



# EVALUATION OF THE AUSTRALIAN FAMILY PARTNERSHIP PROGRAM FINAL REPORT

Appendix - Case Studies

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# CASE STUDY:

## OUTREACH DELIVERY MODEL



### KEY INSIGHTS

- **Working in remote communities requires a unique set of skills and personal attributes.** All Nurse Home Visitors (NHVs) at Top End Health's site are required to be Level 4 Registered Nurses, meaning they are expected to work with minimal supervision and a high degree of autonomy. This level of qualification is important in the remote context as NHVs are 'on their own' in community and must regularly make decisions and act independently. Beyond this, there are several skills and qualities which influence NHVs' ability to provide effective care to clients in a remote context and build trust with the community. These include flexibility, adaptability, psychological and social resilience, cultural competence, a commitment to working side by side with Family Partnership Workers (FPWs) and improving access to health care in remote communities.
- **Developing strong relationships in community is critical and takes time.** Developing strong, meaningful relationships with Traditional Owners, Elders, community members and local services is critical to establishing trust and building social capital in remote communities. This can take time and requires genuine and sensitive engagement lead by FPWs.
- **Staff benefit from coming together regularly.** NHVs value Fridays spent in the office and would benefit from more opportunities to come together with the entire team. Likewise, FPWs would like to spend more time with each other to connect and share knowledge, and cross-pollination opportunities should be pursued. However, there are challenges in accommodating team collaboration time with existing work commitments in community and staff leave.
- **The time NHVs spend in one community should be monitored to ensure continuous program delivery.** While the staffing structure of four primary and two floater nurses generally works well, it is important NHVs are able to work across all four communities as required. This is primarily to ensure NHVs can cover planned and unplanned leave (including long service leave, resignations, and personal and recreational leave) and prevent communities being without an NHV for prolonged periods of time, which poses risks for program operations. In addition, NHVs can become deeply embedded in their community and while this has some benefits in terms of relationship building, maintaining boundaries and managing the expectations of the community outside of work hours can be a challenge.
- **Greater flexibility may improve staff satisfaction.** The fly-in fly-out (FIFO) model and the ability for NHVs to return to Darwin on a weekly basis is important to the wellbeing of staff and the sustainability of the program. However, the roster is somewhat restrictive and there may be opportunities to provide NHVs with the option to stay in community for longer blocks, or even to live in community in permanent accommodation (noting accommodation options are extremely limited in all four communities).

# INTRODUCTION

## Community context

Top End Health Service (TEHS) is the Northern Territory (NT) government entity responsible for operating all publicly owned health services in the Top End region of the NT,<sup>1</sup> including four hospitals and more than 20 remote primary health care clinics. TEHS delivers the Australian Family Partnership Program (AFPP) through an outreach delivery model in four remote Top End communities: two east of Darwin in East Arnhem Land (Gunbalanya and Maningrida), one south-west of Darwin (Wadeye), and one north of Darwin on the Tiwi Islands (Wurrumiyanga) (see Figure below).

Community populations range from 1,153 in Gunbalanya to 2,541 in Maningrida and three communities are only accessible by air during the wet season from November to April (Wurrumiyanga is also accessible by ferry). In all four communities, Aboriginal and Torres Strait Islander people represent a large majority of the population, and most households speak an Aboriginal language at home (see Table 1 overleaf). Each community has a rich cultural history and a diversity of languages, traditions, ways of life, and kinship structures. However, many people living in these communities experience entrenched disadvantage and poorer outcomes across a range of economic, educational, social, and health domains relative to other Australians (Australian Bureau of Statistics 2021).

Across the four communities, the median weekly income ranges from \$439 (in Wadeye) to \$752 (in Gunbalanya), which is significantly lower than the NT and Australia overall (\$2,213 and \$2,120 respectively). Labour force participation in these communities is also much lower at between 25 to 36 per cent, compared to the NT and Australia overall (62% and 61% respectively). The Top End region faces systemic challenges with poverty, food insecurity, inadequate housing and difficult living conditions that contribute to some of the highest rates of underlying diseases and adverse perinatal outcomes in the country, including increased maternal mortality, preterm birth, low birth weight and perinatal deaths.

Figure – TEHS AFPP site locations

Source: Urbis.



<sup>1</sup> The Top End region covers north and northwest sections of the NT, including the Tiwi Islands. There are six townships in the region, including Batchelor, Jabiru and Adelaide River, with 17 communities, four town camps and 138 outstations. The Top End has a population of 17,231 people. Of all the NT regions, the Top End has the highest proportion of Aboriginal people with 3 in 4 people (75%) identifying as Aboriginal. See [https://cmc.nt.gov.au/\\_data/assets/pdf\\_file/0009/1084815/Top-End-Story-2021.pdf](https://cmc.nt.gov.au/_data/assets/pdf_file/0009/1084815/Top-End-Story-2021.pdf)

Table – Community profiles

Community	Population	First Nations population	Households where a non-English language is used	Top languages spoken at home (other than English)
Gunbalanya	1,153	87.4%	79%	Kunwinjku (78%)
Maningrida	2,541	91%	83%	Burarra (39%), Ndjebbana (Gunavidji) (14%), Kuninjku (9%), Kune (5%), Kunwinjku (3%)
Wadeye	1,924	86%	77%	Murrinh Patha (78%)
Wurrumiyanga	1,421	85%	85%	Tiwi (80%)

Source: Australian Bureau of Statistics (2021). Census data.

## The importance of outreach services in remote Top End communities

It is recognised that Aboriginal and Torres Strait Islander people across the country experience disproportionate levels of disadvantage as a result of the ongoing impacts of colonisation, including intergenerational trauma, loss of land and culture, and forced child removal (Productivity Commission 2020). Factors such as racism, discrimination, and structural barriers can also limit access to essential services and support for Aboriginal and Torres Strait Islander people (Productivity Commission 2020). Many of these issues are compounded for those living in remote Top End communities, which are uniquely disadvantaged due to geographic isolation, a lack of primary care services, as well as complexities relating to gaps in health literacy, language, cultural barriers to communication, and a transient workforce (Zhao et al. 2022).

Outreach services are critical to address barriers to high quality and timely healthcare for Aboriginal and Torres Strait Islander people in the Top End. Research has shown the delivery of outreach health services can have numerous benefits in these communities, including:

- **reduced need for patients to travel large distances**, resulting in an increase in health checks and less disruption to families and workplaces, and fewer costs for transport and accommodation
- **ability for family and other local health staff to attend appointments**, resulting in improved communication between health professionals and patients and improved management of health conditions
- **integration of health professionals within the community**, resulting in improved cultural appreciation and culturally safe care
- **cost saving** when compared with transporting patients to regional centres (Gruen et al. 2002).

Research has also identified several factors that can contribute to effective and sustainable outreach services in remote NT. These are presented in the table below.

Table – Factors that contribute to effective and sustainable outreach services

Factor	Details
<b>Base considerations</b>	<ul style="list-style-type: none"> <li>Outreach is integrated, valued and facilitated</li> <li>Outreach is shared and not dependent on one person</li> <li>Outreach is adequately resourced and staffed</li> <li>Demand exists for the type of care offered</li> </ul>
<b>The outreach service</b>	<ul style="list-style-type: none"> <li>Coordination and prior planning of visits</li> <li>Funded separately</li> <li>Evaluated regularly</li> </ul>
<b>The nature of outreach visits</b>	<ul style="list-style-type: none"> <li>Regular and predictable</li> <li>Respond to individual community need</li> <li>Accountable to the community</li> <li>Appropriate mix of education and support</li> <li>Reliable correspondent and good communication</li> </ul>

Source: Gruen et al. (2002). 'Outreach and improved access to specialist services for Indigenous people in remote Australia: the requirements for sustainability.' *Journal of Epidemiology & Community Health*, 56, 517–521.

## THE TOP END HEALTH SERVICE DELIVERY MODEL

### Origins of the model

In 2016, the Department of Health (now Department of Health and Aged Care) approached TEHS to establish an AFPP site in metropolitan Darwin as part of the Australian Government's commitment to expand the program from three sites to 13 by 2018. In consultation with community, it was determined Danila Dilba would deliver AFPP in Darwin, which led TEHS to identify and develop a remote outreach delivery model, in recognition of the benefits of delivering a continuous, culturally safe model of care in remote settings to improve maternal and child health and wellbeing for Aboriginal and Torres Strait Islander families living in these areas.

The four communities of Gunbalanya, Maningrida, Wadeye, and Wurrumiyanga were selected based on fertility rates, with consideration to the accessibility of the area and the existing service and support landscape for women and families. At the time, TEHS was operating primary health care clinics within all four communities,<sup>2</sup> and TEHS had confidence there was sufficient need for the program and an ability to quickly receive and manage referrals. As part of the initial selection process, TEHS undertook extensive community consultation, including through several community forums.

Once the communities were selected and working closely with the Department, the Program Manager and Nurse Supervisor undertook further community engagement to build relationships and raise awareness and support for the program among Elders, Traditional Owners, community members and local services, including schools, clinic staff, Families as First Teachers (FaFT),<sup>3</sup> and Territory Families. TEHS formally commenced delivering AFPP in May 2017.

<sup>2</sup> The clinic in Maningrida is now operated by an Aboriginal community-controlled health organisation (ACCHO). At the time of writing, the clinic in Gunbalanya is planning to transition to an ACCHO in 2024.

