



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	<ul style="list-style-type: none">• Healthy young families• Creating child friendly communities• Supporting families and parents• Early learning and care
Issue	<p>Core of Life's National Indigenous program is developing in response to a distinct and well recognised lack of a appropriate, locally inclusive, culturally respectful pregnancy and parenting education for young people especially in rural and remote Indigenous communities. Although these communities are experiencing huge concerns with teenage pregnancies and questionable parenting practices, Indigenous youth are not being offered important life education in a way that they can understand or relate to. The educational tools used are frequently out dated and not engaging enough to capture the participants' attention. They do not consider or incorporate the necessary elements of adolescent or Indigenous learning principles nor the language 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 information nor respectfully incorporating any elements of traditional or cultural practices. There is also minimal or no training offered to staff and community members working in these areas which may assist and support them to offer a quality life education package on pregnancy and parenting. Many young people are unaware of the support services available in their community and how or why they may be accessed.</p>
Program Context	<p>The Core of Life program (hereafter referred to as COL) was initially developed in Victoria in 1999 in response to a community and school based request for a more comprehensive education source for teenagers. The program was primarily offered to youth comprising of Anglo Saxon and multicultural backgrounds, however 2006/2007 saw COL responding to a demand from rural and remote Indigenous communities. This demand prompted COL to modify and redevelop their systems, tools and training to suit this specific group of clients. Working within Indigenous communities has now become an integral element of the National program.</p>

The target group for COL is primarily youth aged 14-17 many of whom are at risk of early pregnancy or parenting. In an Indigenous setting this is often reduced to as low as 12 years of age. The program targets both boys and girls and so recognises the role of boys in teenage pregnancy and their particular 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 birth as being central to cultures and families and is a unique, 'hands on', health promotion/prevention/early intervention program created by midwives. It was designed to empower male and female adolescents with information on pregnancy, birth and parenting a newborn. The program responds to local communities' needs for promoting awareness of the potential short and long term consequences of pregnancy and parenting. This in turn will help improve outcomes for our young and future families whilst promoting connectedness within each community.

The education sessions also provide an opportunity for young people to develop skills and knowledge in: parenting, child development, community resources, and life skills to increase their self esteem and positive decision making. The program supports the health and developmental benefits of breastfeeding, demonstrates the risks of exposure to harmful substances and focuses on an outcome of improving health status and building resilience and the resultant reduction in social and emotional problems.

Program Managers build on existing initiatives in some regions and Shared Responsibility Agreements in other areas increasing the capacity of the community to provide education to local youth. This information sharing is critical in empowering Indigenous youth, in particular those in at risk groups in any given community, to make informed, responsible decisions.

Practice Description

This section details the key ingredients necessary for the effective implementation of COL in rural or remote Indigenous community. These include:

- extensive preliminary promotion, liaison and networking with key community members;
- comprehensive needs analysis;
- fluidity and flexibility around training approach and timing;
- discussion, negotiation and respectful consideration of program content and manner of delivery that incorporates traditional/cultural practices and addresses language/literacy needs;
- community development approach;
- sound support for both implementation phase and follow up;
- ongoing support for modification and replenishment of resources and training.

Extensive preliminary promotion, liaison and networking with key community members

Each preliminary contact made by COL staff is made in a friendly, informative, inclusive manner. Most often, networking commences as a result of an initial 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 health sector including: midwifery, child health, Aboriginal health, sexual health, nursing clinical and management;
- the education sector – principals, teachers, Aboriginal education integration officers;
- Government departments (where appropriate) eg. Department of Community Services, Population health;
- Women's centres and specific respected strong community women 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 undertake a comprehensive needs analysis. A distinct effort is made to understand and document the concerns and needs of each particular group. It is important 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 local birthing data needs to be noted. This would include; teenage births, low birth-weight babies, problems with pregnancy and parenting due to illicit substances and/or poor nutrition, issues of domestic violence, overcrowded housing, access to reasonably priced healthy food and availability of services/ professionals. All of these factors can contribute to poorer health outcomes for mothers and babies. An example of one community's concern was reported from a group of Indigenous teaching aides worried about the loss of their local language. The women spoke of their sadness due to local youth not knowing any of the local language. This issue was addressed when putting together the education package for this particular community. This local information assists to redevelop/modify the programs content so it will reflect local issues.

