

# Healing in culture

Evaluation of Gunawirra's  
Young Aboriginal  
Mothers' Program



In partnership with



**GUNAWIRRA**

In Aboriginal mythology Gunawirra means the invisible seed of all creation  
*Prevention through Early Intervention*



# Healing in Culture: Evaluation of Gunawirra's Young Aboriginal Mothers' Program

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## PROJECT ACKNOWLEDGMENTS

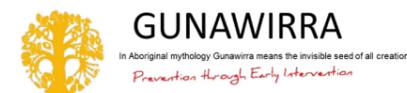
This report is a product of a partnership between Gunawirra and Australian Catholic University (ACU). The Project Team extends its sincere thanks to all who contributed to this project, in particular Graham Toomey, Katrina Ikonou and Miriam Cavanagh at Gunawirra, and Vivien Cinque and Jillian Cox at ACU. We are also grateful to all the mums who contributed their time and feedback. This project was activated through the Stakeholder Engaged Scholarship Unit (SESU), which was established to provide an avenue through which ACU can address issues of social, cultural and economic importance as identified by communities. Completing this project through the SESU enables ACU to live its mission to be deeply engaged in and produce better outcomes for communities experiencing disadvantage or marginalisation.

## ACKNOWLEDGMENT OF COUNTRY

In recognising Aboriginal and Torres Strait Islander peoples' spiritual and cultural connection to Country and in continuing ACU's commitment to Reconciliation, the authors acknowledge the First Peoples and the Traditional Owners and custodians of the Country where ACU campuses are located.

We respectfully acknowledge Elders past and present and remember that they have passed on their wisdom to us in various ways. Let us hold this in trust as we work and serve our communities.

In partnership with



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# 1. Executive summary

Since 2008, Gunawirra a community-led community organisation in Rozelle, Sydney has worked directly with Aboriginal and Torres Strait Islander children, mothers, families, and communities to build capacity, healing, and improve health and educational outcomes. Gunawirra leads early intervention programs such as the Young Aboriginal Mothers Program (YAMP) to provide services which are trauma aware and culturally responsive to Aboriginal women and their children. These services are informed by culture and are tailored to suit the needs, requests and interests of the mothers and their children.

In this community-led study that is the subject of this report, co-designed by Gunawirra and partnered with ACU, we sought to understand:

1. Mothers' experiences and perceptions of YAMP
2. The lasting impact YAMP has on the daily lives of mothers and children
3. The program's effectiveness of redressing the cycle of trauma and poor self-esteem of mothers
4. The medium-term outcomes of the program
5. Key recommendations voiced by mothers on strategies to better improve the service delivery of YAMP.

From a social justice standpoint, this project gave voice and agency to mothers who participated in Gunawirra's Wednesday YAMP group. This co-designed evaluation study enabled mothers to express their perceptions, experiences, and recommendations of YAMP for the purpose of informing and guiding future practices of Gunawirra and thus strengthening the outcomes of Aboriginal and Torres Strait Islander mothers and children.

Five project objectives were set, and a combination of Indigenous and Western qualitative methodologies were employed to centre the voices and experiences of Gunawirra mothers. The initial projected timeline was 10 months (February-November 2022). However, that was extended due to the COVID-19 restrictions, inclement weather, researcher availability, and dissolution of the Wednesday group. This meant that participant recruitment and data collection could not be completed in accordance with the original timeline.

The project presented in this report was conducted to answer two research questions, and to achieve five aims. However, the findings were limited in sample size representation due to the impact of the nature of the participant recruitment and data collection. We recognise that our findings may not represent all Gunawirra's YAMP mothers and alumnae experiences. Five YAMP mothers agreed to share their experiences, insights, and suggestions to strengthen the program for this project. Further, a total of 15 themes emerged from the data, with 4 key recommendations voiced by the mothers as potential actions to strengthen the program. We recognise, though, that some may be outside the organisation's ability to address.



## 2. Introduction



Image provided by Gunawirra.