<sup>3</sup> FaFT acknowledges the important role families play as their child's first teacher. FaFT delivers quality early learning and parent support programs to young children and their families. It develops place-based programs to engage families and communities, and build parents' capacity to give their children the best start in life. See <https://education.nt.gov.au/policies/early-childhood-education-and-care/preschool-specific-policy>

## Resources required to deliver the model

### Staffing structure

The optimal staffing structure for TEHS' site comprises the Program Manager, the Nurse Supervisor, four Aboriginal Family Partnership Workers (FPWs) (all from community), six Nurse Home Visitors (NHVs) (one 'primary nurse' in each community and two 'floater nurses' which provide support to two communities each), and one Administration Officer. The Program Manager, Nurse Supervisor and Administration Officer are based in Darwin, while FPWs are based in their communities and NHVs work on a FIFO basis from Darwin.

The staffing structure has evolved over time. Initially, there were four NHVs (one primary nurse in each community) and FPWs split their time between AFPP and the 'Strong Women, Strong Babies, Strong Culture' (SWSBSC) program. SWSBSC is a bi-cultural community development program aimed at promoting the Aboriginal way of good health in women and babies during pregnancy and early parenting (NT Government 2009). The parallels between SWSBSC and AFPP created some confusion for staff and clients, which led to FPWs being recruited to work on a full-time basis for AFPP in each community.

There have also been periods where roles have been vacant for an extended time. Since commencement in 2017, it has been rare to have all positions filled, with NHVs the most difficult role to recruit and retain. When there are fewer than six NHVs, the workload of primary nurses increases as the additional capacity provided by floater nurses reduces. In 2022, a shortage of NHVs resulted in a six-month hiatus in program delivery in one community.

The Nurse Supervisor can perform the NHV role and has provided coverage across all four communities to accommodate periods of staff leave. This has enabled the Nurse Supervisor to develop a deeper understanding of community nuances, client needs and aspirations, the importance of FPWs, and complexities in delivering the program in a remote context. However, this requires extensive planning and a high degree of flexibility and adaptability, and the nature of the outreach delivery model means it is not possible for the Nurse Supervisor to take on a client caseload for an extended period.

While turnover of FPWs has been much lower than NHVs, there have been some periods where these roles have been vacant for a prolonged period, primarily due to cultural, community and family issues. When there are no FPWs, NHVs typically continue to work with current clients in a modified way, but do not enrol new clients.

### Office space and equipment

The AFPP offices in each community vary in terms of size and facilities available. For example, two offices have bathing facilities for clients and their children, while one has a fully equipped kitchen. Two offices are co-located with child and family services, one is co-located with the childcare centre, and one is co-located with the local Aboriginal corporation. There is also one five-seater 4WD in each community, which are only utilised by the AFPP team when in community during working hours.

In all four communities, office space is extremely limited and there have been some challenges securing and retaining appropriate space since the program commenced in 2017. For example, in one community, staff were working from a very small office for several years before securing an appropriate space. In another community, staff are sometimes required to work from their car while the building where the office is located closes for six weeks each year during the dry season. It should be noted that during this time, staff have the option to work from the local health clinic.

## Model features and approach

NHVs typically fly from Darwin on Monday or Tuesday each week and spend three to four days in community before returning to Darwin on Thursday evening. It is expected all staff (except FPWs, who live in community) come into the Darwin office on Fridays to complete reporting, attend in-person team meetings such as case conferences, and undertake reflective supervision. It is also expected that every five to six weeks, NHVs work from the Darwin office for one week, during which time they can attend training as well as medical and other personal appointments that are not available in community. Fridays in the office provide the opportunity for the team to come together and engage in informal debriefing, and this time is critical for team cohesion and staff wellbeing.



***...the FPWs need to know each other, we all prefer face-to-face and it has been said many, many times that FPWs do prefer face-to-face contact so I speculate that if we had more of those things it would be better for the FPWs and they would know their part in the greater thing. – AFPP staff***

In all four communities, FPWs and NHVs work side-by-side and rarely undertake any aspect of program delivery without the other. FPWs do not work when NHVs are not in community, and when FPWs are unavailable, NHVs are heavily restricted in the work they undertake with clients.

Typically, once the NHV arrives at the beginning of the week, they meet with the FPW/s at the office to check in. They discuss what has happened in community over the weekend, including anything that may impact client engagement such as women leaving or returning to community, Sorry Business, safety concerns, and cultural considerations. Following this, the team will establish a high-level plan and visit schedule for the week. They will then attempt to contact women via phone or drive to their home or to the community shop to look for them. In all four communities, it can be difficult to locate women and undertake visits. Many women do not use mobile phones or change their phone numbers regularly, and phones are often shared within families or have no credit. The populations within community are also highly transient and it is common women will agree to a visit but not be at the expected location. This means FPWs and NHVs spend a considerable portion of their time driving around community looking for clients, which impacts on the time spent delivering program content. Generally, several attempts are made to contact women including driving to their homes, the shop, or to friends or relatives' homes as directed by family.

The location of visits depends on client preferences and guidance from FPWs. In three of the four communities, a large majority of visits take place on site at the AFPP office, with many women preferring this so they can sit in a quiet, safe, air-conditioned room, and have something to eat and drink (noting many clients live in overcrowded housing and experience generally poor living conditions). In the fourth community, most visits occur at the client's home (out the front) or outside at other locations. Staff in this community feel the home visiting aspect of AFPP is important to its success, although acknowledge this is not appropriate for some clients and families.

While FPWs and NHVs work in a highly collaborative way, FPWs in all four communities typically lead visits with clients. The structure and focus of visits vary between communities and clients, depending on clients' individual circumstances, goals and interests, and the skills and interests of FPWs and NHVs. Staff in all four communities typically use pictorial resources and resources translated into the local language, as these are more appropriate and are preferred by most clients.

Outside of community, NHVs also visit clients when they travel to Darwin to give birth or to attend other appointments. Women are currently unable to birth on country, and travel to Darwin at around 38 weeks' gestation for 'sit down'. Sit down involves women going to stay at a hostel or other accommodation until they deliver the baby. Some women are accompanied by a female relative, while others have no family support. The ability to visit women in Darwin during sit down and in the immediate postpartum period is valued by both staff and clients and their families.

## **Model strengths**

### **Improving outcomes for women and their children in remote communities**

TEHS's outreach delivery model contributes to addressing the significant health disparities experienced by women and children living in remote communities. AFPP meets a critical gap in the service and support landscapes in the four communities by enabling women to access long-term, non-clinical, and culturally safe maternal care which they otherwise would not have accessed.





***...there is no one out here assisting these mums, we're filling a gap that exists... there's no one to refer to [in these communities]. – AFPP staff***

Consistent with other sites, TEHS staff support clients to build self-efficacy, develop skills and confidence in parenting, and encourage and enable them to access primary healthcare for themselves and their children. Staff also help to address clients' immediate needs including by providing them with food, a safe space to go, and other practical supports such as transport and essential household items. While AFPP is not intended to be a crisis service, there are limited services to which clients can be referred, and so staff value the flexibility to provide this type of support, particularly as many clients experience or are exposed to extreme poverty, food insecurity, inadequate housing, domestic and family violence, substance misuse, and gambling. When clients' immediate needs are met, this helps to build trust between the client and the AFPP team and improves the likelihood that program content can be delivered.



***...this AFPP mob they were like a mum to me... It was so nice to have someone, to get to know them, and to be supported by them, [to know] that you're not lost off the track, they're always there with us no matter what. – AFPP client***

### **Flexibility to meet community and client needs**

Staff in all four communities appreciate the ability to tailor program delivery to suit the community context and to meet the needs of individual clients in the following ways:

- **Location of visits:** In three communities, a large majority of visits take place on site at the AFPP office, whereas in the fourth community, most visits take place at clients' homes (outside).
- **Content delivery:** Staff deliver program content in different ways, depending on their skills and interests. For example, in one community, the NHV has developed an activity she undertakes with all women as part of consent visits centred around empowering the woman to make choices. In another community, staff have integrated a strong focus on sexual health, as the NHV has a background in this area.
- **Use of resources:** Staff use a combination of program resources and other resources, including TEHS materials. Many of the program resources are not appropriate for TEHS clients, and staff value the flexibility to adapt them or to use other resources. One FPW has translated some commonly used AFPP resources into language (including the Kimberley Mums Mood Scale) and shared this with staff in the other communities.



***...the autonomy and the capacity that we don't have to all be a rubber stamp of each other [is great], that I can [deliver the program] a bit differently because it suits me and my circumstances or the way I work. – AFPP staff***

### **The importance of the FPW role**

TEHS employs six FPWs (four full time equivalent), who are respected women who live in community and are strong in their culture and tradition. The FPW role is critical to the outreach delivery model and without FPWs it would not be feasible to deliver AFPP in these communities. FPWs provide invaluable cultural insight and expertise, as well as deep community connections, which helps to foster trust and acceptance among community while ensuring the safety of NHVs.



***It's important [to have an Aboriginal worker and a nurse] so that they... share information... and balance both cultures so you are not weighing on one, you have this other culture to balance you and your spirit. – AFPP client***

***Relationships, relationships, relationships and more relationships [are critical in remote settings] ... working alongside other organisations and building a relationship and doing the homework before hand, making sure the Traditional Owners, the Elders, that everyone is involved at that beginning stage and that [involvement] is continuous.  
– AFPP staff***

While it is critical FPWs are from community, this can also pose some challenges as FPWs are constantly running into clients and are never really 'off the clock'. In addition, living in community means there are limited opportunities for FPWs to connect with each other or with the broader AFPP team, as they typically leave only to attend training several times each year. In this context, there may be opportunities to improve the support provided to FPWs, including more opportunities to connect with the team, opportunities to visit other sites to facilitate knowledge sharing, and access to tailored training and reflective practice.



