

Pathways to connectedness: supporting young parents through relationships and partnerships

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This presentation discusses how services in Albury-Wodonga are creating community-based pathways to support Aboriginal young parents before and after the birth of their baby. Using a community development approach brings us together in a collaborative response built around shared goals. The outcomes for young parents are greater connectedness which supports the health and wellbeing of themselves and their families.

“Connecting Young Parents” is a network based project in rural Australia that creates connections for services and young parents with health, education, family services and other agencies. The outcomes for young parents include social networks, greater confidence and skills, and educational attainment.

“Boorai Bumps” is a local partnership that focuses on the meeting the needs of Aboriginal young parents, bringing together the local hospital, aboriginal health service, and aboriginal health education workers. The outcomes for parents are ante-natal connectedness, ongoing support, and a variety of pathways into young parents services and programs offered through the Connecting Young Parents network.

Both of these programs are designed strengthen wellbeing through connectedness and are designed to lead to mainstream services and activities.

“Aboriginal health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

(As defined in NACCHO’s Memorandum and Articles of Association as amended 9 March 2006)

Working to this philosophy, our pathways for young parents have been created through developing relationships between services, and between services and young parents. It is these relationships and what we have learned that underpins success. As a result this rural area now has an established network of young parents programs and a partnership with local aboriginal services.

Connecting young parents

In 2003- 2004, two local agencies (Upper Hume Community Health Service and Youth Emergency Services) supported research by two La Trobe University students into “Teenage Pregnancy in Wodonga—an overview” (Jenner 2003) and “Support Needs of Pregnant and Parenting Young Women who are Homeless or at Risk of Homelessness” (Phillips 2004). These reports identified the multiple issues that young parents can face which can be made worse by low levels of knowledge about health and support services and systems, local levels of engagement with appropriate services, high levels of social isolation and lack of contact with peers who are pregnant and/or parenting.

In response, ‘Connecting Young Parents’ works through cross-sector collaboration and partnerships in Albury-Wodonga. The overall objective of the program is to expand services to meet the needs of

young parents, creating connections between services in a way that opens up opportunities for young parents. Connecting Young Parents aims to:

- expand service provision for young parents
- connect young parents with local services
- strengthen the parenting skills of young parents
- develop social networks for young parents
- link young parents into further education.

A key factor has been the development of a multi-sector partnership approach. The Teen Pregnancy and Sexual Health (TPSX) network includes over 50 agencies from youth, health, education, families services, housing, indigenous and other sectors. All of these work with young parents but most offer generic not specific services to this target group.

TPSX is unusual in being broader than the usual collaborations that occur in health or education or family services. This diversity is more likely to create positive impacts for the needs of vulnerable families. This service network has supported the development of a set of pathways for young parents in Albury-Wodonga.

Boorai Bumps

In 2008 a program called “Boorai Bumps Antenatal Group” was formed as a partnership between Albury-Wodonga Aboriginal Health Service (health clinic), Albury Community Health Service (community health), and Wodonga Regional Health Service (maternity). This came about because young Koori mums were not accessing mainstream antenatal classes. This initial program was successful and health workers identified the need for a continuing program to support these young mums after they had their baby.

The primary target group is young women in our local Aboriginal community who are pregnant or first-time mums because:

- they are potentially at a very vulnerable stage of their lives
- their body is changing in ways they can't control and that becomes very self-evident
- their emotions / self- perceptions may be affected by biological / hormonal changes
- they are about to go through a major life event for which they may feel unprepared
- they may not know what services and supports exist for them and their baby
- they may face social and economic disadvantage and barriers to participation in community.

The program fits in with local Community Working Party priorities. In 2006–2007 the Albury Wodonga Indigenous community started a comprehensive planning project to prioritise key areas for action. Consultation across the Albury–Wodonga communities identified three priorities for immediate action among the many areas of concern. Growing functional families was one of these priorities and is where this project sits.

“Boorai Bumps” is now a local partnership between aboriginal and other services that focuses on the meeting the needs of Aboriginal young parents, through shared activities and conversations where knowledge is shared in a ‘conversational’ way. The program supports young parents and first time mums with a calendar of activities. The four programs reflect the school terms and each term has a specific theme to the conversations—eg: family health, nutrition, safety etc and so on.

