Learning from Central Australian Aboriginal Women's experiences: Reflections on participation in the CAAC Family Partnership Program in Alice Springs.

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Contents

Executive Summary

1. Background
1.1 Maternal and child health
1.2 Australian Nurse Family Partnership Program
1.3 Central Australian Aboriginal Congress Family Nurse Partnership Program

2. Methods
2.1 Research aims
2.2 Research approach
2.3 Methods
2.4 Ethics
2.5 Sample frame and participant selection
2.6 Recruitment of participants
2.7 Participant characteristics
2.8 Consultations, group discussion and key informant interviews
2.9 Analysis
2.10 Reflexive discussions with FPP staff project team
2.11 Study strengths and limitations

3. Findings
3.1 Finding out about the FPP
3.2 Accepting the FPP
3.3 Aspects liked by the women
3.4 The best aspects
3.5 The worst aspects
3.6 Why remain on the program
3.7 Aspects that make it easy to remain
3.8 Aspects that make it hard to remain
3.9 Why withdrawn
3.10 Aspects that would assist retention
3.11 Benefits of participating
3.12 Disadvantages of participating
3.13 Suggested improvements

4. Discussion and conclusions
4.1 Most effective recruitment strategies
4.2 Facilitators and barriers to recruitment
4.3 Most effective retention strategies
4.4 Facilitators and barriers to retention
4.5 Benefits
4.6 Recommendations
4.7 Conclusion

5. Appendices
5.1 Appendix 1
Consultation questions for current, graduated and withdrawn clients, staff and Acting Nurse Supervisor and Critical Reference Group

6. References

Executive Summary

Purpose
This report, initiated by Aboriginal women at Central Australian Aboriginal Congress, addresses the importance of gathering, exploring and analyzing the expressed views, perspectives and opinions of the women utilizing, or withdrawing from the Central Australian Aboriginal Congress Family Partnership Program (CAAC FPP).

It documents the reasons why Aboriginal women agreed to join and participate in the FPP, the facilitators and barriers to their recruitment and retention and the benefits and/or disadvantages of participating in the FPP from their perspective. Importantly, it incorporates the views of women who withdrew from the program. Some key stakeholders and staff views are also explored. The study aimed to contribute to the knowledge and evidence base of what Aboriginal women consider an effective program, improve the capacity of the FPP, and thereby, ultimately improve the health outcomes for Aboriginal women and their children. A Steering Committee, including Aboriginal women, guided the project.

Methods
For the purpose of sampling the project period was from the 17th April 2012 to the 17th April 2013. Inclusion and exclusion criteria for women were generated resulting in a total number of potential participants of eighty-one women. Participant categories included: current, graduated and withdrawn clients living in Alice Springs and remote settings with one or more children. In total forty women agreed to participate: nineteen current clients; ten graduated clients; and eleven withdrawn clients. The women were recruited by the Aboriginal Community Workers or the Aboriginal Research Trainee and all were individually interviewed by the Aboriginal Research Trainee and the Senior Research Fellow. Three members of the Community Reference Group, the Acting Nurse Supervisor and five staff participated in group discussions and key informant interviews. Reflexive discussions with staff and a document review were undertaken. The qualitative data was analyzed into themes and then analyzed inductively to generate unanticipated issues and deductively to explore the relevance of elements identified in selected literature. Research training was provided to an Aboriginal Research Trainee. The Central Australian Human Research Ethics Committee gave ethics approval.

Findings
The findings were presented according to the main interview questions: Finding out about the FPP; accepting; aspects liked by the women; the best aspects; the worst aspects; why remain on the program; aspects that make it easy to remain; aspects that make it hard to remain; why withdrawn; aspects that would assist retention; benefits of participating; disadvantages of participating; suggested improvements.

Discussion
Overall the women who contributed their views to this study were very positive about the FPP program. Their perspectives have enabled a deeper knowledge and understanding of the critical elements of the program that are valued and beneficial to the women, as well as those requiring change and attention.

The main facilitators for the recruitment of women were the support and information offered by the nurse. These were echoed in the key facilitators for their retention in the program: the nurse and the home visits, along with information, fun and informative activities, transport, practical aid, the ACWs and the involvement of fathers. However, the most critical factor was the establishment of a strong, trusting, supportive relationship between the nurse and the woman. When this was present

most women indicated that it resulted in them feeling that they had a 'friend', someone who was 'like a mum' or 'family' who helped them feel 'safe', 'empowered', more 'confident' and 'happy'. Most importantly, this relationship was also pivotal to many of the women who had withdrawn, even if, for some, the connection seemed to be weaker than for the current and graduated clients. The home visits were essential, especially as most women had limited transport options. The staff added a range of facilitators that centered on the effective implementation of the FPP model.

The barriers to retention from the current and graduated women's point of views included: the number and frequency of visits; difficulties contacting the nurse; uncertainty about the nurse; and inappropriate levels of information. Significantly, the situation was different for the withdrawn clients who identified barriers, and the reasons for their withdrawal, as their nurse leaving, not liking the nurse, too many questions, too many appointments; and domestic violence. A range of barriers to retention was identified by the staff including the functioning of some management processes and mechanisms.

All the women, to varying degrees and particularly the current and graduated clients, identified the benefits of the FPP as centering on their relationship with their nurse, specifying the friendship, support and advice, she offered. This relationship enabled many of them to be 'better mums', to feel more confident and empowered, to plan their futures and to undertake training. For some very vulnerable women, they also felt less alone and cared for. In the context of their relationship with the nurse, most considered that their children had benefitted in a variety of ways, such as, better nutrition, learning about language and reading, having access to toys, and being in safer environments. Some breastfeed longer as a result of the nurse's support. Some women considered that their partners had also benefited from the advice and information provided by the nurse, and that some fathers had become more engaged with their babies as a consequence. The role of the Aboriginal Community Workers was seen a strength of the FPP as was the well-resourced central office. The staff concurred with many of these benefits to the women, children, partners and family.

Recommendations related to *increasing the effective recruitment of women*:

- Develop and implement a systematic recruitment strategy including goals, identifying key agencies and services to target, a calendar of scheduled agency visits, accountability mechanisms to ensure implementation, a process for evaluation, and a review at annual planning days;
- Allocate staff time to ensure good communication between Alukura and FPP;
- Increase regular engagement activities with key external stakeholders, including 'open days' at FPP to promote the FPP and increase understanding of its purpose and content;
- Improve regular attendance at key internal CAAC management meetings to promote and report on the progress of the FPP;
- Improve the implementation of the community engagement strategy;
- Review the strategic plan for the role of the ACWs;
- Review the use of the Alukura midwives list to address issues of confidentiality;
- Reduce time delays between consent to join the FPP and the first visit;
- Incorporate into annual planning and review processes the regular gathering of feedback from clients; and
- Increase advertising of FPP on television and local radio.

Recommendations related to *increasing the retention of women*:

- Continue fidelity to the implementation of the FPP model;
- Ensure that the therapeutic relationship, of trust and respect between the nurse and the woman is developed and maintained;
- Maintain and extend the range of activities offered;
- Involve the Congress Alukura Grandmothers in some activities;
- Review processes related to the sensitive allocation of nurses to clients that would ensure seeking feedback from the woman about her developing relationship with the nurse;
- Review protocols and develop strategies to assist women to change nurses;
- Review protocols and develop strategies to improve the transition of nurses and the careful management of periods of leave;
- Continue to draw on the ACWs knowledge when allocating clients to nurses;
- Maintain a very flexible approach given some women's competing priorities, demands and commitments;
- Review the presence of the ACW at certain content visits due to privacy issues for some clients;
- Ensure strong links with remote clinics to maintain contact with women who are transient;
- Ensure clear expectations about the capacity of nurses and ACWs to respond to some women's needs;
- Consider making after hours appointments available for women who return to work;
- Ensure realistic staff time allocations for contacting particularly hard to reach women;
- Utilize new resources and information for staff training;
- Ensure that staff are aware of, and understand as much as possible about, the cultural context in which they practice;
- Maintain mandated, adequate and timely supervised nurse visits to facilitate reflection on their practice;
- Regular review of retention rates and action to address any declines;
- Evaluate any new changes implemented; and
- Provide new information about the program to the ANFPP and OATSIH.

Conclusion

This study was able to explore the views and perspectives of forty Aboriginal women who have participated in the FPP at CAAC in Alice Springs. Most significantly, the study included the views of women who had chosen to withdraw from the program. This is a worthwhile and important undertaking as it allows us to gain a deeper knowledge and understanding of the critical elements of the program that are valued and beneficial to the women, as well as those requiring change and attention. Overall the women who contributed their views to this study were very positive about the FPP program and confirmed the pivotal role of the nurse client relationship as one that supported, empowered, and encouraged them to be 'better mums' more 'confident' and more able to care for their baby and children. Significantly, most of the withdrawn clients echoed these views, although some did indicate that their connection with the nurse was less developed.

The knowledge generated from this study can be used to further and deepen our understanding about the CAAC FPP, and support arguments for the necessity to include Aboriginal women's views about the services they utilize into the design, planning and evaluation of services in other agencies and settings in Australia.

1. Background

1.1 Maternal and child health

For many years Aboriginal women have identified the health of mothers and their babies as a high priority (Carter et al 2004, Hancock 2006, Kildea 2010) and maternal and child health has been identified as a priority area in key Aboriginal and Torres Strait Islander policy initiatives (Commonwealth of Australia 2009, Department of Families Housing Community Services and Indigenous Affairs (2012).

However, as many commentators have observed, there is a dearth of information and evidence to guide the planning and implementation of antenatal, postnatal and early childhood programs for Australian Indigenous women and their children (Carter et al 2004, Panaretto 2005, Kemp 2006, Kildea 2010). There is also a lack of documented feedback and evaluation of such programs that is designed and informed by Aboriginal women.

> Women's views about care forms an important part of assessments of health care interventions (Rumbold and Cunningham 2008).

Herceg, in a comprehensive literature review of antenatal and home visiting programs, identified only fifteen reports of nine antenatal mother and baby programs that included evaluative data (Herceg 2005). Of the comparatively small number of rigorous evaluations of antenatal programs undertaken in rural and remote Australia in recent years, fewer again incorporate direct qualitative feedback from the Aboriginal participants. By 2008 Rumbold and Cunningham, for example, sourced only ten peer reviewed and published evaluations of antenatal care programs for Australian Indigenous women, with only four of these reporting on the women's experiences or perceptions of their care (Rumbold and Cunningham 2008).

In addition, there is a lack of current, documented information from an Australian Aboriginal woman's perspective about her role as a mother and her views about the services she needs to care for a young child (SNAICC 2004, Griew 2007, Sivak 2008, Eades 2008, Wilson 2009). A current evaluation of a South Australian Family Home Visiting Program focuses on outcomes rather than seeking qualitative feedback from the participants. (King, personal correspondence 2012)

In relation to child health, one critical and systematic review of qualitative studies of the health, development and wellbeing of Indigenous children found that 71% of 217 studies had no apparent Indigenous involvement. The authors concluded that

> More work is needed to establish an evidence base of Australian Indigenous child health and wellbeing that is founded on Indigenous values, knowledge and participation (Priest et al 2009).

A recent case study of a Canadian Nurse Family Partnership program similarly observed that their qualitative study focusing on mothers' experiences of the program was the first of it's kind (Kurtz Landy et al 2012).

1.2 Australian Nurse Family Partnership Program

In 2008 the Health Minister launched the Australian Nurse Family Partnership Program as part of the Health@Home Plus Package, a program of the Office of Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing. The ANFPP provides additional support to pregnant women having an Aboriginal child until the second birthday of that child. The Australian program is operating under an arrangement between the Australian Federal Government and

Professor Olds, Director of the Prevention Research Centre for Family and Child Health at the University of Colorado, and the Nurse Family Partnership Program (NFPP). Based on the results of randomized control trial evaluations, Professor Olds has argued that

> by child age 9, the program reduced women's rates of subsequent births, increased the intervals between the births of first and second children, increased the stability of their relationships with partners, facilitated children's academic adjustment to elementary school, and seems to have reduced childhood mortality from preventable causes (Olds et al 2007).

1.3 Central Australian Aboriginal Congress Family Partnership Program

Central Australian Aboriginal Congress (CAAC) is one of three sites initially funded to implement the ANFPP, adapted NFF model developed by the Professor Olds manual. At CAAC the Program is known as *Ampe-akweke Apurtele Arntarnte-areme* or *Looking after small children together*. In 2009 The FPP commenced recruiting Aboriginal women or women pregnant with an Aboriginal child. Since it's inception 150 have been accepted into the program of which 90% were Aboriginal women. Most visits, conducted by an Aboriginal Community Worker and a Nurse Home Visitor occur in the client's home. Pregnant women are offered weekly visits during the first four weeks of joining, then fortnightly until the birth of the baby. Post-natally they are visited weekly for the first six weeks then fortnightly until the child is 21 months, and monthly until the child's second birthday. At this time the women graduate from the program. During the visits the Aboriginal Community Worker and Nurse Home Visitor educate and support the women in the 5 program domains which address: personal health; environmental health; life course development; maternal role; and family and friends.

Program staff include: Aboriginal Community Workers; Nurse Home Visitors; a Nurse Supervisor; Program Manager; and an Administration officer.

The FPP as part of the ANFPP is required by OATSIH to contribute to program monitoring and evaluation. This consists of two main on-going reporting tools: The *Program Fidelity and National Summary* monitoring tool and the Individual Site's *Quarterly Implementation Plan Progress Report*. The former requires staff to report on a set of quantitative summary measures and data items used to assess Program Fidelity against the key model elements specified in the ANFPP Nurse Supervisors Unit 2 Training Manual. The latter requires staff to provide brief qualitative reports against implementation categories, such as, service delivery, management, linkages and co-ordination with other services, and community engagement.

Whilst summary tools are useful for particular monitoring and evaluation purposes, they do not allow for an exploration of why Aboriginal women and their families participate in the FPP, why they might withdraw from the program, why some recruitment strategies have or have not been successful, what they think the benefits or disadvantages have been, and what they consider to be the effects of participating. Women's views about these aspects of the FPP would greatly assist in specific strategy and program development as well as in generating detailed and rich narratives about the benefits, disadvantages and effects of participating in the FPP from the perspective of those for whom the program exists. This requires

> *direct quotations from people about their experiences, opinions, feelings and knowledge* (Patton 2002:140; Yin 2003:89).

This study addressed the importance of gathering, exploring and analyzing the expressed views, perspectives and opinions of the women utilizing, or withdrawing from the FPP in order to more effectively: recruit and retain participants; identify and build on successful strategies of engagement; contribute to the evidence base of the FPP specifically, and effective programs for Aboriginal women and their children more broadly; and provide an opportunity for research training for an Aboriginal Trainee.

2. Methods

2.1 Aims and Research questions

This small project aimed to identify and document the effects, benefits and/or disadvantages of participating in the FPP from the perspective of the Aboriginal women clients and the FPP staff, with the intention of adding to the knowledge and evidence base of what Aboriginal women consider to be an effective program, improving the capacity of the FPP to reach Aboriginal women, and thereby, ultimately improving the health outcomes for Aboriginal women and their children.

More specifically the project addressed the following research questions.
From the perspectives of participating clients and FPP staff:

a. What are the most effective strategies utilized to recruit and retain mothers?
b. What are the facilitators and barriers for recruiting and retaining participant mothers and mothers who have withdrawn?
c. What are the benefits and disadvantages of mother's participation?

2.2 Research approach

The research approach is predicated on:

- The primary importance of Aboriginal women's experiences and voices;
- A respect for Aboriginal women's diverse values and culture;
- The imperative to ground practice firmly in the context and preferences of Aboriginal women and the reality of their lives;
- A commitment to directly link the research findings to strategy development for and implementation of the FPP with the intention to ultimately improve the health outcomes for Aboriginal women and their children; and
- The importance of building research capacity in Aboriginal community controlled services and of Aboriginal staff.

Consequently the project:

- Was initiated by staff at CAAC, an Aboriginal community controlled health service;
- Was overseen by a Steering Committee consisting of key Aboriginal women from Alice Springs and the Central Australian region;
- Was collaborative, involving the FPP Community Reference Group (including 2 FPP current clients), an Aboriginal Research Trainee, Aboriginal Community Workers, and other staff at CAAC;
- Provided some research training to an Aboriginal trainee; and
- Will share the knowledge and information gained from the project with other agencies, Aboriginal services and communities and research communities.

Steering Committee

A Project Steering Committee was established to provide advice on and contribute to: the design of all methods utilized during the project; guidance on sensitive issues regarding accessing clients; and approval of the final Project Report. It included: two FPP current clients, two senior Aboriginal women, the Alukura Branch Manager and the FPP Nurse Supervisor.

Aboriginal Research Trainee

As part of the project CAAC and the Senior Research Fellow developed an Aboriginal identified research trainee position. The specific training requirements of the Aboriginal Research Trainee were assessed following her appointment and a range of formal training options were arranged, including a health promotion short course and training in interview techniques. In addition the Senior Research fellow

provided training in project planning, promotion, recruitment of participants and interviewing. The Aboriginal Research Trainee commenced this training but was unable to complete it. She undertook specific project tasks such as: project planning, promotion, recruitment of participants and some interviewing. Unfortunately, due to personal reasons, the Aboriginal Research Trainee ceased employment at CAAC after five months and another Aboriginal employee completed the remaining interviews with the clients.

2.3 Methods

Qualitative methods

Given the aims and objectives of the study qualitative methods were employed. Ezzy describes qualitative approaches as aiming to

> provide understanding of the meanings, the details that shape why people do what they do. To do this requires long quotations and careful explanation of cultural and social context (Ezzy, 2007:58).

The 'articulation of lay knowledge –in narrative form', enables us to develop an understanding of the perspectives of those people who are at the centre of the study, in this case, Aboriginal women in central Australia. It allows for the illumination of how they understand their and their children's health and health needs; and how they view the health program, the FPP, the focus of the study (Popay et al 1998:636, Entwistle et al 1998).

The methods utilized to address the research questions included:

- individual client consultation (or interview) meetings;
- key informant interviews and group discussions; and
- Document reviews.

Document review

The main purpose of the document review was to provide information about the implementation of the FPP to inform the development of the project plan and consultation questions. Accordingly the main documents collected and reviewed were the FPP Fidelity reports, Implementation Plan Progress Reports, CAAC reports and OATSIH reports.

Quantitative methods

The quantitative data reviewed for this study was undertaken by the Acting Branch Manager of Congress Alukura and the Acting Nurse Supervisor and consisted of de-identified service use data from the patient recall system Communicare, and service data sourced from FPP records and reports, such as, the Program Fidelity and National Summary Reports. This data was accessed in order to generate the list of potential participants, as discussed below.

2.4 Ethics

Following approval of the project work-plan and ethics application by the Alukura Branch Manager the ethics approval was given by the Central Australian Human Research Ethics Committee.

2.5 Sample frame and participant selection

Participants included FPP clients, staff and Community Reference Group members. Given the objectives of the study a purposive sampling approach was utilized (Auerbach 2003, Bryman 2008).

FPP client sample frame

Participant selection categories include the following:

- Current clients:
- Graduated clients; and
- Clients who withdrew in the previous 12 months.