### GUNAWIRRA

Formed in 2008, ‘Gunawirra’—a dreaming word meaning the ‘invisible seed of all creation’—is a community-led organisation which operates holistic programs with the vision of building Aboriginal and Torres Strait Islander children, mothers, and families’ capacity, and confidence towards healing, resilience, and self-reliance (Gunawirra, 2023). Located in Sydney’s inner west suburb of Rozelle on Gadigal and Wangal people’s Country, Gunawirra’s programs are informed by culture and healing, and bring professionals and cultural advisors together to lead community-led services for Aboriginal mothers and their children. Since 2008, Gunawirra’s holistic program have focused on breaking the cycle of trauma and disadvantage among Aboriginal and/or Torres Strait Islander families in urban, regional, and rural NSW. The multi-disciplinary team at Gunawirra provides early intervention to Aboriginal and/or Torres Strait Islander mothers and their children from conception to five years. Gunawirra’s projects intend to bring about a marked change in mothers’ and children’s level of cultural identity, values, healing, safety, cultural expression, and cultural connection. The programs are also trauma-aware and strengths-based which are built from grassroots, recognising the impact of past ongoing trauma experienced by some mothers and children, and ensuring a healthy positive development for children.

### GUNAWIRRA’S YOUNG ABORIGINAL MOTHERS’ PROGRAM (YAMP)

Gunawirra’s YAMP aims to break the social isolation and reduce the impact of intergenerational trauma on Aboriginal and/or Torres Strait Islander mothers and their families by facilitating weekly peer-support groups and activities. The mothers’ groups have evolved from supporting the mothers and enhancing their Aboriginal and/or Torres Strait Islander cultural identity to providing mothers and children access to holistic services such as individual therapy, social work support, art therapy, alternative therapies, and practical supports. Each group caters to a different developmental stage and age group, from babies to pre-school children, with each mothers group taking place on different weekdays. Each group of mothers meets between 10am and 1pm on the designated weekday at Gunawirra House in Rozelle, while their children have engaged in art/play therapy in the adjoining courtyard.

The groups have been supported by Aboriginal and Non-Aboriginal staff who are trained in trauma-aware care, who understand the impact of past and ongoing trauma experienced and who value Aboriginality and Torres Strait Islander heritage. Notably, the historical context and need for capacity-building of Aboriginal communities is understood, and partnerships and engagement practices reflect diverse and multiple Aboriginal and Torres Strait Islander voices.

Gunawirra has offered individual psychotherapy and counselling sessions, and allied health services as needed for each mother, and many of the activities are based on each mother’s requests, interests, and individual needs. Each year, the mother’s progress to the next group that focuses on the next developmental stage of their children. Once their child has reached school age, a mother has ‘graduated’. However, Gunawirra has often lost contact with the mothers once they have graduated from the program. Despite this loss of contact, Gunawirra has received anecdotal feedback from ‘alumnae’ mothers, who explained that their fears had been placated by the weekly support groups, fears such as: raising children alone, ending the trans-generational cycle of trauma, ending self-destructive behaviours, pregnancy by choice, and retaining children in the mother’s care within Australia.

### GUNAWIRRA AND ACU PARTNERSHIP

In 2021, Gunawirra partnered with Australian Catholic University’s (ACU) Stakeholder Engaged Scholarship Unit (SESU) to undertake an evaluation of the YAMP. The project aimed to evaluate Gunawirra’s weekly peer-support group for mothers on Wednesdays.

An initial step of the evaluation involved speaking with key staff at Gunawirra involved in the YAMP program to record a history of the program. This led to the development, with Gunawirra, of a program logic for YAMP, which maps the program’s history, goals, key activities, resources, and short, medium, and long-term outcomes (see Figure 2.1).

The mothers who participated in the evaluation by sharing their experience had all either graduated from or had participated in the program for at least 12 months. The evaluation sought to understand the medium-term impact the program has had for those mothers and their children. This report provides the findings of the evaluation and makes suggestions for future program development based on recommendations from the mothers who participated in the study.

