

The Australian Journal of Child and Family Health Nursing

Print Post Approved No. 255003/07344
Volume 7 Issue 1 September 2010



AUSTRALIAN ASSOCIATION
OF MATERNAL, CHILD AND
FAMILY HEALTH NURSES INC.

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AILSA MUNNS

RN, RM, Cert CHN,
Bach Appl. Sc (Nsg),
M. Nsg

Lecturer
School of Nursing and
Midwifery

Curtin University

Western Australia

Email: A.Munns@curtin.
edu.au

*This article has
been peer reviewed*

TOWARDS A FRAMEWORK FOR PARENTING PROGRAMS FOR INDIGENOUS FAMILIES IN AUSTRALIAN METROPOLITAN AREAS

Abstract

The aim of this descriptive literature summary is to summarise and review the literature related to parenting programs for Indigenous families in Australian metropolitan geographical areas and to provide recommendations to guide the development of community based clinical practice, guidelines and protocols. Information was sourced through CINAHL, Medline, Google Scholar, Science Direct, Informit and Scopus data bases from 2000 to 2010. Grey literature from government and non government organisations was accessed, along with information from the reference lists of accessed literature. The findings have demonstrated the need for culturally appropriate parent support programs for metropolitan Aboriginal families based on a primary health care framework and incorporating social determinants. Recommendations for program development and practice are identified.

Key words: Indigenous parenting programs, parent support, Aboriginal parenting, community health nursing

Introduction

The role of community child health nurses is to support families in a range of psychosocial environments. Impacts of contemporary social determinants can be mediated through universal and targeted support, along with preventative measures which are designed to assist in the building of capacity and resilience. The ability of community child health nurses to engage parents and effect adaptive behaviour change is essential for the ongoing healthy development of all family members. Lifelong trajectories are influenced by the interactions of social, biological and family influences on child development, education and health (Heckman 2006). The ability of parents to foster positive early family environments are being recognised as major predictors of child and adult cognitive and non cognitive ability (Heckman 2006; Stanley 2003).

Health outcomes in relation to child health in Indigenous communities remain poorer than that of their non-Indigenous counterparts (Stanley, Prior & Richardson 2005). The ability of government and health services to resource and support community child health nurses in this area need to be given priority, as improvements to service delivery and outcomes have the potential to

realise both short and long-term child and family health improvements for Indigenous communities (Shannon & Panaretto 2008).

Community child health nurses in contemporary practice must have an understanding of how to achieve sustained family participation in parenting support programs. This includes planning, implementation and maintenance of strategies, often in an interdisciplinary context and following withdrawal of funding and direct organisational support (Henderson et al. 2007).

The aim of this paper is to provide a summary of the literature and recommendations relating to the development of parenting programs for Indigenous families in Australian metropolitan areas. The information will seek to inform culturally relevant guidelines for metropolitan based community child health service delivery. There are many similarities to programs in rural and remote areas. However, geographical and health service differences will guide the development of a following paper related to parenting support in those areas.

Method

Searches were conducted in CINAHL, Medline, Google Scholar, Science Direct, Informit and Scopus, using the words "parenting", "parent support", "parenting programs", "Indigenous", "Aboriginal", in various combinations from 2000 to 2010. Grey literature from government and non government organisations was accessed, along with information from the reference lists of accessed literature. Literature on parent support, parenting and the early years was not limited to Australia, but information related to specific parenting support programs was limited to the Australian context.

Literature Summary

This is a descriptive summary rather than a critical review of parenting support programs in metropolitan Australia. It seeks to summarise the literature, identify existing Indigenous parent support programs and highlight evidence based strategies from within the literature.

Demographic influences

Geographic distributions of Indigenous peoples have changed over time. Current Indigenous population densities are demonstrating increasing residential arrangements in the suburbs of towns and major cities (Taylor & Guerin 2010). Another variation relates to population structure, with a defining feature being composition by age (Australian Institute of Health & Welfare

2007; Taylor 2006). In comparison to the general Australian population, the Indigenous population has a very young age grouping, which is predicted to be retained due to large numbers of women moving into childbearing age (Australian Institute of Health & Welfare 2007; Taylor 2006).