For the purpose of sampling the project period was from the 17th April 2012 to the 17th April 2013 in order to incorporate the most recent graduated clients.

Inclusion and exclusion criteria for women

The inclusion and exclusion criteria for women were drafted following discussions at an FPP staff meeting, project team meeting and Steering committee meeting. The draft inclusion and exclusion criteria were then further discussed by the Acting Nurse Supervisor and the Alukura Branch Manager and then finalized. The criteria were then discussed with the staff team at a staff meeting.

Table 1. Client participant inclusion and exclusion criteria

Client category	**Inclusion criteria** 17th April 2012 - 17th April 2013	**Exclusion criteria** 17th April 2012 - 17th April 2013
Current	Aboriginal woman Current registered client Received more than 6 visits	Serious mental illness Highly dependant on medical care Serious intellectual incapacity
Withdrawn	Aboriginal woman Withdrawn Received at least 1 visit	Serious mental illness Highly dependant on medical care Serious intellectual incapacity No longer living in Alice Springs, Santa Teresa or Amoonguna
Graduated	Aboriginal woman Graduated	Serious mental illness Highly dependant on medical care Serious intellectual incapacity No longer living in Alice Springs, Santa Teresa or Amoonguna

The Acting Nurse Supervisor and the Alukura Branch Manager reviewed the client records list and then the Communicare database and applied the selection criteria to generate a list of potential current, graduated and withdrawn clients. The Acting Nurse Supervisor then emailed this list, totally eighty-six, to the staff team who provided updated contact details. Five women were removed from the potential sample due to having relocated from Alice Springs. The total number of potential participants was eighty-one: forty-eight current clients, eighteen graduated and fifteen withdrawn clients.

Client sample categories
Age
Two categories of older and younger were generated based on the median at referral of all current, withdrawn and graduated clients between April 17th 2012 and April 17th 2013. The median age was twenty-three. The current client's younger category consisted of nineteen women under twenty-two and the older of twenty-nine women over twenty-four. The graduated client group consisted of ten women under twenty-three and eight women over. The withdrawn included nine younger women and six older women.

Geographic location
Two geographic locations were included: sixteen women were living in remote locations and sixty-five resided in Alice Springs.

Number of children
Potential participants were divided into those with only one baby or child and those with more than one. Forty-five women were in the former category and thirty-six in the later.

FPP Community Reference Group
The FPP is guided by a Community Reference Group consisting of representatives from:

- Remote location communities, Santa Teresa and Amoonguna;
- Alice Springs Hospital Maternity Unit;
- Maternal and Child Health, NT Department of Health;
- Alice Outcomes;
- Tangentyere;
- CAAC Social and Emotional Wellbeing Branch; and
- CAAC Services Branch.

FPP Staff
At the time of the study the staff comprised:

- Three Aboriginal Community Workers;
- Seven Nurse Home Visitors;
- One Acting Nurse Supervisor; and
- One Program Manager (CAAC Alukura Branch Manager)

2.6 Recruitment of participants

Recruitment of clients
The Steering Committee, the three FPP Aboriginal Community Workers and the Project Team advised on how to recruit women and conduct the consultation meetings with them, including: how to approach, request and involve the current, graduated and withdrawn clients; how to ensure that they understood that refusing to participate would not effect in any way their right to continue accessing the FPP and that they had a choice about attending a consultation; that confidentiality would be protected; and that all ethical informed consent procedures would be followed.

Following these discussions the Aboriginal Research Trainee designed an information pamphlet outlining the project and what participation would involve.

The current and graduated clients were contacted in one of two ways. Either the Aboriginal Community Worker and or nurse, at their next scheduled home visit, provided the client with information about the project and asked if she was interested in participating. Or the Aboriginal Research Trainee rang or visited the client at her home, told her about the project and, if she was agreeable, arranged a consultation time. In relation to withdrawn clients, the Aboriginal Research Trainee rang the client or visited the client at her home to ask if she was interested in joining the study.

In total forty women agreed to participate:

- Nineteen current clients;
- Ten graduated clients; and
- Eleven withdrawn clients.

2.7 Participant characteristics

The following tables present the participant's client status, age, geographic location and number of children.

Table 2: Participant current client characteristics

Number	**Age**		**Geographic location**		**Number of children**	
	Younger	Older	Alice Springs	Remote	One	More than one
1		X	X		X	
2		X	X			X
3	X		X		X	
4		X	X			X
5		X	X			X
6	X		X		X	
7		X		X		X
8	X			X		X
9	X			X		X
10	X		X		X	
11		X	X			X
12		X	X		X	
13		X	X			X
14	X		X		X	
15	X			X	X	
16		X	X			X
17	X			X	X	
18		X		X		X
19	X			X	X	
	9	10	12	7	9	10
	Age N=19		Geographic N=19		Children N=19	

Table 3: Participant graduated client characteristics

Number	**Age**		**Geographic location**		**Number of children**	
	Younger	Older	Alice Springs	Remote	One	More than one
1	X		X			X
2	X		X		X	
3	X			X	X	
4		X		X		X
5	X			X	X	
6	X		X		X	
7		X	X		X	
8	X		X		X	
9		X		X		X
10	X			X		X
	7	3	5	5	6	4
	Age N=10		Geographic N=10		Children N=10	

Table 4: Participant withdrawn client characteristics

Number	**Age**		**Geographic location**		**Number of children**	
	Younger	Older	Alice Springs	Remote	One	More than one
1		X	X			X
2	X			X	X	
3		X	X			X
4	X		X		X	
5	X			X	X	
6		X	X			X
7	X			X	X	
8		X		X		X
9	X		X		X	
10		X	X			X
11	X		X		X	
	6	5	7	4	6	5
	Age N=11		Geographic N=11		Children N=11	

FPP Community Reference Group
The three members of the CRG who attended a regular meeting agreed to participate, comprising two client representatives and one representative from a community agency in Alice Springs.

FPP Staff
The Acting Nurse Supervisor and five staff participated. The Acting Branch Manager of Alukura was on leave and consequently was unavailable for an interview.

2.8 Consultations, group discussion and key informant interviews

Individual consultation meetings with clients

When arranging the client consultation meetings the Aboriginal Research Trainee asked where the women would prefer to meet and what language the women would like the consultation session to be conducted in and if they required an interpreter. All said that English was suitable. At each consultation meeting the Aboriginal Research Trainee and the Senior Research Fellow sought to establish a relaxed and informal atmosphere and discussion. The Aboriginal Research Trainee welcomed the women, explained the project and the written Project Information Sheet and Consent process and requested consent. All participants provided consent. The women were asked if the Senior Research Fellow could take notes. The Aboriginal Research Trainee conducted the discussions. The women (and their children) were provided with morning or afternoon tea or lunch. A small gift of fragrances, soaps and body products, was given to all participants to thank them for their time.

Group discussions and key informant interview

The Critical Reference Group participants were provided with the Project Information Sheet and Consent Form and the consent procedures were implemented as above. Having chosen to participate in the staff group discussion and key informant interview the staff considered their contribution to be part of the FPP quality improvement process and did not sign formal consent forms. The Senior Research fellow did confirm their willingness to contribute and their agreement to her taking notes.

Consultations and key informant interview questions

Draft lists of possible consultation themes and questions were generated by the project team and then discussed and modified where necessary by the Steering Committee. The consultation questions for current, graduated and withdrawn clients, as well as the Critical Reference Group and staff are in Appendix 1.

2.9 Analysis

All notes were typed and reviewed. The qualitative data gathered from all of the consultations, group discussions and key informant interview were separated into the categories of participant and then analyzed in two stages. The first pass through the text was analyzed according to the questions asked and categories for other topics were created. The second pass through the text involved identifying specific threads in the material that were then coded and categorized into themes (Patton, 2002). The analysis was inductively generated to allow unanticipated issues to emerge and deductively to explore the relevance of elements identified in selected literature. (Patton, 2002, Bryman, 2008). Common themes and differences within and between the participant categories were noted. The analysis included substantial direct quotations and examples that have been incorporated into the findings chapter. The Steering Committee reviewed the draft report.

2.10 Reflexive discussions with FPP staff project team

As part of the capacity building aspect of the project a project team was established and reflexive sessions were conducted with the members on the project purposes, research methods, approach and the Aboriginal Research Trainee's program. These sessions were able to facilitate the exchange of knowledge between the FPP staff and the Aboriginal Research Trainee and Senior Research Fellow by drawing on the practice wisdom of the nurses, Aboriginal Community Workers and the researchers. This also provided an opportunity for reflection on aspects of their practice and the FPP in the context of the project, and contributes to the project's design and

implementation. Specifically, these sessions: reflected on the overall progress of and issues arising from the FPP to date and identified potential issues to be explored in the discussions with clients and key informant interviews; explored and discussed the most effective ways of conducting the consultation meetings with past and current clients; reflected on the project's processes and generated other strategies to reach clients; and reflected on the overall project and identified lessons for future research.

Analysis of findings and development of recommendations
A feedback meeting was held with the FPP staff in order to facilitate:

- More interrogation and a deeper understanding of the findings;
- The findings being located in the Alice Springs and relevant remote contexts;
- Identification of new strategies for the FPP, CAAC or other organizations; and
- Development of recommendations.

In addition a feedback meeting with the Steering Committee focused on checking any cultural matters and discussing if the themes resonated in a meaningful way with them.

2.11 Study strengths and limitations

The strengths of the project methodology included that:

- Aboriginal women were active partners in the research process;
- The project design was informed by the practice knowledge of the Aboriginal and non-Aboriginal staff;
- The consultations were conducted by an Aboriginal woman experienced in working with Aboriginal women;
- The sample covered a particular range of women's perspectives;
- Some Aboriginal women had training in and exposure to research methods;
- The findings and conclusions were directly relevant to the FPP program; and
- The study focused on and provided information about the Aboriginal women clients' perspectives and experiences of participation in the FPP for use by the FPP and other similar programs in Australia.

A range of factors limited the consultation, for example:

- The women who chose not to participate may have held negative views about the FPP;
- The method of an individual discussion may have restricted some women from commenting more expansively;
- The nature of some of the questions may have been experienced by some women as inappropriate and so they may have limited their answers;
- Participating in such a consultation is not a priority for some women;
- Some women were unable to be located for a variety of reasons; and
- The number of women participating was limited by the available time and budget.

Chapter 3 Findings

This section presents the findings from the discussions with individual Aboriginal women, members of the Critical Reference Group and staff. The findings, and quotations from the women, are presented according to the consultation questions:

- Finding out about the FPP
- Accepting the FPP
- Aspects liked by the women
- The best aspects
- The worst aspects
- Why remain on the program
- Aspects that make it easy to remain
- Aspects that make it hard to remain
- Why withdrawn
- Aspects that would assist retention
- Benefits of participating
- Disadvantages of participating
- Suggested improvements

A short overall introductory summary is followed by the detailed comments from the study participants. The responses are ordered in the following way: *Current and graduated clients; Withdrawn clients; CRG members; and Staff. CRG members and staff were asked slightly different questions.*

3.1 Finding out about the FPP

Current and graduated clients

Most current and graduated clients living in Alice Springs found out about the FPP program whilst attending the clinic at Alukura. Older and younger women living in remote locations were more likely to have been informed about the FPP by a staff member at their local remote clinic. The second most common source of information, for women in both Alice Springs and remote locations, was a family member, often a cousin, aunty or mother. Three women said that they only knew about the program when FPP ACWs visited them. Only one woman was told about the program whilst at the Alice Springs hospital.

A few women became aware of the FPP from a number of sources, for example, family, Alukura and a CAAC clinic. One current client and one graduated client said they heard about the program from a television commercial prior to joining.

Withdrawn clients

The pattern was similar for the withdrawn clients in that eight out of the eleven women found out about the FPP from the midwives at Alukura, with one each hearing about the program from a remote clinic, another CAAC clinic and the Alice Springs hospital. A few also heard about the FPP from a family member.

CRG members

The CRG members thought that most women knew about the FPP from friends and family and as a result of attending clinics at Alukura.

Staff

All staff considered that they women mainly heard about the FPP from the Alukura midwives, with other sources including family and friends, the nurses at the remote clinics, Alice Springs Hospital and the television advertisement.

3.2 Accepting the FPP

Current and graduated clients

The majority of current and graduated clients indicated that the main reason that they wanted to join the FPP was to receive extra support and assistance with their baby. Most of the young women, living in remote areas and in Alice Springs, indicated that they required support because they were having their first baby. However, most of the older women, living in remote areas and in Alice Springs, also required support, although for different reasons. These included: having other children, some of whom were close together in age; not having family members to help them; suffering from depression; having had a child removed previously; and relationship difficulties.

The second most common reason for current and graduated clients, living in remote areas and in Alice Springs, was that they were interested in receiving information about aspects of baby and child care. For most, this was linked to being 'a better mum' or ' a good mother'. Interestingly, older and younger women expressed this.

Being offered activities and the opportunity to enjoy them was the third main reason women joined the FPP. Some women, living in remote areas and in Alice Springs, specifically referred to being bored, whilst one woman particularly indicated that a strong motivation was to escape her difficult domestic situation.

Two young, first time mothers living in Alice Springs said that they joined because it had been recommended that they do so by the FPP ACW and, for the other, the Alukura midwife. One older woman living in a remote area mentioned that she had joined the program to receive assistance with housing.

Withdrawn clients

The women who had withdrawn from the FPA gave very similar reasons for joining the FPP as the current and graduated clients. Most first time mothers living in remote areas and in Alice Springs required assistance because they were having their first baby, with the next most common reason being the need for information. As with the current and graduated clients, older mothers living in remote areas and in Alice Springs also required extra assistance and information, but for other reasons, including, the number and age of the children they already had, and in one instance, the removal of a child. Perhaps the only difference was that the reasons for joining were more concentrated in the two categories of requiring assistance and information, whereas, a number of the current and graduated clients added a desire for fun activities.

CRG members

The CRG members thought that an important recruitment strategy was that women had the choice of joining the FPP, rather than it being mandated in some way. One considered the most effective recruitment strategy to be the positive reputation of the FPP as 'their friends tell them to come'. Another that the key factors were that it was a non-threatening program and the staff were non-judgmental.

> *It is non-threatening because there doesn't have to be a problem to get help. With other services around town you need to have a problem before you can get a service.*
>
> *They (FPP staff) don't judge…they say 'we can walk beside you we will do what we can to support you'.*

Staff

Staff considered that the women were successfully recruited to or joined the FPP because they recognized that they needed support, especially if they were having their first baby, their friends or family had recommended it, the Alukura midwife encouraged it, and the hospital staff may have suggested it as well.

They thought that the most effective recruitment strategies were:

- Referral arrangements with Alukura, such as the use of the midwives list;
- The Alukura midwives developing good relationships with their clients so the clients trusted them and the referral to FPP;
- Other services being aware of and referring women to the FPP;
- FPP being a service offered by CAAC which is a respected Aboriginal community controlled health organization;
- ACWs who are known and respected in the community;
- Knowledge, skills and experience of the ACWs;
- FPP staff being present at key community events and promoting the service;
- Providing a good service that women then recommend to their friends and family; and
- The television advertisement screened in the past.

Barriers to effective recruitment identified by the staff were:

- A current lack of an implemented systematic recruitment strategy including goals, identifying key agencies and services to target, a calendar of scheduled agency visits, accountability mechanisms to ensure implementation, a process for evaluation, and a review at annual planning days;
- Lack of time to ensure good communication between Alukura and FPP;
- A lack of awareness of and understanding about the FPP amongst some service providers and women;
- A current lack of regular engagement activities with key external stakeholders, including ‘open days’ at FPP to promote the FPP;
- A current lack of regular attendance at key internal CAAC management meetings to promote and report on the progress of the FPP;
- A current lack of implementation of the community engagement strategy;
- The lapse of the strategic plan for the role of the ACWs;
- Potentially the use of the Alukura midwives list raises issues of confidentiality that need to be explored and addressed;
- Confidentiality issues within CAAC as a whole;
- Workloads can result in FPP staff being less present at key local community events to promote the service, as well as at national conferences and OATSIH events;
- Time delays between when a woman consents to join the FPP and when she receives the first visit;
- The transience of some women;
- That some women feel shame;
- Some women are too busy;
- Some partners and family members may not want the women to participate;
- A lack of information from clients about what was the best recruitment strategies to date and why they decline the FPP; and
- A lack of advertisements on television and local radio.

3.3 Aspects liked by the women

Current and graduated clients

The aspects of the FPP that were most commonly mentioned by all current and graduated clients, across the age, location and number of children categories were, in order of frequency: the nurse; information about pregnancy (including the development of the baby, birth, nutrition, smoking and exercise); information about the baby (including settling, sleep, development stages and diet); the home visits; transport to appointments and government agencies (Centrelink, CAAC); assistance with breastfeeding; assistance with housing, material aid; visits to the FPP office to participate in a range of activities (scrapbooking, photographs, nutrition sessions, socializing, movie sessions, toys); goal setting related to finances, budgeting, training, future employment, childcare; and the role of the ACWs in the program.

Relationship with the nurse

Almost all current and graduated clients, across the age, location and number of children categories, mentioned the nurse when asked the general question 'What do/did you like about what the FPP had to offer'. The aspects of the nurse most frequently commented on, in order of frequency, were: the nature of the relationship and the characteristics of the nurse as a person; her support and helpfulness; the usefulness of the information she delivered; the arrangements and transport she provided; her responsiveness and respect for confidentiality; her interest in partners and other children; and her advocacy.

Indicative comments about the nature of the relationship with and the characteristics of the nurse as a person included:

> *It is good to talk… sometimes I talk about if I have a problem or a family problem at home…I talked to her when I am feeling sad. She is a good friend…sometimes when I get upset she makes me laugh.*
>
> (C young remote one baby)

> *The nurse…I like her we talk…we have a good relationship. I am home by myself a lot and the nurse is a bit of company…I talk up with her.*
>
> (C older AS one baby)

> *She keeps everything to herself when I talk about stuff. I can trust her*
>
> (C older AS more than one baby)

> *I felt I could tell her anything and I wouldn't be judged. She wouldn't tell anyone….she was alright. I felt really comfortable with the nurse…I felt trust…she made me feel safe.*
>
> (C older AS more than one baby)

> *I tell her things like what is happening to me…I tell her. I feel alright when I tell her.*
>
> (C young remote one baby)

> *She keeps me happy*
>
> (C young AS one baby)

> *I like her…she is nice and she gets along with me and my other kid…she talks to him. She is a good person...I open up to her when I talk to her. She is*

more like a friend…like she is always asking me about the baby and she tells me about her family when she visits her family.

(C older remote more than one baby)

She is easy going, younger. Older people are, you know, this is how it is but younger ones are more flexible…she is flexible. She is easy going, not structured, it is casual.

The nurse just checks in on me…we talk about other things…it is more personal then, better than just a nurse who comes just to check on you…it is more of a visit from someone…we talk.

(C older AS one baby)

She is a best friend to me…she takes us around, shows us around…she likes to take us to things for kids…makes kids happy, makes me happy.

(C older AS more than one baby)

Many women spoke about the support and helpfulness that the nurse provided. For example:

She is helpful in a lot of ways. I feel like I could ring the nurse and she would be able to help with something.

