What do Aboriginal and Torres Strait Islander Families living in the ACT need in a family support p program?

Institute of Child Protection Studies

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A report for Marymead Child and Family Centre

Institute of Child Protection Studies

Australian Catholic University, Canberra,

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1. Introduction

Marymead Child and Family Centre (Marymead) have been funded by the Commonwealth Department of Families, Community Services and Indigenous Affairs (FaCSIA) under the Indigenous Children program to provide an Indigenous specific family support program for Aboriginal and Torres Strait Islander families in the Australian Capital Territory (ACT).

The Commonwealth's Indigenous Children program was established in October 2005 following a review of the Aboriginal and Islander Child Care Agencies and the Indigenous Parenting and Family Wellbeing Programme. The continued aim of the Indigenous Children program is to strengthen Aboriginal and Torres Strait Islander children, families and communities through the funding of early intervention and prevention programs such as the Marymead Family Support program for Aboriginal and Torres Strait Islander families. It is intended that this program will provide Aboriginal and Torres Strait Islander families' opportunity to build resilience and support networks that will improve outcomes for Indigenous children and families, especially those at risk of abuse or neglect. In 2007 Marymead requested that the Institute of Child Protection Studies carry out a needs analysis to ensure that this new service is culturally appropriate and reflects the needs of service users in the ACT.

1.1 Purpose and aims of the report

The purpose of this report is to assist Marymead and its partners in their development of a family support model for Aboriginal and Torres Strait Islander families living in the ACT. The project aims to explore the nature and extent of needs of Aboriginal and Torres Strait Islander families in the ACT, the current responses to these needs, and to provide possible options for service models. We have drawn on a variety of sources of information including available data collections, published research and consultations to carry out this aim.

The report will:

- Describe the needs analysis approach
- Review the contemporary national and international literature on family support with particular reference to Aboriginal and Torres Strait Islander families
- Detail and discuss the community engagement
- Highlight the key elements regarding the implementation of an Aboriginal and Torres Strait Islander family support service in the ACT

2. Approach

This section provides an overview of the approach taken to conduct the needs analysis.

A needs assessment is usually carried out to identify the 'needs' of particular communities and assist in the identification of future action. "A need is generally considered to be a discrepancy or gap between 'what is', or the present state of affairs in regard to the group and situation of interest, and 'what should be', or desired state of affairs" (Witkin & Altshuld, 1995). By conducting needs assessments, organisations are better able to clarify what are the needs and how best to respond to those needs.

As this is an Aboriginal and Torres Strait Islander specific family support program ensuring culturally appropriate and affective program design calls for an approach that Zubrzycki and Bennett (2006) call 'culturally courageous and collaborative practice'. This is a form of practice that is underpinned by a commitment and an ability to develop and apply the knowledge, skills and values that incorporate both Aboriginal and non-Aboriginal ways of understanding and working. This means that families, children and community are supported to be involved in all stages of the program development and any further evaluative processes. This approach to practice fits well with the participatory action research approaches the Institute uses.

With the notion of relationships as a key component to the research project, the collaboration between key stakeholders, identified families, Marymead staff, key Indigenous services and the funding body is seen to be essential to ensure that best outcomes are produced. To facilitate this process an Aboriginal project officer was employed to guide the project, to promote positive links with the local Indigenous communities and to ensure that we respond to participants' needs and wishes.

2.1 Reference Group

A reference group was established to provide further guidance to the project particularly to provide the Institute with advice and support to engage the community. Marymead, Institute of Child Protection Studies, Winnunga, and the Aboriginal and Torres Strait Islander Services Unit located in the Office for Children, Youth and Family Support were represented on the reference group. We had invited a member of the Land Council to attend the meetings but they were unable to attend.

2.2 Ethics Approval

Ethics approval is required for research carried out under the auspice of ACU to ensure "the conduct of research protects the welfare and rights of all human participants in research and ensures the principles of integrity, respect for persons, beneficence and justice are upheld" (Human Research Ethic Committee, 2007). Particular care is required when involving Aboriginal and Torres Strait Islander Australians in research to ensure cultural appropriateness and collaborative approaches. Guidance was provided to the project by the application being reviewed by an Aboriginal researcher in the university as well the Human Research Ethic Committee.

2.3 Data Collection

The needs analysis was conducted between July and September 2007 and included the following data collection activities:

Literature Review

A limited range of published literature regarding family support services with particular reference to Aboriginal and Torres Strait Islander families is reviewed using the following electronic databases:

- Health and Society
- Family & Society Plus
- Blackwell Synergy
- Haworth Press
- APA-FT
- Oxford Journals
- SAGE Journals Online
- Academic One File
- Multicultural Australia & Immigration Studies
- Social Work Abstracts

Search terms included 'family support' Indigenous family support' 'Aboriginal family support' 'parenting support' 'Indigenous parenting interventions' 'parent education'. These search terms generated a number of articles about family support, however little information was available concerning family support for Aboriginal and Torres Strait Islander families. The summary of the findings of this review are detailed on page eight.

Survey of key Indigenous service providers – Focus groups and structured interviews were held with four Indigenous services.

Focus groups with Aboriginal and Torres Strait Islander families and Community Groups – One Aboriginal and Torres Strait Islander service enabled a focus group to occur with service users and one non-Indigenous service provider enabled a focus group with Aboriginal and Torres Strait Islander families. One Indigenous Community group consented to be interviewed.

Survey of key non - Indigenous service providers – Fourteen non-indigenous services were invited to take part in a structured interview of these twelve consented.

Information letters as detailed in Appendix One were provided to each participant and informed consent obtained before the interviews or focus group commenced. Questions developed for the structured interviews are detailed in Appendix Two

3 Literature Review

The literature review focuses on the notion of family support and what this means for Aboriginal and Torres Strait Islander families. It begins with a description of the historical and cultural context of Aboriginal and Torres Strait Islander families and the current experience of Aboriginal and Torres Strait Islander families specifically in the ACT. It considers the concept of family support and how this might best be delivered. Barriers and constraints experienced by Aboriginal and Torres Strait Islander families in accessing appropriate services are identified. The review concludes with a discussion of a number of Indigenous specific programs effectively operating within Australia and the principles that underpin them.

3.1   Historical and Cultural context

Aboriginal and Torres Strait Islander culture is one of the oldest surviving cultures in the world and has adapted to a range of living conditions throughout Australia over many thousands of years (Australian Health Ministers' Advisory Council, 2004). Despite incredible hardship and extreme disadvantage, Aboriginal and Torres Strait Islander cultures remain dynamic and the people resilient. It is acknowledged that Aboriginal and Torres Strait Islander people belong to strong and vibrant communities with rich cultures and histories. Aboriginal and Torres Strait Islander people experience many of the same issues that affect the broader Australian community which are further exacerbated due to past injustices and ongoing marginalisation. As a result, Aboriginal people have become the single most vulnerable and disadvantaged group in Australia today.

Pre European settlement, over 700 Aboriginal and Torres Strait Islander nations existed within Australia, each with their own regional language, culture and traditions (Howard, 2001). Family life was structured around kinship systems

which located each person within a structure (Secretariat of National Aboriginal and Islander Child Care Inc. (SNAICC), 2004). Kinship systems define where a person fits in to the community, and connects people together in relationships of sharing and obligation. For each family member there were clear lines of rights and obligations to others within the family and the kinship system which extended across nations (SNAICC, 2004).

The Kinship system meant that children were not just the concern of the biological parents, but the entire community. Therefore, the raising, care, education and discipline of children were the responsibility of everyone - male, female, young and old (SNAICC, 2004). Education and socialization of children occurred through observation, imitation and interaction with family, community and the land. However cultural and spiritual identity was the foundation of a child's well being (SNAICC, 2004).

The invasion and colonisation of Australia has had a profound effect on Indigenous Australia. European settlement resulted in the dispossession of land, disruption of kinship systems and a breakdown of social systems. Children were removed from their families under the guise of welfare and assimilation and intergenerational links were destroyed (Nelson & Allison, 2000) with significant impact on Indigenous health and well being.

Factors that affect the health and wellbeing of all Aboriginal and Torres Strait Islander people are likely to affect families and their parenting behaviour (SNAICC 2004). Furthermore the loss of relationships and community connections for Aboriginal and Torres Strait Islander families has meant that for a number of people, normal childhood development, attachment and the opportunity to experience their cultural identity has been removed. Modern Aboriginal and Torres Strait Islander society is often characterised by a lack of access to education, health care and employment that leads to a dependence on the welfare system. It is now acknowledged that there is and has been confusion in the distinction between poverty and disadvantage and poor parenting. The removal of children has further

'blamed' Aboriginal and Torres Strait Islander families for entrenched societal problems and Aboriginal and Torres Strait Islander parents have been pathologised because of their own history (SNAICC 2004). Furthermore cultural difference and misconstruction regarding the notion of family has further contributed to Aboriginal and Torres Strait Islander families being the focus of child protection interventions.

3.2 ACT context

The following section of the report provides a description of Aboriginal and Torres Strait Islander families living in the ACT. Within this profile a number of specific contexts are addressed. These include employment, housing, health, education, families and relationships, child protection and juvenile justice.

Population

The Aboriginal and Torres Strait Islander population in the ACT has observed a high growth rate in the last few decades (Chief Minister's Department, 2004). Of the total population in the Australian Capital Territory in 2006, 3,873 people identified themselves as Aboriginal or Torres Strait Islander representing 1.2% of (Australian Bureau Statistics (ABS), 2007). Just over half (53%) this population are under the age of twenty and 9% are aged 50 or above (ABS, 2007). The growth in population is considered to be due to a natural increase, interstate migration and an increase of people willing to identify as Aboriginal or Torres Strait Islander (Chief Minister's Department, 2004).