Relationships, partnerships and health

If health is about wellbeing, and individual wellbeing is affected by the wellbeing of the community, then connectedness and relationships play a key role in what we do. Rural health services are usually short of resources and it is easy for services under pressure to focus tightly on what they are funded to provide. These pressures can easily work against the development of relationships and partnerships, unless they are made a priority and resources are allocated to their development.

The factors critical to our work together have been:

- Building relationships and partnerships with each other and between our services. This has been the foundation on which everything else has been built, and it takes time and reflection to learn to understand each other and where we are coming from.
- Inherent in this is respect for our differences, we have different skills and ways of doing things, but we want to learn from each other.
- Partnership and engagement has been maintained through focusing on activities that engage us all, staying with practical on-the-ground outcomes, staying flexible and with a solution focused approach.
- These connections and this partnership take time and resources. The partnership started relatively informally, and has developed over time.
- By building partnerships between services, we are modelling connectedness to young parents through our relationships between services, introducing them to new programs and different services in the mainstream community.

The theoretical aspects of this

In rural health today, in contexts of limited resources and complex issues, the need is collaborative services is recognised and development of partnerships and the need for strong communication have been identified as core issues by the Health Promotion Association of Australia (James et al 2007). The challenges facing health today demand a response of collective action, and modern practice including leadership, collaborative action across all sectors, and a multi-disciplinary approach to all of the determinants of health (Beaglehole et al 2004).

The inclusion of all sectors is important to our work with young parents and our Aboriginal and Torres Strait Islander community. The relationships between social factors and processes and health outcomes has been well documented (Turrell and Mathers 2000) and it is largely accepted that improvements in social conditions are important to improvements in health for Aboriginal and Torres Strait islander communities (HRSC Family and Community Affairs 2000). Inclusion of all sectors is particularly important given that for Aboriginal people, wellbeing includes connectedness to country

and to kin, and health is something made up of physical, social, emotional, cultural and spiritual wellbeing of the individual and of the community (Anderson 2004).

Although partnerships are recognised as valuable, getting them to work can be difficult. Multi-sectoral collaborations often experience problems associated with inter-organisational relationships (Mitchell & Shortell 2000). In a rural Australian context, cross-sector collaboration is complicated by the fragmentation in health and welfare service delivery (Keating and Sheridan 2002). In Albury-Wodonga we face two different state systems of delivering everything from health to education to welfare to housing.

A way of addressing this is to focus on regional health plans, collaboration, interagency task groups and networking to operationalise service partnerships (Fuller et al 2004). The disadvantage for rural and regional locations is often the lack of resources to undertake such work, although this can create a momentum all of its own. In our work we have developed collaboration and partnerships in response to a context of limited resources, supporting suggestions by Wagner and Micek (2005) that community-based organisations use collaboration as a form of paucity management.

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Presenters

Ilena Young has 25 years' service sector experience in Europe and Australia, having worked in business, academia, local government, community organisations and consultancy. This diverse background brings a multi-sector understanding to her work and supports a strategic, solution-focused and flexible approach. Ilena is passionate about the role of community development, partnerships and sustainability, and brings this thinking to her current work developing innovative programs that meet the needs and desires of young parents.

Jannine Taylor is a Noongar Yamatji woman from Western Australia and has been in Albury-Wodonga for four years. She works as an Aboriginal Health Education Officer for Albury Community Health

Service and her works involves mainly community work, starting up new programs and providing health information and education to the community. Jannine's work also involves liaising with other services, referrals of Aboriginal clients and acting as an advocate for Aboriginal clients, particularly with hospitals and specialist services when she makes sure that everything is understood. Jannine's aim is to let families know that there is support out there and someone to turn to, and make sure that they have the right information.

Selina Clarke is a Malyangaba woman from Mildura, and has been in Albury-Wodonga for 2½ years. Selina is an Aboriginal health worker with Albury-Wodonga Aboriginal Health Service and her work involves a variety of health education, group work, clinical practice, special events and case management. This includes nursing, palliative care and a variety of community-based programs, including Aunty Jeans (for people with chronic illness), Boorai Bumps (for young and new mums) and assistance with the mentored Girls Camp program. In her work Selina tries to help and support her clients, and sees her work as an important part of the allied health care team.