



The Cerebral Palsy Association
of Western Australia Ltd

Ngala

Parenting with Confidence

Focus on Fathers



Stories of Rural **Fathers**
with a Child with Cerebral Palsy





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The dads who generously told their stories.

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Foreword

The Cerebral Palsy Association of Western Australia (CPAWA) and Ngala have joined forces to develop this resource, 'Focus on Fathers', in recognition of the limited resources and information for fathers who have a child with a disability. This resource has been developed by two social workers Corinne Wray and Evyn Webster, who are working with fathers in their daily work within their respective programmes, the Country Resource Programme at CPAWA, and Hey Dad WA at Ngala. The development of this resource has been made possible through funding from the Disability Services Commission's Grants for Access Improvement.

The Country Resource Programme at CPAWA offers a consultative service for children with cerebral palsy in rural Western Australia. Skilled therapists assess children's needs and provide advice regarding treatment, equipment, play and social development. The team also has an experienced social worker who can offer and refer families to appropriate services for practical and socio-emotional help.

The Hey Dad WA programme specifically presents material relevant to parenting from a dads' point of view which may be quite different from the material being offered to mothers. The programme uses male workers and male focused and inclusive language to encourage a sense of connection. The services are also made available after hours and at more father friendly times.

Corinne Wray and Evyn Webster interviewed the dads' whose stories are portrayed in this booklet.

Corinne Wray is a social worker who has lived and worked in rural Western Australia before returning to the city and joining CPAWA. Evyn Webster is an experienced social worker and the Coordinator of Hey Dad WA Programme hosted by Ngala. Ngala provides a range of early parenting support and assistance to families with young children aged to five years.



Acknowledgements

We would like to acknowledge and thank the fathers we interviewed and their families. Our knowledge has certainly grown from this whole experience. We had some early morning starts to travel many miles, eventually meeting with a dad at work or in his home. Some dads drew us maps to get to our next destinations, a so-called short cut down a windy track. Just when we thought we were lost, we saw some puffs of smoke and the outlines of houses and it wasn't long before we were welcomed with a hot cup of tea!

The dads' stories are all very unique and some we realised were being told for the first time. We wish to honour those stories and the dads' generosity in sharing them, not just with us but also with other fathers and their families. We hope that those who read this booklet find it useful.

We have included stories from other fathers we have met in the course of our work, as their comments are also insightful.

We are aware that many of the fathers who live in the metropolitan area of Perth have also been interested in this project. Whilst these stories are specific to rural dads, we feel other fathers in the metropolitan area who have a young child with a disability will also be able to relate to the information. One of the aims of this booklet is to provide some insights and advice to new fathers of children with a disability.



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“She’ll have plenty of dreams and want to do things and we’ll just be there to support her and help her to get them” (Matthew, 2004).

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Introduction

The Storytellers

This booklet is a compilation of the stories of eleven fathers who each have a child with cerebral palsy between the ages of two and six years of age. These families live in rural Western Australia.

Their home towns have not been named to maintain anonymity. Each town is quite unique and varies in population, size, distance from Perth and work opportunities. Pseudonyms have been used throughout the booklet.

The thumbnail sketches provided below will enable the reader to familiarise themselves with each of the families and so follow their stories through the sections.



Brian and Jenny have three children - Ethan, Anna and Sarah. Ethan and Anna are both in primary school and Sarah their sibling with cerebral palsy is the youngest member in the family. The family live in a small town and family, friends and the towns people have all been very supportive.

David and Debra have one child, James, with cerebral palsy. This couple have close ties with family and friends who are near by, and David has great support from work mates and management. Their home town is thriving and they can travel to Perth and back in a day.

Jeff and Janet live in a blended family, both have children that come and stay with them regularly. Ben is the couple's second youngest child and has cerebral palsy. Travelling to Perth is not easy for this family as it is a long way and they have to consider other children's schooling needs. It usually means only Janet can go. Jeff works in an area where flexibility is difficult. It is also difficult to contact Jeff at work and then for him to get back to the family. Jeff would rather come home every night than work in a 'fly in, fly out' position as he has done in the past.

John and Karen live in a small town with Katie, their seven year old daughter with cerebral palsy. They have family support and they know they have a place in their community. They chose their town after Katie was born, a quiet place with a home close to the town's amenities and large enough to cultivate their own produce.

Brett and Jane have two daughters - Madeleine and Jasmine. Madeleine has cerebral palsy and is going to school now, so there are new challenges for her and her family to meet. This family live in a large regional town, thousands of miles from Perth. At present they come to Perth every six months - usually Jane and both girls. It is difficult for Brett to get away. He has to move around enough in his job anyway. Brett does not see this place as home forever, but he can further his career now, and one day before Madeleine starts high school they'll come back to Perth where they have family and close friends.

Matthew and Selina have three children - a girl and two boys. Tess, their eldest, has cerebral palsy. Tess is at school now and her parents have thought a lot about that environment. Matthew has had a career change and the family moved to another town closer to Selina's family and Perth. Matthew is now able to get to school assemblies, though doesn't go to many Perth appointments. He will support all of his children to achieve what they want to do and he knows that Tess will have her dreams just like the others.

Stuart and Kerry have two daughters Amy and Jacinta. Amy their eldest has cerebral palsy. This family live in a small town not far from a regional centre. They have to think about their trips to Perth, which is a good day's drive away. Amy is at school now, and it won't be long before Jacinta follows. This family are settled. They don't have family near by but they have a few close friends and each other and that's all they want for now.

Mike and Carolyn are the parents of twin girls, Claire and Emily. Emily has cerebral palsy. This family can access Perth easily for appointments but are far enough away to feel 'safe' and stress free. Their town is a growing one, and the couple feels if it gets too big they'll move further out. They have plans for the future, so they will be financially more secure and they have the support of family.

Allan and Sandra have four daughters - their third child Cara has cerebral palsy. This couple know their town so well, they have both grown up in it. Their connections are very strong with family and friends. Allan is very busy at work these days but he knows he can have time off if he needs to, and accompany Sandra to Perth. Life has settled for this family. They know there will be a few more hurdles in the school environment but they will take it in their stride.

Steve and Molly have three boys, Daniel the youngest has cerebral palsy. Steve has loved this town since he was a boy and now his children can enjoy what this place has to offer. Steve often takes his family with him if he is working away for a few days. Steve doesn't go to Perth for any of Daniel's appointments. He stays at home to be around for their other two boys going to and from school. He'll stick in a load of washing as well, although sometimes the colours run!

George and Elizabeth have three daughters. The oldest, Joanne has cerebral palsy. They are fairly settled in their town although if they felt George could get a better job in another place they might be tempted. Family is far away and friends come and go. It is a part of the culture of this town. They have met some interesting people, and George has been able to reflect on some of the experiences they've had along the way.