Employment and Income

With an employment rate at 71%, Aboriginal and Torres Strait Islander people in Canberra have higher levels of participation in the workforce than nationally (Australian Institute of Health & Welfare (AIHW), 2007), but still significantly lower than for the non-Indigenous population of Canberra. Over a third of children (36%) live in households without any employed parents (Chief Ministers Department, 2004). For those who are employed, their place of work is most likely

to be the public service, which is the major industry in Canberra. This industry provides employment for many Aboriginal and Torres Strait Islander people, but especially females.

The average incomes for Aboriginal and Torres Strait Islander people in Canberra are also much higher than nationally, but lower than for non-Indigenous people in Canberra (Chief Minister's Department, 2004). The increase in average incomes for Aboriginal and Torres Strait Islander people in Canberra over the past decade has occurred as a result of more Aboriginal and Torres Strait Islander people (especially women) joining the higher income levels. The proportion of Aboriginal and Torres Strait Islander people in the lowest income levels has not changed in the past fifteen years (Chief Ministers Department, 2004).

Housing

The living conditions for Aboriginal and Torres Strait Islander people in Canberra are much better than for Aboriginal and Torres Strait Islander people nationally, but remain much lower than for the non-Indigenous people in Canberra (Chief Minister's Department, 2004). The 2006 ABS Census identifies that people in Aboriginal and Torres Strait Islander households are more likely to be renting (55%), compared to owning or purchasing (42%) although the proportion that were either owning or currently purchasing their dwelling has increased significantly in recent years. A larger proportion of Aboriginal and Torres Strait Islander people live in overcrowded housing conditions, with nearly a fifth of all households living in dwellings with not enough bedrooms and or sharing with relatives.

Health

Compared to the national average, Aboriginal and Torres Strait Islander people in Canberra have a better health status. Yet there are still a significant number of people who describe their health as fair to poor or report having a disability. Furthermore those Aboriginal and Torres Strait Islander people with poor health

are less likely to be employed and have a lower level of income (Chief Minister's Department, 2004).

In 2004–05, the majority of Aboriginal and Torres Strait Islander persons who used substances in the last 12 months were aged 15–34 years and 87% of Aboriginal and Torres Strait Islander persons in the ACT describe drinking alcohol at risky/high risk levels (AIHW, 2007)

A Cultural Respect Framework has been developed by the Australian Health Ministers' Advisory Council (2004) as a guiding principle in policy construction and service delivery to strengthen relationships between the health care system and Aboriginal and Torres Strait Islander people. In response to this framework, the ACT, as part of the Canberra Social Plan (Chief Minister's Department, 2007), has developed a Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan (Chief Ministers Department, 2005) that incorporates initiatives to enhance the accessibility and cultural safety of mainstream health services in the ACT (Chief Ministers Department, 2005).

Education

Most Aboriginal and Torres Strait Islander students are performing within or above the appropriate skill range. However, the proportion that is still developing the skills appropriate for their year level is higher for Aboriginal and Torres Strait Islander students than for the non-Indigenous student population. This gap increases with age. By Year 9, half of Aboriginal and Torres Strait Islander students (compared with a quarter for non- Indigenous students) have not reached the required literacy standards, and they have much higher rates of absenteeism from school. Aboriginal and Torres Strait Islander people who have a disability are also more likely not to have completed their schooling. Significantly the largest number of ACT Aboriginal and Torres Strait Islander students who left school before completing year 12 stated that it was because they didn't like school (AIHW, 2007)

There were 216 Aboriginal and Torres Strait Islander students attending tertiary education in the ACT during 2004. This was higher than the 2003 figure (200). In total, Aboriginal and Torres Strait Islander tertiary students made up 0.8% of all tertiary students in the ACT (ACT Skills Commission, 2006)

Ante/post natal care

Aboriginal and Torres Strait Islander people are less likely than non-Indigenous people to choose to remain childless, have children at an earlier age, and spend less time as a couple before starting their families.

The rate at which Indigenous mothers attended at least one antenatal care session during pregnancy was similar to non-Indigenous mothers. Aboriginal and Torres Strait Islander women in the ACT smoke significantly less during pregnancy compared to other states. However, ACT Aboriginal and Torres Strait Islander mothers smoked at three times the rate of non-Indigenous mothers (AIHW, 2007).

89% of ACT Aboriginal and Torres Strait Islander mothers' breast fed their baby when leaving hospital. The maximum duration of Aboriginal and Torres Strait Islander mother breast feeding their baby is seventy eight weeks and the minimum one week (AIHW, 2007). The ACT does not routinely report or transfer Aboriginal and Torres Strait Islander status to the Australian Childhood Immunisation Register consequently the immunisation rate has not been measured.

Child Care

The 2002 National Aboriginal and Torres Strait Islander Social survey found that Aboriginal and Torres Strait Islander families living in the ACT had a higher use of childcare than nationally, particularly in the use of formal childcare centres (38.2% compared with 25.1% nationally).

Over half (57%) of Aboriginal and Torres Strait Islander four year olds in the ACT attended preschool and girls were more likely to attend than boys. The attendance rate for Aboriginal and Torres Strait Islander four year olds was slightly lower than

for non-Indigenous 4 year olds. Koori preschools now operate in five suburbs across Canberra. (Chief Minister Department, 2005)

Family and Relationships

The 2006 Census counted 597 Aboriginal and Torres Strait Islander couple families with children and 487 Aboriginal and Torres Strait Islander one parent families' who live in the ACT (ABS, 2007). Aboriginal and Torres Strait Islander Canberrans are much more likely to live in larger families, and much less likely to live alone than non-Indigenous Canberrans. In Canberra, Aboriginal and Torres Strait Islander people are more likely to partner another Aboriginal and Torres Strait Islander person. By the age of 14, only 40% of children still live with both parents, nearly half the rate for the non-Indigenous population. Nearly one in four (23%) of Aboriginal and Torres Strait Islander families have one parent, compared with 15% of non-Indigenous families. Furthermore nearly one in five (19%) of all Aboriginal and Torres Strait Islander families are one parent families with children aged under 15 years, compared with only 8% of non-Indigenous families (Chief Ministers Department, 2004).

The 2002 National Aboriginal and Torres Strait Islander Social survey reported that more than one in ten (12.2%) Aboriginal and Torres Strait Islander people in Canberra reported that they had been removed from their natural family. Furthermore Aboriginal and Torres Strait Islander people in the ACT had higher levels of support from outside their household than the national average, 95.5% reported access to support compared with 90.4% nationally.

Aboriginal and Torres Strait Islander people have a high incidence of personal stressors in their lives such as mental illness, drug and alcohol misuse, family member in jail, discrimination and racism (AIHW, 2007) and the highest proportion of victims of physical violence in Australia. In the ACT the second highest personal stressor for Aboriginal and Torres Strait Islander people was the experience of discrimination and racism (reported by 40% of Aboriginal and

Torres Strait Islander people in the ACT, or two in five people). This was more than double the national average (17.7%).

Community

There are some concentrations of Aboriginal and Torres Strait Islander people living in some suburbs (eg Narrabundah, Charnwood, Lyons, and Phillip), but most people are evenly spread across many of Canberra's suburbs (Chief Ministers Department, 2004). However, approximately 20% of Aboriginal and Torres Strait Islander people have no access to a motor vehicle and often find it difficult to get to places. This is particularly pertinent for families as it is reported that the lack of transport is a reason for children not accessing early education services (Chief Ministers Department, 2004).

Compared to the national average, Aboriginal and Torres Strait Islander people in Canberra have the highest level of participation in culture and family and friend support in Australia. However the 2002 National Aboriginal and Torres Strait Islander Social survey found that the levels of culture and family support were higher for Aboriginal and Torres Strait Islander people on higher incomes compared to those on low incomes.

Child abuse and neglect

In 2005–06 Aboriginal and Torres Strait Islander children in all age groups were much more likely to be the subject of child abuse substantiations than non-Indigenous children. In the ACT there were 99 substantiated reports of child abuse or neglect of Aboriginal and Torres Strait Islander children aged 0-16 received in 2005-2006 (AIHW, 2007*a*). This represents a rate of 56.8 children per 1000 children compared with 10.9 per 1000 for other children. Although the small numbers involved in the ACT means that these figures should be interpreted cautiously there remains a very substantial over representation of Aboriginal and Torres Strait Islander children in substantiated reports and at every level in the child protection system

Service Provision

In both the ACT Social Plan and the ACT Children's Plan emphasis is placed on working in partnership with Aboriginal and Torres Strait Islander communities to deliver services, which expand the range of early intervention and support services (Chief Ministers department 2005).

In 2003 there were nine ACT government funded Indigenous support programs identified totalling $1.1m. Three of these programs were government delivered and six were delivered by the non government sector (Chief Ministers Department 2003). The proportion of Aboriginal and Torres Strait Islander people experiencing communication difficulties with service providers has halved since 1994 (Chief Ministers Department, 2004). This indicates that service providers in Canberra are becoming more aware and more successful in their communication with Aboriginal and Torres Strait Islander clients.

Out of home care

In all jurisdictions there are higher rates of Aboriginal and Torres Strait Islander children in out of home care than other children (AIHW Table 4.8). The national rate of Aboriginal and Torres Strait Islander children in out-of-home care is over 7 times the rate for other children. In the ACT in 2005-2006 there were 82 Indigenous children (point in time) in out of home care, a rate of 43.7 per thousand children compared with 4.1 per thousand for other children (AIHW, 2007).

