



Royal Flying Doctor Service  
QUEENSLAND SECTION

**Strong Fathers**  
**Strong Families**

**Doomadgee, Mornington Island and Normanton**

**Yarn-Ups**

**A Preliminary Report**

**Preface:**

The Strong Fathers Strong Families preliminary consultation focused on how communities can engage fathers, uncles and grandfathers across the Lower Gulf communities of Normanton, Mornington Island and Doomadgee, to fully participate in their children's and families' lives. It had been identified from my earlier studies, *Through the Eyes of Blackfellas*, that Aboriginal and Torres Islander men attending men's groups meetings benefited not only themselves as individuals but their attendance also had a positive impact on their whole family. Therefore, in this way' Indigenous men highlighted the cultural importance of their being engaged with issues to benefit the wider community including children, youth and families.

It is suggested that social issues impact greatly on Aboriginal and Torres Strait Islander men and may be related to a host of social and emotional problems such as loss of masculinity, self-esteem or self-respect, spirituality and identity, in turn creating a 'social and emotional wellbeing deficit'. Therefore, social and emotional wellbeing or more to the point, healing, within an Aboriginal and Torres Strait Islander context may need to be seriously considered. The restoration of empowerment of Aboriginal and Torres Strait Islander men also needs to occur to ensure that men can actively embrace their rightful roles as being positive, engaging fathers, uncles and grandfathers within a contemporary society.

The synthesis of the analysis of the key topic areas revealed that Aboriginal and Torres Strait Islander men's groups may provide men with the composure to sustain better relationships with their families, including their children and partners.

A number of participants participating in the Strong Fathers Strong Families consultation phase, argued that being involved with men's groups may have been an avenue to strengthen their relationship with partners and children, primarily because their own role and identity as a man and its associated responsibilities towards the care of their families became more important and valuable to them through their participation in these groups. Having empowered fathers, uncles and grandfathers to become strong male family role-models, creates a ripple effect, in turn empowering families and communities.

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## **Recommendations:**

As a result of the individual and group discussions in the Lower Gulf Communities, discussions that aimed to ensure culturally appropriate outcomes that will support Indigenous men's participation in antenatal and early childhood development, the following brief and clear recommendations to male individuals, community groups/organisation Service Providers (Government and Non-government) are made to emphasise that having Strong and Safe communities is the responsibility of everyone that lives and works in communities, and particularly in discrete Aboriginal and Torres Strait Islander communities, or those with a high proportion of Aboriginal and/or Torres Strait Islander residents.

### Male Individuals:

- Be proactive within their representative communities and be active Men's Group members;
- Identify support mechanisms prepared to invest in the development of Strong Fathers, Uncles and Grandfathers; and
- Engage with relevant community organisations such as advocacy groups, as well as men's groups, and service providers that are delivering male specific health intervention programs.

### Community Groups/Organisations:

- Identify and fully engage in supporting men at risk;
- Identify and fully engage in supporting men's groups;
- Identify and advocate for local employment opportunities for unemployed men;
- Instigate referral processes to allow men to explore and learn their true roles and responsibilities within a contemporary society e.g. employment agencies allowing long term unemployed dads to attend early childhood development programs as part of their case-management plan; and
- Consider supporting fathers-to-be to accompany their partners when they fly out of community to give birth to a child.

### Service Providers- Government – Non-government:

- Explore existing inclusive male Indigenous parenting programs/projects/strategies, and how they may best fit in with the concept of Strong Fathers Strong Families within the three identified communities. To achieve this, a number of resources could be considered. For example;
  - **Core of Life:** aims to provide an opportunity for young people to develop skills and knowledge in parenting, child development, community resources, sexual health and life skills to increase self-esteem and positive decision making. [www.coreoflife.org](http://www.coreoflife.org)
  - **Deadly Blocks & Kids: Save the Children, Australia.** This project aims to build strong relationships between male parents and their children through music. [www.savethechildren.org.au](http://www.savethechildren.org.au)
  - **Young People in focus: Supporting Young Fathers Network.** Developing young fathers-inclusive services. [www.youngfathers.net](http://www.youngfathers.net)
  - **Insideout; working together with families and communities: Dads rule! Making fathers groups mean something.** A Mission Australia initiative that aims to encourage fathers to interact positively and bond with their children through playgroups. [www.community.nsw.gov.au/about\\_us/news\\_and\\_publications/community-service](http://www.community.nsw.gov.au/about_us/news_and_publications/community-service)
  - **Young Aboriginal Fathers Project:** University of Newcastle, Australia.
  - **DAD'S TOOLKIT: Building Blocks & Talking Tools for dads with children 0–8.**