Social and cultural determinants

The interactions of social, biological and family influences on child development, education and health have been demonstrated to influence lifelong trajectories in these areas (Stanley 2003). This is supported by Maggi et al., (2005), where the three broad domains of physical, social/emotional and language/cognitive development are acknowledged as contributing to health and health equity in the early years. Emerging evidence is recognising that origins of persistent disparities in morbidity and mortality during this time, leading to adult disease, are often found in the interplay between psychological and social factors, along with developmental and biological disruptions in the antenatal and childhood periods (Kendall, van Eekelen, Li & Mattes 2009; Shonkoff, Boyce & McEwen 2009). The ability of parents to foster positive early family environments has been recognised as being a major predictor of child and adult cognitive and non cognitive ability, followed by the influences of neighbourhood and community conditions which are conducive to providing fundamental resources for healthy early environments (Heckman 2006; Maggi et al. 2005; Stanley 2003). Support and encouragement of parents that allows them to take control over their own lives and that of the health, development and wellbeing of their children, will assist in enhancing their parental capacity and enabling strategies for interaction with their wider community.

The need for parenting support for Indigenous families is well documented in anecdotal accounts, but there is little published empirical research in this area (Turner, Richards & Sanders 2007). Indigenous family functioning in metropolitan, rural and remote areas of Western Australia was investigated by Silburn et al., (2006), where it was estimated that 24% percent of all primary carers and 22% of all Indigenous children 0-17 years were from a poorly functioning family. It should be noted that Indigenous parental competence and capacity is not predominately influenced by lack of parental intent and goodwill. However, these families have an increased chance of having adverse life stresses impacting on their child rearing capacities. The causal pathways to Indigenous child health problems are multi-factorial and intergenerational. They relate more to poor environments, along with cultural, economic and social poverty in the early years than to any other factors (Silburn et al. 2006; Stanley 2003b).

It is also important to remember that the core hypotheses of attachment theory and parenting, such as caregiver sensitivity and competence, need to be based on Australian Indigenous cultural values. Cultural constructs of traditions, attitudes, beliefs and customs are major influences on Indigenous health, family interactions and child rearing practices. Most Indigenous family assessments are based on the dominant Australian community's cultural perception of appropriate parenting (Yeo 2003), rather than on identified and acknowledged Indigenous parenting culture.

Economic considerations

Within the economic environment of health service delivery, there is a need for cost effective service delivery that is based on demonstrated need. Flexibility in funding models and long term funding are necessary to allow developing programs to be evaluated and strengthened (Secretariat of the National Aboriginal and Islander Child Care Inc (SNAICC) and Swinburn University 2004). A developmental health approach, recognising influences of social determinants, enables health services to plan, implement and evaluate Indigenous parenting programs from a holistic perspective, allowing informed decisions into impact and capacity building (Taylor & Guerin 2010; Shannon & Panaretto 2008).

Frameworks and strategies

It has been recognised that a holistic approach is needed when considering strategies for improvement in Australian Indigenous health. The NSW Health Department (1999) has described key principles for policy and program implementation as:

- A whole of life view of health, which includes a social view of health
- The practical exercise of self determination, which underpins cultural, community and individual wellbeing
- Partnership, which encompasses working collaboratively in an environment based on respect, trust and equality
- Cultural understandings, which assist in shaping the provision of health services; and
- Recognition of trauma and loss, which is crucial in the understanding of prevention of ill health and determining strategies for healing

This is supported by the NSW Health Department in their Aboriginal Maternal and Infant Health Strategy Evaluation Report (2006). The report highlights the need for Indigenous community development programs to develop empowering and enabling strategies to address structural factors and achieve social change. These will assist communities to take control over factors contributing to their ill health. There is a need



for policies and programs to incorporate all key sectors of society in order to positively affect the biological and psychosocial mechanisms that moderate individual peoples' abilities to influence their own family and child rearing circumstances (Kendall, van Eekelen, Li & Mattes 2009).