The information gathering can be undertaken in a community forum arrangement where representatives attend a presentation on, 'What is COL?' which involves a meeting and discussion about local issues. On other occasions it is undertaken on a more individual approach where COL will visit each group in their own setting to discuss the program and consider local issues. It has been necessary in some locations to conduct these forums in a female or male only setting. COL will then feed information between each 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 no opportunity to combine evidence based information with traditional based learnings to promote stronger awareness and positive 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 the se 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 also offers an opportunity for cross-generational discussion. Many Indigenous elders have voiced concerns about not being able 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 as well as share traditional stories and practices so that the stories 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 may need to be modified to their particular audience. Community members are invited to contribute images of their local parenting community so young people in COL sessions can clearly identify with the images they are seeing as part of the education. (This is where the men may wish to exclude some vivid images from the group that will be shown to the boys.) COL presentations also offer the opportunity for inclusion of local artwork to be embedded in the content, a chance for reflecting the local culture and 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 audiences speak little English or where the local elders are trying to improve their youth populations' level of traditional language skills. Also in a life education program, facilitators will need to eliminate any jargon especially medical, and seek local words for some elements. A background knowledge of literacy levels of each group is also necessary.

The style of training is flexible and commences when most members are present. On many occasions, community transport is used to collect participants so time for this needs to be allowed for. Concentration span, due to heat and educational background, 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 always provided as it is an integral part of sharing in Indigenous 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 Charter considers health promotion as a process, not as outcome based as it is carried out with people and not on people (Thorogood & Coombes, 2000). 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 local men considering the content to be appropriate for the boys; school staff looking at language content and suitability as well as the contextual timing in which the session can be presented.

Each group decides who are the most appropriate members to train in the delivery of the education so that it may be implemented effectively, appropriately in a sustainable manner. An identified key to success and growth of the program, is to recruit local skilled personnel already working with youth in their community. These valuable members are then offered the opportunity to access the tools and training necessary to deliver this comprehensive package

locally. Identification of appropriate local personnel is an important consideration of the program's longevity and potential for long term benefits.

The collaborative approach to training and delivery ensures each group has a stake invested in the program. This approach also ensures each group is acutely aware of the support that may be offered to youth and families by each organisation. In each location a specific CD with the program content is given to each training participant. Each community is also provided with their specific flip chart and visual aides for the education sessions. These education tools and resources remain in each community so they may be drawn upon for inclusion at any given opportunity.

Sound support for implementation phase and follow up

As with any new program it is important that the locals feel confident in using the education package. COL has specifically designed the training manual to be as 'user friendly' as possible. Each role is clearly defined and the session guide deliberately, simplistically laid out, yet comprehensive 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 supports working as a team with a minimum of two people presenting, thereby supporting 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 opportunity to 'look on'. This allows an extra level of confidence in the following sessions and valuable feedback for modification.

COL has a website which can be accessed which incorporates a 'sealed section' just for trained facilitators where they can access database information, resources, talk to other facilitators, access evaluation tools etc. They are able to contact COL at any time for questions/comments. In many locations COL will revisit to 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 encourages communities to update their education resource as necessary. New evidence-based information can be downloaded off the COL website and if they wish to add anything to their program it is discussed and changed accordingly. The website provides access to evaluation tools, databases, photos and an opportunity to talk with other facilitators in a sealed 'chat room'. COL is currently undertaking the development of a train-the-trainer program where locals will be able to access COL facilitator training in a region more closely located to them.

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

Research Base

Existing evidence supports a number of crucial elements embedded in the implementation of the COL National Indigenous Program. For the purpose of this profile the elements highlighted are: the approach to delivery of the education package; identification of target group audience; the inclusion of males as presenters and participants; the ability to increase a community's knowledge and awareness by increasing the general level of community

consciousness.

Approach to delivery of education

It is clear that COL's content and program delivery strategy contextually fits with the overall 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 applicable information drawn from 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 include materials using plain English and where possible local language. Resources should be available in a variety of formats...(SNAICC, 2004).

Recently, the National Symposium Report from Promoting Healthy Pregnancy in Indigenous Communities (Rio Tinto Child Health Partnership, 2006) noted that a key action to assist in improving outcomes for Indigenous women and children is to promote school aged education about this part of life – not just those adolescents attending high school, but also those not engaged in school. This report also stressed the importance of educating boys and girls wherever culturally appropriate.

