**Title**

The Emerging Role of the Urban-based Aboriginal Peer Support Worker: A Western Australian Study

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**ABSTRACT**

**Purpose**

To explore the self-perceived role of the Aboriginal peer support worker working with families with young children. This study was a component of a larger participatory action research study undertaken in a Western Australian metropolitan setting to develop and evaluate the suitability, feasibility and effectiveness of an Aboriginal peer-led home visiting program.

**Methods**

Focus group interviews were carried out with peer support workers using unstructured and semi-structured interviews within Action Learning Sets. Data were analysed using thematic analysis.

**Results**

The overarching theme on the self-perceived role of the Aboriginal peer support worker was Giving Parent Support, with subsidiary themes relating to development and ongoing sustainability of the support.

**Discussion**

The peer support workers viewed their role as providing parent support through enabling strategies which developed client acceptance and trust, delivered culturally relevant support, advocated for families, developed therapeutic engagement and communication strategies, and created safe home visiting practices. They recognised the importance of linking families with community support such as community child health nurses which was important for improving long term physical and psychosocial health outcomes for children.

**Conclusion**

Aboriginal Peer Support Workers identified their emerging integral role in the development of this unique culturally acceptable home visiting support for Aboriginal parents. Innovative approaches towards client engagement demonstrated their value in developing creative ways of working in partnership with families, community support services and child health nurses across a range of challenging psychosocial environments.

**KEYWORDS**

Peer support; Aboriginal parents; Participatory Action Research; Aboriginal parent support.

Indigenous Australian peoples are people who identify as Aboriginal or Torres Strait Islander. Respectfully, throughout this paper, they will be described as Aboriginal.

Issue:

- Little is known about the role of the urban-based Aboriginal peer support worker supporting Aboriginal families with young children.

What is known on this topic:

- Supporting Aboriginal parents with their children in early childhood years is a significant issue for lifelong health and developmental trajectories.

What does this paper add?

- That Aboriginal peer support workers identify their role as ensuring an accessible and culturally relevant model of care is delivered to vulnerable urban Aboriginal parents with children in the early years.

## INTRODUCTION

Internationally, support for parents with young children is a significant issue. Affirming and enhancing parental competence in the early years positively influences lifelong physical, learning and socioemotional trajectories of children (Hertzman, 2010). In Australia there is concern regarding vulnerability of Indigenous parents and their children (Australian Government, 2013; RCYO- OPHO, 2015). The capacity of Aboriginal parents to develop positive health and wellbeing environments for their children is influenced by social determinants such as poverty, unemployment and substandard housing (Irvine, 2009; Eckermann et al., 2006). It is imperative for immediate and extended families, communities and governments to support parents in providing safe, stable and responsive relationships with their children (NSCDC, 2010; AMA, 2013).

Traditionally, developmental child health for Australian Aboriginal families has been supported by health professionals (community child health nurses working as sole practitioners or Aboriginal Health Workers) (Department of Health Western Australia, 2007). Recent studies have highlighted the need for new approaches including peer support and home visiting. Peers, it is argued, can facilitate meaningful program strategies that integrate important cultural influences of culture, language and lore into health care provision (Larson & Bradley, 2009; Boulton, Brown & Long, 2010; Walker, 2010).

International studies highlight positive impacts and families' self-perceived benefits from voluntary and remunerated peer support in non-Indigenous populations (Barnet et al., 2007; Heaman, Chalmers, Woodgate & Brown, 2007; Jack, DiCenso & Lohfield, 2005). However, a recent systematic review investigating peer led home visiting parenting support programs identified only one study relating to Aboriginal populations (Munns, Watts, Hegney & Walker, 2016). That study was conducted in a remote area of Western Australian (WA), using remunerated Aboriginal peer support workers, and was found to facilitate positive parenting support approaches. In their role in encouraging parental confidence, these workers were recognised as integral to a culturally secure model of parent support (Walker, 2010). A defining feature of Aboriginal peer support workers is their ability to engage and work in partnership with community health and support services and parents in developing culturally appropriate strategies for children's care and development relevant to each family's unique circumstances (Munns, 2010). As there is limited evidence on the effectiveness and structure of this form of family support, including the role of the Aboriginal peer support worker in urban settings (Munns et al., 2016), a study was commenced in 2013 in a metropolitan region of WA, to investigate development of home visiting peer support for Aboriginal families with young children.