Juvenile justice

During the period from 2000 to 2002, Aboriginal and Torres Strait Islander children between 10 and 14 years of age were detained at around 30 times the rate of other Australian children. State and territory information indicates that Indigenous children are not only over-represented in juvenile detention centres but are also overrepresented among those charged by the police, those facing court, and those placed on community-based orders (AIHW 2005).

Clearly there are some very positive trends for many Aboriginal and Torres Strait Islander families living in the ACT as compared to the national average. However, the evidence still indicates significant areas of concern and many of the needs of Aboriginal and Torres Strait Islander families are not being met. For example, Aboriginal and Torres Strait Islander people in Canberra have the second highest proportion of people within Australia removed from their natural parents. This is particularly significant as for many families in the ACT support may not be able to be resourced through informal family connections and there is a reliance on having their needs met through more formalised services.

3.3   Family Support

Child Welfare authorities throughout the western industrialised world are struggling with the problem of children at risk and their often vulnerable families. The statutory system in Australia including in the ACT and internationally have experienced escalating reports of child abuse and neglect and increasing pressure on the capacity of the child protection and substitute care system to meet the demand. However the evidence is compelling that services to children and families will be more effective if problems are recognised and managed early. Placed in this context more prevention and early intervention strategies are required along side earlier and better coordinated support for families.

What is Family Support?

The notion of family support is extremely broad and complex in nature. Family support is an umbrella term for a range of service delivery types provided to families that "seek to benefit families by improving their capacity to care for children and/or strengthening family relationships" (AIHW, 2001). Family support services may be either universal or targeted in their approach and cover a wide range of service delivery types, ranging from large-scale media campaigns for the general public, to volunteer help for families in their own homes (AIHW, 2001). Key approaches to family support include early intervention and prevention

services targeted particularly towards children aged 0-3 years, promoting resiliency and enhancing health and well being and a 'whole community approach'.

In 2001 the Australian Institute of Health and Welfare published a report *Family Support Services in Australia 2000* that identified six categories of family support used to address the needs of families experiencing difficulties. These include:

- Information and referral
- Education/skills development
- Counselling/mediation
- Residential and in home support
- Advocacy
- Other family support services

These approaches to family support are used to address needs for both Indigenous and non-Aboriginal and Torres Strait Islander families. However the literature also highlights what services need to consider to best engage and work with Indigenous families. Three key elements have been identified that will need to be considered in the development of a family support model in the ACT. These are the notion of family for Indigenous people (Neslon & Allsion, 2000), the location of family support services and the best way to inform Indigenous families about services (SNAICC, 2004).

The first consideration is who is the client of the family support service? The way the family unit is viewed by Indigenous and non-Indigenous people is typically different and this in turn will affect how the service is delivered. Generally, Aboriginal and Torres Strait Islander households include extended family members to a greater extent than non-Indigenous families and these individuals play a greater role in parenting and decision making. Grandparents and extended family members not only play an active role in child care, but also in education and passing on cultural knowledge, customs and family beliefs. Therefore, the concept of parenting in Indigenous communities not only relates to the child's immediate parents, but also extended family and kin including any non-indigenous extended

family. This understanding is still held by Indigenous families even if they have become isolated from their own communities (SNAICC 2004).

The second consideration is where family support services provide their service. Much of the literature emphasises the importance of using Indigenous venues where participants already gather to enhance parenting e.g. supported playgroups, and where they feel safe and comfortable (SNAICC, 2004). Many Aboriginal and Torres Strait Islander families feel intimidated and uncomfortable attending white organisations. Furthermore Aboriginal and Torres Strait Islander families engage more easily with family support services if support is provided at an informal gathering such as workers and family members sharing a meal (SNAICC, 2004).

Finally consideration needs to be given as to how family support services disseminate information to Aboriginal and Torres Strait Islander families. Evidence suggests that Aboriginal and Torres Strait Islander families identify the "Black grapevine" (word of mouth) as a more effective way of disseminating information and that written information should be accompanied by oral information from an Indigenous community member or worker (SNAICC, 2004) . Furthermore Toby (2001) identifies a number of key principles for Aboriginal learning that is aligned with this finding. Aboriginal and Torres Strait Islander learning is through observation and imitation rather than through verbal instruction or written material. Learning is also achieved through real life performance rather than through practice in contrived settings and learners are more person orientated rather than information oriented. Meaning that Aboriginal learners assess and respect the teacher more on the basis of how they relate as persons, rather than according to how they perform as teachers. This is important when considering the design of skill development models of family support.

The following section provides a summary of family support services identified in the ACT and some examples of other services delivered nationally.

National Context

The FaCSIA funded SNAICC report *Footprints to where we are* (SNAICC, 2005) provides case studies of innovative Indigenous projects running through out Australia. These family support services are delivered by primary, secondary and tertiary levels services through a range of service delivery methods. They provide key principles for developing family support programs.

3.4   The principles that underpin these programs

The Indigenous Parenting Project report by SNAICC (2004) highlights a number of key principles in family support services that lead to successful engagement and outcomes for Aboriginal and Torres Strait Islander families:

Recognition of Aboriginal and Torres Strait Islander culture and history

Cultural awareness and sensitivity are fundamental to effective program delivery. Workers must be knowledgeable and respectful of the diversity of language, history and experiences of Aboriginal and Torres Strait Islander families. Therefore training in cultural awareness is essential for non-Indigenous workers. In addition to this workers require an awareness of Aboriginal and Torres Strait Islander history which has an ongoing impact on present day challenges experienced by many Aboriginal and Torres Strait Islander families

A focus on the family's strengths and building skills

Current research emphasises a strengths based approach that acknowledges and builds on families existing strengths and capacities. Strengths based models acknowledge the resilience and capacity of Aboriginal and Torres Strait Islander families and works to further build on skills and knowledge to empower families

Aboriginal and Torres Strait Islander involvement and leadership

There is a need for programs delivered to Aboriginal and Torres Strait Islander families from mainstream services to take a more consultative and collaborative approach with the Aboriginal and Torres Strait Islander community. Research

evidence discusses that services need to be locally relevant. It is essential for Aboriginal and Torres Strait Islander communities to have ownership of support services designed for their use. Furthermore programs adapted for Aboriginal and Torres Strait Islander families should only be used after consultation with the local Indigenous community

Collaboration and partnerships

Family support services are more likely to have successful outcomes when they are part of other key systems such as schools and community. Research indicates that programs that adopt a multi-faceted approach that works with the 'whole' family are better at achieving longer term results for children and their families

Respect for differing family values

The connection to traditional parenting and child rearing practices will depend upon the level of exposure to them however; the Aboriginal and Torres Strait Islander perception of parenting is typically tied to the cultural perceptions of family. Recognition of the broader notion of family and shared responsibility for child rearing within Aboriginal and Torres Strait Islander communities is essential

Skilled Facilitators

Building trusting and consistent relationships between workers and family members is key to positive outcomes for families. Evidence indicates that although Aboriginal and Torres Strait Islander families prefer to work with Aboriginal and Torres Strait Islander workers the relationship is paramount. To do this effectively the workers must be knowledgeable about Aboriginal and Torres Strait Islander cultural values. Facilitators must be willing to be creative in their role and understand other ways of learning

3.5   Barriers and Constraints

There are a number of barriers that continue to restrict the access of Aboriginal and Torres Strait Islander families to support services in Australia. Some of these barriers are structural in terms of poor linkages and co-ordination across the system, some are about the availability and distribution of services, some are practical such as transport and affordability and some are cultural (AHMAC, 2004).

Mistrust of the present system stops Aboriginal and Torres Strait Islander families accessing services. It is generally recognised that previous policy was misguided and paternalistic with an assumption that government 'knew best' (Stanley et al, 2002). For many Aboriginal and Torres Strait Islander families there is a lack of confidence in the services which are provided and such feelings are exacerbated when services have been provided, but where they fail to take effective action (Stanley et al, 2002). Furthermore white organisations and government departments are perceived as impersonal and Aboriginal people feel intimated and uncomfortable (SNAICC, 2004).

Tension also exists for Aboriginal and Torres Strait Islander workers between their role as a professional and their role as a community member. In the Koori ABCD project it was discovered that often because of the dynamics of the community and kinship system, workers would be on call 24 hours and that the boundaries around their role as a community member and as a professional worker became blurred (SNAICC, 2004).

3.6   What makes these programs effective?

Along with the principles that underpin programs that deliver positive outcomes for families, the literature further identifies a number of strategies that make family support services successful for Aboriginal and Torres Strait Islander families:

- There is a need for well trained facilitators who are able to engage and work with Indigenous families
- When Aboriginal and Torres Strait Islander venues are used, families feel safe and comfortable and engage with the services more readily

- A more informal atmosphere, meals and transport encourage families to engage with support services
- More universal and less targeted service approach makes engagement less stigmatising
- Programs that are holistic and community capacity building.
- Ongoing funding and consistency enables trusting relationships to be built ensuring sustainable positive outcome for children and families
- There is a shared sense of control in the support relationship between families and workers
- Parenting information should be combined with local content
- The provision of 'plain English' and community developed resources for families
- More than skill development the need for friendship support and positive regard is critical to their ability to parent effectively (SNAICC, 2004)

3.7 Aboriginal and Torres Strait Islander Family support in the ACT

Fundamentally there are four key Indigenous organisations providing general support and services for Aboriginal and Torres Strait Islander families living in the ACT.

