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Title: The Halls Creek Community Families Program: Elements of the Role of the Child Health Nurse in Development of a Remote Aboriginal Home Visiting Peer Support Program for Families in the Early Years

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The Halls Creek Community Families Program: Elements of the Role of the Child Health Nurse in development of a remote Aboriginal Home Visiting Peer Support Program for Families in the Early Years

Abstract

Objective

To undertake an evaluation of elements of the role of the child health nurse in development of peer support for Aboriginal families with young children in a remote setting.

Design

The Halls Creek Community Families Program uses expertise of peer support workers to support parents of young families. In stage one, Participatory Action Research was used. The program facilitator, who was a child health nurse, undertook Action Learning Sets where issues were explored relating to home visiting strategies to families. Additionally, the facilitator maintained a reflective practice diary. Outcomes contributed to stage two, where an independent researcher evaluated program changes.

This report relates to stage one, which used descriptive qualitative data from interviews with peer support workers and community support agencies, and the facilitator's reflective diary. Data were analysed by thematic analysis, focusing on elements of the role of the facilitator in program development.

Setting

A remote Aboriginal community in the Kimberley region of Western Australia

Participants

Eight peer support workers and five health and welfare professionals from community support agencies.

Main outcome measures

This study measures changes in participants' understanding of the role and scope of practice of the child health nurse facilitator, thereby supporting improved support for Aboriginal families with young children.

Results

Thematic analysis identified three major changes in understanding of the child health nurse facilitator role: Working in Partnership, Communication Strategies and Education and Organisational Strategies.

Conclusion

Findings suggest empowering benefits for Aboriginal peer support workers from the facilitating role of the child health nurse.

Key Words Aboriginal Health, child health nurse, community health models of care, service delivery to indigenous populations, rural community development, action research

What is known about this topic:

- Child health nurse practice is impacted by economic, social and cultural influences.
- There is a need for child health nurses to facilitate broadening practice roles to develop culturally relevant support for Aboriginal families with young children.

What is added in this paper:

- Partnerships between child health nurses and Aboriginal peer support workers encourage collaborative identification of culturally relevant solutions to Aboriginal parenting issues.
- There is a need for diversity in professional attributes and competencies enabling the CHN to optimally assist peer skill development for addressing complex social and parent support issues affecting Aboriginal children and families.

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Introduction

This research was designed to undertake an evaluation of the enhanced role of the child health nurse facilitating development of peer support for Aboriginal parents with young children in a remote setting. Identification of the scope of practice of child health nursing in this unique setting can be explored and redefined to include the expanded role.

Background

Child health nurse (CHN) practice is impacted by economic, social and cultural influences. Families with young children face new challenges such as social and economic issues, which lead to an expanded role for the CHN including home visiting and outreach programs.¹ Practice adaptations to achieve effective parent support for diverse client populations, including remote Aboriginal families, require development of positive relationships and working in partnership with community groups, using cultural reflexivity by non-Aboriginal CHNs.² There is an identified need for different CHN paradigms for Aboriginal parent support, with collaborative strengths based approaches to Australian Aboriginal childrearing practices.

In the remote Kimberley region of Western Australia, the Halls Creek Community Families Program is a peer led program using knowledge and aptitude of Aboriginal peer support workers to encourage and strengthen parents of young families. Integral to positive program achievements are the commitment of the workers along with an Aboriginal Project Coordinator.⁴ Working in partnership with a facilitating CHN, the peer support workers, known as Community Care Workers (CCWs), have developed a locally responsive home visiting parent support and capacity building program with a developmental health focus, recognising importance of positive health, development and wellbeing on children's growth in the early years and throughout their lives.^{5,6}

Empowering partnerships between CCWs and parents encourage collaborative identification of culturally relevant solutions to parenting issues. Halls Creek has a range of social and health issues affecting Aboriginal child and maternal health, including high rates of parental discord, family breakdown and preventable childhood illness.⁷⁻⁹ A peer led approach was therefore considered important as local Aboriginal support workers had lived experiences and empathy towards impacts of these issues with realistic understanding of feasible family support strategies.