Indigenous parenting programs may need to be developed and implemented in conjunction with other interventions that will assist families and communities to address related issues. This approach has particular relevance for high-risk Indigenous families who may be reluctant to participate in parenting programs due to problems such as grief, trauma, domestic violence and substance abuse, as well as general alienation from health and other support services. Additionally, it has been demonstrated through the Western Australian Pregnancy (Raine) Study that children whose families experienced life stress during the antenatal, perinatal, infancy and toddlerhood periods were at significant risk of reduced coping skills and mental health problems throughout life, potentially impacting on their own future parenting abilities (Kendall, van Eekelen, Li & Mattes 2009). These negative impacts on parenting capacity may be intergenerational and further research is needed to investigate co related programs which are designed to enhance community and family resilience (Harnett, Clark & Scochet 2007).

The Council of Australian Governments (COAG) has identified and endorsed a framework of indicators designed to overcome Indigenous disadvantage. Three of the seven identified strategic areas for action include early child development and growth (prenatal to age 3), positive childhood and transition to adulthood along with functional and resilient families and communities (Ministerial Council for Aboriginal and Torres Strait Islander Affairs 2004). There is an identified need to develop culturally appropriate, evidence based parent support and education programs for the Indigenous communities in order to assist parents in their parenting role (Shannon & Panaretto 2008).

Zubrick et al., (2005), researched the social and emotional wellbeing of Indigenous children and young people in Western Australia. Their findings demonstrated that the most substantial drivers of social and emotional wellbeing for this cohort are those directly related to their families. This was found to be the most important in terms of strength of life stress events, high residential mobility, poor quality of parenting and poor family function.

The study identified three main intervention points as being important for Indigenous family developmental change. These were:

- Fundamental enhancement of family function through improvement in parental health and wellbeing
- Improving the capacity of parents and families to withstand the effects of multiple life stressors, along with addressing the cause of the stressors
- Programs are needed to positively influence parent child interactions which directly impact on the quality of parenting

One approach to Indigenous parenting issues is the use of targeted initiatives in an attempt to address poor family outcomes. However, prevention is the strategy of choice and research has demonstrated that programs directed at adequacy of parenting are associated with lower proportions of children at high risk of clinically significant emotional and behavioural difficulties (National Health and Medical Research Council 2003). A key recommendation from the Western Australian Aboriginal Child Health Survey was for the delivery of evidence based parent, infant and child care programmes in the family and community development sector. Benefit was seen to be the greatest where programmes simultaneously target both the child and parent, provide specific parenting training and enhance the language and cognitive environments for children (Zubrick et al. 2005).

Differences between Indigenous and 'mainstream' Australian cultures have been identified as requiring consideration in health care, highlighting the need for cultural awareness frameworks when developing programs and services (Taylor & Guerin 2010). As such, parenting programs designed for use with Indigenous families need to be culturally appropriate, taking into account cultural safety principles (Nursing Council of New Zealand 2005). In 2004, the Western Australian South Metropolitan Area Health Service undertook a pilot study which trialled a culturally tailored Triple P program for Indigenous families in the Armadale region. The evaluation of this program included qualitative and quantitative components which investigated the effectiveness, impact and general acceptability of the pilot study. The majority of the participants stated that the Triple P program positively supported them in their parenting role. They acknowledged that they had increased confidence in their parenting, a raised self esteem and a highlighted need for self care. A feature of the program was the use of Indigenous facilitators which was considered appropriate and necessary by all of the participants. This study was undertaken with a small cohort; however, the acceptability of the program indicates that the results would be valid in the greater metropolitan Indigenous population (South Metropolitan Area Health Service 2004).

