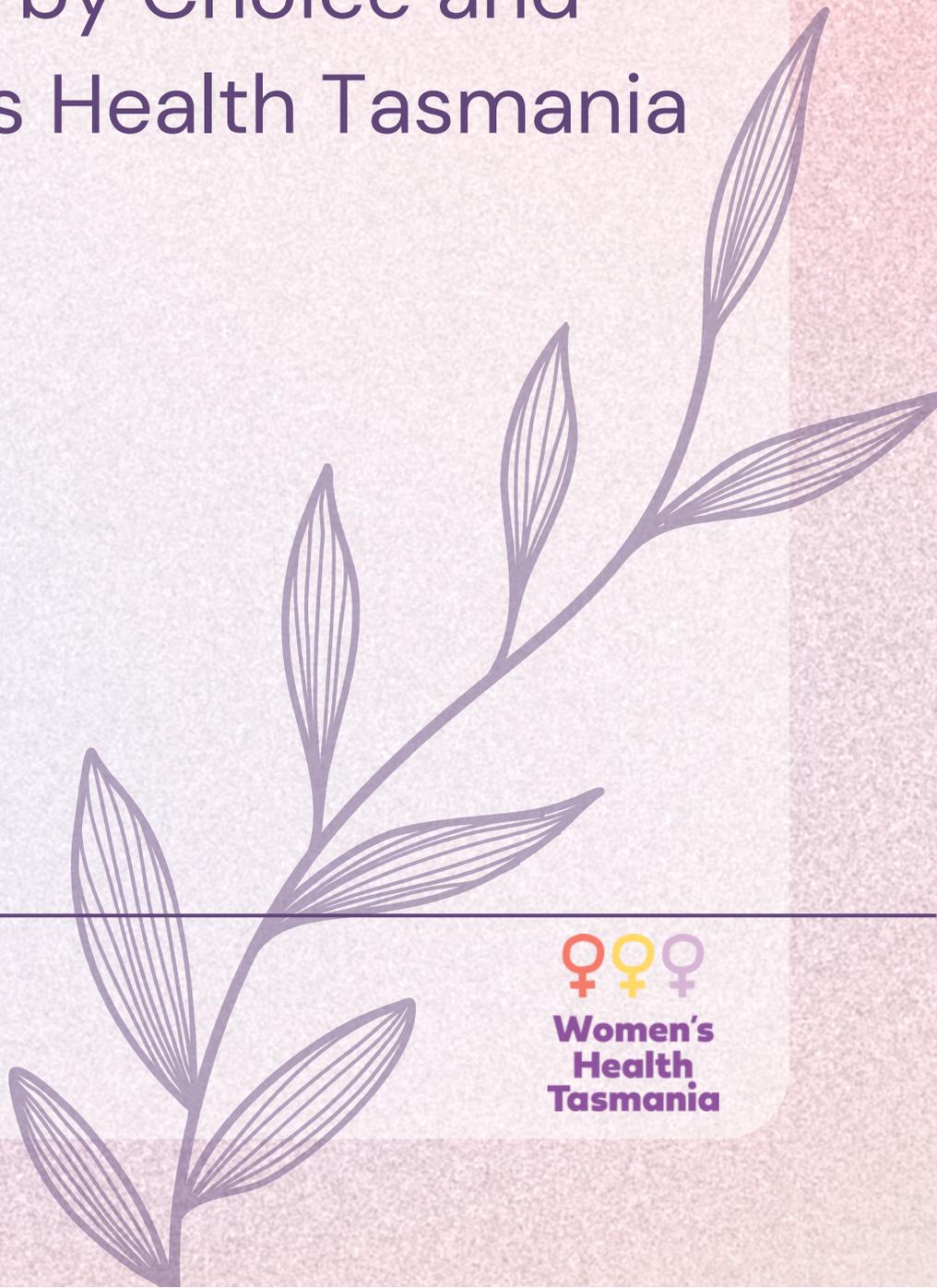


# Acquittal

Children by Choice and  
Women's Health Tasmania  
**2022**

CHILDREN  
BY CHOICE  
ASSOCIATION INCORPORATED

  
Women's  
Health  
Tasmania

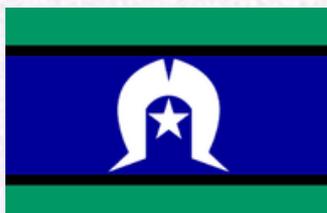


# ACKNOWLEDGEMENT

Children by Choice acknowledges and honours the traditional owners of the land on which we do our work, and their continued connection to land and community. We recognise the three separate cultures of Aboriginal, Torres Strait Islander and South Sea Islander people. Children by Choice recognise that we are working on Turrbal and Yuggera people land.

