

Indigenous Persons Infant and Pre-schooler Parenting Groups Project

A Resource Manual

Funded By Sydney
West Area Health Service



Centacare
Catholic Social Services
Diocese Of Parramatta



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Indigenous Persons Infant and Pre-schooler Parenting Groups

This resource manual has been produced by Centacare Catholic Social Services as an aid to assist services interested in providing a facilitative group to indigenous parents/carers affected by drug and/or alcohol, to increase their parenting/caring skills.

This Project has been generously funded by the Sydney West Area Health Service as part of their initiatives to maintain and strengthen partnerships with ante-natal, post-natal and community health services to develop better health outcomes for indigenous parents/carers and children, adversely affected by drug and/or alcohol in Western Sydney.

The experience of Centacare Catholic Social Services staff working with indigenous families in Western Sydney is that many indigenous parents/carers lack information and support as they attempt to parent young children. The need is even greater for those parents whose lives are impacted by drug and alcohol issues. These issues result in the parent/s not being fully emotionally and practically available for their children, and lessen their motivation to learn how to properly nurture their children.

Indigenous people do not necessarily feel comfortable participating in support and educational programmes for, the general community. Therefore the aim of this Project was to develop a model of educational/support groups that would be specifically appropriate for indigenous parents/carers living in urbanised Western Sydney.

Three educational/support groups were run for the targeted population, with each group running for 6 sessions. Two of the initial trial groups were run in conjunction with the Aboriginal Catholic Ministry (Penrith) and the third with the Cawarra Women's Refuge also located in the Penrith LGA.

Following these trial groups, participant and facilitator's evaluation



and feedback was incorporated into the refinement and adjustment of the finalised model of group work. The “model” that follows is not so much a manual as guidelines and information for group facilitators. It is crucial for these groups to be facilitative and not didactic. Parenting information and skills is an important part of each session’s content but is introduced in a way that recognises and builds on participant’s existing knowledge and skills.



Educational Support Group for Indigenous Persons Parenting or Caring for Children 0-3 years



Basic Assumptions



2. Basic Assumptions

The group programme outlined in this manual is based on the following assumptions:

1. The primary facilitator / leader of the group is **not** a person of indigenous background.
2. The secondary facilitator / leader is a person of indigenous background.
3. Members of the group are indigenous people who have the primary care of children aged from 0 - 3 years. The members may be:
 - ♦ Of either gender (if the advice of the leaders of the particular indigenous community is that a mixed gender group would be workable).
 - ♦ The actual parents of the children they care for.
 - ♦ Grandparents of the children they care for.
 - ♦ Other members of the community (blood relatives or otherwise) who have the primary care of the children. (Such persons will normally be referred to as “aunties” or “uncles”).
4. Members of the group (to be called “carers” throughout the manual) will have a history of having struggled with personal alcohol and/or drug issues but who have made significant progress in their efforts to overcome their dependence on alcohol or drugs.

The group programme is not suitable for those who are still significantly dependent on alcohol or drugs in their daily lives. In particular, a carer who arrives for a group session under the influence of alcohol or drugs would be excluded from participating in the group.

Efforts, of course, would be made to arrange for the carer to attend a different programme aimed at helping that person overcome any dependence on alcohol or

drugs. This group programme is not designed to address alcohol and/or drug dependence issues as such.

5. A child being cared for by a group member, may have not been cared for in a proper and culturally appropriate manner when the carer was dependent on alcohol or drugs. Hence the development of such a child may have been significantly affected by poor parenting during the period when the carer was alcohol and/or drug dependent.
6. The programme is delivered in an indigenous community setting (or at least a setting in which indigenous people in the particular community are known to feel comfortable).
7. The programme leaders adopt a style which is facilitative rather than didactic. Clearly information about parenting will need to be introduced into session content, but should be done in such a way that the knowledge already possessed and the skills already being implemented by carers are recognised and built upon.

The style of leaders also needs to reflect their understanding of the struggles in which carers have engaged in order to overcome their alcohol and/or drug dependence.