(C young AS one baby)

She wants to help me…she is trying to help me with things for myself. She supports me with everything, if some other workers come around she helps, she is there. I can ask her questions.

(C young AS one baby)

I talk to her, talk about family stuff…she listens…she helps me say no to the family.

(G young AS one baby)

I liked the nurse…she was real helpful. She was friendly person to speak to. I could talk to her…like about stuff…like my relationship, my partner.

(G young remote one baby)

Sometimes I wonder if I am making the right choices…I sit with her and talk with her about it.

(C older AS more than one baby)

She helped...she supported me. *The nurses are really good people, you get some people in other places that don't help but the FPP they really help, they are really good people.*

(G young AS more than one baby)

She talked to me about how to control your feeling when your down…there was this chart thing that had different feelings on it. Stuff about controlling stress so it didn't lead to post natal depression and being a first time mum it was stressful…especially being a first time mum when you don't have support of your mother, you need it, it is really good.

(G older AS one baby)

I really like this program 'cause when you got a bad feeling you can let it out. When I have a problem like that I don't tell my family I tell (the nurse) and she

brings papers about getting stressed out. I'm not stressed al the time just sometimes. I talk to her when I am feeling sad…I had an argument with my partner and he bashed me up and I had a black eye and she saw the black eye and she got really angry. She said maybe I need a break.

(C young remote one baby)

If me and my partner had problems I talked to her…she was just like a mum…she would listen to me, ask me questions and I would answer back. If I needed help she would help me.

(G young remote one baby)

Like they tell you how to control things…like stress…the depression. Just coming and talking to me and telling me what I could do and what I didn't have to do. I didn't get it from counselling…that didn't help me much, but this mob did. The nurse was better than counselling. I talked to her and I felt better.

(C older remote more than one baby)

Just to know that someone is there to help me out when I was lonely, isolated, a single mum. There were goings on with my husband… he was giving me trouble with his drinking… like I was going through domestic violence. The nurse she was keeping me strong as a single parent. I had no other adult contact for a long time so the nurse coming out was really good. I would tell her what was going on and the next week she came out she would say something about what I said before. It made me feel good. It was extra support for me. It was just what I needed at that time...that support. I had problems and they responded to what I needed…

(C older remote more than one baby)

Only one current client (remote, young, one baby) indicated that she did not have a strong or good relationship with the nurse who had been allocated to them, however, she was subsequently partnered with a new nurse with whom she was content.

I stopped going for a while when I was pregnant because I didn't like the first nurse…she made me feel uncomfortable…just like humbugging in my personal space…asking personal questions that I didn't want to answer. I wasn't in the mood to talk about things like that. The new nurse doesn't do that…I like her. She is fun to talk to and she can give good advice.

*(*C young remote one baby)

Two other clients noted that they had changed nurses as a result of their first nurse leaving the program. In both cases it appears that, although it took time for them to adjust to the new nurses, the changeover process was well managed, and they felt comfortable with the new nurses.

The first nurse, she left, we did lots of activities out here at the spiritual centre…paintings, some book to put pictures in, some graph about the baby. I felt uncomfortable…I thought about leaving the program because I didn't meet the new nurse for a couple of weeks but…when I first met the new nurse I was a bit unsure but now I like her.

*(*C young remote one baby)

I had a really good bond…I could tell her little things…they were my support…I could talk to them. I enjoyed both my workers I could talk to both

of them. I don't open up to very many people but I did feel comfortable with those two.

I didn't feel any difference…I had meet the two nurses so I liked them. The new nurse was coming round before the old one left so I was familiar with her. I didn't mind the change.

(C older AS one baby)

Information about pregnancy: development of the baby, nutrition, smoking, exercise and birth.

The nurse tells me things…I learn things from her. She gave me info on how to relieve pain in labour. She took me to the hospital to look at the labour room…she was laying on the bed using a baby to show me how it goes…she is fun.

(C young AS one baby)

She would tell me what to do…about healthy eating, what kind of food to eat. She told me 'bout exercising…it was good that she told me all that.

(C young remote more than one baby)

The nurse told me newer things about things like SIDS…stuff that was different from what my mum would have told me. It is good to have someone from outside the family…you get advice from family but when it is outside it is different…the nurse is more up to date, more professional. She gave me heaps of information…they provide everything.

(C older AS one baby)

The nurse told me things…what not to eat when I was pregnant…no salami and deli meats, some cheeses, stuff like that. They told me things before she was born…about labour. We watched a video on labour and the birth…it was really scary but she made me feel better.

(C older AS one baby)

The nurse tells me things…I learn things from her. She gave me info on how to relieve pain in labour. She took me to the hospital to look at the labour room…she was laying on the bed using a baby to show me how it goes…she is fun.

(C young AS one baby)

…they come and visit, take me to Alukura for appointments. They told me things about how to look after myself, keep yourself clean, not to smoke or drink cause the effects for the baby.

(G young AS more than one baby)

Told me like smoking is no good when you're pregnant and you can't really eat or drink a lot of caffeine.

(G young remote more than one baby)

Assistance with breastfeeding

She helped me with breastfeeding because I was struggling 'cause my breast was really sore…she really helped me then.

(C young remote one baby)

I didn't breastfeed other babies…only this baby cause of nurse…she visited me at home…talked to me, helped me with feeding.

(C older AS more than one baby)

She was learning me how to breastfeed…she helped with breastfeeding, she taught me.

(C young AS one baby)

She told me about breastfeeding. She helped me with breastfeeding and it made it easier.

(C young AS one baby)

I did a lot of breastfeeding and they helped me with that…

(G young remote more than one baby)

Nurse…she helped with breastfeeding but now it is getting really hard to get her off…she want it.

(G old remote more than one baby)

Information about the baby: settling, sleep, development stages and diet.

She gave me lots of information and papers about the baby…I read it and it helped. The information about how the baby acts when they are preparing for eating…that was good.

(C young AS one baby)

I learnt so much when I first joined the program….how to take care of the baby, how to feed her, how to bath her…lots of stuff.

(C young remote one baby)

She brings papers like every Wednesday and explains it to me…like how baby grows, what they cry for and food. Last week she actually took some food things, what kind of food she can eat and she showed me how to mash it up.

(C young remote one baby)

The nurse…she helped me lots. My baby, was tiny at first, real tiny when born. My baby couldn't drink titty…but the nurse, she helped me. She came to the hospital and helped look after the baby in hospital. She told me that my baby was getting real strong.

(C older AS more than one baby)

The baby was choking on stuff she picked up from the ground…the nurse told me that it good to pick things up to keep the baby safe.

(C older AS more than one baby)

Information like they would bring little videos, books. Some of the info was basic and I knew it because I had an older child but other stuff I didn't know, so that was good. People are at different places with what they know and the nurse knew that. I was thinking 'is this right for me 'cause I knew a lot from the first baby but she would ask me what I wanted to know and then she adapted it…made it fit me, she did what was right for me. They adapted what they would do 'cause of my situation.

(C older remote more than one baby)

She gave me info…like learning how to be a mum. It was good

(G young AS one baby)

Lot of helpful info, like teething, feeding… how to deal with stress and time management that I wouldn't have got from my mother. My mum's hardly ever home so most of the support I was getting was from the nurse, from the program.

(G older AS one baby)

She helped me to teach the baby stuff…like getting out toys and colouring in

(G young remote more than one baby)

I liked the papers…info on washing clothes in the morning, washing sheets and blankets…sometimes my partner helps me clean up the house.

(G older remote more than one baby)

Goal setting related to finances, budgeting, training and future employment, and childcare.

The nurse was helping me get a job. She talked about courses…like Batchelor. Most of my family go to Batchelor so I feel ok about that. I was interested in doing a Santa Teresa ranger course. I can be in town to do the training…I told the nurse I want to do this.

(C young remote more than one baby)

Nurse took me shopping…showed me how to budget and shop so we have better food now.

(C older AS more than one baby)

She asked me about future jobs…I told her what I wanted to do with my life…she told me where to go…she just helped. She put me in a training course at Batchelor…cooking course…it was really good. I've done two courses…I want to go into hospitality.

(G young AS more than one baby)

With budget stuff, like 'cause when I got my time in private rental I had to learn about that and the nurse done all that with me.

(G older AS one baby)

After the baby was born they told me about childcare…I didn't know what to do about that.

(G old remote more than one baby)

The nurse talked to me about my future, set goals with me…I liked talking to her about that. She told me about courses…helped me get into courses…Batchelor computer course for eight weeks and a IAD course for four weeks. I only did those courses 'cause I was on the program…I think they helped me plan for jobs.

(G old remote more than one baby)

Home visits

Like her coming here…if I go into office with the baby it gets really cranky so I don't like going anywhere.

(C older AS more than one baby)

I am home by myself a lot…I like her coming here.

(C older AS one baby)

If you talk to the nurse at the clinic (Congress) they just growls at you for some reason so it is better to have the program nurse comes to your house for home visits.

(G young remote more than one baby)

Transport to appointments and government agencies

Transport out to Alukura 'cause I didn't like the blood test thing she (nurse) came with me.

(C young AS one baby)

The nurse, I can ring her and she would pick me up. She knew about the appointments I needed.

(C young remote more than one baby)

Take me into town, do stuff, have appointments…take me to Congress, Centrelink, housing, appointments for baby.

(G young AS one baby)

Helped with appointments…by picking me up and taking me to them.

(G young AS more than one baby)

She would take me to my appointments because we didn't have a vehicle, take me to Centrelink.

(G young remote one baby)

Assistance with housing, material aid

When we run out of food she brings some or she takes me into town to the Salvation Army.

(C young remote one baby)

She is helpful…like she helped me with Territory housing to get a unit in Alice Springs. She got information for me…what to do, waiting list stuff.

(C young remote one baby)

Nurse helped me get the power card.

(C older AS more than one baby)

They helped me with housing. Came into the office, did paperworks.

(G young AS one baby)

She helped me with housing. I got a lot of letters around housing when I got my first place.

(G older AS one baby)

Visits to the FPP office to participate in a range of activities: scrapbooking, photographs, nutrition sessions, socializing, movie sessions, toys

She takes me to the office and we do stuff…like she does activities with me. Like artwork, photos, getting all the photos done.

(C young AS one baby)

Scrapbooking cause they got all the photos and you can decorate it whatever way you want, like glitter and everything.

(C young AS one baby)

Liked meeting those other mums at the office…liked scrapbooking.

(C young remote one baby)

The nutrition class…it was real good. I use the recipe book for cooking at home…made shepherd's pie for family…they liked it.

(C older AS more than one baby)

Nutrition thing…nutrition classes…the information, the choices that you make like when you're cooking to use better food. Like cooking the same foods but in a different way and it tastes better. I go home and try it myself and it tastes nicer. It is good to have the nutrition program…it is healthier and it is free.

(C older remote more than one baby)

I always go into the office because it is quieter and I get away from home.

(G young AS one baby)

I went into the office and did that scrapbook thing…I was really interested in that and did it all the time.

(C older AS one baby)

The scrapbooking…some toys for the baby and doing play dough, doing little bottles into rattles.…doing the playing and stuff with the baby…playing with the toys and reading little books.

(G old remote more than one baby)

Aboriginal Community Workers (ACW)

Six women also specifically commented on the ACWs, mentioning that the initial visit from the ACW helped them to feel more comfortable with the program. (Current: one young remote one baby, one older AS one baby, two older remote more than one baby; graduated: one young remote one baby, one young remote more than one baby). For example:

I liked that they had Aboriginal workers at the start…it was shame job talking to one of the nurses but Aboriginal ones understand easier.

(C older remote more than one baby)

It was good that (ACW) came out to talk to me about the program, tell me about it. They (ACW) came with nurse first time too, that was good, made me feel comfortable.

(G young remote one baby)

It is great to have the Aboriginal lady in the program because if someone speaks language and doesn't know how to speak English the Aboriginal

person can translate…it is pretty good to have Aboriginal people in the program. I feel comfortable talking to the Aboriginal lady.

(G young remote more than one baby)

One added that she appreciated the ACW visiting with the nurse.

They (ACW) came with the nurse too, that was good, made me feel comfortable.

(G young remote one baby)

Another mentioned the relationship between the nurse and the ACW, noting that they related well together and provided valuable support to her.

Them two had a good little balance you know sometimes you get interstate people who roll out what they know and sometimes local people have a bit of tension but those two got on so well, they worked good together. They were respectful and comfortable.

(C older AS more than one baby)

One mentioned that they preferred the nurse on her own, especially if they wished to discuss private matters.

I liked to talk to the nurse not (the ACW).

(G old remote more than one baby)

One said that she preferred to discuss private matters with the ACW as she was not enjoying her relationship with her nurse.

Withdrawn clients

Overall, with a few notable exceptions, the withdrawn clients did not provide as detailed a description of the FPP, or their views on it, as most of the current clients, and a little less than the graduated clients.

The aspects of the FPP that were most commonly mentioned by withdrawn clients in order of frequency were: information about pregnancy (including the development of the baby, birth, nutrition, smoking and exercise), information about the baby (including settling, sleep, development stages and diet); the nurse; assistance with breastfeeding; home visits; assistance with and transport to appointments; and visits to the FPP office and activities.

It is interesting to note that the nurse, her role and their relationship with her, was not the most frequently mentioned aspect, although many women did indicate an appreciation of their relationship with the nurse. The aspects of the nurse's role that women did comment on, in order of frequency were: the usefulness of the information she delivered; the nature of the relationship; and the arrangements and transport she provided. Three mentioned her responsiveness, two that she kept things confidential one that she was an advocate. One woman mentioned the helpfulness of the ACW.

Usefulness of information provided by the nurse

The nurse…she was learning me for my son. She told me stuff like things to eat right. (W young AS one baby)

The nurse…she gave me al lot of information about being healthy while pregnant and I got a lot of that. I went through a lot of the worksheets, like the background stuff, like a healthy home

(W young remote one baby)

Breastfeeding assistance

She talked to me about breastfeeding…like change over instead of feeding one side 'cause it probably get sore…to rub it down when it gets hard and full relax it under warm water.

(W young AS one baby)

Relationship with nurse

Talking to her…being connected to someone else because I had been through a lot…the FACS thing…with someone calling in every week that person can say 'hang on'. I needed that because of the fear that they would take the baby away…so I needed someone to talk to and say I was ok, I am a good mum. Talking to her made me feel less vulnerable.

(W older AS more than one baby)

Being a better mother

She made me feel more confident…made me understand how to be a better mother and parent.

(W young AS one baby)

Talking to my nurse…she explaining motherhood to me, stuff like that to me…learning me how to look after my little one 'cause I didn't know…help me become a better mother.

(W young AS one baby)

As mentioned above, some women did not say much about the nurse or indicated a slight ambivalence. This was correlated with their reasons for withdrawing.

Sometimes I liked the nurse

(W young AS one baby)

CRG members

The CRG members thought that the woman's relationship with the nurse was the main aspect that the women liked about the program, including that the nurse listened, was supportive and provided information and advice. They believed that the home visits were also appreciated.

Staff

Overall the staff considered the relationship between the nurse and the woman as the most important aspect of the FPP. They characterized this relationship as one that was respectful, nonjudgmental, empowering, consistent, reliable, trustworthy and fun. It included a focus on the woman's strengths, and utilized positive role modeling. They also thought that the women valued the information they provided and that they enjoyed the activities offered by the program, such as, nutrition sessions, scrapbooking, movies and parties. They also thought that the relationship between the woman and the ACW was very important. They considered the home visits to be a major aspect as it enabled women to participate in the program.

3.4 Best aspects

Current and graduated clients

The best aspects for most current and graduated women, across all categories, were the nurse, the help, support and advice offered by her and the activities at the FPP office. The pattern was very similar for the withdrawn clients.

Eighteen of the nineteen current clients and eight of the ten graduated clients said that the best thing was the nurse.

> *Hanging out with the lady in the car and talk to her just like a friend, like making a friend.*
>
> (G young AS one baby)

Of these thirteen current and four graduated clients specified the help, support and advice provided by her.

> *Their availability…if you need them they come. I was never worried that I was putting her out or that they wouldn't be able to help me.*
>
> (C older AS one baby)

Eleven current and three graduated clients also mentioned that going into the FPP office, where they could participate in activities, such as, scrapbooking, the nutrition class and where their children could play with the toys.

> *Coming in to the FPP office…it is time out. Having time with the baby in the FPP place…the toys, books, things here. It feels good, it is quiet.*
>
> (C young AS one baby)

> *Coming in…I feel safe in here*
>
> (G young AS one baby)

> *The activities at the centre…I enjoyed the activities and I liked meeting the other mums. One day we watched a movie…The Sapphires, I watched it with other mums…I liked seeing the other mums.*
>
> (C young remote more than one baby)

Six current and one graduated client specifically said that the scrapbooking activity was the best thing.

> *Everything…I like it when the nurse comes…when she picks me up and takes me to the office and we do scrapbooking…I really like that…that is the best thing, decorating the book, printing photos.*
>
> (C young remote one baby)

The social side of visits to the office for the mums was highlighted by two graduated clients. Information about the baby and the child's development, including matters related to sleeping, diet, and settling were also mentioned by two current and two graduated clients. Trips out with the nurse, the value of the information to her partner, home visits and transport were listed once by graduated clients.

> *When you have an appointment they come. That is pretty good because when you are pregnant you need that…other people won't do that, they expect you to go to them but it is hard when you have two other little kids.*
>
> (G young AS more than one baby)

Two graduated clients said that the best thing had been the graduation event organized by the FPP staff at the office.

> I *liked the graduation and seeing the other mums.*
>
> (G young AS one baby)

> *Really liked that ceremony...graduate thingy…got lots of photos of the baby, newborn to two years old. I liked that different families were there and you could see their families and meet them*
>
> (G young remote one baby)

Withdrawn clients

A similar pattern emerged in relation to the withdrawn clients. Seven of the eleven clients in this category said that the best thing was the nurse, with four noting the help, support and advice that she provided to them.

> *The best was you know when every woman have problems you gotta have another person to talk to. That is the only way you can sort out your problems you know. When you can't talk to your family you need someone else. You know she would come over and take me out for a little drive for half an hour and we would sit and I could talk.*
>
> *You get to meet people who got strong heart and can talk out and can talk about feelings 'cause sometimes I was lonely and sad. They made me feel ok, help me to be one of them…strong heart people too.*
>
> (W young AS one baby)

> *The nurse, she was the best thing.*
>
> (W older AS more than one baby)

> *The talking…talking to that nurse*
>
> (W older AS more than one baby)

> *I liked that the nurse was really friendly and supportive. She was really nice…she was just kind. She was someone that I could connect with. She always had a way to explain things…she take the time to explain. She take the time out to really listen to you.*
>
> (W older remote more than one baby)

> *Probably like the access the nurse gave me to other options…like with doctors…she helped me with other options…like at the start of the pregnancy I was shame to ask doctors or midwife about things on the health side, the medical side but with the nurse it was ok to ask things. So I could ask her when the doctors said things I didn't understand.*
>
> (W young remote one baby)

Three spoke about the activities at the FPP office, and individuals mentioned information about pregnancy, the baby and the child's development, home visits and transport to Alukura.