Women's Health Tasmania acknowledges the palawa and pakana people as the traditional and original custodians of lutruwita/Tasmania. WHT recognises that sovereignty was never ceded and acknowledge their continuing connection to land, waters, and culture. WHT pays respect to Elders past, present, and emerging.

Both organisations acknowledge that this continent always was, always will be Aboriginal land.



## THE PROJECT

### THE PROJECT

This project has been developed and delivered in partnership between Children by Choice (CbyC) and Women's Health Tasmania (WHT). In the first year of the project the goal was to build building the capacity of the WHT team to deliver ongoing CByC-developed training packages, an expansion of the training and education WHT provides to professionals across Tasmania.

CbyC and WHT have successfully worked together to adapt and deliver CbyC's existing educational training packages through a Tasmanian-focused training package. This new package draws on WHT local knowledge of abortion care history, pathways and local context.

63 training places were made available, and all were booked within 3 weeks of being advertised. Covid-19 impacted attendance - 55 participants attended the face-to-face training.

The participants came from health services and hospitals, community and housing services and family violence services. The professions included clinical health workers, youth workers, social workers, psychologists and housing workers. The participants lived in the south, north and northwest regions of Tasmania.

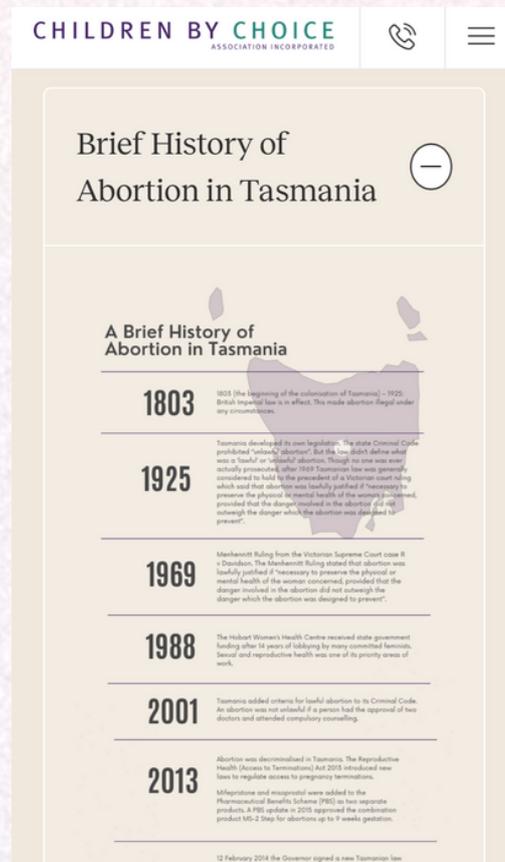
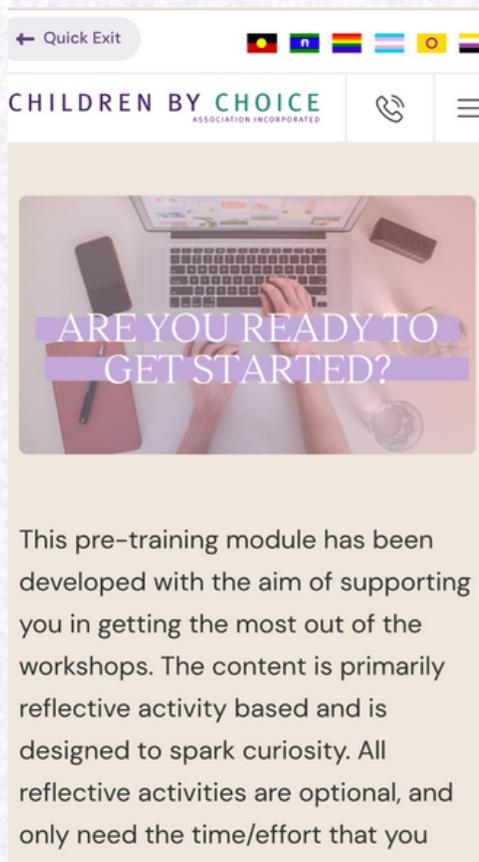
In the development of the partnership, WHT and CbyC identified the need for Year One to focus on providing training and resources for WHT staff to provide workshops on the following:

- **Pregnancy Options**
- **Reproductive coercion**
- **Post abortion counselling**

# THE PROJECT

The project commenced with the review of Children by Choice's core education workshops, updating information and resources. The CbyC team then developed an online module for the Qld context, intended for participants to complete before attending the training.