The dads' stories revealed some key aspects of their lives and how they have been affected by having a child with cerebral palsy. Their stories are very personal. The fathers have discussed events that have filled them with a range of emotions, from worry and fear through to warmth and contentment. Some of their reflections have come from periods when they were feeling overwhelmed, powerless and in some cases, depressed. While all things settle, as has happened in these dads' lives, and new routines become the 'norm', these fathers are well aware that there are always new challenges just around the corner.

"...you sort of make every minute count. You don't get the quantity you get the quality." (Brian, 2004).

"...you will have nice times with your child" (David, 2004).

This reflection by David is something that he wanted to pass on to new fathers. He wanted to convey to new dads that even though it does seem 'all doom and gloom' at the beginning there will be lots of great times you will have with your child. David found counselling a very useful strategy to help him regain his sense of control.

Why tell these stories?

There are many fathers out there who have a child with a disability. The disability may not have a name and may be regarded as mild, moderate or severe. Each father has their own very personal story that may have some similarity to the stories in this booklet. The aim of this booklet is to offer a kind of 'mateship' to other dads, whether they live in country towns or in the city, to let them know they are not alone and that there are other dads going through similar emotions and situations.

Current research has changed the way we think about the role of fathers in family life. It has become very apparent that working closely as a part of a 'parenting team' has a profound impact on the long-term emotional wellness of our children. The dads who participated in this booklet were living in two parent families, and all were the biological fathers to their child with cerebral palsy.

The challenge for many of us is that some agencies do not have the structures that allow fathers to be fully involved in the process of supporting their child. Some of the dads have spoken specifically about the frustration of not being involved in the long term planning for their children. One of the things that these dads have realised they can only be truly effective when they create a 'parenting team'.

Throughout the booklet you will see tips and strategies that have come from other fathers who are walking a similar road. The tips are based on ideas they have found useful. Other strategies have come from the experiences of the authors.



The Birth of My Child

“Well, she was born in the middle of the night and the doctor said to us that she would have to go to Perth, and she went out on the Flying Doctor that morning and (Jenny), my wife was actually ill herself and she stayed in Albany hospital and I went to Perth. I had about half an hour sleep the night when she was born but fortunately I had a friend drive me up” (Brian, 2004).

Many of the dads talked at length about the birth and diagnosis of their child. Some of the dads had a ‘gut feeling’ that something was wrong, even if they were told everything was normal. Often they were dealing with their own very raw emotions of fear, worry and for some, guilt. They had to think rationally about whether they stayed with their newborn child, which was the best way to support their partner, or whether they needed to go home to look after their other children.

“When he was born, I knew straight away something was wrong...one eye was smaller than the other...they said that’s not a problem...I took Janet and the baby home the next morning (home was about ten hours from Perth). ... the clinic sister comes after a weekand she saw his eyes and had a panic...referred to a doctor some 70kms away and then he was flown to Perth...I was just in panic mode I didn’t know what was going on. ... they said that Charlie is blind and that shattered me, my father was blind...and then we realised something was wrong with his hand” (Jeff, 2004).

When Sarah was born, Brian felt really unsupported. He wanted to be near her the whole time but felt unable to achieve this because the hospital could not accommodate his request. Brian did not want to be parted from Sarah, so he stayed by her bedside. He was continually exhausted.

“... don’t cater for fathers at all... fathers had to stay on the ninth floor. (Sarah) was on the fifth, if I had been the mother I would have been beside her” (Brian, 2004).

“... toughest time, didn’t feel like I should be there at all – early stages you are not thinking right, everything’s fuzzy. See other dads in the hospital and see how worn out they looked with rings under their eyes and think WOW am I that worn out, I know where you are coming from mate. Initially thought it was my fault because I suggested we move to New Zealand and I picked up the property with the sprayers flying overhead. Takes a while to realise it is not your fault, when you are feeling fragile you have to figure that out for yourself” (John, 2004).

“The staff were terrific the nurses and stuff, and the doctors were the ones who were cagey...doctors were there, but I didn’t really know what to ask them...felt it was harder on Jenny than myself ...had to wait till she was nine or ten days old before they actually told us. (Jenny) told me on the phone, I did not suspect, it was devastating. They kept doing tests but didn’t tell us anything so I wasn’t expecting anything to be wrong...and then hmmm after I found out I just went to pieces for a while and kept on crying and stuff. Kept to myself” (Brian, 2004).

“traumatic... ..information given matter of factly” (Brett, 2004).

“...traumatic; we recognised something was wrong (parental instincts), staff didn’t recognise initially and then rushed her away – seven bouts of apnea in the first two weeks...didn’t know what to expect just waited to see what happened” (Matthew, 2004).

“traumatic...information given bluntly by male specialist doctor we didn’t know, said anything from a full retard to death” (Stuart, 2004).

“Straight after the birth we all went to Perth, King Edward Memorial Hospital...three days later doctor said he was going to be a vegetable and that was their words and so that hit us pretty hard” (David 2004).

For some the diagnosis came some time later.

“Diagnosis – defining moment for us, (Carolyn) went by herself - her mother met her at the clinic. (Carolyn was) emotional, had to drive back on her own with (Emily). She phoned before she came back. I worried about her driving back” (Mike, 2004).

‘...nurse told Molly, Molly phoned me. I could only just pick up the call (working out of range) packed up tools went home to wait’ (Steve, 2004).

“Birth OK and then two weeks later (Allan) felt something was not right...diagnosed at two months...oh my god, was a shock, a waiting game to see if she could walk, then talk” (Allan, 2004).

Many of the dads talked about the birth of their child with cerebral palsy. It was often a starting point for them. According to Clarkson, Shelton, Bray & Ballard (1996), fathers felt that they could recall verbatim particularly insensitive comments and poor interpersonal behaviours demonstrated by medical staff at the time of receiving the diagnosis.

Many of the fathers had suspected, along with their partners, that something was wrong. Waiting for test results sometimes took months and this took its toll on their sense of control and personal relationships.

A time of chaos

A time of fear

A time of pain

A time of anger

A time to be together

A time to find peace.

*Corinne Wray
– an outsider’s reflection*

Tips and Strategies

- Slow things down. You don't need to make all of the decisions at the same time.
- Prioritise what you need to do. Discuss this with your partner. Make a list.
- Let others help; remember the people that care about you, want to feel useful.
- Ask for help. Be clear about what you need. Most people are only too willing to help.
- Talk about what is happening, you can't keep it all in. Find someone you can confide in, talk to your partner or speak to a professional counsellor.
- Take some time for yourself. Go for a walk or run.
- Get some sleep. Your body needs rest.