**NB:** The above resources are cited in the references.

- Consult and collaborate with male leaders in the Identified communities on best practice standards for developing Strong Fathers, Uncles and Grandfather intervention programs;
- Consider supporting fathers-to-be to accompany their partners who are transported to another site in order to give birth to a child;
- Sensitivity: governments and non-governments agencies should consider the naming of programs to ensure that the name is inclusive of, and does not exclude men, where appropriate e.g. 'Mums and Babes' may be more appropriately named: 'Parents and Babes.'

**Introduction:**

The Royal Flying Doctor Service (RFDS) and James Cook University (JCU) School of Indigenous Australian Studies (SIAS) has developed a strong working partnership over several years. This partnership is underpinned by a Letter of Intent with the aim to deliver an empowerment program to Lower Gulf region participants. The empowerment program was to empower whole of communities. In late 2008 and continuing through 2009, the Family Well-Being (FWB) program under the auspices of the RFDS, was delivered in Normanton. North West Primary Health Care, Yippiipi Gulf Health Council and Oxfam also supported the FWB program delivery. From the initial delivery of the FWB in Normanton, the interest through several participants, in particular the Aboriginal participants providing positive narratives on return to their respective communities, generated further interest for FWB workshops within the Lower Gulf Region communities of Normanton, Mornington Island and Doomadgee.

The partnership between RFDS and JCU has since grown through the Strong Fathers Strong Families project. The basis of this project involved RFDS contracting the services of a James Cook University Aboriginal male researcher to undertake a consultative role in the initial Strong Fathers Strong Families community engagement process. The initial consultation phase within the Lower Gulf communities; Normanton, Mornington Island and Doomadgee was seen as a rapport-building task, including a two-way understanding of the roles and responsibilities of fathers, uncles and grandfathers outlined with each community. The process of connecting service providers, community groups, and individuals in the analysis, discussion and consideration of issues encompassing Strong Fathers Strong Families provided very interesting and informative thoughts, ideas, experiences and views.

**Method:**

An interpretive approach was used to conduct the initial consultation process of the Strong Fathers Strong Families project. Through an unstructured interview technique using specific topic questions the participants provided their individual perspective to interpret what Strong Fathers Strong Families means within the community they were representing. In the tradition of thematic analysis, the predominant and important themes were identified from specific topic questions (Caulley 1994).

The specific topic questions were;

Objective: To investigate the role of Aboriginal and Torres Strait Islander men's active participation in their children's and families' lives including before childbirth and early childhood years:

1. What are the culturally appropriate family roles for men and women within this community?
2. What culturally appropriate processes are available to support men's engagement in antenatal, early childhood and family health care services?
3. What issues will create barriers for men participating in antenatal, early childhood and family health care? And how do we solve this?
4. What additional resources do we need to allow men to increase their knowledge and understanding of participating in their children's and families' lives, particularly the antenatal period?
5. How can men access these additional resources?

As part of the community engagement process, RFDS required a Strong Fathers Strong Families Community Engagement Activities document to be completed (Appendix 1). In addition, a Strong Fathers Strong Families Collaboration and Networking document is also attached (Appendix 2).



## **Community Practicums:**

### **Background**

The preliminary consultation across the Lower Gulf of Carpentaria communities, Normanton, Mornington Island and Doomadgee, provided local perspectives on the roles and responsibilities of fathers, grandfathers and uncles. These perspectives were provided by local key stakeholders across the three communities. The key stakeholders included community Elders, community members, local organisations staff, and fly in fly out service provider's staff. The following information provides a concise thematic analysis of the data that was undertaken. The key themes, which are socially and culturally constructed, do not fit neatly into each of the identified areas of discussion, and may necessarily overlap (Braun & Clarke, 2006).

