Evidence into Action:
Family Mentoring for Newly Arrived Migrant Families

VICSEG (Victorian Cooperative on Children's Services for Ethnic Groups)   **September 2014**

What is Family Mentoring?

Family Mentoring for newly arrived migrant families combines a peer-to-peer family mentoring and Agency Education approach that aims to assist vulnerable, newly arrived migrant and refugee families from culturally and linguistically diverse backgrounds to understand and access the Australian early childhood services and primary school education. The approach forms the focus for 4 community based programs run by the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) in four sites across Melbourne – Brimbank, Hume, Melton and Wyndham. Whilst each program shares common values and foci, each is also tailored to meet the needs and opportunities provided by each site.

Family Mentors (also referred to as bicultural facilitators or support workers) are employed by VICSEG and come from diverse cultural backgrounds, including Arabic speaking, Chin and Karen Burmese, Filipino, Indian, Assyrian/ Chaldean and Shi'ite Iraqi, Pacific Islander, Sri Lankan, South Sudanese, Turkish and Vietnamese. Mentors and families are matched according to their cultural and language background - Chin Burmese mentors support Chin Burmese families, Sudanese mentors support Sudanese families. Several mentors may also at times work together with families from a number of cultural groups.

What do Family Mentors do?

Mentors undertake a range of activities that not only involve working with newly arrived refugee and migrant families, but also working with and providing support for practitioners and service providers within the universal, primary health and secondary service system, as well as in schools. The activities they undertake are varied and flexible:

- **Providing direct support and cultural advice to service providers in their work with families** to increase cultural competency over time. This includes knowledge of specific cultures and parenting practices, providing group based programs to parents and improving confidence in working with families around challenging or complex issues.

- **encouraging and assisting families to access, communicate with and utilise universal early childhood services, primary health care and other services** that may be beneficial to them and their children. Helping to arrange specialist appointments; attending programs with families so they feel comfortable; assisting with enrolments are typical examples of this role.

- **supporting families' transition to services and schools,** where help is needed to gain access to programs such as Early Childhood intervention Services, Integration Support and Special Schools.

- **facilitating families' access to support in crisis situations,** which may include helping families access material and emergency relief,

assisting families to respond to family violence, urgent access to Centre Link, access to public transport, homelessness, etc. The mentor stays connected to the family throughout the involved processes.

- **building partnerships with and educating relevant community service organisations** to ensure their services become more culturally responsive and accessible for families by way of tailoring service delivery to the needs of particular groups; establishing activities that target families from CALD backgrounds; making existing activities more inclusive for CALD children and their families.

- **providing information to and educating families about early childhood services** and their long-term benefits. This may involve helping parents understand their child's development and the role that services such as playgroup, maternal and child health and kindergarten contribute to that development.

- **providing information to families about other relevant services,** such as Centrelink, Family Relationship Services, English classes and opportunities for adult learning and vocational training.

Alongside these support roles, Mentors often facilitate CALD playgroups (see VICSEG Evidence into Action Paper, no. 2 for more information).

VICSEG Family Mentors are para-professionals who combine local knowledge of community services with valuable bilingual and bicultural skills. Although Mentors are bilingual they are not interpreters and should not be used in situations where interpreters are required.

They receive structured and regular supervision from VICSEG staff who are trained in a range of professional disciplines including psychology, social work, early childhood education and teaching. Mentors participate in peer learning circles, where issues such as service access, social inclusion and neighbourhood support for vulnerable families are addressed.

What skills and knowledge do Family Mentors have?

Family Mentors have a number of core skills that enable them to undertake their work:

- an in-depth understanding of their communities based on their acknowledged role as peer leaders within those communities;

- networking abilities;

- graduate education from either their country of origin or Australia in areas relevant to their role – as a teacher for instance;

- the ability to engage with diverse communities in their first language;

- knowledge of available services and supports in the community and how to link clients to them;

- the ability to build rapport and respectful relationships with families and service providers;

- capacity to "work as a bridge" between the family and the service system; and

- capacity and willingness to work in flexible ways in order to meet the needs and preferences of families.

In addition to these specific skills, Family Mentors have knowledge of:

- child development;

- the settlement needs of CALD children and families, including pre-migration experiences;

- parenting in the Australian context and parenting in other cultural contexts, which include in the country of origin, amongst people from a specific cultural or religious background; and

- how to promote the collective assets of cultural diversity and social inclusion.

When combined, these specific skills and areas of knowledge make Family Mentors a valuable resource in communities with a significant number of newly arrived refugee and migrant families.