***I would like to go see the FPWs and their community to see how they're going... and I would like them to come to [this community] and see. – AFPP staff***

## Strong relationships between FPWs and NHVs

NHVs recognise the significant cultural and community knowledge held by FPWs and the importance of developing strong relationships built on trust and mutual respect. In all four communities, NHVs and FPWs work extremely closely, and share a deep, strong bond that is distinct from most AFPP sites. These relationships are characterised by two-way learning where FPWs and NHVs share with each other their knowledge, experiences, beliefs and language. Engaging in two-way learning helps build greater understanding, empathy and collaboration among staff and directly contributes to the feasibility and effectiveness of the program.



***...if you don't have a good FPW relationship you may as well pack up and go home. They are so vital... Naturally you have to take the bigger step forward, put yourself out there, be vulnerable, learn to be a friend with professional parameters. – AFPP staff***

## Model challenges

### Remote FIFO work

TEHS's model requires NHVs to fly to community each week for three to four days in flexible five-to-six-week blocks. When in community, NHVs stay in very basic accommodation – generally portable accommodation – containing a single bed and a small ensuite. NHVs do not have permanent rooms at their accommodation or a permanent space to store personal items, and this is difficult for some. Other challenges for NHVs related to the remote FIFO lifestyle, which can contribute to role dissatisfaction and burnout, include:

- social isolation, vicarious trauma and poor mental health and wellbeing
- limited access to health services and recreational facilities
- limited access to internet in two of the four communities
- limited and expensive food options, meaning NHVs typically need to bring food from Darwin
- limited opportunities for NHVs to connect with each other, debrief, engage in reflective supervision and share learnings.

Climate factors (for example, logistical challenges during the wet season) and cultural considerations and events (such as ceremony and Sorry Business) can also pose disruptions to program delivery in the remote context, as can FPWs' availability for work. FPWs' community and family obligations can mean they are sometimes unable to work at short notice, which restricts the work NHVs can do with clients.

### Staff safety

The safety of NHVs while they are in community is a key priority for TEHS. Remote communities can be unpredictable and at times, high levels of social dysfunction, substance misuse, and community unrest may pose a risk to the safety of staff. The geographic isolation can also make it difficult for staff to access timely and practical support to address safety concerns.

TEHS has implemented extensive safety policies and procedures to reduce potential risks to staff while they are in community. For example, NHVs are required to notify the Nurse Supervisor immediately of any safety concerns and when they arrive and leave community each week. NHVs are not permitted to walk alone or after dark, and all have a personal alarm and a satellite phone. External counselling services are offered to all staff and TEHS's policies and procedures are regularly updated. Since 2017, there have been a very small number of incidents directed at AFPP staff.

Outside of policies and procedures, when in community, NHVs depend heavily on their FPWs to keep them safe. FPWs feel personally responsible for the safety of NHVs, while providing critical knowledge regarding community events and dynamics and acting as a broker between NHVs and community as issues arise. If there is any unrest in community, staff are evacuated, or they do not travel until it is safe to do so.

# CASE STUDY:

## SUPPORTING CLIENTS IN CRISIS



### KEY INSIGHTS

- **Many First Nations women in Congress' catchment area experience complex challenges and immediate risks to their health and wellbeing.** There are significant gaps in the local service landscape for these women, and while AFPP is not intended as a crisis service, staff feel as though they have a duty of care to support women to address their immediate needs. There is strong evidence that Congress' delivery model has both short-term and ongoing positive impacts on the wellbeing and safety of clients and their children, particularly those experiencing family and domestic violence.
- **Supporting women in crisis and acute phases can be very time and resource intensive for staff** and often means re-prioritising their caseload to support clients most in need.
- **Staff would benefit from further training to build their capacity to work with clients experiencing crises.** While staff have received some training in family violence risk assessment, some staff do not feel adequately equipped to work with and respond to the needs of women who are experiencing domestic and family violence. There may be opportunities to provide additional, locally-tailored training and professional development in trauma-informed care and domestic and family violence.
- **The dedicated social worker role is critical to Congress' delivery model.** Most staff agreed their capacity to deliver the program would be significantly reduced without the social worker role, as responding to clients' immediate needs requires significant time. The social worker role is also a critical support to staff who are working with clients experiencing complex and distressing challenges, particularly staff who do not feel adequately skilled or experienced to respond to these clients' needs.

## INTRODUCTION

### Context

Central Australian Aboriginal Congress (Congress) is the largest Aboriginal Community Controlled Health Organisation in the Northern Territory (Central Australian Aboriginal Congress 2022). Congress provides comprehensive, holistic and culturally appropriate primary health care services to Aboriginal people living in and around Mparntwe (Alice Springs) and to six remote communities (Central Australian Aboriginal Congress 2022). Congress has been delivering AFPP since 2010 (ANFPP n.d.).

The complexity of challenges faced by Congress' AFPP clients are extreme and reflective of the compounding social issues occurring in the region. Domestic and family violence, housing insecurity and homelessness, acute mental health, substance misuse, justice system engagement, child protection, and poverty are realities of life for many Congress clients.



### ***Holistic practitioners can't ignore domestic violence.***

**– Congress staff**

Congress staff estimate 80 per cent of their AFPP clients experience family and domestic violence. Incidents of domestic violence-related assault in the Alice Springs region increased 34 per cent between 2021–22 (1,398) and 2022–23 (1,869), while incidence of alcohol-related assault increased by 36 per cent and sexual assault increased by 13 per cent in the same period.<sup>4</sup> Rates of homelessness in the Northern Territory (NT) are 12 times the national average (NT Department of Local Government, Housing and Community Development 2020). People living in 'severely' overcrowded housing account for much of the homeless population, along with those couch surfing or living in improvised dwellings and tents, supported accommodation and boarding houses (NT Department of Local Government, Housing and Community Development 2020). Eighty-eight per cent of the homeless population in the NT are First Nations, despite First Nations people representing only one third of the total population (NT Department of Local Government, Housing and Community Development 2020). The shortfall in social and affordable housing in the NT is estimated to be over 9,000, with a wait of up to 10 years for public housing applicants in Mparntwe (Robinson and Barwick 2022; Garrick 2022). Sixty per cent of public housing dwellings in remote parts of the NT are considered overcrowded, and town camps around Mparntwe also experience significant challenges in overcrowding (NT Department of Local Government, Housing and Community Development 2020). Overcrowding exacerbates family and domestic violence, which can in turn lead to other forms of homelessness.

## **THE CONGRESS DELIVERY MODEL**

### **Model features and approach**

Four Nurse Home Visitors (NHV), one Family Partnership Worker (FPW) and one Social Worker are based in Mparntwe. Staff based in Mparntwe support mums living in the town and its surrounds, as well as in Ltyentye Apurte (Santa Theresa), located 81 kilometres southeast of Mparntwe. One NHV and one FPW (role currently unfilled) are based in Ntaria (Hermannsberg), located 126 kilometres west of Mparntwe. As at August 2023, the Nurse Supervisor role was unfilled. Congress plans to recruit a FPW to be based in Ntaria, and another NHV to be based in Mparntwe.

Visits are largely driven by clients' priorities and generally take between 30 minutes and one hour. Visits usually occur in public places, as often home is not a private environment. NHVs, FPWs and the Social Worker do not attend visits together, however there are plans to ensure the FPW is present at all consent meetings in the future.

While other AFPP sites draw on the support of non-AFPP social workers sitting within their host organisation, Congress is the only site with a specified Social Worker position. When it was first introduced in 2020, the position was part-time with a focus on providing secondary consultation to staff and limited direct client contact. Since turnover in the role in 2021, a full-time Social Worker has supported program delivery in a client-facing capacity. The Social Worker supports four to five clients in 'extreme' crisis at any one time, delivering crisis response, short term interventions and, if necessary, case management.

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<sup>4</sup> According to offence data extracted from the NT Police PROMIS system on 01/08/2023. <https://pfes.nt.gov.au/police/community-safety/nt-crime-statistics/alice-springs>

While AFPP is not intended to be a crisis or case management service, staff delivering the program in Mparntwe invest substantial time and effort supporting clients whose health and wellbeing are at immediate risk. Significant gaps and unmet need in the local service system means there are very few services to which clients can be referred that are not already oversubscribed.<sup>5</sup> A lack of women's drop-in services in Mparntwe means clients are presenting to the AFPP office in acute distress, sometimes in the midst of fleeing domestic and family violence. This has led staff to believe they have no option but to assist clients through crisis.



***We have quite a few crisis-related self-referrals.***

**– Congress staff**

## **Model strengths**

### **Improving outcomes for women experiencing crises**

The local delivery model appears to have both an immediate and ongoing impact on the wellbeing and safety of clients and their children, particularly those experiencing family and domestic violence. The site office acts as a place of safety for women and children fleeing violence, and for girls and women unsupported in their pregnancy. Staff support clients to negotiate bail conditions and intervention orders for abusive ex-partners, and to make living situations safer by supporting clients' family members. Staff observe many of their clients would receive dangerously inadequate support to negotiate such issues in the absence of AFPP.



***I was going through a bit of domestic violence with the father of my daughter so [my FPW] did help a lot there... [they] talked about safety plans, [asked me] 'how are we going to handle this?' [and] was it something I wanted to work through or break away from... it wasn't like her pressuring me into do this or do that she would just support me in whatever decision I made.*** – Congress previous client

Several previous clients reflected that without the support of the program, they may not have been empowered to leave a domestic violence relationship.



***It's hard just to leave no matter how much support you get but [AFPP] did encourage me, I left at the end of my time with the program yeah. [Without this program] I wouldn't have known the difference between right and wrong in the relationship, or how I'm supposed to be treated.*** – Congress previous client

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<sup>5</sup> Staff noted Alice Springs DFV service is not a crisis service, which means there are few immediate supports available for mums in crisis beyond their AFPP connections.