> *Her taking me to appointments…being picked up made it easy…the transport you know.*
>
> (W older remote more than one baby)

CRG members
The CRG participants believed that the relationship was the nurse was the most significant factor for the women.

Staff
In general, the staff considered the relationship between the nurse and ACW and the woman as the most important aspect of the FPP. They characterized this relationship as one that was respectful, nonjudgmental, empowering, consistent, reliable, trustworthy and fun. It included a focus on the woman's strengths, and utilized positive role modeling.

3.5 The worst aspects

Current and graduated clients
All women were asked the simple question, 'What didn't you like' and then asked 'What didn't you like mostly'. Twelve of the nineteen current clients and seven of the ten graduated clients said that there was nothing that they didn't like about the FPP. Of the six current clients and three graduated who indicated aspects they did not or mostly did not like, the answers were the same for both questions. One current client did not answer the two questions.

The graduated clients were more likely to say that there was nothing wrong with the FPP than the current clients, although most of the current clients could find no fault with the program. Six current and three graduated clients made comments.

Aspects of the program that these current and graduated clients did not like included: too many visits; being tired when the nurse visited; inconvenient timing of visits; information being not at the required level; embarrassed by the house; and the nurse not being available when required.

> *They come every week…don't give me a rest…it is too much. I like to do my own things but they come.*
>
> (C young remote more than one baby)

> *I just don't like when whoever comes around I am tired and I tell them 'can you come around tomorrow'.*
>
> (C older AS more than one baby)

> *Early morning appointments, visits while pregnant and after the baby was born 'cause it was tiring in the morning…but later she asked, she asked 'cause she probably knew that it was too early so she asked if we could do three pm visits. That was better.*
>
> (G young remote one baby)

> *At first they were showing me stuff I already knew…it wasn't at my level. But then she realized and adapted it. Like at first she was talking about breastfeeding but I already had had two kids so she changed it and made it suit me.*
>
> (C older AS more than one baby)

> *The paperwork…they had all these paperwork that we had to do like I was back at school. It wasn't that annoying but it was like too much.*
>
> (C older remote more than one baby)

I was staying at camp for a while, it was dirty…like the house was real dirty…lots of dogs. I felt embarrassed so I had to tell her 'lets go for a drive'.
(G young AS one baby)

Sometimes I couldn't get much help when I needed it 'cause they busy with other people.
(G older remote more than one baby)

Withdrawn clients
Three women said that they did not like it when their nurse had to leave or was changed. (One young, remote, one baby, two older, AS more than one baby.) One said that she did not like her nurse. (Young, remote one baby.) Two young women living in Alice Springs, each with one baby, mentioned that they disliked the number and nature of the questions that the nurse asked. Two women (one young, remote, one baby, one older, AS more than one child) said that they disliked the number of visits as they had many demands on their time, such as work and other children. Three women said that there was nothing that they did not like about the FPP. These same women indicated that they had withdrawn from the program because of domestic violence issues.

All the women said that the aspects they disliked the most were the same as the ones that they had already mentioned as not liking.

There was consistency in the women's answers to the questions about what they did not like about the program, what they disliked the most, why it was hard to stay in the program and why they left the program. (For more details see the section below 'Why did you leave the FPP'.)

3.6 Why remain

Current and graduated clients
Most current and graduated clients, across most categories, listed the nurse as the main reason they remained in the FPP, followed by the help and information she provided and the activities at the FPP office.

Thirteen of the nineteen current clients and four of the ten graduated clients identified talking to and the support provided by the nurse as the first reason for remaining in the program. Examples of their comments include the following.

Talking to the nurse…how I'm feeling…what's been happening with the baby.
(C young AS one baby)

The nurse…keeps me and the baby happy…
(C young AS one baby)

To get some support
(C young remote one baby)

Mainly cause of the support I got from that nurse.
(G young remote one baby)

The nurse and the support…I felt really close to the nurse, she was the best thing. I got that friendship with her…she is a good person. I just wanted to keep sitting in the car with her. She asked if I needed help, if I needed support from a social worker and stuff. She made me feel good.
(G young AS more than one baby)

The nurse…talking to her. The nurse helped me, she knew my background, she helped me stay off the drinking. She helped with my family problems I wanted help with the little one…

(G older remote more than one baby)

For that support…it was essential for me at that time. I wouldn't be where I am now without that support. That mob were like family because I had no family.

(C older AS more than one baby)

It is just like…helping me …having someone who is on your side helping you. Like when I had the first one and he started going to school in Adelaide I just started drinking a lot.

(C older AS more than one baby)

Nine current clients and six graduated clients specifically said that the help provided by the nurse helped them stay.

I get help from the nurse…I don't get much sleep at night or in the morning. Ever since my partner went to jail I am doing it all on my own.

(C young remote one baby)

I need help…this is the only place I come for help cause I know she will help me. (C young AS one baby)

The workers…they are all really nice and helpful, that's why I stay in this program

(C young AS one baby)

To get help from her …help with everything.

(C older AS one baby)

Use her as a sounding board…talk about things…. To get different perspectives on things.

(C older AS one baby)

Ten of the nineteen current clients and five of the ten graduated clients mentioned the information that the nurse provided as being a reason for continuing the FPP. This information related primarily to caring for the baby or young child and in some cases women referred to learning about feeding and developmental stages.

'Cause my mum's not around so things I want to know I ask the nurse.

(C young remote one baby)

'Cause it is good to learn about more stuff that I don't know much about 'cause I'm a first time mum.

(C young remote one baby)

The nurse tells me easy things to learn, how to feed baby because some babies here, they eat lumpy things and they choke but I learnt from the nurse…she bring the food and the lumpy stuff and she showed me how to get a fork or use a masher and get rid of the lumps so it's smooth. That's what I like…she showed me how to do all that stuff.

(C young remote one baby)

To keep learning about the baby as she grows. I want to stay on program til the baby is two.

(C older AS more than one baby)

'Cause I like it, it is alright. They tell me a lot…if anything happen with the baby they say it is this or it is that.

(C young remote more than one baby)

To learn more things about how to look after babies…how babies grow…that's why I stayed.

(G young remote one baby)

So I can learn more things about the baby…things I don't know. To get advice…To get help when I need it. The healthy program things they got going. I wouldn't know what to feed the baby…I was feeding her the wrong things…they told me.

(C older AS one baby)

'Cause I get more information…because with my first one I didn't know much but this time they tell me things, I learn, she (nurse) helps me know more.

(C older AS more than one baby)

Interestingly, in the areas of the role of the nurse and the information that she provided, there was no difference between the categories of older, younger, living in remote areas or in Alice Springs or number of children.

The next most frequently mentioned factor was the activities that were offered by the program. Three women mentioned that they were bored and the FPP offered an opportunity to "get out of home'. (Two C young AS one baby, one C young remote one baby.)

Going out for the day…going up to the office and doing something.

(C young AS one baby)

I really had nothing to do at home so I just had to join the program.

(G young AS more than one baby)

Two women specified meeting other women through the FPP, as being a reason they stayed in the program. (G young AS one baby, C older AS more than one baby.)

It is real good to be on the program…learn about how to talk to other women, meeting other women.

(C older AS more than one baby)

Four women across all categories except the older remote and older living in Alice Springs said that 'everything' about the FPP was the reason they stayed. Two current women, both young with one baby, but one from Alice Springs and the other from a remote area said that planning for their future, goal setting and advice about jobs had been a factor.

Me and my nurse are writing out goals and long term goals and things I can do in the future. Short term and long term goals…I tick them off as I get things

done. The nurse is going to help me find a job when the baby is older.

(C young AS one baby)

For two older current women each with more than one baby and living in Alice Springs the transport provided by the FPP was a reason for continuing.

Withdrawn clients were not asked this question.

3.7 Aspects that make it easy to remain

Current and graduated clients

There was striking unanimity amongst all the women in relation to the two main explanations for why it was easy to remain in the FPP: home visits and the nurse. Many also mentioned the activities on offer, the information the nurse provided and some talked about the transport to other appointments and a few, the flexibility of the nurse.

Home visits were mentioned by sixteen of the nineteen current clients and eight of the ten graduated clients.

The home visits so they come to you and we can have a session at the place I am staying.

(C young AS one baby)

The nurse coming to me out here.

(C young remote more than one baby)

That she comes here 'cause it is hard to get around, especially when my boyfriend is at work…they come here so it is easy.

(C older AS one baby)

I find it easy this time. Like before doctors or midwives never used to go around and watch you to see if you were due. They didn't come and see you like the nurse does. She comes to see if you are alright. This is much easier than with the other babies. She just rings my phone, or txts me if I missed an appointment and she would make another one.

(C older AS more than one baby)

The home visit especially 'cause you have to wait two to three hours at Alukura.

(C older AS more than one baby)

I don't have any vehicle and I don't have any babysitting as well…and there's no public transport so I can't go in…that's why I tell the nurse to come here.

(C older AS more than one baby)

The nurse was key for eleven of the nineteen current clients and seven of the ten graduated clients. The range of views is reflected below.

Getting along with the nurse…a nurse I can talk to.

(C young AS one baby)

The nurse…it is much funner than staying at home doing nothing…I just like having a yarn talking about the baby…it is just good conversation.

(C young remote one baby)

The nurse is a good person

(G young AS more than one baby)

I like the nurse…we have a chat, happy with her. I have a friendly relationship with her…but I stir her up sometimes.

(C older AS one baby)

That the nurse is so approachable.

(C older AS one baby)

The nurse made my partner feel comfortable…this was real important.

(G young remote one baby)

The nurse…how helpful and supportive she is.

(C older AS more than one baby)

It is easy to be on program 'cause of the nurse…I get along with her.

(C older AS more than one baby)

The nurse helped me to feel strong and stay strong.

(G older remote more than one baby)

The nurse makes me stay because I like her. If I didn't like her I would leave…I would have gone off a long time ago.

(C older remote more than one baby)

The activities on offer and the information the nurse provided were the next two equal most frequent answers, six each for current clients. These responses were spread across all of the categories. Comments included the following.

The activities…like the movies, the cooking class.

(C young remote more than one baby)

All the activities…the office…they are all happy. Everyone is all happy and welcoming…it is good to walk into a place like that, a happy place.

(C older AS more than one baby)

Comments about the information included:

It is easy…as in you don't have to do anything, not like schoolwork. You are learning but in a different way…you're learning about your baby and what keeps them healthy.

(C young AS one baby)

To have my questions answered, to get advice.

(C older AS one baby)

The things we are learning. The nurse learns the kids…she brings stuff with her…blocks, everything. She helps me do it myself…you gotta get all them things, do it yourself.

(C older AS more than one baby)

Learning stuff from the nurse…how to be strong for the little one. With my first I used to stay home more but the nurse told me about being strong, starting work and you can get money for the baby. I started asking about work, I got

strong and I come to work and I get money so I can buy food and nappies for the baby.

(C older remote + one baby)

The provision of transport to other services and the flexibility of the nurse regarding appointments were both mentioned by three current clients.

It is easy…if you need a lift they pick you up and drop you off. The transport makes it easy.

(C young AS one baby)

It is good cause you get picked up and dropped off.

(C older AS more than one baby)

The nurse always asks me when is the best time.

(C young AS one baby)

Sometimes the nurse comes and she asks if I want to go to the office.

(C young remote one baby)

My nurse…she rings, txt, she always asks when it is the best time for me.

(C older AS more than one baby)

The nurse she comes to my work sometimes when I'm too busy. So that helps.

(C older remote more than one baby)

The nurse… she fit in with me.

(G young remote one baby)

One woman mentioned that confidentiality was a reason the program was easy to continue with.

It is good that when you tell them about yourself they don't tell anyone …they keep it to themselves.

(C young remote one baby)

One graduated client (young AS one baby) said it had been easy to stay in the FPP because she enjoyed the activities; another that the information was useful (young remote one baby), and another that transport to services made it easy (young remote one baby).

As with some other questions it was noticeable that the graduated clients provided less detailed answers than the current clients, possibly because, for some, it had been almost a year since they graduated. Withdrawn clients were not asked this question.

CRG members

CRG members considered that the nurse's relationship with the woman and that she visited her at home were the key aspects that made it easy for women to remain in the program.

The nurse…she comes to them with all her information.

The nurse is really good to the women…takes them everywhere…talks with their kids.

She looks after them like a mother.

(CRG client members)

Other factors that were important as well were: the provision of high quality information and advice; providing opportunities for the women to meet each other and socialize; the range of activities that were offered.

Keeping women connected…helping the mothers network and engage in other things because the women can get stuck at home and the FPP helps them do other things.

(CRG agency member)

Movie nights are a good idea to get the mothers together to connect with each other.

They like to talk with each other…they are interested to see what others are doing.

Things to keep them interested, active…lots of people get into trouble because they are bored.

(CRG client members)

Staff

The staff identified a number of strategies that were utilized by the FPP to assist women to remain in the program including:

- Implementing the structured FPP model, with it's strengths based and client centered approach;
- Nurses and ACWs focusing on the woman and her needs;
- The non-judgmental approach and the support offered to the women to help them be in control of their lives and to make changes if and when they choose;
- The development of a therapeutic, trusting, respectful, equal and reliable relationship between the nurse and woman;
- The capacity of the nurse and ACWs to listen;
- The reliability and longevity of the relationship between the nurse and woman;
- The establishment of clear professional boundaries with the woman;
- The nurse role modeling a consistent, positive, supportive, caring relationship;
- The nurse challenging the women and setting goals;
- The nurse being flexible and responsive to the woman's particular needs;
- Regular visits that establish the relationship before the baby is born;
- The ACW role as cultural broker and maintaining the profile of the FPP;
- The ACWs skills in checking how women are feeling about the program;
- Home visits at times suitable to the women; and
- Fun activities, scrapbooking, nutrition sessions, movie nights, belly casting, Christmas, birthday and graduation parties.

The facilitators for the continued participation of the women included:

- The detail and structure of and information in the FPP model and the high quality up to date research in human ecology that underpins it;
- The ACW role as cultural broker and maintaining the profile of the FPP;
- The development of a therapeutic, trusting, respectful, equal and reliable relationship between the nurse and woman;

- The staff utilizing the FPP checklists and informal self reflection on progress;
- Structured formal and informal case discussions with the team;
- Structured, mandated and accountable reflective practice sessions for staff;
- Recruiting staff with suitable personal attributes and attitudes as well as professional qualifications;
- Staff who enjoy building relationships with women;
- Consistent and reliable staff;
- On-going staff training and skill development from the ANFPP Support Service;
- The ANFPP Support Service's Quality Improvement structures and processes;
- Processes for data collection, review and action;
- Accountability requirements to CAAC and OATSIH;
- Management support from CAAC;
- Time allocated to repeated home visits, especially when many women are hard to contact;
- Resources and space to support activities at the FPP office; and
- Maintenance of the car fleet.

3.9 Aspects that make it hard to remain

Current and graduated clients

The answers to this question were even more unanimous across all the categories than the previous question related to what made it easy to remain in the program. Fourteen of the nineteen current clients and all ten of the graduated clients said that there was nothing that made it hard for them to be in the FPP. Two current clients said that trying to attend visits while they were working or busy with other family demands was difficult and did make it hard to be in the FPP. As they explained:

> *Nothing now but it was hard when I was working and sometimes that was hard, to fit in times for visits but that was because I was working full time. It was good that when I was pregnant the nurse met me at Alukura so it saved time and it meant that they each knew what was going on with me. When I go back to work I don't know if I will be able to fit in the visits so I may not be on it for the whole two years.*
>
> (C older AS one baby)

> *Personal things…being a single mum and trying to find the time between childcare, school and work. The nurse even come to my work because I was so busy but that was hard 'cause I had just started work and I needed to work.*
>
> (C older AS more than one baby)

Two other women mentioned that having to spend some time out bush made it hard.

> *When I go out bush…don't really like it out there. I would see the nurse more if not out bush.*
>
> *Living out bush…me being out there.*
>
> (Two C young AS one baby)

One young woman indicated her dependence on the nurse by referring to how stressful it was if she was unable to see her.

Sometimes I get worried…it is even more hard if I don't see her…I get angry…why won't she come. Then she comes and says she had a problem and I understand.

(C young remote one baby)

It is interesting to observe that these responses are consistent with the answers given by current and graduated clients to question four regarding what they did not like about the FPP: twelve of the nineteen current clients and seven of the ten graduated clients said there was nothing they did not like.

Withdrawn clients

When answering the question 'what made it hard for you to stay in the FPP' the withdrawn clients gave very similar answers to the other questions related to their dissatisfaction with the program. This consistency was striking. Consequently, the four main answers to this question were: issues with the nurse leaving (one young remote one baby, two older AS more than one baby), issues with disliking the nurse (one young remote one baby; too many questions and of a private nature (two young AS one baby); too many visits and appointments (one young remote one baby, one older AS more than one child); and domestic violence issues (one young woman with one baby and the other an older woman with more than one baby, both living in Alice Springs, and the third was an older woman with more than one baby living in a remote setting).

Some of their comments are presented below.

Too many visits

(W young AS one baby)

All the appointments for the pregnancy, like at Alukura I was doing the midwife, the nutritionist, then there was the scans…and then the program. It was too much.

(W young remote one baby)

Too many questions

(W young AS one baby)

The nurse left

(W young remote one baby)

It's just like getting the same information each visit, it was the same stuff. I wasn't getting new information you know. I already knew about healthy eating. She (the nurse) didn't listen to me.

(W young remote one baby)

The domestic violence stuff

(W older AS more than one baby)

The fighting…the family

(W older AS more than one baby)

There is a strong consistency between the withdrawn clients' answers to a set of related questions about the less satisfactory aspects and experiences of the FPP. When answering questions about what they did not like (questions 5,6) what made it hard (question 7) why they left (question 8) and what the FPP could have done to assist them to stay in the program (question 9), they discussed the same issues.

CRG members
The CRG members listed a range of factors that might function to make it hard for women to remain in the FPP. These included: women being too tired or lacking in motivation to continue to participate; they're friend's leaving; domestic violence; mental health issues; and other health problems.

> *Some women just don't have the motivation, they need to find the energy just to have a visit. Sometimes this is because of mental health issues, depression.*
>
> (CRG agency member)

Staff
The barriers to women remaining in the FPP were discussed by the staff and included the following:

- Lack of a therapeutic relationship, of trust and respect between the nurse and the woman;
- Some women may feel too embarrassed to tell the nurse that they are uncomfortable with her and request a change of nurse and so leave;
- The program does not do enough to assist women to change nurses, for example, the ACW and nurses do not regularly review nurse client relationships to identify ones that need a change in nurse allocation;
- The nurse leaves and this disruption leads to the woman withdrawing;
- Despite the flexible approach the program is still very proscribed and does not suit a lot of women;
- The presence of the ACW sometimes inhibits the nurse delivering certain content visits due to privacy issues;
- Late recruitment;
- Lack of some women's readiness to meet the program's expectations;
- Some women have chaotic and busy lives and the FPP requires long term commitment;
- Many women have competing priorities, demands and commitments at this time of their lives;
- Some women have a range of health and other issues that require many services and it is difficult for them to fit in the demanding FPP visit schedule;
- Many women are transient;
- Some women expect service providers to come as soon as they call;
- Some women feel that they have received what they wanted from the program before it is complete;
- Some women return to work and can no longer fir the program into their schedules;
- Some families pressure women to leave or are unsupportive;
- The nurses do not always have adequate timely supervised visits to facilitate reflection on their practice; and
- Management need to regularly review retention rates and address any declines.

