



Save the Children
Australia



Situation Analysis and Recommendations

Dampier Peninsula Indigenous Parenting Support Services



Australian Government
Department of Families, Housing,
Community Services and Indigenous Affairs



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Introduction

The literature undoubtedly supports the fact that Parenting is a critical element in the well being of children. Good parenting styles equip children with resilience, self esteem, social competence and values of citizenship. Evidence shows that warm and supportive nurturing styles facilitates the development of strong and secure relationships which can act as safeguard from adverse influences such as family breakdown, financial stress, violence and negative childhood outcomes¹. Parenting takes many forms, and there is no direct formula however, with adequate support from parents' own prior experiences, their living and environmental situations can create enabling factors for children's health, survival and active participation in cultural and economic activities. Conversely, Elder et al,(1984)² informs us that the ability to parent is not necessarily intuitive, but rather an influence of his or her own history together with the child's own characteristics such as age or temperament. Furthermore, it can be shaped by class, culture, neighborhood or community and the era into which the child is born³.

Subsequently, the research shows that the quality of the parent child relationship is significantly associated with learning skills and academic achievement, social competence, self esteem / self confidence, aggressive externalizing behavior, delinquency, depression, anxiety, stress and high risk health behaviors such as illicit drug use, alcohol use and risky sexual behavior.

A key concept that dominates research into parenting and family functioning has been that of the family at risk, usually defined as a family in which parents are experiencing frank difficulties and if no appropriate intervention is offered will venture into crisis⁴. Whilst a relatively large volume of research exists on the context for child abuse and neglect and the characteristics of the "at risk" family, the purpose of this paper is to explore and understand the types of families at risk as it may apply specifically to the communities of the Dampier peninsula in the remote West Kimberley. Through reviewing the available local, national and international literature and consulting the Aboriginal and Torres Strait Islander People residing in the Dampier Peninsula, Save the Children will aim to partner with the communities to refine or establish new innovative culturally safe models for both the early intervention and the future prevention of Child abuse and neglect.

¹ Oates, J (2010) Supporting Parenting – Early Childhood in Focus#5,The Open University

² Elder,G.H,Liker,J,K, & Cross,C.E (1984) Parent-Child Behaviour in the Great depression: Life course and intergenerational influences, Life Span Development and Behaviour.vol 6.

³ Bronfenbrenner, U (1979) The Ecology of Human Development; Experiments by nature and design, Cambridge, Harvard uni press.

⁴ Ghate,D and Hazel,N.(2002) Parenting in poor environments: Stress, support and coping, London, Jessica Kingsley.



Background

The Dampier Peninsula is a sub-region of the Shire of Broome extending 200km north of the town of Broome. The inhabitants of the sub-region are predominantly Aboriginal people. The population of approximately 1,200 live in three major settlements: Beagle Bay, Lombadina / Djarindjin and Ardyaloon and more than 50 family-based outstations.

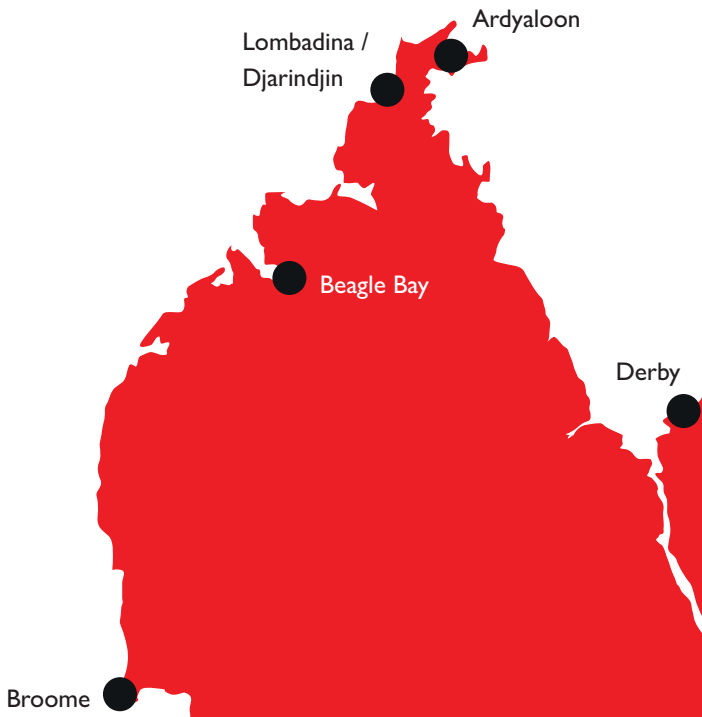
The vision of the Council of Australian Governments (COAG) is that “all children have the best start in life to create a better future for themselves and for the nation⁵”. To support the achievement of this vision, the Dampier Peninsula has been identified as one of 29 locations in Australia chosen as sites where government will invest in Remote Service Delivery (RSD). The aim of Remote Service Delivery is to bring the standard of services and infrastructure up to a level that is broadly the same as those found in non-indigenous communities of a similar size, location and need. As part of this process, Save the Children Australia (SCA) has been funded to provide an Indigenous Parenting Support Service (IPSS) to improve child development, child safety and family functioning via the provision of intensive, targeted and coordinated support for parents and children who are vulnerable or at risk.

Children’s risk factors can be identified from early pregnancy and through childhood, and include:

- living in poverty
- growing up in a disadvantaged community
- experiencing problems in school
- parental conflict
- poor parenting
- substance misuse
- anti-social behaviour
- domestic violence
- low levels of family or individual support.

It is widely agreed by experts across the world that early intervention can be of enormous benefit to children. “Early intervention means: “intervening as soon as possible to tackle problems that have already emerged for children and young people... to stop these problems from becoming entrenched.” In the UK, the national Children’s Plan calls for the establishment of consistent high quality arrangements to provide identification and early intervention for all children and young people needing additional help in relation to their health, education, care and behaviour, including help for parents as appropriate.

As a component of the Remote Service Delivery project, communities have developed Local Implementation Plans identifying their priorities for action. Improving maternal and child health was identified as a priority, which resulted in the Kimberley Aboriginal Medical Services Council (KAMSC) being invited to apply for funding from the Department of Health and Ageing to increase maternal and child health services in the Dampier Peninsula. It is KAMSC’S intention to apply for funding to establish a service based on a Midwife and Aboriginal Family Support workers recruited from within the communities. This new service will focus on maternal and child health, making it possible for the IPSS service to focus on supporting people to become better parents and improve the functioning of their families.



⁵ Belonging. Being and Becoming. The Early Years Learning Framework for Australia; DEEWR. 2009

⁶ Early intervention. Securing good outcomes for all children and young people. Dept for Children, Schools and Families. UK



Literature Review On Factors Affecting Optimal Aboriginal Family Functioning

Aboriginal community consultations associated with the WA Aboriginal Child Health Survey⁷ stressed the importance of family as a major source of strength to Aboriginal people. Family is important in defining identity and a sense of connectedness to kinship and culture. The ways in which families operate can help families cope with disadvantage, adverse life experiences and stress.

The study examined several aspects of children's lives including family functioning. The factors most commonly associated with poor family functioning appeared to be financial strain, over-use of alcohol causing problems in the household, isolation (not having someone to yarn to) and relationship issues (not doing things together, not showing signs that they care, arguments etc). A strong association was found between poor family functioning and children's behaviour problems. Almost half of the children at high risk of clinically significant pro-social behaviour (45.8%) were in families with poor family functioning. Problems included emotional and conduct problems, hyperactivity and peer problems.

Data on Aboriginal families in the Broome / Kullari region⁸ revealed:

37% of children in the Broome region were looked after by a sole parent and 14% of children were in the care of someone other than an original parent. This compared with 39% of children who were with both original parents

Financial strain was experienced by 52% of families (i.e. they were spending more money than they got, or had just enough money to get through to next pay.) Financial strain was more likely in sole parent households than in two original parent households

400 (26%) children and 140 (27%) primary carers were in families that were functioning poorly.

Questions were also asked about the quality of parenting – respondents being asked how often they hit their children, how they laughed together with their children and how often they praised their children. From their answers to these questions it was found that 19% of Aboriginal children

in the Broome region live in families with poor quality of parenting; 52% live in families where the quality of parenting is very good.

The WA Aboriginal Child Health survey also examined the impact of stress on families. Families of Aboriginal children reported extraordinary levels of stress – death, violence, incarceration, and severe hardship. In the Broome region:

16% of families experienced 7–14 life stress events in the 12 months prior to the survey. The state average is 21% of families

14% of Aboriginal children in the Broome region aged 0-17 were living in families where 7 to 14 major life stress events had occurred over the preceding 12 months

Almost one third of these children were considered to be at high risk of developing mental health problems.

Life stress can both disorganise family functioning and be a measure of disorganisation within families – in either case the outcome is a diminished capacity to control and plan in the face of adversity or to make positive life choices. The longer term effect of chronic stress on a child's development is now understood to be a key mechanism in the process of the 'biological embedding' of disadvantage⁹ and it is important that parents and service providers are aware of the potential harm which stress exposures can have on children's development. The critical importance of family resiliency – the ability to maintain established patterns of functioning in the face of challenge and support the family's ability to recover from misfortune and crises is noted – together with the need for actions which address the causes of stress.

In 2002 The Gordon Enquiry¹⁰ examined the level of family violence and child abuse in Aboriginal communities. It noted that accurate statistics about the incidence of family violence in Aboriginal communities are scarce, but those that are available demonstrate that the level of violence in indigenous communities is disproportionately high compared to the Australian population as a whole, possibly up to 45 times more likely and that the rates of abuse of Aboriginal children must be viewed with alarm. Concern was noted that rates of violence are increasing, that types of violence are worsening and children are growing up in communities where violence is so endemic it has become a normal and ordinary part of life.

⁷ Western Australian Aboriginal Child Health Survey vol 4: pg 263. (2006) Telethon Institute for Child Health Research.

⁸ The Kullari region was the old ATSIC region covering the town of Broome, the Dampier Peninsula and the community of Bidadanga.

⁹ Western Australian Aboriginal Child Health Survey vol 4: pg 573 (2006). Telethon Institute for Child Health Research

¹⁰ Putting the picture together. Inquiry into Response by Government agencies to complaints of Family Violence and child Abuse in Aboriginal communities. Sue Gordon, Kay Hallahan and Darrell Henry. 2002.



The report also documented findings of studies on the short and long term effects of child abuse, particularly those that outlined how a developing brain responds to stress and trauma, particularly abuse and neglect. It noted that negative life events in utero and in the first three years of life have the greatest capacity to change the way the brain develops, noting¹¹ :

“the brains of traumatised children develop to be hyper-vigilant and focussed on non verbal cues, potentially related to threat. These children are in a persistent state of arousal and, therefore experience persisting anxiety.”

“A child growing up in the midst of chaos and unpredictability will develop neural systems and functional capabilities that reflect this disorganisation.”

The National Framework for Protecting Australia’s Children 2009-2020 produced by the Commonwealth of Australia ¹² noted that indigenous communities experience intergenerational cycles of adversity and trauma leading to entrenched social problems including poverty, high levels of violence, psychological distress, destructive behaviours and individual and family dysfunction. It noted that:

The challenge is to assist families early enough to prevent abuse and neglect occurring and to do so in a way that enhances parental capacity rather than undermining it ¹³.

