



# Baby Coming You Ready?



# Acknowledgement

» We acknowledge the Whadjuk people of the Noongar Nation as the Traditional Custodians of the Country on which BCYR was developed.

We pay respect to Elders past and present.

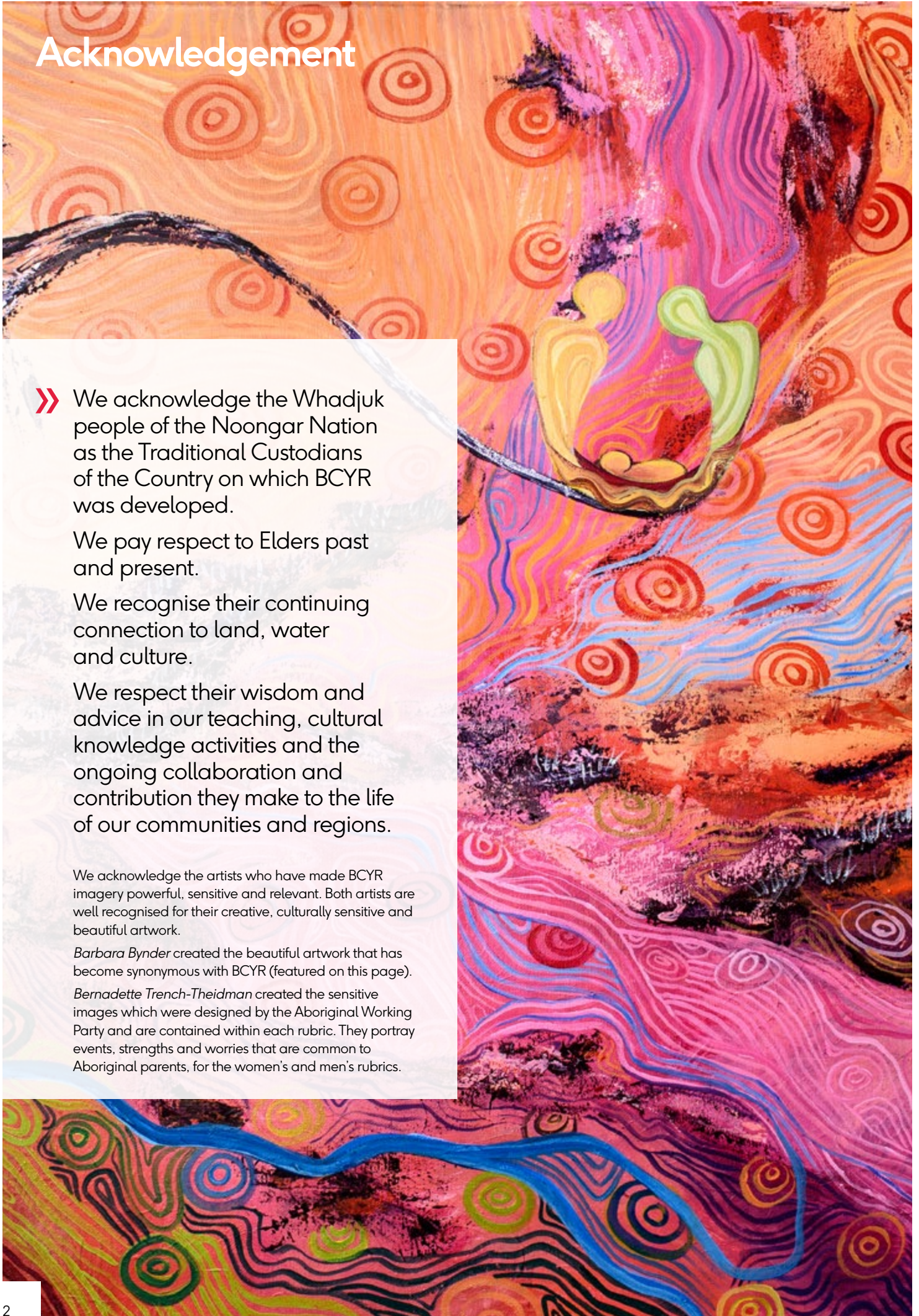
We recognise their continuing connection to land, water and culture.

We respect their wisdom and advice in our teaching, cultural knowledge activities and the ongoing collaboration and contribution they make to the life of our communities and regions.

We acknowledge the artists who have made BCYR imagery powerful, sensitive and relevant. Both artists are well recognised for their creative, culturally sensitive and beautiful artwork.