Contacts

- Your local Hospital: Social Work Department or Pastoral Care Department
- King Edward Memorial Hospital, Social Work Department, (08) 9340 2222, wchs.health.wa.gov.au
- Princess Margaret Hospital For Children, Social Work Department, (08) 9340 8222, wchs.health.wa.gov.au
- Disability Services Commission, (08) 9426 9200, www.dsc.wa.gov.au
In your town call the Local Area Coordinator, Country callers; 1800 998 214



Important People in My Life

A man's best mate is not the person next door, it is his 'life partner'. (Edgar, 1999)

Sometimes the depth of a couple's relationship is revealed through the way they talk to each other. Sometimes it may be a look or just a glance. This sense of 'knowing' can be confusing and leave the other person to ponder on what lies just below the surface.

"She knew me before I had a daughter (with a disability) she knew me well...if anything it bought us closer together, neither of us knew what was going on. Both of us had lost all our dreams, all our goals had completely gone" (Going The Distance 2002, {video} i.d.entity.wa).

John's Story

For five months John and his wife, Karen, travelled daily to see their only daughter, Katie. Neither was working for wages and there was no travel support and their savings were dwindling.

"I knew there was something wrong, because we would drive for two hours to the hospital and back and we never talked. We always talked but now we were numb" (John, 2004).

Extended family were not able to support them and ties became very fragmented. Their friends were busy spraying their crops.

John knew that his wife had a better grip on things than he did. She had been a senior nurse in her previous position and she understood the medical terminology and the endless tests their little girl was having.

John experienced a mixture of emotions from anger and frustration to sadness, he felt heavy with sorrow. He started to drink.



It soon became obvious that John could not keep going down this road, he had travelled it once before. He thought he would try counselling, it seemed to be helping his wife. Unfortunately John did not get the same response.

“I approached a female doctor I cried in front of her and she told me off because I was not the 40 year old female that had just had a child. And I went, Oh, I will keep my mouth shut then!” (John, 2004).

John felt anger well up inside, however this time he felt charged, he had to start doing things to move forward in his life.

John started talking to his wife Karen once again. They made a plan to move back to Western Australia. Katie came out of hospital soon after, and John and Karen were ready for the journey ahead. Karen also had the support of her mother. She went with them. From that point onwards things looked up, big changes were made. John was back in charge of himself and he knew that he and his wife were a team again.

“I don’t want to spend the rest of my life staring at the world through a glass. That’s how I felt. I had to pull myself up and feel there was a challenge ahead, and let’s get in there and do it because nothing is really happening, unless I help make it happen” (John, 2004).

Karen had always been an active part of the relationship, but she had deliberately narrowed her focus on to their daughter to deal with the immediate post birth, diagnosis and planning. They had been together for many years before Katie was born and they knew each other well. Although this was the biggest thing that had

happened to them, they knew they would get through it because of their history together.

John was able to face what he now sees as his depression and he did seek medical help. He now knows this part of himself well and he knows when things are starting to crumble. He knows what to do, “to pull back and take it easy, not be so hard on himself”.

The dreams John had before Katie came into his life have been significantly modified. He has had to let go of material goods, things that were once important to him. He has to fix things now when they break down. As John said, “it’s not a matter of getting a new car if the motor blows up, I will replace the motor and work out where it all goes. It takes time, but there is a sense of satisfaction in that”. John remembers when he used to be so pedantic about everything being clean and in its place. Now he says he doesn’t give a damn, he knows what’s important, his relationship between his wife and himself.

*It’s all linked to the home they’ve made,
there’s family and friends and
a daughter who’s just turned seven.
She’s in grade two at school
reading and doing her lessons.
Not too much help is needed:
only to navigate the chair.
And then it’s home to feed the animals,
a job they both like to share
Yes, life is pretty good.
It is a celebration.
It’s the little things that mean a lot.*

Corinne Wray – an outsider’s reflection

David's Story

David did have the support of family but felt he couldn't talk to some of his old friends. It was his partner, Debra's friends who became a pillar of support.

"Survived the constant travel because I focused on my son and wife. They were the ones going through it full on. Dealt with my own emotions when I came home. Had family and friends but nobody else had gone through something similar. Am a closed person. Heard stories that this is what it is like...had to try and handle it...when things do get very tough you almost put things to one side you kind of put a lid on them.... it was very tiring" (David, 2004).

His son, James, grew into a toddler and his disability became more apparent as he developed. The couple found they were spending many hours caring for him; feeding, bathing and changing him, not to mention the time involved in his therapy. They were always with him.

Debra noticed an advertisement in the paper for counselling and she booked an appointment. David noticed some positive changes in Debra. Initially David didn't think he needed counselling,

but on reflection he realised he was getting "so stressed out and too picky and real naggy".

David had to think about what was important in his life. He had grown up with the thinking that men don't show their feelings, they just get on with things. Some would say this was typical Australian culture; the land is tough and so are the men. However, David knew his family were more important to him than anything else, so he decided to go to counselling.

"...put that manly thing behind you and do it because at the end of the day, even now I feel that if I hadn't done it our relationship could have been over. By talking to a counsellor you realise that everything is not about yourself, it's about you and your partner and your son and it just helps to keep a lid on what's important. I think we had six free sessions" (David, 2004).

David learned some strategies that he and his wife have put in place. They both encourage each other to take some time out to do something they enjoy. Debra likes walking and she goes in the afternoon after David gets home at lunchtime.

Mike's Story

Carolyn, Mike's partner, is the organiser and schedules all the appointments. These days Carolyn attends many appointments on her own, however Mike attends as many as he can. Mike is keen to do the daily therapy that Emily needs.

"I would say it probably has made a difference in regards to it (having a child with cerebral palsy). Me and Carolyn actually did separate after the children were born and we had time away and I suppose that was before Emily was diagnosed.



That didn't really have an impact because we didn't know it anyway, but I think at the time (of the diagnosis) our relationship was very tender and fragile and that really brought us together and made us work towards improving our lives and the kids' lives at the same time" (Mike, 2004).

Life is busy at the moment, with the couple both working. Mike needs to continually look after his own health and he recognises that Carolyn needs some time out as well. There is a plan to set themselves up better financially and for Carolyn to work fewer hours. They may even move to a quieter place. But that's only a whim right now. They have the support of family who are not too far away.

Mike is committed to his partner: "they back each other up". Mike is a parent to two girls and recently it was brought to his attention that his other daughter Claire was being very 'naughty' in order to get attention.



"I try not to be different to her but it is hard in regards to Emily, who knows she can get away with a little bit more and plays up to that. Where as Claire knows she can't – it is quite funny watching them develop their little ways of getting around things. I suppose they will learn as they go through and we will learn as well" (Mike, 2004).

One of the key themes in the above three stories is the ongoing commitment to strengthen the couple's partnership by looking at the resources outside of their immediate relationship. Some dads tried counselling and found it really effective. Others found it less effective, but it still left a sense of being motivated, energised and wanting to do something different. It is also important to recognise that the decision to look outside often came at the time when their relationship seemed the most fragile.

Tips and Strategies

- Take time for yourself.
- Think about what's important.
- Use other resources: family, friends and counsellors.