The local delivery model also facilitates safer interactions between clients and the justice system, mitigating the risk of clients' exposure to victim blaming, cultural insensitivity and racism. Staff have a generally positive relationship with local police, which they can leverage to support clients through justice system engagement. Supporting clients' contact with the justice system is seen as important by program staff, given how ongoing inquiries into the NT's domestic violence response have revealed underfunded services and inadequate training for first responders (Jonscher 2022). Staff report that only two police officers based in Mparntwe have specialised training in responding to domestic and sexual violence, emphasising how victim misidentification presents a real threat to clients seeking to report family and domestic violence.



***One client attempting to report domestic violence was instead reprimanded for breaching her bail conditions. – Congress staff***

Many Congress clients experiencing family and domestic violence are unwilling to make direct statements to police due to prior negative interactions with the justice system and fear of retribution from perpetrators and perpetrators' families. Some clients believe reporting a perpetrator to police puts their safety at risk. Staff think the onus being on their clients to make a statement to police is a current failing of the justice system and note mandatory reporting requirements are leveraged by clients seeking to avoid direct police engagement. Clients frequently request AFPP staff speak with police on their behalf. While staff strongly encourage clients to contact police directly if they are concerned for their own or someone else's safety, this advice is not always followed. There have been instances where clients in imminent danger have texted staff to request staff call police, rather than contacting police directly. Staff feel the ongoing inquiries into the NT's domestic violence response are leading to positive changes in policing behaviours, however engaging with police remains unsafe for many of their clients.



***AFPP staff will make reports for mum, so she isn't implicated as much. – Congress staff***

The local delivery model has contributed to improved outcomes for the families of clients. This has included supporting the health of family members, referring clients' partners to men's behavioural change programs and intensive family support services, and in one instance supporting a client's partner to surrender to police – potentially resulting in a reduced prison sentence.

Opportunistic care provided to clients' family members positively impacts client wellbeing. Staff provided an example of such support. During a visit, it became evident a client was concerned about her brother's mental health. The client disclosed her brother had exhibited violence toward family members and refused medical treatment, and requested AFPP provide assistance while he was not in an elevated state. The brother was receptive to AFPP's offer of assistance, and staff transported him to hospital where he received treatment, after which he was referred to Congress' Social & Emotional Wellbeing (SEWB) services for ongoing case management. The client was very grateful for the support provided to her brother, as it improved her and her family's comfort and safety.

## Dedicated Social Worker role

Having a skilled Social Worker based within the team is a key enabler of the delivery model. Staff agreed that, without the Social Worker role, having even one or two clients in their caseloads who are facing complex challenges significantly reduces their capacity to deliver the program and engage with their other clients. Having a Social Worker available to support the complex needs of clients allows other staff to be more focussed on the delivery of program content. By providing intensive crisis support, the Social Worker alleviates pressure on staff who do not feel sufficiently trained to support clients in crisis. The Social Worker also provides a secondary consult role to staff, meaning assessments of risk and decisions around crisis management are made with the support of an experienced professional and within a team environment. With the Nurse Supervisor role unfilled,<sup>6</sup> this secondary consult role has proven essential. The Social Worker is supported by another Social Worker who sits within the National Support Service (NSS).

## Improved data collection and training to support clients experiencing domestic and family violence

Rigour in processes and reporting means Congress staff can track how and the extent to which they are supporting clients to navigate family and domestic violence. Staff use the Northern Territory Government Domestic and Family Violence Risk Assessment and Management Framework (RAMF) to guide their work. All staff have attended RAMF training. The Common Risk Assessment Tool (CRAT) is part of RAMF and is undertaken with at-risk clients. Staff show clients their CRAT score and use it to explain why they are considered as being 'at extreme risk'. The CRAT is also used to refer clients to intensive family support services, and to justify why staff are undertaking mandatory reporting. Actions taken to support clients in acute family and domestic violence situations are recorded in Communicare, meaning the site has strong evidence and a record of work undertaken in this area.

## Model challenges

### Inconsistent staff approaches to working with clients in crisis

There is some contention among staff regarding the extent to which the program should be assisting clients to navigate crisis, beyond referring them to crisis-specific services. As previously noted, a lack of available crisis-specific services means external actions taken to address client risks and needs are often outside acceptable and safe timeframes. Staff note this focus on addressing immediate risks and dangers to clients detracts from time available to deliver program content, describing several examples of incidents taking many hours to resolve and out-of-hours correspondence with clients and police. Staff also flagged that referring a client to another service is not always appropriate.



***Alice Springs is a crisis-driven town. [Our] clients don't want referrals, they want to be looked after by the person they build a relationship with... not handballed across to more people and more services. – Congress staff***

### Varying staff capacity to respond to experiences of crisis

Another challenge in implementing this model is the preparedness and safety of staff supporting clients to navigate crisis. While the Social Worker has undertaken intensive trauma training and has extensive experience working in Mparntwe and specific expertise supporting women to navigate family and domestic violence, contact with the justice system (including bail and intervention orders), child protection, and substance use, other staff do not feel adequately prepared to work with clients who are in crisis and/or traumatised. Some staff note supporting clients to resolve complex crisis scenarios extends beyond what they consider to be in the remit of AFPP, a factor they believe contributes to staff turnover. Staff believe additional training in topics such as trauma-informed care and mental health first aid would be valuable for them.

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<sup>6</sup> The Nurse Supervisor role was unfilled as at August 2023.





***We are trying to run the program as intended, but we don't have adequate internal or external support to deal with crisis... we are stuck with it now, essentially case managing crisis... it's not what I signed up for. We don't have support and staff leave because of burnout. – Congress staff***

### **Difficulty locating clients**

A further challenge is delivering the program to transient clients. It can be difficult for staff to locate clients who are experiencing homelessness and have no fixed address. This is compounded by the fact mobile phones are sometimes shared by multiple people, so touching base with clients prior to a visit can be difficult.

# CASE STUDY:

## WORKING WITH FATHERS AND PARTNERS



### KEY INSIGHTS

- **A Men's Family Partnership Worker (FPW) role can contribute to better outcomes for clients and families but may not be appropriate or feasible for all sites.** Staff agree there is considerable need and a range of benefits in working directly with fathers and partners of Australian Family Partnership Program (AFPP) clients. However, it is recognised a Men's FPW role would not work in all contexts due to factors such as recruitment and workforce challenges, and traditional and cultural norms relating to men's and women's business.
- **There is a need to clearly define a Men's FPW role and tailor resources and training to enable AFPP to work effectively with fathers and partners.** No national program resources, training or guidance exist to support Men's FPWs in their role. The need to adapt or develop new materials that are tailored to men places an additional workload on the Men's FPW and impacts the time available to work with clients.
- **Additional funding may be required for sites considering introducing a Men's FPW position.** Funding for the Men's FPW is allocated from within Nunkuwarrin Yunti's existing AFPP budget, which necessitates that funding for another FPW position is diverted – this can have implications for caseload management. Specific funding should be considered to ensure the sustainability of the Men's FPW role without negatively impacting the workload of other staff or compromising intake numbers and the support provided to women enrolled in the program.
- **There are several skills and qualities that appear important for Men's FPWs.** Men's FPWs work largely in isolation and so individuals in this role must be autonomous, proactive and adaptable to meet the diverse needs of clients. A high level of empathy, including an ability to relate to men from different cultural and socio-economic backgrounds is also critical to ensure fathers and partners feel safe and comfortable to engage in the program.

## INTRODUCTION

### Context

Nunkuwarrin Yunti is the largest Aboriginal Community Controlled Health Organisation (ACCHO) in South Australia (SA), and provides a wide range of comprehensive primary health, dental, social and emotional wellbeing, health promotion, and health training and development services (Nunkuwarrin Yunti 2023). Nunkuwarrin Yunti is the only AFPP partner organisation in SA and delivers the program to mothers and families across metropolitan Adelaide. Nunkuwarrin Yunti's site was established in April 2017 as part of the third wave of AFPP implementation.

In 2018, Nunkuwarrin Yunti created the Men's FPW role, a dedicated position to work directly with fathers and partners of AFPP clients. Since this time, several sites have introduced similar positions (including Durri Aboriginal Medical Service in Kempsey and Wurli-Wurlinjang Health Service in Katherine), while most other sites have expressed an interest in understanding the potential benefits of this role in improving outcomes for clients and families.

## The importance of working with fathers and partners

Aboriginal and Torres Strait Islander fathers (and other men, such as partners, uncles and grandfathers) play important and diverse roles in children's lives, including as teachers, protectors and nurturers, carers, knowledge holders, ancestors for future generations and everyday providers (First 1000 Days Australia 2018). Research suggests involving fathers in the lives of their babies from pregnancy can positively influence children's development and wellbeing, regardless of whether fathers are primary caregivers, live in the home, or are separated from the family (Reilly 2021).

Despite this, the roles and responsibilities of Aboriginal and Torres Strait Islander men within parenting have largely been neglected or ignored, and the availability of appropriate strategies and programs for this cohort is limited (Canuto et al. 2019). Evidence from parenting programs focusing on Aboriginal and Torres Strait Islander fathers suggests that, given the opportunity, these men are ready and determined to fulfil their roles as parents to the best of their ability for the benefit of their families and communities (Canuto et al. 2019). Strengthening the role of Aboriginal and Torres Strait Islander fathers and partners through the provision of inclusive parenting programs and services is an important strategy to equip these men with the skills and confidence to better support their families (Canuto et al. 2019).