Winnunga Nimmityjah Aboriginal Health Service, Narrabundah
Winnunga provides a culturally safe, holistic primary health care service for the Aboriginal and Torres Strait Islander residents of the ACT and surrounding areas. They run a range groups for parents, women and children.

Gugan Gulwan Youth Centre, Erindale
Gugan Gulwan provides a range of services to young Aboriginal and Torres Strait Islander people and their families, including social support, education, information, referral and advocacy. It also provides a youth health service, mentoring and currently have out posted care and protection worker.

Billabong Aboriginal Corporation, Holt
Billabong subleases a number of houses on behalf of the ACT and Australian Government for Aboriginal people, and provides a variety of support services for young Indigenous Australians.

The Aboriginal and Torres Strait Islander Unit

The Aboriginal and Torres Strait Islander unit in the Office of Children Youth and Family support also provides family and youth support to clients in the child protection system. Indigenous Family support worker has a broad role which includes:

- supporting parents and carers in their parenting role
- provide a cultural consultation service to child protection and youth justice workers
- supports families during the appraisal/investigation stage and assists in the development and implementation of care plans

In addition to these organisations, the ACT Government and the Australian Government provide services to Aboriginal and Torres Strait Islander families in Canberra through mainstream services employing Aboriginal and Torres Strait Islander workers. Although not specifically identified as family support, these services do increase the health and well being of families and increase their capacity to care for their children. These services include:

- Aboriginal Midwifery Access Program
- A range of health programs including hearing, dental, diabetes and social health
- Housing Program and Liaison Service
- Uncle/Nephew Program
- High School Support Centre
- Indigenous Education Section
- Kootara Well - health and nutrition program
- Koori Pre-schools
- Indigenous Student Support - the Yurana Centre
- Youth Programs (eg Galilee)
- Women's refuges positions
- Aboriginal justice centre
- Legal aid
- Juvenile Justice aboriginal workers
- Hospital liaison worker
- Centrelink

4. Findings of the Needs Analysis

The information in this part of the report will be arranged as follows:

- A description of key service providers and community groups
- A discussion concerning the findings of the interviews with the Indigenous service providers and Indigenous families and community groups
- This will be followed by the findings of the interviews with the non-Indigenous service providers
- A summary of the findings will be provided at the end of each of these sections

4.1 Identifying Sample of Key Service Providers and Community Groups

Consultation with the Reference group and the Aboriginal liaison officer provided guidance to determine key service providers and community groups to interview. Tabled below are the service providers and community groups contacted to participate in the needs analysis interviews. Unfortunately not all service providers or community groups could participate at this time but those who could are highlighted in bold. Furthermore it is acknowledged that one of the limitations of the analysis is that only a small number of families consented to be interviewed and that responses to the questionnaire are predominantly the opinions of service providers.

Indigenous Service Providers & Community Groups	Non-Indigenous Service Providers
Ngunnawal Land Council	**Beryl Women Inc**
Gugan Gulwan	**Inanna Inc**
Winnunga	**Communities @ Work**
Aboriginal Legal Service	**Children Youth & Women's Service**
The Office for Children Youth and Family Support – Aboriginal & Torres Strait Islander Unit	**Children Youth & Women's Service – Nursing Services**
	Dietician
Gugan Gulwan 'mum's group'	**QEII**
Australian Intravenous Injecting and Illicit Drug Users League - Connections	**Child at Risk Health Unit**
Aboriginal Church	**Gungahlin Child and Family Centre**
	YWCA – Housing Unit

The Office for Children Youth and Family Support
Barnardo's
Karralika
Department of Education
Child and Adolescent Mental Health Services

These key service providers provide a range of support programs and services for families and individuals using a variety of approaches. Some of these services include counselling; parenting skills; health screening; advocacy and support; drug and alcohol programs and legal advice.

4.2 Analysis of Indigenous service providers and Indigenous Community Groups data

A questionnaire was designed in partnership with the Reference group to ascertain:

- the numbers of Indigenous families using the service
- what services were being provided for these families
- what were the gaps in these services
- and what services could be developed to address the identified unmet needs

Structured interviews using this questionnaire were conducted with four Indigenous service providers. Focus groups were held with three community groups that consisted of families who had accessed support services, volunteers and workers. The focus group discussion was concentrated on the topics included in the questionnaire.

Key needs of Aboriginal and Torres Strait Islander families

Aboriginal and Torres Strait Islander service providers and community groups discussed a broad range of issues that they believed Aboriginal and Torres Strait Islander families experienced. There was an acknowledgement from Aboriginal and Torres Strait Islander service providers that the Aboriginal and Torres Strait Islander families that they worked with often had high and complex needs. Service providers identified the following needs:

What do Aboriginal and Torres Strait Islander Families living in the ACT need in a family support program

- Improved access to transport services
- Better access to affordable health services
- Support for drug and alcohol issues
- Appropriate and affordable housing
- Support for Aboriginal and Torres Strait Islander children to attend school
- Accessible and affordable child care
- Life skills such as Literacy, Parenting, Budgeting
- Employment and/or improved financial support
- Support to access services such as Centrelink, the GP
- Services to address the needs of fathers

What sort of family program is the highest priority?

No Aboriginal and Torres Strait Islander service provider could identify one particular family program as the highest priority. However the four priority needs identified to be addressed were transport, support and advocacy, child care and financial support.

Two of the Aboriginal and Torres Strait Islander service providers stated that prevention and early intervention programs were important but fundamentally all types of family programs discussed by Indigenous service providers were responsive in nature to the high and complex needs of Aboriginal and Torres Strait Islander families.

What service would you like to refer to but doesn't exist in the ACT?

Indigenous Service Providers and Community groups identified the following gaps in services.

- **Mainstream services and Aboriginal and Torres Strait Islander awareness**
Primarily there is a perceived lack of cultural sensitivity in mainstream services which prevents a number of Aboriginal and Torres Strait Islander families accessing these services. In addition to this there is a lack of skilled Indigenous workers working in mainstream services. One service provider discussed that there was no Indigenous worker in the ACT providing relationship counselling.

- **Skill based programs that provide mentoring and support**

Currently there appears to be a lack of services that support and skill Aboriginal and Torres Strait Islander families. Two service providers discussed the need for Aboriginal and Torres Strait Islander families to have mentors working with them. In addition to this all Indigenous service providers and community groups identified how useful it would be to have a worker come with them to appointments such as Centrelink and Child Protection Services but that there was no service in the ACT that could provide this. One mother described her experience

> "It would be good to have a support worker when you're involved in welfare. The language is so confusing and you don't always know what is going on. First they took him and then they gave him back. It would have been good to have had an Aboriginal support worker to help me"

- **Other Services**

Other gaps in services that were identified by Indigenous service providers and the community groups are as follows:

- Emergency assistance and practical donations such as food and toys to ameliorate some of the impact of poverty
- Hostels and men's shelter
- Drug and alcohol counselling for parents including family detox services
- Transport
- Support for fathers
- Homework centre for children
- Better disability services with early intervention
- Financial help

The young mums group at Gugan also discussed the fact that they didn't know what services were available and therefore that made it difficult to find support.

What are the most important principles of a new family support service?

The principles identified are listed as follows:

- **Aboriginal and Torres Strait Islander community control**

All Aboriginal and Torres Strait Islander service providers considered 'community control' as an essential component to any Aboriginal and Torres Strait Islander family support service. Community control is defined as the local Aboriginal and Torres Strait Islander community having input into how a program is designed and delivered. As part of this a number of service providers suggested that an Indigenous reference group chosen by the Indigenous community be established to work with the family support service and for on going consultation to occur with the community.

- **Culturally Appropriate**

All respondents discussed the need for the service to culturally appropriate. This includes workers having a thorough knowledge of the kinship system, spirituality, the historical experience of Aboriginal and Torres Strait Islander families and the strong connection to community. There was also the acknowledgment from Aboriginal and Torres Strait Islander service providers of how cultural practices within families challenge the white notion of parenting. Consequently the service and worker would need an appreciation of Indigenous cultural practices of child rearing.

As one Indigenous worker said

> "One of the major issues we encounter relates to differences in parenting style and expectations between indigenous (where the family assists in parenting the child) and non-indigenous families. This can easily lead to value judgements about 'good' and 'bad' parenting. It is important for all to be aware of cultural practices and issues."

- **The 'right worker'**

A number of service providers and community members discussed the need to have the 'right worker'. The right worker was defined by one service provider as "well trained in case management and counselling." The right worker would be

Indigenous with credentials and respect in the community. They would know the reference group and be able to talk to Elders. Service Providers also indicated the importance of a worker in the context being provided with an appropriate level of support due to the role they would play. This would include the appointment of a mentor to assist in the ongoing development of the worker, opportunities for training and access to a car so the worker was accessible to families.

- **Realistic and Flexible**

A number of Aboriginal and Torres Strait Islander service providers commented that the service would need to be 'realistic' in its expectation of what it could provide for families and be able to appropriately support the workers. Furthermore one service provider had concerns for the length of time that the program would be funded for. They discussed how useful the service would be to Aboriginal and Torres Strait Islander families as building relationships and trust with the Aboriginal and Torres Strait Islander community takes a long time.

In regard to service delivery, Aboriginal and Torres Strait Islander service providers discussed that it needed to be flexible incorporating case management, groups, outreach and mentoring.

What stops Aboriginal and Torres Strait Islander families accessing services?