FIGURE 2.1

PROGRAM LOGIC FOR GUNAWIRRA'S YOUNG ABORIGINAL MOTHERS' PROGRAM (YAMP)*					
SITUATION	INPUTS	OUTPUTS	OUTCOMES		
			SHORT TERM (0-1 YEAR)	MEDIUM-TERM (1-2 YEARS)	LONG-TERM (3+ YEARS)
<p>Aboriginal and Torres Strait Islander communities in NSW experience intergenerational trauma due to loss of land, forced removal of children and racism, which has resulted in loss of connection to Country and culture, inequalities and associated health and social issues. Some group participants were removed from their mothers as children and need support to understand the mothering role. Many participants have not had a stable environment prior to coming to Gunawirra. There is a need for communities to receive the treatment and support to heal the effects of this trauma. However, Aboriginal and Torres Strait Islander people often do not have access to the health care and social support that is available in the general community.</p> <p>Created prior to 2013, Gunawirra mums' group fills these health gaps, provides a space where mums can share knowledge with each other, and aims to improve the health and educational outcomes of pre-school age Aboriginal and Torres Strait Islander children. The group provides healing through culture and art and access to therapy and health specialists for mothers and children.</p> <p>If Gunawirra's mums' group did not exist, Aboriginal and Torres Strait Islander children in NSW may not receive the early intervention support they need and mothers may not receive the health and social support they need to maintain good health, care for their child/ren and connect to culture, thus existing barriers to health care and social inequalities would remain.</p>	<p><b>Staff with skills and knowledge to run the program and provide a stable, nourishing environment in which the women can flourish:</b></p> <ul style="list-style-type: none"> <li>Program Manager Katrina Ikonomou: provides program leadership, Social Work support, outreach visits, organises outings and key events, builds positive relationship with children and mums</li> <li>CEO and Executive Director Graham Toomey: builds positive relationship with children and mums, facilitates connection to cultural identity, provides cultural supervision, holds knowledge of program history</li> <li>Group Facilitators: Elder Aunty Jo, nutritionist, social worker</li> <li>Individual therapy facilitators: speech pathologist, psychotherapist</li> <li>Volunteer cook to make lunches around which the group comes together</li> <li>Social Work student volunteers</li> </ul> <p><b>Facilities and materials:</b></p> <ul style="list-style-type: none"> <li>Outdoor area</li> <li>Play equipment</li> <li>Toys</li> <li>Kitchen</li> <li>Native garden (providing connection to culture)</li> <li>Art and craft materials</li> <li>Food and vouchers provided</li> </ul> <p><b>Healing circle</b></p> <p><b>Referrals from external agencies and self-referrals</b></p> <p><b>Evaluation by ACU with Gunawirra staff</b></p>	<ul style="list-style-type: none"> <li>Two groups held for 3-4 hours once per week for approximately 3-4 mothers per group: Tuesday group (newer, with younger mums) and Wednesday group (longer running, with older children)</li> <li>Art therapy</li> <li>Nutrition support</li> <li>Speech therapy</li> <li>Social Work support</li> <li>Individual psychotherapy as requested</li> <li>Cultural work: painting, weaving, storytelling, etc</li> <li>Craft, outdoor play and other activities for the children</li> <li>Lunch held together with the mothers and children</li> <li>Activities to support mother and child to bond or outings (e.g., gardening or planting native plants in local park)</li> <li>Group services also available as individual services (nutrition, speech therapy, social work support, art therapy, psychotherapy, Cultural work)</li> <li>Support for mothers who do not physically attend the group (phone calls, therapy, grocery support pack, home visits)</li> </ul>	<ul style="list-style-type: none"> <li>To provide a safe, stable and nurturing environment for mums at Gunawirra in which they can heal</li> <li>To create in mums a positive shift towards a sense of pride in themselves to enable them to develop a positive relationship with their child/ren</li> <li>To strengthen the bond between the mum and her child</li> <li>To help mums develop their social support networks (i.e., form friendships/connections with other mums)</li> <li>To build mums' trust in health professionals and see them develop and put into practice the skills, tools and knowledge shared with them (e.g., to cook meals at home)</li> <li>To strengthen the mums' connection to culture and identity, to help them heal and to have pride in their identity</li> </ul>	<ul style="list-style-type: none"> <li>To support all staff, volunteers and facilitators to form strong relationships with the mums and kids that enable the women to feel safe, heal and grow</li> <li>To see the people who help run the program grow and learn as a result of their relationships with the mums and kids</li> <li>To have mums better understand the role of a mother</li> <li>To strengthen the mums' connection to culture and identity, to help them heal and to have pride in their identity</li> </ul>	<ul style="list-style-type: none"> <li>To break the cycle of trans-generational trauma among Aboriginal and Torres Strait Islander families in urban, regional and rural NSW and build Aboriginal and Torres Strait Islander families' identity, connection to culture and resilience</li> <li>To see a happy, cared for woman who is not in need with a child who is loved and cared for</li> <li>To provide early intervention to give children the best start in life by supporting good nutrition, health, education and cultural connection</li> <li>To provide for mums and kids an experience of strong cultural connection through their time at Gunawirra that they can carry with them and be strengthened by in the future</li> <li>To strengthen the mums' connection to culture and identity, to help them heal and to have pride in their identity</li> </ul>