Analysis Of Kimberley And Local Survey Data

Kimberley / Broome data

The Australian Early Development Index (AEDI) Community Profile provides communities with AEDI results for children in their local area. The results help communities understand how local children have developed by the time they start full-time school. This allows communities to start to better understand what’s working well and what needs to be improved or developed to better support children and their families.

In 2009 the AEDI was completed in the Broome region for 252 children in their first year of full- time school. Information from the data revealed:

- Schools contributing to the community results 10
- Teachers contributing to the community results..... 15
- Aboriginal and Torres Strait Islander children ... 118 (46.8%)
- Children born in a country other than Australia..... 4 (1.6%)
- Children with English as a second language 95 (37.7%)

Overall, 31.4% of children were found to developmentally vulnerable in one or more domain/s of the AEDI and 18.2% are developmentally vulnerable in two or more domains.

AEDI Domains	% of children on track	% of children developmentally at risk	% of children developmentally vulnerable
Physical health and wellbeing Motor skills, physical independence	74.8	11.9	13.3
Social competence (responsibility, respect, willingness to explore new things)	66.8	18.6	14.6
Emotional maturity (willingness to help, anxious, fearful or aggressive behaviour, hyperactivity)	62.2	20.7	17.1
Language and cognitive skills (literacy, numeracy and memory skills)	64.9	19.6	15.6
Communication skills and general knowledge (story telling & ability to communicate)	77.1	13.2	9.7

¹¹Perry 1996 and 2000 cited on page 23 of Putting the picture together: Inquiry into Response by Government agencies to complaints of FamilyViolence and child Abuse in Aboriginal communities. Sue Gordon, Kay Hallahan and Darrell Henry. 2002.

¹²Protecting Children is Everyone’s Business. National Framework for Protecting Australia’s Children 2009-2020; Commonwealth of Australia, 2009. pg 2

¹³ Indigenous Child Care leading the way: Margaret Sims, SherrySaggers et al, 2008.



In the early 2000's the Kimberley experienced what was perceived as epidemic of young people attempting and sometimes succeeding in taking their own lives; some children were as young as 8 years old. Ten years later, the young people who provided insights into their lives as teenagers via a number of commissioned reports are the young parents of today – very probably still facing exactly the same problems that they faced as teenagers. In identifying programs to support them as parents, it is important to understand that their life experiences to date has not equipped them with the appropriate understandings and skills to be parents.

The findings of the True Words – Real Life report produced by KAMSC in 2002 reinforce the findings of the WA Aboriginal Child Health Survey in regard to the level of stress occurring in Aboriginal families in the Kimberley. The KAMSC research involved 368 Aboriginal and 283 non Aboriginal youth, average age 14-15, from across the Kimberley. Almost equal numbers of young men and young women were involved. It found that Aboriginal youth had experienced and witnessed far more trauma than non-Aboriginal youth and that many young people reported symptoms suggestive of post traumatic stress disorder. Although this study did not survey youth in the Dampier Peninsula, there is little reason to believe that their experience is markedly different. Findings included:

65% of Aboriginal youth had witnessed domestic violence; 50% had witnessed criminal behaviour; 37% had witnessed suicide attempts, 32% had witnessed drug deals and 24% had witnessed sexual abuse

32% had experienced an attempted suicide of a family member, 28% had experienced threats of violence, and 25% had experienced actual violence; 19% had experienced gang fighting and 11% had attempted suicide

Aboriginal youth used negative coping skills e.g. smoking gunja, running away, getting wild, thinking about suicide much more often than non Aboriginal youth, and much more often than they used strategies such as seeking help to deal with the problem.

These findings support an earlier study by KAMSC, the Chose Life report¹⁴. This found that the top six issues identified by indigenous young people in the Kimberley in 1999 were:

- **Drugs and alcohol abuse and the consequences**
- **Lack of constructive and appropriate activities, resources and support for young people**
- **No support or guidance from parents, emotional neglect and poor treatment**
- **Fighting within families, between different groups; violence in general and physical abuse**
- **Criminal activity, breaking the law and general anti-social behaviour by self and others**
- **Boredom, lack of purpose or a positive future.**

Young people from all communities surveyed told the team about parents drinking, fighting, taking drugs, gambling and making demands on them to look after younger brothers and sisters or do things in the home. They reported that, if they complained or sought to discuss these things with older community members, they were not listened to or physically abused. They felt they had few role models and little in the way of values and beliefs. Lack of self esteem was a significant problem for these young people. When asked what they wanted in connection with these problems, they wanted things to change for the better, for example:

- Their environment to be cleaned up and facilities improved
- Anger management classes to reduce family violence and suicide
- Counselling for drug, alcohol and gambling to reduce the negative consequences of abuse and addictive tendencies.

¹⁴Chose Life. A report on the findings and recommendations of the Kimberley Prevention of Youth Suicide project carried out by the KAMSC-sponsored Kimberley Youth Project Team, March – June 1999.



The Broome Youth Support Group 0-4 Early Years Learning Project

In the latter half of 2008 Broome Youth Support Group hosted a scoping project to determine the need for an Early Years Learning Project for 0-4 year olds in the Kullari Region. The scoping project paid particular attention to the identified 2-year school entry gap between indigenous and non indigenous children. Following is a list of some of the reasons why parents believe the 2-year gap exists and how it can be closed:

- Mothers don't like sending their children to places where they don't know the carers or teachers
- Parents believe there are not enough indigenous teachers or carers in schools
- Parents believe education does not have enough cultural focus
- Indigenous people do not like being talked at all the time
- Indigenous people learn better when interactive activities are used as the learning tool
- Indigenous people feel that they have difficulty explaining themselves to non indigenous people
- Non indigenous people often misinterpret what indigenous people are saying

- Parents feel inferior when it comes to filling out forms
- Parents expressed that they feel inferior overall – not as smart, clever or educated as non indigenous people
- Parents don't understand the big deal about education i.e. why maths or spelling is needed
- Sometimes there are more important things happening than worrying about getting your kid to school
- Sometimes there isn't enough money for school e.g. for lunches
- Sometimes there aren't any clean clothes because there's no money for washing powder or the electricity has been turned off
- Many parents do not have a vehicle or a drivers licence to get their kids to school

Whilst some of these findings indicate that the education system has work to do with parents to promote the value and relevance of the education their children will receive, these findings also reinforce the findings of the KAMSC studies cited previously: parents lack confidence and self esteem and feel ill-equipped to deal with external organisations. They have reservations about the education system, but lack the skills and confidence to interact with that system and to change it into a system that they can support. Instead they used negative coping skills, to the detriment of their children's future.

Dampier Peninsula Data

The following data gives an indication of the population cohort to which IPSS services will be delivered.

2010 data	Beagle Bay	Ardyaloon	Lombo / Djarindjin	Total
Aboriginal population per 2006 Census (see note)	177	183	229	
Approximate current Aboriginal population (see note)	246	254	317	see note
No. of children aged 0-5	50 (approx)	29	52	approx 131
Deliveries in 2010 (Jan 1 – Oct 6)	6	10 (av. is 7 yr)	3 (11 in 2009)	19
Current pregnancies (as at Oct 6, 2010)	8	5	5	18
No. of low birth-weight babies born in 2010	0	0	2	2
Numbers of 'Failure to Thrive' children (as at Oct 6, 2010)	1	0	1	2
Immunisations	95%+ up to date.	98% up to date.	95%+ up to date	

Points to note:

- The Australian Bureau of Statistics (ABS) has advised an undercount of Aboriginal people of at least 24% in the 2006 census. The probable current population data provided above are therefore based on the 2006 census population + 24%, and a 2.8% growth rate for the 4 years since 2006 - a figure also calculated by ABS. Office staff in communities believe that the actual populations are higher than the figures quoted here
- The 2006 census data is for people living in the 3 main settlements. A further 227 Aboriginal people were counted living in pastoral areas around these communities. Based on the calculation used above, in 2010 that figure has probably risen to about 320 people, making the total population for the Peninsula at least 1,150 people
- The age structure of the population is weighted towards young people. According to the 2006 Census, almost 48% of the Beagle Bay and almost 60% of the Ardyaloon population were aged 24 and under.
- Many parents in the Dampier Peninsula are young. Older members of the community remark on the phenomena of "kids having kids". The findings of the WA Child Health Survey ¹⁵, based on young people aged 12-17 who completed a Youth Self Report questionnaire, provide some insights as to the lifestyle of the young people who are becoming parents in the Dampier Peninsula – what older people in the communities refer to as 'the party lifestyle'.

Relevant data from the Broome region found:

- **Almost all 17 year old males and 23% of females used marijuana at least weekly.**
- **Over 58% of females aged 12-17 smoked cigarettes regularly, compared with 25% of males.**
- **Almost all 17 year olds have had sex**
- **38% of 12-17 year olds have had sex**
- **23% of females and 17% of males had low self esteem.**

In WA as a whole the proportion of females with low self-esteem increased with age from 20% at age 12 years to 40% at age 17 years. The proportion of males with low self-esteem remained much the same over the same ages.

¹⁵ Western Australian Aboriginal Child Health Survey vol 2. Telethon Institute for Child Health Research.

Scoping Existing Programs And Services And Their Limitations

(See APPENDIX A to this report for contact details of agencies)

VISITING SERVICES: GOVERNMENT AGENCIES

The Department for Communities:

Melissa Puertollano is an indigenous Social Worker employed as the Parenting Coordinator and works with all families, not necessarily families at risk. Melissa is available to deliver short term, focused programs which build parenting skills and support to the Dampier Peninsula. She can offer the following free services:

- On site presentations on specific parenting topics such as how to create routines for children, positive language, boundary-setting, toilet training, how to play with your child, dealing with FASD children etc
- Delivery of the 1-2-3 Magic program which is aimed at indigenous parents of 2-12 year olds. The program is based on realistic scenarios which empower people's skills in managing their child's behaviour. Groups of 5-8 parents are preferred. The program can be a one-off for 3 hours or delivered over 3 sessions
- Delivery of the Triple P parenting program aimed at self motivated parents of children aged 2-12 who are at risk of going off the rails. The aim is to work with individual families before crisis point is reached. It involves 4 sessions over a 4 week period where parents develop a parenting plan which they implement for the next week and review at the following session. Ongoing contact and support after the 4 week period is possible (see Appendix 2)
- Home visiting
- Informal phone counselling and support with parents about parenting issues.
- Melissa also organises a network called the Parenting Kimberley Network which aims to reduce this isolation and increase communication and collaboration amongst individual workers and services. The network offers:
- Up-to-date information-sharing on parenting issues by email

- Sharing of experiences, challenges, success stories and resources, even job postings
- Supporting each other to reduce professional isolation

She advises a goal to work towards may be the gathering of members of the network and an annual parenting forum that is region-specific!

Melissa does not currently visit the Peninsula. She has the capacity to offer programs in each Dampier Peninsula community once per month for a 6 month period. Scheduling so several communities can be visited in one visit would be better.