Contacts

- People With Disabilities (WA) Inc., (08) 9386 6477, Country callers; 1800 193 331, www.pwdwa.org
- Dads with Disabilities Group (need to be a member of the Cerebral Palsy Association WA), (08) 9443 0211, Country callers; 1800 198 263
- Ngala Helpline, (08) 9368 9368; Hey Dad WA, (08) 9368 9379; Country callers; 1800 111 546. www.ngala.com.au.
- Patient Assisted Travel Scheme, contact your local hospital or GP.

My Partner

“...helps keep relationship together because a child’s needs are greater than a sole parent could manage” (Brett, 2004).

Stuart had been with his partner Kerry, for a number of years and he felt he and Kerry “were fairly easy-going”. Although the birth was traumatic he said they knew they could lean on each other for support.

“...pushing against the negativity of doctor’s helped us to become closer” (Stuart, 2004).

Stuart felt that he did not need anybody else, even though his family and friends were on the other side of Australia. There was a good feel to the place where they were now stopped (they had been travelling) and now they had found a new home.

“...had been a couple for twenty years and Kerry said she wanted a baby at 35 and she did...chose to remain positive and believe that things would work out” (Stuart, 2004).

A number of the dads felt the relationship with their partner had become closer. They had focused on supporting their partner, their child with cerebral palsy, and the other children in the family.

“... worked out a system for managing Katie’s care needs, took about six months, was difficult to sort out at first, deliberately sat down and sorted it out. We each have our own special jobs to do and we don’t cross each other’s lines unless asked to do so” (John, 2004).

George knows that he has to let things out eventually. He only talks to his partner.

“Elizabeth and I keep things bottled up. Elizabeth does all the worrying. If I let her know I am worried she really will be” (George, 2004).

It is also worth noting that mothers’ are more likely “to attach greater meaning to certain stressful events or situations” concerning their child with a disability (Schilling et al, 1985:858). Many of the fathers voiced concern over the long periods of time, their partner spent either alone with their child or attending numerous appointments. They were concerned how potentially stressful this could be in the long term.

A number of dads said they tried not to let their own worries show, because they knew their wives would only worry more. Things eventually came out, sometimes in an angry and hurtful manner and some of the couples were left feeling emotionally spent for a period of time. This is made all the more important as Don Edgar’s (1997) research shows that men generally see their partners as their main support rather than turning to extended family or friends.

It has often been said that the divorce rate is higher with couples who have a child with a disability (‘Going The Distance’, Harmon, 2002,). Interestingly though, Hornby (1995), has found from his studies that the divorce rate in this population is not very different from couples that do not have a child with a disability.

McCubban’s study referred exclusively to parents of children with cerebral palsy. He found the parents were committed to looking after themselves and each other and the children as a family unit. This focus assisted in maintaining family stability. It was this ‘family stability’ that

allowed them to deal with the added challenges of a child with cerebral palsy (Schilling et al, 1985).

A recent review of therapy methods for children with cerebral palsy concluded that the most effective aspect of therapy for children with disabilities is that which shifts emphasis from the child's impairments to the broader family, including fathers and the wider community (Clarkson et al, 1996).

The families' experiences suggested that the birth and diagnosis of their child was a crisis period and critical in the realisation that they needed each other and they wanted to be together.

This decision to encourage 'family stability' was certainly clear in the stories of fathers living in rural Western Australia. It was quite apparent that the couples had made a conscious decision to redevelop their sense of family stability.

Tips and Strategies

- Listen to your partner
- Keep talking to your partner
- Keep it factual
- Give each other space
- Make time to socialise together as adults

Contacts - Counselling Agencies

- Centrecare Counselling Service,
www.centrecare.com.au,
- Cerebral Palsy Association of Western Australia,
(08) 9443 0211, www.cpawa.com.au
- Kinway Relationship Counselling, Education & Training, 1800 812 511, (08) 9263 2050
- www.anglicarewa.org.au
- Relationships Australia (Western Australia) Inc
Counselling Service,
Country callers; 1300 364 277,
www.relationships.com.au



Relationships with the Other Children in the Family

“... you try to centre so much attention on (Cara) and then you realise it’s hurt the older ones... they’re trying to sense what’s going on. They’ve all got activities, (Laura’s) swimming or she’s got netball ...we try to be equal with all of them” (Allan, 2004).

Many of the dads discussed their relationships with their other children. The focus invariably centres on the child with a disability, particularly in the early stages of the diagnostic process. Some of the dads became aware very quickly that other children were behaving differently. Some children were becoming ‘naughty’ and others quieter. These dads then began to shift some of their attention back to their other children and a number of the other dads commented they try to treat all the children equally.

Brian (2004), knew he didn’t spend as much time with his older children, but sport was important for his family. *“It was important for the whole town, every body is involved”.*

“...don’t work Saturdays during the football season because (Anna) and (Ethan) both play football” (Brian, 2004).

Matthew discussed his efforts to treat all of his children equally. He learned this principle from the way he was parented. Matthew has a brother with a disability. Matthew spoke admirably about his relationship with his brother and his parents. He felt his own experiences had equipped him to cope, when he learned his own daughter had cerebral palsy, and he knew he could be ‘there’ for his wife.

“attempt to treat all three children the same though Tess has certain needs. She still receives the same discipline as the others” (Matthew, 2004).

Jeff lives in a large blended family. He was keen to get his son Ben home so he could bond with the other children.

“We’ve got mine, we’ve got hers and some other kids so it’s a big technical family but we’re managing and it’s the kids that keep you going” (Jeff, 2004).

Steve takes his boys swimming.

“There’s a heated swimming pool that they can use... the older boys try and teach Daniel to use his other arm” (Steve, 2004).

Brett knew he favoured Madeleine, his daughter with cerebral palsy, over his other child. He recognised this was a deliberate strategy and knew that he was trying to compensate for other family members who he felt were not as inclusive of his daughter with cerebral palsy. He described this as needing to:

“...bolster (her) internal strength to compensate for her differences” (Brett, 2004).



Studies have found that there are some typical behaviours that children will display when they are feeling neglected or stressed. These are behaviours that some parents might perceive as 'naughty' or the child knows are 'not allowed'. However, sometimes children will do things in order to be noticed even though they know they will probably be punished. This can be one way of getting attention in a very busy household. Mike noticed this was happening with his daughter Claire. He was able to put some strategies in place he had learned through a parenting programme and do some special things with Claire, without Emily being involved. Mike found if he concentrated on what Claire was doing well and praised her, some of the 'naughty' behaviours decreased.

Sometimes other children become the 'perfect' child. They will do no wrong, trying not to add to their parents busy and worrisome life. Other siblings may become withdrawn, escaping into their own fantasy world to escape feeling ignored or left out. Some children seem to be always acting the 'clown'. This behaviour can lighten the mood when others are feeling stressed (Nichols and Schwartz, 1984).