## The Nunkuwarrin Yunti delivery model

### Origins of the model

The Men's FPW role was conceived in early 2018 by the then Nurse Supervisor who identified the potential benefits of AFPP providing culturally appropriate and tailored supports to fathers and partners and, in doing so, improve outcomes for the whole family unit. The idea evolved following the publication of *Our Men, Our Shields: Messages of belonging and hope (Our Men, Our Shields)*, a position statement on the importance of including men in the work of First 1000 Days Australia.<sup>7</sup> *Our Men, Our Shields* highlights the underrepresentation of men in discussions regarding the early years of child development, stating:

*...a focus on mothers and babies, to the exclusion of men, undermines and undervalues the important contribution that men make to their families during those first 1000 days (First 1000 Days Australia 2018).*

After the idea for the Men's FPW was proposed, the role was further developed through discussions between the Nurse Supervisor and the Program Manager, as well as senior staff from Nunkuwarrin Yunti and from other AFPP sites. Based on these discussions and anecdotal feedback from clients regarding a lack of supports available for fathers and partners, the Program Manager was confident there was sufficient need for a Men's FPW and potential for the role to strengthen outcomes for clients and families.

In November 2018, with the support of their Funding Arrangement Manager, Nunkuwarrin Yunti submitted a business case to the Department of Health (now DoHAC) to create the Men's FPW position. The business case highlighted the importance of including fathers and partners in the program to enable a culturally informed approach, while also providing opportunities for positive role modelling and the sharing of knowledge and experiences among men. It further outlined that the position would be funded within Nunkuwarrin Yunti's existing budget allocation and remain within the scope of the existing FPW role.

In early 2019, the Department approved the business case and Nunkuwarrin Yunti commenced recruitment for a Men's FPW.

### Model features and approach

At the outset, the Men's FPW job description was intentionally flexible to enable the role to evolve in response to the unique needs of fathers and partners. It was envisioned the Men's FPW could provide a range of supports spanning cultural support and role modelling, parenting and health education, support to access employment, referrals to relevant services including social and emotional wellbeing, and assistance

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<sup>7</sup> First 1000 Days Australia is a First Nations model aimed at strengthening all families so they can give their children the best start in life. See <https://www.first1000daysaustralia.com/>

with Centrelink and budgeting. It was also anticipated the Men's FPW would establish and facilitate group activities centred around the interests and preferences of men in the program with the aim of fostering social connection, reducing social isolation, and offering opportunities for role modelling and peer education.

The first Men's FPW commenced in April 2019 and worked closely with other AFPP staff – particularly FPWs – to engage with fathers and partners and gain insight into their challenges, experiences and aspirations as parents. Based on these discussions, the Men's FPW identified areas where support was most needed and began to provide tailored social and practical assistance to a small number of men who expressed an interest in being involved in the program.

In late 2019, the Men's FPW worked with the Nurse Supervisor to develop a consent process to enrol fathers and partners of women in the program as Nunkuwarrin Yunti clients so they could receive support from the Men's FPW. The introduction of this process contributed to improving role clarity and raising awareness of the support the Men's FPW could provide to fathers and partners. However, consistent engagement of men was a key challenge, as it was found men tend to prefer to 'dip in and out' of the program, depending on their work, family and social commitments.



***... dads can sort of dip in and out because they're not the client of the program and it can cause frustrations for the rest of the team in understanding [the men's role]... women we may see every fortnight or every week... whereas with the dads, some of it can be touching base now and again, some of them can be seen regularly, some might be once in a month... it's very dad driven. – AFPP staff***

The Men's FPW worked with other staff at Nunkuwarrin Yunti to develop a series of booklets targeting fathers focused on the three program phases of pregnancy, infancy and toddlerhood. These booklets were provided to men during consent visits to help spark conversation around what to expect and how to make positive decisions in their parenting journey. Staff also shared these booklets with other AFPP sites to support their engagement of men, and with a range of local external services as a promotional resource for the program.

In July 2020, the first Men's FPW resigned, and the position was vacant for several months until a new Men's FPW commenced in October 2020. This person had extensive experience working with Aboriginal and Torres Strait Islander young people and was passionate about developing the Men's FPW role to enhance support and improve outcomes for men facing complex challenges. He felt there was a crucial need and opportunity to embed father-inclusive practice within AFPP and in doing so, help men to navigate their role as parents.

Together with at least one other FPW, the second Men's FPW attended most consent visits to provide information regarding the role and the types of support he could offer. If the Men's FPW was not available, other AFPP staff would provide this information and ask clients whether their partner (or the father of their child) may be interested in joining the program. If the man expressed an interest, the Men's FPW would reach out to them and seek to enrol them as clients.

Once enrolled, the Men's FPW would complete the Deadly Dads Healthy Habits Profile, which was adapted by Nunkuwarrin Yunti from the existing questionnaire for women, and captures information on clients' health, habits, current circumstances and risk factors. He would then spend time with clients discussing their circumstances and goals using self-reflection and exploratory tools such as STAR, Life's Journey, Who's my Mob, and GEM.

Consistent with the broader AFPP client caseload, many of the Men's FPW's clients experience complex challenges including substance misuse, mental health issues, homelessness and housing insecurity, unemployment, previous incarceration or legal proceedings, poor financial literacy, and child protection involvement. The Men's FPW was able to help men to address these immediate needs and 'meet clients where they were', including through advocacy and referrals to relevant services. In doing so, the Men's FPW was able to develop trust and rapport with clients and families while building men's capacity to connect with and support their families. Depending on the needs and preferences of clients, the Men's FPW also provided

social and emotional support to men, ranging from taking them out for lunch or coffee and providing advice and information on parenting, to attending medical appointments, court appearances and access visits. In addition to supporting a growing caseload (ranging from 15–30 men at any one time), the Men's FPW was proactive in adapting existing resources to be relevant for men (including AFPP and Nunkuwarrin Yunti resources) as well as creating new materials.

The second Men's FPW resigned in April 2023 to pursue a career in counselling. At the time of writing, Nunkuwarrin Yunti is not seeking to fill this role as they are prioritising recruitment of another female FPW to support their growing and geographically dispersed female caseload. Staff indicated they hope to recruit another Men's FPW in the future given the strong need and the benefits for clients, but the absence of dedicated funding for this position means this may not be feasible.

## Model strengths

### Working with and supporting the whole family unit

Staff agree there are benefits to embedding father-inclusive practice within AFPP in recognition of the importance of involving the entire family and community in supporting maternal and child wellbeing. In consultations, staff and clients consistently highlighted the lack of programs targeting fathers – particularly Aboriginal and Torres Strait Islander fathers – and felt the Men's FPW went some way to address the critical gap in support for this cohort. It was noted that actively engaging fathers and partners in the pregnancy journey and the first 1000 days of a child's life can help reduce maternal stress, strengthen family bonds and instil a sense of shared responsibility for the child's wellbeing.



***... if you don't include the men then you are denying their role in cultural ways of rearing children and having nurturing homes and then that just contributes to disruption... it's hard to deny that men are important and that they don't have a legitimate role in this program to be supported in whatever way that happens to be.***  
– AFPP staff

Staff reported the addition of a dedicated position to work with men had, at times, enabled them to better support women in the program. For example, the Men's FPW could offer a different perspective on family issues based on what he was hearing from fathers and partners and by '*getting different sides of the story*', staff felt they were better equipped to respond to the needs of the whole family unit. The presence of a male worker was also noted as being helpful when there were safety concerns regarding a particular client or family, and the Men's FPW was able to provide support and guidance to staff based on his '*male intuition*'.



***Some of the men that worked with [the Men's FPW] valued that they had someone behind them, and they could talk about stuff... a lot of men don't have support, they don't talk about things... [because] they think it's a sign of weakness.*** – AFPP staff

## Improving outcomes for fathers and partners

Since the Men's FPW role was introduced in 2019, there have been a range of benefits for fathers, partners and families involved in AFPP. Feedback from staff and women in AFPP suggests the Men's FPW helped to improve his clients' life circumstances and social and emotional wellbeing in the following ways:

- providing culturally appropriate advice, support, and regular wellbeing check-ins, particularly during the postpartum period
- enabling access to a range of support services relating to housing, healthcare, alcohol and other drug use, mental health, child protection, domestic and family violence, legal support, and accessing government services (noting men, and particularly Aboriginal and Torres Strait Islander men, face a range of barriers to accessing these services)
- providing links to existing men's groups and other activities
- empowering men with information and guidance around what to expect and how to nurture the father-baby relationship and support their families
- providing opportunities for men to keep in touch with staff after they graduate or exit from AFPP.



***[AFPP have] given a partnership worker to my partner, he speaks to him about everything, gets advice off him... he will contact my partner, see how he's going and have a little bit of a chat over the phone [or] organise with my partner about coming out [for a visit].  
– AFPP client***

While fathers and partners were not directly consulted for the evaluation, several men were present at their partner's interviews and provided feedback on their experiences engaging with the Men's FPW. These men were generally positive regarding the role, and while some chose not to join the program, they were aware of it and appreciated that this support was available.



***It made me feel good to have a male worker to see how I'm doing because not many people know that fathers can get postnatal depression too... it was a great help. – AFPP male client***

## Model challenges

### Limited role clarity and a lack of tailored training, resources and support

While flexibility in the role is important to ensure the Men's FPW can respond to the diverse and local needs of fathers and partners, a lack of guidance, clearly defined responsibilities, and key performance indicators creates challenges for the individual in the role, as well as for the broader AFPP team. The NSS does not provide any specific training, resources or guidance on working with men as part of AFPP, given this is not a feature of the program's design nor the original NFP program design. As such, responsibility for shaping the role sits primarily with the Men's FPW and the site. Investing in specialised educating and training for male FPWs, as well as tailored program content and resources suitable for men, may increase the sustainability of the role and the potential benefits for fathers.