3.8 Why withdrawn

All of the women who had withdrawn from the FPP specified why they had done so, although some provided more detailed accounts than others.
The four main reasons identified by the women were related to:

- The nurse;
- Too many questions
- Time, too many appointments; and
- Domestic violence

Nurse

Four of the eleven withdrawn women indicated that the main reason they left the FPP was for reasons related to their nurse. Three withdrew because their nurse left and another replaced her (one Young remote one baby two Older AS more than one baby).

All of these women indicated that they had a close connection with the nurse, and specified the aspects of her relationship and care that she had valued.

However, although they understood that the nurse had to leave they were upset. They failed to connect with the new nurse and all subsequently withdrew from the program. One woman clearly had a valued relationship with the nurse, however she said that she left the program because her nurse left.

> *The nurse…she was leaving the job but she put me onto another nurse but …I left 'cause the nurse left…she was really good, I really liked her.*
>
> (W older AS more than one baby)

> *The nurse…she talked to me…she helped me. If the first nurse hadn't changed I would have been in it.*
>
> (W older AS more than one baby)

> *I seen nurse…then she went away and there was a new nurse and it was hard to connect again you know, like starting again.*
>
> (W young remote one baby)

It was also clear that the nurse being absent for some time also caused a disruption in the relationship or the service for some women.

> *Like when someone was away and stuff like you wouldn't get a visit for three weeks.*
>
> (W older AS more than one baby)

The fourth woman (young, living in a remote setting with one baby) who spoke about the nurse being her reason for withdrawing, clearly indicated that she had felt uncomfortable with her nurse This discomfort and dislike of the way the nurse spoke with her led her to withdraw.

> *The nurse. I wasn't with them for long and it was sort of hard with the nurse that I had…like she wanted it her way. She didn't listen…I didn't like the way that she spoke to me.* I would of stayed if I had a different nurse.
>
> (W young remote one baby)

Too many questions

Two young women living in AS with one baby each, specifically mentioned that the reason they left the program was because of

> *Too many questions*
>
> (W young AS one baby)

Two of these women provided more detail as to why they disliked the questions.

> *I got…it got a bit embarrassing when she asked about private stuff. I couldn't answer any questions about that, like my body after the baby.*

…she asked me lots of questions… too many questions...didn't like it.
(W young AS one baby)

That first nurse, she left, so than I got another one and she asked too many questions…she asked all these questions again. I liked her but sick of questions. I stopped cause she asked me too many questions…sometimes she asked the same questions and I had already told them that stuff…I had already answered it. Those questions…they were private…I didn't want to talk about those things…shame you know.
Those questions…if they didn't ask so many questions I'd still be in it.
(W young AS one baby)

This raises some questions: had they not connected with the nurse, as difficult questions can be asked in the context of an established relationship and/or, that they just found some of the questions too intrusive. It is interesting to note that both the women were young, although other young women did not raise this as an issue.

Time; too many appointments
Two women (young remote one baby, older, AS more than one child), seemed to be clear that the main reason they left the program was time pressures consequent on the FPP's schedule of visits and the other demands in their lives.

Too many appointments…so sometimes I would tell them I was too busy.
(W older AS more than one baby)

Both women had many appreciative, complimentary comments to make about their nurse in particular and the benefits of the program in general. Both were working, had busy schedules of visits and checkups at clinics, and had to fit the frequent FPP visits in as well. In addition, one also had other children with associated schedules.

Both said that the FPP visits, whilst valuable, were too frequent and they became too tired to juggle all of their commitments. The younger woman added that she had very strong family support; the older that she already knew a lot because of her older child. Both indicated that they may have stayed if there had been an after hours option and less frequent visits.

Alukura…all those visits to the midwife and doctor…twice a week…it feels like a bit much to add a nurse visit as well. I was tired too.
(W young remote one baby)

Domestic violence
Three of the eleven withdrawn clients specifically said they withdrew because of family and domestic violence issues. One was a young woman with one baby and the other an older woman, with more than one baby, both living in Alice Springs, and the third was an older woman with more than one baby living in a remote setting.

Two of the women particularly said that they liked the nurse and the program, while the other made one slightly critical comment about the nurse not following up her calls. This may or may not have been a factor. Another older woman with more than one baby living in Alice Springs also said that domestic violence made it hard for her to stay on the program but it wasn't the reason she left.

One woman explained her situation in the following way.

I kept going out bush all the time because of family issues, family fighting. I needed a break…to get away from the fighting, the problems. Families causing trouble, arguments, it was too much stress for me…so I had to get away.

I liked that the nurse was really friendly and supportive. She was really nice…she was just kind. She was someone that I could connect with. She always had a way to explain things…she take the time to explain. She take the time out to really listen to you.

I didn't leave it, they just cancelled it because I was away too long…I was travelling too much. I would have stayed on the program if I hadn't gone out bush. At the time I didn't explain that to the nurse…I should of…maybe they won't of cancelled me. They cancelled the program but even when they did I bumped into the nurse and she was still nice to me. I liked the program you know.

(W older remote more than one baby)

Another said that

The violence, 'cause of the domestic violence. Without that I would've stayed on the program…I liked it. I felt a little bit sad and that I had lost everything and the nurse rang me to say that I could still be on the program and they could visit me there (a shelter) but I said I needed a little bit of time. The nurse said I could come back…that made me feel good.

(W older AS more than one baby)

It was hard because I had problems, I had my little one with me and I was staying out bush and I had to come back in and go back out…'cause of him.

(W young AS one baby)

Although she indicated that domestic violence was the main reason for her withdrawing from the program she also said that she had been disappointed when the nurse had not responded to her call (even though she later found out that the nurse had been on leave) and when commenting on what the FPP could have done to ensure that she stayed in the program she said that they should return her calls and come when she needed them. This raises the possibility of a felt disruption in the relationship with the nurse that may also have influenced her decision to leave.

There is a strong consistency between the withdrawn clients' answers to a set of related questions about the less satisfactory aspects and experiences of the FPP. When answering questions about what they did not like (questions 5,6) what made it hard (question 7) why they left (question 8) and what the FPP could have done to assist them to stay in the program (question 9), they discussed the same issues.

CRG members

The views of the CRG members were a little different to the clients, with an emphasis on women being too uninterested, tired, busy, pressured, or lacking in motivation to continue to participate. It was suggested that if a woman's friends ceased to participate, then they might withdraw as well. Domestic violence was also suggested as a reason for some client's withdrawing, along with transience and the need to return to bush communities. A lack of a successfully established relationship with the nurse was mentioned but not indicated as a primary factor.

Comments included:

> *Some leave town, they are transient.*
>
> (CRG Agency member)

> *Some would like to keep going but they have to leave…other reasons.*
>
> (CRG client member)

Staff
The staff identified a range of barriers that could lead to women withdrawing. They are discussed above.

3.10 Aspects that would assist retention

Current and graduated clients
The level of satisfaction with the FPP expressed by most current and graduated clients when discussing what they liked, did not like and why they stayed was also reflected in their answers to the question, 'What could the FPP do to help you stay in the program.' Fourteen of the current and five of the graduated clients, across all the categories, said that there was nothing that the FPP could do to make it easier for them to continue participating in the program. Many of them added reasons for their views including: that the staff did everything they could; that 'it was all good'; and they liked it in its current form. For example:

> *Nothing it's all good*

> *They are doing everything they can to help me. They are looking for somewhere for me to stay in town. They are supporting me to get a future job. They are helping me set goals.*
>
> (C young AS one baby)

> *Nothing really I think they are doing a really good job.*
>
> (C older AS one baby)

> *Nothing 'cause I like it*
>
> (C older AS more than one baby)

> *Nothing just keep doing what they do.*
>
> (C older AS more than one baby)

Interestingly, one woman said that the program could do nothing to make her stay, as she was planning to join her teenaged son who was living interstate.

> *Nothing. I'm not sure that I am going to stay on it all the time because we are making plans to go down south. My son wants the support for his footy. I forgot to tell the nurse we are making plans.*
>
> (C older AS more than one baby)

Three current and two graduated clients liked the program but requested more activities. (Current: one young remote one baby; one young remote more than one baby; graduated: young AS one baby; one young remote more than one baby.)

> *More activities at the office. I'd like to do cooking classes, I haven't done them, movies maybe.*
>
> (C young AS one baby)

More activities like fun stuff, like parties and games.
Get some more baby stuff.

(C young remote one baby)

More activities with the baby…something more for the baby.

(C young remote more than one baby)

It is worth noting that one of these women particularly suggested asking the women for their ideas about what they would like the activities to include.

Do more visitings and talk about the things that the womens want to do.

(G young remote more than one baby)

Two others also wanted the FPP to organize more activities, however, they specified that they particularly required more social events with other mothers (current young AS one baby, graduated young remote one baby).

Going out with the other mums, more activities like that.

(C young AS one baby)

Two older mothers, (AS and remote both with more than one baby), were keen to have the program extended beyond the two year time frame.

It only goes for two years…want it to be longer.

(C older AS more than one baby)

They should keep going you know. I know it is only two years but I reckon they should keep it going. It shouldn't be only til the baby is two because they do a real good job.

(C older remote more than one baby)

One person each mentioned the following ideas as ways the FPP could assist women to stay in the program: find ways to help women feel less shame so they are more comfortable with the program (graduated young AS one baby); more strategies to address literacy; (graduated older remote more than one baby); advertise more (graduated older AS one baby); and develop more ways to help the women find employment (current young remote more than one baby). Their comments included:

Some young girls don't like to go to the program, to get help…they feel shame. I don't know why.

(G young AS more than one baby)

Help them with studying…those other young womens in town, they don't know how to read or write…those young mums all they know how to do is drink, drink, drink. I was like that when things got really hard I would drink…but the nurse she helped.

(G older remote more than one baby)

Tell more people about it…you only hear about it when you go to the doctor at Alukura.

(G older AS one baby)

Withdrawn clients

Again, there was a striking consistency in the withdrawn clients' answers to this question, 'What could the FPP have done to help you stay in the program' and others related to what the women did not like and why they had withdrawn. When answering some of the women referred to their earlier answers and some repeated the key issues in similar ways (detailed above).

Four women mentioned the nurse as the main concern. One young remote woman with one baby confirmed that the FPP could have arranged for her to have another nurse given that she felt uncomfortable with the one she had been allocated.

> *Probably if I had a different nurse. The number of visits was alright…it was just the nurse.*
>
> (W young remote one baby)

Another three (one young remote one baby, two older AS more than one baby) repeated that their nurses leaving had been the problem for them.

> *Nothing, because the nurse left…she must have had to leave so they couldn't do nothing.*
>
> (W young remote one baby)

One said that the FPP could not do anything to solve that; another, that the new nurse should not have asked all the questions again. However, this may suggest that she did not bond with the new nurse.

The FPP could have arranged for a reduced number of visits as a way of making it easier for two women to remain in the program (one young remote one baby, one older AS more than one baby).

> *Nothing really. The nurse said that she would visit me out here but I don't want to be a nuisance so I didn't make contact with the nurse. Then she called me and left lots of messages that I didn't get until I went to town. It wasn't anything they did it was just that I had too many appointments.*
>
> (W young remote one baby)

> *Nothing really…I think it was good, does good things. I think it was just personal…I am a homebody. I don't do anything unless it is shopping or going out swimming. Maybe there were too many visits. Maybe once a month might have been better.*
>
> (W older AS more than one baby)

Two other young women living in Alice Springs said that the FPP could have had fewer questions, especially those of a personal nature.

> *Not asked so many questions.*
>
> (W young AS woman one baby)

Three women said that the program could not have done anything about their domestic violence issues (young AS woman one baby, older AS more than one baby, older remote one baby).

> *Nothing because of the violence.*
>
> (W older AS more than one baby)

One young AS woman with one baby had clearly indicated, in answer to an earlier question, that she had withdrawn from the program because of domestic violence, however, it is important to note that when answering this question she said that contact from the nurse could have helped her stay in the program. It appears that she telephoned the nurse, her call was not returned and she was only later informed that the nurse was on leave. It is possible that the absence of the nurse contributed to a disruption in her participation, even though her withdrawal was primarily caused by the violent relationship that she eventually had to flee.

> *They could of returned my call and told me she was on holiday…or someone could come and see me.*
>
> (W young AS woman one baby)

CRG members

The members of the CRG thought that the FPP could assist women to remain in the program by including the Alukura Grandmothers in some of the program activities and by having more activities for women and for children. It was also important to ask the women themselves about how the FPP could assist them to remain.

> *More women would come if the Alukura grandmothers were at the event…those Grandmothers are good to have…it is real hard for mothers.*
>
> (CRC Agency member)

> *Have to ask the women what they like*
>
> (CRC client member)

Staff

The staff suggested a number of ways that the women could be assisted to remain in the program, including:

- Continued fidelity to the implementation of the FPP model;
- Ensuring that the therapeutic relationship, of trust and respect between the nurse and the woman is developed and maintained;
- Maintain and extend the range of activities offered;
- Sensitive allocation of nurses to clients;
- Continuing to draw on the ACWs knowledge when allocating clients to nurses;
- Developing strategies to assist women to change nurses;
- Maintaining a very flexible approach given some women's competing priorities, demands and commitments;
- Sensitivity about when the presence of the ACW can inhibit the nurse to deliver certain content visits due to privacy issues;
- Ensuring strong links with remote clinics to maintain contact with women who are transient;
- Ensuring clear expectations about the capacity of nurses and ACWs to respond to some women's needs;
- Consider making after hours appointments available for women who return to work;
- Realistic staff time allocations for contacting particularly hard to reach women;
- Maintain mandated, adequate and timely supervised nurse visits to facilitate reflection on their practice; and
- Management need to regularly review retention rates and address any declines.

Benefits of participating

Benefits for Women

Current and graduated clients

The benefits for the women of participating in the FPP that were most commonly mentioned by all current and graduated clients, across the age, location and number of children categories were, in order of frequency: support and advice from the nurse; being able to talk to the nurse, including when in need of advice or when anxious or worried; information about the baby; and being a better mum as a result of being in the program. The next set of benefits were not as frequently mentioned and only noted by a few current and graduated clients: information about pregnancy; assistance with breastfeeding; transport to appointments; goal setting related to finances, budgeting, training, future employment; visits to the FPP office to participate in a range of activities; and assistance with housing.

Comments related to the support and advice from the nurse, being able to talk to the nurse, including when in need of advice or when anxious or worried, included the following.

> *Good to have someone to talk to…makes me feel a lot better.*
> (C young AS one baby)

> *The advice and support and help…it helps me.*
> (C young AS one baby)

> *Support from the nurse.*
> (C young remote more than one baby)

> *Look forward to coming in…makes me feel better to come in and talk to the nurse.*
> (G young AS one baby)

> *Being able to talk to somebody who could help me.*
> (G young AS one baby)

> *The nurse...she really helped me….the support.*
> (G young AS more than one baby)

Information about the baby, including settling, sleep, development stages and diet.

> *The advice from an outsider…not just listening to mum saying the same old thing. Making sure I have checked all the boxes. I check with the nurse and I feel better I get the information I need about the baby from a professional.*
> (C older AS one baby)

> *Learning all that stuff.*
> (C young remote one baby)

> *I learnt everything from it like wow…everything.*
> (G young remote more than one baby)

All of these factors led many women to consider that they had become more confident, empowered, responsive, better mothers as a result of participating in the program.

Helps me be a better mum, helps me to take care of myself.
(C young AS one baby)

Made me more confident.
(C young remote more than one baby)

Knowing I am doing things right
(C older AS one baby)

I wouldn't be where I am today…I wouldn't have the confidence I have now. I was going through real depression and they helped so much. I wouldn't have got through it without the nurse and the ACW. They empowered me, they made me feel like a good mum.
(C older AS more than one baby)

They helped me be a good mother. How to stay and watch the baby. The nurse teach me to not ignore things but do it straight away…like when she is sick you go straight to the hospital, take her to check ups.
(C older remote more than one baby)

Support for me to be a better mum
(C older remote more than one baby)

Being a better mother to my child.
(G older AS one baby)

The next set of benefits were not as frequently mentioned and only noted by a few current and graduated clients.

Information about pregnancy.

I did eat better food 'cause of the nurse.
(C young remote more than one baby)

I was healthier while I was doing it
(G older AS one baby)

Goal setting related to finances, budgeting, training, future employment

Helped me to think about a job, getting a job.
(C young remote more than one baby)

Finding me somewhere to live in town.
(C young AS one baby)

Learnt time management budget stuff like paying bills…all that because I didn't know how to do those things.
(G older AS one baby)

Interestingly in this question the home visits were not mentioned as a benefit, despite transport to appointments for the baby being noted as a benefit.

Withdrawn clients
The benefits for the women as identified by the withdrawn clients were limited and not as detailed as those discussed by the current and graduated clients, possibly

because they had not participated in the program for as long. Many just said yes to the question but did not elaborate in any detail.

Relationship with the nurse
Four of the withdrawn clients said that contact with the nurse had been beneficial for them. (Two young remote one baby, one young AS one baby, one older AS one baby.) Two of them also talked about the nurse assisting them to feel more confident as mothers and that it was helpful to have someone to discuss their problems with. (One older AS one baby, one Young AS one baby).

> *Little bit confident.*
>
> (W older AS one baby)

> *They helped me, made me more confident, someone to talk too make me less stressed. Helped me be a better mother.*
>
> (W young AS one baby)

> *Yes I enjoyed it…it was alright for me to stay on the program…they used to help me out…come out here and help me out by taking me to town. I liked talking to the nurse.*
>
> (W young remote one baby)

> *Yes, telling the nurse about my problems.*
>
> (W older AS more than one baby)

> I got my confidence in being a parent back. I had been through some shit, didn't feel confident as a parent, no support…but they really helped me get confident again.
>
> (W older AS more than one baby)

> *Yes…the support. I got a lot out of it, a lot of support. My needs were met. I was pretty happy with the program. They were pretty friendly…it is hard to get people to be friendly these days.*
>
> (W old remote more than one baby)

Three mentioned that the advice and information from the nurse was valuable. (One older AS one baby, one Young remote one baby, one older remote more than one baby.) Three also commented that the information about the pregnancy and birth was beneficial, as was, for one of them, the nurse explaining the language used by the doctors. (Two Young remote one baby, one young AS one baby). Three found the information on the baby's development useful. (Two Older AS more than one baby, one young AS one baby).

> *Yes…the info and everything was helpful…I learnt new things about being a mum.*
>
> (W young AS one baby)

> *Yes, it was really helpful to have the nurse to show me options and she really did channel me other support. And being able to ask her about what the doctors said.*
>
> (W young remote one baby)

> *Yes…the video about the birth cause I didn't know about that. It was gross but I learnt stuff.*
>
> (W young remote one baby)

Just like the little information and stuff, especially 'cause I had a girl, the little questions that I had. The info on healthy food.

(W older AS more than one baby)

One woman said that she had benefited from the assistance with breastfeeding her baby.

She helped with breastfeeding.