The Department of Child Protection (DCP)

DCP offers a free specialist Parent Support service for parents of children under 15 years old who are truanting from school, involved in criminal behaviour, involved with the justice system or deemed at risk by the DCP. It is based on a case-management approach which involves initial one on one meetings with the client. If this process is not successful, the departments of Education, Child Protection or Justice can call for an agreement meeting or court order which involves the development of an action plan and ongoing support from a Parent Visitor who helps the family implement the plan that has been agreed. Families have to be referred to this program by an agency. The Peninsula is only serviced once a month or on a needs basis, depending on client needs and service capacity.

Strong Families is a service funded by DCP that works with families who have several difficulties which require support from several agencies at the same time. These difficulties might include issues to do with bringing up children, housing, domestic violence, children not attending school, physical or mental health, finances, and alcohol or substance abuse. Strong Families brings family members and agency workers together to share information, identify goals and develop a plan to help meet the family's needs. A family has to agree to work with Strong Families and is involved in the decisions taken. Government agency involvement is not optional, once an agency's participation has been identified as being relevant.

Kimberley Population Health (KPHU) and / or WA Country Health Services (WACHS)

Broome Community Health: Child Health Nurses

Kimberley Population Health Unit (KPHU) has a statutory obligation to offer developmental assessments to all children in the Kimberley according to the NHMRC schedule. Child Health Nurses (CHNs) based at Broome Community Health Service visit the communities as follows:

Beagle Bay..... 1 day per month

Lombadina/Djarindjin..... 1 day every second month

One Arm Point 1 day every second month

They offer the following services:

- Drop In clinic
- Child Health Assessments
- Immunisation status check and immunisations (at Beagle Bay)
- Check on new mother's post natal depression score (using EPDS)
- Advice on nutrition for mothers of babies aged 3-4 months
- Advice on risky behaviours eg smoking and alcohol use to pregnant women and new mothers

In addition, Ardyaloon and Lombadina / Djarindjin clinics have recently implemented a standardised KPHU 0-5 program. However, work-force issues mean that surveillance is still largely opportunistic, occurring during presentations at the clinic. Beagle Bay clinic does not operate a 0-5 program, so all screening is done opportunistically. The need for a 0-5 program was raised by the Beagle Bay community during consultations held to develop their Local Implementation Plan (LIP) and should be implemented shortly. This will aid the identification of families in need of parenting support.

Gaps in and constraints on current Child Health service delivery identified by the Broome Community Health team include:

- Not all children are captured at CHN visits. Children at risk may not be seen
- Children at risk are not identified/not identified early enough
- No home or outstation visits
- No group work
- No pre-conception advice

- No relief for staff illness or leave, so intervals between community visits lengthen.

The Broome Allied Health Team does not have an Indigenous Allied Health Therapy assistant whose role is to support people to access services and implement treatment programs advised.

KPHU Health Promotion Team

David Pigram is the Men's Health Coordinator for the Kullari Region. As part of that role David is coordinator of the Broome Men's Group (BMG). BMG aims to operate on two levels:

1. As a steering body: to bring together a variety of organizations concerned with men's health and well being to provide advocacy for men needing support, and to support men in agencies in their own field of expertise.
2. As a grass roots group aiming to bring men together for social events, health education and life skills building while emphasizing support, self esteem and getting together.

In 2011 the Health Promotion Team plans to deliver the Indigenous Hey Dad program in the Kimberley. This program for Indigenous Dads, Uncles and Pops provides opportunities to:

- Understand the changing role of Aboriginal dads in society
- Understand kids' needs and how dads can take care of their kids
- Develop the new communication skills that are necessary for improved relationships
- Understand child development.

Several people have been trained as presenters. Planning for 2011 is not finalised, so it is not yet known how often/if the Dampier Peninsula will be visited.



WA Country Health Services/KPHU also provides the following services:

	Beagle Bay	Ardyaloon	Lombadina / Djarindjin
Monitoring of children at risk	DCP-referred and clinic-identified children flagged and monitored by clinic staff.	DCP-referred and clinic-identified children flagged and monitored by clinic staff.	DCP-referred and clinic-identified children flagged and monitored by clinic staff.
Developmental assessments	Provided by visiting Child Health Nurse once per month.	Provided by visiting Child Health Nurse. Visits every 6 weeks-2 months. Most children are up to date with assessments.	Provided by visiting Child Health Nurse. No visit in the past 4 months.
Support with parenting	RANS provide 1:1 advice	RANS provide 1:1 advice Child Health Nurse runs sessions at playgroup.	RANS provide 1:1 advice
School-entry screening	Provided by visiting Broome Community Health School Health Nurse.	RANS assisted by Broome Community Health School Health Nurse.	RANS assisted by Broome Community Health School Health Nurse.
Oral Care	Dentist visits twice per year for 2 weeks. Complicated cases seen in Broome.	Dentist visits for 7 days, working 6 hrs per day, twice a year.	Visits twice a year. Can access clinics in other communities for emergencies.
Allied Health Team (OT, Physio and Speech Therapist)	Visits every 2 months.	Visits every 2 months. Currently up to 4 months waiting time.	Visits every 2 months. No waiting list.
Paediatrician	Every 8 weeks They accept referrals from nurses.	Every 8 weeks They accept referrals from nurses.	Every 8 weeks They accept referrals from nurses.

Visiting Services: Non Government Agencies

NB: None of the services listed below charge to deliver their services.

Australian Red Cross

Red Cross currently provides two services on the Peninsula:

- Personal helpers and mentors for people who are mentally ill: Red Cross will employ local people to provide personal support. As at Dec 2010, suitable people are being identified, then training in Mental Health First Aid will be provided. Clients do not need to have a diagnosed mental illness and can self refer. Agency referrals are also accepted.
- Support for young people who are caring for a mentally ill older person: Support may include assisting them to attend/stay in school, providing respite, helping them to look after other children in the family.

There are referral forms for both services. Red Cross also has close links with ARAFMI (ph 0891 936 600) who provide support to the carers of people with a diagnosed mental illness.

Broome Men's Outreach Service

The Men's Outreach Service provides counselling for men on personal and relationship issues, anger management, and drug and alcohol abuse. They provide a re-entry program for male prisoners as well as outreach services to local communities. They also provide family relationship services. Most of these services are provided in Broome and there is no regular visiting service to the Peninsula which addresses men's issues with parenting / family issues. Several of the men on the service's committee are employed in services that visit the Peninsula, and it appears they may represent both services during visits.

Burdekin Youth in Action

Burdekin have a small amount of funding to provide support to young people with families. Their staff member has made irregular visits to the Peninsula, often travelling with Headspace, but has found difficulty in accessing / engaging with clients. The funding ceases in July 2011 and the program may not be re-funded after evaluation.

Headspace

The new Dampier Peninsula Youth Social and Emotional Wellbeing Worker position is currently being filled. It is intended that the worker will focus on providing support to young people aged 12 to 25 to strengthen their social and emotional wellbeing in a variety of ways, including culturally appropriate activities. Initially the position will be based in Broome, but will be relocated to the Dampier Peninsula as soon as suitable accommodation becomes available. In 2011 the plan is to travel at least fortnightly to the Dampier Peninsula to work with local services e.g. community clinics to support and run activities which promote education, prevention and early intervention for young people with social and emotional wellbeing issues. The worker will also offer 1:1 counselling using a strengths-based approach to build capacity and resilience amongst young people living on the Dampier Peninsula.

Kimberley Money Management: Broome Team

The Money Management Team delivers adult education workshops or 1:1 sessions to individuals or families where they help people to feel more in control of their money through a better understanding of budgeting, goal setting and banks. They have 2 workers employed on the Peninsula, currently Andrea Joseph at Djarindjin and Gloria Ketchell at Ardyaloon. Two positions on the Broome-based team are vacant. Once filled, the Money Management Team plans to visit the Peninsula one day every week.

KinWay Relationship Counselling and Education / Anglicare

KinWay offers 3 types of family support services:

Kimberley Family Relationship Centre (KFRC)

KFRC offers a range of services to help families and communities strengthen their relationships and help prevent breakdowns. Steve Torres and Raelene Councillor are employed as Indigenous Advisors and visit each community on a monthly basis. They can offer workshops on topics such as jealousy, conflict resolution, assertive communication or countering negative talk to men and women. Although the counsellors have been in place for over a year, building relationships so that people feel confident enough to attend is an ongoing challenge.

Support is also available to assist families through separation. This includes Family Dispute Resolution (FDR) to sort out



parenting arrangements and, where appropriate, keep disputes out of the court system. Kaz Fitzpatrick visits on a monthly basis to deliver this and the Sexual Abuse counselling service.

Kimberley Sexual Assault/Sexual Abuse Counselling Service (KSAACS)

KSAACS provides therapeutic assistance for victims of sexual assault and abuse. Children and young people can also access KSAACS with parental, guardian or departmental permission. Counsellors also deliver group work programs and community education initiatives around sexual assault and abuse.

StandBy Suicide Response Service

StandBy is a coordinated suicide bereavement response service that provides immediate support to people/communities recently affected by suicide and also to people/communities whose loss happened some time ago. StandBy is provided on an outreach basis on an as-needs basis.

Referrals are accepted from any source for all KinWay services and services are free.

Marnja Jarndu Women's Refuge

Marnja Jarndu Women's Refuge has funding to provide ongoing outreach and follow-up services to women who have been admitted to the Women's Refuge in Broome as victims of violence. In reality, visits to communities happen infrequently. If there are staff shortages in the Refuge, staff have to work there instead of doing community visits.

When the organisation visits the community, they use an unbadged vehicle to ensure they do not create further tensions in families and always ensure that at least one worker is a local Aboriginal person. They advise the clinic in advance that they are coming so clinic staff can make referrals. They sometimes base themselves in women's centres or do home visits. The only need Refuge staff have heard from community members that they can't meet is the need for support to help them deal with bullying of their children.

Milliya Rumurra Alcohol and Drug Rehabilitation Centre

Milliya Rumurra (MR) operates a 22 person Alcohol and other drugs (AOD) rehabilitation centre in Broome. Their main service to the Dampier Peninsula is continued care for people who have been discharged from rehabilitation.

Whilst in a community, staff can also provide education and assessments. Their visits are therefore currently dependent on whether a client from the Peninsula has completed rehabilitation. The Manager advises:

- There is a general perception that once someone has been to rehab they are 'cured'. Providing continued care for someone often involves a lot of work with family members who don't understand what the client has experienced during rehabilitation or that their support is needed for the client to stay clean
- MR does have some capacity to provide AOD education and advocacy for men and women on request – this includes the topics of grog and gunga
- They do not currently provide education on the problems associated with gambling
- Because the organisation is aware for the demand for increased AOD services on the Peninsula, they are currently preparing a proposal seeking funding for an outreach team to be based on the Peninsula
- MR currently receives very few referrals from the Dampier Peninsula communities. They believe it may be because there is no identified point of contact who can arrange and provide support for people who wish to be referred for rehab.

Parents and Learning (PaLs)

PaLs has been successfully operating in Napranum, a community in Queensland, for seven years and is the model on which all other PaLs programs are based. The program is based on the belief that success in the early years of schooling is crucial for continued success throughout a child's education. Successful educational outcomes will, in turn, contribute to an individual's work-readiness and the community's future workforce. The PaLs program helps parents and carers in local communities to get involved in the education of their young kids at home. PaLs employs Indigenous parents as tutors and coordinators of the Program, acknowledging their expertise and knowledge of their own community.