The ability to collect information and data regarding the Men's FPW's work is also limited. Staff noted the activities undertaken by the Men's FPW could not be captured in ANKA, which led the Nurse Supervisor to develop new clinical items in Communicare.



***... in all of the program, all the material, nothing is aimed at the Men's FPW's, the program is all around the female client [including]... the benchmarks and the CMEs that we follow... and there wasn't any capacity to enter any data. – AFPP staff***

### Engagement

Staff report that achieving consistent engagement from men in AFPP is a challenge, and this creates issues for caseload management and role accountability. While women in the program receive structured support, via regular visits and ongoing support from their home visiting team, men engage in different ways. For example, some male clients are extremely engaged and need intensive support, while others may only receive sporadic transport to appointments or a text message to check in on their wellbeing.

Staff also reported that it was common for women to advise the Men's FPW of their partner's interest in joining AFPP, but then when contacted, these men did not wish to engage. It was suggested some men may be hesitant to engage because of the perception AFPP as a 'woman's program', while others were unable to do so because of existing work, family and social commitments (noting that AFPP operates within standard business hours). Staff noted that developing rapport with men and building trust with the family requires considerable time and sustained effort.

### Absence of funding for the position

When Nunkuwarrin Yunti created the Men's FPW role, the Program Manager and Nurse Supervisor felt there was sufficient need for a dedicated resource to work with fathers and partners of clients in the program to warrant the re-allocation of funding from another FPW position. However, Nunkuwarrin Yunti has elected not to recruit a new Men's FPW at this time as they have identified an urgent need for another FPW to support their caseload of female clients.

This need is partly driven by the re-location of the AFPP office to the northern suburbs of Adelaide in early 2023, meaning staff are spending prolonged periods travelling to visit clients in the south, which has implications for caseload management. Without specific funding for the Men's FPW, the continuation of the role is at risk.

### Difficulty with recruitment

Recruitment of Men's FPWs can be difficult in the context that AFPP primarily targets women, and feedback from staff suggests there may be a perception that it is inappropriate for men to work in a women's program. It was noted men may be hesitant to apply for the role based on fear of judgement or cultural backlash. Further, the absence of other male staff or role models in the program was identified as being potentially isolating and a further deterrent for applicants.

# CASE STUDY:

## SUPPORTING CLIENTS IN CUSTODY



### KEY INSIGHTS

- **There is a significant need to provide culturally safe healthcare and support to First Nations mothers who are incarcerated.** First Nations mothers face a range of challenges in prison and upon their release, including restricted access to healthcare and social supports, and poorer health and wellbeing outcomes across a range of indicators. GWAHS staff recognise the importance of working with these women to address a critical gap in supports and empowering them to make positive choices in their parenting journey.
- **GWAHS's delivery model contributes to strong positive outcomes for women and children,** and similar approaches should be considered at other AFPP sites. GWAHS staff provide continuous care and support in pre-release planning that are protective factors against recidivism and can support family preservation and reunification. Critical to the success of the delivery model is the support of GWAHS management and the recognition by the Program Manager of the value in including incarcerated women in the program.
- **Engaging and building relationships with key local justice system stakeholders is essential for working with clients who are incarcerated.** Increasing awareness of the program among justice stakeholders, including by highlighting AFPP's potential as a protective factor in reducing reoffending, is essential to the success of GWAHS's delivery model. By using a proactive approach and seeking out referrals from the justice system, GWAHS staff believe they have identified and supported the women in their community who are most in need of the program.
- **There are logistical challenges in supporting women who are incarcerated.** Since the onset of COVID-19, staff have been unable to visit clients face-to-face in prisons, and engagement has been limited to the provision of information sheets and phone calls. At the time of writing, staff are only supporting one client in prison, but hope to increase referrals and enrolments of incarcerated women in the future. An additional logistical challenge associated with GWAHS's delivery model is the need to navigate inconsistent policies and processes across prisons.
- **There is a need to formalise the referral pathway for incarcerated women into AFPP.** The sole referral pathway (from Correction Services NSW) has not been formalised through an agreement and referrals are facilitated by one individual at Corrections. This places the continuation of the delivery model at risk, and an agreement should be pursued.



# INTRODUCTION

## Context

Greater Western Aboriginal Health Service (GWAHS) is an Aboriginal Medical Service (AMS) servicing Western Sydney, Nepean and Blue Mountains regions.<sup>8</sup> GWAHS's Australian Family Partnership Program (AFPP) site, based in Mt Druitt, was established in June 2017 and services clients living between Blacktown and Penrith in New South Wales.

Since 2019, GWAHS has partnered with Justice Health to work with AFPP clients who are incarcerated at three women's prisons in the catchment area: Silverwater Women's Correctional Centre, a maximum-security institution (Corrective Services NSW 2023a); Dillwynia Correctional Centre, a maximum-security facility (Corrective Services NSW 2023b); and Emu Plains Correctional Centre, a minimum-security facility.<sup>9</sup> GWAHS is the only AFPP partner organisation that works in partnership with Justice Health to deliver the program.

## The importance of working with women who are incarcerated

Across Australia, incarcerated First Nations women have higher rates of imprisonment on remand and experience poorer health outcomes relative to non-Indigenous women and men (Kendall et al. 2020). Many First Nations women who are incarcerated, including mothers, have limited access to health and other programs, which restricts their ability to address health concerns in prison and to plan for release (Kendall et al. 2020).

It is well established within the literature that all women, including women in prison, require services that are culturally safe and trauma-informed, and that provide continuity of care throughout the perinatal period while addressing intersecting needs, such as drug and alcohol use, mental health, domestic violence, physical health, housing, education and training and legal advice (Breuer et al. 2021). Regardless of whether children are living with their mother in prison or whether there are alternate care arrangements in place, incarcerated mothers should be supported to meet the developmental needs of their children including responsive caregiving, physical health, adequate nutrition, opportunities for early learning, and security and safety (Breuer et al. 2021).

## THE GWAHS DELIVERY MODEL

### Origins of the model

The idea to work with AFPP clients in prison arose organically in 2019 when GWAHS staff sought a way to continue delivering the program to a client who had been incarcerated. Since this time, AFPP has worked with incarcerated clients who are on remand or serving shorter sentences. Two longer-term staff – an FPW and an NHV – are primarily responsible for program delivery to these clients. The ability to deliver AFPP to incarcerated women is seen by staff as addressing a significant gap in supports while also empowering these women to succeed when released, which significantly improves outcomes for both clients and their children.

### Model features and approach

GWAHS receives referrals from a Substance Use in Pregnancy (SUP) Coordinator based at Silverwater Women's Correctional Centre, the major reception centre for female offenders in NSW (Corrective Services NSW 2023a). This relationship was established at an interagency network meeting in 2019. All women entering the facility are screened for pregnancy and drug use and women who are expecting an Aboriginal and/or Torres Strait Islander child are referred to AFPP. GWAHS's site accepts all referrals via this pathway on the condition that the woman intends to remain in the Sydney area after her release. If the woman does not intend on remaining in Sydney after release, GWAHS will attempt to connect her with appropriate local support services, which may include other AFPP sites.

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<sup>8</sup> Since 2019–20, GWAHS has been part of Wellington Aboriginal Corporation Health Service.

<sup>9</sup> Emu Plains Correctional Centre was the only one of the three facilities with a Mothers and Children's Program, however, it recently closed down indefinitely. The Emu Plains Mothers and Children's Program has historically been difficult for women to access as it has strict admission criteria around behaviour, duration of sentence, and date of baby's birth.

<https://correctiveservices.dcj.nsw.gov.au/correctional-centres/find-a-correctional-centre/emu-plains-correctional-centre.html>

Once women enrol in AFPP, GWAHS staff deliver culturally safe care and support which includes assistance to navigate the prison healthcare system, support in child protection matters, and pre-release planning. Clients referred to the program after 26 weeks gestation may have more frequent engagements with the program (e.g. weekly) to ensure they receive sufficient support during pregnancy.

Staff estimate approximately one-fifth of their current clients have interactions with the justice system. Since 2019, GWAHS has worked with 35 incarcerated clients, two of whom were in the juvenile justice system. However, COVID-19 restrictions and staff turnover has contributed to decreased work with clients in prison in recent years. As at September 2023, GWAHS's site was supporting one client in prison. The site plans to increase the work it is doing with women in prison settings by developing relationships with the Department of Corrections and Justice (DCJ) staff responsible for screening incarcerated women for pregnancy.

## Model strengths

### Improving outcomes for incarcerated women and their families

Participation in AFPP helps incarcerated women to build parenting skills and a parenting plan for when they are released and are reunified with their baby. Staff believe this encourages and supports clients' continued connection to their baby during their separation, which is important for ensuring the needs and rights of the child are maintained.

The continuous care and support in pre-release planning that GWAHS staff provide are protective factors against recidivism for clients. Transitioning out of prison is a vulnerable period for clients, who are often overwhelmed and socially isolated, particularly when they are required not to contact their ex-partner or former social circle (Breuer et al. 2021). During this time, clients need to establish a source of income, organise housing, and satisfy statutory obligations, often while caring for and/or seeking reunification with their children. GWAHS supports clients during this period to improve their mental health and financial security and to make healthier lifestyle choices. Staff suggested by empowering clients to navigate these challenges, the program contributes to reducing recidivism and supporting family preservation and reunification.