(W young AS one baby)

An older remote client with more than one child said that she felt she had become a better mother and had benefitted from the nurse coming to her home and the transport to appointments for the baby.

CRG members

The CRG members echoed many of the views of the women when discussing the benefits of the program. They considered that the women benefitted from:

- The supportive relationship with the nurse;
- Increased confidence in their role as mothers; and
- New understandings based on the information the nurse provided.

Staff

Staff listed the benefits to the women as:

- The positive experience of a trusting relationship;
- Being listen to and respected;
- Increased self esteem;
- Increased capacity to express themselves;
- Enjoyment of and increased attachment to their babies;
- Greater capacity to be an effective parent;
- Increased connection to the baby as a consequence of breastfeeding;
- Improved relationships;
- Increased ability to make changes in their lives;
- Reduced substance abuse; and
- Increased capacity to work towards goals such as education and employment.

Benefits for baby

The benefits to the baby as a consequence of participating in the FPP that were most commonly mentioned by all current and graduated clients, across the age, location and number of children categories were, in order of frequency: support and advice from the nurse; Information about the baby, including settling, sleep, development stages and diet; breastfeeding and breastfeeding longer; being able to take better care of the baby than if they had not been in the program and being a better mother as a result; and learning how to teach the baby and then teaching the baby skills.

Support and advice from the nurse

She helped me realize that no matter what is going on with me these little people need me strong...she helped me keep strong.

(C older AS more than one baby)

Support and help for me. When I felt bad I would call the nurse and she would make me feel better.

(G older AS one baby)

…before I was feeling a bit bored and tired of looking after babies and then I started on the program and felt happy because I knew I had some help.
(G old remote more than one baby)

Information about the baby, including settling, sleep, development stages and diet This included being able to take better care of the baby than if they had not been in the program and being a better mother as a result.

Learn… I wouldn't know many things of what I know now…like how a baby grows, when they are hungry and tired…I wouldn't of known that stuff.
(C young AS one baby)

Learning more about how to look after the baby.
(C older AS one baby)

Info on what to feed her, when to start, recipes, ideas
(C young remote one baby)

The baby is better…more checkups. She lets me know when it is time for a needle…she asks if I need the Congress bus or her to come but the Congress bus takes forever and you need a pass now. We can come home quicker if the nurse takes us.
(C older AS more than one baby)

Big benefits for the baby 'cause I learnt different managing things like when I was going through hard times I didn't pass it on to them…that when you have bad times you don't have to take it out on the kids.
(C older AS more than one baby)

Knowing I am doing things right
(C young remote more than one baby)

Lots of info about the baby…I think I am a good mum to my child…because of all that info and support from the nurse.
(G young remote one baby)

Breastfeeding and breastfeeding longer was mentioned with four women noting that they breastfed 'longer' because they were in the program. (Three older AS more than one baby, one young AS one baby, one young AS more than one baby, one young remote, more than one baby). Significantly, three of these were older current clients from Alice Springs who already had more than one child.

Learn things I wouldn't know before…like breastfeeding
(C young AS one baby)

Healthier 'cause of breastfeed
(C young remote more than one baby)

The nurse telling me how to breastfeed him
(C young remote more than one baby)

Breastfed her longer than toddler cause nurse said it was good.
(C older AS more than one baby)

When I was young, fourteen, I had a baby. My family, drink, drink. I looked after the baby so I knew a bit before having another one. The nurse told me it was good to breastfeed and I did 'til the baby was one year old but I didn't with the first baby.

(G young AS more than one baby)

Learning how to teach the baby and then teaching the baby skills
This included talking to the baby more, sounding words, playing with the baby, using books, blocks, play-dough, and other toys with the baby. Six women (young, older, AS and remote) referred to the benefit of the toys that the nurse or the program provided, with two clearly indicating that the baby would have had fewer toys if not in the FPP.

How to speak to my little boy, how to learn him to speak, some little words. How to look after each other.

(C young remote one baby)

Playing with the toys

(G young AS one baby)

He was an active one…the toys the games for him.

(G young remote more than one baby)

It helped her a lot…she's smart…it helped her a lot to start a lot of things early. She did everything early, crawled early, toilet trained early, and they helped with that.

(G old remote more than one baby)

Withdrawn clients
The benefits for the baby according to the withdrawn clients included, in order of frequency: information about the baby that helped the mother to look after them in a better way, including settling, sleep, development stages, diet and weighing. (One older remote more than one baby, two older AS more than one baby, one young remote one baby.)

Yes The program helped me learn more for her.

(W young remote one baby)

I kind of forgot some little things 'cause they were three years apart…so like, to be gentle.

(W older AS more than one baby)

The relationship with the nurse and her assistance with the baby, including being able to talk her when in need of advice or when they were anxious or worried was mentioned by three women (older AS more than one baby).

Yes I bonded a lot better with him because she helped… I was more confident. I wish I could have done the program with my older child because I was less confident with him I thought his father knew better …but it's too late now.

(W older AS more than one baby)

Transport to the baby's medical appointments

Getting baby to the appointments…better for baby to go.
(W older AS more than one baby)

Making appointments for them when they are sick.
(W older AS more than one baby)

One woman said the baby benefited from breastfeeding.

Yes cause I was struggling with breastfeeding and they helped me with that because it had been awhile since I last breastfeed. The teenagers they would see me…I said you did this, they thought it was gross.
(W older AS more than one baby)

One young AS one baby thought the baby benefited from the nurse bringing toys and from her learning how to play and teach the baby words, colours and numbers.

Bringing things for her, baby stuff and toys…brought books and like I read to her so she can learn the words.
(W young AS one baby)

CRG members
CRG members considered there to be a flow on effect for the baby of a strong engaged connection between the nurse and the woman. A more content, confident and happy mother was likely to be of great benefit to the baby. They also noted that a well informed mother was going to be a better carer for the baby as she was more likely to provide better nutrition, engage and play with the baby more often.

There is a flow on effect…if you empower the mums then that feeds down to the kids, partners and family.
(CRG Agency member)

Staff
Staff listed the benefits to the baby as including:

- The baby benefits from more consistent and knowledgeable care;
- Experiences improved attachment;
- Possibly improved development rates;
- Improved access to health services and more timely immunizations;
- Benefit from a consistent relationship with nurse home visitor;
- Are breastfed for longer which has long term positive benefits for children's health across their lifespan;
- Are safer when mothers are aware of safety issues and actively seek to ensure the babies safety, leading to less childhood death and injuries; and
- Improved school readiness.

Benefits for partners
The benefits for the partners were discussed more by the current clients than the graduated ones, with the current clients more often identifying those aspects that they thought their partners had benefited from. Not all clients had partners or had partners that were involved with them or the baby. Three current clients and four graduated clients had partners who were not involved and three current clients and two graduated clients had no partners. Consequently, of the nineteen current clients only thirteen had partners involved in with their baby and of the ten graduated clients only four had engaged partners at the time they were in the FPP.

Of the thirteen current clients with involved partners, ten said that their partner had benefited from the information that the nurse had provided about the development of the baby and one of the four graduated clients. (Current two young AS one baby, two older AS one baby, three older AS more than one baby, two young remote more than one baby, one older remote more than one baby, one graduated young remote one baby.)

> *He learnt a lot about being a dad…like changing the nappies. She (the nurse) got him talking…he is really shy but she get in and started making him talk…then he felt comfortable about talking.*
>
> (G young remote one baby)

> *He reads the information the nurse brings…and we talk about it. He is learning.*
>
> (C older AS one baby)

> *He is here sometimes for the visits…he feels comfortable with the nurse even though he is quiet and shy. He feels comfortable asking questions…asking the things he wants to ask.*
>
> (C older AS one baby)

> *Me and him both stay with the nurse and talk about stuff. He likes her. He has learnt stuff about the baby.*
>
> (C older remote more than one baby)

Eight current and one graduated client talked about the father being more involved with the baby in general, and talking to and playing with the baby more, in particular, as a result of the nurse's encouragement and the information she provided. (Current two older AS one baby, three older AS more than one baby, one young remote one baby, one young remote more than one baby, one young AS one baby: graduated one young remote more than one baby.)

> *The father…he talks to the baby cause of being in the program.*
>
> (C older AS more than one baby)

> *He was never here when the nurse came 'cause he was shy…but he was interested. I told him about what the nurse said. I reckon he was involved 'cause of the program.*
>
> (C young remote one baby)

> *The nurse met him here…she helped him help me more.*
>
> (C young remote more than one baby)

> *He wants to be involved…when we do family stuff he takes the kids so I can sit back. He goes for a walk and takes the kids. He didn't do any of that before I was on the program.*
>
> (C older AS more than one baby)

> *All the kids, baby, father…they are together now…the program got them together…they are happy now.*
>
> (C older AS more than one baby)

One current client specifically noted that she and her partner appreciated the information that was designed for and addressed to fathers.

They have lots of dad info in their handouts. He wants to be involved so it is really good that they have all that info for dads.

(C older AS one baby)

Eleven women said that their partner liked the nurse, and listened to her advice either because they repeated it to him or because he would sometimes sit in on the visits. (Eight current, across most age, location and child categories, and three graduated clients (one young AS one baby, one young remote one baby, one older remote one baby.)

> He used to get shame…I talked to him, told him what the nurse said.
>
> (G old remote more than one baby)

> *Sometimes he is here when the nurse comes and he likes her.*
>
> (C older AS one baby)

> *He gets along with the nurse…she makes him talk. The nurse has taught him lots of things*
>
> (C older AS more than one baby)

A few noted that their partners had a relationship with the nurse, enjoyed her and that 'she makes him laugh". Two current clients (young AS one baby) said that they and their partners liked the fact that the nurse came to their home, as he wanted to be involved with the baby and could not have been if she had gone to Alukura.

Uninvolved partners

> *Not around… he would take off…he was drinking, at the racecourse…he wasn't involved.*
>
> (C older AS more than one baby)

Withdrawn clients

Only a few benefits for the partners of withdrawn clients were identified. Of the eleven withdrawn clients, five had partners who were not involved with the baby and one had no partner.

Two women considered that their partners had benefited from the information the nurse gave them about the development of the baby, how to manage the baby, settle it and change nappies. (Young AS one baby, older AS more than one baby).

> *They spoke to him, talking to him about being a support for me for the baby….and the info. He was helping me with her but he is in prison now.*
>
> (W young AS one baby)

> *It gave us something to talk about as a little family, things to talk about like how to settle her, breastfeeding stuff…that was good.*
>
> (W older AS more than one baby)

One woman (older AS more than one baby) noted that her partner had talked to and played more with the baby as a result of the FPP.

> *Now though, he sees how stressed out I can get, he will take the kids or play…he didn't do that before.*
>
> (W older AS more than one baby)

One woman observed that her partner had benefited from the nurse coming to their home, as he felt more informed about the development of the baby.

> *Yes because he could come along and be a part of the talks, hear that info…especially because I had chosen to do the pregnancy at Alukura it kind of cut him off all that.*
>
> (W young remote one baby)

CRG members
Most CRG members did not comment on the benefits to partners, however one person mentioned that they would also benefit from a more confident and happy mother.

Staff
The benefits to partners that were identified by the staff included:

- Benefit from the information, increased understanding of the development of the baby;
- Increased pride in their baby's achievements;
- Increased respect for and understand of the role of fathers generally and their role in particular;
- Better able to support their partners;
- Some improve their relationships; and
- Some decreased substance abuse.

Benefits for families
The *benefits for the families* were also commented on by the current and graduated clients, although usually only briefly. Four of the nineteen current clients said that they either had no family or their family could not provide assistance to them as they were elsewhere. (Three older AS more than one baby, one young remote one baby.) None of the ten graduated clients mentioned a lack of family. Of the fifteen current clients who did have family involvement, thirteen said that their family thought that the FPP provided support and help to the women. (Across all age, location and child categories.)
Nine of the graduated clients also said this. (Three young AS one baby, one young AS more than one baby, two young remote one baby, one young remote more than one baby, two older remote more than one baby.)

> *The family like the support I get. My sister said she wished she'd been able to get that support.*
>
> (C older AS one baby)

> *Mum thinks the program has supported me…it has made it easy for me and her. She thinks she is older now and things have changed so it is good to be in the program and get the advice.*
>
> (C older AS one baby)

> *Mum very happy for me to go on program because it helped me. And cousins they happy to.*
>
> (C older AS more than one baby)

> *My mum did see, she come down for a holiday…but she was never a mother to us…I grew up with aunties. She would look at the stuff (from the FPP) and say 'far out, we never had stuff like this'. I think it helped her be a better nanny.*

(C older AS more than one baby)

They supported me in it. They liked it…my grandmother she liked it…she was getting into some of the visits.

(C older remote more than one baby)

One current client mentioned that her mother liked the nurse, (young AS one baby), another that her mother liked the information about the baby's development, (young remote more than one baby), and one that the family appreciated that the nurse provided transport to Alukura for the baby's "needles", (one older remote more than one baby).

Withdrawn clients

Similarly, the women who had withdrawn made very few comments about the ways in which their *families had benefited*. However, five did express the view that their families had benefited because of the support and help that the nurse had provided to the women. No detail was given. (Two young AS one baby, two older AS more than one, one young remote one baby.) One woman, older AS more than one baby, said that her family had benefited because it was easier for them to have the nurse supporting her.

They liked it, they thought it was good for them and me.

(W young AS one baby)

They were happy I was in the program but then they started seeing I was uncomfortable.

(W young remote one baby)

With my mother…I am not sure if she thought she benefited but she thought it was good idea because she didn't have it in her day and she just had to wing it.

(W older AS more than one baby)

They said it was alright…it was a help for me.

(W older AS more than one baby)

Five women indicated that there had been no benefit to the family, either because they were not involved or not present. (Two young remote one baby, one young AS one baby, one older AS more than one baby, one older remote more than one baby.)

Well I was sharing a house with an older lady who was like a mother and a sister to me and she liked it. She thought it was good.

(W older AS more than one baby)

CRG Members

The CRG also noted that the FPP can be a positive support for those women with challenging family relationships and can assist the women to mother in ways that they think are appropriate.

Staff

The benefits to families that were identified by the staff included:

- Every action that benefits mothers also has the role on effect of teaching families about raising children;
- Some families also receive support;
- Information about the mother and baby;

- Some enjoy the developmental assessments and learn more about them; and
- Some families feel very proud of their babies.

3.12 Disadvantages of participating

Current and graduated clients

All current and graduated clients said 'nothing' in response to this question. The reason for this brief answer is most likely that the question was very similar to previous ones. Three added some additional comments quoted below.

> *Nothing because even if I know I can't make an appointment I know I can ring and make another one and we can go to town and have a coffee.*
>
> (C older AS one baby)

> *Nothing…I could have done other stuff they were offering but I was dealing with other stuff so I missed out on some good things like the scrapbooking because I was trying to stay sane. I couldn't play happy families 'cause my situation was different.*
>
> (C older AS more than one baby)

> *No problems…I put my thumbs up for that one.*
>
> (C older remote more than one baby)

Withdrawn clients

As with the current and graduated clients, this question was similar to previous ones that the women had already answered, for example, the questions about what they did not like, what the FPP could have done and why they had withdrawn. It was also the second to last in a long interview. All women said either 'nothing' or briefly reiterated the reasons they had already provided for their withdrawal.

CRG Members

Interestingly the CRG raised a matter that none of the other women had mentioned. Two women thought that a strong relationship between the woman and the nurse might cause some difficulties with her partner. For example:

> *In some cases there have been problems with the partners who have got a bit jealous of the woman's relationship with the nurse.*
>
> *Sometimes the woman doesn't have enough time for the partner…she has support from the nurse so maybe she doesn't spend enough time with the father.*
>
> (CRG Client members)

Staff

The staff considered the disadvantages to encompass the following:

- The frequency of the visits is demanding on women's time;
- Some material covered by the program can be confronting and personal;
- Some women may feel guilty about, for example, giving up breastfeeding, substance abuse or family violence;
- Change is unsettling and often challenging and women may find that disruptive, for example, leaving an unhealthy relationship, loss of friendships as her life shifts and move, disruptions and conflict in families as her wishes sometimes may not correspond to what families may wish for her;
- Some partners may be unhappy about the shifts and changes in relationships which could be perceived as detrimental, for example, the status quo is not

maintained, women become more independent, and women may leave an unhealthy partnership;
- Some partners and families may feel jealous of the nurse's relationship with the woman; and
- Some families may find the shifting dynamics unsettling.

3.13 Suggested improvements

Current and graduated clients

Five of the nineteen current clients and two of the ten graduated clients, across all categories, said 'nothing' could improve the program. Frequently, women accompanied these comments with others that indicated that the program was meeting their needs, was '*really good as it is'* and other statements expressing the usefulness and value of the FPP to them.

Fourteen current clients and eight graduated clients, across all categories, made some suggestions for additions to the program. These were: requests for more activities, such as movie nights, cooking classes, excursions, crafts (eleven current three graduated); more social events with other mums and children, (five current three graduated); more baby and child events, (four current); increase the length of FPP, (one current, three graduated); involve dads more, (one current, one graduated); better coordination with Alukura (one current); employ more Aboriginal staff (one current, one graduated); advertise the FPP more, (seven current, two graduated).

Requests for more activities, such as movie nights, cooking classes, excursions and crafts were made by eleven current clients (all categories) and three graduated clients (one young AS one baby, two young remote one baby).

Some specific suggestions were:

> *More activities and excursions…like instead of coming in here or at home, go out more, go somewhere else. Like one on one things or a small group of mums. Even if it is just sitting down at Telegraph and talking. Scrap book and nutrition are good.*
>
> (C older AS more than one baby)

> *More cooking classes.*
>
> (C young AS one baby)

> *They could have an older movies night for the older women…only the young ones go now.*
>
> (C older AS one baby)

> *A yoga class…bring back the yoga class for after baby is born.*
>
> (C older AS one baby)

> *Make things like cushions, crochet, quilting.*
>
> (C older AS more than one baby)

One woman mentioned the idea of the FPP asking the mothers for their suggestions for activities.

> *get ideas from mums…they might want to do something different.*
>
> (C older AS more than one baby)

A number of women (five current three graduated) made suggestions for more social events with other mothers and children, for example,

> *Have stuff so I could meet other mums.*
>
> (C young AS one baby)

> *Lunch with mums who have already got kids …they have stories to tell that can help us.*
>
> (C young AS one baby)

> *A mother's group so we could catch up with everyone…it is good to meet the other mums…that would be good.*
>
> (C older AS one baby)

> *Excursions to places…maybe out bush or to Santa Teresa to meet other mums.*
>
> (G young AS one baby)

> *To have a bus to pick up all the mums to go places.*
>
> (C older AS more than one baby)

> *The Christmas parties were good too…you met the other mums and see who else is on the program 'cause you don't know.*
>
> (G young remote more than one baby)

More baby and child events were mentioned by four current clients, for example:

> *A playgroup would be good.*
>
> (C older AS one baby)

> *A reading day… a book day.*
>
> (C older AS more than one baby)

Two women were keen for the FPP to develop more strategies to involve fathers in the program.