Families benefit from PaLs in tangible and intangible ways. Positive parent/child interaction is a powerful tool. Individual and family capacity is developed through participation in PaLs. It builds parents' confidence and competence and reinforces belief in themselves as being capable of supporting

their children. Support provided by PaLs tutors leads parents to feel they “can teach someone too”.

Parents have reported:

- Higher expectations of what they and their children can achieve
- Increased belief in their ability to contribute effectively to the early education of their children
- Increased confidence that they can participate in the education of their children
- Increased self-confidence and self-esteem, especially for the tutors Increased awareness of early literacy and numeracy
- Strengthening of family bonds through spending “quality time” with their children

The PaLs program is a resource based program and has two levels. Children start Level 1 in their preschool year and move onto Level 2 in their first year of formal schooling. The program comprises 56 developmentally sequenced PaLs kits. PaLs kits are refined and compiled within the community.

Each PaLs kit contains:

- A high quality picture storybook
- A related educational activity
- An instruction card outlining how to use the book and activity and its connection to school learning

The community participates in the development of the program, including selecting books, providing input on the language used and preparing materials for use in the kits. Community ownership is a key element to the success of the program.

It is planned to commence the PaLs program in Beagle Bay and Ardyaloon in 2011. A planning meeting was held in Beagle Bay in mid December where a tutor and 2 families wishing to undertake the program were identified. The long term sustainability of this program is as yet untested.

St John of God: Strong Family, Strong Culture

Arlene Manado runs a weekly Mums and Bubs program and organises family activities in Broome. She also offers 1:1 home visiting and can provide training programs on request. The service does not currently visit the Peninsula.

Summary re the capacity and experience of visiting services

Issues:

In general, the experience of existing visiting services can be characterised as follows:

- They do not visit frequently enough for people to build relationships with them
- Their visits are not regular, so people cannot rely on them being available when needed
- Few services (apart from KinWay's Standby Service) have the capacity to respond quickly when a situation is urgent
- Due to their funding limitations, they are not always able to provide the services people want / need
- Their visits are not always productive – attendances are low at their clinics / meetings / workshops
- In general, they do not always have local contact people who can help advertise their visits or assist people to access their services.

Opportunities:

Some organisations have the capacity to provide services which could support the Dampier Peninsula Parenting Support Service. Through collaborative activity including identifying parents needs and wishes, making referrals, promoting opportunities and gathering of audiences for workshops and training, the Parenting Support Service could significantly improve the effectiveness of visiting services.

Establishing effective referral arrangements with and obtaining the 2011 visiting schedule of visiting services should be an early activity of the Family Support Coordinator.

Services Currently Provided On The Dampier Peninsula

Early Childhood Services

At Beagle Bay:

- Playgroup - Monday, Wednesday, Friday 9:00am-11:00am
- Kindy - 8:20-11:20 every day at Sacred Heart School
- At Ardyaloon:
- Playgroup Mon-Thursday 8:30-11:30
- Kindy - One Arm Point Remote Community School

The Department of Education offers what is called a Kindy Exemption – which means 3 year olds in any remote locations can attend Kindy a year before they are due to start. The following year they still attend the Kindy. This is part of National Partnerships for improving school readiness. Unconfirmed/untested anecdotal information from One Arm Point Remote Community School is that the Kindy environment (or teacher) is too structured/regimented for some parents. Three year olds follow the 4 year old program when they should be spending more time playing, and then have to repeat the same program the next year.

At Lombadina/Djarindjin:

- Occasional Care – places available limited by space and staffing ratios.
- Kindy program including 3 year olds at Lombadina School has not yet commenced.

Child Protection

Department of Child Protection (DCP): Child Protection Worker

DCP have a Child Protection Worker based at the Dampier Peninsula Multifunction Police Station. Per the JDF, their role is to work in all 4 communities within the areas of child protection, children in care and family support and be responsible for:

- Responding to concerns regarding the safety and wellbeing of children in accordance with provisions of the Children and Community Services Act 2004.
- Providing advice and expertise to District staff on the child safety and protection issues in a community context.
- Engaging and working alongside families to strengthen their capacity to provide care and safety to their members in ways that are:
 - Sustainable
 - will build resilience in children, families and community and
 - ultimately increase social wellbeing
- Developing and providing community education and information that promotes child safety within family community and residential settings.
- Investigating serious concerns about the welfare and safety of children and takes action appropriate to the situation.

Health Services

Primary care clinics operate in the three main settlements, services at Beagle Bay being provided by the Kimberley Aboriginal Medical Services Council (KAMSC), and at Lombadina / Djarindjin and Ardyaloon by Kimberley Population Health Unit (KPHU) on behalf of WA Country Health Services (WACHS). These clinics provide a comprehensive primary health care service, including 24 hour emergency cover.

Staffing (FTE) at these clinics is currently as follows:

Community	Nurse Manager	RAN / RN	EN	Senior AHW	AHW	Admin support	Cleaner / Gardener	Driver
Beagle Bay	1		1	1	1	1		1
Lombadina / Djarindjin		2			1 vacant	1 vacant	2hr/day 5 hr/wk	.5
Ardyaloon		2			1	1	3 hrs/day combined JDF	.5

It is anticipated that, in 2011, KAMSC will employ a Midwife, supported by 3 local workers who will provide an antenatal and postnatal service to the Peninsula (see page 2 for more information).

Family Support

Djarindjin Breakfast Club: Red Cross provide funding for a free breakfast club at Djarindjin. It is organised by parents and school staff and operates Monday to Friday before school.

Relevant Experiences From Similar / Related Services

Australia-wide Experience

The NSW Centre for Parenting and Research describes parenting programs as focused, short-term interventions aimed at helping parents improve their relationship with their child, and preventing or treating a range of problems including behavioural and emotional adjustments. Programs can be offered on a group or an individual basis.¹⁶

Their research on how to recruit and retain participants in parenting programs found:

- The key to recruiting parents to positive parenting programs is to assure them that the program will help them to improve skills they already possess.
- The most important factor in retaining parents in a parenting program is the relationship between parent and facilitator. Behaviour shown to foster this relationship and maintain the participation of parents includes the following:
 - empathic responding and listening on the part of the facilitator
 - facilitator warmth
 - facilitator acceptance of participants
 - development of an alliance relationship with parents
 - provision of a rationale
 - acquisition and practice of new behaviours
 - encouragement of risk taking
 - cultivation of hope

Perth Experience

Save the Children Australia operates a structured 8 week program called Future Parents for female students who are already mothers at a High School in Perth. Topics include how children grow, the importance of playing with children, child safety (including nutrition and hygiene), what is child abuse and coping with stress. The key findings from this program are that it is important to have a creche – mothers are very distracted when their children are present; activities must be practical and activity-based rather than just talking. For example rather than talking about how to play with children, sessions go much better if mothers actually play with each toy and discuss the skills a child will learn by playing with that toy. Mothers enjoyed making toys for themselves – one session focussed on making 4 toys for \$10.00. Seeking

free gifts e.g. of makeup to reward participating mothers was appreciated.

NGALA Parenting programs

Ngala's indigenous parenting and support service provides practical support with information about available services, support with appointments, support with other services or departments and linking with other services e.g. schools, childcare or health.

A vehicle they use for providing these services is an interactive 0-6 years Parenting and Play Yarning time program. This program operates out of an indigenous school in Midland where mothers feel comfortable attending. It offers themed activities which teach parents how to play with their children to build the child's skills (e.g. motor skills or hand/eye coordination), together with education in cooking, health etc. Mothers self refer to the program – the workers believe they are happy to get out of the house and come to a place where they can meet other indigenous mothers in a non-judgemental environment e.g. if they or their kids are a bit tired or dirty, there's no shame. They have no particular inducements to get people to attend – but have found that the half hour break for a cup of tea and a chat is popular, as is the hamper of ingredients that one person gets to take home after the cooking class. People who reveal difficulties are then referred to other Ngala staff or external agencies to get additional support.

NGALA services for men

Research cited by Ngala has shown that when fathers take a positive and active role in the lives of their children, the benefits are enormous. Evidence¹⁷ suggests positive father involvement contributes to children's:

- Cognitive Development
- Better school performance and staying in school longer
- Problem solving abilities
- Emotional Development: they are less impulsive
- Less depression
- Positive peer relations
- Less aggression, more tolerance

¹⁶ Parenting programs: what makes them effective. Centre for Parenting and Research, NSW Dept of Community Services

¹⁷ Dr. Kerry Daly and Sarah Allen. University of Guelph. The Effects of Fathers' Involvements: A Summary of the research Evidence 2002 cited on the Ngala website For Dads page: <http://www.ngala.com.au/You-and-Your-Family/For-Dads>

In the view of Ngala:

Dads provide an important source of security and stimulation by participating in the hands-on care of a baby and child. Dads can provide unique experiences that will positively influence brain growth and development.

Research also shows a father's relationships with his child plays a critical role in regulating stress hormone production during the early years of life. Children who experience the benefits of secure relationships have a more controlled stress hormone reaction when they are upset or frightened.

In recognition of this research, Ngala offers a Skilled Dads workshop which is about helping Dads build strong connections with their kids from a very early age. Skilled Dads looks at different stages of children's development and what dads can do to help kids along the way. Issues such as tantrums, sleeping, keeping kids safe, feeding, and brain development are discussed.

The workshop is promoted using the following messages:

Parenting, indeed being a dad, is not something we're meant to "tough out" on our own. We all need hints and useful tools to help us as our kids grow and change.

Kimberley Experience

Bidyadanga experience

To encourage parents to bring their children to playgroup, the playgroup team offered a flexible service where parents could drop off their children at any time; tea and coffee are available on demand; the service was renamed a family group rather than a playgroup or childcare group. When fathers began to hang around instead of leaving immediately they dropped their children off they were invited to stay for morning tea which provides an opportunity to deliver additional positive parenting messages.

Key factor contributing to success:

- Having the flexibility to evolve to meet community needs

Marnja Jarndu Women's Refuge

This refuge offers a Thursday afternoon support group for women who have been victims of family violence. Several

attendees have been referred by DCP as their children are in care. Self referrals are accepted. A Mums and Bubs program is run which encourages women to bond with their children. One focus is on preparing the women for further family violence – how to spot the early signs, making a safety plan for themselves and their children, knowing where to access support etc. 10-15 women attend each week. When women first leave the refuge they are offered a lot of 1:1 support which builds their confidence in the Refuge staff – this builds their confidence about attending the support group. A Child Support worker also provides advocacy on the child's behalf – their motto being "Kids have feelings too". Those children that need counselling are referred to Kinway.

Key factors contributing to success:

- Avoiding shame by meeting in places where the reason for the group is not obvious e.g. at Town Beach water-park.
- Having transport to pick up group members
- Providing food
- Using 1:1 interactions to encourage women to join the group

Wyndham Early Learning Centre (WELA)

This service now offers a structured daily program for mothers and carers, including courses run by other services e.g. TAFE. The beginnings of the service probably offer the greatest insights for IPSS. The service began when a small group of mothers in Wyndham who were meeting informally a couple of times a week started approaching services for funding. The Aboriginal resource agency in Wyndham had some funding to support family unity. A series of family events were organised – fun days at the pool, street parties, BBQs and family events with sports activities and a band. At each event young people were employed to gather information about what sort of ongoing family-support services were needed in the town. Save the Children were able to use this information to fund a coordinator and WELA was born. Initially without a venue, playgroups were held at the rec centre or the pool. Once a venue was obtained, equipment could be purchased and a structured program developed. The Coordinator stressed that the main aims of the early activities were to build relationships, teach basic skills like nose-blowing and introduce a little structure into the gathering e.g. no swearing or growling at kids. Parent participation in all programs was and remains a must – because unless the behaviour patterns of parents are changed, no long term changes happen in a



child's life.