\*Gunawirra and the mothers themselves, colloquially refer to YAMP as the 'mums' group'. As such this language has been applied in the program logic

## 3. Methods

### 3.1 Aims of the YAMP evaluation

This evaluation sought to:

- 1 Understand which aspects of the experience had the most and/or a lasting impact in the daily lives of the mothers
- 2 Understand how effective the program is in redressing the cycle of trauma and poor self-esteem of mothers and their children
- 3 Uncover the strengths and weaknesses as well as the cultural values and beliefs of the peer support groups
- 4 Highlight the medium-term outcomes of the program via examination of the experiences of the mothers who participate in the data collection activities
- 5 Develop a proposal for a new prototype model that will incorporate recommendations for improved service delivery, which can be replicated and scaled to other settings involving Aboriginal and/or Torres Strait Islander mothers and their children. The model would cover:
  - Components of the service
  - Recruitment
  - Promotion
  - Implementation Evaluation tools

### RESEARCH QUESTIONS

The following questions were used by the researcher during the interview to prompt the participant. The questions were co-developed with Gunawirra staff and circulated amongst the mothers to ensure their feedback was captured.

- 1 What are the perceptions and experiences of the mothers who have participated in Gunawirra's peer-support mothers' group?
- 2 What changes can Gunawirra make in policy and practice to improve the mothers' group program?

### 3.2 Methodological approaches

The evaluation was a combination of both Indigenous and Western qualitative methodological approaches to ensure the research project centred on the voices, perspectives, and experiences of Gunawirra mothers. Notably, the research followed a community-based participatory research (CBPR) approach, whereby there was 'engagement and full participation of community partners in every aspect of the research process from question identification to analysis and dissemination' (Hacker, 2013, p.2; Riley, 2021). The research team ensured this by including Gunawirra in online research team meetings and consulting with them at all stages of the research plan and the design of the questions. Gunawirra did not participate in the analysis of the data. However, the researchers undertook member-checking to validate that the research team had interpreted and represented their experience at Gunawirra appropriately. The researchers



undertook several in-person visits and regular on-line Zoom meetings with Gunawirra to build culturally safe relationships, maintain trust, and to allow Gunawirra staff to make decisions and drive the research process. The project team comprised of ( $N=2$ ) Aboriginal researchers and ( $N=1$ ) non-Aboriginal researchers with collective experience in program evaluation, Aboriginal and Torres Strait Islander health and education, qualitative research, and research in and with Aboriginal communities, as well as key stakeholders from the Aboriginal organisation. While all aspects of the project were designed in collaboration with all key stakeholders, the evaluation itself has been conducted by ACU researchers through a co-design process with Gunawirra to maintain research integrity and avoid coercion.

Indigenous methodological approaches such as Yarning methodology were employed by the researchers to develop respectful, trustful, and culturally safe relationships with the Gunawirra mothers and staff members. In Indigenous Australian culture, to have a 'yarn' means to have a conversation (Bessarab & Ng'andu, 2010). Notably, yarning is a method that Indigenous peoples traditionally and continue to use to transmit sacred knowledges and passed down histories, culture, songs, stories, laws, and customs (Mooney, Riley, & Blacklock, 2018). In this evaluation study, the researchers used social yarning, research topic yarning and collaborative yarning to ensure the research practice was culturally appropriate, and not forced – to allow relationships between the researchers, mothers, and staff to develop naturally. According to Bessarab & Ng'andu (2010, p. 40) social yarning is 'Conversation that takes place before the research or topic yarn is informal and often unstructured, follows a meandering course that is guided by the topic that both people choose to introduce into the discussion.' However, research topic yarning is where the yarn is solely based on the research topic (Bessarab & Ng'andu, 2010). This took place in data collection interviews and between Zoom and in-person meetings between Gunawirra staff and researchers. Collaborative yarning took place at the beginning of the study with Gunawirra staff and ACU researchers collaborating and exchanging ideas and knowledge on how the research evaluation could be conducted. Hence, both Indigenous and Western qualitative research methodologies were selected to ensure YAMP mothers' voices, experiences, stories, and recommendations were appropriately captured and centred.

