hospitals. This includes a minimum of 2.0EFT to undertake BUABAH case management work, and a minimum of 1.0EFT BUABAH team leader position.

13.2. Recommendation 2: Program Improvement

The Victorian Aboriginal Child and Community Agency should consider proposed adaptations to program design, including expanding and refocusing referral pathways (including persisting with hospital referrals, and perusing opportunities for primary care and community outreach-based referrals), and prioritising women at risk of child protection involvement with babies at any stage of pregnancy, within a revised and expanded team structure. The Victorian Aboriginal Child and Community Agency should also consider a caseload lower five if participants are all severe/complex risk, and/or considering the optimal caseload mix to ensure BUABAH practitioners can maintain effectiveness, vitality, and self-care.

13.3. Recommendation 3: Full Implementation and Potential Replication or Adaptation

VACCA should create a plan to move from pilot to full implementation and potential replication in other VACCA service sites. This includes documenting the problem the program addresses, the settings in which the program is

intended to be used, how it works, what is needed to successfully implement the program in different service sites[14], and how progress can be assessed. This involves reviewing and revising the BUABAH program blueprint and logic model to reflect design improvements, clearly documenting the responsibilities and capabilities of the BUABAH practitioner and team leaders, the role and function of partnerships with CBCP and developing a monitoring and evaluation framework that potentially incorporates case-specific performance criteria to assess the results of interventions throughout the life of the program.

13.4. Recommendation 4: Knowledge Translation

To ensure evaluation findings are used to advocate for the program's sustainability over the long term, the Victorian Aboriginal Child and Community Agency should actively communicate information about the BUABAH program and its effectiveness. This includes making the evaluation report available to the public, and communicating evaluation findings through scholarly journals, presentations at conferences, press releases and webinars.

[14] Here, it should be highlighted that the exceptional attributes and capabilities of professionals involved in the pilot, and a willingness within VACCA and CBCP to work collaboratively toward a shared purpose, are vital to program success. Regarding the latter, it may be necessary to cultivate an enabling context for implementation, perhaps by delivering Perinatal Cultural Awareness Training to staff within the CBCP and local birthing hospital, and to involve these stakeholders in determining how the BUABAH program will be put into practice, including any necessary adaptation.

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