All children can display these behaviours at some time. It is only when they are doing them continually that there may be a problem. It can be difficult in the early days when there are so many appointments to attend and constant therapy to do at home. Some families tell us that all the children will do the exercises and put on splints or whiz around in the new wheelchair for a period of time.

A number of the dads had other children and were conscious of doing activities that all the children could enjoy. This sometimes involved making small adaptations so their child with cerebral palsy could also participate. This 'togetherness' was seen as essential to establish a sense of family balance.

The dads all discussed the need to ensure that their children were treated equally and individually wherever possible.



Tips and Strategies

- Think about what is important for each member of the family.
- Do 'fun' things as a family.

Contacts

- Ring you local Council for playgroups/ children's activities in your area.
- Visit your local library for story telling and other activities.
- Talk to your Local Area Coordinator (Disability Services Commission),
Country callers; 1800 198 263,
www.dsc.wa.gov.au.

Relationships with Family, Friends and Others

"I remember thinking when we first came here – I wish I had someone to talk to. I think that is one of the biggest problems because guys don't really talk to other guys" (John, 2004).

Many of the Dads talked about their relationships with their own parents.

"Friends (here) and now that (Carolyn's) Mum is here and my parents live (some 30kms away) and financial assistance is mainly what they have been supporting us with" (Mike, 2004).

"...having had a brother with cerebral palsy as well as a daughter ...you can sort of help people out in the bush or wherever to, you know if they can get a few tips from other parents, it's really worthwhile... mum and dad are really supportive..." (Matthew, 2004).

A number of the dads commented that they did not have any 'real' friends in the town they now called home. Some of them were 'loners' and their partner was their main mate, and every so often they wished they could talk to someone else. One father felt his work dictated with whom he could socialise. The dads who had grown up in their home towns still had strong networks outside of the family although, some of these relationships had changed since the child with cerebral palsy had come into the family. Some of the fathers commented on new friendships they had formed which they found very supportive. Some of these were work connections, or friendships that they once considered acquaintances and others were with the agency workers whose main role was to support their child.

David's friendships changed when James was born.

"...a few of my friends went a bit distant, they just didn't know how to deal with it. Where as with Debra's friends, they've been really supportive and I found that hard, like to get the support from the friends that I had, and I only recently have started to get back into contact with them, and things moving" (David, 2004).

Former 'work' colleagues have now become more supportive for David.

"I have always known who I could talk to about it, some people you can and others you just don't even worry about, but most of the people we are involved with, do like to know so it has been easy in that way to talk to people" (David, 2004).

"...don't have any real friends in town and no one in the same situation as us. Have one good friend who helps out on the property when I need a hand" (John, 2004).

"We sort of kept to ourselves (when Amy was born) still do actually. We don't have that many close friends here... but I reckon it would have happened (keeping to themselves) no matter where we were living" (Stuart, 2004).

"I suppose one of the bigger things is the support, you go into a town where you don't know anyone, the support

(you had) in the city, you had your family there and you had your friends there and all of a sudden when you leave that environment you haven't got that support base and just to go out for a cup of tea is difficult" (Brett, 2004).

"...friends dropped away when (son) was born because it was expected he would have fits and they couldn't face that issue" (Jeff, 2004).

George has found people in the town have "come and gone" in their lives. Some work for the local agencies that support Elizabeth and Joanne, and others live nearby.

"... women, not blokes that we meet and that sort of thing because blokes are out there working... there's Mavis, she still helps with exercising the dog" (George, 2004).

John commented: "felt like everyone was watching me the first time I pushed the wheelchair through Woolies". He knew of nobody else in the town in a similar situation. He said when his daughter started school it would be; "a good teaching opportunity for other people in town who are not used to people with disabilities" (John 2004).



John went away on an organised weekend for fathers with children with a disability. He said he did not talk much but he laughed. He hadn't laughed so much for so long and he said that he felt a part of the group.

"I didn't feel like I was the guy in the room with two heads!" (John, 2004).

Relationships can be very complex and can change quite quickly. The dads in these stories had thought about some of their important relationships. They became very conscious of how their relationships worked and did not take anything for granted. Hornby (1994), noted; "that fathers adaptation is related to their satisfaction with the social support they receive, and that fathers' stress is related to their level of social support".

It is important to recognise that even though some of the dads talked about the challenges involved, all of them were well bonded to their child with cerebral palsy and had developed positive relationships with all of their children.

Tips and Strategies

- Think about your network of supports.
- Think about the concerns or fears your friends and families might have when interacting with your child.
- Identify those families or organisations that have experience in dealing with these issues.
- Ask other families that you meet about the resources they have found useful.

Contacts

- Carers Association of WA, (08) 9444 5922, Country callers; 1800 242 636 (24 hour counselling service). www.carerswa.asn.au
- Activ Foundation, (08) 9387 0555, Respite Coordinator (08) 9371 1222. www.activ.org.au
- Lady Lawley Cottage, (08) 9384 2466 (respite care for children 0-18 years). www.redcross.org.au
- Landsdale Family Support Association, (08) 9409 6728 (respite care). ifsa@iinet.net.au

My Town

“Country life is safer, less hectic there’s no take-away places – that’s good!” (Allan, 2004).

For Allan, his home town is a place he knows so well. He was born there and it’s where he has stayed. He can easily travel to a large regional centre that is less than an hour away, so he and his children do have take-aways very occasionally, and that’s how he wants to keep things.

“...decided to stay here, this is where everyone is” (David, 2004).

All the fathers we interviewed had carefully considered why they lived in their towns.

To David, “everyone” means his partner Debra, parents on both sides, other family and close friends. David has grown up in his town, he knows his environment well and he can readily access services in Perth. A number of the dads reflected that they had stayed in a specific town or moved to a particular area because it was reasonably accessible to Perth. This was an important consideration because they needed to visit Perth for specialist services for their child.

A number of the dads said their chosen town was one in which they felt a real affinity and they were accepted as a part of the community.

“(This town) had the same sort of feeling as (home)” (Stuart, 2004).

Stuart travelled prior to he and his partner having children. Their home town reminded him of where he grew up, and this town seemed like a good place for him to stay and raise his family. He and his partner preferred to be on their own seeking out company if they so desired it.

“...been coming to this area since I was 12, loved surfing” (Steve, 2004).

Steve grew up in the city and he loved going ‘down South’ (the South West of Western Australia) with his mate’s family. This is where he decided to live as a young adult and is now raising his family.

“...people know you and help you because you live in the town.” (John 2004).



“best decision –wonderful neighbours, nice people, no crime, no traffic lights. Can walk down the middle of the road, can leave your house and car unlocked” (John, 2004).

Living near the school was important to John. He lived over the road from the local school, so as well as being very accessible, it meant that local growers would not be using any sprays in this area. This was especially important because the family believed that it had been the spraying of pesticides that had caused their daughter to develop cerebral palsy.