*Barbara Bynder* created the beautiful artwork that has become synonymous with BCYR (featured on this page).

*Bernadette Trench-Theidman* created the sensitive images which were designed by the Aboriginal Working Party and are contained within each rubric. They portray events, strengths and worries that are common to Aboriginal parents, for the women's and men's rubrics.







# Baby Coming You Ready?

'Baby Coming You Ready?' (BCYR) is a co-designed wrap-around program to replace current screening and to enhance the spiritual, cultural, social and emotional wellbeing for Aboriginal and Torres Strait Islander parents.

BCYR is a new generation mental health and well-being assessment and screening 'rubric' (jointly shared self reflection). It is a therapeutic intervention that supports client directed follow-up care. BCYR includes the BCYR website and practitioner training. BCYR aims to:

- (i) give control back to the mother over her perinatal care
- (ii) enhance her strengths and self-efficacy as a mother and woman
- (iii) keep families together
- (iv) improve maternal and infant health and wellbeing outcomes

BCYR was co-designed by Aboriginal communities from 16 different Clans/Nations, Elders and Senior Aboriginal women and men, Aboriginal and non-Aboriginal practitioners\* and both Aboriginal and non-Aboriginal Researchers.

BCYR embodies passion and commitment to improve the spiritual, cultural and social and emotional wellbeing and engagement of Aboriginal parents at this important time. It is a celebration of the cultural wisdom, relational collaboration, and ongoing support from all people involved since its conception, during the Kalyakool Moort research project (2013-2016).

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



» The BCYR rubric has been designed to support strong family systems.

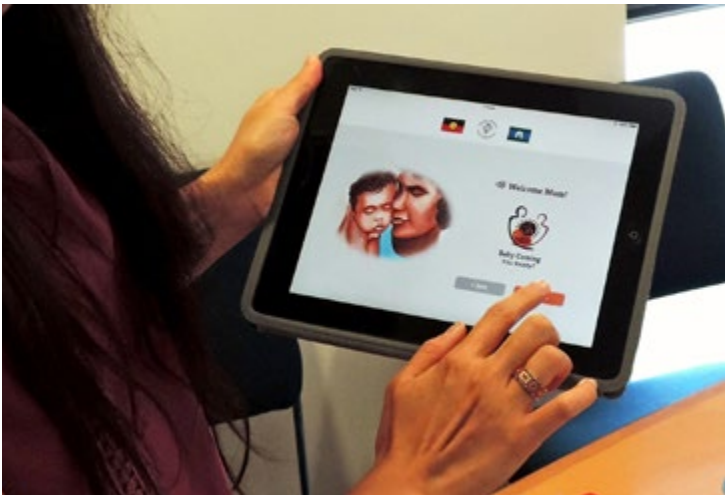
## How does it work?

BCYR is a therapeutic, culturally-safe and strengths based program that engages parent and practitioner on multiple issues in plain language.

Touch-screen visual prompts on iPads and Aboriginal voice overs guide both users through specified domains of inquiry to 'gather the woman's story'. These images and voice overs can be adapted to suit cultural differences and priorities for diverse Aboriginal and Torres Strait Islander communities

BCYR is designed to develop trust and engagement, identify and enhance strengths, understand the contextual factors in the life of the mother-to-be and how these might impact an assessment of risk. BCYR encourages open reflection and self-evaluation and fosters understanding for both users.

The BCYR training (eLearning) for professionals nurtures trauma informed practice and cultural safety, supports 'innocent' inquiry and cultivates 'daddiri' (deep listening) and 'yarning' (storytelling) to gather the woman's story.



BCYR provides a strengths-based alternative to screening for family and domestic violence, mental health concerns, and smoking, alcohol and other drugs. The use of sensitive images support women to externalise emotions that can be hard to articulate and to express themselves by identifying images that commonly impact health and wellbeing. Uniquely, this process is in itself a therapeutic intervention that also generates a woman-centered forward plan.

An additional BCYR rubric has been designed for fathers further supporting strong family systems.

» BCYR is designed to develop trust and engagement, identify and enhance strengths, understand the contextual factors in the life of the mother-to-be and how these might impact an assessment of risk.



» BCYR aims to build strong, respectful relationships and engagement between Aboriginal and Torres Strait Islander and non-Aboriginal peoples as clients, community members, and organisations.