### 3.3 Research design

#### PARTICIPANTS

There were a total of ( $N=5$ ) mothers who participated in the evaluation study comprising of ( $N=3$ ) Aboriginal mothers, ( $N=1$ ) Aboriginal and Torres Strait Islander mother, and ( $N=1$ ) mother identifying as neither Aboriginal and/or Torres Strait Islander who had Aboriginal children. Dr Georgia Durmush interviewed one mother in-person at Gunawirra House, while the remaining ( $N=4$ ) mothers completed a 30-minute on-line open-ended Qualtrics survey. Each mother was compensated for her time, receiving a \$100 Visa card voucher.

#### MATERIALS AND PROCEDURE

Several visits to Gunawirra and to off-site cultural activities were undertaken by the researchers, individually and together to form relationships and build trust between researchers and participants in preparation for the interviews. The researchers had planned to undertake interviews face-to-face at Gunawirra. However, limitations to visits included COVID-19 restrictions, inclement weather, researcher availability, and dissolution of the Wednesday group. Mothers were invited to participate in the evaluation study through verbal invitations from Gunawirra staff. In-person visits and phone calls were made by the researchers with the consent of mothers, allowing Gunawirra to pass on contact details to the ACU researchers. Participant information letters (PILs) were provided to participants, outlining the risks associated with the research and informing them that participation in the study was voluntary and that they could withdraw consent at any time prior to the data analysis process by emailing the researcher/s. No participants withdrew from the research. In the PILs, participants were made aware that there is a small sample size so there is some risk of identifiability. The researchers have taken great care to ensure the answers are not identifiable by removing any identifiable content from quotes. Consent was collected from participants for all data collection activities involving contact with individuals (whether face-to-face or online).

#### ETHICAL CONSIDERATIONS

The ethical aspects of the research were approved by ACU's Human Research Ethics Committee in adherence with the National Health and Medical Research Council's guidelines for Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities (2018). The researchers embedded the six core values of spirit and integrity, cultural continuity, equity, reciprocity, respect, and responsibility (National Health and Medical Research Council, 2018). All participants were informed of the aims and nature of the research. The researchers were aware of the risk of potentially re-traumatising the mothers and chose to limit their contact with mothers to one or two phone calls inviting them to participate. Further phone and email invitations to participate were undertaken by Gunawirra staff who had knowledge and experience of each mother's needs with consideration to their histories of trauma.





## ANALYSES

The data was analysed following the principles of Interpretive Phenomenological Analysis (IPA) (Alase, 2017; Braun & Clarke, 2006). The focus of data analysis acknowledged the way in which the participants made meaning of their experience and the way in which the broader social context impinged on those meanings (Willig, 2013). Such an approach aligns with qualitative research and is relevant given the emphasis placed on the Aboriginal or Torres Strait Islander participants' voices in this instance. Using the latent, inductive approach, we followed an amalgamation of Braun and Clarke's (2006) phased thematic analysis and the process outlined by Willig (2013). This involved:

1. Data familiarisation (reading and re-reading transcripts, noting initial thoughts and observations)
2. Initial identification and labelling emergent themes
3. Structuring themes (looking at relationships between theme and clusters of concepts)
4. Review of themes (looking at how themes need to be extracted or subsumed)
5. Producing a summary table of structured themes, including illustrative quotes.

We utilised a data-driven inductive approach, following a coding process of linking themes to the data rather than to our preconceived ideas (Patton, 1990). This is important to mediate the influence of our analytic preconceptions and any influence of our own cultural or experiential bias. That said, our relative and collective understanding of Aboriginal and Torres Strait Islander communities, and the process of program evaluation, research, and culture enhanced our ability to undertake latent analysis, where the development of themes incorporated our interpretive work (Braun & Clarke, 2006). The process of data analysis was iterative and involved researchers repeating the steps to refine the coding throughout the data collection and analysis. This involved researchers: adding, collapsing, discussing, and refining the initial codes through further comparison and discussion and recognising new or nuanced data in the transcripts. The researchers examined data extracts for 'agreement' between the data and the overarching themes (in line with steps 3, 4, and 5) (Braun & Clarke, 2006). It is acknowledged that this process was time consuming and laborious but required full immersion of the researchers in the data to fully elicit the participants' lived experiences and perspectives (Alase, 2017). The final stage of this process was the reporting of themes. Changes were made if necessary following feedback from the member checking process. The interview was transcribed verbatim by a transcription service and was reviewed by the researchers to ensure the transcript was alongside the survey responses.

