Promising Practice Profiles

Project title	Core of Life – National Project
Project practice	Indigenous pre-parenting program
Project undertaken by	Core of Life – Menzies Inc
	PO Box 159
	Mt Eliza VIC 3930
Start date	April 2005
End date	June 2008
NAEC Focal areas	• Healthy young families
	• Creating child friendly communities
	• Supporting families and parents
	• Early learning and care

Issue

Core of Life's Natio nal Indigen ous pro gram i s developin g in re sponse to a distinct and well recogni sed la ck of a ppropriate, lo cally in clusive, cultu rally respectful pregna ncy an d parentin g e ducation for young pe ople esp ecially in rural and re mote Indigen ous communities. Although these communities are experiencing hug e concerns with te enage p regnancies an d questionable parenting p ractices, Indi genous yout h are n ot b eing offered important lif e education in a way that they can understand or relate to. The educational tools used a re freque ntly out dated and not en gaging en ough t o captu re t he participants' attention. They do not   consider o r i ncorporate t he ne cessary elements of adolescent o r Indigen ous l earning principles nor the l anguage or literacy needs of the participants. Current pregnancy and parenting information directed at these communities is very ad hoc, frequently offering little in the way of factual, evidence-based informatio n no r respectfully incorp orating an y elements of traditional or cultural practices. There is also minimal or no training offered to staff and community mem bers working in these a reas which m ay assist and support them to offer a q uality life education pa ckage on pregnancy and p arenting. Many young p   eople are u naware of the su pport se rvices available in their community and how or why they may be accessed.

Program Context

The Core of Life program (hereafter referred to as COL) was initia lly developed in Victoria i n 1999 in response to a co mmunity and school based request for a more comprehensive ed ucation sou rce for teen agers. The   program was primarily offered to   you th com prising of Anglo   Saxon and   multicultu ral backgrounds, however 2006/2007 saw COL responding to a demand from rural and remote Indigenous co mmunities. This dema nd prompted COL to modify and red evelop their syste ms, tools an d training to suit this spe cific gro up of clients. Wo rking within In digenous co mmunities ha s no w b ecome an inte gral element of the National program.

The target group for COL is primarily youth aged 14-17 many of whom are at risk of ea rly preg nancy or pa renting. In an Indig enous setting this is ofte n reduced to as low as 12 years of age. The program targets both boys and girls and so re cognises the rol e of boys in teenag e pre gnancy and th eir pa rticular needs for information and support. The target areas for implementing COL are those with a high incidence of teenage pregnancy, and those with high levels of social disadvantage, as measured through various social indicators e.g. Social Economic Indexes for Area index, perinatal data.

COL identifies bi rth as being central to cultures and fam ilies and i s a unique, 'hands on', h ealth prom otion/prevention/early interve ntion prog ram cre ated b y midwives. It wa s designed to empower mal e a nd female a dolescents with information on p regnancy, birth a nd pa renting a ne wborn. The p rogram responds to local communities' needs for promoting awareness of the potential short an d lon g term consequences of pregnancy an d pa renting. This i n turn will help im prove out comes for our young and future families whilst promoting connectedness within each community.

The e ducation session s also provide an o pportunity for you ng pe ople to develop skill s a nd knowl edge in: p arenting, child develo pment, commu nity resources, a nd life skill s to increa se their self este em and p ositive deci sion making. The prog ram supports the h ealth and d evelopmental benefits o f breastfeeding, demon strates the risks of exposure t o harmful su bstances an d focuses on a n outcome of improving h ealth status and building resilience and the resultant reduction in social and emotional problems.

Program M anagers build on existin g i nitiatives in some regio ns and Sh ared Responsibility Agreement s in other areas increasing th e capacity of the community to provid e ed ucation to lo cal youth. T his info rmation shari ng i s critical in em powering Indigenous youth, in particular those in at risk groups in any given community, to make informed, responsible decisions.

Practice Description

This section details th e key ingredient s ne cessary fo r the effective implementation of COL in rural o r remote Indig enous co mmunity. These include:

- extensive p reliminary promoti on, liai son and networking with ke y community members;
- comprehensive needs analysis;
- fluidity and flexibility around training approach and timing;
- discussion, n egotiation and re spectful consideration of program co ntent and man ner of delivery that incorporat es traditio nal/cultural pra ctices and addresses language/literacy needs;
- community development approach;
- sound support for both implementation phase and follow up;
- ongoing su pport for mod ification and repleni shment of resou rces and training.

Extensive preliminary promotion, liaison and networking with key community members

Each preliminary contact made by COL staff is mad e in a f riendly, informative, inclusive ma nner. Mo st often, networki ng comm ences a s a resul t of an initia l contact made **to** COL by a local person or organisation. COL will then continue to negotiate and network in a manner which promotes open, two-way dialogue between a variety of key stakeholders:

- the acute/ community he alth se ctor including: mi dwifery, child health, Aboriginal health, sexual health, nursing clinical and management;
- the education sector – principals, teachers, Aboriginal education integration officers;
- Government depa rtments (wh ere appropriate) eg. De partment o f Community Services, Population health;
- Women's centres a nd sp ecific respe cted stro ng co mmunity wo men and men, along with any other community based organisations;
- youth services, and community store.