## BACKGROUND

In this study region, 4.2% of people self-identified as Aboriginal, compared with 1.5% for the total metropolitan area of WA (ABS, 2007, 2014). Adverse social determinants of health influence this

population group with the region scoring 888.2 on the most recent Socio-Economic Index for Areas (SEIFA) – Index of Relative Socio-Economic Disadvantage, indicating high disadvantage in state and national contexts (ABS, 2011). Aboriginal families in this region encounter potentially harmful psychosocial and environmental impacts including poverty, lack of suitable housing and unemployment (ABS, 2012; Profile.id, n.d.), subsequently affecting parents' ability to develop healthy physical and psychosocial environments for their children's developmental wellbeing.

Homelessness in particular heavily influences parents' capability to provide healthy environments for their children and on the capacity of support professionals to facilitate empowering parental strategies. Statistical information on homelessness for this region is limited, but national evidence demonstrates that 23% of people accessing accommodation assistance in 2013-2014 were Aboriginal Australians (AIHW, 2014a). In 2011, overcrowding among Aboriginal homeless people was estimated to be 79% in WA, including multiple temporary house sharing (AIHW, 2014b).

In 2013, a WA non-government family support agency was exploring contemporary, innovative models of engagement with Aboriginal families in an outer metropolitan area where previous programs had not produced expected outcomes. The agency worked in partnership with an academic child health nurse researcher who had established experience with Indigenous and non-Indigenous home visiting peer support programs in remote and metropolitan WA settings (insert references after review).

The researcher and the agency's Indigenous parenting coordinator liaised with local community agencies working with Aboriginal families, who endorsed the development of a home visiting peer support program and confirmed interest in engaging with the research. The agency provided finance to undertake the program. This involved the employment of an Aboriginal Program Coordinator and four part time Aboriginal peer support workers. The team was supported by a non-Aboriginal support officer for six months and an Aboriginal education support officer (employed nine months into the project). They also provided infrastructure such as an office, computer and car.

The aim of the overall project the program team (as described previously) to work in partnership with the researcher, families and community agencies to facilitate a peer-led home visiting parent support program. The Aboriginal coordinator's role was to work with the researcher to recruit peer support workers and manage the peer support program. The potential peer support workers were interviewed and selected by the coordinator and researcher. Interviews were undertaken with selection criteria being: positive standing in the community as evidenced by referees; willingness to support parents with young children in their community; stable residency in the local area and good communication skills with the ability to maintain confidentiality (Munns, 2010). The non-Aboriginal support officer assisted the newly recruited workers to develop visiting strategies such as appropriate communication and door step introductions. The Aboriginal education support officer continued this support, also

identifying resources to assist parents to effectively engage with their children. The researcher's role was to facilitate program development by incorporating features identified by the workers, families and supporting community agencies. The aim of this study component was to explore the self-perceived role of the Aboriginal peer support workers while they were working with families to develop home visiting support. Their perceptions were investigated as their role had the potential to benefit local Aboriginal families along with informing national and international policy relating to peer support of these vulnerable communities.

This study, therefore, is the first study to investigate the self-perceived role of Australian Aboriginal peer support workers providing support to urban based Aboriginal parents. It also provides data on the similarities and differences of the role during provision to rural/remote Aboriginal families (Walker, 2010) versus urban families.

## METHODS

### Design

This study employed Participatory Action Research , a critical, respectful overarching methodology (Roberts & Taylor, 1998) which is relevant to critical theory paradigms, employing a variety of qualitative and quantitative methods to engage participants (Baum, MacDougal & Smith, 2006). This methodology enables a multiperspective, diverse and contextual framework (Denzin & Lincoln, 2011), assisting peer support workers to consider characteristics and directions of their roles, taking into account psychosocial and psychocultural viewpoints.

An action learning set which is a structured process allowing a group of people to meet regularly, collectively developing strategies for issues faced in their area of work (ODI, 2009), facilitated this methodology. In the action learning sets the researcher conducted focus groups sessions with the peer support workers, supporting them in clarifying issues and developing systematic, creative steps for change which could be tested, reviewed and incorporated into practice strategies (Vince, 2008). Ten action learning sets were undertaken four to six weekly over a period of 13 months (Appendix 1). Findings from the focus groups are presented.