Aboriginal and Torres Strait Islander service providers and community groups discussed a number of barriers for Aboriginal and Torres Strait Islander families accessing services. A number of reasons were considers such as limited education, a lack of awareness of what's available and the families entitlements however, the most significant reason discussed was that of fear.

Discussion centred around mandatory reporting and past experiences between child protection service and parents when they were young. A number of Aboriginal and Torres Strait Islander families in the focus groups did not use

support groups for fear of being 'reported' because "the reality is our kids still get removed". Mandatory reporting was considered by families and service providers as a significant barrier to using any support service.

Fear of being judged by services and the shame and stigma that occurs as a result of this was also discussed by Aboriginal and Torres Strait Islander service providers and community groups as a reason for Aboriginal and Torres Strait Islander families not accessing services. Families from Connections indicated that sometimes they needed help and could see the benefits of a service but probably wouldn't use it. Responses from families included " I don't want these people to come in and judge me by a clean house." And "I want help with family violence. Sometimes you need help but you too shame to get it."

Along side this discussion came the issue of how Aboriginal and Torres Strait Islander service providers and community groups respondents felt about Marymead providing family support services to Indigenous families. All families and workers had concerns in regard to the fact that it was a non-Aboriginal and Torres Strait Islander organisation and how culturally appropriate it would be. This was important as respondents considered that if the community did not trust or have confidence in the service then families would not engage. They felt that for the service to be successful it would take a long time and Marymead would need to be patient and work hard at "getting some wins on the board."

A barrier to the possible utilisation of a family support service run by Marymead is its history. A number of families had experienced out of home care with Marymead as children and stated that they and many other families who had also experienced this would not use a service that they could not trust.

Summary

To summarise:

- Aboriginal and Torres Strait Islander service providers and community groups consider that many of the Aboriginal and Torres Strait Islander families accessing services in the ACT have complex needs

- A large number of respondents are of the opinion that services are inaccessible to Aboriginal and Torres Strait Islander families due to being culturally unresponsive, having a lack of skilled Aboriginal and Torres Strait Islander workers and Aboriginal and Torres Strait Islander community awareness and support.
- Fear of being judged and being reported about their parenting skills is a significant barrier for Aboriginal and Torres Strait Islander families accessing services
- There are a number of identified gaps in services, these include mainstream service's being culturally unresponsive; a lack of mentoring and skill based family support and a shortage of specific services such as emergency assistance and practical donations; Hostels and men's shelter; Drug and alcohol counselling for parents including family detox services; Transport; Support for fathers; support in education; financial help and better early intervention services for children with a disability
- To enable services to be more accessible, Aboriginal and Torres Strait Islander service providers and community groups regard that Aboriginal and Torres Strait Islander community involvement is essential. Furthermore it is considered that skilled Indigenous workers should be engaged to facilitate positive relationships with Aboriginal and Torres Strait Islander families and their Community
- Aboriginal and Torres Strait Islander service providers and community groups considered Aboriginal and Torres Strait Islander community control, cultural safety, skilled Aboriginal and Torres Strait Islander workers, collaborative practice and a realistic and flexible program model as the most important principles of a new family support service.

4.3 Analysis of non- Indigenous service provider's data

Structured interviews were conducted with twelve non-Indigenous service providers using the questioner as provided to Indigenous service providers. All but three of the respondents identified themselves as non-Indigenous.

The picture that emerged from this data was fairly consistent:

Number of Aboriginal and Torres Strait Islander families accessing the service

Four non-Indigenous service providers could identify with certainty the number of Indigenous families that accessed their services. The other non- Indigenous

services reported that they either did not collect this data or that they did not have the information available. The service providers that could provide a number reported that they worked with between one and eight families at the present time with one service provider being able to accurately report that Aboriginal and Torres Strait Islander families made up 1% of the total client group in the last financial year.

Key Needs of Aboriginal and Torres Strait Islander families

Service providers were asked what they thought the key needs of families were that a family support program may assist with. A number of providers said that they were not prepared to comment on the needs of Aboriginal and Torres Strait Islander families as firstly their experience was limited but also they felt that it was more appropriate for the Indigenous community to articulate their needs. For those who did respond to this question a number of themes were identified within their responses:

- **Easy access to services**

All service providers identified the need for Aboriginal and Torres Strait Islander families to have easy access to services. This meant that services not only had to offer outreach services or be geographically located in nearby places but that the service delivery had to be appropriate to the needs of Aboriginal and Torres Strait Islander families. Appropriateness of the service was defined by the how the service engaged with the families, whether it was culturally safe, and the appropriateness of staff training. Furthermore one service provider emphasised the importance of considering the transferability of models of practice that service providers use with Aboriginal and Torres Strait Islander families.

In addition to this one service provider stated that Indigenous family's need advocacy as part of service delivery. ACT Children, Youth and Women's Services discussed that they felt that Indigenous families need workers to advocate on their

behalf to refer them and link them to services and help assist them to obtain a particular services such as housing.

- **Same as Mainstream**

Two service providers stated that the felt that the needs of Aboriginal and Torres Strait Islander families were much the same as the other non Indigenous clients that they saw.

"I think that they're (the issues) reasonably consistent with mainstream. Aboriginal and Torres Strait Islander families present here with family issues, financial problems, housing and domestic violence, the same as many other families" (Communities @ Work)

"I don't believe the needs and aspirations of the Indigenous clients are any different to non Indigenous clients – fundamentally they just want to be a good parent and have a good relationship with their child" (QEII)

- **Transport**

Both the YWCA and the ACT Children's' Youth and Women's service providers identified transport as an issue for Aboriginal and Torres Strait Islander families living in the ACT. There is the opinion that more accessible and affordable transport is required so that families are able to access services. Interestingly one service provider discussed how a family that she had worked with had had difficulties with transport. On further investigation it was discovered that poor literacy skills prevented the family from obtaining their own transport and made public transport difficult to use.

- **Social Isolation**

Service providers identified a number of Aboriginal and Torres Strait Islander family clients experiencing social isolation. They stated that there was a need for

services to respond to the negative impact that this had on the children and families.

- **Child care**

The need for more appropriate child care services was identified by one service. The respondent emphasised that the quality and type of service that exists presently in the ACT does not always meet the needs of the families.

- **Relationships**

The notion of relationships was discussed by two of the service providers. The respondents were of the opinion that Aboriginal and Torres Strait Islander families experience a number of issues with relationships both within the family and the community that impact on their ability to parent. Furthermore Aboriginal and Torres Strait Islander families were not always able to access services due to clan rivalry and issues within the community.

- **Brokerage**

One service felt that a family support program could utilise a model that included access to brokerage funds. The worker said

> The use of brokerage funds is an ideal way of helping people access the things they need to help break down the barriers and to normalise family situations. We have been able to access brokerage funds here to help in a variety of ways – camps, sporting and recreational activities, bikes and toys for the children, transport for the family.

What sort of family program is the highest priority?

To determine if there is a need for one key program, service providers were asked if they could identify what type of family program was the highest priority. Service providers gave a variety of responses from one service provider declining to comment and two others giving equal priority to all programs. However for particular programs that were identified as a priority, home based support was considered the most important. Other programs identified include:

- Relationship counselling
- Parenting
- Child care
- Transport
- Advocacy
- Outreach

Respondents placed great emphasis on how the service was delivered rather than on the key objective of the program. Strategies to engage families, working collaboratively with families and other organisations, engaging with families and building positive relationships were all identified as equally as important as the purpose of the program.

What service would you like to refer to but doesn't exist in the ACT?

A central theme in the responses to this question is that service providers feel that there are enough services already being delivered, within the ACT, to meet the needs of Aboriginal and Torres Strait Islander families. This response is juxtaposed with respondents believing that it is the way that the services are delivered that make them inappropriate or inaccessible to Aboriginal and Torres Strait Islander families. As a consequence of this a number of services indicated that it would be more useful for service providers to assess how they provide services to Aboriginal and Torres Strait Islander families and whether these are considered accessible and culturally appropriate.

> "I think the ACT is well serviced for its client numbers. We just need to work collaboratively and "together" so as we all know what we are doing."
> (CARHU)

In addition to this several service providers indicated that they believed that there should be better case management and co-ordination of services for families. One non-Indigenous service provider stated

> "I am not aware that we really need anymore services. I often think that we are running services for services sake rather than for the client. What do they want? Do they want any more people in their life? Sometimes we have meetings here and its every man and their dog here – why do people think

> more is better – it's not, it's over whelming and intrusive – what we really need to see is intensive case management"

Another service provider discussed the need for integrated services with a 'whole of family approach'. They felt there was a need for a service that could work with all family members on a variety of issues. This was to primarily reduce the number of workers involved with the family and to ensure that the family's needs were being met in a timely manner. It is noted that the Aboriginal and Torres Strait Islander Unit in the Office for Children, Youth and Family Support is currently developing an Indigenous specific integrated model which will attempt to deal these issues.

Another service provider stated that organisations in the ACT do not "deliver services in a best practice framework that is flexible and values in equal parts what it delivers, who delivers and where it delivers services" and consequently families and are not responded to adequately and are disadvantaged.

One Indigenous worker form a non – Indigenous service provider, discussed that there needed to be more Aboriginal and Torres Strait Islander workers in mainstream services. The worker felt that Aboriginal and Torres Strait Islander families often wanted to speak to someone who was Indigenous however did not wish to attend an Indigenous service for a number of reasons, confidentiality being one.

A number of services providers also identified specific services that they would like to see developed in the ACT some of the examples include:

- Indigenous specific family support
- Indigenous specific AOD program
- A half way house – something for clients to use as a stepping stone back into the wider community
- Healing centres
- Improved transport services
- In home child care
- Services that reduce social isolation

- Services that are responsive to families needs without being paternalistic

Principles of a new family service

Four themes were identified in what service providers thought were the most important principles of a new family support service.