WHT then reviewed the content and sent through content, feedback and suggestions for what they would like for their online module. These adaptations included information on the history of abortion law reform in Tas, the history of WHT and information about abortion care within the Tasmanian context.



# THE PROJECT

After CbyC updated their educational content the WHT attended a full day of in-person training in Qld, and met CbyC's Senior Research Officer to discuss the evaluation of the project.

One WHT team member attended a CbyC full day training session in Brisbane. They observed the style of presentation, the educational materials used, key concepts covered and Values Clarification Activities included in the training.

## Training development

WHT developed and commenced a needs assessment on what, how and when the training should be delivered in Tasmania. The needs assessment indicated that participants wanted:

- Clarity around how to access Tasmania's abortion pathways
- Information about the use of language in non-directive pregnancy options conversations with clients and patients
- Opportunities to build networks and relationships across the sector
- Accessible training. Healthcare workers in particular could not attend full-day training.



## THE PROJECT

The partners worked together to adapt the content to what was most relevant to Tasmanian professionals. This included new Tasmanian content for the training package developed by WHT, including:

- Resources and information about Tasmanian abortion pathways for the face-to-face training
- Information about the history of abortion access in Tasmania for the online module
- Updated information about legal status of abortion in Tasmania for online module and face to face sessions
- Tasmanian case studies



## THE PROJECT

WHT then worked at recruiting professionals to attend the training. The participants were a cross-section of health and community services professionals including:

- General practitioners who deliver medical termination services in Tasmania
- Clinical nurse consultants from public hospitals who provide publicly funded termination service
- Midwives
- Family violence and youth crisis services workers
- Social workers in community and family services
- Youth Health Services workers
- Aboriginal Health Services workers

The workshops were offered in Launceston, Burnie and Hobart. The WHT team developed communications, run sheets and an itinerary for how, where and when the training was going to occur in Tasmania. This allowed for the project to be delivered effectively with all parties aware of their roles and responsibilities throughout the duration of the training.

The training ran over the course of a week, with the total of three co-facilitated sessions between CbyC and WHT and one session delivered by WHT.



## THE PROJECT

### **Initial feedback from the training included:**

·A high level of engagement with the Pathways Flowchart created by WHT ‘lightbulb’ moments and reflections on reproductive coercion and participants stating that they would use the red and yellow flag framework in their daily practice.

At the conclusion of the training, all participants were encouraged to fill out the post-survey questionnaire to provide some initial feedback and then were further invited to participate in interviews conducted over zoom, with CbyC’s Senior Research Officer to provide further feedback (Please see the evaluation report).



# THE CHALLENGES

Throughout the course of the project there were two key challenges.

- Key people within both WHT and CbyC project were in isolation with Covid-19 during WHT's visit to Qld. Other team members stepped in to support the project.
- There was an unexpected public holiday in the middle of the Tasmanian education workshops due to the Queen's death. This created some disruption but was mitigated by WHT swiftly shifting training to a new day and location and offering an additional training session later to those who couldn't attend due to the adjusted date.

## EVALUATION

### **Executive Summary**

The Compassionate Reproductive Health Care for Vulnerable People in Tasmania was a pilot train-the-trainer project delivered over 12 months from January to December 2022.

The project aimed to build a partnership between Children by Choice in Queensland and Women's Health Tasmania, co-adapt Children by Choice's training materials to the Tasmanian social, cultural, professional and systemic context, and deliver the adapted training package in three regions across Tasmania.

A mixed methods evaluation was embedded in the project from its commencement and conducted by the Senior Research Officer at CByC. The evaluation involved pre- and (6-8 weeks) post-training questionnaires. These were sent to all participants, of which 58 completed the pre- and 37 the post-training surveys. In-depth, semi-structured interviews were also conducted with 6 training participants and 3 project staff. The evaluation aimed to ascertain the effectiveness, barriers and enablers of, and associated with, project implementation, the impacts of the pilot project (individual, organisational and systemic), and recommendations for expansion/continuation of the project/partnership.

## Key findings

### Participants

- Project staff anticipated difficulty recruiting participants and were surprised with the enthusiastic uptake by a range of professionals.
- Participants represented a wide range of community, health, and violence professionals. Psychologists, social workers, counsellors, nurses, and midwives were well represented. No Obstetrician-gynecologists, pharmacists, imaging, or administration workers completed the pre- or post-training surveys, and so it is possible they were not represented among the workshop participants.
- Public hospitals were the best-represented organisations, with domestic and family violence and sexual assault (DFVSA) services. There were no survey respondents from private hospitals or schools, and primary care settings were underrepresented.
- Approximately 1/3 of the participants were involved in the provision of abortion (related) care.