### **Equal Parenting - Men and women's family roles**

#### **Early Society**

- the old days, family roles were determined by lore i.e. men's business and women's business,
- men did participate in child raising, it was only of the male child, and not until the boy turned a certain age when he became part of men's business through initiation (Bora rings),
- traditional practices seem to have ceased within many Aboriginal societies,

*"the old ways for fathers was to pass[pass] on their knowledge ... " but that has stop[ped] a long time ago." (Participant, 2011)*

- men worked for a wage in the old days, and the role for the women was to stay at home and look after and raise the children,
- men would only get involved if it had to do with disciplining the children,
- Men still undertake cultural practices such as traditional hunting, and in this way, men are involved in the upbringing of the children,

*"taking them (Children) fishing and going on country to camp and go back to the old ways." (Participant, 2011)*

## **Contemporary Society**

- men who are seen as leaders are at the forefront of encouraging other men to participate in their families' lives,
- many parents in Aboriginal and Torres Strait Islander communities these days are young, and things have changed, in particular the parenting roles,
- society is shifting, with more women being employed, creating an equal sharing of the upbringing of children,
- times have changed, and it is considered that young men, in particularly young fathers, do stand out as playing a fatherly role towards their children,

*“These days things are different in communities, you do see more men, in particular young dads being proactive with their young family.” (Participant, 2011)*

- parenting roles seemed to have shifted, and with more women being empowered,
- many Aboriginal and Torres Strait Islander women expect their partners to contribute to the household including cleaning up the house and looking after the children,
- men, through the lack of employment, stay at home and do look after the kids if the mum is the one working,
- men in the community being actively involved with their families,

*“it is encouraging to observe more fathers are accessing health services with their partner.”... “men need to be supported by appropriate services, and have access to relevant parenting resources, allowing them to become productive parents” (participants, 2011)*

## **Empowering Support Mechanisms - Appropriate Processes for Men**

### **Appropriate Service Delivery**

- Programs or projects that are structured by community strategic plans,
- Local Implementation Plans, appear effective in finding solutions to delivering culturally appropriate services for men e.g. the Mornington Island Men's Group Program (Appendix 3),

- approaches providing a mechanism for men to attend community centres that are providing appropriate services for men, such as Community Health Centres or Well Being Centres,
- culturally appropriate solutions involve having service providers, including community organisations, employing local male leaders, with the rationale that these men are seen as role models within the community, and they provide culturally-appropriate encouragement for men to attend,
- Aboriginal and/or Torres Strait Islander male health workers are a key strategy to provide a culturally appropriate mechanism for men to attend health services,
- service providers to engage with, and support, male health workers to encourage and promote men's roles as dads,
- Aboriginal and/or Torres Strait Islander men participating in parenting programs is low, and there are few appropriate processes through the primary health system, which specifically encourage the involvement of men in these programs,
- providing a culturally appropriate education process through health services, to encourage men to attend programs such as Mums and Babes early childhood parenting programs,

Aboriginal and/or Torres Strait Islander male health workers are the key to providing a culturally appropriate process to attend health services

### ***Proactive Male Entities***

- The overall responsibility for men to be active in their children's lives is men themselves,
- Utilising men's groups as a process for men to understand antenatal and early childhood programs has been widely suggested by participants,

*"men's groups is [are] a[n] ideal place for men to get some knowledge about parenting;"... "Having men's shed (gathering place) and coordinated by someone who lives in the community" ... "to advocate the roles of father involvement in their*

*children's life;" and "Men's groups is [are] a place where men can be confidence [confident] they may need to attend or actively participate in health services." (Participants, 2011)*

- men's group meetings may be a place where fathers could take their children,
- men's groups come in all shape and sizes, which may not be formal men's groups, including men's gathering groups such as football teams.
- football players are being role models with regard to health screenings, including sexual health screening,

*"it not about playing footy, the players on sign-up day also sign to agree to get regular health checks." (Participant, 2011)*

- football players who are dads, can lead the challenge that all men need to be proactive in the upbringing of their children, and being supportive of their partners,
- football players could lead the process of engaging men to participate in antenatal and early childhood development programs,
- men's group, whether they're a football team or a formal group, developing male health programs that include educating men in ante- and post-natal care and support, will enhance communities' outlook on men actively participating in the lives of their children and families.