Key factors contributing to success:

- Taking it slowly
- Listening to the needs and the issues and tailoring the service accordingly
- Always having the flexibility to change the program to meet the current needs
- Keeping the service as local as possible - Skilling up/supporting local people to run the programs, thereby creating long term sustainability
- Encouraging and maintaining the presence of smaller family groups so that no one family group gets to dominate the service

Broome Youth Support – Ready Set Go program

Ready *(helping build school readiness with early learning activities and concepts)*

Set *(setting them up with regular learning pathways)*

Go *(confident parents can then let their children go)*

This 0-4 year old program operates using PACE funding from DEEWR. It targets parents that are not confident to attend their child's school and builds their confidence and skills to prepare their children for school entry and to be stronger parents in the family environment. A structured weekly program (1 morning per week) is held where women are encouraged and supported to gain new skills and knowledge. In 2010 attendees have undertaken the First Click computer program, been trained in food and nutrition by Red Cross, visited the Broome Library and the Water Park, learned to make toys from recycled material, undertaken several art projects and had sessions on Reading Recovery and health and hygiene. Teachers from the primary schools in Broome visit the project and interact with the mothers. A structured multi-aged series of children's activities are also set up where mothers and their children play and interact. At the end of each session mothers spend some time reading stories/looking at books with their child. After several months of attendance, when trust has been built up, the program workers now offer home visits where 1:1 advice and support can be provided. Staff report that the mothers have now formed their own caring network and meet together outside program hours.

The Ready, Set Go program was advertised in a variety of

ways including posters, adverts on Goolari media, personal contact with known mothers and talking to people on the street. 18 mothers enrolled – 10 are regular attendees.

Key factors contributing to success:

- Holding the program in an environment where people feel comfortable
- Allowing attendees to contribute/determine how the program is run
- The program is delivered by 2 mature local Aboriginal women who are passionate about closing the gap/getting outcomes for mothers
- All children are allowed to be present e.g. if a mother is looking after someone else's kids they can come too
- Transport is available to pick up mothers that need transport
- The balance between serious stuff and fun is right
- The importance of confidentiality "what's said here, stays here" is emphasised

Kinway's experience setting up a Men's group at Ardyaloon

Steve has been visiting the Peninsula regularly for 2 years. He now has a good enough relationship with men at Ardyaloon to be able to organise a Men's night and have 18 men attend. Michael Currie from DCP and the male nurse at the clinic both attended. A movie was showed about men setting up a men's group. This raised a lot of issues and men identified they would like more men's nights where they can yarn and some sessions for the young men. Another night is planned for mid December. Steve says the men have identified issues they need to address but, until they decide they are ready to address them, he's not going to start organising support services. The momentum has got to come from the men to give them ownership of the group. Steve feels that the Hey Dad program would work well, when the men are ready.

Key factors contributing to success:

- Take it slowly - at the pace the men want to move
- Build the relationship first



Part 2: Community Consultations

I. Scope of work requested by Save the Children

Community perceptions of harms impacting on optimal family functioning and early childhood education and development.

Community ideas about program elements that could strengthen family and community support and reduce the harm associated with harmful family and parenting behaviour, with a particular focus on children under the age of two.

2. The Consultation process

The process included:

- Examination of existing planning documents, particularly Local Implementation Plans developed for the RSD process
- Gathering of relevant information from stakeholders who have been involved in recent consultations/workshops/meetings. This included:
 - KAMSC consultations re additional maternal and child health services on the Peninsula
 - Kinway / Anglicare meetings with men at Ardyaloon
 - AOD meetings held in Ardyaloon
- Direct discussions with individuals in each community
- Attempts to involve men in each community to gather information about the views of men

2.1 Local Implementation Plans

In 2009 the Dampier Peninsula was identified as one of 29 sites in Australia to participate in the Remote Service Delivery National Partnership (RSD NP), a closing the gap initiative aimed at “building the capacities of government and communities to engage with each other and agree on services appropriate to the needs and aspirations of indigenous people”.

In 2010, as part of the RSD process, 2 Local Area Coordinators (LACs) and 4 Indigenous Engagement Officers (IEOs) were appointed to work in the Dampier Peninsula. Their role is to facilitate community engagement in the development of Local Implementation Plans (LIPs) and RSD processes. Two plans are currently being produced – one for Beagle Bay, and the other for Bardi Jawi incorporating the communities of Ardyaloon, Lombadina and Djarindjin.

In May and June 2010, meetings were held in each community where LACs gathered information from Council and community members about family and children’s issues. These formed the basis of the early childhood component of each LIP. Issues and needs identified at these meetings that are relevant to this scoping study are as follows:

Beagle Bay Community LIP

The need to support parents to develop parenting skills was identified by the 12 community members who contributed to the development of the Early Childhood chapter of the LIP. The same need was repeated at a community meeting about alcohol held in December 2010.

The consultant attended two meetings of the Beagle Bay Early Childhood Focus group where it was intended to seek information and discuss the findings of the consultation. Both meetings were postponed due to lack of attendance by community representatives.

Relevant priorities identified in the Health chapter of the LIP include:

- Assistance for first-time mothers - especially young mothers
- Parenting support for first-time and young mums
- Support for all families with young babies
- Community members looking after kids with FASD are struggling to cope with behaviours and risk-taking, damaging activity by FASD affected children. No services are currently available to the community.

Bardi Jawi LIP

The need to implement parenting and early learning programs and to identify parenting role models from within the community were identified as priorities in the Early Childhood chapter of the Bardi Jawi LIP.

Relevant priorities from the Health chapter of the LIP for Ardyaloon Community:

- Noted that training around parenting/health skills is needed for new mothers.
- Recommended there be regular programs to support new mothers in the community and to link them closely with extra child health services.

2.2 Other relevant consultations

In November 2010, the Kimberley Aboriginal Medical Services Council (KAMSC) undertook consultations to identify how maternal and child health services on the Peninsula could be improved. Informal conversations occurred with over 60 individuals and with relevant service providers. The outcomes informed the development of an application for New Directions funding for a Midwife, supported by 3 local Aboriginal Family Support workers, to be based in the Peninsula that was submitted by KAMSC in mid December.

The consultations revealed an unmet need for better support for parents, particularly young first-time parents. In each community the 5 most requested activities that should be undertaken by a new maternal and child health service were.

Area where services required	Ardyaloon	Djarindjin / Lombadina	Beagle Bay
Sexual health education for boys and girls	5	1	1
Education on the responsibility of being a young mother (delivered prior to conception)	2		3
Education on the responsibility of being a young father (delivered prior to conception)			3
1:1 advice for first-time pregnant girls	2	3	
More support for first-time mothers via 1:1 advice and/or classes on common issues.	1	5	5
Education for young Dads on being a father		3	
A Young Mum's group		2	2
More frequent Child Health nurse visits for assessments/ advice	4		

NB: the number 1 indicates this was the most commonly requested service in a particular community.

Detailed analysis of some of the requests made in the KAMSC consultation reveals some items that could be considered the domain of a Parenting Support Service. These include:

- Education for young Dads re being a father
- A Young Mum's group
- Including strong older women in young mum's group as mentors
- A Young Couples group
- How to play with your child so they learn motor skills etc
- How to make time to play with your kids
- How to discipline your child in a positive way
- Classes in First Aid for babies and children

This initiative obviously impacts on the Dampier Peninsula Parenting Support Service, providing numerous opportunities for synergy, for example in the organisation and delivery of young mum's groups or mothers and babies days. Strenuous efforts must be made from day 1 of each service to jointly plan and evaluate activities.

The West Kimberley Early Childhood Development Network is a group formed in 2010 facilitated by an employee of the WA Department of Education. Membership includes government and non government representatives from early childhood, education and health service providers. This group has been developing a list of issues. Matters relevant to the development of the Dampier Peninsula Parent Support Service include:

- Lack of information exchange between agencies
- Lack of information on outcomes when information is passed on to agencies – the confidentiality issue
- Difficulty of engaging with some families
- Lack of specialist health services in remote communities
- Increased number of children aged under 2 being taken into care
- FASD
- Lack of qualified early childhood staff
- Inter-family politics
- WA government has ended funding for occasional care centres
- Barriers between schools and community organisations
- Multiple visits by agencies wishing to engage in early

childhood service provision are disruptive to local services

- Lack of knowledge about best practice/what is happening elsewhere
- Professional development knowledge is not shared with other community members/service providers

2.3 Community input

48 individuals from the 4 communities were consulted in November, including 17 older mothers or grannies and 28 younger mothers.

Points to note about the consultation:

Numbers were slightly limited because the consultant found, particularly at Ardyaloon, that young women would not talk up when older women were present. They said they were showing respect to the older women by deferring to their opinions. If a young person was present, but did not contribute they were not counted as an individual that was consulted.

The view of one man that was spoken to with his wife confirmed the consultant's view that it was not appropriate for her to discuss parenting issues in detail with men. The man said Dads had:

a big mob of shame' about discussing themselves or their family life.

It was planned that the consultation with men would be conducted by men who work on the Peninsula. To date this has not yielded any results. For a range of reasons, men who advised they would assist were not able to undertake the tasks they volunteered for. A decision was therefore taken not to pursue further means of consulting with men. Plans are in place, via for example the possible establishment of an Ardyaloon men's group, which will be driven by men for men. It is recommended that this process be allowed to take its course, and not to seek to focus on fathers in the early stage of the formation of the Parenting Support Service.

2.3.1 Community perceptions of harms impacting on optimal family functioning and early childhood education and development.

The response provided by all respondents was:

Alcohol and 'gunga' (marijuana) use / misuse are so pervasive in all communities that their use has become normalised.

This is not a new issue but, in response to role modelling by their parents, an ongoing party lifestyle has now become the accepted way of life for many young people. Drinking and smoking is now occurring in front of their children. One young couple advised they don't have a car to go out and have fun in, so they stay home and smoke gunja.

Community informants further advised that alcohol and drug abuse tend to lead to or promote:

- Family violence – partners jealousing/arguing/fighting when they are drunk
- Abuse of children
- Shame
- Inter-family violence
- Diversion of money from supporting the family's needs, leading to financial pressures
- Dumping of kids on old people/family members – who are getting tired out
- Law-breaking activities
- Tiredness/lethargy the next morning when children should be sent to school and adults show up for work
- Disturbance in the community as cars are driven round and round with loud music playing at night

NB: No community reported that gambling was a significant problem.