Staff believe building trust with clients while they are in prison means they are well-placed to connect them to appropriate community services and supports upon their release. Staff assist clients to identify and engage with appropriate community healthcare services upon their release, which may include assisting with transport or accompanying the client on their first few visits to a new doctor, dentist or an ACCHO or AMS.



***One client came straight to the site after she was released... the connection to AFPP gives clients a connection to someone on the outside they can trust. – GWAHS staff***

It is important to note the program supports clients across all stages of justice system engagement, including in Pregnancy Family Meetings (PFM), a Western Sydney Local Health District program designed to support parents with identified child protection concerns to reduce the risks for their unborn baby during the antenatal period (NSW Health 2023). Referrals into PFM come directly from DCJ (NSW Department of Communities and Justice 2020). The involvement of AFPP staff at this early stage of pregnancy is viewed as a protective factor for clients in retaining care of their baby at birth. Engagement in AFPP can also be a protective factor for clients during justice system engagements. In some cases, this has led to clients avoiding reincarceration and being granted parole conditions that afford them increased freedoms.

In addition to supporting incarcerated clients, AFPP staff have worked with the carers of their client's baby while the client has been incarcerated, which has included fathers and other family members.

### Strong relationships with DCJ

A core enabler of the GWAHS delivery model is the relationship staff have with stakeholders within DCJ, predominately from Corrective Services NSW. There is general agreement among staff that Corrective Services NSW holds the program and its staff in high regard and is responsive to their advice, indicating that engaging with the program serves as a protective factor for clients. AFPP staff advocate for their clients by

offering a strengths-based perspective in engagements with DCJ, a perspective staff believe is not dominant in DCJ's practice and processes. GWAHS staff engage with DCJ in relation to child protection and justice, providing advice, advocacy and liaison assistance as needed.



***We were able to do belly casting with a client who was being held in a maximum-security facility... we got an approval letter and could take in scissors... it was a massive achievement. – GWAHS staff***

Staff believe DCJ realise the need for additional supports for Aboriginal women leaving prison, leading DCJ to be supportive of the work AFPP undertakes with clients. Importantly, the relationship staff have with the SUP Coordinator at Silverwater Women's Correctional Centre enables the referral of pregnant women who are already incarcerated. Additionally, the SUP Coordinator notifies AFPP when a client is released, meaning staff can proactively follow up with a client once they are back living in the community.



***One of our clients was released to rehab accommodation... she reoffended and the magistrate wanted to put her in jail but [the SUP Coordinator] advocated for her to get [a non-custodial sentence], with AFPP's support. – GWAHS staff***

***Call [a woman's] caseworker, get yourself involved, find out who the key players are. – GWAHS staff***

## **Model challenges**

### **Challenges visiting clients in prison**

A key challenge in supporting incarcerated clients is being unable to visit them in prisons. Staff reported inmates having decreased access to outside visitation and contact due to ongoing COVID-19 measures. This means staff are not currently visiting clients in-person, a format they believe is essential to successful program delivery. Instead, clients are posted information sheets and invited to call AFPP staff to discuss the content.<sup>10</sup> While staff have attempted to organise video conferences, these have been difficult to coordinate and have not yet occurred. Additionally, incarcerated clients may be required to choose whether to have an in-person visit or call from AFPP, or an in-person visit or call from family. Staff did not feel comfortable detracting from time a client could spend with family. Notably, staff attempted to host an event for women in prison in 2022. However, they found it was too challenging to organise with relevant stakeholders.

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<sup>10</sup> Currently staff are unable to call incarcerated clients directly.



***I really enjoyed the [prison] visits. Clients are open and honest face-to-face, it's much harder speaking to them and building rapport over the phone. – GWAHS staff***

### **Other logistical challenges**

Additional logistical challenges associated with the delivery model include the time required to visit a client in prison and the need to navigate inconsistent policies and processes across prisons. Staff noted not all prisons have permitted them to send program materials to clients, meaning they must be creative in finding ways to deliver program content verbally.

As Silverwater Women's Correctional Centre is the major reception centre for female offenders in NSW, the women referred to the program by the SUP Coordinator come from all over the state. When clients leave prison, they are not always staying in accommodation within the GWAHS catchment, posing a challenge to supporting clients in the transitional period. Instead, the site endeavours to link clients with relevant services in the area they will be living in, including another AFPP site if possible.

### **Informal referral pathway and limited data collection**

Another potential barrier in the implementation of the service model is that the referral pathway from Correction Services NSW has not been formalised through a documented agreement. Currently, there is a single point dependency on one person within Correction Services NSW to facilitate referrals of women entering prison. GWAHS plans to increase referrals of women eligible for AFPP in prisons by connecting and building relationships with key Correction Services NSW staff, such as staff responsible for pregnancy screening and staff at the new Aboriginal Women's Health Hub being established at Dillwynia Correctional Centre. As no formal Memorandum of Understanding or similar documentation has been developed to safeguard this way of working, it is at risk of ceasing with successive staff turnover. Additionally, the site does not currently collect data relating to justice system outcomes that have been achieved.



# CASE STUDY: CONNECTING CLIENTS TO CULTURE AND COMMUNITY



## KEY INSIGHTS

- **Art-based activities are embedded in program delivery**, forming a key feature of home visits and group events. FPWs lead a range of activities with clients, including beading, weaving, painting, jewellery making, scrapbooking, plaiting, singing and sewing.
- **Staff believe the use of art-based activities is particularly effective in connecting clients and their babies to culture and community**, facilitating more engaging and less confronting delivery of program content, introducing clients to therapeutic outlets that encourage self-care and self-expression, and increasing clients' skills and confidence. This approach is underpinned by a philosophy of "everyone is an artist in their own right."
- While art-based activities were originally spearheaded by a senior FPW, **all staff – including NHVs – are now actively involved in delivering activities** and attending community events.
- **Community events create important opportunities** for clients and their children to connect with culture and build relationships with Elders and other Aboriginal and Torres Strait Islander families. These events help build relationships between clients and AFPP staff.
- To minimise costs, **staff have adopted creative approaches such as upcycling and gathering locally accessible materials**. Finding appropriate spaces and facilities to host community events and group activities that are close to public transport can be challenging.

## COMMUNITY CONTEXT

The Institute of Urban Indigenous Health (IUIH) is an Aboriginal Community Controlled Health Service delivering health and family wellbeing services to the Aboriginal and Torres Strait Islander population of South East Queensland (Institute for Urban Indigenous Health 2023). Two IUIH sites deliver AFPP in Brisbane.

- **IUIH North**, established in 2016–17, is based in Strathpine (on Meanjin Turrbal Country) and services clients who live north of the Brisbane (Turrbal: Maiwar) River.
- **IUIH South**, established in 2017–18, is based in Salisbury (on Yuggerra country) and services clients who live south of the river.

Each IUIH team consists of a Family Partnership Worker (FPW) Team Leader, five Nurse Home Visitors (NHVs) and four FPWs. A Nurse Supervisor and Regional Reflective Practitioner support program delivery at both sites. Typically NHV and FPWs attend home visits together. Most visits occur in the client's home or another safe location in the community. Home visits range from 1 to 1.5 hours, and the duration and content are always responsive to the client's lead. Arts-based activities are often incorporated into home visits, including beading, weaving, painting, collaging, jewellery-making and crocheting.

These art works are gifted to graduating families and live on as mementos of the AFPP staff who joined these families during their educational journey through the program. In addition to arts and craft activities, IUIH North and South teams also offer belly casts to clients, often completing the process at home visits. These belly casts are then prepared for clients to paint. After the client's baby is born, AFPP staff will offer hand and foot casts of their baby; these are polished and painted by AFPP staff and gifted to clients.

## **The importance of connecting clients to culture, community and wellbeing**

IUIH North and South invite clients to embody cultural ways of seeing, doing, belonging and knowing. These Aboriginal and Torres Strait Islander ways include the values of community-hood rather than selfhood, vitality of family and children, harmony in relationships, and validity of all truths (Graham 2013). These values, along with many others, form a solid basis for the AFPP client principles and educational program. IUIH North and South recognise the AFPP education program privileges certain ways of learning and extends these ways by incorporating art and crafts. All team members position AFPP content within a larger context of cultural learning and use art and craft as a conduit to connect clients to culture and community. These approaches have a strong therapeutic impact on clients. At both IUIH North and South, every FPW creates resources for use with client families and art works to gift families at graduation. Both IUIH North and South teams innovate and create art and craft activities using found and discarded local flora and upcycled materials.

Staff believe a more 'tactile' approach to program delivery can make content more accessible and engaging for clients. This also allows staff to model resourcefulness and developmental play, conveying to clients how making and crafting (such as creating toys for their baby) is a skill they can take into parenthood. Staff believe the use of arts-based activities is an effective way to:

- facilitate more engaging and less confronting delivery of program content, especially surrounding sensitive topics (e.g., does not require a 'formal' conversation)
- engage with clients in a more casual and relaxed way, helping to facilitate trust and openness and build rapport
- introduce clients to therapeutic outlets that facilitate healing and encourage self-care and self-expression
- increase clients' skills and confidence, creating potential for income streams through development of their own businesses.

Using arts and crafts as part of the AFPP education program was championed by the IUIH South FPW Team Leader, who draws on her own prolific career as an artist and her desire to empower staff and clients to express their culture and creativity using arts and crafts. Her leadership has further empowered both IUIH North and South teams to embed arts and crafts into their educational programming. In both teams every member participates by gathering and preparing materials and arranging art works.