BCYR is a therapeutic, practical and innovative solution to overcoming the many evidence-based screening and assessment barriers experienced by both practitioners and Aboriginal and Torres Strait Islander families.

Centred around the touch-screen app used on iPads, SMART phones or laptops, BCYR uses a suite of supportive assets including:

- (i) the BCYR Website which includes:
  - (1) independent or clinic based access to culturally safe educational maternal and resources relevant to the perinatal period
  - (2) interactive access to localised referral pathways and culturally safe and relevant resources for practitioners (in clinical settings) and families (to access independently)
  - (3) the BCYR practitioner e-Learning program
  - (4) 'Ages & Stages' short films for fathers which highlight benefits of co-parenting during key developmental stages.

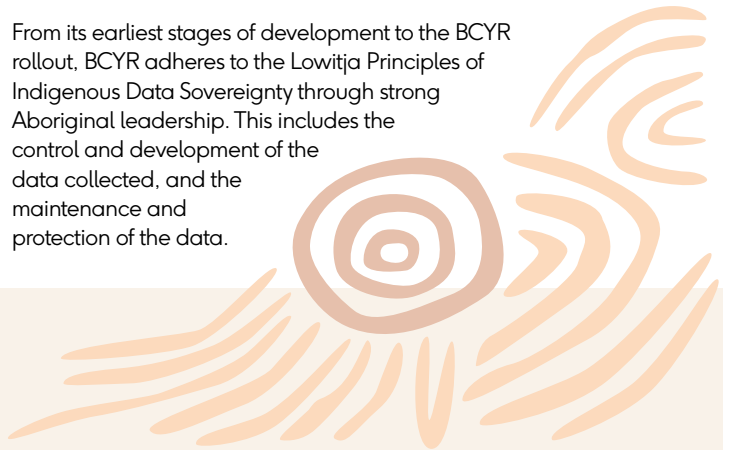
Drawing on the principles of community control and community development in health, the BCYR project aims to fulfill the needs of Aboriginal people and the practitioners who work alongside them.

BCYR is translational research in action.

It is a practical innovation for working alongside Aboriginal mothers and families that enhances strengths and minimises risks.

Contributors included well over 130 Aboriginal women and men from 16 different clans or nations, Nyoongar Sovereign Elders, Aboriginal and non-Aboriginal health care practitioners, researchers and collaborators.

From its earliest stages of development to the BCYR rollout, BCYR adheres to the Lowitja Principles of Indigenous Data Sovereignty through strong Aboriginal leadership. This includes the control and development of the data collected, and the maintenance and protection of the data.



## The BCYR Project Team



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Nyikina woman



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# Research Groups & Cultural Safety Groups

## BCYR Lead Research Group ~ *italics denotes Aboriginality*

**Akilew Adane** Ngangk Yira Institute, Murdoch University  
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**Christine Parry** Boodjari Yorgas Armadale Hospital  
**Corinne Reid** Senior Global Advisor, Research Fellow  
**Mel Robinson** Child and Adolescent Health Services  
**Averil Scott** Women and Family Health Services  
**Tarryn Sharp** WA Country Health Service  
**Debbie Singh** Child and Adolescent Community Health  
**Shaydeen Stocker** Moort boodjari Mia, St John of God, Midland  
**Leanda Verrier** King Edward Memorial Hospital for Women  
**Rose Walley** Telethon Kids Institute  
**Roz Walker** Ngangk Yira Institute & Telethon Kids Institute  
**Guanjin (Brenda) Wang** Information Technology, Murdoch University

## The Kaadaninny Advisory Council

## The Ngangk Yira Institute Aboriginal Advisory Group

## Aboriginal Elders Cultural Security Group

**Aunty Margaret Culbong** (rest in peace)  
**Carmel Culbong**  
**Gary Culbong**  
**Karen Culbong**  
**Amanda Wilkes**  
**Gary Wilkes** (rest in peace)  
**Fay Farmer**  
**Albert McNamara**  
**Irene McNamara**  
**Cheryl Phillips**  
**Greg Phillips**

## BCYR Men's Aboriginal Advisory Group

**Des Blurton** Department of Health  
**Rohan Collard** Wungening  
**Danny Ford** Kambarang Services  
**Jon Ford** Moorditj Koort  
**Ian Gentle** Department of Health  
**Mark Griffin** Nyoongar Wellbeing & Sports  
**Dave Pigram** Department of Health

## Beta testing the BCYR rubrics with Aboriginal new mums, dads, midwives and child health nurses

The research team beta-tested the BCYR rubrics on iPads in 'real life' settings with 12 Aboriginal mothers who had recently birthed, and 4 new fathers. The rubrics were facilitated with each parent by 12 midwives/child health nurses previously unknown to the parents.