Other harms commonly cited in all communities:

- Respect for old people, for property, for most things, has gone. Young people have new opportunities but they won't take them. They need to learn to be self sufficient.
- No jobs/too much unemployment amongst men and young women – leading to boredom, loss of confidence, money problems and destructive behaviours
- Children are becoming parents when still young, without understanding the responsibilities entailed. Their focus should be to love their kids and look out for their future, but many are struggling with their own growing-up issues.
- It is really hard to get parents involved in their children's activities. For example, in most communities hardly any parents attend school assemblies.
- Parents are fighting over things their children did – instead of assisting children to resolve their differences, parents take up the fight on behalf of their children, which eSave the Children Australialates the situation.
- There is no routine in children's lives – many family's lives are based on chaos rather than routine. Children grow up without regular patterns in their lives. They

have no idea of the routine involved with going to work or attending school regularly.

- Children are not nurtured: it is common to hear parents growling at their children or threatening them with punishment to stop them behaving in a certain way – much less common to hear a child being praised, encouraged or supported. This impacts on their self esteem.
- Children are not listened to: parents often tell/swear at children to stop humbugging them. They don't listen carefully. This may mean that when a child needs to tell a parent something important which relates to their welfare, they do not feel confident that their parent will listen.
- Parents buy children's silence with gifts: Because there is no routine in children's lives, they don't know if they can expect the next meal or the next toy, so they demand it now. Parents are shamed by their children's noisy demands and quiet them by giving in to the request. There is a sense that kids rather than parents are the boss.
- Child abuse may still be present: given the past history in the communities, it is likely that child abuse may still be a hidden problem
- Men's difficulties with communication: as men hold things inside themselves, they need support to learn to express their thoughts and ideas.
- The lack of child care: If both parents work, the lack of childcare becomes a problem, and often involves ad hoc arrangements with other family members. This limits people's capacity to take on the responsible jobs in community services or administration. Djarindjin has the only child care, and it has limited capacity due to licensing/space restrictions.
- The lack of after school activities mean children run free.
- Young mothers tend to stay at home: most older women thought this was a bad idea, but had limited ideas about what could get the mothers out. The reasons given for why they might be staying at home included:
 - Their partners, young men, who are also at home because they are not employed, don't like their partners going out without them. They like to keep them close by.
 - Jealousing may be an issue.
 - They are too tired to make the effort to get their children ready to go out
 - They are ashamed of their appearance, bruises, clothes etc
- Lack of support for community events: very few families attend community events. Even fewer volunteer to help with the work that is involved in

organising such events. It gradually gets too hard for the local organisers, who give up.

- People getting Centrelink kids money when they are not really caring for the children: Money that is intended to support children is being used for other purposes.

Issues particular to specific communities:

Some issues that impact on family functioning were only identified as problems in particular communities:

Ardyaloon:

- Inter-family conflict: This is an old issue for Ardyaloon although there were a wide range of responses about its impact. Some families believe conflicts are so entrenched that they impact on all aspects of community life. For example, people won't attend a service if members of certain other families work there or attend. Some people believe that the conflicts are too deep, that too much water has gone under the bridge for them to be resolved. Others say that some people do forgive some things, and some issues can be resolved after a few days time-out. One person said people had learnt forgiveness and 2010 had been good. The general feeling seemed to be that you can't tell other families how to bring up their kids - they must work it out for themselves. Encouragingly, community members could identify several people in the community who had shown they were able to stand outside family conflicts.
- The lack of a functioning women's centre: The women who could organise women's activities are all too busy with other jobs.

Djarindjin

- Children are running wild without any discipline: At night many children are out on the streets. Vandalism is a problem in the community. School attendance is not high.
- Overcrowding and poor quality housing: There are only 42 community-owned houses for residents and workers in the community and many are in need of renovations and repair.

Beagle Bay

- There is a need to get the women's centre functioning again.

Key learnings from this input:

Whatever is organised for parents must not dictate how to behave or what to do. The focus must be on reassuring parents about what they are doing well and offering suggestions about strategies they could try which could improve their family life. All training, discussion and/or activities must be based on real, practical activities and situations and grounded in cultural realities.

2.3.2. Community ideas about program elements that could strengthen family and community support and reduce the harm associated with harmful family and parenting behaviour, with a particular focus on children under the age of two.

In general, community respondents felt that family life was strengthened by families avoiding the influence of other families and doing positive things together. Examples raised included going fishing, camping, hunting or gathering bush tucker, where children were taught skills and culture by older family members. However, it was noted that many young families do not have their own vehicle which limits their ability to go out as a family unit.

Several younger mother respondents stated that they did not want to be told what to do. Some of these mothers also said they did not have a problem with their kids or families. Despite visible evidence to the contrary, they assured the consultant that they did not have a problem being a parent. It became obvious that many younger parents had not even considered that there might be another way to parent their children. They were doing what their mothers did before them, and did not display any awareness that trying new strategies and reflecting on their success might improve their skills and situation. Probably, it is only by showing these young mothers ways to make their lives easier, that successful engagement will be achieved.

Other people referred to the influence of history, which stripped parents of their roles and responsibilities. They said that parents now need to rebuild their self confidence and feel reassured that they do know how to raise their kids in a good way.

Examples of recent/current positive family strengthening community initiatives:

Respondents to the consultation raised the following activities as examples of family strengthening activities:

Ardyaloon:

- Organising basketball after school has been a big drawcard. Children play every night and parents go along and join in.
- A Triple P parenting course has been organised. Numbers attending increased in the weeks it was run. 10 parents attended classes at high school at night re teenage children; 6 parents attended morning class at the Playgroup re 0-12s. Feedback is that it is fun, based on pictures so there is not too much written information and the presenters use strategies which get the parents talking about their own experiences.

Beagle Bay:

- a number of events were organised for NAIDOC week including a market night and sports events. Many families participated in these activities.

Djarindjin:

- the local drug action group organises girls nights (although this has now become dependent on non Aboriginal workers organising activities) .
- Christ the King activities include a concert and market stall.
- 10+ young women attended a hairdressing course at the women's centre, which also covered make up and nails. It was very popular.

Community Ideas About New Skills And Activities That Could Strengthen Families

The consultation focussed on two separate elements:

- What skills and support do families say are needed
- How should these supports and/or services be delivered

What skills and support do families say are needed?

Community members thought that there was a need

both for people to gain new skills and to receive additional support.

New skills: The following extensive list of topics was identified by parents and grandparents as areas where they thought people (not necessarily themselves) needed new ideas and skills. Many are consistent with issues raised during the consultation regarding improving Maternal and Child Health Services in the Peninsula. The topics include:

- **Understanding what the responsibilities of being a parent are.**
- **Behaviour management – becoming the boss of your kids.**
- **Alternatives to shouting at/verbally abusing your kids – positive communication**
- **Rewarding good behaviour**
- **The importance of developing routines for your child**
- **The importance of praising and building the confidence and self esteem of your child**
- **Listening to your child/teaching them not to keep secrets**
- **Appropriate behaviour – using the toilet, sitting at the table to eat etc**
- **Saying no to a crying child**
- **Making your messages consistent**
- **Understanding the importance of/learning to play with your child**
- **Learning to be patient**
- **Keeping a routine when there are visitors in the house**
- **Learning from your mistakes**
- **Spotting signs of when a child has real problems**
- **Teaching children to be responsible**
- **Dealing with children with special needs**
- **Dealing with hyperactive kids**
- **Providing reassurance to mothers – what you are doing is OK**
- **Teaching boys not to bottle up their feelings (like their Dad)**
- **The importance of telling/reading stories to children**
- **Getting ready for family violence - making a safety plan for you and your children.**
- **How to help kids who have witnessed family violence**
- **Protective behaviours**

Additional support:

Community members thought there were some issues faced by families that required more than training workshops to resolve. They probably require support from visiting services with the expertise to provide assistance or at least establish what support is needed. These included the need for:

- **A family mediation service to help parents talk about their issues.**
- **Mediation/conflict resolution training and activities to assist resolve inter-family conflict**
- **Anger management courses including ongoing mentoring and support to ensure new skills are used and maintained.**
- **Extending the role of the Women's Centre to become a temporary safe place for women. (raised at Ardyaloon)**
- **Linking older and younger women together, so the older women can mentor the younger ones.**
- **Young mothers groups, mothers and babies days and similar activities**

How should these supports and/or services be delivered?

Community members offered the following important pieces of advice:

- The importance of IPSS workers maintaining confidentiality is crucial. No-one will trust a service which releases secrets into the community.
- The importance of staying outside inter-family conflicts is also crucial. If the service gets captured by, or takes the side of, one family group, other families will avoid the service and its activities.
- The service must recognise that not everyone is the same. The western way of women talking over a cup of team is a shame way for some community members. Not everyone wants to bare their secrets to strangers.
- The men must be left to identify what they need and work out how it can be provided in their own way, to build/ensure their ownership in the process.

During consultations community members also recognised that families with problems are generally the ones who do not attend community events and activities, and that engaging with young mothers will be a particular challenge. There was general agreement that the drawcards are food, providing transport and excursions.

The strategies that follow were raised and reviewed by community members. All were considered worth trying, to see if they could engage families to raise awareness about parenting and/or attract people to learn new skills.

- IPSS workers to attend existing community events to build relationships, talk about what the service can offer and generally lift the profile of the staff and the service.
- Use of BRACS radio to spread positive parenting messages to the community. Examples of short messages that could be promoted were provided to the consultant. These included:
 - **Make your children the centre of family life**
 - **Children need protection**
 - **Hey Dads! Have you praised your son today?**
 - **No, to selfish love.**



- Organise Family Activities for community members that promote doing things with other families, especially things that involve children. For example (in order of popularity):
 - Discos for children that parents also attend – Deadly Dads dancing etc
 - Fishing competition
 - Sports day
 - Beach activities: beach cricket, sandcastles and BBQ
 - A concert
 - BBQ lunch for the community.
- Engagement with young families potentially at risk: although community members have observed that young mothers are staying at home and not mixing with others, it is not known why - whether these mothers are too shamed to go out, too tired, too depressed or too stoned (all possibilities were offered). It was agreed that the particular needs of these young families should be explored, and as numbers are not very high, this could be done on a 1:1 basis or via informal small group engagement. Trying the following strategies was suggested: Visiting young mothers at home on a 1:1 basis; Offering young mothers a reason to get out e.g. by taking small groups of young mothers on excursions; Holding a/several community BBQs just for young families and discussing issues there; Investigating the need for a homemaker program for some young mothers.
- Running a mobile playgroup to outstations: where mothers attend with their children. The aim is to encourage mothers to take their kids off their hips, put them in the ground and learn to play with them. This is an inclusion strategy which would fill the gap where 3 year olds do not access school or childcare. Previous visits of the Jalygurr mobile were well attended.
- Holding informal, fun courses for young women at the Women's Centre in each community: start slow with a priority on enjoyment and building relationships, and gradually bring in information about parenting. Ensure the invite is only for young mothers. Ideas of what might be popular drawcards include: Aerobics; hairdressing and make up; self defence for women; bead work – making necklaces, bangles etc; quick, healthy and easy cooking; making a quick healthy lunch box; sewing useful things e.g. curtains; silk screening – of items that can be sold in the shop.
- Use food as a drawcard. Run a playgroup for part of

each session. Facilitate it so that mothers spend some time with their children in the company of playgroup leaders and other mothers. This will provide an opportunity for mothers to learn from each other and to see new ways of playing with their children.