Comprehensive needs analysis

COL consults and collaborates with each community to underta ke a comprehensive nee ds an alysis. A di stinct effo rt is made to u nderstand and document the concerns and needs of each particular group. It is imp ortant to allow time to get to know the local people and how their community operates. This gives a chance for the members to gain trust and gives a better chance of developing a program built on specific needs. In some cases it is necessary to play a primary role in liaison and act as a 'bridge' to foster a greater awareness and understanding between two very different perspectives.

Consideration of lo cal bi rthing d ata n eeds to be n oted. T his would in clude; teenage births, low birth-weight babies, problems with pregnancy and parenting due to illicit sub stances and/or poo r nutrition, issues of domestic violence, overcrowded housing, access to reasonably priced healthy food and availability of se rvices/ professionals. All of thes e factors can contribute to p oorer health outcomes fo r mothers an d babie s. An example of one commu nity's con cern was reported from a group of Indigenous teaching aides worried about the loss of their local language. The women spoke of thei r sadness due to local youth not knowing any of the local language. This issue was addressed when putting together the educatio n packa ge for this particu lar com munity. This local information assi sts to redevelop/modif y the programs content so it will reflect local issues.

The inform ation gatheri ng can be undertaken i n a comm unity forum arrangement whe re representatives atte nd a pre sentation on, 'Wh at is COL ?' which i nvolves a m eeting an d di scussion about local i ssues. On oth er occasions it is unde rtaken on a more i ndividual ap proach where COL will visit each g roup i n their own setting to discuss th e p rogram and co nsider l ocal issues. It has been ne cessary in some l ocations to condu ct these forums in a female o r m ale o nly setting. COL will then fe ed i nformation b etween e ach group.

Most common concerns in the communities have been:
- youth promiscuity
- young mothers passing the babies to the 'grannies' to care for them so they can continue to be free of responsibilities,
- loss of traditional parenting practices and loss of local language,
- minimal or n o op portunity to combine eviden ce b ased info rmation wit h traditional ba sed lea rnings to promote strong er awareness a nd po sitive outcomes
- lack of connection between the generations – limited opportunity for sharing wisdom,
- minimal good fatherhood role models
- alcohol related issues

Obtaining a good appreciation and understanding of each group's perspective enables the program to reflect a more comprehensive level of understanding and offer where necessary, creative solutions through community education.

Fluidity and flexibility around training approach and timing
COL's approach to scheduling is primarily driven by the community with which it is engaged at the time. Local considerations of festivals, cultural events and 'sorry business' are understood. In addition, timing is dependent on other community events, staff availability, school holidays, receiving of community funds, and the most appropriate days of the week identified to allow for busy clinics, school events, etc. Weather also can contribute significantly to the timing of training in some parts of Australia. Consideration of flight and car availability is essential as well. It is necessary to keep in touch with these events when considering timing of visits and availability of accommodation.

Regular prompts are given for recruitment of personnel for training. Careful consideration of too much workload on one person or pre-negotiation of how they may be recompensed financially for their time is important.

Site selection needs careful consideration. Care needs to be taken that all parties are happy to come together in the suggested venue. Local community members need to decide if the training is to be a combined male/female activity or whether the men need to be trained separately to the women in the same or different venue. Consideration is given to Indigenous skin groups, family groups, differing organisations, women's-only sites, access, non-alcohol premises, travel and accommodation availability, and weather conditions.

Discussion, negotiation and careful respectful consideration of program content and manner of delivery – incorporating traditional / cultural practices and addressing language / literacy needs
COL works carefully to consider local cultural sensitivities which can and will have an impact on how, when and where the program will be implemented. COL will most often employ or enlist a local person to assist in this process.

Issues such as target age group, mixed or single sex only education groups needs to be decided. As sexual activity in many communities commences early, i.e.12 and 13 years, COL education needs to ideally be implemented in this age group. Where this age is not as predominantly occupied with sexual activities, COL can be offered to a more mature age group i.e. 15-16yrs. It is crucial to include men in early education so they become more respectful and understanding of pregnancy and parenting needs, and make decisions from an informed viewpoint. In many communities men or boys have not been considered for this type of education for what appear to have been 'cultural reasons'. As our society has changed and more numbers of young men are exposed to a variety of information from a variety of sources this needs to be reconsidered with sensitivity to cultural concerns. When given the opportunity through direct discussion community elders are realising that there are valid reasons to substantiate educating young men about pregnancy and parenting issues. The response requires creativity to seek the most appropriate opportunities including training existing fathers as role models to educate the boys; using a classroom setting within a school; or taking the boys away on camp where several life issues can be explored in a more relaxed way. It is crucial though at all times to show sensitivity and respect for traditionally based education taking place from men to boys.

COL al so o ffers an o pportunity for cro ss-generational di scussion. Man y Indigenous elders have vo iced concerns about not b eing abl e to teach young people for a number of reasons. Young women are passing their babies on to the 'Grannies' not wanting to listen to advice or care for them. COL provides a chance for the different generations to come together to learn from each other in a non-judgemental, safe environment where they can share important facts about life a s well as share traditional stories and practices so that the stori es may continue in another generation.