## **Exclusive Boundaries - Barriers for Men**

### ***Poor Education***

- lack of a local informative process with regards to men's roles as dads, uncles and grandfathers within their respective communities,
- lack of parental information for men, inevitably distance men from attending parenting programs including antenatal and early childhood development programs,
- It was also identified that there seems to be low numeracy and literacy levels amongst a significant number of men within communities, contributing to low self-esteem,

- Low self- esteem issues create a ‘shame factor,’ and prevent men from actively participating in any form of community programs that are not male/peer-focussed.

### ***Insufficient Service Delivery***

- service providers could be better at promoting programs,
- government/non-government service providers lack community engagement skills and that they need to get out and talk to community people,
- service providers need to do more to provide a culturally appropriate service for men,

*“not a father-friendly environment, there should also [be] men working in that field, you know - in parental programs” (participant, 2011)*

- perceptions by men, believe programs such as antenatal programs are female focussed and are not for men,
- men feel isolated from parenting programs, often simply by the name of a program, which seems to automatically exclude men from having an active parenting role,
- lack of funding for men’s programs can cause resentment from men attending what they see as women programs,

*“Men do not believe they are being heard by services providers, hence communications may need to be accomplished, with a bit more mutual respect.” (participant, 2011)*

### ***Society Norms, Situational Factors and Influences***

- barriers causing dysfunction within a family unit, and restricting dads from actively participating in their children’s lives are alcohol, drugs and substance misuse,
- social activities, which involves the mismanagement of money, is gambling, a participants claimed

*“a lot of men get caught up in drinking and gambling all night, then sleeping all day, becomes part of the norm – that is their normal life, and men are not respecting their partners enough to want to change” (participant, 2011)*

- shifting the mind-set of certain community people encompassing traditional roles for men and women i.e. men's business – women business, is going to be a challenge,
- traditionally, the mothers, aunts and grandmothers carried out the upbringing of the children,
- men are acting on what they saw when they were growing up, as the learning of parenting roles is a trans- and inter-generational process,
- the challenges regarding lack good male leaders includes 'shame' (embarrassed) and through peer pressure are reluctant to engage with their children

*"communities need to encourage the young men to take up leadership roles"*  
(participant, 2011)

Other situational factors include;

- Overcrowding of houses; young families living with extended families or looking after extended families requirements can put a strain on caring for the needs of immediate family. One participant summarises this and identifies an issue around food

*"buying food for immediate family, however the food is all gone quickly by other family member"* (participant, 2011)

- Fly-in Fly-out work to mine work, impacts on men being actively involved with their families, as when fathers are back in the community they seem not to spend quality time with their families,
- lack of support and encouragement for men to go through cultural men's initiation has created a void where men lack guidance and understanding as their traditional roles as men in the contemporary society,
- lack of self- respect and can lead to dysfunction with families,
- Inter-community relationships can also be problematic. Where parents are from different communities, it is sometimes the case that family units are split because individual parents move back to their original communities,
- Men excluded from birthing process, as there is no birthing services within communities, all women are removed from the community to give birth to their children.

- patients Travel Subsidy Scheme does not specifically cater for men or other children to travel with their partners for birthing, and casual employment contracts do not provide for parental leave,
- financial requirement for the fathers to remain in the community and be separated from the birthing process.

**An Inclusive Process: Recourses to increase Men’s knowledge and understanding, and How to access recourses**

***Knowledge Sharing***

- encourage men to actively participate in antenatal and early childhood development programs they need to be given the opportunity to be exposed to alternative models of parenting and self-care,

*“through education and shifting the mindset of men to understand that it is ok to attend health service and participate in their programs” (participant, 2011)*

- culturally appropriate avenues such as men’s gathering places, to utilise educational resources including antenatal and early childhood upbringing,
- educational information provided men allows an opportunity for men to make informed decisions with regard to them attending parenting programs,
- local media such as radio, local paper, and newsletters as an education tool to promote the role and responsibilities of fathers, uncles and grandfathers,
- support of local government, and through inter-agency collaboration and engagement invite health service providers to attend men’s meetings, to provide educational workshops and support,
- identifying male leaders in communities to coordinate appropriate pathways such as yarning circles, as well as creating a safe environment for men to actively attend events that showcase social and emotional wellness,
- activities for the whole family, such as family fun days, events that are 100% alcohol and drug free,

- sporting events such as rugby league games, where many families do come together, could be utilised as a way to promote men's involvement in family,
- information booths attended by relevant service providers. These would try to engage the whole community, including through handing out appropriate flyers/brochures.