### Instruments

Unstructured and semi-structured data collection schedules were used to elicit qualitative data. Questions facilitated reflection upon program progress and explored home visiting strengths and challenges (see Appendix 2).

**Procedures**

Ethics approvals were granted by the WA Aboriginal Health Ethics Committee (HREC 462) and Human Research Ethics Committee of Curtin University (HR73/2013). All of the four peer support workers agreed to participate.

Interviewing participants in focus groups facilitated many-layered, multifaceted and nuanced thick and rich data over the ten action learning sets. Each set lasted approximately two hours. This facilitated data saturation through a small sample size (Fusch & Ness, 2015). In the first set, participants discussed experiences of Aboriginal parents with young children in this urban area and developed initial plans for home visiting parent support, during which strategies for client engagement and topics for support were identified. For each consequent action learning set, they reviewed their goals from the last set, identifying the strengths and developing strategies for sustainable and culturally relevant improvements (INTRAC, 2012). Within each set, an education session was also facilitated by the researcher to enhance peer support worker knowledge in relevant areas such as working in partnership with families and current evidence based information on nutrition, strategies to reduce incidence of Sudden Infant Death Syndrome and identifying factors contributing to postnatal depression and anxiety. However, the intended role of the peer support worker was not to take an active treatment role. Each worker was encouraged to be a support person for parents, recognising their individual strengths and challenges in their parenting journey, praising their efforts, encouraging parents in sourcing their own solutions to parenting issues and engaging with their local community resources, and referring families to appropriate professional assistance. Data were recorded digitally and transcribed verbatim with researcher field notes also supporting the data. Thematic analysis was undertaken by the researcher (Braun & Clark, 2006) where meanings were identified and themes developed. These themes were verified from the data by members of a senior academic research team. During action learning sets, the emerging themes were presented, discussed and accepted by participants.

**Data Trustworthiness**

Trustworthiness of qualitative data is measured by data credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Credibility was demonstrated through peer debriefings with academic supervisors, sustained liaison between the peer support workers and researcher, and member checks (Lincoln & Guba, 1985; Cohen & Crabtree, 2006). Peer support workers were not at ease with reviewing written data following transcription, so member checks through data summaries and reviews were undertaken during and at the end of each action learning set which assisted with data validation and their meanings.

Distinctive characteristics of individual Aboriginal population groups do not allow for universal transferability of findings across different locations. However, use of rich, thick data and verbatim

participant extracts assists research consumers to make decisions on transferability to other contexts (Noble & Smith, 2015). Agreement of findings from the academic research team enhanced research dependability in addition to audit trails and a researcher reflexive journal to facilitate confirmability of findings (Cohen & Crabtree, 2006; Lincoln & Guba, 1985; Noble & Smith, 2015).

**RESULTS**

There was one dominant overarching theme (Providing parental support) and five sub-themes within this theme (Developing client acceptance and trust, Delivering culturally relevant support, Advocating for families, Developing therapeutic engagement and communication strategies, Creating safe home visiting practices). All of the sub-themes related directly to the self-perceived ability of the peer support worker to provide parental support.

**Providing Parent Support**

The dominant overarching theme was seen as the provision of parent support in a wide range of need, amid varying psychosocial contexts. The sub-themes highlight the self-identified enabling features of this support. Peer support workers had the ability to recognise parent strengths and reinforce this to parents to build their confidence and self-esteem.

*And you know just praising them on their parenting skills and acknowledging their strengths and building their confidence up to know that they're doing the best that they can.*

The following findings describe the remaining sub-themes related to providing parent support.

**Developing Client Acceptance and Trust**

A key feature of Aboriginal communication is yarning, which is described as a culturally safe method of Indigenous conversation and a way of talking informally with someone to share information (Bessarab, 2012). Through their non-judgemental and yarning approach, peer support workers were able to discuss and explore family situations and parents' support ideas. Through this, they perceived that an integral part of their role was to become accepted and trusted by clients. Before this step was achieved, the workers saw themselves as being judged with families being wary and assessing their credibility.

*They're all like very guarded and they've got that wall there and they're still sussing you out. ... they'll be thinking "what are they there for, just the money or whether they're here for us"?*

They identified the inability of agencies to address long term substance and alcohol abuse as underpinning clients' wariness of their commitment to the community and ability to work with them.