Objectives of the Programme



3. Objectives of the Programme

At the end of their participation in the programme, carers:

- ✦ Will have increased parenting / caring skills such as
 - ✦ Being able to identify, affirm and encourage positive behaviours in their children.
 - ✦ Being able to appropriately discipline their children.
 - ✦ Having increased understanding of the age appropriate development of their children (including physical, cognitive, emotional and social aspects).
- ✦ Will have increased confidence as a parent / carer.
- ✦ Will have an increased understanding of how their personal drug and/or alcohol issues impacted on their ability to provide effective parenting / caring for their children.
- ✦ Will have increased or (if already high) maintained their personal motivation to remain free from personal drug and/or alcohol dependence so that their children can be effectively cared for.
- ✦ Will have an increased understanding of how the kind of parenting they received as children has impacted on their knowledge of parenting skills and ability to practise such skills. (This will particularly be the case where carers' experience of being parented was severely impacted by their parent's own drug and/or alcohol issues).
- ✦ Will feel confident in approaching others who participated in the group for support.
- ✦ Will have increased knowledge of community resources on which they can draw as required.



Identifying Potential Participants



4. Identifying Potential Participants

Establishing the Need for the Programme

There are two general ways of identifying possible benefits for the people of a particular indigenous community if the programme were to be offered for relevant community members:

- ♦ The community leaders recognise that the programme might be beneficial for particular community members. The leaders would make an approach to the potential group facilitator.
- ♦ Some person or organisation outside of the indigenous community (possibly working in the rehabilitation of alcohol or drug dependent persons) identifies that the programme would possibly be beneficial for particular community members. That person approaches the community leaders or an organisation, to provide services to the particular indigenous community.

In either case, the planning for the running of the programme and the method of inviting potential participants needs to be done within the partnership of the non-indigenous group leader and an indigenous community leader (i.e. an indigenous person who is respected by community members and thus has, at least, informal authority within the particular indigenous community).

The non-indigenous programme leader needs to be particularly sensitive to the indigenous community members potentially perceiving that the programme is just another example of the invaders coming and telling them how to run their lives. Hence, it is vital that people in the indigenous community are aware that the programme has been judged by an authoritative indigenous community member as being potentially beneficial to the community.

It would be ideal if the authoritative indigenous community member had the skills to act as the co-facilitator of the group programme. However, if the person concerned does not have the requisite skills, then such a person could be invited to attend



group sessions as an observer who could make appropriate contributions and observations from time to time.

Selection of Co-Facilitator

It is vital that the indigenous co-facilitator's appointment be approved by the local community leadership.

Questions to be considered are:

- ✦ Would local community members find it difficult or impossible to participate in the group programme if an identified community member was the secondary facilitator?
- ✦ If the secondary facilitator cannot be drawn from the local community, are there any other obstacles to the appointment of an indigenous person from outside the local community? (For example, it is possible that a member of a particular tribe or family group would not be acceptable).

It is not necessary that the secondary facilitator have professional qualifications. If a professionally qualified indigenous person (acceptable to the local community) was available to run the programme, then that person would be best to run the programme.

The basic tasks of the indigenous secondary facilitator are:

- ✦ To assist the primary facilitator to understand the acceptable and unacceptable cultural parenting / caring for children practices within the particular indigenous community.

Carers, within group discussions, will no doubt speak from within their particular cultural frameworks and ideas of parenting, but will probably do so without articulating the frameworks in any detail. The non-indigenous facilitator may, at times, not really understand what is being said because of the facilitator's non-awareness of the specific cultural norm or practice which is being exemplified or being implicitly referred to.

In pre-session discussions about programme content, the non-

indigenous facilitator, being aware of the concepts or skills the primary facilitator wishes to bring to the attention of carers, may be able to provide concrete cultural examples of the concept which are exemplified within the particular indigenous community and the ways in which the skills are practiced in that community.

- To facilitate, as required, communication between carers and the primary facilitator when it appears that differing culture understandings are preventing one or both of those engaged in conversation from really understanding what the other is saying.
- To assist in the establishment of a psychologically safe environment for carers.

Inviting Participants

The advice of the local community leadership should be sought about the most appropriate and effective ways of inviting participants to the group programme. There are two general methods to be considered:

- **Public advertising** e.g. posters in community venues frequented by community members, articles in local papers.
- **Personal suggestion.** Those in contact with potential participants tell them personally about the programme and suggest that participation might be beneficial.