### ***Male Active Disposition***

- men to actively participate in their children's and families' lives,
- empowering men by allowing them to take control of their roles and responsibilities as active fathers, uncles and grandfathers,
- empowerment within one area of a person's life leads to empowerment in other area,
- employment creates higher self-esteem, and men with high esteem are more likely to engage with their families and attend community activities, as well as government/non-government programs,
- healthcare service delivery, being useful to encourage men to be working at the coal-face of healthcare, i.e. Aboriginal and/or Torres Strait Islander male nurses/health workers providing men with health information in a culturally safe and appropriate manner,
- formal mechanisms in place, to allow and encourage male health workers to upskill in areas relevant to perinatal health,
- providing information to men on how to best support their partners during pregnancy,
- encourage men to become involved in attending health services including antenatal programs,
- having good male leaders within the community, leading ongoing programs of men's activities,
- men maintaining their interest in developing their roles within the community,
- male leaders operating to empower groups, such as men groups e.g. rugby leagues teams, to ensure men are seen as having an expression to be actively involved with their children's and family's lives,
- male leaders providing mentoring to men on how to be good dads, providing great opportunities for all men to be seen as positive family role models,



*“men attending intervention programs through men’s groups, in particularly with their children, will be seen as men taking responsibility and meeting their obligations as fathers, uncles and grandfathers” (participant, 2011).*

## **Conclusion:**

This initial community engagement phase of the Strong Fathers Strong Families project, focussed on the importance of engaging Aboriginal and Torres Strait Islander fathers, uncles and grandfathers across the Lower Gulf communities; Normanton, Mornington Island and Doomadgee, to fully participate in their children’s and family’s lives. The overwhelming consensus from Strong Fathers Strong Families participants is that the communities do need a project like this, to support fathers, uncles and grandfathers in making informed decisions to fully and actively participate in the lives of their families.

While the number of proactive fathers, uncles and grandfathers in the identified communities was not high, there are several young fathers taking up an active family role by engaging with their young family and being supportive partners. As previously identified, the communities involved in the project do not offer a service for the baby to be born in the community. Many fathers who have been identified as positively contributing to the health and wellbeing of their partners whilst pregnant do come across barriers such as not being able to fly out with their partner. Personal finances are also often a barrier. There is a need to seriously investigate how best to support fathers to participate in the perinatal period, if fathers are to fully engage in the whole-of-life spectrum of their children.

It has also been noted by community members, that the communication between fly-in fly-out service providers and community is poor. For this reason, fly-in fly-out service providers, including health, along with community based agencies, should investigate ways to address this perception, including community engagement strategies such as sausage-sizzles at the local stores, where health promotion information can be provided. On the other hand, community members need to become more proactive, not reactive, in knowing what services are available to support their needs.

As discussed, it is essential to have more male health workers at the coalface of primary health care service delivery. This will drive the use of culturally appropriate processes to allow fathers, uncles and grandfathers to regularly access health programs including

antenatal, early childhood, and parenting programs. For this to happen, there needs to be a culturally inclusive service operating in communities, which allows men to feel safe. Finally, community involvement may require multiple agencies and service providers, including community organisations, to supporting fathers, uncles and grandfathers to be positive role models. It is about setting a tone, a tone that is driven by men and requires good leadership. There have been many men identified within communities who need to be listened to by service providers, in particular organisations that are providing health and wellbeing services. The consultation process identified that there are strong fathers, uncles and grandfathers existing within Mornington Island, Doomadgee, and Normanton, and if projects like Strong Fathers Strong Families are to work, then agencies need to listen to the voices of these strong fathers, uncles and grandfathers.

*“There is definitely a need for intervention programs like Strong Fathers Strong Families in this community” (Participant, 2011).*

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