- **Culturally appropriate**

All service providers identified the need for the service to be culturally appropriate. This meant not only for staff to work in culturally sensitive ways with the family but also for the service provider to be mindful of how the service was delivered. One service provider emphasised the importance of using an appropriate model of family support "we have a model of family support but it is based on a nuclear family and clearly when working with Indigenous families this would not be inappropriate".

Two service providers acknowledged that there needed to be consultation with the Aboriginal and Torres Strait Islander community before any service was implemented. This ensured that Community was aware of the service and that it was culturally appropriate for the families local to the ACT. Furthermore they believed that there needed to be continuous dialogue with the Aboriginal and Torres Strait Islander community to ensure that services remain relevant and utilised.

- **Skilled Indigenous workers**

The majority of service providers discussed the importance of having skilled Indigenous workers. Service providers were of the opinion that by having Aboriginal and Torres Strait Islander staff, families would feel more comfortable and confident and be more likely to engage with the service. Furthermore one service provider discussed the importance of the agency being sensitive and supportive of the way Aboriginal and Torres Strait Islander workers work:

"our work is 24/7 and often the families want us to work closely with them – our organisation is fairly flexible about us taking time off, but if you have a meeting the next morning you have to go. So it's also about supervision and helping workers take responsibility for taking care of themselves and the agency trusting us to work in the most appropriate way"

- **Collaboration with other service providers**

Four of the service providers discussed that they would want to see the new family support service working in partnership with other organisations. One service provider stated that as a referrer they would want feedback from the family support service. They would want to know that their client was being seen, not just on a waiting list and if the interventions used with the family were effective. The service provider said that the family support service would need to be willing to work in a collaborative way so that the two services working with the family were complimentary.

- **Purpose**

The provision of practical and reliable support that empowers families was highlighted by four of the service providers. Service providers discussed the need for practical support that concerned the transference of knowledge and skills. One service provider stated

"If we provide anything it's got to be about education – we know that that the transference of knowledge and skills is essential to the empowerment of our clients."

In achieving empowerment it was pointed out by service providers that the service had to be reliable and timely. A number of service providers commented on how some programs in the ACT did not always provide the services advertised. Referrers and families sometimes had different expectations of what the service could provide and this led to both workers and families feeling disillusioned and let

down. Consequently for any new service there must be a clear understanding of its purpose and what and how it will provide this.

Approaches

In looking at other ways that family support services could be delivered to Aboriginal and Torres Strait Islander families, service providers generally reiterated the important elements of a family support service as previously discussed. However four of the service providers did discuss the concept of community development as another way to provide family support. The strategies discussed in conjunction with a community development approach included using hubs and infrastructure already inexistence, working with and building relationships between Indigenous agencies and providing services that are informal and more social, such as coming together to cook a meal. One service provider commented that community development approaches were less stigmatising and shameful but beneficial for imparting skills and knowledge to improve families capacity to care for each other.

Barriers to accessing services

Firstly two service providers, one with an Aboriginal and Torres Strait Islander worker and one without, challenged the assumption that Aboriginal and Torres Strait Islander families don't access mainstream services. Both service providers stated that from their experience Aboriginal and Torres Strait Islander families did routinely access services, however the Indigenous worker also stated that Indigenous families are very good at finding ways to meet their needs from the resources within their community.

However other service providers did identify a number of barriers that they felt keeps Aboriginal and Torres Strait Islander families from accessing services. These include:

- Culturally unresponsive and paternalistic service delivery
- Community and family politics

- Lack of skilled workers that are able to respond to the families needs
- Practical issues such as the type of environment that the service is provided from, access to transport, phone credit etc
- Shame and stigmatisation
- Fear of Child Protection Services becoming involved

One worker summarised the reasons for why Aboriginal families may choose not to access non Indigenous services:

> "Previous government policies; Scared of racism; scared children will be removed if they ask for help. There are a high number of suicides amongst our young people as they are the ones whose parents were from the stolen generation and come from dysfunctional families because their parents used alcohol and other drugs to numb the pain. Continuing grief and loss issues."

To address some of these barriers, workers identified the following strategies:

- Build relationships with the Aboriginal and Torres Strait Islander community and encourage their participation in the management of the support service
- Services need to be as creative as possible in how they engage families
- Be prepared to work at the families pace – it takes time to build trusting relationships
- Provide skilled workers that are able to engage with the families and the Community

Summary

To summarise:

- The majority of workers are unaware of the number of Aboriginal and Torres Strait Islander families accessing services. For those service providers that are aware, they report only small numbers.
- Non-Indigenous service providers consider that a number of Aboriginal and Torres Strait Islander families accessing their services have needs similar to non-Indigenous families such as poverty, domestic violence and housing.
- A large number of respondents are of the opinion that there are enough services presently available for families requiring support in the ACT. However, these services are found to be inaccessible to Aboriginal and Torres Strait Islander families due to being culturally unresponsive, having a lack of skilled Aboriginal and Torres Strait Islander workers and Aboriginal and Torres Strait Islander community awareness and support.
- To enable services to be more accessible, service providers regard that Aboriginal and Torres Strait Islander community involvement is paramount. Furthermore it is considered that skilled workers should be engaged to facilitate positive relationships with Aboriginal and Torres Strait Islander families and their Community

- Service providers considered cultural safety, a skilled Aboriginal and Torres Strait Islander work force, collaborative practice and a clearly defined purpose as the most important principles of a new family support service.
- In developing alternative approaches to delivering family support services, community development was identified however most service providers reiterated the need for the above principles to be evident.

5. Possible models

The next section begins with identifying the key elements that underpin the different approaches to family support for Indigenous families. This is followed by a discussion of the three possible models of service delivery for Aboriginal and Torres Strait Islander families.

5.1 Key Elements of the models

As identified in the literature and supported by the needs analysis, five key elements are required to underpin Indigenous family support services in order to provide successful outcomes for families. These are described as follows:

Indigenous 'Control' – It is essential for any Indigenous family support service to obtain advice and guidance from the local Indigenous community to ensure that the service is culturally relevant, accessible and engaging to local Indigenous families. It is recommended that an Indigenous advisory group be established and that the Indigenous representatives of this group be appointed by the Indigenous community in order to provide guidance and on going support for the service.

Skilled Indigenous Workers – The literature emphasises the relationship between the worker and the family as being key to any effective family support intervention. However, to build an effective relationship with Aboriginal and Torres Strait Islander families, the worker must be knowledgeable about Indigenous culture and history, the Indigenous kinship system and have an active, positive relationship with the local Aboriginal and Torres Strait Islander Community.

Collaboration and partnerships- Family support services are more likely to have successful outcomes when they are part of other key systems such as schools and community. As part of a family support model, it is expected that workers would work in partnership with the appropriate agencies, to ensure that effective and timely interventions are delivered for families and that connections between families, communities and agencies are enhanced and strengthened.

Strengths based – The family support model adopts a strengths based approach that acknowledges and builds on families existing strengths and capacities. Strengths based models acknowledge the resilience and capacity of Aboriginal and Torres Strait Islander families and works to further build on skills and knowledge to empower families.

Evaluation - To ascertain that the proposed family support program leads to its intended effects – that of assisting and supporting families, it is critical that evaluation is integrated into the design and implementation of the program.

5.2   Approaches

Target groups

In developing a model of family support, the need level of families that will access the service must be considered as this influences the objectives of the model, methods of working and staffing. The Warrington Family Support Model (Warrington Partnership, Children & Young people, 2007) describe four levels of need that families may present with, universal, vulnerable, complex and acute. These levels range from families needing no extra support (universal), extra support (vulnerable), coordinated support (complex) to families that need intensive support (acute).

Families Together –Family support for Indigenous Families

Marymead Child and Family Centre already provide family support to families with vulnerable, complex and acute needs through the Families Together program.

Individualised support is provided to families to assist them with a range of issues. It is possible for Marymead, in consultation with an Indigenous advisory group, to develop the existing family support model to a more culturally appropriate model of family support. Through the provision of cultural awareness training for staff and the employment of Indigenous workers, the current service would be more effective in engaging and working with Indigenous families.

Benefits of developing the existing service include that the infrastructure, policy and processes are already in place; the service already has skilled workers and the expertise in providing family support. Furthermore the family support service is known by other ACT service providers who are likely to make referrals. However a disadvantage of this approach is that the service is located in a 'white' organisation associated with child protection and out of home care services. Findings from the needs analysis indicate that families may by concerned not attend this organisation due to a fear of being 'reported' to care and protection services because of the complex issues that they are experiencing rather than poor parenting.

Traditional Family Support Model - Outreach / Co- location

In line with the family support service model delivered at Marymead, family support may be provided by an Aboriginal and Torres Strait Islander worker in conjunction with an Indigenous service provider or through outreach work at Aboriginal and Torres Strait Islander venues. Building trust and gaining credibility with Aboriginal and Torres Strait Islander families and their community is a time consuming process. The benefit of working in partnership with an Indigenous organisation enables workers to build trusting relationships more quickly and effectively. Furthermore working in partnership promotes a shared responsibility between services working with families to meet their needs. However results of the needs analysis indicate that not all Aboriginal and Torres Strait Islander families want to receive services from an Aboriginal and Torres Strait Islander service provider due to reasons concerning confidentiality and clan rivalry.