## Process

The partnership between CbyC and WHT was described as effective, positive, respectful and mutually beneficial.

Practical barriers to collaboration included lack of a shared information repository (ie. Sharedrive), an unanticipated public holiday and, for CByC, understaffing/staff burnout around the months leading up to and directly after CByC's conference.

Some confusion around intellectual property ownership of the training material.

## EVALUATION

“Knowing the lengths professionals (in Tasmania) go to to protect women is heartening.”

– Interviewee, training participant

### Impacts

- **CONFIDENCE:** Participants’ confidence in providing trauma-informed, compassionate care, identifying RCA and discussing pregnancy options significantly improved because of the training. Prior to the training, participants were least confident identifying Reproductive Coercion (RC), while after the training that was one aspect of care they were most confident in providing.
- **KNOWLEDGE:** Participants reported having embedded RCA screening in their care, working on developing screening protocols for their organisations, and increased confidence in having difficult/ sensitive conversations to screen for and respond to RCA.
- **ADVOCACY:** Participants reported increased confidence after the training in engaging in sexual and reproductive health (SRH) and abortion-related advocacy in both their personal and professional lives, with an increase of 11% and 22% reporting they felt somewhat or very confident post-training. The training also drove a significant increase in participants reporting they engaged in advocacy around SRH or abortion in both their professional and personal lives.

## Impacts

- **NETWORKS:** Before the training, 17 (44%) respondents felt they were rarely or never connected to other professionals providing abortion care, compared with only 8% post-training. Relationship building, networking and the subsequent development of formal and informal referral pathways and protocols were described by participants as one of the primary and most valuable outcomes of attending the training sessions. This has appeared to begin to address some of the staff and participants' concerns around the siloed, localized and disconnected nature of many services in Tasmania (as described by participants).
- **KNOWLEDGE SHARING:** Participants described having shared, and continuing to share training content and resources within and across organisations and directly with clients.
- **SYSTEMIC CHANGE:** Some participants described the training as a catalyst for subsequent research into organisational policies and systemic gaps in violence and RCA responses and begin to spearhead efforts to address these, including policy, protocol and referral pathway development, website (content) (re)development, resource sharing and internal advocacy.

# RECOMMENDATIONS

## General:

1. The program was described as of great value by staff and participants, and all saw immense value in continuing the program to enable the project to expand its reach.
2. Poverty, low levels of sexual and reproductive health literacy among marginalised communities, and professional isolation and siloes emerged as key systemic barriers and issues to SRH equity in Tasmania.
3. The program reinforced the central importance of embedding an equity focus and working explicitly to ensure the needs of members of Tasmania's most marginalised sub-populations, and the professionals who work within and with them, are addressed. Direct-to-consumer programs would be most accessible if there was no financial cost to participants, and they were provided locally.
4. The program also reinforced the importance of programs and projects embedding considerations of the income and cultural contexts of their target populations, recognising regional and cultural variations within the state.
5. WHT's relationships with key organisations were both strengthened because of the pilot program, and were vital to gaining access to training participants, organisations and communities. These relationships will remain crucial to the success of future projects.
6. Partners need to discuss the intellectual property ownership of the training material and develop a written agreement around this and future rights to deliver the training.

### Training content and delivery

- Future trainings should remain in a half-day format, though may be further improved with an additional hour of content and workshopping. The training package could be expanded and offered as half-day and full-day options: there appears to be demand for both.
- A focus on recruiting Obstetrician gynecologists, pharmacists, imaging professionals, GPs, administration staff, receptionists and school nurses, staff from private hospitals, and primary care would be particularly beneficial to abortion seekers and systems.
- Feasibility and staff wellbeing would be better supported by a less intense training schedule. It is suggested training could be delivered twice in a single region in a single week, with this schedule then repeated after some time in the other two/three regions.
- Participants saw value in having a formal printable resource on RCA they could distribute.
- More content and discussion on responding to RCA were requested by multiple participants.

## QUOTES FROM PARTICIPANTS

**"Knowing the lengths professionals (in Tasmania) go to to protect women is heartening."**

*"Fabulous day that has enabled me to find gaps in our service and really motivated me to do better for our women!"*

**"This was a thorough package suitable to people within and outside the immediate sector."**

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