Turner, Richards and Sanders (2007), undertook a repeated measures randomised group design study

on Indigenous families participating in a culturally sensitive adaptation of the Triple P program. The participating families were located in low income areas in metropolitan Brisbane. Each program session was co-facilitated by a non Indigenous child health nurse and an Indigenous health worker. The key outcomes from this study were found to be:

- There is a demonstrated need for research based, culturally sensitive parenting support for indigenous families in order to address risk factors and outcomes
- A culturally adapted evidence based group Triple P program has demonstrated improved child behaviour, reduced dysfunctional parenting and good consumer satisfaction
- Further evaluation of program outcomes and acceptability in more diverse communities is justified

From a primary health care perspective, this research has highlighted the need for appropriate, affordable and accessible parent support programs which address a range of physical and psychosocial issues in Indigenous communities.

The New South Wales Health Department funded the NSW Aboriginal Maternal and Infant Health Strategy (AMIHS) in 2001, the aims of which were to improve the health of Indigenous women during pregnancy and to decrease perinatal and postnatal morbidity and mortality. The Strategy included seven targeted antenatal and postnatal programs for Indigenous women and infants across six metropolitan and rural areas in NSW, along with a training and support program for Indigenous health workers and midwives involved in these services. In each area, a community midwife and Indigenous health worker worked in conjunction with existing medical, midwifery, paediatric and child and family health staff. The evaluation of the Strategy included qualitative and quantitative data, which reviewed the goals and strengths of the program. It was demonstrated that the AMIHS was achieving its goals, facilitated by an increased uptake of antenatal and postnatal services by the women. Strong partnerships were noted in a number of the geographical areas where AMIHS was located in health services controlled by the Indigenous community. The AMIHS was able to target and address risk factors such as alcohol misuse, and to promote breastfeeding. The overarching strength of the Strategy was identified as the use of the midwife and Indigenous health worker team approach in a primary health care setting. The ability of the health worker to locate and follow up families was an additional strength, as was the level of trust developed between clients and the AMIHS team. The Strategy was demonstrated to be a service that was culturally appropriate and valued by the Indigenous community (NSW Health 2006). In

May 2007, the NSW Health Department announced that the AMIHS would be expanded throughout many metropolitan and rural areas in NSW. The aims of the extended program include:

- Access for 80% of local pregnant Indigenous women
- Increase the number of children with age appropriate literacy and numeracy levels at age 3 and 5 years
- Reduce the percentage of children with significant behaviour problems and diagnosed learning disabilities at age 3 and 5 years (Greene 2007)

The National Association for Prevention of Child Abuse and Neglect (NAPCAN) has developed Indigenous specific posters, books and pamphlets to raise awareness of child abuse, prevention strategies and resources available in Indigenous communities. These resources have been well received by Indigenous organisations and anecdotal evidence has shown that they are considered a good source of culturally relevant parenting information (Secretariat of the National Aboriginal and Islander Child Care Inc (SNAICC) & Swinburn University 2004).

National data in relation to specific Indigenous program development in Australian metropolitan areas is limited. There may be elements of regional and remote program models that may be transferable to metropolitan localities. However, this highlights the problems associated with evaluating efficacy of the wide range of differing interventions, which directly impacts on the development of evidence based guidelines and protocols (Shannon & Panaretto 2008). Olds, Sadler and Kitzman (2007) emphasise the need for effective procedures to be developed to ensure that the critical factors related to evidence based parenting programs can retain reliability when implanted across a range of practice settings. It would also be beneficial for evaluations to examine intervention costs along with the economic returns to each particular community.

Recommendations for Programs

To enable the development of successful, evidence based Indigenous parent support and education programs in metropolitan areas, it is necessary to appraise information collected from a comprehensive range of sources, including stakeholders, agencies and literature reviews. The Secretariat of National and Islander Child Care Inc, and Swinburn University (2004), supported by Zubrick et al. (2005), have audited programs, undertaken needs based research and made recommendations relating to the provision of Indigenous parenting support services and programs. Much of the information relates to the need for continuous service provision from the antenatal period through to the postnatal and early childhood stages, highlighting the importance of



culturally appropriate, relevant support programs and educational material. This is underpinned by collating Indigenous stories and child rearing practices through methodology relevant to their style of data gathering and sharing of information.

The following recommendations from the Secretariat of National and Islander Child Care Inc and Swinburn University (2004) and Zubrick et al. (2005) are listed in order to assist development of programs and clinical guidelines in the area of Indigenous parent support.