- Informal women's nights: to get women to open up and discuss their issues. This could be: Darts; A movie night – using the movie that focussed on feelings as a discussion starter.
- Strike day for Grannies – this idea came up in response to the complaint from many older women that kids are dumped on them while young women go off to have fun. The idea is for all grannies say 'no' on the same day (obviously excluding those required for emergencies) and for them to go off on an excursion so that they can have fun together without kids.

It is possible older women have more/other ideas about how they could be better supported / strengthened in their grannie role. Ideas were not canvassed in this consultation.

Men's activities:

There is general agreement that men must be left to identify what they need and work out how it can be provided in their own way, to build/ensure their ownership in the process. Support for this is available:

- Broome Men's Group is able to offer support for other men's groups on the peninsula.
- Hey Dad is an indigenous men's program that can be delivered by David Pigram at KPHU in association with men in other services. KPHU is just starting their future planning for 2011 so details are not yet available.
- Hey Dad can facilitate the training of trainers to support communities, if such a need arises.

Recommendations

Elements of a program to strengthen family, parenting and early childhood support services

Information from data analysis suggests it is likely that:

- About a quarter of all children in the Dampier Peninsula will be living in families that are not functioning well;
- About one in 5 children will be living in families with poor parenting skills;
- About one in 6 children will be living in households where there are a high number of major stress events occurring;
- About one in 6 children are developmentally vulnerable;
- About a third of children may be living with a sole parent;
- It is very likely that the young parents of today experienced and witnessed significant trauma when they were growing up, and may have post-traumatic stress disorder;
- Parents lack confidence and self esteem and feel ill-equipped to deal with external organisations. They use negative coping strategies.

- Implementing a service delivery model that encourages empowerment and initiative rather than dependency
- Focusing service planning on what is important in the longer term, rather than what appears to be immediately urgent.
- Without understating these challenges, the current situation on the Peninsula also indicates that the timing is right for the establishment of this new service. This is because:
- The RSD environment means new ways of operating are possible. There is a strong focus on doing things that make a difference, rather than continuing the same old way
- Communities, or at least the leaders in communities and some community members, are ready for change. They can see that the current way of doing things is not resulting in positive outcomes for children
- Additional child and family support services are being funded which the IPSS can work with. The focus of interest/resources targeted at family and children's services is increasing.

The data above and information gained from the consultation indicates there will be some significant challenges in establishing and operating a successful Parenting Support Service in each of the Peninsula communities. The problems that families face are grounded in long-standing events and issues which will not easily be overcome. There are no magic bullets and it is important that service planners and funding bodies are aware of this from the start.

Some of the key challenges the IPSS will face include:

- The ability to develop meaningful relationships with families in a way that encourages them to engage with the service
- Breaking through the shame barrier so that the real story can be told
- The ability to provide meaningful activities which families at risk engage with and benefit from, so that change in parenting practices occurs



Recommendation 1: Service delivery principles

Establishing a new service in an area of high need requires early decisions about service principles, priorities and service delivery models. Recommendation 1 focuses on key service principles that must be discussed and determined before the IPSS commences operation.

Identifying target families

The service is funded to focus on families identified as being at risk or potentially at risk. The WA Health Department categorises every Aboriginal child in this category, yet the new service is not funded to work intensively with every one of the 150+ children aged 0-5 that live on the Peninsula. The summary data provided earlier in this report suggests that up to one third of families could, in fact, be at risk. A method of identifying the highest-need families is required. This should involve collaborative decision making with other agencies on the Peninsula.

It is recommended that SCA participate in, or if necessary drive, an inter-agency process to investigate options and implement measures for improving information-sharing on children potentially at risk, via the development of a Dampier Peninsula inter-agency protocol which will include:

- Mechanisms to ensure all relevant agencies are informed once a child is identified as being at risk
- Mechanisms which alert all relevant agencies of one agency's perception that a child is potentially at risk, so closer scrutiny by all agencies can occur.

The conflict between the welfare of the Aboriginal child and the welfare of the Aboriginal community

In past situations in the Kimberley, practitioners and service deliverers have struggled with the tensions between their need to build trusting relationship with a family and/or community and their knowledge that a particular child in that family/community may be a victim of abuse. This is one facet of a general conflict faced by service providers between family preservation, cultural independence and self determination and the protection of an individual child. In some cases in the past, the dilemma of how to respond has led to more neglect being tolerated for Aboriginal children in more isolated settlements than for other Australian citizens. The conclusion of the Gordon Enquiry¹⁸ is that an Aboriginal child's needs for safety and security must be the priority. It is recommended that the IPSS program adopts the same principle.

Case managed approach

Best practice methodology requires the adoption of a case-managed approach where each client's needs are systematically documented and followed up, referrals to other relevant agencies are made and the client is involved in making a plan for their own future. Whilst it may take some time for engagement with a family to allow these in-depth conversations to occur, it is recommended that this be the service delivery model that is planned for. In the meantime, investigation of how other family-support agencies document and store client records should be investigated.

Information sharing

The national framework for protecting Australia's children 2009-2020 identified the need to develop new information sharing provisions between Commonwealth, State and Territory agencies and NGOs dealing with vulnerable families¹⁹. Recognising that best practice delivery of family support services cannot occur without the exchange of relevant information, the IPSS should enter into arrangements which support the exchange of information between relevant service providers, particularly DCP, KAMSC and KPHU to enable the development of care and support programs for families or children at risk.

Focus on the parents not the children

As noted by the Coordinator of WELA in Wyndham:

unless the behaviour patterns of parents are changed, no long term changes happen in a child's life.

Whilst it is recognised that organising activities for children is more likely to yield immediate results and satisfaction, it is important that the IPSS remains focussed on parents and families. This is the only way to create long-term sustainable change for current and future children in the communities.

It is recommended therefore that the majority, if not all, activities that are organised by the IPSS should have parents present and have the underlying, if not explicit, aim of encouraging parent's to change their behaviour.

¹⁸ Putting the picture together. Inquiry into Response by Government agencies to complaints of FamilyViolence and child Abuse in Aboriginal communities. Sue Gordon, Kay Hallahan and Darrell Henry. 2002 pg 392

¹⁹ Protecting Children is Everyone's Business. National Framework for Protecting Australia's Children 2009-2020; Commonwealth of Australia, 2009.

Recommendation 2: Adoption of an action-research model in regard to engagement

An initial activity of the Parenting Support Service should be to focus on identifying and engaging with those young parents who are most at risk. Despite several suggestions made by community members about how to do this, it is probable that engagement will pose a range of challenges. Some recommendations could include trialing home visiting as used with the David Olds model²⁰ developed in the USA. The Nurse-Family partnership found that by offering home visiting for socially disadvantaged mothers facilitated better engagement with services and resulted in improved outcomes in their children's health and development.

In recognition of this, and to ensure the funding body recognises these challenges, it is recommended that service planning and delivery are based on an action research model. In essence this involves:

- making a plan to try / test certain strategies including home visiting;
- trying each strategy and continuously evaluating its effectiveness;
- continuing to use strategies which work and changing those do not;
- Keeping good data to justify what strategies are being used, both to the Dampier Peninsula community members and to funding bodies

This approach provides the flexibility which other Kimberley services have found to be an essential component of their success. It allows a service to follow up/repeat/extend something that works and not get locked into organising things that do not.

However, to enable effective reporting, such an approach requires good data collection and record keeping systems, and requires a strategic, analytic approach to planning activities.

Recommendation 3: Staff skills and training

Whilst there was strong support from the community for local Family Support workers to be employed, respondents also expressed concern about the potential for these workers to do harm instead of good. Matters relating to confidentiality, neutrality and scope of practice were the issues most commonly raised. It was repeatedly stated that people appointed should be a strong, respected, assertive mothers who understand the importance of confidentiality and are able to stand outside any inter-family conflicts and engage with all community members. As KAMSC will also be appointing Family Support Workers in each community, the additional ability to work in a team with other agency staff is also important.

The IPSS must consider scope of practice matters carefully and, unless qualified staff are recruited, be very clear that they cannot offer a counselling service. In all engagement with clients, staff must be clear about what issues they can address themselves, and when they should refer clients to other services. This is particularly important given data about the levels of emotional trauma that many family members have been exposed to, and the potential existence of a high burden of undiagnosed post-traumatic stress in the community. They also need to be mindful of their own safety, given that in dysfunctional families whilst a woman may wish to talk, her partner may not be supportive of her doing so.

It is therefore recommended:

- That all staff must be obliged to sign a confidentiality form where non-adherence is defined as misconduct, subject to dismissal
- That newly recruited staff do not begin engagement with families until they have completed some basic relevant training, e.g. mental health first aid or a similar course, which emphasises skills in listening and referring
- That SCA makes arrangements to utilise other agencies to provide training for newly recruited staff in:
 - parenting skills from, for example, the Department of Communities Parenting Coordinator in Broome, or other suitable agency;
 - The cycle of family violence;
 - Dealing with difficult / abuse / threatening clients.
- That SCA develops referral arrangements and protocols between other agencies operating in the Dampier Peninsula and in Broome.

²⁰ Olds,DL. (2002) Prenatal and infancy home visiting by nurses :from randomized trials to community replication. Prevention sciences(3)pp:153-72

Recommendation 4: Collaborative work with other agencies and strong individuals in communities to support families with children at risk – a coordination role.

For the IPSS to provide a successful and holistic service, ongoing collaboration with community leaders, strong individuals and the other service providers on the Peninsula must be a high priority. Many individuals and agencies have skills, resources and experience that families would benefit from. If the IPSS adopts a case-managed approach to providing family support then establishing mentoring arrangements, referring clients to other services and encouraging them to attend and benefit from appointments will be a key role of Family Support Workers.

For example, the low frequency of parents attending at the clinic with their children means that children at risk may fall through the net. The WACHS Allied Health team reports they receive far fewer referrals for 0-4 year olds than for school aged children, particularly regarding speech and hearing. It is well known that early intervention for children with health issues or developmental delays yields much better outcomes than delayed intervention. Therefore, when engaging with families, it would be highly beneficial if Family Support Workers encouraged parents to take their children to the clinic for regular checkups.

Similarly, measures of school academic performance consistently indicate that Aboriginal students have lower levels of achievement than the non-Aboriginal student population. The reasons for this are multi-faceted and complex, but appear to be primarily related to the impact of other aspects of disadvantage which impact on student's capacity to undertake academic tasks. Studies by the WA Child Health Survey ²¹ (vol 3 pg 285) showed that students at high risk of clinically significant emotional and behavioural difficulties were over 2.5 times more likely to be rated as low academic performers relative to students rated at low risk. Studies have also shown there is better participation (i.e. attendance) where there is better engagement of the families in school life. Again, when engaging with families, it would be highly beneficial if Family Support Workers worked with School Engagement officers to encourage parents to connect with their children's school.

Save the Children Australia must be mindful that in an environment with insufficient resources to address issues, it would be easy for staff to be diverted from their primary roles i.e. measures must be put in place to ensure that collaboration does not become co-option.