The media aspects of the program with the real images of pregnancy, birth and parenting are shown to the community groups so they may discuss and decide which m ay need to b e modified to their p articular a udience. Com munity members are invited to contribute images of their local parenting community so young pe ople in COL sessions ca n cl early identify with the ima ges they a re seeing as part of the edu cation. (This is where the men may wish to exclu de some vivid image s from the group t hat will be shown to the boys.) CO L presentations also offe r t he o pportunity for in clusion of lo cal a rtwork to be embedded i n the conte nt, a chance for reflecti ng the lo cal cultu re an d strengthening ownership of the program by that particular community.

Local language content may need to be also considered if many of the youth in the audien ces sp eak little English or where the lo cal elde rs are trying to improve their youth populations' level of traditional language skills. Also in a life education program, facilit ators will need to eliminate any jargon especiall y medical, and seek local words for some elements. A background knowledge of literacy levels of each group is also necessary.

The style of trainin g i s f lexible a nd commences when mo st members a re present. On many occasio ns, com munity transport is u sed to collec t participants so time for this needs to be allowed for. Concentration span, due to heat and educational backgr ound, necessitates short blocks of time and varying of activities i.e. group work is best with long discussion sessions kept to a minimum. 'Hands on' and 'two way' learning is best.

Food is al ways provid ed as it is an integral p art of shari ng in Indigenou s culture. COL always provides hot/cold healthy foods, pre-prepared, timely and in plentiful proportions.

Community development approach - community inclusive practice (including males, elders and key stakeholders), promotion of community ownership of teaching resource
The Ottawa Cha rter considers health p romotion as a process, not as outcom e based a s it is carried o ut with peo ple and not o n peo ple (T horogood & Coombes, 2 000). COL encourages each group within the community to contribute in their own way such as through health workers and staff gathering local images; local women elders considering the traditional/cultural inclusions; respected l ocal men considering the content to b e appropriate f or the boys; school staff looking at language content and suitability as well as the contextual timing in which the session can be presented.

Each g roup decides who are the most app ropriate memb ers to train in th e delivery of the edu cation so th at it may be i mplemented effectively, appropriately in a sustainable manner. An identified key to su ccess and growth of the program, is to recruit local skilled personnel already working with youth in their community. These valuabl e members are then offered the opportunity to access the tools and training necessary to deliver thi s comprehensive package

locally. Iden tification of appro priate local personnel is a n importan t consideration of the program's longevity and potential for long term benefits.

The collaborative approach to trai ning and delivery ensures each group has a stake investe d in the pro gram. Thi s a pproach al so ensu res ea ch g roup is acutely aware of the supp ort that may be offered to youth and families by ea ch organisation. In each l ocation a spe cific CD with the program content is given to each training participant. Each community is also provided with their specific flip ch art and visual aides for th e education sessions. Th ese e ducation tool s and re sources remai n in each comm unity so they may be dra wn upo n for inclusion at any given opportunity.

Sound support for implementation phase and follow up
As with any new p rogram it is important that the local s feel conf ident in usin g the edu cation packa ge. COL h as specifically de signed the t raining man ual to be as 'u ser friendly' a s possible. Ea ch role i s clearly define d and the session guide delib erately, sim plistically l aid out, yet co mprehensive in content. Facilitators have the freedom to follow the manual exactly or use it simply as a basic guide. The manual has been designed so it suppo rts working as a team with a minim um of two people presenti ng, thereby suppo rting each other. Also the program is designed to promote one of the presenters having a background in maternity care therefore at least one person having the knowledge to support the other/s with the content (i.e. as a subject matter expert).

In many cases COL will have presented the program to a group of youth in the area, so local staff have had the op portunity to 'look on'. This allo ws an extra level of con fidence in the followi ng se ssions a nd valuabl e feedba ck fo r modification.

COL h as a website which can b e acce ssed which inco rporates a 'se aled section' j ust for t rained facilitator s where they can access data base information, resources, ta lk to other facilitators, access eval uation tool s et c. They a re abl e to contact COL at any t ime for qu estions/comments. In ma ny locations COL will revisit t o hold further forums on how the program is running and if there are any issues or concerns.

Ongoing support for modification and replenishment of resources and training
COL en courages communities to u pdate th eir edu cation resource a s necessary. New evide nce-based information can be down loaded off the COL website a nd i f they wish t o add anything to their program it is di scussed an d changed a ccordingly. T he web site provides a ccess to eval uation tool s, databases, photos and an opportunity to talk with ot her facilitators in a seal ed 'chat room'. COL is currently undertaking the development of a train-the-trainer program where locals will be able to acce ss COL facilitator training in a region more closely located to them.

Evaluation tools have been and will continue to be modified for use b y Indigenous communities to provide valuable feedback to each group.