> *More ways to involve dads. I know it is hard sometimes with culture but they do need to actively involve dads…to get them involved in the visits. A lot of young dads want to be involved so having that option to invite them in to stay for the visits. Some blokes get shitty because they are not invited.*

> *A dad's night would be good…they would need a man to run a dad's night…it is a good idea to get the men talking together.*
>
> (C older AS one baby)

> *Babies need fathers…they should involve the dads more.*
>
> (G young remote one baby)

This woman also observed that involving fathers could be a way of assisting some women stay in the program.

> *Help other women stay in the program by getting their partners more involved…important because the father is important…the baby needs a father.*
>
> (G young remote one baby)

Two women thought that it was important for the FPP to employ Aboriginal staff, as they explained,

> *…maybe more Aboriginal workers…maybe some Aboriginal girls don't feel comfortable talking with white nurses, some like Aboriginal nurses.*
>
> (G young remote more than one baby)

> *The ACWs are good 'cause they tell women about the program.*
>
> (C older AS more than one baby)

Identifying ways to improve coordination between Alukura and the FPP was suggested by one person.

> *Maybe coordinate a bit more with Alukura and the hospital because when I had the baby and came home I got a visitor from Alukura, FPP, the hospital and Flynn Drive. They do different things but FPP and Alukura could coordinate. I know FPP knows what Alukura is doing but I'm not sure it is the other way.*
>
> (C older AS one baby)

Advertising the FPP more was emphasized by seven current and two graduated clients.

> *Advertise more…I wouldn't have known about it except for my cousin. I heard about the add on TV later but I never saw it. They should advertise more at the hospital and at Alukura. Also advertise out bush.*
>
> (C young AS one baby)

> *They should add pictures to the poster and the leaflet. Make it more attractive.*
>
> (C young AS one baby)

> *Advertise more, maybe TV, nice posters, nicer than the old ones…they are boring…need photos of mums and babies.*
>
> (G young remote one baby)

> *Put adds about the program in newspaper…there is hardly anything about the program around, only at Alukura.*
>
> (G younger AS more than one baby)

One woman thought that just advertising was not sufficient and that the FPP needed to actively promote its services to those most in need.

> *There are some mums who are real disadvantaged…they need this program. The program should go where the disadvantaged mob are. It is hard because like everything else, they have to decide for themselves to join…you can't make them.*
>
> (C older AS more than one baby)

Four women, (one current, three graduated), did not want the program to end and so suggested that the FPP extend the program beyond two years. The main reason for this seemed to be that they had enjoyed it so much.

Keep visiting more…sometimes I get bored…I like to see her.

(C young remote one baby)

Keep going longer than two years.

(C older AS more than one baby)

Two women noted that they had found the graduation ceremony to be particularly enjoyable.

The graduation ceremony was really good…I liked it. My girl got a big present.

(G young remote more than one baby)

I felt like crying because I had to leave…I felt really upset. But I liked the graduation…I was really pleased with myself.

(G young remote more than one baby)

Withdrawn clients

Given the range of reasons for withdrawing from the program that had been mentioned by these clients in response to earlier questions it is perhaps not surprising that a number of them had positive comments to make about the program.

Some of these comments included the following.

It is a good program, my niece is on it. Those young girls should be on it…they are running around out there, they have babies…leave the baby with grandmother and aunts while they run around. They need the program. It really helps.

(W older remote more than one baby)

Just the way it is, is good.

(W older AS more than one baby)

I reckon it is alright, it is pretty good especially for these young girls. They don't know how to look after the newborn…they leave them with sisters, nieces, aunties. They leave them and go off, especially 'cause of the bottle. They can go off…they don't understand that they have to grow them up. There are a lot of young girls having babies…too young, like twelve and thirteen. They don't know how to be good mothers and fathers…they just running around wild with alcohol, drugs and other stuff. Those girls out bush, they need the FPP.

The FPP is really good it should stay 'cause it can give them young mums better ideas for the future, help them look after their babies. They need someone to talk to help them.

(W young AS one baby)

Equally not surprisingly is that all eleven withdrawn clients made suggestions for improvements. Five requested 'more activities' including: more movie nights; 'excursions'; and outings with nurses (three young AS one baby, two young remote one baby). Two wanted less visits as the baby and child became older (young remote one baby, older AS more than one baby) and one after hours visits (young remote one baby). One asked for less questions about private things, (young AS one baby) another that the FPP allowed women to change nurses (young remote one baby), and another that they send out a warning letter before they cancel the

program, (older remote more than one baby). One also suggested that the FPP advertise more, (older remote more than one baby).

Suggestions for more activities included the following.

> *More movies*
>
> *More going out with the nurses*
>
> (W young AS one baby)

> *Playgroups maybe, like getting together with the kids.*
>
> (W older AS more than one baby)

> *More activities in the office.*
>
> (W older AS more than one baby)

Activities that involved the interaction of young and older mothers were one suggestion.

> *If a day was set up for older mums, like if the older mums were in there doing nutrition like you learn more from other people…with the young ones too…it is a two way learning kind of thing.* …the older mums can help the younger mums. *I can learn from the young ones too.*
>
> (W older AS more than one baby)

Sessions on how to keep babies and children safe was suggested by one

> *Teaching the young mums about safety…like who is watching the children. These young mums they don't know about this, they get desperate to go out and they leave the baby with someone who has seven kids already and they think that is ok…they don't know. They have to teach them about safety, for kids…who is looking after the kids. Teach them about good touching and bad touching…people need to know that. They need to know that they have to keep the kids safe and secure.*
>
> (W older AS more than one baby)

Two asked for greater flexibility in the provision of the FPP by including an option to have less visits as the baby and child become older.

> *Maybe offer short visits after the baby was born.*
>
> (W young remote one baby)

> *I guess probably lessen the visits especially when the kids are older. Because I've got two if I was to do it again I'd only want a few visits when I needed it, like when I am stressed out. If there are things that hadn't happened before with the other two then I would like it maybe once a month visits…. just so I could debrief if I needed to, just have visits when I had questions.*
>
> (W older AS more than one baby)

Another that an after hours option be made available.

> *Just as a working pregnant lady it would have been a little bit easier if they had an after hours session. Maybe offer short visits after the baby was born.*
> (W young remote one baby)

One young woman was adamant that the nurse should not enquire into personal matters.

> *Less questions about private things.*
> (W young AS one baby)

Another young woman was keen for the FPP to respond more rapidly to a client's views about and wanting to change her nurse.

> *They should just let the clients talk, let them tell the nurse how they feel. Respond to the client's feelings. Change the nurse if you ask for it.*
> (W young remote one baby)

An older client, living in a remote area with more than one baby thought that the FPP staff should write to clients to warn them if they are at risk of being removed from the program.

> *They could ring the bush clinics to see if you are there or back in town. They could send out a notice letter before they cancel the program, like a warning letter, a notice letter.*
> (W older remote more than one baby)

CRG members
The CRG members suggested more activities for the mothers and their children so that they could 'get out of the house' and meet other women.

Staff
Improvements related to *increasing the effective recruitment of women* as identified by staff included the need to:

- Develop and implement a systematic recruitment strategy including goals, identifying key agencies and services to target, a calendar of scheduled agency visits, accountability mechanisms to ensure implementation, a process for evaluation, and a review at annual planning days;
- Allocate staff time to ensure good communication between Alukura and FPP;
- Increase regular engagement activities with key external stakeholders, including 'open days' at FPP to promote the FPP and increase understanding of its purpose and content;
- Improve regular attendance at key internal CAAC management meetings to promote and report on the progress of the FPP;
- Improve the implementation of the community engagement strategy;
- Review the strategic plan for the role of the ACWs;
- Review the use of the Alukura midwives list to address issues of confidentiality;
- Reduce time delays between consent to join the FPP and the first visit;
- Incorporate into annual planning and review processes the regular gathering of feedback from clients regarding recruitment strategies and why they decline the FPP; and
- Increase advertising of FPP on television and local radio.

Improvements related to *increasing the retention of women* as identified by staff included the need to:

- Continued fidelity to the implementation of the FPP model;
- Ensuring that the therapeutic relationship, of trust and respect between the nurse and the woman is developed and maintained;
- Maintain and extend the range of activities offered;
- Sensitive allocation of nurses to clients;
- Continuing to draw on the ACWs knowledge when allocating clients to nurses;
- Developing strategies to assist women to change nurses;
- Maintaining a very flexible approach given some women's competing priorities, demands and commitments;
- Sensitivity about when the presence of the ACW can inhibit the nurse to deliver certain content visits due to privacy issues;
- Ensuring strong links with remote clinics to maintain contact with women who are transient;
- Ensuring clear expectations about the capacity of nurses and ACWs to respond to some women's needs;
- Consider making after hours appointments available for women who return to work;
- Realistic staff time allocations for contacting particularly hard to reach women;
- Utilize new resources and information for staff training;
- Ensure that staff are aware of, and understand as much as possible about, the cultural context in which they practice;
- Maintain mandated, adequate and timely supervised nurse visits to facilitate reflection on their practice;
- Management need to regularly review retention rates and address any declines;
- Evaluate any new changes implemented; and
- Provide new information about the program to the ANFPP and OATSIH.

Some staff made comments about the benefits to them of being employed in the FPP. One said:

> *I believe nurses also benefit immensely from this program. Because the program is about modeling, we have the benefit of working in a positive environment that supports us to be our best selves. Working in a strengths based model is such an enjoyable experience so that even when we encounter challenges with clients we are cared for by each other and manage the challenges well.*
>
> *The program also supports us to make healthy changes in our own lives and to reflect on how this may impact our clients.*
>
> *Each nurse is supported to practice reflectively and focus on her own strengths which I think the program does very well.*

Chapter 4. Discussion and recommendations

In order to build knowledge and understanding about the most effective ways to address the needs of Aboriginal women and their children it is essential that their preferences, views, perspectives and experiences are understood, responded to and incorporated into the design, review and evaluation of programs aimed at improving their health and wellbeing. Relative to the amount of evaluations conducted in Australia, there are a limited number of Aboriginal women's maternal and child health program evaluations that take, as the primary focus, the views and perspectives of the Aboriginal women participants (Kildea 2010).

This study successfully engaged with forty women, of various ages, geographic locations and family size, who are and had been participants in the FPP. Their answers to a range of questions aimed at exploring their experiences were, in most instances surprisingly consistent and in some, very comprehensive and detailed. Their perspectives on the program provide valuable and comprehensive insight into the critical features of the program that make it effective and worthwhile for them and their families, as well as those features that have been less successful for them. The women's views provide localized, Australian confirmation of the body of evidence that informs the FPP model and indicate some implementation aspects that could be improved within this context.

This section of the report presents a discussion of and recommendations related to the study's key research findings. From the perspectives of participating clients, the CRG and FPP staff what were:

- The most effective strategies utilized to recruit and retain mothers:
- The facilitators and barriers for recruiting and retaining participant mothers and mothers who have withdrawn:
- The benefits and disadvantages of mother's participation: and
- Recommendations.

4.1 Most effective recruitment strategies

The central role of Congress Alukura in referring clients to the FPP was apparent as either a nurse or midwife informed the vast majority of the women about the FPP whilst they attended an appointment there. Others were referred by their local remote clinic. Once referred the women were most likely to be visited by an ACW who explained the program to them. Many women appreciated the role of the Aboriginal staff at this stage. Satisfied clients recommending the program to family and friends was the second most effective recruitment strategy. Advertising as a recruitment strategy was useful but limited as clients considered the FPP poster to be old and unattractive and the television add was remembered by only a few.

The dominant reason for women agreeing to participate in the FPP was related to their desire for 'support', either because they were expecting their first child or because they had other children, jobs, demanding lives, were depressed, had relationship difficulties or had had a child removed. Many women also wanted the information about pregnancy, childbirth and the developing baby that the FPP offered and others were interested in the activities. Interestingly, these reasons were consistent across all the categories of women.

The CRG and the staff confirmed the significance of many of these strategies.

4.2 Facilitators and barriers to recruitment

The facilitators for recruitment were:

- Awareness of and referral protocols to the FPP, at Alukura and the two remote clinics, including the use of the Alukura midwives list;
- The Alukura midwives developing good relationships with their clients so the clients trusted them and the referral to FPP;
- Recommendations from family and friends;
- Other services being aware of and referring women to the FPP;
- FPP being a service offered by CAAC which is a respected Aboriginal community controlled health organization;
- The role of the ACW in representing Aboriginal culture and presenting the FPP to women;
- ACWs who are known and respected in the community;
- Knowledge, skills and experience of the ACWs;
- The support offered by the nurse;
- The information provided;
- The activities included in the program;
- FPP staff being present at key community events and promoting the service; and
- The television advertisement screened in the past.

Barriers to effective recruitment included:

- The current lack of an implemented systematic recruitment strategy including goals, identifying key agencies and services to target, a calendar of scheduled agency visits, accountability mechanisms to ensure implementation, a process for evaluation that includes feedback from women, and a review at annual planning days;
- A lack of awareness and understanding of the FPP amongst some service providers and women;
- A current lack of regular engagement activities with key external stakeholders;
- A current lack of regular attendance at key internal CAAC management meetings to promote and report on the progress of the FPP;
- A current lack of implementation of the community engagement strategy;
- The lapse of the strategic plan for the role of the ACWs;
- Potentially the use of the Alukura midwives list raises issues of confidentiality that need to be explored and addressed;
- Confidentiality issues within CAAC as a whole;
- Time delays between when a woman consents to join the FPP and when she receives the first visit;
- The transience of some women;
- That some women feel shame;
- Some women are too busy;
- Some partners and family members may not want the women to participate;
- Lack of availability of attractive FPP posters and leaflets in a variety of agencies; and
- Lack of advertising in a range of media, including television.

4.3 Most effective retention strategies

The women clearly articulated their views and identified what, for them, had been the key reasons for remaining in the FPP. The effective strategies were:

- Supportive relationship with the nurse, her help and information provision;
- Activities at the FPP office;
- Practical aid: assistance with housing, government agencies; transport to appointments;

- Home visits;
- Involvement of fathers; and
- Role performed by the ACW.

However, when the women were asked to list the aspects of the FPP that made it 'easy' for them to remain participating in it, almost all current and graduated clients identified two factors first:

- Supportive relationship with the nurse, her help and information provision; and
- Home visits.

Clearly these two components are the most significant and effective strategies utilized to retain mothers, in addition to the other aspects mentioned above.

Supportive relationship with the nurse
It is essential to the FPP model that a strong positive nurse client relationship is established. It was clear that, for most of the women who shared their perceptions and experiences of the FPP during this study, the relationship with the nurse was key to what they liked best about the FPP and why they continued to participate in it. This was the case across all current and graduated client categories. Further, and most significantly, the majority of the withdrawn clients also referred to their relationship with the nurse as one of the best aspects of the program and therefore, one of the main reasons they remained in it for as long as they did, or in the case of three women, the departure of their nurse, and for one a dislike of her nurse, being the reasons they left.

There were a number of aspects that were important to the women in their relationship with their nurses. The most important, and most often discussed, was the personal connection made with the nurse and the support she provided. For many, feelings about the nurse included that the nurse was *'a best friend to me 'a good friend'* that they could tell her their problems and '*talk up with her'*, that '*she listens',* that they could '*tell her stuff I couldn't tell family'.*

Importantly many women felt that this relationship was a two way one where the nurse was genuinely interested in them and their baby or child.

For many women the relationship encompassed feelings of safety, *'I feel safe'* and trust, *'I can trust her'* and significantly, non judgmental.

These relationships were especially significant given many of the women's circumstances as many of them were living on very low incomes, were frequently lacking support from partners and family, some were single parents, and some were very vulnerable and experiencing family violence. In the context of their complex and often demanding lives their experience of a supportive relationship with the FPP nurse was critical to their engagement with the program and to enabling them to better manage their situations and in many cases, to be more effective mothers. Some women expressed this quite directly. For example:

> *Just to know that someone is there to help me out when I was lonely, isolated, a single mum. There were goings on with my husband… he was giving me trouble with his drinking… like I was going through domestic violence. The nurse she was keeping me strong as a single parent. It was just what I needed at that time...that support. I had problems and they responded to what I needed…*
>
> (C older remote more than one baby)

It is interesting to note that the nurse, her role and their relationship with her, was not the most frequently mentioned aspect by withdrawn clients. They most frequently referred to the information that the nurse provided. This is in stark contrast to the current and graduated clients, the overwhelming majority of who mentioned the nurse most often. However, when the withdrawn clients did discuss their nurse most indicated an appreciation of their relationship with her and provided examples of it. It is noticeable, despite this, that overall, the withdrawn clients were not quite as enthusiastic about their nurses as the current and graduated clients.

The development of a trusting, positive and supportive relationship with the nurse was clearly empowering for some women. They spoke about feeling more confident as mothers, more able to 'say no' to some of the family demands, to take time for themselves so they could cope better, and to take steps to improve their future prospects. These views were shared by some of the women who withdrew.

It was important to some women that, with assistance and encouragement from the nurse, they generated goals and made plans for future employment, and some undertook training courses. Many women were proud of these achievements and displayed their certificates and in one case an award. Given the vulnerability of some of these women, this was a major achievement.

Most women considered the support offered by the nurse to include helpful information and advice about: pregnancy (the development of the baby, birth, nutrition, smoking and exercise); and the baby (including settling, sleep, development stages and diet). The relationship with the nurse, for most primarily one of friendship and support, was also recognized by some as incorporating a professional role. Some women particularly appreciated the qualifications of the nurse and that the information she provided was up to date.

Some women who had withdrawn from the program also valued the way the nurse incorporated providing information with friendly supportive visits.

Home visits
The nurse and ACW visiting the women at their homes was a critically important strategy. The women, across all categories, thought the home visits made it easy to remain in the program. The demands of a young baby, other small children, limited public transport, the lack of a vehicle, the waiting times at other agencies and clinics and their own weariness all contributed to the ease of them not having to leave home to engage in the program.

Activities at the FPP office
Another very effective strategy for retaining current and graduated women was the opportunities for social encounters and other entertainment for them and their children afforded by visits to the FPP office. Most women valued and enjoyed participating in a range of activities that included scrapbooking and using photographs of their children, nutrition sessions, craft activities, movie sessions and just having a chance for some quiet time. Many also appreciated the books and toys that were available for the babies and children to play with as well as the comfortable and safe environment for them. The withdrawn clients also mentioned these activities as being amongst the best aspects of the program.

Practical aid: assistance with housing, government agencies; transport to appointments
The practical aid offered by the nurse, such as, assistance with housing and Centrelink applications, the provision of material aid like food, or items for the baby and very importantly, transport to appointments and government agencies was also a successful strategy. Many women, including the withdrawn clients, indicated that they found this assistance an important reason for their ongoing participation in the program.

In relation to the role of the nurse, the information she provided, the home visits, the appreciation of the activities and the material aid, there was no difference in the women's views based on the categories of age, location or number of children.

Involving fathers
Involving fathers in the FPP was an important element for a few current and graduated women as they wanted their partners to be encouraged to be active engaged parents. This involvement included the nurse being: willing and keen to include the father in her discussion when visiting; to share information with him; to encourage him to participate in caring for the woman and the baby; the providing written information that referenced the role of fathers; and fathers being welcome to attend meetings, or visit the FPP office. In one case the contrast between the FPP and Congress Alukura, where, due to traditional grandmother's law, men are not allowed, was mentioned. A number of women across all categories would have liked their partners to be more involved in parenting; however, the fathers were not always living with them or willing to participate.