However, it is strongly recommended that inter-agency collaboration involving the following activities is ongoing:

- Positively promoting other services being offered
- Encouraging and motivating families to attend services being offered
- Actively following up clients due for recall with other services
- Referring families at risk or perceived to be at risk to other services
- Developing an agreed, coordinated approach which ensures that all children in families at risk receive necessary services and over-servicing of such children does not occur.
- Engaging in joint planning of family –orientated community events and activities

Recommendation 5: Scope of the service

The behaviours that generate family dysfunction and parenting issues are well entrenched and beyond the capacity of the IPSS service to resolve, unless communities themselves decide they want to take action. In the absence of an effective AOD service on the Peninsula it is important that the IPSS does not morph into a defacto AOD role.

However, if families are keen to address AOD issues, the role of the IPSS could be to support them in their endeavours by, for example, sourcing training and support, making referrals or engendering confidence by enabling community members to hear the experiences of other families/communities who have tackled these issues elsewhere.

Regular planning meetings between the Family Support Coordinator and the Family Support Worker in each community should assist in ensuring that the IPSS service remains focussed on its core functions.

²¹ Western Australian Aboriginal Child Health Survey vol 3: pg 285. Telethon Institute for Child Health Research



Recommendation 6: Working with fathers

As discussed earlier in this report, male workers in services are currently engaged with community men about the possibility of setting up support services for men. For this and cultural reasons relating to the gender of IPSS workers, it is recommended that in the early stage of the formation of the Parenting Support Service the focus should be on mothers and/or the total family unit and that work with fathers be part of the second phase of service development.

However, there is a role for the IPSS providing support to the organisations that work with men by assisting them to promote their activities and encouraging women to urge/encourage/support their men to attend.

Recommendation 7: Working with Family Support Workers employed by KAMSC under New Directions Funding

According to the findings of the KAMSC scoping study that investigated the need for additional maternal and child health (M&CH) services in the Dampier Peninsula (see point 2.2 pg 24), the employment of Family Support Workers in each community is a response to the significant issue of the 'shame' women face in discussing personal matters with outsiders. During the scoping study consultation older women revealed that, in some families, cultural constraints prevent mothers from talking about sexual health or pregnancy with their daughters. It was also found that many young women are reluctant and embarrassed about accessing current clinic services.

A list of tasks that the M&CH Family Support workers could possibly undertake was developed by community members during the KAMSC consultation. Tasks included to:

- Help break down the 'shame' barrier and increase the uptake of existing and new M&CH services;
- Advise M&CH staff when mothers with new babies return to the community;
- Check on how pregnant and new mothers are feeling, thereby keeping a watching brief for post natal depression;
- Give basic advice on common problems that young mothers face;
- Advise M&CH staff about particular issues in a client's family background;

- Remind mothers when and why their children are due for needles and/or checkups;
- Help source and/or develop culturally appropriate education resources about pregnancy and motherhood.

The employment of Family Support workers by KAMSC and Save the Children in each community provides an excellent opportunity for collaboration and joint activity. The inter-agency MOU which will underpin KAMSC Maternal and Child Health service delivery in the Peninsula will also be signed by SCA. This provides the impetus and framework for this collaboration. Measures in the MOU to provide for the exchange of information about at-risk families and children will be particularly important in assisting SCA to target their family support activities to the families most at need. Development of an information-sharing protocol between KAMSC and SCA must be an early activity for the SCA Family Support Coordinator.

Whilst the timing is not perfect (as SCA Family Support workers will be recruited in January 2011 whereas the KAMSC application for funding has only just been submitted and approval from Canberra may take several months), once staff from both organisations have been recruited in a particular community it is important that joint planning is an early activity. The presence of the Midwife and the SCA Family Coordinator at these planning sessions will be an important aspect – to ensure that service boundaries re scope of practice are clear and that the community activities planned are realistic, relevant and clearly thought out.

The following recommendations regarding collaborative activity are made:

- That SCA sign the M&CH MOU with KAMSC, WACHS and each Peninsula community.
- That the SCA Family Coordinator initiates discussions with KAMSC and WACHS about information sharing and how a case-managed approach for families at risk could/should be established.
- That, once KAMSC Family Support staff are employed, opportunities for joint training are explored, both for orientation training when staff are first employed and ongoing professional development.
- As the good health of mother and child have such important impacts on family functioning and a child's future, it is recommended that SCA Family Support



Workers access relevant health training provided by KAMSC to their workers – particularly in areas such as smoking, substance abuse and healthy child nutrition. This will enable SCA staff to reinforce the key messages to families.

- That regular planning and review meetings occur between the KAMSC Midwife and the SCA Family Support Coordinator. An important component of these meetings will be to agree on M&CH/Family Support priorities in each community. In the RSD environment there is likely to be a good deal of external pressure on new services to immediately address/fix all the problems in each community. A strategic, planned approach to tackling issues is the only way to retain staff and ensure the development of a sustainable service. Joint resistance to external pressure may be a necessity!
- That shortly after the employment of a KAMSC Family Support Worker in a community, the SCA Family Support Coordinator initiates a planning workshop, which they and the Midwife attend, where the SCA and KAMSC Family Support Workers discuss issues and service priorities, and then plan joint activities and/or joint responses to events being planned in the community. AHWs from the local clinic should also be invited to this planning session. Ideally, follow up meetings to review activities and progress planning for future activities should occur at least quarterly.
- That Family Support Workers from both services are required to meet regularly – possibly as frequently as weekly, to:
 - *discuss activities for the week ahead;*
 - *evaluate the success of the previous week's attempts to engage with families at risk;*
 - *identify and plan for future opportunities where they can work together;*
 - *agree on which families should be targeted and which agency should approach them;*
 - *jointly resolve local problems and issues.*

Wherever possible, either the Family Support Coordinator or the Midwife should attend these meetings to ensure planning stays on track.

- As it will be difficult for KAMSC and SCA to provide continuous on-ground supervision and support for their Family Support Workers, it is suggested that senior

staff at KAMSC and SCA meet to discuss employment conditions for Family Support Workers in an attempt to ensure that there is some standardisation between working conditions and work expectations. It is recommended that both agencies:

Discuss if there are ways that informal supervision and on-ground support of Family Support Workers from each other's agency can be provided

Agree that both agencies will adopt a no work – no pay policy

Agree that participation in joint planning and joint activities with other agencies will be a key component of performance management for Family Support Workers

Discuss other measures which could assist Family Support Workers to be fully effective in their roles.

CONTACT DETAILS – Appendix One

Government Agencies

Agency	Contact	Position	Address	Phone	Email
Broome Community Health	Helen Macarthur	Clinical Nurse Manager	Broome Hospital Broome, WA, 6725	08 9192 9343	helen.macarthur@health.wa.gov.au
Department for Child Protection	Michael Currie	Dampier Peninsula Child Protection Officer	Multi-purpose Police Station Djarindjin Community, WA	0427 195 682	michael.currie@dcp.wa.gov.au
Department for Child Protection	Andrea Rix	Parent Support Officer	19 Coghlan Street Broome, WA, 6725	08 9192 1317	Andrea.Rix@communities.wa.gov.au (www.childprotection.wa.gov.au)
Department for Communities	Melissa Puertollano	Parenting Coordinator	2A / 23 Coghlan Street Broome, WA, 6725	08 9191 3507 or 0437 055 192	melissa.puertollano@communities.wa.gov.au (www.communities.wa.gov.au)
Kimberley Population Health Unit (KPHU)	David Pigram	Men's Health Project Officer	Hashimoto House 4/9 Napier Terrace PO Box 525 Broome, WA, 6725	08 9194 1626 09 9194 1655 (fax)	david.pigram@health.wa.gov.au
Strong Families	Vicki Sheridan	Strong Families Coordinator	Broome Community House Cnr Frederick & Weld Sts PO Box 1871 Broome, WA, 6725	08 9192 5466 or 0427 989 167	

Non-Government Agencies

Agency	Contact	Position	Address	Phone	Email
Broome Men's Outreach Service	Peter Mitchell	Manager	PO Box 346 Broome, WA, 6725	08 9192 2767 08 9192 2743 (fax)	menbroome@bigpond.com.au
Marnja Jarndu Women's Refuge	Valda Banks	Coordinator	PO Box 1263 Broome, WA, 6725	08 9193 5655	marnja@tpg.com.au
Burdekin Youth in Action	Richard May	Manager	33 Louis Street PO Box 2754 Broome, WA, 6725	08 9193 6391 08 9193 6229 (fax)	burdekin@wn.com.au
Milliya Rumurra Alcohol and Drug Rehabilitation Centre	Andrew Amor	Manager	78 Broome Highway PO Box 857 Broome, WA, 6725	08 9192 1699	info@milliya.com.au
Headspace	Raina Courtenay	Manager	3 / 2 Hamersley Street Broome, WA, 6725	08 9193 6222 08 9193 6122 (fax)	headspace@kamsc.org.au
Parents and Learning	Kath Dabrowska	Regional PaLs Coordinator		0459 439 413	waPaLs@parentsandlearning.com
Kimberley Money Management (Broome Team)	Shelley McKenna	Senior Project Worker	Broome Community (CIRCLE) House PO Box 1034 Broome, WA, 6725	08 9193 6425 08 9193 6475 (fax)	mmmtl@broomecircle.org.au
Red Cross	Loretta bin Omar	Manager	2 / 38 Frederick Street PO Box 2405 Broome, WA, 6725	08 9191 8509 08 9192 5403 (fax)	lbinomar@redcross.org.au www.redcross.org.au
KinWay Relationship Counselling and Education / Anglicare	Jennie Gray Kaz Fitzpatrick Steven Torres-Carne and Raelene Councillor	Manager Counsellor visiting the Dampier Peninsula Indigenous Advisors visiting the Dampier Peninsula	Cnr Weld & Frederick Streets PO Box 5453 Cable Beach, WA, 6726	08 9194 2400	kinway.broome@anglicarewa.org.au
St John of God	Arlene Manado	West Kimberley Coordinator	PO Box 6012 Broome, WA, 6725	08 9193 7388 0428 934 109 08 9193 7988 (fax)	sjobbroome@westnet.com.au www.sjog.org.au

Parenting Support Service

Engagement and Intervention

Family /Parent seeking support & or Children requiring protective intervention

DCP referral

Self approach

Home visit

Child Health Referral

Family regularly attends play scheme, events or life skills sessions

Initial engagement & early assessment by FSW

Assessment

Practical intervention

Engagement
Therapeutic relationship

Therapeutic Intervention



Dampier Peninsula Parenting Support Services

Cognitive Development

- PHC Child And Family Health Nutrition
- Child Growth & Development
- Family Support Services
- Addictive Behaviours & Mental Health
- Emotional Intelligence training

Delivered through network of local and regional services providers and agencies

Psycho-Social Development

- Family Conflict & Problem Resolution
- Child Protection & safe environments
- Life skills & Self Esteem Workshops*
- Community Cultural & Social Activities**
- Relationship & family counselling

Prepared and delivered by IPSS team

Parenting Skills

- Personal Care & Homemaker services
- Financial Planning & Budgeting
- Culturally Respectful Caring Practices
- Fathers & family connections with children
- Strengthening caring interactions at home

Delivered by IPSS local workers and regional services providers and agencies

*To be defined by the group - Cooking, Computer classes, story telling, movies, fishing and bush trips, exercise classes, sewing, pre employment skills, art & crafts
 ** To be defined by each community - Festivals, events, movie nights, celebrations, carnivals, Naidoc week, Christmas



Save the Children
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