Matthew had interviewed all the headmasters in the local primary schools before he chose where to settle in a regional centre. Matthew was very keen to gain a clear understanding of how the school would include his daughter into their community.

Matthew firmly believed that all his children should be treated in the same way whenever possible. He wanted this sense of equality extended into Tess' classroom.

“Tess has to be involved in everything that is going on and she has to deal with the consequences if things don't work out” (Matthew, 2004).

Another dad saw his current home town as a temporary move, but it was necessary so he could further his career and eventually plans to return to Perth.

Jeff lives in an isolated community and his work environment is not flexible. Janet, his partner, is the only one he talks to about his son's issues and they both recognise how difficult it is to find time together. They live in a large blended family.

The price of the land and work opportunities dictated where other dads lived.

The dads gave many reasons for living in their town's. Some said it was the feeling of being safe and secure. Others said it reminded them of where they had grown up, and many said it was because they felt accepted by the people around them.



Tips and Strategies

- Think about why you have chosen to live where you are.
- Is there another community that would provide you with greater support or sense of security?
- Is it realistic to think about moving to a different community?
- What can you do to create the sort of network of support that you would like within your existing community?

My Job

"I left my job which was 'fly in, fly out' because I was missing out on the huge changes Amy was making in the four weeks I was away" (Stuart, 2004).

Stuart decided he did not want to miss out on watching his new daughter grow and develop, so he left his well-paid job to spend more time with his family. He then found another job closer to home. Three dads had moved away from jobs that were 'fly in, fly out' positions so that they could be home every night.

A number of the fathers who participated in the project found it difficult to take time off work and had little flexibility within their work hours. Some had changed jobs so that they were now working less hours and coping with reduced incomes.

More than half of the fathers interviewed had some flexibility in the workplace. This meant they could attend all or perhaps half of the appointments in Perth, or could look after other children at home. One father was able to change his work hours so that he started earlier and could then be home by lunch time everyday.

One dad was receiving 'carers payment' from Centrelink. This determined what other paid work he could do, and at times he felt judged by the other towns people because he was seen to "not have a job".

"... see limited income as being a life long event unless there is a miracle cure for Katie" (John, 2004).

Matthew was progressing towards more flexibility in the workplace. He had changed careers and was now a manager. He had arranged for a new person to commence soon to relieve him of some of his duties. This would allow him to attend school events.

"... made long term plans for a career, changed jobs because I couldn't progress in some settings because I don't have a degree" (Matthew, 2004).

Matthew had felt hindered in the workplace because he had not extended his academic learning since high school. His experiences and his personal drive, had motivated him to consider other opportunities that in the long run would hopefully be more conducive to family life.

Another dad felt he had more flexibility in the workplace now that he worked in the family business. However, he was now working longer hours due to the operation expanding. This was creating some internal conflict when attempting to balance his work and family life, because of the split loyalties.

"The family are buying another business a bit further down the track, may mean I have to travel further in the future, however the family would always consider our needs" (Allan, 2004).

Another father was aware that his partner wanted to work but realised he was the one who could provide a secure income and that his partner was the best one to be the main carer for all the children. They both agreed that this was currently the best option for the family.

"this is how it has to be" (Steve, 2005).

Jeff works down a mine for some eight hours a day and is not easy to contact. When he is contacted, it then takes a number of hours to get out of the mine and travel home or into the regional centre. The family has faced a number of crises because of their son's health. Each time it has proved difficult, juggling the crisis and

arranging care for the other children. Jeff does have some family nearby and some close friends and they have always helped out.

Jeff could work in this position as a 'fly in, fly out' employee (the family usually live in the city and Jeff would be away for two weeks and home for one) however this was one of the causes of his first marriage breakup and he is keen for this family to be together as much as possible, so he comes home every night.

In *'Going the Distance'* (Harmon, 2002), one of the dads interviewed discussed his change of employment from being a Boiler Maker/Welder to having his own earth moving business. This meant he could be flexible and take the day off to see his daughter and be with the rest of the family for particular events. He really liked his new environment, because he found peace in the colours of the land and the trees. He felt the rest of his family were also able to enjoy those benefits.

It seems that the majority of new parents revert to traditional lifestyles, i.e. dads being the main provider and mothers the main caregiver, particularly in the early years of a child's life. Some studies have revealed that of the families who have a child with a disability, this traditional arrangement is more likely, and can extend well beyond the early years (Trute, 1995). Other families though, favour a more shared arrangement in the workforce. These parents have noted greater emotional satisfaction if this is linked with fathers being more involved with their child's direct care (Willoughby & Glidden, 1995).

Fathers and their family environments are all individual and for some the arrival of a child with a disability creates a lot of changes in the family's routines. Conversely, in others there seems to be hardly a ripple. Then there are many families that fall in between. For some, changes are made

early and for some later, as things within the family demand greater attention. There is no one solution. Many of the families interviewed had made a number of changes and talked about others that may occur in the future. These changes include work options and ultimately the overall family lifestyle.



It seems, that because the families often had to deal with very abrupt changes since the birth of their child, they were much more aware of the need to continually adapt. Many of these pressures were from outside systems that the family could not control. As they became more skilled, however they were able to deal with change in some areas of their life while keeping other areas very stable, such as the connections with their extended family and the wider community.

Tips and Strategies

- Think about whether your job gives you sufficient flexibility to be involved in the life of your child.
- Is it appropriate to think about changing jobs?
- Who can you talk to in your workplace, about increasing your flexibility to meet the needs of the family?

Contacts

- Centrelink; For Carers Allowance/ Carers Payment and other benefits. Contact your local office, 132717. www.centrelink.gov.au
- Industrial Relations Commission (Western Australia), (08) 9420 4444, Country callers; 1800 624 263. www.waipc.wa.gov.au

My Attendance at Appointments

“...both of us turning up, Selina and me. We normally turn up with three kids, one generally running amok, and the other one, well the parent not looking after the kids can focus on and ask them the hard questions...” (Matthew, 2004).

Matthew was able to get to most of the appointments in the city in the early days. He felt the medical and therapy staff took them more seriously when there were two of them and he was able to ask the ‘hard’ questions. Matthew didn’t need to be told that his daughter was doing fine, he knew that. The purpose for him was to find how they could help her in the next phase.

“... treated differently by health care providers when we both attend appointments, given more time and information, less likely when partner attends on her own. Glad that health care providers are positive, but if they only say she is doing great without identifying what areas we need to concentrate on, you can leave an appointment feeling that nothing useful has happened” (Matthew, 2004).

Matthew and his family have moved to another regional centre in the last couple of years. He had done this for a number of reasons: he was now closer to Perth so it was a much shorter distance than his previous home, his wife was now closer to her parents, and his new job would allow greater flexibility and career structure once he had settled in.