Given that the participants are to be drawn from the members of the community who are in recovery from alcohol and / or drug dependence, it might be anticipated that the method of personal suggestion would be preferred. It may be, for example, that certain members of the community do not wish to be identified in the community as having had to confront alcohol or drug dependence issues.

If the latter method is chosen, then personal approaches need to be made to those who are in a position to inform potential participants of the programme and of the way to register their interest in attending.



The General Approach of the Non-Indigenous Worker



5. The General Approach of the Non-Indigenous Worker

The experience of non-indigenous workers, working with indigenous carers in the group trials suggests that the following should be kept in mind through out the whole programme:

- ✦ It may take some time for carers to place their trust in the non-indigenous worker.

This will particularly be the case if the carer has had their children removed (or threatened to be removed) from them, during the time in which they were alcohol and / or drug dependent.

- ✦ The respect and trust of carers is gained over time by the worker's clear acknowledgement that the carers in the group:
 - ✦ Are far more knowledgeable about their culture than the worker will ever be.
 - ✦ Have a strong interest in caring properly for their children, wanting the best for them.
 - ✦ Have skills, strengths and competencies which can be built on.
 - ✦ Have made mistakes from which they can learn. (*Whilst mistakes – which are examples of destructive parenting / caring – must be acknowledged as such; the person making the mistake is not to be condemned. The aim is to assist such persons to understand what led them to making mistakes, so that they do not repeat them.*).
- ✦ Every opportunity to affirm group members should be taken.
- ✦ Carers in the group should experience some sense of being in control of the processes during the group.

As noted, the non-indigenous worker must adopt a facilitative style, helping to shape the processes of the group towards the goals the group has identified as



important for them. A didactic approach which basically says “We have determined what you need to know and this is how we are going to teach you” is to be avoided.

- ✦ The teaching or instructional contribution of the facilitators has two forms:
 - ✦ Affirmation of ideas contributed by carers. Such affirmations can include summarising and expansion of their ideas.
 - ✦ More formal teaching segments.

Such segments are to be included as naturally as possible in the group process so that the teaching segments seem to flow from the content of the discussions.

Thus the facilitators will need to have prepared specific teaching content on the topic of the day (including possible handouts and exercises for the carers).

Depending on the content of the previous discussion, the explicit teaching content can be used to:

- ✦ Summarise ideas which have already arisen in the context of the group discussion.
 - ✦ Provide further thoughts on those ideas.
 - ✦ Introduce ideas which have not arisen in the context of the discussion.
- ✦ The group process may not proceed as quickly through the agreed topics as the facilitators would ideally like.

This may be because members of the group:

- ✦ Start from different points on the parenting / caring journey. If this is the case, facilitators should endeavour to have those less advanced learn from those more advanced.
- ✦ Are having difficulty in really integrating new ideas and incorporating new skills into their existing frameworks.

- ♦ Are taking longer to trust the facilitators.
- ♦ The facilitator needs to have a comprehensive grasp of the topics to be discussed. The facilitator can then introduce ideas in such a way that they can be more easily understood within the actual intellectual and emotional frame works used by carers. The use of professional jargon must be avoided as far as possible.



Form of the Programme



6. Form of the Programme

The programme consists of six meetings of 2½ hours duration including a ½ hour break for refreshments, informal chat and bonding.

Two Basic Participant Structures:

1. No children present during any session.

If this option is chosen, then the maximum number of carers is 10.

It may well be that special arrangements for care of the children of carers will be need to be made.

Carers would meet in a relaxed informal setting, seated in comfortable chairs arranged in a way which promotes group discussion.

The facilitators need to have at hand a whiteboard and /or butcher's paper on which they can write and /or draw as appropriate from time to time during group sessions.

2. Children (0 – 3 years) present during some of the sessions or during part of a session.

If this option is chosen, the maximum number of adult carers is 6.

The processes of the meetings will include each participant practicing, in interaction with her / his child, the skills strengthened, modified or learned in the session.