ACW role
Another successful strategy for some women was the role performed by the ACWs in the program. Not surprisingly, it was significant to some women that the FPP recognized explicitly that it was operating in an Aboriginal context and accordingly employed Aboriginal women as community workers who have strong local knowledge and understanding of culture. This is an important and essential feature of the FPP in Australia. The ACWs usually knew where the women were living and made the first contact with them. In addition, their presence was valued because: some women felt more 'comfortable' with an Aboriginal woman; considered that she understood what constituted sensitive matters and 'shame' and how to ease such feelings for young women; and that she could speak in the woman's language to explain any matters that were difficult to communicate in English. It was noticeable that this feature of the program was more significant for young and older women from remote areas.

> *I liked that they had Aboriginal workers at the start…it was shame job talking to one of the nurses but Aboriginal ones understand easier.*
>
> (C older remote more than one baby)

4.4 Facilitators for and barriers to retention

Facilitators for retention
There was striking unanimity amongst all the current, graduated and withdrawn women's views, the CRG members and the staff about the two main facilitators for the women's on-going participation in the FPP: the home visits and the nurse.

The facilitators for maintaining the women's participation in the program as suggested by the women themselves, the CRG members and the staff included all of the following aspects:

- The development of a therapeutic, trusting, respectful, equal, empowering and reliable relationship between the nurse and woman;
- Home visits;
- The range of activities;
- Opportunities for mothers to meet each other socially;
- The information the nurse provided;
- Provision of transport to other services;
- Flexibility of the nurse regarding appointments;
- Confidentiality
- The FPP model and the high quality, up to date research in human ecology that underpins it;
- The ACW role as cultural broker and maintaining the profile of the FPP;
- Structured formal and informal case discussions with the FPP team;
- Structured, mandated and accountable reflective practice sessions for staff;
- Recruiting staff with suitable personal attributes and attitudes as well as professional qualifications;
- Consistent and reliable staff;
- On-going staff training and skill development from the ANFPP Support Service;
- The ANFPP Support Service's Quality Improvement structures and processes;
- Accountability requirements to CAAC and OATSIH;
- Management support from CAAC;
- Time allocated to repeated home visits, especially when many women are hard to contact;
- Resources and space to support activities at the FPP office; and
- Maintenance of the car fleet.

Barriers to retention

It is significant that the majority of current and graduated clients indicated that there were no barriers to their involvement with the FPP. However, some did share their views about the features of the FPP that they were uncomfortable with, did not like or that functioned to make it difficult for them to participate. The key themes that emerged from these comments were:

- The number and frequency of visits;
- Difficulties contacting the nurse;
- Uncertainty about the nurse; and
- Inappropriate levels of information.

The difficulties with contacting the nurse and the initial uncertainty about the nurse seem to point to a less established relationship and underscore the centrality to the FPP of a successful relationship between the nurse and the client. Similarly, it is also possible that the critique of too many visits is also indicative of a weaker connection with the nurse; however, other factors that they did articulate may have a bearing on this. For example, it seems that in two instances the women who mentioned this also considered the information supplied by the nurse to be inappropriate, which perhaps suggests that more discussion and checking with the client would be beneficial.

The situation was different for the withdrawn clients. Four key themes emerged when the withdrawn clients explained the factors that had functioned to inhibit their continued participation in the program:

- The nurse;
- Too many questions;
- Time, too many appointments; and
- Domestic violence.

It is clear that the pivotal role of a successfully established nurse client relationship is key to the first two factors. Three women left the program because their nurse had had to leave. All of these women indicated that they had a close connection with the nurse, and specified the aspects of her relationship and care that they valued. They were quite explicit about the disruption to them consequent on the nurse leaving the FPP and how they had regretted her departure. Significantly, they failed to connect with the new nurse allocated to them. The centrality of the relationship with the nurse was also reflected by the fourth woman as she talked about how unhappy and 'uncomfortable' she felt with her nurse. She clearly indicated that she experienced it as an unequal relationship, where she was not listened to nor empowered.

It is possible that the women who withdrew because there were 'too many questions' were also reflecting a weaker connection with the nurse as questions, even those of a private nature, can be asked in a supportive and sensitive context.

There being too many appointments and the issue of domestic violence seemed, when other comments made by these women were considered, to be causes that were outside the parameters of the FPP. Tragically, the women who were victims of domestic violence were very positive about the vital support and assistance that their nurse had provided to them.

In summary the barriers for maintaining the women's participation in the program as identified by the women themselves, the CRG members and the staff included the following aspects:

- Lack of a successfully established therapeutic relationship, of trust and respect between the nurse and the woman;
- Some women may feel too embarrassed to tell the nurse that they are uncomfortable with her and request a change of nurse and so leave;
- The program does not do enough to assist women to change nurses, for example, the ACW and nurses do not review regularly enough nurse client relationships to identify ones that need a change in nurse allocation;
- The nurse leaves and this disruption leads to the woman withdrawing;
- Despite the flexible approach the program is still very proscribed and does not suit a lot of women, including the number of visits;
- Some women have chaotic and busy lives and the FPP requires long term commitment;
- Many women have competing priorities, demands and commitments at this time of their lives;
- Some women have a range of health and other issues that require many services and it is difficult for them to fit in the demanding FPP visit schedule;
- Many women are transient;
- Lack of some women's readiness to meet the program's expectations;
- A few women expect service providers to come as soon as they call;
- Some women feel that they have received what they wanted from the program before it is complete;
- Some women return to work and can no longer fit the program into their schedules;
- Some families pressure women to leave or are unsupportive;
- The presence of the ACW sometimes inhibits the nurse delivering certain content visits due to privacy issues;

- Late recruitment;
- Lack of an after hours service;
- The nurses do not always have adequate timely supervised visits to facilitate reflection on their practice; and
- Management need to regularly review retention rates and address any declines.

4.5 Benefits of participating

Benefits that arose from a successful relationship with the nurse were paramount. The current and graduated clients had benefitted from the support she provided, the sympathetic listening and the reassurances. She had helped them share their concerns and worries, and made them feel more 'confident' and 'empowered'.

> *I wouldn't be where I am today…I wouldn't have the confidence I have now.*
> (C older AS more than one baby)

For many, the nurse had validated their actions as mothers, '*Knowing I am doing things right'.* Most importantly, the relationship with the nurse had enabled them to develop as mothers and consider that they were caring for their baby or child in a good way, '*Support for me to be a better mum'.* The nurse had also encouraged them to recognize their own needs and look after themselves, '*helps me to take care of myself'.*

In the context of this supportive relationship most women also benefited from the new information the nurse provided to them and made changes in their lives that led to eating more healthily and planning for their futures.

Although the withdrawn clients did not identify as many benefits, those that did, referred to their relationship with the nurse in ways that were similar, but slightly less enthusiastic, to the current and graduated clients. They stressed the quality of the relationship, the '*support',* that it helped them become more *'confident'* and '*empowered*', a '*better mother*' and that they benefited from the information she gave them. This was particularly the case for the clients who withdrew due to domestic violence and because of time constrictions.

The supportive relationship that most current and graduated clients experienced with their nurse provided a flow on effect for the baby and child. By assisting the women to feel more confident in their role as mothers, and equipping them with new information that was communicated in non-judgmental and empowering ways, many felt that they were now able to take better care of the baby than if they had not been in the program. They particularly considered that the baby had benefitted from them being 'a better mother'. Some provided examples of this by referring to: breastfeeding longer than they had intended to or had with other children; the healthier food they gave the babies; ensuring a safer environment for them; watching them more attentively to keep them safe; attending their checkups and acting more quickly if they appeared to be ill; and playing, reading, and teaching them more.

For withdrawn clients the relationship with the nurse was not mentioned as frequently in the context of benefits to the baby. Rather, they mainly referred to benefitting from the information they had been given and caring for the baby in a more appropriate way as a consequence. This is consistent with them mentioning the information provided by the nurse more frequently than their relationship with her. Notwithstanding this, those that did discuss the relationship with their nurse again considered that her support had benefited the baby because it had enabled them to

be a ‘better mum’ and to feel more ‘confident’, and, in one case, to persist with breastfeeding. The provision of toys for the baby had also been beneficial.

The significance of and benefits flowing from the nurse client relationship extended to the involvement of some of the women’s partners for many of the current clients. They considered that their partner had learnt more about babies and how to care for them as a result of the nurse’s visits. Some partners were confident and comfortable enough to participate in the visits by speaking with and asking questions of the nurse, whilst others were to shy or felt shame. Significant changes occurred for some as the women believed that they had become more involved with the baby than if they had not participated in the program. These changes and benefits have to be considered a result of the nurse’s successful engagement with the women, and some of the partners, and the subsequent development of a supportive relationship that enabled the fathers to feel comfortable. That some fathers also felt confident enough to come to the FPP office is noteworthy.

Such benefits were not as common with the graduated clients or the withdrawn clients, due in part to the fewer number of present partners. Only one graduated and two withdrawn clients considering that her partner had benefitted from the relationship with the nurse and the information she provided.

The benefits for the families of all the women included in the study were limited due to differing levels of involvement with either the women or the program. The consensus view was that the families approved of the women participating in the program. Some considered that they benefited indirectly from the support that the client was provided with. Only a few said that their family members had a direct benefit by learning new information about caring for babies.

It is clear that the bulk of the benefits arising from participation in the FPP flow to the mother and the baby. Perhaps more could be done to engage the fathers including stronger links with other CAAC programs such as the male health program.

The staff and CRG member’s perspectives on the benefits for the women encompassed many of the key factors raised by the women themselves, including the central role of the nurse client relationship: the positive experience of a trusting relationship; being listen to and respected; increased self esteem; increased capacity to express themselves; enjoyment of and increased attachment to their babies; greater capacity to be an effective parent; increased connection to the baby as a consequence of breastfeeding; improved relationships; increased ability to make changes in their lives; reduced substance abuse; and increased capacity to work towards goals such as education and employment.

The baby and child had benefited from: more consistent and knowledgeable care; improved attachment; improved development rates; improved access to health services and more timely immunizations; a consistent relationship with nurse home visitor; breastfed for longer which has long term positive benefits for children’s health across their lifespan; safer when mothers are aware of safety issues and actively seek to ensure the babies safety, leading to less childhood death and injuries; and improved school readiness.

The staff considered that many partners had benefited from: increased knowledge of the baby’s development; greater understanding of their role as fathers; were better able to support their partners; some had improved relationships and some had decreased their substance abuse.

Benefits to families can be summarized as a flow on effect from the nurse client relationship, including more support and information. Some families enjoyed the developmental assessments and felt very proud of their babies.

4.6 Disadvantages of participating

No current, graduated or withdrawn clients identified disadvantages to their participation in the program when asked directly about them. However, they had identified a range of factors that they disliked or that had made their participation difficult and the withdrawn clients referred to these points again. All of the key themes have been incorporated into the discussion above.

Some members of the CRG were concerned that a strong relationship between the woman and the nurse might cause some difficulties with her partner, specifically, that he may become jealous of the close connection.

The staff considered the disadvantages to encompass the following:

- The frequency of the visits is demanding on women's time;
- Some material covered by the program can be confronting and personal;
- Some women may feel guilty about, for example, giving up breastfeeding, substance abuse or family violence;
- Change is unsettling and often challenging and women may find that disruptive, for example, leaving an unhealthy relationship, loss of friendships as her life shifts and move, disruptions and conflict in families as her wishes sometimes may not correspond to what families may wish for her;
- Some partners may be unhappy about the shifts and changes in relationships which could be perceived as detrimental, for example, the status quo is not maintained, women become more independent, and women may leave an unhealthy partnership;
- Some partners and families may feel jealous of the nurse's relationship with the woman; and
- Some families may find the shifting dynamics unsettling.

4.7 Recommendations

Recommendations related to *increasing the effective recruitment of women*:

- Develop and implement a systematic recruitment strategy including goals, identifying key agencies and services to target, a calendar of scheduled agency visits, accountability mechanisms to ensure implementation, a process for evaluation, and a review at annual planning days;
- Allocate staff time to ensure good communication between Alukura and FPP;
- Increase regular engagement activities with key external stakeholders, including 'open days' at FPP to promote the FPP and increase understanding of its purpose and content;
- Improve regular attendance at key internal CAAC management meetings to promote and report on the progress of the FPP;
- Improve the implementation of the community engagement strategy;
- Review the strategic plan for the role of the ACWs;
- Review the use of the Alukura midwives list to address issues of confidentiality;
- Reduce time delays between consent to join the FPP and the first visit;
- Incorporate into annual planning and review processes the regular gathering of feedback from clients; and
- Increase advertising of FPP on television and local radio.

Recommendations related to *increasing the retention of women*:

- Continue fidelity to the implementation of the FPP model;
- Ensure that the therapeutic relationship, of trust and respect between the nurse and the woman is developed and maintained;
- Maintain and extend the range of activities offered;
- Involve the Congress Alukura Grandmothers in some activities;
- Review processes related to the sensitive allocation of nurses to clients that would ensure seeking feedback from the woman about her developing relationship with the nurse;
- Review protocols and develop strategies to assist women to change nurses;
- Review protocols and develop strategies to improve the transition of nurses and the careful management of periods of leave;
- Continue to draw on the ACWs knowledge when allocating clients to nurses;
- Maintain a very flexible approach given some women's competing priorities, demands and commitments;
- Review the presence of the ACW at certain content visits due to privacy issues for some clients;
- Ensure strong links with remote clinics to maintain contact with women who are transient;
- Ensure clear expectations about the capacity of nurses and ACWs to respond to some women's needs;
- Consider making after hours appointments available for women who return to work;
- Ensure realistic staff time allocations for contacting particularly hard to reach women;
- Utilize new resources and information for staff training;
- Ensure that staff are aware of, and understand as much as possible about, the cultural context in which they practice;
- Maintain mandated, adequate and timely supervised nurse visits to facilitate reflection on their practice;
- Regular review of retention rates and action to address any declines;
- Evaluate any new changes implemented; and
- Provide new information about the program to the ANFPP and OATSIH.

Conclusion

This study was able to explore the views and perspectives of forty Aboriginal women who have participated in the FPP at CAAC in Alice Springs. Most significantly, the study included the views of women who had chosen to withdraw from the program. This is a worthwhile and important undertaking as it allows us to gain a deeper knowledge and understanding of the critical elements of the program that are valued and beneficial to the women, as well as those requiring change and attention. Overall the women who contributed their views to this study were very positive about the FPP program and confirmed the pivotal role of the nurse client relationship as one that supported, empowered, and encouraged them to be 'better mums' more 'confident' and more able to care for their baby and children. Significantly, most of the withdrawn clients echoed these views, although some did indicate that their connection with the nurse was less developed.

The knowledge generated from this study can be used to further and deepen our understanding about the CAAC FPP, and support arguments for the necessity to include Aboriginal women's views about the services they utilize into the design, planning and evaluation of services in other agencies and settings in Australia.

Appendix 1.

Consultation questions for current, graduated and withdrawn clients, staff and Acting Nurse Supervisor and Critical Reference Group.

1. Consultations with FPP Current Clients Theme List

1. How did you find out about the FPP?

2. Why did you join the FPP?

3. What do you like about what the FPP had to offer?

4. What do you like best?
   How come?

5. What don't you like?
   How come?

6. What didn't you like mostly?

7. Why do you stay in the FPP?

8. What makes it easy for you to stay in the FPP?

9. What makes it hard for you to stay in the FPP?

10. What could the FPP do to help you stay in the program?

11. What do you think the benefits are for:
    - You?
    - Your baby or toddler?
    - Your partner?
    - Your family?

12. What do you think the problems are for you being in the FPP?
    Can you tell us about them?

13. What could the FPP do to improve the program?

THANK YOU!

2. Consultations with FPP Graduated Clients Theme List

1. How did you find out about the FPP?

2. Why did you join the FPP?

3. What did you like about what the FPP had to offer?

4. What did you like best?
   How come?

5. What didn't you like?
   How come?

6. What didn't you like mostly?

7. Why did you stay in the FPP?

8. What made it easy for you to stay in the FPP?

9. What made it hard for you to stay in the FPP?

10. What could the FPP have done to help you stay in the program?

11. What did you think the benefits were for:
    - You?
    - Your baby or toddler?
    - Your partner?
    - Your family?

12. What did you think the problems were for you being in the FPP?
    Can you tell us about them?

13. What could the FPP do to improve the program?

THANK YOU!

3. Consultations with FPP Withdrawn Clients Theme List

1. How did you find out about the FPP?

2. Why did you join the FPP?

3. What do you like about what the FPP had to offer?

4. What do you like best?
   How come?

5. What don't you like?
   How come?

6. What didn't you like mostly?

7. What made it hard for you stay in the FPP?

8. Why did you leave the FPP?

9. What could the FPP have done to help you stay in the program?

10. Do you think there were any benefits are for:
    - You?
    - Your baby or toddler?
    - Your partner?
    - Your family?

11. What do you think the problems were for you being in the FPP?
    Can you tell us about them?

12. What could the FPP do to improve the program?

THANK YOU!

4. FPP Staff and Acting Nurse Supervisor Consultation Questions

1. What are the most effective strategies utilized by FPP to recruit the women?
    - Other services
    - Women
2. Why do you think these are successful?
    - Other services
    - Women
3. What recruitment strategies don't work?
    - Other services
    - Women

    Why?
4. What are the facilitators for recruiting?
    - Other services
    - Women
5. What are the barriers for recruiting?
    - Other services
    - Women
6. What additional recruitment strategies does the FPP need to undertake?
    - Other services
    - Women
7. What are the most effective strategies utilized by FPP to retain mothers?
8. Why do you think these are successful?
9. What are the facilitators for retaining women?
10. What are the barriers to retaining women?
11. What additional strategies does the FPP need to undertake to maximize retention?
12. What are the benefits of participating in the FPP?
    - Mothers
    - Babies
    - Partners
    - Families
13. What are the disadvantages of participating in the FPP?
    - Mothers
    - Babies
    - Partners
    - Families
14. What could the FPP do to help women stay in the program?
15. What could the FPP do to improve the program?
16. Any other comments?

Thank you

5. Community Reference Group Theme List

Recruitment

1. Why do you think women join the FPP?

2. Why do you think some women do not join the FPP?

3. What do you think are the best strategies utilized to recruit mothers?

4. Why do you think these work?

5. What recruitment strategies don't work?

6. What additional recruitment strategies does the FPP need to undertake?

7. What helps the women join the FPP?

8. What stops them joining?

Retention

9. Why do you think women stay in the FPP?

10. What do you think are the best ways to keep women in the FPP?

11. Why do you think these work?

12. Why do you think some women leave the FPP?

13. What should the FPP do to keep women?

14. What helps the women remain in the FPP?

15. What stops them remaining in the FPP?

Benefits and disadvantages

What do you think the benefits are for:

- Mothers?
- Baby or toddler?
- Partner?
- Family?

What do you think the problems are for:

- Mothers?
- Baby or toddler?
- Partner?
- Family?

Improvements

What could the FPP do to improve the program?

Any other comments?

THANK YOU!

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