“... had been difficult to build a relationship with Ben because he was in hospital as an

infant – when I could visit, there were no beds so I slept in the car. ...hard on other children because they have to get up early when Janet is going to the hospital. I go to work before them and they come home to an empty house and are not allowed to go out until I come home – hard on the kids, probably going to be harder with Joshua (new baby)” (Jeff, 2004).

For this dad, trips to Perth and his attendance at appointments have to be really considered. There are the other children who go to school. Perth is eight hours away on a good drive.

Most of the dads attended the majority of appointments when the child was very young and this has tapered off over time as families come to terms with the changes, and life settled into a routine.

“... hard to take not knowing what was happening at the appointments when (Kerry) travelling on her own, hearing updates over the phone, felt a bit left out” (Stuart, 2004).

“Attending appointments in Perth weekly, we all go, most appointments at 1pm, it is tight but we get there. I feel it’s my responsibility to go. It is better when I do go... don’t like (Debra) going on her own... Need to go so that I fully understand what’s going on, don’t take it all in when (Debra) relays it to me” (David, 2004).

There is also a suggestion that as mothers become more familiar with the health system and learn the language, they become more competent in dealing with specialist staff and implementing therapy. This increasing competence can inadvertently shut fathers out as they become less expert in their child's care and the child seems only to respond to the mother. Fathers may feel overwhelmed and inadequate in relating to their child and their partner. It is at this point that some fathers, in order to escape their own pain and feelings of inadequacy, spend longer hours at work as a means of increasing the family income and creating a sense of usefulness (Lillie, 1993).

"Mr Lewis tackled his fears by becoming more involved in Mark's care. He learnt how to give him his physiotherapy and cope with the fits. Gradually Mark (child) learnt to trust him. I remember once when I kissed him and he laughed, he looked at me, then Jan (wife), and said, 'daddy' and then I really entered his life" (Peace, 1995).

"If not at the health care provider appointments, can't ask questions - no information is volunteered, only offer responses to questions at the time" (David 2004)

The dads' stories about appointments sometimes caused an inner struggle, particularly when the majority of fathers felt unheard, and their availability was not considered when appointments were being scheduled.

The number one reason given by fathers who did not participate in appointments, was scheduling and work conflicts (Hadadian & Merbler, 1995).

Current research discusses the importance of fathers being actively involved with their children's appointments because they are more likely to be emotionally connected and involved with the whole family at home. It has also been noted that the father's views, values and feelings are pivotal when considering the family's general coping strategies and long-term outlook.

Tips and Strategies

- Talk to your employer about the need to take time off to attend appointments.
- Talk to the service providers about making appointment times when you are available.
- Talk to the agencies about your strong desire to be involved in discussions about your child's health.
- Talk to your wife about attending the appointments together wherever possible.



Things I Wish I Had Known Before I Started This Journey

“Getting to know your child takes time, changes will happen - maybe small and harder to spot... make every minute count. You don’t get the quantity, you get the quality” (Brian, 2004).

For this dad, family routine has been very stabilising. He is very involved in the morning routine of feeding and dressing his daughter Sarah, before he goes off to work. He can now predict what Sarah will do when he approaches her, because he knows her so well.

Brian knows that there are numerous appointments his daughter will need to attend throughout her life and things can get hectic and quite stressful when Sarah is uncomfortable. Brian feels he has been able to draw strength and remain calm in those situations because of strategies he learned when he was a woolclasser.

“... didn’t have another child straight away so we could give Joanne more time... use respite so we can get a break, have to be happy with respite” (George, 2004).

For this couple Joanne was their first child and she was diagnosed with cerebral palsy just before her first birthday. George and Elizabeth both worked before they decided to start a

family. Initially they were not aware that Joanne had a disability, they simply thought she might just be taking longer to develop. When they realised Joanne had cerebral palsy they needed to take time to adapt. Now George uses respite regularly so the rest of the family can take a break.

“... didn’t think anything would affect us, even though we were warned of some risks (not cerebral palsy) because we had them by IVF (In Vitro Fertilisation)... Didn’t ask what was available, what we could have... we kept help and support at a distance, we lost time ... need to dedicate time to finding what is out there, support groups etc... First two years difficult; appointments, work, trying to stabilize... working out appointments so don’t have to spend whole days in Perth... your time to be assertive and effective about what you can and won’t do... be open talking about your child’s cerebral palsy treatments... Treat all your kids equally... try to be positive, maybe we got (Carolyn) because I have had problems with my legs, knew that I would work with her” (Mike, 2004).



Mike was able to reflect where he had moved from, both physically and emotionally. He was able to make sense of those first two years and find a place in his life where it all fitted and belonged. This has assisted him to establish the current family routine.

Mike talked about how fragile his relationship with his partner was at the time of the birth of the twins. Neither of them had any idea that Emily would later be diagnosed with a disability. Mike and his partner had gone through the anguish of trying to have a child and then later going into the IVF programme. Mike talked about blocking things out, needing privacy and space to deal with things on their own.

John had a similar story he also needed to take time out. He and his partner would not collect the mail or answer the phone until late in the day. John saw it as a game they played. The game was an intuitive way of knowing that he couldn't handle anything else and the game was played to take 'time-out'. It was time to just 'be' with his child, his wife and himself. This was a time to absorb and to maintain relationships that were often very stressed and constantly tested. John knew he needed to give himself time to reacquaint himself with his little girl who was portrayed in different ways medically depending on the agency involvement. However, throughout the struggle he knew she was still his little girl.

Some fathers talked about how difficult it was at times, constantly living with a child who had a disability. One father talked about the dilemma and whether things might have been different.

"We did have to find ourselves... (the agencies) should have offered counselling earlier." (David, 2004).

This was difficult because as James was getting older his challenges were emerging and it became very time consuming to support all his needs. It started to become very tedious and the routine was very draining for him and his wife. It took an hour for James to finish each meal, not to mention the time involved in helping him with toileting, bathing and the other necessary tasks of daily life. There was not much time for play. It was at this point that David found it particularly hard to watch other kids of James' age running, laughing and excitedly telling stories to their fathers.

"...termination is an option" (anon, 2004)

This notion is a hard one to admit but fathers who have found out their child is disabled in utero have supported their partners to terminate the pregnancy.

Many dads realised that they needed to live this new life for a while in order to decide what sort of resources to seek out. The families recognised that this was a natural part of adapting to a new life situation.



"Take life as it is dealt to you. He is a happy kid, he has a really good nature, he can just smile or laugh and it makes you appreciate what you have got. He can hear now so he comes, when we say his name, in his walker. This is his way of running towards us, have been upset watching my mates kids do this in the past knowing (James) will never do this" (David, 2004).

It was during counselling that David was able to see James in a new light. David knew that he had always loved James but now he accepted him for who he was, his little boy who could show his love in different ways as indeed David displayed it to him.