## **Community activities at IUIH North and South**

Both IUIH North and South host weekly Community Days. The purpose of Community Days is to extend a local welcome to clients of IUIH's Birthing and Early Childhood Services and encourage the Aboriginal and Torres Strait Islander community to connect beyond a service-delivery model. FPWs coordinate and lead Community Days, with support and participation of all team members. Every Community Day includes age-appropriate sensory play, water play and cultural activities using found flora, and FPWs organise art and craft activities for adult clients. Members of the IUIH network attend Community Days to offer education and secure referrals; frequent guests include the dietician, and staff from Deadly Kindies and Deadly Choices. Throughout the year staff from Deadly Eyes and the IUIH dental team also attend, while Centrelink's Indigenous Support Officer attends Community Days fortnightly.

Elders are always welcomed at Community Days. These Elders regularly attend important community events to yarn and participate in or lead cultural activities. Elders include staff members' family members who work or live in the local community. Dads and partners attending Community Days are invited to connect with IUIH's Deadly Dads social worker, who could take them aside as a group to undertake Circle of Security components.<sup>11</sup> Community Days are also open to other IUIH clients who are not participating in AFPP, such as clients of Birthing In Our Community.

Community Days give clients the opportunity to come together to build connections with and learn from each other in a relaxed and safe environment. Community Days increase social connections and enable social interactions – staff will often play with children to give clients the time to focus on activities and interact with

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<sup>11</sup> Circle of Security is a program designed to encourage secure attachment between children and their caregivers.

other clients. Community Days are a key priority for program staff, and home visits are not scheduled during this time to give all staff the opportunity to attend. This allows clients to meet and build relationships with other program staff, which can help make changes to home visiting teams easier for clients. Staff provide tailored support to clients to remove barriers associated with attendance, which can include travelling with clients or providing transport.

Art-based activities are embedded in Community Days at UIIH South. Beading, weaving, painting, jewellery making, scrapbooking, plaiting, singing and sewing are some examples of activities FPWs lead with clients. Although activities are usually designed and lead by FPWs, NHVs also use art-based activities when delivering program content to clients. Many of the activities delivered are culturally-based, and draw upon the skills and knowledge of the FPW Team Leader. FPWs have shown clients how to make and use clapsticks, and there are plans to make coolamons with clients.

## Graduation at UIIH North and South

Biannual graduation ceremonies are held by UIIH North and South to celebrate clients' journeys through the program and their individual achievements. Graduation ceremonies combine connection with community and cultural arts. Graduation ceremonies in UIIH North are often held at Koobara Kindergarten. UIIH South graduation ceremonies are held at the Ngutana-Lui Aboriginal and Torres Strait Islander Cultural Studies Centre, an outdoor space located in Inala. All clients who have completed the program in the past six months are invited to attend the ceremony.

Local Elders are invited to attend graduations to celebrate client successes. With the agreement of clients, staff from other services who have provided support during the program may also be invited, for example, maternal child health nurses, social workers and dentists. Cultural dances have also taken place at graduation and artworks created by clients during their time in the program (such as belly casts) may be displayed. Clients are provided with graduation packs that include gifts such as scrapbook photos, seed pods decorated with cultural symbols, and emu features. Both UIIH North and South teams ensure gifts are made for the Elders to show appreciation for their attendance. They receive decorated seedpods, woven jewellery or keyrings.

## Model strengths

### Connecting clients to culture and community

Current and previous clients value art-based and community-based activities, describing these activities as strong enablers of the positive outcomes achieved through AFPP. Increased social and cultural connections, as well as health and wellbeing, are outcomes of the delivery model.

As a result of these extended program offerings, clients of UIIH North and South can experience a stronger connection to their culture and to their local Aboriginal and/or Torres Strait Islander communities. This can strengthen the wellbeing of the client's family by increasing solidarity, friendship and expression of identity. For Aboriginal and/or Torres Strait Islander parents who are not strongly connected to culture, connecting with community and with cultural arts is an affirmation of identity, belonging and pride. As one past client of AFPP explained:



***If you don't have any mob around... I didn't have any of my sisters around, I didn't have any black women around me... [Community Day] is somewhere I could go and feel safe... just having black women around to love your baby is so important... being part of that space... not having that is detrimental to so many people... if I wasn't a part of that I'd just be at home [with] anxiety and depression, I wouldn't have been able to get out and have something to look forward to. – AFPP past client***

Community Days create important opportunities for clients and their children to connect with culture and build relationships with other Aboriginal and/or Torres Strait Islander families. Some clients reported meeting unknown family members for the first time at Community Days. Staff emphasise that re-connection to culture is an important element of healing, especially for those clients who have experienced disconnection and intergenerational trauma.

The involvement of Elders in community events contributes to individual and community wellness, and provides an opportunity to instil and pass down Aboriginal cultural values, traditions and responsibilities to clients and their families, keeping the spirit of Aboriginal culture alive (Lohar et al. 2014; Australian Institute of Family Studies 2014). AFPP graduations are opportunities for the Elders, the Old, Wise People to meet the babies, the newest generation, and connect with many generations of community. These community events are also important for non-Indigenous parents of Aboriginal and/or Torres Strait Islander children, who do not always have strong familial links to community. For these parents, community connections made through the program are invaluable.



***[Having the FPW visit] was just like having an Aunty come into the house... she was just super friendly... she was very creative so she would come in and do [cultural] art, making sure I knew the Torres Strait Islander colours and that kind of thing... [it was] important to me. – IUIH previous client***

FPWs and NHVs select specific art and craft activities to deepen the connection with client families, to offer the family additional opportunities for expression and appreciation, and to complement AFPP's educational program. Staff and clients undertaking a craft activity together creates a more comfortable atmosphere for healing yarns at a pace that is safe and comfortable. Within this atmosphere staff can effectively deliver education, especially sensitive content.

In addition, the art and craft activities introduced by AFPP teams have empowered clients to pursue start-up businesses making items. Two clients have established small businesses making jewellery and soft toys. Staff promote these client initiatives and advocate for their market stalls to be included at IUIH events. The belly and hand and foot casts can contribute to more harmonious family relationships, as both parents share the 'story' they want for their baby. Clients identified these 'keepsakes' as important. These casts also serve to celebrate their baby's heritage, growth and development. For example, one client – who is Aboriginal – and her partner – who is Torres Strait Islander – designed and decorated a belly cast with one side representing mum's Aboriginal heritage and values, and the other side representing dad's Torres Strait Islander heritage and values.

Art-based activities allow clients to 'open up' and share with staff. Conversations clients have while crafting give staff better insight into how they can support clients in ways that are most meaningful to them. Art-based activities are also important for facilitating therapeutic conversations and 'incidental' or opportunistic content delivery.





***We'll sit with the mums and work on their belly casts with them and if the mob are sitting there we can have a yarn. Or if there's a certain activity that they like to do, we can take the paints out or some jewellery out, so we sit there and that just sort of opens things up when you're sitting there actually doing the activity with them. – IUIH staff member***

## **Enriching the experience of staff**

The leadership of the FPWs has empowered staff and clients to express their culture creatively. Both these staff have enriched their teams by encouraging them to weave and create activities and resources; both enjoy teaching skills to staff and clients and furthering creative inspiration. AFPP staff believe a tactile approach to education allows staff to model resourcefulness to clients and makes crafting and developmental play accessible skills clients can use throughout parenthood.

Staff across both IUIH sites benefit from participating in cultural activities; these include visits to sacred sites (such as birthing trees), lunch with local Elders, visits to Indigenous art galleries, and attending the Bangarra Dance Troupe community night. All staff believe these experiences improve their practice. These experiences connect Indigenous staff to local Indigenous traditions and contribute to safer, more meaningful relationships with clients. By increasing their understanding of, and connection to, local culture, all AFPP staff work more effectively with clients and advocate for the value of nurturing cultural connections.



***As a team we've had 12 or 13 of us sitting at the feet of an Elder... hearing about her life and her stories has been hugely impactful as a team... learning about the history of the people of where we are and learning about how things were done traditionally... having that cultural connection for us helps us to bring that into our appointments as well. – IUIH staff member***

## **Model challenges**

### **Delivering Community Days requires extensive resourcing and planning**

IUIH staff work in an adaptive way to improve and adjust delivery of activities to suit clients and community needs. Staff reflected that each challenge identified below is also an opportunity to improve the delivery of activities.

Both IUIH North and South struggle to access welcoming, suitable spaces for community gatherings, including graduations and Community Days. IUIH North's Community Day is currently held in a hired space; staff must set up and pack down weekly and cannot decorate the space to make it more welcoming and comfortable for clients. The large and stark interior of the space currently used is not inviting and can become very loud at times, which may deter some clients from attending.

IUIH South Community Days are held in partnership with the Birthing In Our Community team at the Salisbury Hub. The size of the Hub restricts the number of clients participating in Community Days. Additionally, due to the large, populated catchments of both IUIH North and South, many clients cannot access public transport to attend Community Days.

At times managing the ages of children in attendance at Community Days can be challenging. While Community Days are targeted to mums and bubs under the age of two, mums are often caring for older children at the same time. Staff feel it is important to anticipate that older children will attend and to plan for this accordingly by having toys and activities appropriate for older age groups as well as bubs under the age of two. This helps to ensure all attendees are comfortable and entertained while program content is delivered.

IUIH North staff are considering alternative settings to host Community Days, such as parks and libraries. Hosting a 'travelling' Community Day that moves around northern Brisbane to locations more accessible to clients is also being considered, with the idea that these activities would reduce travel time for clients and increase attendance. While some IUIH North staff believe hosting Community Days in new locations would support clients to access new resources and services in the community, other staff feel it is important the location of Community Days is consistent to remove guesswork for busy clients.

IUIH North staff have used social media to promote Community Days in the past, however there were some logistical challenges associated with this approach, as it was reliant on there being continual staff oversight and access to the AFPP Facebook page.