Both these family support service delivery models are designed to deliver early intervention and prevention services to families experiencing vulnerable, complex and acute levels of need that focus on issues such as family relationships, budgeting, housing. Individual positive outcomes such as improved family relationships, parenting skills and increased self esteem are illustrated by a number of similar services as documented in the *Footprints to where we are* (SNAICC, 2005) publication. The third approach to family support however incorporates a more systemic approach that not only has positive outcomes for individuals but also for the community.

Community Development

The third possibility is for Marymead to use a community development approach to family support. Through building on strengths and resources already present in the Indigenous community, family relationships and skills may be enhanced whilst connections to the community are strengthened. Using an asset based community development model, skilled facilitators work with Aboriginal and Torres Strait Islander families and communities to identify and develop solutions to their own local problems.

Community development works by building community in individual neighbourhoods. Through working together on concrete tasks, community members learn to rely on each other and develop informal and more natural support networks by building community relationships, partnerships with key businesses and organisations and, in the process, create family and social capital that provides a base for better outcomes for families.

This approach provides a sustainable mode of service delivery that reaches a broad range of people and is less stigmatising. An example of a program using this kind of approach is provided in Appendix 3 sourced from *Footprints to where we are* (SNAICC, 2005)

5.3   Next Steps - an evaluation framework

Once the decision is made by Marymead and its partners as to the model of family support we would recommend that an evaluation framework is developed. To ascertain that the proposed family support program has its intended effects – that of assisting and support Aboriginal and Torres Strait Islander families, it is critical that evaluation is integrated into the design and implementation of the program. Key evaluation strategies are vital to the development of a culturally appropriate and affective Indigenous family support program in the ACT.

The development of the framework

An Evaluation Framework would be developed through a series of stages by ACU in consultation with the Reference Group and active discussions with departmental and agency stakeholders.

The evaluation framework will:

- Articulate the purposes of the evaluation of the Family Support program including the different stages of evaluation ie process evaluation (focused on enhancing or improving practice, has the program been delivered in the way intended, what is working well) and outcome evaluation (to assess the extent to which the intended outcomes of the program have been achieved).

- Build a program logic for the program – which describes in a succinct fashion the assumptions, theories and principles which underpin the program, the inputs and activities anticipated and the expected short term, medium term and long term outcomes

- Develop key indicators and activities associated with disaster recovery assistance

- Identify possible data collection requirements and methods for collecting data

- Draw up timeframes for completion of elements of the evaluation

- Allocate responsibilities for data collection and other evaluation activities

It would important to integrate this specific evaluation with the policy context including the wider FaCSIA outcomes. The evaluation framework would promote collaborative approaches to family support by developing a shared understanding across all stakeholders involved about the processes and purposes of evaluation of the project.

It would be a working document and subject to review and improvement. The initial development of the framework would be undertaken by a working group from Marymead and other key stakeholders.

We would conceptualise this stage of the project as an action learning process which incorporates cycles of planning, observation, action and critical reflection. This model is based on the assumption that the participation of key stakeholders in each stage is critical to maximising the outcomes of the project. Conceptualising the process in this way assists in developing an evaluation framework that is relevant, meaningful and effective for future evaluation stages. This is a new venture for Marymead and therefore provides an excellent opportunity to explore the service model in practice. An action research methodology is recommended so that adjustments to the model can be made ensuring the best outcomes for clients and the community.

Appendix 1
Letters and consent forms for Service providers and families

Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

TITLE OF PROJECT: IDENTIFYING

THE SUPPORT NEEDS OF ABORIGINAL

AND TORRES STRAIT ISLANDER

FAMILIES IN THE ACT

NAME OF PRINCIPAL INVESTIGATOR:
DR. MORAG McARTHUR

NAME OF CO-INVESTIGATORS:
MS BINDI BENNETT AND MS LORRAINE
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Dear Service Provider,

Marymead Child and Family Centre has been funded by the Commonwealth Department of Families, Community Services and Indigenous Affairs (FaCSIA) to provide an Indigenous specific family support program for Indigenous families in the ACT. To make sure that this new service is culturally appropriate and reflects the needs of service users, Marymead and the Institute of Child Protection Studies will carry out a needs analysis. This will help to form the program to suit the needs of the community.

We are writing to invite you to assist in identifying the needs of families you work with and to get your views about the model of service provision.

This letter provides you with some information to help you decide whether you want to contribute to this research. It is critical to hear from organisations who work with Indigenous families to ensure this new program is culturally appropriate and will meet the needs of families.

We will be conducting interviews with service providers. You will be given the choice of talking with us over the telephone or face-to-face at a time or a place which is convenient to you. With your permission we would like to audio tape the interview. Your involvement in this research will take about half an hour to an hour of your time. You will have the choice of an Indigenous or non-Indigenous researcher.Through your participation, you will be providing valuable information about your experiences of how best to assist vulnerable families receiving support from this new program. We may also write up the findings in an academic journal.

You are free to decide not to participate in this research, without giving a reason. You can decide not to participate at any time, including after the interview has begun.

Your organisation may be identified in the report, which may also mean that your role in the organisation will be able to be identified.

Any questions regarding this research can be directed to:

> Dr. Morag McArthur, Director
> Australian Catholic University
> Institute of Child Protection Studies
> 223 Antill Street
> Watson ACT 2602
> 02 6209 1225

The report will be provided to Marymead. We will be able to provide you with a summary of our findings. Please tick the box in the attached consent form if you would like to receive a copy of this summary.

This study has been approved by the Human Research Ethics Committee at the Australian Catholic University.

In the event you have any complaint or concern about the way you have been treated during this study, or if you have any question that the Investigators have not been able to satisfy, you may write to the chair of the Human Research Ethics Committee, care of the nearest branch of the Researcher Services Unit:

> Chair, HREC
> C/o Research Services
> Australian Catholic University
> Strathfield Campus
> Locked Bay 2002
> STRATHFIELD NSW 2135
> Tel: 029701 4093   Fax: 02 9701 4350

Any complaint or concern will be treated in confidence and fully investigated.   The participant will be informed of the outcome.
If you agree to participate in this project, you should sign both copies of the consent form, retain one copy for your records and return the other copy to the Investigator. If you choose to participate in an interview by telephone, the consent process can be undertaken by phone.

Yours sincerely
Morag McArthur,
Principal Investigator

Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

⊕ACU National

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TITLE OF PROJECT: IDENTIFYING THE SUPPORT
NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES IN THE ACT

NAME OF PRINCIPAL INVESTIGATOR:
DR. MORAG McARTHUR

NAME OF CO-INVESTIGATORS:
MS BINDI BENNETT AND MS LORRAINE THOMSON

I………………………………..have read (or had read to me) and understood the information provided in the Information Letter to Stakeholders. Any questions I have asked have been answered to my satisfaction. I agree to participate in this:

□ interview which will not be taped
□ phone interview which will not be taped
□ interview which will be taped
□ phone interview which will be taped

I realize that I can withdraw at any time without giving a reason. I agree that research data collected for the purpose of the study may be published in a form that does not use my name. However I understand although utmost consideration will be taken to protect my confidentiality, I realise there is a chance I may be able to be identified.'.

□ I would like a summary of the report to be sent to me at the end of the project.

NAME OF
PARTICIPANT……………………………………………………………………………

SIGNATURE…………………………………….
DATE……………………………….

SIGNATURE OF PRINCIPAL
INVESTIGATOR…………………………………………………………………………

Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

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INFORMATION LETTER TO PARENTS

TITLE OF PROJECT: IDENTIFYING THE SUPPORT NEEDS OF
ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES IN THE ACT

NAMES OF PRINCIPAL INVESTIGATOR:
DR MORAG McARTHUR
NAME OF CO-INVESTIGATOR:
 MS BINDI BENNETT

Dear participant,

You are invited to participate in a research project. This letter is designed to provide you with some information to help you decide whether you want to contribute to this research. Marymead Child and Family Centre has been funded to provide Indigenous families with support. To make sure that this new service is culturally appropriate and reflects the needs of parents, Marymead and the Institute of Child Protection Studies will carry out a needs analysis. This will help to form the program to suit the needs of the community.

We are asking parents to talk to us in a group to tell us about what you think would be helpful to you and other parents in caring for their children. For example we would talk to you about what sorts of services you might know about that help parents care for their children and what the service might need to do to make it easy for parents to use it. (for example provide transport or child care).

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Your involvement in this research will take about an hour to an hour and a half of your time. Through your participation, you will be giving us valuable information about your experience and you will be contributing to the planning process for this new program. We may also write up the findings in an academic journal.

Participation is voluntary and you can withdraw at any time without giving a reason, including after the focus group has begun.

Should you decide to participate in the focus group, your identity will be known to others in that group, and workers from the organisation who arranged this group may be aware that you have been involved. However, we will change or delete any information that might identify you in our notes and no names will be used in any thing we write.

Any questions regarding this research can be directed to the supervisors or student researchers by contacting them:

> Dr. Morag McArthur
> Director
> On 02 6209 1225
>
> Australian Catholic University
> Institute of Child Protection Studies
> 223 Antill Street
> Watson ACT 2602

The report will be provided to Marymead Child and Family Services. A copy of the completed report will be available for you to read.

This study has been approved by the Human Research Ethics Committee at the Australian Catholic University.

In the event you have any complaint or concern about the way you have been treated during this study, or if you have any question that the principal investigators or student researchers have not been able to satisfy, you may write to the chair of the Human Research Ethics Committee, care of the nearest branch of the Researcher Services Unit:

> Chair, HREC
> C/o Research Services

Australian Catholic University
Strathfield Campus
Locked Bay 2002
STRATHFIELD NSW 2135
Tel: 029701 4093
Fax: 02 9701 4350

Any complaint or concern will be treated in confidence and fully investigated.   The participant will be informed of the outcome.