Children would not be present for the entire duration of each of the first four sessions, as their presence may very well be quite disruptive. It may be decided that the final two sessions will be devoted entirely to practice of skills in interaction with the children.

For the part of a session in which children are not present, specific child care arrangement on site will need to be made.



Besides the adult seating arrangements and the materials for facilitators to use listed above, there is a need for age appropriate toys with which the children can play and which can be used in interaction with their carer as the carers practice their parenting / caring skills. Carers could be asked to bring some of their own children's toys.

The second structure is preferable. Prior knowledge of the level of skill and knowledge possessed by carer participants would give an indication of if, and at what stage, children would be included in sessions.

If the original assessment was that no children should be included in the sessions, and if the progress of carer participants is such that it is judged that there would be benefit in including children, then the group would need to be split, and meet in two separate sessions.

First Session



7. First Session

✦ To initiate a cohesive group process

Steps involved in this include:

- ✦ The non-indigenous facilitator explaining how she / he came to be asked to be the primary facilitator of the group. This explanation includes summary of training and experience in the area of parenting skills.
- ✦ The non-indigenous facilitator explicitly disclaims any detailed knowledge of the specific indigenous culture of the carers and states a willingness to learn from the group about that culture, and indeed to learn more generally from the group. The non-indigenous facilitator states an explicit expectation of being personally enriched during the process of the group.
- ✦ If the indigenous secondary facilitator is not known to the carers, then she / he explains how she / he came to be asked to be the secondary facilitator.
- ✦ If the indigenous secondary facilitator is known to carers, it may still be necessary to explain how she / he came to be asked to be the secondary facilitator.
- ✦ The carers are introduced to the expectation of confidentiality in relation to personal information revealed by carers within the course of group discussions. Such personal information is not to be told to any non-group participant without the explicit permission of the person who has self-revealed.

Carers are told that they are presumed to be attending the group to learn from each other, and to provide support for each other. These processes will occur more quickly and more easily if the rule of confidentiality is kept and carers can feel psychologically safe.

- ✦ Carers are asked to introduce themselves to members of

the group, including why they agreed to attend and what they personally hoped to gain by their attendance.

✦ **To introduce the general processes of the group**

Here carers are told that:

- ✦ They will soon be asked to state, as individuals, what the specific topics or issues which they would like to discuss and learn about during the programme.
- ✦ Having heard what each carer has to say, the facilitators will attempt to assist the group draw up a programme of topics which it is intended to be discussed over the coming five sessions.

A particular topic will be listed for each session. The facilitators will emphasise that there will be some flexibility in the programme. It may be that some topics will need further time than was originally allocated to them. It may be that other important topics emerge and need to be discussed.

- ✦ Each session will have sections of :
 - Carers being asked about their own experiences in relation to the topic under discussion.
 - General discussion of carers' responses to see what can be learned from their individual experiences.
 - Input from the primary facilitator.
 - Depending on the topic, practice exercises for carers.

Such practice exercises may be with their actual children, if this is the agreed structure of the group.

If it has been decided that it is possible that children may be included in the later sessions, this possibility needs to be mentioned.

✦ **If time allows, discussion of a topic chosen by group members.**



Basic Format of Subsequent Sessions



8. Basic Format of Subsequent Sessions

In general, each session will have a theme, known in advance to participant carers as a result of group discussion during the first meeting.

The group facilitators remind carers that they are attending the meeting in order to assist each other to grow in knowledge and skills relating to the care of children.

The facilitators will ask the carers for ideas about the topic of the day under the following headings. The questions will need to be asked in the everyday language used by the carers:

♦ Immediate thoughts

What were the first things that came into your head when you began to think about 'X' (today's topic)?

The answers to these questions will give the facilitators some indication of the level of thinking about 'X' possessed by each member of the group, and will also give an indication of the kind and level of emotion, evoked in each member of the group, when 'X' is to be discussed.

♦ Good experiences

Can you think of times when something you did or said when (*the topic 'X'*) happened, worked out well and you felt good about it?

Have you got any ideas about why things went so well? Were you just lucky? Or did you remember something you learnt or were taught? Did you do something which had worked before with that child or with another child?