COL also takes a unique approach in highlighting the very real outcome of becoming pregnant and having a baby. This approach is supported by Condon, Donovan and Corkindale (2001) in suggesting "it would appear the relative neglect of 'consequences' in school based education programs has left many 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 interventions are those that take into account local context and life situations, target high risk groups, are implemented at an age appropriate time, acceptable to the group and individualised for those with special needs. (Chambers, Wakely & Chambers, 2001). A considerable proportion of young 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 quarter of year 10 students are having sexual intercourse..." and many researchers have recognised the importance of implementing prevention and early intervention strategies at critical life stages (National Mental Health Strategy, 2000). Teenagers from disadvantaged communities are also more inclined to have sex, become pregnant and give birth (Brewster, Billy & Grady, 1994; Hogan & Kitagawa, 1985; Sucoff, Bell, Boyer & Connell, 1998, cited in Manlove, Terry-Humen, Papillo, Romano, Franzetta, Williams & Ryan, 2002).

Contributing factors to teenage pregnancy as identified by Moore & Sugland (1999) include family problems, school problems, behaviour problems and poverty or low income.

The detrimental health consequences for babies of teenage mothers are

strongly reported. These babies are more likely to have medical 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 Indigenous women smoke during pregnancy with Indigenous 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 are 40% higher than in the cities (many of these regions have a 95-100% Indigenous population) (Aust Inst Health and Welfare, 1998).

Aside from the highly reported health risks there are also large social, educational and financial implications of a teenage pregnancy. The Australian teenage mother is more likely to be living in a low socioeconomic region (Van Der Klis, 1999, cited in Skinner and Hickey, 2003).

It is well documented that young people either have limited knowledge of support services or are hesitant to access them for any number of reasons (O'Connor-Fleming and Parker, 2001). The Centre for Adolescent Health (2001) identifies that adolescents who become pregnant most commonly do not seek proper medical care during the gestation period. This leads to an increased risk for the pregnancy. This has been possibly attributed to concern for confidentiality (Reddy, Flemming & Swain, 1992, cited in Skinner & Hickey, 2003). If teenagers feel comfortable in seeking non-judgemental prenatal care then they are more likely to receive the care needed (McGrew & Shore, 1991). Young teenage parents especially have little or no understanding of what lies ahead and are either frightened or unaware of how or where to access information and support should they find themselves pregnant. This in turn contributes towards the poor teenage pregnancy outcomes. These factors need to be considered by the teenager and this is why the COL program explores these consequences so that the teenager can make an informed choice.

Inclusion of males in pregnancy and parenting programming

Fertility and family have traditionally been 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 too are drawing a significant amount of information from ill informed peers and media imagery (Condon 2001). The inclusion of males and females within pregnancy prevention programs is pertinent. Males are more likely to engage in intercourse at a young age than females (Manlove, Terry-Humen, Papillo, Romano, Franzetta, Williams & Ryan, 2002). Becker (2004) reports on the findings from the 1995 National Survey of Adolescent Males. This survey reported that by the age of 19yrs, 85% of males have experienced sexual encounters. Becker (2004) reported that males 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 father. Very limited research has been conducted to discover the needs of a young father. It was reported that a father needs information on parenting skills as importantly as females (McGrew & Shore, 1991). A national symposium report on Improving pregnancy outcomes in Indigenous communities (Rio Tinto Child Health Partnership, 2006), also highlights a need to address the deficit of positive father role modelling and the need to review the role cultural beliefs now play in the inclusion of men in pregnancy and parenting education given the changing climate of birthing 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 a 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 for Indigenous participation has included an amendment of the evaluation tools in consultation with Charles Darwin University School of Health. The tools now reflect more fully the aspects 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 databases reflect a large cross section of attendees participating as staff members of local organisations or as respected community members. In each training activity held, the following representatives have attended:

- Health – Aboriginal health workers, midwives, nurses, chronic disease, health promotion, sexual health and child and family health workers;
- Education – principal, teachers especially health and physical 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 Baby Strong Culture' program representatives, respected elder community members.