If you agree to participate in this project, you should sign both copies of the consent form, retain one copy for your records and return the other copy to the researchers.

Morag McArthur
Principal Investigator ……………………………………

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Brisbane Sydney Canberra Ballarat Melbourne

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CONSENT FORM FOR PARENTS *Copy for researcher*

TITLE OF PROJECT: IDENTIFYING THE SUPPORT NEEDS OF INDIGENOUS FAMILIES IN THE ACT

NAME OF PRINCIPAL INVESTIGATOR: DR MORAG MCARTHUR
NAME OF CO-INVESTIGATOR: MS BINDI BENNETT

I………………………………...have read (or had read to me) and understood the information provided in the Information Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this focus group. I understand that the focus group will take about 1 to 11/2 hours of my time.

I realize that I can withdraw at any time. I agree that research data collected for the purpose of the study may be published in a form that does not identify me in any way. I understand although utmost consideration will be taken to protect my confidentiality, I realise there is a chance I may be able to be identified.

NAME OF
PARTICIPANT………………………………………………………………………

SIGNATURE…………………………………………
DATE………………………………….

SIGNATURE OF PRINCIPAL
INVESTIGATOR………………………………………………………………………

DATE………………………………….

Appendix 2
Questionnaire

INDIGENOUS FAMILY SUPPPORT PROJECT

Marymead Child and Family Centre have been funded by the Commonwealth Department of Families, Community Services and Indigenous Affairs (FaCSIA) to provide an Indigenous specific family support program for Indigenous families in the ACT.

To ensure that this new service is culturally appropriate and reflects the needs of service users Marymead has requested that the Institute of Child Protection Studies carry out a needs analysis.

We would value your input around this program to ensure it meets the needs of the ACT Indigenous community. If you could complete the questions below and return to:

Institute of Child Protection Studies
Australian Catholic University
(Reply paid envelope provided)

Or fax to ICPS: 62091216

Or email ICPS: icps@signadou.acu.edu.au

What do Aboriginal and Torres Strait Islander Families living in the ACT need in a family support program

Name of Agency_____

Are you Aboriginal or Torres Strait Islander?   Yes   No

1. What services does your organisation currently provide for Indigenous families with young children (0-8 years)?

2. How many Indigenous families do you currently provide services for?

3. What do you think are the key needs of these families that a family support program may assist with?

4. What sort of family program is the highest priority? (ie: home support, parenting education, child care)

5. Why do you think this?

6. What type of service would you like to refer your clients to that currently doesn't exist in the ACT?

7. What are the most important elements of a new family support service that would have to be in place for you to refer families?

8. What stops Indigenous families accessing services and how might these barriers be reduced?

9. Are there any other ways you can see family support provided by the Indigenous workers? Eg: brokerage, community development, other. Please explain.

10.How much do you know about Marymead Child and Family Services and the programs they provide?

If you have any questions about this project please contact either Janelle Duncan from Marymead on 61625800 or Morag McArthur on 62091225

Thank you very much for your involvement in this project.

Appendix 3
Case Study *Footprints to where we are* (SNAICC, 2005)
Coffs Harbour Aboriginal Community Care - Parents as Partners

This project on the North coast of NSW involves a collaborative partnership between an Aboriginal organisation (Coffs Harbour Aboriginal Community Care) and a mainstream agency (Uniting Care Burnside). Although the project has a particular focus on tackling the complex issues impacting on Aboriginal families, it is also working with the broader community. The project was developed in response to concerns regarding the large number of Indigenous children in care, deteriorating parenting skills levels, the young age of pregnant women and grandparents having to take on the care of babies. For Uniting Care Burnside the project has provided an opportunity to develop more deliberate strategies to address the needs of Aboriginal families through a consultative, partnership approach. The case study also highlights the benefits of effective inter-sectoral collaboration in developing educational and employment pathways for families.

Intervention approaches
The partnership is formalised through a Memorandum of Understanding, which outlines the commitment of both agencies to a collaborative effort in developing an early intervention program for families, which addresses the complexity and diversity of client needs. A project management committee with representatives from both agencies meets six weekly or more often as needed to oversee the planning, implementation and evaluation of the project.

The project is staffed by one full time position which is currently job shared by two workers, both of whom have qualifications and extensive experience in adult education and community development. While neither is Indigenous, both have experience working with the Indigenous community, and have been able to effectively engage the community because they work in a culturally respectful way (it is intended to replace the current Coordinators with an Indigenous worker early next year). It has been critical that the workers have been based in the Aboriginal Community Care Centre, in receiving guidance in working with the Aboriginal community and establishing trust.
The project has three main components:
1. Development and evaluation of a partnership model between an Aboriginal and mainstream agency
2. Development of flexible and culturally appropriate Mentor Training Programs.
3. Development and implementation of best practice standards for intake and referral across child and family services in the district, in order to improve the support system for vulnerable families with complex needs.

The Mentor Training Program has been developed in partnership with TAFE Outreach who have provided an accredited training package, funding assistance

and teachers. Indeed the flexible approach adopted by TAFE Outreach, as well as the partner agencies, has been critical to the ultimate success of the project. The training encompasses three core units covering the role of a mentor, child protection and safety, communication and interpersonal skills, values and ethics, cultural issues in working with families, and knowledge of local services, as well as electives chosen by the group such as first aid and child development.

The training program has been trialed with three groups:

- *Aboriginal Community Mentors*
- *Playgroup mentors.*
- *'Dads as Mentors'*

In each case the way in which the training program has been delivered has been modified to meet the needs of the participants. An Aboriginal educator was selected to conduct the Aboriginal Community Mentors and Playgroup training programs, whilst the Dads as Mentors program was delivered by a male TAFE teacher with experience in other men's projects. Strategies to enhance accessibility also included provision of child care and transport where needed, use of culturally appropriate and convenient locations, and offering fathers a combination of weekend workshops and 'self-directed learning' tasks.

The development of the Aboriginal Mentors Program has involved extensive consultation with the local Aboriginal community and working closely with agencies such as the Aboriginal Medical Service and Aboriginal preschool. While this was a time consuming process, it was critical in gaining credibility and understanding of what the project is trying to achieve. A small group of male and female Aboriginal mentors have recently completed their training and have become an informal advisory committee in implementing the program for the local Aboriginal community. The Aboriginal mentors have also worked with the TAFE trainer to adapt the original training materials into a manual more appropriate to the Indigenous community. This includes, for example, a greater focus on working with the extended family, and discussion of how to convey the concept of 'mentoring' to the Aboriginal community.

The Aboriginal mentors interviewed for this Review spoke about the difficulties that Aboriginal people have in using non-Indigenous services. Agencies and government departments are impersonal and Aboriginal people often feel confronted and intimidated. An important part of the mentors' role will be to help young parents in accessing services and coping with bureaucracies:

" *A lot of young people don't know about their entitlements and are too shy too ask. For example, a lot don't know that they can get financial support to use child care. So just having someone go with them to Centrelink to support them through the process.*"

A number of local Aboriginal people have shown interest in the mentor training since the first group finished their course. The group is now planning to work with Aboriginal Family Community Care in establishing a mentor service (available to other local services supporting families.

The Playgroup mentors are acting as mentors in a different way – the mentors were nominated by the members of existing supported playgroups (five playgroups run by Uniting Care Burnside, with two of the groups designated for young parents) to undertake the training. They are now putting their training into practice by taking on a leadership and peer support role within their playgroups (alongside the paid workers). This includes for example, encouraging interaction and group decision making skills, for example in choosing activities or raising issues of concern; modelling and encouraging positive interaction between parents and children; and promoting discussion on the role and skills required for parenting and other related life issues. They are also providing more one-to- one support for those parents who need it, and this is starting to extend beyond the playgroup setting, The mentors interviewed spoke very enthusiastically about the benefits they have already seen start to occur in their playgroups:

"*We've now really bonded as a group much more than before*"

The five fathers who completed the Dads as Mentors training program selected a project to establish a Dad's playgroup, and this group is now running weekly independently of Uniting Care Burnside. Other ideas may also be pursued in advocating and promoting the role of Dads.

Individual outcomes
For many of the mentors involvement in the Mentoring Program has provided a major boost to their self confidence and self esteem, and has had a very positive impact on their relationships with family and friends.

The purpose of providing TAFE accredited training was to offer mentors a further incentive and encourage further educational and employment opportunities. This strategy has proved highly successful with many of the participants (who have not previously accessed education) going on to further study or employment. The mentors also confirmed the importance of having their skills recognised through accredited training.

Community outcomes
Ongoing support and supervision of mentors will be provided Uniting Care Burnside staff and the Family Support Worker based in the Aboriginal Community Care Centre (funded under Families First). This position is seen as a critical for identifying the needs of families and acting as a link to the support that both agencies can provide.

The partnership model has started to have positive impacts in increasing accessibility and cultural responsiveness within Uniting Care Burnside for Indigenous families. The Men and Families project has started to particularly target Aboriginal fathers with strategies including creation of an Aboriginal Dad poster (featuring a local Aboriginal football player with his daughter) as a first step; liaison with key players in health services; and commitment of a salary component for the employment of an Aboriginal father. The service has also received an increasing number of requests to run parenting courses for Aboriginal agencies. Ultimately they would like to involve the Aboriginal mentors in helping to review and adapt the parenting courses.

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