Research Base   Existing evidence su pports a num ber of cru cial ele ments em bedded in th e implementation of the COL Natio nal In digenous Pro gram. F or th e pu rpose o f this p rofile t he ele ments highlig hted are: the ap proach to deli very of the education pa ckage; identification of target g roup a udience; th e incl usion o f males as presenters and parti cipants; the ability to increase a community's knowledge a nd aware ness by increa sing the gen eral level of commu nity

consciousness.

Approach to delivery of education

It is cle ar th at COL' s content and program delive ry strate gy contextually fits with the ove rall recommendations outlined in the Indigenous Parenting Project Report (SNAICC 2004) where it was recommended that:

> parenting information for Indigenous communities should combine local content with more broadly appli cable inform ation dra wn fro m the evidence base on child and adolescent development.

In addition, "parenting information needs to target parents prior to their child's birth" (SNAICC, 2004). Further,

> A priority for parenting information resources should be the production of highly visual materials designed for use in facilitated group settings. This should in clude materi als using plai n English and where possible local language. Resources should b e available in a v ariety of formats…(SNAICC, 2004).

Recently, the National Symposium Report from Promoting Healthy Pregnancy in Indigeno us Commu nities (Ri o Tint o Child Health Partnerhsip, 2006) noted that a key action to a ssist in impr oving outcomes for Indig enous women an d children is to promote school aged education about this pa rt of life – not just those adolescents attending high school, but also those not engaged in school. This report also st ressed the impo rtance of educatin g boys an d girls wherever culturally appropriate.

COL al so ta kes a uni que app roach in highli ghting the very real outcome of becoming pregnant and having a baby. This approach is supported by Condon, Donovan an d Corkin dale (2001) in sugge sting "it would ap pear the relativ e neglect of 'co nsequences' in school ba sed ed ucation prog rams h as left man y adolescents to seek information elsewhere, or resort to 'common sense' or 'folk myth'. As a result, misinformation about consequences appears prevalent."

Target group identification

Effective intervention s are those that take into a ccount local co ntext and life situations, target high risk groups, are implemented at an age appropriate time, acceptable t o the group and individ ualised fo r t hose with special ne eds. (Chambers, Wa kely & Ch ambers, 20 01). A con siderable propo rtion of youn g people are sexually active during their adolescence. The 3rd National Survey of Secondary School students, HIV AIDS and Sexual Health Survey reported "just over a q uarter of year 1 0 students are having sexual intercourse…" and m any researchers have recogni sed th e imp ortance of imp lementing prevention a nd early interve ntion strate gies at critic al life stages (National Me ntal Health Strategy, 2000). Tee nagers from dis advantaged comm unities are al so mo re inclined to have sex, become p regnant and give birth (Bre wster, Billy & Grady,1994; Hogan & Kit agawa, 1985; Sucoff, Bell, Boyer & Connell, 1998, cited in M anlove, Terry-Humen, Papillo, Romano, Franzetta, Williams & Ryan, 2002).

Contributing f actors to tee nage p regnancy as id entified by Moore & Sugland (1999) in clude family p roblems, sch ool p roblems, beh aviour p roblems an d poverty or low income.

The detri mental health consequ ences for babie s of teenage mothers a re

strongly reported. These babies are more likely to have medi cal complications possibly leading to an intensive care admission or death (Moon, Meyer & Grau, 1999).

- Indigenous groups experience four times the teenage pregnancies to that of non indigenous (ABS 2001).
- 1 in 2 Indige nous women smoke during pregnancy with Indigeno us babies twice as likely to be of low birth weight. Maternal mortality rates more than 5 times higher than Non Indigenous.
- Fertility rates in remote areas a re 40% higher tha n in the cities (many o f these regions have a 95-100% Indig enous pop ulation) (Aust In st He alth and Welfare, 1998).

Aside f rom the highly reported h ealth risks the re are al so l arge soci al, educational and financial implications of a teenag e pregnancy. The Australian teenage mother is more likely to be livi ng in a lo w socioeconomic region (Van Der Klis, 1999, cited in Skinner and Hickey, 2003).

It is well do cumented th at young people eith er have limited knowledge o f support services or a re h esitant to a ccess the m for any num ber of rea sons (O'Connor-Fleming a nd Parker, 20 01). The Centre for Adole scent Health (2001) identifies that adolescents who become pregnant most commonly do not seek proper medi cal ca re during th e ge station period. Thi s lead s to a n increased risk for the p regnancy. This h as been possibly attributed to con cern for confidentiality (Reddy, Flemming & Swain, 1992, cited in Skinner & Hickey, 2003). If teen agers feel comfortable in seeking non-judgemental prenatal care then they are more likely to receive the care needed (McGrew & Shore, 1991). Young teenage pa rents especially have little or no understanding of what lie s ahead and are either frightened or una ware of how or wh ere to access information and sup port should they fi nd themselves pregn ant. This in turn contributes towards the poor teenage pregnancy outcomes. These factors need to be considered by the t eenager and this i s why the COL program expl ores these consequences so that the teenager can make an informed choice.