For David the realisation that his son did not necessarily have to run into his arms like more physically able children to show his affection was liberating. His son shows his love in many ways, he likes to be close to at least one of his parents and he shows his appreciation by laughing and smiling at them.

*He cannot walk unaided
It does not seem to bother him
He certainly gets there by other means
His smile and his laughter
Dazzle all who spend time with him
His inner strength is amazing
What can I learn from that
His life will be so different to mine
As surely any child's will be
And what he gives to me I find fulfilling
I hope I can give as much in return
Love is truly grand.*

Corinne Wray – an outsider's reflection



Making Sense of it all

In meeting and talking with these families that live in rural Western Australia, it was apparent that there were major life changes and stages that needed to be negotiated.

Each of the fathers talked about the particular challenges within their family life and their sense of surprise, and in some cases fear, at the thought of the life that was about to unfold for their child. The key issue though, in all of these stories is that the families made a conscious decision to work as a team and to look outwardly into the community. Looking outward meant talking with other people, asking for advice and having the courage to look at alternatives.

It was very clear that this did not mean losing all sense of hope or feeling that you had no control over the situation. On the contrary, most fathers talked about giving themselves time to make the adjustment to a new and different situation. Part of this process included talking very clearly with the other parent, making some very concrete decisions about how to deal with therapy appointments, and managing the daily living needs of all of the children. This negotiation between the parents was often the most difficult in the early days because each was dealing with the changes in a different way. This often meant that each parent would withdraw and in doing so inadvertently cut out the other parent from any discussion or decision-making. Sometimes the biggest frustration a dad talked about, was feeling they had no control over the therapy or the procedures of interventions with their child. Many dads talked about spending more time at work or at least thinking about how work was interfering or impacting on their lifestyle. This sense of juggling work and family was often very difficult especially if the employer didn't understand what was happening or was not particularly sympathetic.

The other key message from all of the fathers was how really important it is to identify community resources as early as possible. This



allows your family the widest range of choice to manage your lifestyle, your children, your work life and the relationship you have with your partner.

It was apparent that each family dealt with cerebral palsy in a different way and this in a sense was their strength. The key message is that living with a child who has a disability is completely possible and joyous if you decide to do so.

"Remember the positives of having children outweigh the negatives."

"Most people have the resilience to deal with whatever happens; it is a bit of suck it and see."

"You need to be able to ring someone and say, look we're having trouble."

"Remember. No child is perfect."

"Get something for depression immediately. That gets you really quickly and you feel suicidal and you can't do much when you're depressed."

"There will always be another child whose challenges are greater. Stay grounded."

Useful Contacts

Name	Phone	Email/website
ACROD WA The National Industry Association for Disability Services	(08) 9242 5544	acrodwa@acrod.org.au www.acrod.org.au
Activ Foundation	(08) 9387 0555	www.activ.org.au
Alcohol and Drug Information Service (ADIS)	(08) 9442 5000 1800 198 024	www.dao.health.wa.gov.
Carers Association of WA Provides services and support for family carers	(08) 9444 5922 1800 242 636 24hr Counselling: 1800 242 636	www.carerswa.asn.au
Centrecare	Counselling Service Perth (08) 9325 6644 Mirrabooka (08) 9440 0400 Bunbury (08) 9721 5177 Cannington (08) 9451 1100 Djooraminda (08) 9378 2522 Goldfields (08) 9091 1833 Esperance (08) 9071 1955	www.centrecare.com.au
Centrelink Carers Allowance/ payment	132717	www.centrelink.gov.au
Cerebral Palsy Association of Western Australia Dads and Disabilities Group Social Work	(08) 9443 0323 1800 198 263	www.cpawa.com.au



Name	Phone	Email/website
Crisis Care Department of Community development (24hrs) Counselling	(08) 9223 1100 1800 643 000	www.communitydevelopment.wa.gov.au
Disability Services Commission Local Area Coordination	(08) 9426 9306 (08) 9426 9792 1800 998 214	www.dsc.wa.gov.au
Domestic Violence Helpline	(08) 9223 1199 1800 000599	www.communitydevelopment.wa.gov.au
Family Court Counselling Service	(08) 9224 8248	www.communitydevelopment.wa.gov.au
i.d.entity.wa (formerly Catholic Care)	(08) 9474 3303	reception@identitywa.com.au
Industrial Relations Commission (Western Australia) Wage and leave enquiries Industrial Relations & Employment Advisory Service Hotline (24hrs)	(08) 9420 4444 1800 624 263 1300 655 266 1902213 325 (95c per min)	www.wairc.wa.gov.au
Kalparrin Centre Practical and emotional support to families with a child with special needs.	(08) 9340 8094 1800 066 413	kalparin@iinet.net.au
King Edward Memorial Hospital	(08) 9340 2222	http://wchs.health.wa.gov.au
Kinway Relationship Counselling, Education & Training	(08) 9263 2050 1800 812 511	www.anglicarewa.org.au www.kinway.org.au
Lady Lawley Cottage Australian Red Cross Respite Care children 0-18yrs	(08) 9384 2466	www.redcross.org.au

Name	Phone	Email/website
Landsdale Family Support Association Respite Care	(08) 9409 6728	ifsa@iinet.net.au
Mental Health Services	(08) 9222 4099	www.mental.health.wa.gov.au
Ngala Country callers Hey Dad WA	(08) 9368 9368 1800 111 546 (08)9368 9379	www.ngala.com.au
Patient Assisted Travel Scheme Health Info Line	Contact your local hospital	1300 135 030
People With Disabilities (WA) Inc	(08) 9386 6477 1800 193 331	www.pwdwa.org
Princess Margaret Hospital for Children (PMH)	(08) 9340 8222	http://wchs.health.wa.gov.au
Relationships Australia Counselling service	1300 364 277	www.relationships.com.au
Sexual Assault Resource Centre (SARC) Crisis line (24 hrs) Counselling line (24 hrs) Country Areas (free call)	(08) 9340 1828 (08) 9340 1899 1800 199 888	www.acshp.org.au
SECCA – Sexuality Education Counselling and Consultancy For people with disabilities	(08) 9420 7226	www.secca.org.au
Sussex St Community Law Service Disability Discrimination Unit	(08) 9470 2831	sscls@sscls.asn.au www.sscls.asn.au
Therapy Focus	(08) 9478 9500	www.therapyfocus.org.au

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Focus on Fathers

Stories of Rural **Fathers** with a Child with Cerebral Palsy

The Cerebral Palsy Association of Western Australia (CPAWA) and Ngala have joined forces to develop this resource, 'Focus on Fathers', in recognition of the limited resources and information for fathers who have a child with a disability. The dads' stories are all very unique and some we realised were being told for the first time. Whilst these stories are specific to rural dads, we feel other dads in the metropolitan area who have a young child with a disability will also be able to relate to the information. One of the aims of this booklet is to provide some insights and advice to new fathers of children with a disability.

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