As part of the training process each group needs to compile a comprehensive chart indicating the variety of supports available to youth and families in their region. This is conducted as a whole of group activity. Feedback from at least 90 participants has reported 100% viewing the training as a valuable networking opportunity.

To run COL sessions there is a strong level of communication and collaboration needed in organising and pulling it together. Since undertaking training there are several examples of midwives, nurses and sexual health staff working alongside trained Indigenous community members delivering sessions in school and non school based settings such as under a tree in the local community and at Garama cultural festival. Secondary school nurses, Royal Flying Doctor staff and Indigenous parent workers have run sessions at schools in remote communities on Cape York Peninsula QLD. Indigenous staff and clinic staff are running COL programs at the Neighbourhood house in Kununurra WA. Cape York Peninsula has seen the introduction of COL into Weipa, Aurukun Lochart River and Pomparaaw communities. There is again a large cross section of trained facilitators to sustain COL educational opportunities. A community education forum at Pomparaaw was facilitated by Aboriginal health workers and Royal Flying Doctor Flight nurses and attended by Indigenous women young and old. This forum led to the program being accepted by the community, introduced into the school curriculum and more members being trained in the program at a later training.

At the end of 2007, community representatives in at least six sites worked together to prepare materials for inclusion in their COL education package.

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

Workshop training feedback showed 100% of attendees reporting the education tools as culturally appropriate useful training materials. 100% indicated there was enough emphasis and allowance in time on the cultural aspects as they relate to pregnancy, birth and parenting. One participant 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 introduction and commencement of the program in Indigenous settings continue to multiply. Activity is grouped 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 has supported and will continue to support activity in many sites nationally until June 2008. ICC department of FaCSIA have supported activity in many sites and continue to assist communities in WA and QLD.

Many people attending COL training travel vast distances to be involved. Organisations fly in remote staff and accommodate them in a central location whilst many others drive 4 – 5 hrs to attend training which indicates strong support for its introduction. On one occasion a clinic manager from Katherine 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 designed to be presented to youth in any given setting to ensure information sharing is opportunistic. Examples of where education has taken place include: on boys camps in the bush, a netball camp in Darwin for 70 girls from bush communities, at cultural events such as Garma 2007 as well as informally in the community. The following evidences local ownership of COL delivery and resources. This excerpt is part of report written from a remote midwife to NT health development 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 also receives many requests for presentations at conferences focussing 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 now has the systems in place, background experience and ability to replicate the program for other special need groups including CALD, juvenile justice and intellectually disabled youth. Requests have been received from a variety of sources including organisations working with the Sudanese

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. Below are some comparative figures and trends from COL's draft interim evaluation conducted in September 2007 and evaluations collected from sessions conducted in remote Indigenous communities:

- COL reported - 80.2% of young people agreeing that the session made them think more carefully about the responsibilities of having a baby, 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 mother and unborn child following the session which compares with 85- 95% in remote area evaluation findings.

Typically testimonials and anecdotal evidence provide many stories similar 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 education is to ensure young people know where they may access advice and support in their local community surrounding their sexual health, pregnancy and parenting. COL education sessions provide an opportunity for youth to interface with or become familiar with these services and their staff. The ability to access help independently is a crucial part of their development moving from a child to an adult. COL evaluative findings show 50.3% of youth improved their knowledge and likelihood of accessing local services and 78% of youth in remote evaluations. Additionally, 65% of youth in the interim evaluations said they learnt more about breastfeeding and 62% of Indigenous youth in remote areas said they learnt more. Remote communities have very high levels of breastfeeding and very few problems or issues. Public breastfeeding is commonplace and families readily share information. Many young men we have educated can automatically show you how a baby breastfeeds, 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 project. It has expanded the re-established parenting education program to Indigenous communities around Australia. COL has developed tools and resource materials for use by families, professionals and communities supporting young people around informed decision making in parenting.

Evaluation

The COL project was submitted for consideration for the Stronger Families and Communities Strategy (SFCS) Promising Practice Profiles (PPP). The project was assessed across a range of criteria relating to how the service results in positive outcomes for children, families and communities. The submission was peer reviewed and validated as evidencing promising practice. More information on the PPP selection process may be found at <http://www.aifs.gov.au/cafca/ppp/selection.html>.

The COL project has been evaluated by an external independent evaluator, Elton Consulting.

**Project Related
Publications**

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

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More information

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