Inclusion of males in pregnancy and parenting programming
Fertility and family have traditionally be en ascribed to the world of females, but the underlying philosophy of COL is to maximise positive health outcomes for young and future families. With a lack of male role models in young men's lives, evidence suggests they to o are d rawing a significant amou nt of informatio n from ill info rmed p eers a nd me dia im agery (Condon 20 01). Th e incl usion o f males and fe males within pregnancy prevention p rograms is pertinent. Male s are more likely to engage in intercourse at a young age than females (Manlove, Terry-Humen, Papillo, Romano, Fra nzetta, Williams & Ryan, 2002). Be cker (2004) reports on the find ings f rom the 199 5 National Survey of Adolesce nt Males. Thi s survey re ported that by the a ge of 19yrs, 8 5% of male s h ave experienced sexual e ncounters. Be cker (2004) repo rted that male s are more likely to be misinformed about sexual health and therefore are especially at risk for the occurrence of unintended pregnancy. Previously little support has been available for the teenage f ather. Very limited research has been conducted to discover the need s of a young fath er. It wa s rep orted th at a father n eeds information o n parenting skills a s imp ortantly as fe males (McGrew & Shore, 1991). A nat ional symposium re port o n Improvin g pregnancy o utcomes in Indigenous communitie s (Rio Tinto Child Health Partnershi p, 2006), also highlights a need to address the deficit of positive father role mod elling and the need to revi ew the rol e cultural beli efs no w pl ay i n the in clusion of me n in pregnancy a nd pa renting edu cation given the cha nging climate of birthi ng practices nationally.

Raised community consciousness

Attitudes can affect a person's behaviour, and it can be argued that because they are learned behaviours and highly dependant on the quality of information that informs them, they are also susceptible to change (Rillotta & Nettlebeck, 2007; Olsen and Zanna, 1993). Therefore "developing an understanding of the attitudes that predominate in a community, which in turn influence the actions of its members, is critical if we are to bring about social change…" (Yazbeck et al., 2004:97). Community attitude change campaigns are a common feature of health promotion. An example of a successful community campaign was the "quit" anti smoking campaign. It was determined that students were less likely to smoke if they were involved in learning experiences designed to develop knowledge, positive attitudes and skills. The programs' were thought to give the students the skills and knowledge to make informed decisions (Cronshaw 1986). This approach to empowering young people for informed decision making is crucial and dependant on a heightened level of evidence-based information being shared throughout a given community. If these youth are equipped with good sound knowledge, they are then able to share it with peers and family members. Research identifies that the most common source of sexual and reproductive health information comes from peers and, in some cases, family (Condon et al 2001). This suggests an opportunity for spreading quality pregnancy and parenting information throughout a given area provided it is sound, appropriate and caters for local language and literacy needs (McKenzie-Mohr & Smith, 1999). School health promotion programs are reported to be more successful in enhancing health behaviours and reducing health compromising behaviours than a solely curriculum based health education (McBride, Midford & Cameron, 1999). Trained personnel appear to be well respected by the students as they are professionals in the field and provide realism to the situation. Additionally, adopting a non-judgemental opportunity for discussion regarding sexuality, pregnancy and birth control has proven imperative (McGrew & Shore, 1991).

Outcomes

- Increased communication, awareness and collaboration between services and community groups within each COL site.
- Development of locally responsive, culturally appropriate life education tools.
- Increased practice arena for COL education – geographically, socially, formally/informally.
- Heightened community awareness with increased numbers of staff and community members feeling confident in sharing sound evidence-based information about pregnancy, childbirth and early parenting with youth and families.
- Increased capacity of local Indigenous youth to share evidence based pregnancy and parenting information within their community thus increasing the chances of informed decision making.

Evidence Of Outcomes

2005 saw the commencement of an extensive evaluation of the COL project under the Commonwealth funded Early Childhood Strategy – Invest to Grow program. Elton Consulting, an independent Sydney based firm, was responsible for this evaluation which covers the systematic review of the program through multiple means: literature and documentation review, regular interviews with managers, collection of statistical data and analysis, feedback from new facilitators, and feedback from youth participants. Consideration is given to project logic, performance monitoring, process evaluation and impact evaluation. The recent focus on improvement of the program to be specifically

appropriate f or Indi genous p articipation ha s i ncluded a n am endment of th e evaluation to ols in con sultation with Cha rles Da rwin University School o f Health. The tools now reflect more fully the aspe cts under scrutiny in regard to the outcomes listed above.

Outcome 1. Increased communication, awareness and collaboration between services and community groups within each COL site

Workshop training datab ases reflect a la rge cross section of attend ees participating as staff membe rs of local o rganisations o r as re spected community membe rs. I n each training a ctivity held, th e followin g representatives have attended:

- Health – Ab original healt h worke rs, midwive s, nu rses, ch ronic disea se, health promotion, sexual health and child and family health workers;
- Education – principal, te achers e specially health and p hysical education teachers, Aboriginal education integration teachers (male and female);
- NGO staff – for example 'Good beginnings' staff, Smith Family staff, etc;
- Indigenous Community workers – Women's Resource Centre, Safe House, 'Strong Women Strong B aby Strong Culture' prog ram rep resentatives, respected elder community members.