Other carers can be invited to comment on what each group carer has reported. (It may remind them of an experience of their own. It may give them new insight).

Gathering up the answers will provide a list of the specific knowledge applied and the specific skills used by carers. The list



can be explicitly used to affirm the knowledge, skills, strengths and competencies possessed by the carers in the group.

If there are aspects of the issue (information and useful skills) which do not emerge during the reporting and discussion, the group facilitators are to make mention of those aspects, telling the group that more will be said about them later in the session.

✦ **Unhappy Experiences**

Can you think of any times when you were in situation 'X' and things did not go well?

Have you any ideas about what went wrong? If you found yourself in a similar situation, what would you do differently? Why?

Other carers can be invited to comment or share similar experiences.

Gathering up the answers will provide lists of:

- The kinds of mistakes that can be made.
- The lack in knowledge and skills which can lead to mistakes.
- The knowledge and skills which carers say they gained since the unhappy experience. (This list can be compared with the list which came out of their positive experiences).

✦ **Aspects of the topic about which carers would like to know more**

Which ideas would you like to discuss further?

Which skills would you like to learn more about and have some practice in?

✦ **Formal Teaching Segments**

Such segments can include:

- ✦ Facilitator presenting ideas in a systematic way (possibly with the use of visual aids and handouts).

- ✦ Playing of video material.
- ✦ Skills exercises.

As far as possible the facilitator should link the prepared material with the ideas which have arisen in the course of group discussion.



Resources



9. Resources

Facilitators can use material from whatever resources they choose to assist them to present information, facilitate discussion and provide skills training for carers in the group. It is important that the presentation of information and any training in skills be adapted to the needs and cultural understandings of group members.

Here are some resources which facilitators might find useful in preparing for group sessions on specific topics.

- a) **Child and Youth Health, South Australia, Practical Parenting 1-5 years.**
 Australian Council for Educational Research, 1996.
 Editor: Pam Linke

This resource has sections on:

- ✦ Parenting styles.
- ✦ Child development milestones.
- ✦ Communication: verbal and non-verbal messages, ways in which children react to messages, ways in which children send messages.
- ✦ Discipline as “caring teaching”: age appropriate discipline, and possible causes of discipline problems.
- ✦ Building self-esteem in children.
- ✦ Toddler problems: toilet training, tantrums, head banging, food refusal, saying “No”, biting, sleeping and waking, aggression.
- ✦ Sleeping needs.
- ✦ Sexual development: interest in own and others’ bodies.
- ✦ Changes: having a baby brother / sister, being placed in child care.
- ✦ Health issues: recognising a serious health issue, protecting from injury, immunisation, exposure to sun, safety and swimming pools, road safety,



- ✦ Playing with children: age appropriate play activities.

Each section comes with

- ✦ detailed background information for the leaders (which could be summarised on overheads or handouts)
- ✦ photocopyable cartoon-like overheads.
- ✦ suggestions for structuring a session (including activities for participants),

b) **“Keeping Children Safe”: a step by step manual on how to run child protection workshops for parents.**

Uniting Care Institute of Family Practice, Parramatta, 2007.

This manual has a specific focus on child protection, and has a concentration on neglect and abuse, however it contains valuable information for all parents.

The course outlined is especially designed for parents who may have experienced abuse and neglect themselves, or who may be abusing and neglecting their own children.

The sessions are :

- ✦ Risk assessment: the factors that need to be taken into account in assessing the degree of risk a child is subject to.
- ✦ Preventing neglect: the indicators of neglect, physical, behavioural; effects of neglect; children’s physical and emotional needs; responsible actions of parents, taking into account the child’s developmental stage.
- ✦ Physical abuse: what constitutes physical abuse; the signs of physical abuse; effects of physical abuse; methods of disciplining children other than smacking.
- ✦ Emotional abuse, domestic violence and building up a child’s self-esteem: definition of emotional abuse; examples of emotional abuse; effects of emotional

abuse; effects of domestic violence on children; ways of building up a child's self-esteem.

- ✦ Sexual abuse and protective behaviours. The content of this section is probably more specific than is required for the functioning of the indigenous parents' group being outlined here.