## 3.4 Limitations

Limitations of the project included some barriers that prevented mothers' engagement and participation in the study. One major barrier included the closing of the Wednesday mothers' group which was the main group of our study as these mothers had all attended YAMP for more than 12 months. Unfortunately, this impacted some of the mothers' engagement in our study, and the researchers were unable to conduct focus groups. Some mothers were unable to or chose not to speak with the researchers as they were undergoing difficult periods in their lives. The researchers were aware of the risk of re-traumatising mothers and made sure not to pressure any mothers into participating. A list of support services was listed in the Participant Information Letter to enable participants to have access to support services should they experience discomfort or distress as a result of participating in the study. It is not known whether any of the mothers utilised the available support.

One of the study's aims to 'Understand how effective the program is in redressing the cycle of trauma and poor self-esteem of mothers and their children' was not directly achieved. No questions were asked that collected data related to trauma as the researchers wanted to prevent the women's trauma being triggered. However, from the responses to other questions, some of the findings suggest that the Gunawirra program has successfully addressed the cycles of trauma and poor self-esteem.

The aim: 'Develop a proposal for a new prototype model that will incorporate recommendations for improved service delivery, which can be replicated and scaled to other settings involving Aboriginal and/or Torres Strait Islander mothers and their children. The model will cover: components of the service; recruitment; promotion; implementation; and evaluation tools' was not met because, over the course of the research project, it became evident to the Gunawirra management team that their current model of program delivery was satisfactory and that no further changes were needed. It was decided to focus on the mothers' experiences exclusively to ensure future delivery of the program would be guided by the mothers' voices and experiences.

## 4.

## Mothers' groups and playgroups for Aboriginal and Torres Strait Mothers and Children in Australia: A literature review.



### INTRODUCTION

Internationally, there is growing evidence of the potential for parents' groups and playgroups to address social inequity, disadvantage, and promote long-term social, cultural, economic, and wellbeing outcomes (McLean et al., 2020). While there is a paucity of literature on mothers' groups, there is a growing body of evidence which suggests that 'playgroups' and 'parents' groups', provide parents with the opportunity to gather, learn, socialise, and receive holistic support. These groups have a focus on improving parents' ability to care for young children (Commerford & Robinson, 2016). These groups also share the distinction of being 'supported' by a facilitator or being 'community-led' – coordinated by the parents in the group. It is known that mothers' groups provide social capital, social support, and promote mental wellbeing for mothers (Strange et al., 2016). Similar positive outcomes for parents have been reported in playgroups, including greater confidence in parenting, positive social experiences for parents, and the development of new friendships and relationships (Commerford & Robinson, 2016; McShane et al., 2016). For families who are culturally and linguistically diverse, playgroups have been known to provide a culturally safe environment in which to access social supports and reduce feelings of isolation (Warr et al., 2013). There are further reported benefits of these groups for children, including socialisation, opportunities to learn, and building confidence (Commerford & Robinson, 2016).

Interestingly, Hancock et al. (2012) reported that underprivileged families were the least likely to attend playgroup, but also the most likely groups to benefit from attending. While there is a recognised need for targeted programs supporting Aboriginal and Torres Strait Islander mothers and children in Australia, there is relatively little literature that provides evidence of the existence and outcomes of such programs. The literature that does exist suggests that common outcomes for Aboriginal and Torres Strait Islander families from playgroup attendance include increases in social capital (social networks and community connections), an increase in parenting skills, and knowledge of and improvements in child development (Gibson, 2018).

### GUNAWIRRA'S YOUNG ABORIGINAL MOTHERS' PROGRAM (YAMP)

The purpose of this literature review is to provide a context for the current evaluation of YAMP, the Gunawirra mothers' group program for mothers of Aboriginal and Torres Strait Islander children, and to summarise relevant literature informing this evaluation. In conducting this literature review, we have used database searches and ancestral methods of finding literature. The ancestral method is searching reference lists from relevant articles to find other pertinent literature. YAMP is an early intervention service for women with Aboriginal and Torres Strait Islander children. This is a facilitated 3–4-hour program held weekly. The focus is on actively supporting the vital links between mother and child, and Gunawirra aims to reduce the intergenerational trauma that impacts many Aboriginal families (Gunawirra, 2022).