As part of th e training process each group n eeds to compile a comprehensive chart indi cating the variet y of supports available to youth and families i n their region. This i s conducted as a whole of group a ctivity. Feedback from at leas t 90 pa rticipants ha s reported 1 00% viewing th e trainin g a s a valu able networking opportunity.

To run COL sessions there is a strong level of communication and collaboration needed i n o rganising and pullin g it tog ether. Sin ce undertaking t raining the re are several examples of midwive s, n urses and sexual health staff workin g alongside trained Indig enous comm unity members d elivering se ssions i n school an d non scho ol based settin gs such a s under a tree in the local community a nd at G arma cultu ral fe stival. Secon dary scho ol n urses, Royal Flying Doctor staff and Indigenous parent workers have run sessions at schools in re mote communities o n Cape York Penin sula QLD. In digenous staff a nd clinic staff are runni ng COL prog rams at the Neigh bourhood ho use in Kununurra WA. Cape Y ork Peni nsula has seen the introd uction of COL into Weipa, Aurukun L ochart River and Pomparaaw communities. There is again a large cross sectio n of trained fac ilitators to su stain COL educational opportunities. A communit y educatio n forum at Pom paraaw was facilitated b y Aboriginal he alth workers and Royal Flying Do ctor F light nurses a nd attended by Indigeno us wo men yo ung an d old. This forum led to the progra m bein g accepted by the comm unity, introduce d into the school curricul um and more members being trained in the program at a later training.

At the end of 2007, community rep resentatives in at lea st six site s worke d together to prepare materials for inclusion in their COL education package.

Outcome 2. Development of locally responsive, culturally appropriate life education tools

Workshop training feed back showed 100% of attendee s re porting the education to ols a s culturally ap propriate useful t raining mate rials. 100% indicated the re was eno ugh emp hasis and all owance in tim e o n the cultural aspects as t hey relate to pregn ancy, birth and p arenting. On e particip ant reported in a letter to managers afterwards:

In February I attended a workshop on the COL and found it exactly

what was needed here in Arnhem Land. What I like about this program was the opportunity it gave the audience to ask questions and be involved. It made a difficult topic fun and is adaptable to suit the East Arnhem people.

A report from Lochart River Community states:

Renee and I ran the C.O.L workshop for the teenage girls, some Aboriginal Health Workers and Clinic RN/RM's at LHR last night. Just letting you know that it was well received, with positive feedback - many thanks, that is was 'fun' and answered their questions and thoughts about pregnancy, birthing and parenting.

Outcome 3. Increased practice arena for COL education - geographically, socially, formally / informally

COL is receiving many requests for the program and its education tools. Sites for intro duction an d com mencement of the prog ram in Indi genous setting s continue to multiply. Activity is groupe d into different sections according to the source of funding. COL currently engage in Communities for Children projects in the Katherine region NT and Albany, WA. Commonwealth *Invest To Grow* funding ha s supported a nd will conti nue to support a ctivity in many sites nationally until June 20 08. ICC dep artment of FaCSIA have supp orted activity in many sites and continue to assist communities in WA and QLD.

Many peopl e attending COL trainin g trav el vast di stances to be involved. Organisations fly in remot e staff and a ccommodate them in a central location whilst many others d rive 4 – 5 hrs to attend trai ning which ind icates st rong support fo r its intro duction. On one o ccasion a cli nic manag er fro m Katherin e NT flew to Melbourne to attend training so he could be ready to teach the boys in his community on a boys camp the following week.

COL is de signed to b e presented to youth in an y given setting to ensure information sharin g is op portunistic. Ex amples of where e ducation ha s taken place include: on boys camps in the bu sh, a netball camp in Darwin for 70 girls from bu sh communitie s, at cultural ev ents such as Garma 2 007 as well a s informally in t he commu nity. The followi ng evide nces local ownership of COL delivery a nd resources. T his ex cerpt i s p art of report written from a remote midwife to NT he alth d evelopment unit about a recent visit to Yirrkala community NT:

Senior women spoke to a group of schoolgirls, accompanied by 2 female teachers...The women demonstrated great knowledge and teaching skill regarding childbirth. I suspect that the doll and pelvis demonstration may have been something the women have learned when "COL" coordinators visited Yirrkala late last year. If so, it seems they have embraced it as a tool to share their knowledge with the young girls and women of their community.

COL al so receives ma ny reque sts fo r p resentations at confe rences focussin g on Indigenous Health Issues. A recent example was an invitation received from the Yothu Yindi Foundation East Arnhem to present at Garma 2007, NT.

COL n ow has the sy stems in pla ce, backg round experie nce and ability to replicate th e program for other special nee d g roups incl uding CALD, juvenil e justice and i ntellectually di sabled youth. Requ ests ha ve been received from a variety of source s in cluding o rganisations working with the Sudan ese

community in Melbourne. The program has now been running for two years in predominantly Vietnamese and North African communities in Melbourne. Last year the program was tailored to meet the needs of a local 'Special School' for students with intellectual disability and was very successful, with the program returning this year due to strong demand from parents and students.