The "Keeping Children Safe" manual has:

- ✦ Notes for leaders.
- ✦ Photocopyable pages which can be used as overheads.
- ✦ Stories for carers to consider and comment on.
- ✦ Suggestions for processes of sessions.

c) **How to Stay Sane in Your Baby's First Year: The Tresillian Guide**

by Cathrine Fowler & Patricia Gornall

Simon & Schuster, East Roseville, NSW, 1992.

This is not a programme manual. However, it has good resource material on many aspects of caring for an infant in the first twelve months of life.

1. Signs of normal infant development.
2. Average sleeping needs and patterns.
3. Normal weight gains.
4. Changes in feeding types and patterns.
5. Coping with infant crying, including things to do which can assist the infant to relax.
6. Suggestions for parental self-care.
7. Providing a physically safe environment for the growing infant.



d) **Baby's First Skills: Help your baby learn through creative play** by Dr. Miriam Stoppard. (Dorling Kindersley, London, 2005).

This colourful and well-illustrated book gives an outline of infants' normal developmental progress in terms of developing psychological, social and behavioural skills e.g. recognition of parents, eye-hand co-ordination.

For each of the 12 months, practical suggestions are made for games the parent can play with the child. The games not only strengthen the attachment between parent and child but also facilitate the infant's practice and development of psychological, social and behavioural skills.

e) **Teach Your Child: how to discover and enhance your child's potential (Australian Edition)** by Dr. Miriam Stoppard. Dorling Kindersley, London, 2002.

A colourful and well-illustrated book with chapters on:

- ✦ Parents as teachers of their children
- ✦ The normal course of development under the following headings:
 - ✦ Mental development
 - ✦ Locomotion
 - ✦ Manipulation
 - ✦ Sociability
 - ✦ Bladder control
 - ✦ Bowel control
 - ✦ Personality
 - ✦ Speech
- ✦ The factors affecting development:

- ✦ Health
- ✦ Happiness
- ✦ Parental Attitudes
- ✦ The Child's position in the family
- ✦ Gender
- ✦ Personality
- ✦ Empathy
- ✦ Maladjustment
- ✦ Vulnerability
- ✦ Security of Attachment
- ✦ Stress
- ✦ Parental Separation
- ✦ Children with special needs.
 - ✦ Gifted child
 - ✦ Under-achieving child
 - ✦ Autistic child
 - ✦ Child who stutters
 - ✦ Child with a learning disorder
 - ✦ Hearing-impaired child
 - ✦ Sight-impaired child
 - ✦ Physically disabled child.

The book has many suggestions for parents about things they can do to facilitate the normal development of their child.



f) **Parenting from the Inside Out: How a deeper self-understanding can help you raise children who thrive** by Daniel J. Siegel and Mary Hartzell (Jeremy P. Tarcher / Penguin, New York, 2003).

This book has chapters on:

- ✦ How our experiences shape who we are
- ✦ How we perceive reality
- ✦ How we experience emotion in our internal and interpersonal worlds
- ✦ How we communicate and make connections with other persons
- ✦ How attachment relationships are established between parents and children
- ✦ How childhood experiences affect adult capacity to attach to others, including children.
- ✦ How a rupture in the parent-child relationship can be healed
- ✦ How parents can become more self-aware, develop what the authors call *mindsight*.

Each chapter contains in separate sections

- ✦ Real-life examples of the ideas discussed (some of these are from the authors' own experience of parenting).
 - ✦ Reflection exercises (*inside-out exercises*) which suggest ways for readers to reflect on their own experiences as a child and in being a parent.
 - ✦ The scientific basis for the positions taken by the authors on the various topics discussed.
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g) **Esteem: A Solution-Focused Training Model**, by Ian Johnsen in *Solution News, Bulletin of the United Kingdom Association for Solution-Focused Practice*, Vol 1, no 4, (December

2005) and Vol 2, no 1 (April 2006). Accessed through www.solution-news.co.uk *There is no charge for the articles.*

The articles contain excellent suggestions for asking questions to facilitate the thinking and self-assessment of the members of an educational group. Particular attention is paid to the use of scaling (0 to 10) as a way of arriving at concrete and detailed descriptions of the current situation, of measuring progress and planning for change.



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