Following funding from the Australian Better Health Initiative¹⁰ and extensive community consultation, a Perth based CHN was requested by the town's Community Health Services and Aboriginal Community Controlled Health Service to facilitate development of home visiting parent support for young families. The program was adapted from the Community Mothers Program which has successful peer led parent support outcomes in differing geographical areas in the United Kingdom and Western Australia.^{11,12} As Halls Creek is 2,856 km by road from Perth, the CHN visited for four days every eight weeks. Visits were supplemented by video-and tele-conferencing.

Research for this project was conducted in two stages. In stage one, issues relating to ongoing development of home visiting strategies were explored over a two year period. Outcomes contributed to stage two where an independent researcher evaluated changes using the Most Significant Change Technique.⁸

This paper relates to stage one, reviewing ongoing program development. The role and experiences of the CHN were investigated with elements of practice being explored and more clearly defined.

Method

Participatory action research (PAR) methodology was used to facilitate program development, involving participants collaboratively developing effective home visiting parent support and capacity building strategies. PAR is appropriate for Aboriginal people, engaging participants in exploring their needs and directions, taking political, historical, and psychocultural viewpoints into consideration.¹³ Action learning sets enable individuals to learn collaboratively in groups where reflection on program actions are undertaken followed by identification of future strategies.¹⁴ Over a two year period, the CHN facilitated eleven eight weekly action learning sets for four days each visit where CCWs and the CHN engaged in reflective practice and critical consideration of strategies, during which the CHN collected data. These reflections lasted four to five hours daily, enabling planning for the next implementation cycle.¹⁵ A partnership approach enabled open, trusting communication. Included in these sessions were educational topics such as child safety and nutrition, along with development of client engagement strategies. The CHN individually interviewed five health and community support agency staff in each action learning set to gain their perceptions of program progress, strengths and challenges, enabling the widest involvement of representative stakeholders associated with the project.¹⁵

Participants

Six female and two male local Aboriginal CCWs, including a Project Coordinator who had a visiting role, and five mature aged health and community support agency staff were interviewed. The Project Coordinator had previous family support experience with the CCWs having no qualifications.

Sampling and recruitment

Purposeful sampling was used to recruit participants. This facilitates meaningful insight into the program's processes, challenges and strengths. The small sample size limits generalizability, but findings are relevant to other small remote Aboriginal communities as long as local context is considered.¹⁶ Participants were given an information letter and consent form after which data were collected from CCWs during reflective practice sessions and from health and community support agency staff at mutually agreeable times.

Ethical approval was granted through the Western Australian Aboriginal Health and Information Committee, University of Western Australian Human Research Ethics Committee and Kimberley Aboriginal Health Policy Forum.

Data collection and analysis

Qualitative data collection during action learning sets was predominantly through yarning which is an interactive, rigorous and culturally safe data collection method.¹⁷ For CCWs, use of semi-structured interviews with yarning facilitated reflective practice sessions in relation to home visiting engagement and strategies. Unstructured interviews were undertaken with health and community support agency staff. The researcher hand recorded data, presenting data summaries to participants on completion of each session for accuracy and justification. The CHN maintained a reflective practice diary for each action learning set.

Manual thematic analysis was undertaken by the researcher, allowing categorization, clustering and identification of core issues and common themes from data.¹⁸ Rich data was collected relating to program development, with themes focusing on elements of the role of the CHN facilitator in program development being explored for this paper.

Results

Thematic analysis identified three themes relating to elements of the role of the CHN facilitator: Working in Partnership, Communication Strategies and Education and Organisational Strategies. Participant responses are used to expand these themes.

Working in partnership

The ability of the CHN to work in partnership with CCWs and health and community agency support staff was central to the program's successful implementation. Initially the CCWs were wary of the CHN's intentions, expressing tension and concern.

You're not going to tell me what to do and how to go about it (CCW)

I don't like Western ways of doing things (CCW)

I wouldn't dream of it, we're doing this together. I'm learning from you (CHN facilitator)

Following reassurance that the CHN wanted to work collaboratively, the CCWs were more accepting and by the second action learning set were keen to explore ways of implementing the program.

Good – learning from each other (CCW)

At the program commencement, rules of engagement between the CCWs and CHN were determined, including agreement that all participants' ideas were valued and of equal standing, conversations were confidential to the group and no identification of individual participants would be made during data collection.