Outcome 4. Heightened community awareness with increased numbers of staff and community members feeling confident in sharing sound, evidence-based information about pregnancy, childbirth and early parenting with youth and families

Each community that initiates interest and undergoes training in COL has a minimum of 4-6 representatives who undertake training. In larger communities this can extend to 20 people attending training. As mentioned previously, there is a large cross section of staff and community represented and all are prepared with comprehensive, evidence-based information on pregnancy, childbirth and early parenting information. As well, they are equipped with all the relevant and appropriate education tools and resources. This ensures all trained facilitators can offer consistent and accurate information to youth. Feedback from evaluations indicated a 95-100% agreement in feeling confident that the training had prepared them for presenting the information to youth in a variety of settings. 100% felt the program was useful in their work typified by the following comments suggesting each participant will take away "better interactive teaching skills" and "more teenage friendly info and a great resource folder".

The following excerpt from a report written by a remote midwife to NT Health Development Unit illustrates how the communities are able to take on board the information and share it in a powerful and opportunistic fashion:

> *Senior women spoke to a group of schoolgirls, accompanied by 2 female teachers. The older community women were expecting the girls and had prepared rocks, special reeds from the lagoon, and wood in order to show the girls how to make ready for a 'smoking ceremony'. The women demonstrated with a doll the rituals and procedures of the ceremony, with the young girls standing around. The women used a doll and pelvis to demonstrate some aspects of birth and pregnancy. Discussion included the pelvis, and its size and comments were made about deciding when a pelvis would be adequately developed enough for childbirth. Various stages of labour were discussed, including the birth and the birth of the placenta. One of the other senior women told of traditional birthing practices alongside various stages of the demonstrated discussion. The atmosphere and environment were safe and relaxed. The girls were certainly attentive. One of the teachers approached me afterward to comment that she had never seen her students so attentive and focused.*

Outcome 6. Increased capacity of local indigenous youth to share evidence-based pregnancy and parenting information within their community thus increasing the chances of informed decision making
Young people on most occasions are asked to complete pre session questionnaires. This has led to a greater awareness of baseline knowledge and attitudes and an opportunity to measure changes. The COL evaluation has gathered strong evidence to suggest young people are challenged and have a new, heightened awareness about many aspects related to the journey of

becoming a parent. Belo w a re some com parative figure s and trend s f rom COL's d raft interim evalu ation con ducted in Septem ber 2 007 a nd evaluation s collected from sessions conducted in remote Indigenous communities:

- COL repo rted - 80.2% of young peopl e agre eing that the sessi on made them think more carefully about the responsibilities of having a b aby, 82% indicated this in the remote area evaluations;
- 82% reported learning things they did not already know compared to 92% in remote area evaluations;
- 80.5% of young people reported they understood more about the effects of drugs and alcohol on the mothe r an d unborn child following the se ssion which compares with 85- 95% in remote area evaluation findings.

Typically testi monials and anecdotal evi dence p rovide many sto ries si milar to the following email from trained facilitators on Cape York:

I think the main thing that stood out for me was the very little basic knowledge at the beginning like not even knowing how long a pregnancy was. It was obvious that the program was a success when the girls thanked us for a fun night - something I didn't expect from shy 15 year olds! The majority of the teenage girls returned to the clinic to view the birth video (some twice) today and ask a few more questions.

An important objective of COL ed ucation is to en sure young people kn ow where th ey may a ccess a dvice an d supp ort i n thei r lo cal co mmunity surrounding their sexual health, pregnancy and p arenting. CO L edu cation sessions pro vide an opp ortunity for youth to interfa ce with o r become famili ar with these services and their staff. T he ability to access help independently is a crucial p art of their dev elopment moving from a child to a n adult. CO L evaluative fi ndings show 50.3% of youth imp roved thei r knowledge an d likelihood of accessing local services and 78% of youth in remote evaluations. Additionally, 65% of yout h in the inte rim evalu ations said they learnt mo re about b reastfeeding an d 6 2% of Indige nous youth i n rem ote a reas said the y learnt more. Remote communities have very high l evels of b reastfeeding and very few problems or issues. Public breastfeeding is commonplace and families readily share info rmation. Many young men we have e ducated ca n automatically sho w you h ow a ba by br eastfeeds, yet they indicated on the evaluations that the program still taught them more information.

Policy Analysis   The *COL* project is a positive example of a Stronger Families and Communities Strategy's Invest to Grow funded p roject. It has expa nded the rea dy-established p arenting edu cation p rogram to Indigen ous communities aro und Australia. *COL has* developed tools and resource materials for use by families, professionals and comm unities supporting you ng people around info rmed decision making in parenting.

Evaluation   The *COL* project was submitted for consideration for the Stronger Families and Communities Strategy (SFCS) Promis ing Practice Profiles (PPP). The projec t was a ssessed acro ss a ra nge of criteria relating to how the se rvice results in positive outcomes for children, families and communities. The submission was peer reviewed and vali dated a s e videncing p romising pra ctice. Mo re information on the PPP s election process may be found at http://www.aifs.gov.au/cafca/ppp/selection.html.

The *COL* p roject h as been evaluate d by an external inde pendent evaluato r, Elton Consulting.

Project Related Publications

Smith T and Pattrick. D. (2006). *COL training manual.* Frankston, Australia: COL.