Why is Family Mentoring important for improving child and family outcomes?

There are four key reasons why Family Mentoring is important for improving child and family outcomes:

- **Newly arrived migrant and refugee families face multiple barriers in accessing services** (Arney & Scott, 2010; Carbone et al, 2004; NSW Refugee Health Service & STARTTS, 2004; Riggs et al, 2012; Sawrikar & Katz, 2008). Mentors are a 'soft entry point' for newly arrived migrant and refugee families to access the services that will benefit them and their children.

- **Newly arrived migrant and refugee families are often socially isolated** because of the separation from family and friendship networks (Arney & Scott, 2010; NSW Refugee Health Service & STARTTS, 2004; Sawrikar & Katz, 2008). Social

isolation poses risks for parents, for children and for family functioning (Muhajarine & Vu, 2009; Mulvaney & Kendrick, 2005; Wandersman & Nation, 1998). Mentors can provide families with practical information about opportunities for social interaction in the local community and link families to the broader community.

- **High quality early childhood services are especially beneficial for vulnerable children** (Centre for Community Child Health, 2006). In terms of working in partnership with families from diverse cultural groups, Mentors help families and children from vulnerable newly arrived migrant and refugee backgrounds to make the most of the opportunities these services provide.

- **Families that are vulnerable sometimes 'fall through the cracks'** because services are overwhelmed by crisis caseloads and have little capacity to intervene early with families. Utilising paraprofessionals such as Family Mentors helps to fill a gap in service provision – especially in high growth areas where services may be under significant pressure because of poorer community infrastructure.

A Program Logic for the VICSEG Family Mentoring program is outlined on page 5.

What does the evidence say about Family Mentoring?

What evidence exists regarding the effectiveness of family mentoring programs? Although there are numerous programs in Australia that target culturally and linguistically diverse families and some that target CALD families with young children, those that employ a peer mentoring approach appear to be relatively uncommon.

Some key points regarding the evidence are as follows:

- The US-based Visiting Moms program shares many commonalities with the Family Mentoring program (Paris & Bronson, 2006; Paris et al, 2007). The program employs paraprofessional home visitors who are immigrants or refugee themselves. The program's effectiveness is based upon the paraprofessionals' capacity to "compassionately offer emotional and concrete assistance" to infants, parents and families (Paris & Bronson, 2006, p. 45).

- Peer led mentoring programs for disadvantaged parents are becoming popular as a result of

factors such as the limited capacity of services (Day et al, 2012). A peer led mentoring program in the UK has led to a number of positive outcomes for highly disadvantaged families including improvements in child behaviour and parenting stress (Day et al, 2012), a similar program is currently being trialled in Tasmania.

- Culturally specific support for families (i.e. targeted at a specific cultural group) has been shown to have a number of benefits. For example, culturally specific support delivered as part of the Sure Start program resulted in teams being "culturally attuned" to needs of communities. Employing staff from the same cultural background as clients improved the outreach capacity of staff (Craig et al, 2007).

- In some circumstances 'provider-client matching' (i.e. where clients and staff share the same background or circumstances) can improve program utilisation, communication, client engagement and program completion however the evidence regarding the effectiveness of this approach is generally mixed (Mistry et al, 2009).

- Culturally specific services are useful for cultural groups where clients are likely to have experienced significant levels of trauma – including refugee communities. These services provide a familiar setting (i.e. language, customs) which helps clients feel safe. Culturally specific services are most successful when staff are from the same cultural background as clients and able to develop networks in the communities that are the target of the program (Sims et al, 2008).

- The use of bicultural workers from the same cultural background as clients can facilitate engagement with families (Codrington et al, 2011).

What are the outcomes of the Family Mentor program?

The VICSEG Family Mentor program was evaluated in 2011 using a variety of methods including analysis of output data, in-depth interviews with families, staff and relevant services and observational techniques (LDC, 2011).

The report noted that as of May 2011, a total of 182 families were involved with VICSEG Family Mentoring program. The program has developed relationships with more than 30 different services including: health services (e.g. hospitals), private child care centres, Early Childhood Intervention Services (e.g. Noahs

Ark), and specialist refugee and settlement services (e.g. Foundation House) (LDC, 2011).

Outcomes for key stakeholders are summarised below, followed by a case study of a family who was supported by the VICSEG Family Mentoring program.

Children

As a result of their involvement in local early childhood programs, children demonstrated: improved social skills (i.e. how to play with other children and making new friends); and the development of skills necessary to transition to kindergarten.

Parents

Parents demonstrated an increased knowledge about the child and family service system in Australia and increased confidence in accessing services for themselves and their children.