### DEFINING TERMS: MOTHERS' GROUP AND PLAYGROUP

Literature focusing on both 'mothers' group' and 'playgroup' informs this evaluation. A mothers' group often involves mothers with similar-aged children who meet for peer support around shared experiences, problems, and solutions (Kruske et al., 2004). The origin of the group may be facilitator-led or informally led by the mothers (Strange et al., 2016). Gunawirra's YAMP is colloquially referred to as the 'Mums' group'. It is defined by a context of professional support for the mothers and children that is driven by individual needs and constraints; the support given to the mothers is decided with input from the mothers. As such, Gunawirra falls within the remit of a facilitator-led group, with significant 'steering' from the group participants.

Playgroups can be defined as informal gatherings for parents of children under school age that encourage child–parent activities (Gibson, 2018). Playgroup Australia (2019) suggest that playgroups are created by and for local people in the community, are safe places in the community that create support networks for parents and are focused on child-centred and child-led play to assist children making the transition to school. Similarly, mothers' groups and playgroups are categorised as 'supported' or 'community' playgroups. Supported playgroups are led by a trained facilitator, while community playgroups are led by participants (Gibson, 2018). Facilitated playgroups run by and for Aboriginal and Torres Strait Islander people can improve children's health, wellbeing, and child development through improved social networks, alleviating

the negative impacts of the social determinants of health disproportionately experienced by Aboriginal and Torres Strait Islander peoples (Gibson, 2018). Playgroups can: build parenting skills and knowledge in the mothers and support children into school in a way that is culturally safe for mothers and children; and help mothers and children link to other services that they need (Gibson, 2018). Given Gunawirra provides both structured and unstructured time, combined with a focus on connection to culture and providing social work support and other therapies (Gunawirra, 2022), literature on playgroups is also considered relevant to this evaluation.

Throughout this literature review we also refer to Cultural Safety and competency. Cultural Safety is a continuum incorporating awareness of and sensitivity to people's cultures (Taylor & Guerin, 2019). Cultural competency includes a reduction in power differentials between the caregivers and the mothers/children, ensuring that everyone's individual and/or collective cultures is respected, nurtured, and considered in the planning of activities and therapies (Australian Government, 2020; Taylor & Guerin, 2019). In the context of a mothers' group program like Gunawirra's, success in Cultural Safety can only be decided by the women and not by staff (Taylor & Guerin, 2019).



Image provided by Gunawirru

### CONTEXT AND HISTORY OF ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIA

Prior to European colonisation, Aboriginal and Torres Strait Islander peoples consisted of hundreds of nations, each with distinctive languages, with thriving cultural, kinship, religious beliefs, and trade practices (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016; Edwige & Gray, 2021). Aboriginal and Torres Strait Islander cultures traditionally and in present times emphasise a holistic interrelatedness and connection between Country and land, family and kinship, community, mind and emotions, spirit, spirituality, and ancestors, body and behaviours as defined in the social and emotional wellbeing (SEWB) model (Gee et al., 2014). Indigenous conceptions of wellbeing are recognised across the literature to be strongly connected to the wellbeing of the wider community, which goes beyond the western notions of wellbeing to be limited to the absence of disease (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016; Edwige & Gray, 2021). The European colonisation and invasion of Australia resulted in discriminatory policies that separated Aboriginal and Torres Strait Islander peoples from the land, their culture, and their families, often forcibly, a practice resulting in what is now known as 'the Stolen Generations'. This practice left indelible cultural trauma inflicted on the whole group by dismantling the birth right to practice and connect to culture, family, Country, and exercise self-determination (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016; Calma et al., 2017; Dudgeon et al., 2014; Pedovic & Hedrih, 2019). Historical and ongoing racial discrimination experienced by Aboriginal and Torres Strait Islander peoples has caused separation from Country and culture, and exacerbated cultural trauma that is perpetuated through succeeding generations, creating intergenerational trauma, resulting in ongoing social disadvantage and producing mothers who are often ill-equipped to parent their own children (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016; Closing the gap clearinghouse, 2016; Edwige & Gray, 2021; Pedovic & Hedrih, 2019).