An additional workshop with 23 midwives, child health nurses and Aboriginal health workers, in small group settings, explored the digitised rubrics, the skip logic, the use of language, voice overs and images.

Collectively, these two approaches to beta-testing produced valuable data which informed the final iteration of the BCYR rubrics.

The use of BCYR improved quality of data collection and service delivery. Both mothers and fathers reported that the BCYR process supported their ability to engage meaningfully, to be honest about their circumstances and to self disclose.

Practitioners reported greater ease in facilitating difficult conversations and engaging authentically with clients otherwise unknown to them.

# Pilot Rollout

BCYR (a) replaces standardised SEWB screening tools (alcohol, tobacco, drugs, family and domestic violence, mental-health) and (b) upskills practitioners to systematically apply culturally safe, strengths-base and trauma-informed clinical practice.

The companion website ensures practitioner access to digitised screening apps, eLearning modules, relevant educational resources and information, and interactive referrals and resources. Prior to using BCYR, practitioners complete three phases of BCYR training: (1) eLearning; (2) face-to-face, and (3) moderated follow-up self-reflective practice.

Implementation of BCYR generates an automated clinical event summary (from the touch screen images) which can be uploaded into patient electronic health management systems. BCYR meets all relevant ISO standards for health data storage and transfer and has been approved by the Australian Digital Health Agency. BCYR can integrate with MyHealth Record

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## The Pilot:

This will evaluate the BCYR intervention in real world settings (metropolitan and regional community health and GP services) and determine fidelity, acceptability (women, practitioners) and workability (practitioners, managers, health services). This includes:

1. a. What works, for whom, why and under what circumstances?  
b. What does not work, for whom, why and under what circumstances  
c. What almost works but requires change
2. If BCYR creates meaningful outcomes for women and their families.
3. If BCYR is practitioner friendly and supports effective engagement with women.
4. The fidelity of BCYR when applied.

Secondly the pilot will evaluate the training to establish:

1. If training is effective in supporting practitioner use of BCYR
2. What ongoing support is required to promote the BCYR intervention in services
3. Identify barriers and enablers to service and information system integration.

## BCYR Phase One: The Pilot

### Perth & outer metro pilot sites:

#### Moort Boodjari Mia (St John of God, Midland)

- > Midwives and AHLOs

#### Boodjari Yorgas (Armadale Hospital)

- > Midwives and Senior Aboriginal Health Officer

#### Child & Adolescent Health Services (Midvale, Kwinana, Maddington)

- > Child Health Nurses (CHNs), AHLOs

#### Ngala Family Services (Midland, Kwinana)

- > Endorsed Midwives

### WA Country Health Service - the Wheatbelt pilot sites

#### Midwifery Group Practice (Northam)

- > Midwives

#### Aboriginal Medical Service Boodjari Yorgas (Merredin, Northam, Moora, Narrogin)

- > Midwives, ALOs (maternal)

#### Community Midwifery Program (Merredin, Moora, Narrogin)

## BCYR Phase Two: Extended statewide trial.

In addition to the current pilot sites, additional Perth, outer metro and regional hospitals and rural and remote ACCHOs across WA will embed the BCYR program into routine practice in a staged roll-out to gather large scale longitudinal and to determine its wider cultural adaptability.





# Project Partners

Department of Health Western Australia through - Nursing and Midwifery Office; Women and Newborn Health Service, King Edward Memorial Hospital; Fiona Stanley Hospital; North and East Metropolitan Health Services; Boodjari Yorgas (Armadale Hospital); Child and Adolescent Community Health (CACH); WA Country Health Service (WACHS); Department of Communities Western Australia; Centre of Perinatal Excellence (COPE); Utility Creative; Derbarl Yerrigan Health Service; Moort Boodjari Mia (St John of God Healthcare); Murdoch University; Telethon Kids Institute; Ngala; Nyoongar Wellbeing & Sports.



Government of Western Australia  
Department of Health  
Nursing and Midwifery Office



Government of Western Australia  
North Metropolitan Health Service  
Women and Newborn Health Service



Government of Western Australia  
Child and Adolescent Health Service



Government of Western Australia  
Department of Communities



Parenting with Confidence

## Contact us

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