References

Australian Bureau of Statistics (ABS) (2002). *Births Australia2000*, Canberra: Australian Government Printing Service, Commonwealth of Australia.

Australian Bureau of Statistics (ABS) (2001). Australian government Printing Service, Commonwealth of Australia.

Australian Institute of Health & Welfare (1998). *Health in Rural and Remote Australia.* Canberra:AIHW.

Becker, R. (2004). Male involvement and adolescent pregnancy prevention. *Resource Centre for Adolescent Pregnancy Prevention.* Retrieved 20th September, 2004 http://www.etr.org/recapp/theories/mip/index.htm.

Brewster, K.; Billy, J. & Grady, W. (1994). Contextual Effects on the Sexual Behavior of Adolescent Women, *Journal of Marriage and the Family*, *56*, (2): 387-404.

Chambers, R., Wakely, G. & Chambers, S. (2001). *Tackling teenage pregnancy. Sex, culture & needs.* Abingdon: Radcliffe Medical Press.

Condon, J., Donovan, J. and Corkindale, C. (2001). Australian Adolescents attitudes and beliefs concerning pregnancy, childbirth and parenthood: the development, psychometric testing and results of a new scale. *Journal of Adolescence,* 24, 729 – 742.

Cronshaw, S. (1986). Usage of Resource Materials in Schools. Quit Evaluation Studies: Vol 1

Hogan, P. & Kitagawa, E. (1985). The Impact of Social Status, Family Structure, and Neighborhood on the Fertility of Black Adolescents, *American Journal of Sociology,* 90*,* (4): 825.

Manlove, J., Terry-Rumen, E., Papillo, A., Franzetta, K., Williams, S. & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases.* Child Trend Research Brief. Retrieved 31st August, 2003 http://80-www.edrs.ezproxy.lib.monash.edu.au

McBride, N., Midford, R. & Cameron, I. (1999). An empirical model for school health promotion: the Western Australian School Health Project model. *Health Promotion International*, 14(1), 17-25.

McGrew, M. & Shore, W. (1991). The problem of teenage pregnancy. *Journal of Family Practice*, 31(1), p17.

McKenzie-Mohr, D. & Smith, W. (1999). *Fostering Sustainable Behaviour: An Introduction to Community Based Social Marketing.* Gabriola Island, B.C: New Society.

Moon, L.; Meyer, P. and Grau, J .(1999). *Australia's young people: their health and wellbeing 1999. AIHW Cat. No. PHE 19.* Canberra: AIHW.

Moore, K. & Sugland, B. (1999). *Piecing together the puzzle of teenage childbearing.* Journal Summary. Resource Centre for Adolescent Pregnancy Prevention. Retrieved 5th September, 2004 from
http://www.etr.org/recapp/research/journal0999.htm

National Mental Health Strategy (2000). *Promotion, Prevention and Early Intervention for Mental Health. A Monograph.* Canberra: Commonwealth of Australia.

O'Connor-Fleming, L. and Parker, E. (2001). *Health Promotion: Principles and Practice in the Australian context.* Crows Nest, NSW: Allen and Unwin.

Olson, J.M. & Zanna, M.P. (1993). Attitudes and attitude change. *Annual Review of Psychology, 44,* 117-154.

Rillotta , F. & Nettlebeck, T. (2007). Effects of an awareness program on attitudes of students without an intellectual disability towards persons with an Intellectual disability. *Journal of Intellectual and Developmental Disability, 31*, (1), 19-27.

Rio Tinto Child Health Partnership (2006). *National Symposium Report : Promoting Healthy Pregnancy in Indigenous Communities.* Subiaco WA: Kalunga Research Unit, Telethon Inst Child Health Research.

Skinner, S. & Hickey, M. (2003). Current priorities for adolescent sexual and reproductive health in Australia, *Medical Journal of Australia, 179,* (3):158-61.

Smith T and Pattrick. D. (2006). *COL training manual.* Frankston, Australia: COL.

SNAICC (2004). *Indigenous Parenting Report. Executive Summary.* Melbourne: Secretariat of National Aboriginal and Islander Child Care Inc. Swinburn TAFE.

Thorogood, M. & Coombes, Y. (2000). *Evaluating health promotion practice and methods.* New York: Oxford University Press.

Yazbeck, M., McVilly, K. & Parmenter, T.R. (2004). Attitudes towards people with intellectual disabilities: An Australian perspective. *Journal of Disability Policy Studies. 15,* (2), 97-111.

Contact	Tracy Smith & Deb Pattrick Project Managers Ph. 0400 026 056 & 0447 447 818 info@yfer.org.au
Website	http://www.coreoflife.org.au
More information	More information on the Promising Practice Profiles can be found on the Communities and Families Clearinghouse of Australia website.

Communities and Families Clearinghouse Australia, Australian Institute of Family Studies.

Level 20, 485 La Trobe Street, Melbourne Vic 3000. Tel: (03) 9214 7888. Fax: (03) 9214 7839.

Email: cafca@aifs.gov.au. Web www.aifs.gov.au/cafca

Privacy | Copyright | Disclaimer