*... in [this area] ...there's a lot of substance abuse and a lot of alcohol because of circumstances.... they'll be thinking "hang on let's just stand back and wait and see what these girls are made of".*

Creation of safe psychological places for talking was important to parents. Feelings of trust had to be developed and the peer support workers felt that, through authentic interactions over time, parents developed confidence in them.

*She felt safe yarning and she said "there's no one else I can yarn to about the problem what I'm going through".*

This was achieved through mutual understanding of parents' experiences, taking time for meaningful conversations and persistence of peer support workers when clients would not respond to phone calls or attempted home visits.

*When I first started to introduce myself over the phone she would hang up on me… Some days she wouldn't open the door…But it's alright now, she's good, she opens the door and she'll let me in.*

**Delivering Culturally Relevant Support**

As peer support workers were Aboriginal parents living in the local community, they had empathy for families needing assistance that was both appropriate for their needs and culturally relevant. They were aware of local agency support services with the ability to offer services that recognised historical impacts how this affected their distinctive current support needs.

*I think what makes it easy for me is that I know the community…I live and breathe in that community when I'm not working in it. So most of them [sic] services I've accessed or I know people in there.*

Their role in referring parents to culturally appropriate service delivery was important for improving outcomes, especially when previous adverse experiences were present.

*I always tell my clients …I'm not the professional, like I don't know  but I can always find out try and link you up with this person that maybe can help.*

*I think past experiences of services is relevant…also discrimination concerns and that. That impacts upon families and whether they will ask for help.*

**Advocating for Families**

Advocating for families was viewed as a critical for peer support worker credibility and resolution of issues. Linking available community support services was a feature of their role as they were able to negotiate with agency staff for individual and emergency requirements. This was important for improving outcomes, especially in adverse psychosocial environments, where workers recognised the importance of a holistic approach to early years family support to develop positive long term physical and psychosocial health for children. However, barriers to their advocacy role were encountered. Social issues such as a lack of housing were frequently cited as impeding successful outcomes, causing peer support worker stress.

*...the housing issues that a lot of families have it's just hard 'cause we can advocate on their behalf but they're wanting something. They're wanting more and that's just something that we can't do and that's very heart breaking because we know what it's like to be homeless.*

*'Cause she was pregnant as well and she wanted to be in a house before baby was born... there was also issues on priority waitlist. I said to her "I don't have a magic wand".*

**Developing Therapeutic Engagement and Communication Strategies**

The ability to be empathic to client needs enabled peer support workers to develop a range of flexible therapeutic engagement and communication strategies, such as face to face, phone and text communication. Working in partnership and using a yarning approach with families encouraged them to identify empowering strategies, encouraging parents to engage with services themselves whenever possible.

*...'Cause she told us that she just wanted to do it over the phone for now 'cause there's too much stress going on but then she asked us to go visit the house so [we are] ...getting somewhere.*

The individual home visiting provided opportunities for workers to tailor responses to individual client needs, with their problems able to be discussed in a confidential environment. Flexibility of meeting places, such as a local park or women's refuge, was needed at times to ensure confidentiality and safety when home was not a viable option.

*We pretty much just talk about whatever she wants to talk about. Like pretty much just to be there to support her at this time 'cause she's in the refuge.*

With ongoing support from reflective practice sessions, their confidence in facilitating these strategies improved.

*Yeah I think I do ok, building up my confidence already. I won't go in there and just freeze on the spot, mate I'm over that barrier now.*

**Creating Safe Home Visiting Practices**

Creating home visiting practices that were safe for peer support workers was identified as an important issue. They perceived their home visiting was valuable for parents in a range of social situations, and developed a safety strategy for two PSWs to undertake visiting in any home where there was potential for adverse events such as drug abuse and family violence. Following initial family screening by the coordinator, collective decisions regarding safe home visiting practices were made.

*But we made the decision that at all times now with this client there'll be pairs going all the time...in regards to potential family violence.*

*... It's going to be like more harder [sic] to see her when her partner's out [of jail].*

Vulnerability from out of hours contact was identified as a risk from being known community members. Development of strategies for these requests facilitated protection for themselves at physical and psychological levels.