Recommendation One: Parenting information should combine local content with broader evidence-based information on child and adolescent development.

Recommendation Two: Parenting information and support need to target parents antenatally and postnatally at key points throughout early childhood and adolescent development. This is a priority given the importance of developmental health research. Information should include cultural knowledge and deal with issues of healing and empowerment, self care and relationships with partners.

Recommendation Three: Information resources for Indigenous parents are recommended as follows.

- Resources should be culturally relevant and respectful
- Resources should be visually appealing with culturally appropriate artwork
- Resources should be written in language appropriate to the groups
- Posters displaying Indigenous families and children are very effective. Posters are preferred to pamphlets.
- Videos and DVDs using Indigenous families and children as actors are valuable in assisting Indigenous workers
- Indigenous communities often passed on information by word of mouth and clients should be encouraged to impart health education to their family, friends and others

Recommendation Four: Government funding should support the gathering of family stories relating to Indigenous child rearing, to value and acknowledge traditional and current parenting strengths and child rearing practices.

Recommendation Five: Funding for parenting information and support should take into account the preference for Aboriginal and Islander communities to develop their own parenting information products including printed and audiovisual materials.

Recommendation Six: Indigenous parenting information resources should be produced targeting local Indigenous mentors, leaders and workers to enable them to establish, facilitate and support a large range of parenting and family support groups linked to existing local services.

Recommendation Seven: A framework should be developed including guidelines and benchmarks for culturally appropriate practices for mainstream and Indigenous agencies who deliver Indigenous parenting support programs.

Recommendation Eight: Indigenous and non Indigenous facilitators of parent support programs should receive appropriate training to enable them to engage Indigenous parents and other family members in an approach that strengthens parenting and cultural knowledge and that uses a group problem solving approach.

Recommendation Nine: Funding criteria for mainstream or Indigenous agencies that facilitate parenting support groups need to recognise:

The broad family responsibility for child rearing favoured by Indigenous communities;

Support groups need to be facilitated by known local Indigenous members, an Indigenous person who has established relationships within the community or by a partnership of a non Indigenous facilitator and local Indigenous support person.

Communities need the flexibility to develop groups that address the role and needs of the extended family in child rearing; and

The preference for parenting groups to be informal, flexible, holistic, long term and culturally appropriate. It is important to acknowledge and incorporate into the programs some of the historical factors that impact on Indigenous parents' abilities to parent.

Recommendation Ten: Agencies should develop evaluation processes which take a strengths-based approach and are meaningful, manageable and acceptable to Indigenous communities.

Recommendation Eleven: Existing services used by Indigenous parents and families, such as health services, should be priority sites for the development and implementation of parenting information and support services.

Recommendation Twelve: Indigenous parents and health professionals have recommended that programs should not be labelled as parenting programs. This title does not reflect the holistic nature of an ideal Indigenous program and acts as a barrier to participation due to the sense of shame that a person is perceived as needing parenting help.

Conclusion

The aim of this review was to provide a summary of the literature and recommendations supporting the development of parenting programs for Indigenous families in Australian metropolitan areas. The review of the literature demonstrated a scarcity of programs that are specifically designed for supporting metropolitan based Indigenous families with children in the early years. There is also a lack

of epidemiological evidence to support the efficacy of available programs.

It is recommended that health professionals from Indigenous and non Indigenous cultures collaborate to develop culturally relevant, accessible parenting support programs which are aimed at supporting families in the antenatal, postnatal and early years periods. It is proposed that the programs are based on the recommendations by the Secretariat of National and Islander Child Care Inc and Swinburn University (2004), and Zubrick et al. (2005).

It is imperative that there is adequate ongoing human and material resourcing, along with a framework based on strengths based, primary health care principles, as identified by McMurray (2003), to develop relevant and sustainable programs. In order to demonstrate their financial and social capital effectiveness, it is necessary to include research and development components in each program.

Acknowledgement: The author wishes to acknowledge the valuable assistance given by Dr Garth Kendall in the preparation of this paper.

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