Through their involvement in early childhood programs, parents demonstrated an increased willingness to interact with their children.

Families

There was an increase in the number of families accessing services in the locations where the program was in place. There was also increased social inclusion and community participation of families in their local neighbourhoods (especially amongst mothers caring for young children) and increased knowledge amongst families about child development.

Early childhood education and care professionals

Early childhood education and care professionals demonstrated increased skills in regards to engaging with families and providing more culturally responsive services.

Services / service system

Local services demonstrated increased connections (i.e. more "joined up" services) and an increased capacity to respond to families in a collaborative and systematic way. Relationships between services and families involved in the mentoring program also improved.

Communities

Communities demonstrated an increased capacity to promote the value of services for families and children in Australia.

May's journey*

A staff member from a local hospital contacted a Family Mentor regarding May, a pregnant Karen woman who was in hospital for depression. May was not eating. Her family was not visiting her and she needed support.

The Family Mentor provided May with emotional support and encouragement. She contacted May's family and encouraged them to visit May in hospital. The Mentor also provided bilingual support to the social workers and doctors who were working with May.

When May's child was born, the Mentor supported the local Maternal and Child Health nurse during her home visits with May. The Mentor also linked May into the local Karen playgroup.

May and her child, Regina, have been attending the Karen playgroup for two years.

This case study is from the VICSEG New Futures: Refugee Family Resource and Mentoring Program Evaluation Report (LDC Group, 2011).

Where to from here?

The VICSEG Family Mentoring program has a range of benefits for families from CALD migrant and refugee backgrounds and their children. As with any program, however, there are some improvements that could be made.

In the future it is hoped that the hours mentors are available will be increased as the limited hours can make scheduling appointments with families difficult when there is no similar service available. Educating families and communities about the privacy protocols mentors are required to follow will also be important as it will build communities' trust in the mentorship program. In the long-term VICSEG is seeking to expand the program in order to meet increasing demands (LDC, 2011).

VICSEG REFUGEE FAMILY MENTORING: PROGRAM LOGIC

TARGET Target population	INPUT Resources to address the issue	OUTPUT Programs and activities provided	IMMEDIATE OUTCOMES Direct results expected	MEDIUM TERM OUTCOMES Results expected in the medium-term	LONG TERM OUTCOMES Changes in population as a result of the approach
• Recently arrived migrant families from a CALD background with young children (0-5 years) • Residing in Brimbank, Hume, Mentone or Wyndham **Characteristics of services and service system** • Overwhelmed by the demands of a growing population • Focus on clients in crisis, limited prevention focus • Variable understanding regarding settlement needs of newly arrived migrant children/families • Services systems can be difficult to navigate and/or access, especially for vulnerable families • Services frequently seek advice on cultural competence	• Family mentors (para professionals from local communities) • Supervisors (for refugee family mentors) • Training (for refugee family mentors) • Administrative support (for supervisors and mentors) • Ongoing peer support (for refugee family mentors) (e.g. learning circles) • High level of informal community support (from CALD families building on traditional and well established collective norms	***Families*** • Information and education about early childhood services (ECS) and their benefits • Encouragement and assistance to: access; communicate with; and utilize ECS (including bilingual support) • Support to transition to specialist services • Referrals for families ***Service providers*** • Partnership development with relevant community service organisations • Education regarding culturally responsive, accessible service delivery for refugee families • Support to professionals (e.g. maternal and child health nurses in their work with families (including bilingual support)	***Children*** • Increased exposure to early childhood activities and primary health, programs and services ***Families*** • Increased knowledge regarding available ECS, primary health and the ECS system • Increased knowledge regarding the purpose and benefits of ECS • Increased knowledge regarding the different types of ECS and the purpose of each • Increased willingness and confidence to access and utilize early childhood programs/activities/ services (and other services) • Increased sense of informal support ***Services*** • Staff in relevant services have increased knowledge and skills regarding engaging and working effectively with CALD families • Services have increased knowledge and skills regarding how to make their services more accessible and responsive to the needs of CALD families • Services have increased knowledge and skills regarding how to work in a systematic and collaborative way to support CALD families ***Communities*** • Increased awareness of services for families with young children and the benefits of those services	***Children*** • Decreased social isolation • Increased interaction with other young children and families • Increased opportunities to participate in enriching environments/relationships • Appropriate support available for children with disability and developmental delay ***Families*** • Decreased social isolation • Increased access and use of relevant early childhood and Primary health care and other services • Increased knowledge about child development Increased informal social networks ***Services*** • Staff and services demonstrate increased cultural awareness (specific to newly arrived CALD families and communities) • Services demonstrate increased capacity to work in a systematic and collaborative way to respond to the needs of refugee families ***Communities*** • Increased trust of services for families with young children • Increased capacity to promote services for families with young children	***Children*** • Improved rates of kindergarten readiness (i.e. social, physical, cognitive domains) • Improved rates of school readiness (i.e. social, physical, cognitive domains) ***Families*** • Increased parenting confidence • Increased self confidence (parents) • Increased community involvement • Improved family functioning ***Services*** • Services and the service system as a whole effectively responds in a more timely way to the needs of newly arrived CALD families and their communities ***Communities*** • Increased community capacity