Similarly, identifying secure visiting venues for parents was crucial. At times, the home was not a safe place due to issues such as drug or alcohol use and family violence, again necessitating peer support worker flexibility in negotiating alternate locations for client engagement such as their agency office. Findings from non-Aboriginal peer support workers' home visiting experiences have not revealed similar home safety issues, however data did not allow for comparison of psychosocial environments (Munns et al., 2016).

*So I brung [sic] them into the office. They're all in that one house and they're all sort of like frightened from when grandmother goes out, gets on the slops, come back and be abusive to 'em all.*

*I think the best avenue is for when she touched base with the hospital again; for them to line it up to meet her there 'cause there's family violence stuff involved and she's going from relative to relatives' house. So I think it's better, safer and probably a lot easier for her to talk in that environment.*

## DISCUSSION

The peer support workers viewed their role as providing parent support through enabling strategies which developed client acceptance and trust, delivered culturally relevant support, advocated for families, developed therapeutic engagement and communication strategies, and created safe home visiting practices. The aim of this study was to explore the peer support workers' self-perceived role when working with Aboriginal families with young children and the use of participatory action research within action learning sets enabled them to articulate their lived experiences of Aboriginal parenting and develop culturally relevant home visiting support strategies.

The peer support workers perceived that their home visiting assisted parents in a range of psychosocial situations, recognising that their role is impacted by factors both amenable to these strategies and those beyond their control. Anxieties and frustration were challenging aspects, with workers highlighting their inability to address issues arising from housing, substance abuse and family conflict. They expressed empathy for clients' situations but felt a lack of power to affect change. However, they were able to highlight their strength-based roles in provision of physical and psychosocial support. They perceived their role as helping parents cope with everyday life challenges, which was important before health messages could be promoted which compares similarly to findings on the importance of relationships from non-Aboriginal peer support workers (Heaman et al., 2005; Jack et al., 2007). They were cognisant of parenting stressors, having understanding and feelings of mutuality towards parents' circumstances and feelings of distress.

Strength-based approaches to family support were identified across a range of strategies. Their ability to communicate with parents by phone, text and face to face was recognised as enabling for client contact. They identified that events in the lives of parents necessitated varied approaches which, in turn, developed their confidence in their role. Peer support workers acknowledged the need to build safe practices for visiting parents. As such, flexibility of contact venues was used which is supported by Walker (2010), where sometimes it was better to have contact elsewhere when home was not a safe or available option. They also visited in pairs when there was potential for lack of home safety. Overall, they were cognisant of the importance of supporting families in a wide range of psychosocial situations, recognising the need for mutuality and empathy in their helping role.

Peer support workers' concerns relating to challenges in addressing impacts of social determinants of health are supported by similar community and government difficulties and inequalities in provision of supportive services (AMA, 2013; Irvine, 2009). This contrasts with research by Walker (2010) where remote Aboriginal peer support workers had not encountered the need for advocacy with housing and substance abuse issues apart from alcohol. Also, findings from a recent systematic review indicated no similar adverse home visiting environments with non-Aboriginal families (Munns et al., 2016).

The self-perceived role of the Aboriginal peer support worker is comprehensively versatile. Empathy, underpinned by the lived experience of being parents of young children in the local community, enabled sensitive, culturally appropriate parent support. The findings from this study have commonalities and differences with those from studies of peer support workers supporting non-Aboriginal families. Research by Munns et al. (2016) highlights home visiting peer support workers in Canada and America identifying trust and the demonstration of respect between workers and non-Aboriginal parents as being central to creating supportive relationships. Additionally, enabling strategies included effective listening, being authentic, and validating their needs and strengths of their parenting abilities. However, the impact of culture on their role was not discussed, along with the associated influence on advocacy activities, culturally relevant communication strategies and careful home visiting practices.

## LIMITATIONS

This study was undertaken in a specific urban Australian Aboriginal community. Transferability of findings to other settings is limited but data can inform other contexts relating to peer led home visiting support.

## CONCLUSION

As there is scarce evidence identifying the function of the Aboriginal peer support worker, it is important that their voices in this study are able to offer insight into their developing self-perceived

role. Peer support workers value their position within this community and believe they are creating culturally appropriate parent support through relevant strategies. Advocacy for families encountering adverse impacts of social determinants of health was both challenging and a source of self- reflection, identifying a unique part of their role as the ability to offer empathy and mutuality without necessarily being able to resolve these issues.  The value of innovation in areas such as communication and visiting settings has not only highlighted their ability to be reflexive to clients' needs but also demonstrated their value in being able to work in partnership with health and family support services to establish   acceptable client and family-centred approaches for program development. They are able to enhance cultural understanding between Aboriginal families and non-Aboriginal parent support professionals such as community child health nurses, along with the use of practical and meaningful support strategies. A further emerging feature is the ability to identify and foster self-determining and empowering support strategies for parents. As such, they are able to promote parent support embedded in Aboriginal culture, relevant to families' needs.