Working in partnership with health and community agencies was challenging for the CHN as agencies had pre-determined operational policies and tended to work in isolation. However, opportunities to liaise with CCWs were enhanced by the ability of the CHN to visit during each action learning set, where program objectives were identified and discussed with all ideas being respected and returned to CCWs for appraisal.

I'm glad to have met you and got a clearer picture of what the workers are doing and can do (community agency worker)

As a non-Aboriginal partner, the CHN was cognizant of need for reflexivity, continually reviewing program involvement and ways of working with CCWs. Strategies included recognition of Aboriginal world views and ways of working, culturally respectful communication including yarning as a strategy for exchange of ideas, recognizing CCWs as important sources of community knowledge and maintaining a daily reflective diary from which questions to ask CCWs could be generated.

We have got to the stage where all ideas are put on the table, including my own. I can look up and see them all (CCWs) nodding or shaking their heads saying “don’t go there” (facilitator reflection)

Partnership encouraged confidence to develop ideas and self-determining strategies. By the third action learning set, the CCWs had developed confidence identifying new opportunities for working in partnership with parents. Reflections on practice and praise for these innovations by the CHN enhanced development of their self-esteem.

We feel good about what we are doing. They (parents) are listening to us (CCW)

The community is being helped by their own people (CCW)

Communication strategies

The CHN’s communication strategies were integral to working in partnership with CCWs and community agencies. Active listening in a non-judgmental manner was central to demonstrating respect to both CCWs and agency staff.

How you talk to people – you listen to us (CCW)

It’s good you have come – I can discuss things about the CCWs that need improving. I don’t want to cause issues by telling them straight away (community agency worker)

Yarning takes a while but I’m learning so much about their backgrounds and family histories, and why they want this program (facilitator reflection)

Flexibility in relation to communication strategies was needed with ongoing internet connection failures and low CCW computer competencies impacting on ways of maintaining contact. Kimberley wide internet malfunctions frequently caused email and videoconferencing plans to be changed. Lack of computer skills also affected email function, necessitating the CHN to use telephone calls and texting to address program issues.

Yes sorry, this I meant to send. IV just got to get use to the computer proper (CCW)

Education and organisational strategies

From the data, there was an obvious requirement for the CHN to enhance CCW capacity through facilitation of resources along with CCW education and skill development. Enabling strategies for home visiting were explored through education sessions in each action learning set. Required resources identified during these discussions were varied, including visual aids, interagency support and equipment funding for client excursions. The CHN was responsible for accessing health promotion material unavailable in Halls Creek, liaising with government and non-government organisations for secondment of their expert staff for education sessions, identification of community health issues and assisting CCWs develop funding requests.

Send more cartoons (pictorial health promotion sheets) (CCW)

(Education sessions) good – always something different. Not hard – easy to follow (CCW)

Can you talk to the team about hookworm and anaemia after the babies are six months? Also need to talk about cutting out the kids drinking black tea (health staff)

All ideas need to be carried out in Aboriginal way with continued inclusion of language and culture (Facilitator reflection)

Discussion

Findings highlight shared endeavours between the CHN and CCWs to provide parent support, assisted by health and community support agencies. Embedded in these partnerships is the role of the CHN in facilitating CCW capacity to successfully work with families. The study identified need for diversity in professional attributes and competencies enabling the CHN to optimally assist CCW skill development for peer support for Aboriginal families. Working in partnership incorporating cultural reflexivity, communication strategies and education and organisational strategies were central to the role of the CHN in assisting development of enabling approaches and resources for peer support. The importance of these was reflected in participant responses, demonstrating beginning CCW partnership and effectiveness of the CHN role in this setting.

PAR projects take time to implement but results are worth the effort; demonstrating strengthened program development for this project. PAR was not only appropriate but the optimal method for this type of research which relies on collaboration between partners. It is recommended that this approach is sustained to continually improve CCW competencies and program value.

Home visiting peer support is an emerging strategy in child health practice. This study is limited by sample size and the discrete location. Further research on the application of this practice role in other communities would be beneficial in providing evidence that it works across locations.

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