References

Arney, F., & Scott, D. (2010). Working with vulnerable families: A partnership approach. Port Melbourne, Victoria: Cambridge University Press.

Carbone, S., Fraser, A., Ramburuth, R., & Nelms, L. (2004). Breaking Cycles, Building Futures. Promoting inclusion of vulnerable families in antenatal and universal early childhood services: A report on the first three stages of the project. Melbourne, Victoria: Victorian Department of Human Services.

CCCH (Centre for Community Child Health). (2006). Quality in Children's Services (Policy Brief No. 2). Retrieved from: http://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB2_Qual_childsrv.pdf

Centre for Culture, Ethnicity and Health. (2008). Bilingual Staff Research Project Report. Melbourne, Victoria: Centre for Culture, Ethnicity and Health.

Cordington, R., Iqbal, A., & Segal, J. (2011). Lost in Translation? Embracing the Challenges of Working With Families From a Refugee Background. The Australian and New Zealand Journal of Family Therapy, 32(2), 129-143.

Craig, G., Adamson, S., Ali, N., Ali, S., Atkins, L., Dadze-Arthur, A., Elliott, C., McNamee, S., & Murtuja, B. (2007). Sure Start and Black and Minority Ethnic Populations. Retrieved from: http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/NESS- 2007-FR-020.pdf

Day, C., Michelson, D., Thomson, S., Penney, C., & Draper, L. (2012). Innovations in Practice: Empowering Parents, Empowering Communities: A pilot evaluation of a peer-led parenting programme. Child and Adolescent Mental Health, 17(1), 52-57.

LDC Group. (2011). VICSEG New Futures: Refugee Family Resource and Mentoring Program Evaluation Report. Armadale, Victoria: LDC Group.

Mistry, J., Jacobs, F., & Jacobs, L. (2009). Cultural relevance as Program-to-Community Alignment. Journal of Community Psychology, 37(4), 487-504.

NSW Refugee Health Service and NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). (2004). Working with refugees: A guide for social workers. Sydney: NSW Refugee Health Service and NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).

Muhajarine, N., & Vu, L. T. H. (2009). Neighbourhood contexts and low birth weight: Social disconnection heightens single parents' risks in Saskatoon. Canadian Journal of Public Health, 100(2), 130-134.

Mulvaney, C., & Kendrick, D. (2005). Depressive symptoms in mothers of pre-school children. Effects of deprivation, social support, stress and neighbourhood social capital. Social Psychiatry and Psychiatric Epidemiology, 40(3), 202-208.

Paris, R., & Bronson, M. (2007). A Home-based intervention for immigrant and refugee trauma survivors. Zero to Three. Retrieved from: http://main.zerotothree.org/site/DocServer/vol27-b.pdf?docID=2901

Paris, R., Gemborys, M. K., Kaufman, P. H., & Whitehill, D. (2007). Reaching Isolated New Mothers: Insights from a Home Visiting Program Using Paraprofessionals. Families in Society, 88(4), 616- 626.

Riggs, E., Davis, E., Gibbs, L., Block, K., Szwarc, J., Casey, S., Duell- Piening, P., & Waters, E. (2012). Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers. BMC Health Services Research, 12(117).

Sawrikar, P., & Katz, I. (2008). Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia. Melbourne, Victoria: Australian Family Relationships Clearinghouse, Australian Institute of Family Studies.

Sims, M., Guilfoyle, A., Kulisa, J., Targowska, A., & Teather, S. (2008). Achieving Outcomes for Children and Families from Culturally and Linguistically Diverse Backgrounds. West Perth, Western Australia: Australian Research Alliance for Children and Youth.

Victorian Government (2014) Victoria's Multi-cultural Affairs and Citizenship Policy "Victoria's Advantage '

Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health. American Psychologist, 53, 647-656.

Further information

For more information about the VICSEG family mentoring program see:

www.vicsegnewfutures.org.au