 Peer support workers have an emerging integral role in the development of culturally acceptable support for Aboriginal parents. As significant members of community parent support teams, they can assist in facilitating parents' ability to cope with health and social inequalities, thereby contributing to positive lifelong health and wellness trajectories for families and children. It is recommended that additional research is undertaken to develop a strong evidence base by further exploring the role of peer support for Aboriginal parents, reflecting on the views of partner community agencies and participating parents. Research is recommended to determine whether peer support would be more beneficial as universal or targeted programs. Strength of evidence is vital for early years parent support.

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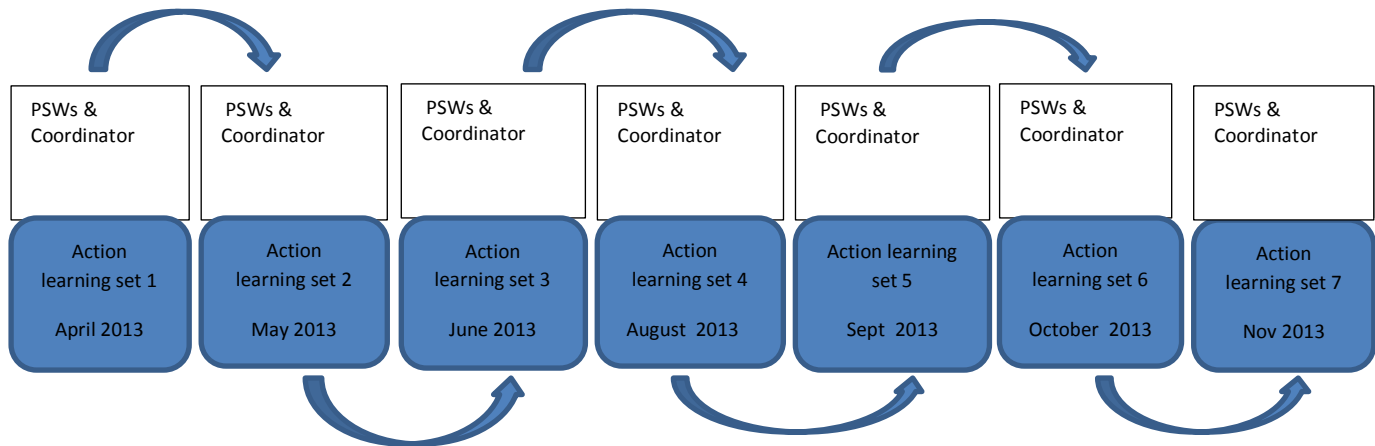
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Appendix 1

Examples of Action Learning Sets

| PSWs & Coordinator | PSWs & Coordinator | PSWs & Coordinator | PSWs & Coordinator | PSWs & Coordinator | PSWs & Coordinator | PSWs & Coordinator |
|---|---|---|---|---|---|---|
| Action learning set 1 April 2013 | Action learning set 2 May 2013 | Action learning set 3 June 2013 | Action learning set 4 August 2013 | Action learning set 5 Sept 2013 | Action learning set 6 October 2013 | Action learning set 7 Nov 2013 |

Appendix 2

Investigation of a culturally secure home visiting model for Aboriginal family and child health support in the Midland community in Western Australia: Interview Questions for Peer Support Workers

Action learning set 1: Can you tell me what it is like to be a parent with a baby or young children in Midland?

Action learning sets 2-10 (following home visiting sessions with parents):

1.      Unstructured interview: Tell me about the program and how you see it is going?

2.      Semi-structured interview;

Progress, strengths and challenges

•       Think about your visits – what is working well? How are these visits encouraging and supporting parents?

•       What is not working well? Why do you think this is happening?

•       How could you have said things differently that allowed parents time to talk and work on their ideas?

•       Have you had any visits where the problems have been too hard to handle?