

## **YAANDINA FAMILY CENTRE INC.**

### **Submission to the Community Development and Justice Standing Committee Inquiry into the Adequacy of Services to Meet the Development Needs of Western Australia's Children**

#### *Preamble*

Yaandina Family Centre's services are located in the township of Roebourne in the Pilbara Region of Western Australia, 1600kms north of Perth.

Yaandina Family Centre Inc. is a not for profit, incorporated community service organisation established in 1987 to provide community services to the mainly Aboriginal community of Roebourne and surrounding areas. Yaandina's aim is to provide a suite of programs that harness community strengths, protect children, and provide assistance for those most vulnerable. The key activities delivered by Yaandina are as follows:

- 9 bed residential aged care hostel;
- 20 place child care centre;
- Home and community care (HACC) services for 90 clients;
- Family and community support services;
- School Attendance Program;
- Children's Sexual Assault Therapy Program;
- Youth Centre.

Despite the town being located in the rich mining resource area of the Pilbara, social problems arising out of poverty, drugs and alcohol misuse, family violence, poor school attendance, abuse and neglect of children, poor housing and other social issues are prevalent in the community.

#### *Submission*

Our submission outlines concern for the lack of services, diagnosis and supports for children, women and families living with Foetal Alcohol Spectrum Disorders (FASD). This disorder effects pre-natal babies and observations made by the experienced staff of Yaandina, local teachers and experienced professionals acknowledge that FASD effects every family in Roebourne.

Although institutions like the Telethon Institute and others in Canada can provide the Standing Committee with the medical and social data and information. Yaandina and agencies at the coal face can provide the Committee with observations of the experiences.

FASD affects children with a number of health, learning and development disabilities that are identified across a spectrum that include low birth weights and failure to thrive babies, identifying facial features, behavioural difficulties, cognitive development, learning disabilities and low capacity in youth and adulthood.

In answer to the questions laid out in the newspaper advertisement, the following observations have been made:

- a) Many local Aboriginal women do not access prenatal services because they are worried about having their babies in Hedland or other places, and not in their local community. They also fear being in trouble for their alcohol and drug use. Some women have FASD themselves and low capacity in caring for themselves and their unborn baby.

FASD is not widely diagnosed in Australia and little training in identification is available. Although, we would say every family in Roebourne is affected by it's reach.

- b) Communities are often not ready to identify FASD and community education about drinking during pregnancy is not appropriate or reaching young women.

A culture of blame exists that will need persistence to overcome with messages that hit the mark. All young women need to here the messages about drinking during pregnancy from a young age.

Child and maternal health nurses need to be educated about FASD. Screening for FASD is needed in WA. Supports need to be put in place for developmentally vulnerable children and their families at birth or as FASD becomes evident.

- c) Government agencies delivering assistance:
- Pre-natel education from Dept. of Education and identification of 'at risk' mothers through Dept of Child Protection and/or Dept Health.
  - 0-3 children need therapeutic interventions provided by the Dept Health through child and maternal health nurses.
  - Parents may need drug and alcohol interventions provided through Dept Health, and support groups and perhaps case management through the Dept Child Protection.
- d) A model of interagency and intergovernmental integration must be developed from the 'top' and incorporated in well resourced research, pre-natel intervention, paediatric and general diagnosis, educational and community support services.
- e) Governments must find resources for this insidious scourge on Indigenous communities. Resources for research, education in schools and communities and support services.
- f) Measures may include:
- Increased diagnosis
  - Increased and/or longitudinal research
  - Educational outcomes
  - Inclusion in school curriculum
  - Numbers involved in therapeutic intervention
  - Numbers involved in case management
  - Department of child protection interventions

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