It is important to recognise that the historical, political, and social determinants (Gee et al., 2014) as a direct outcome of disruption to cultural wellbeing, are the causation for the current social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander individuals and communities (Pedovic & Hedrih, 2019). In particular, this encompasses ongoing psychological consequences which include difficulties coping with life events that may be triggered by major life changes, such as childbirth (Pedovic & Hedrih, 2019). As a result, major life stressors disproportionately affect Aboriginal and Torres Strait Islander peoples and communities, with almost one-third of Aboriginal and Torres Strait Islander peoples experiencing high or very levels of psychological distress – three times the rates of non-Aboriginal and Torres Strait Islander people (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health

Standing Committee, 2016; Edwige & Gray, 2021). These 'upstream' challenges result in poorer mental and physical health outcomes for Aboriginal and Torres Strait Islander peoples, increasing disparities in health when compared to non-Aboriginal and Torres Strait Islander people (Wise, 2013). Programs that attempt to reduce disparities in health outcomes are frequently ineffective because of a lack of Cultural Safety in planning and delivery (Kilcullen et al., 2018).

Despite the many campaigns to address the health disparities facing Aboriginal and Torres Strait Islander people in Australia, many disparities remain. For example, Aboriginal and Torres Strait Islander mothers are eight times more likely than non-Aboriginal and Torres Strait Islander counterparts to be teenagers, four times as likely to smoke, 1.6 times as likely to be obese, four times as likely to have pre-existing diabetes, three times as likely to have pre-existing chronic hypertension, and less likely (0.9 times) to receive antenatal care (Australian Institute of Health and Welfare, 2018). Despite these statistics, the health of Aboriginal mothers and children has improved in many areas. Antenatal care in the first trimester has increased from 50% in 2012 to 66% in 2018, fewer Indigenous mothers are smoking, the age of mothers is rising, and the socio-economic status of Indigenous families is improving (NSW Health, 2020).

However, despite Australia being one of the healthiest countries globally, Aboriginal and Torres Strait Islander people experience poorer health outcomes and shorter life expectancy than non-Aboriginal and Torres Strait Islander peoples (Australian Institute of Health and Welfare, 2021). Cultural insensitivity and a lack of trust often prevent Aboriginal and Torres Strait Islander peoples from attending health care facilities (Australian Institute of Health and Welfare, 2021). Connection to culture is central to Aboriginal and Torres Strait Islander people's view of health and wellbeing for self, family, and community (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016), and as such, should be a focus for all programs and services offered to Aboriginal and Torres Strait Islander peoples.

### OUTCOMES OF INTERVENTIONS DELIVERED FOR ABORIGINAL AND TORRES STRAIT ISLANDER PARENTS AND CHILDREN

Evidence shows that early intervention programs specifically targeted to the participants bring significant improvements compared to when no program is available (Brunton et al., 2014; O'Donnell et al., 2020). Given the context provided above, it is unsurprising that, on average, Aboriginal parents were found to be attending playgroups later (Shulver, 2011), and that playgroup participation has been found to be lower among Aboriginal families than their non-Aboriginal counterparts (Williams et al., 2017). Given the known benefits of attending playgroups (e.g., promoting child health and development, building parenting knowledge and skills, connecting with other services) (Gibson, 2018), it is important to understand what is currently being done and lessons that can be learnt regarding intervention programs for Aboriginal and Torres Strait Islander parents and children.

There is a growing body of literature that suggests there are positive outcomes associated with playgroup or parent group participation for Aboriginal and Torres Strait Islander families. Gibson (2018) provides a review of evidence surrounding nine supported playgroups that service Aboriginal families. Gibson (2018) found that the key outcomes arising from playgroup attendance for Aboriginal families included an increase in social capital (social networks and community connections); an increase in parenting skills and knowledge; and improvement in child development. In terms of social capital, findings included parents forming friendships, child socialisation, strengthened bonds between the parent and child, parents forming trusting relationships with facilitators and in turn receiving skills and resources, and stronger ties to community organisations (such as schools or maternal child health services). Shulver (2011) reported that for Aboriginal families there was a relationship between playgroup participation and a better global health rating. Williams et al. (2017) contended that a playgroup can enhance the home learning environment for Aboriginal and Torres Strait Islander children, and Page et al. (2019) contributed that playgroups in remote communities with strong cultural adaptations can boost language and academic outcomes for Aboriginal children.

Evaluation of the Five Big Ideas program run by Gunawirra to support preschool Aboriginal children found that while the program was received in a positive manner, further training and support was needed for continued implementation and effectiveness (Perz et al., 2016). The need for further training was particularly the case regarding cultural awareness and sensitivity. This finding aligns with the understanding that programs incorporating a connection to culture and cultural identity delivered by, and for, Aboriginal and Torres Strait Islander peoples, create emotional competence, strong familial relationships, healing from trauma, and self-determination through decision-making around the program and participants' mastery over their own lives (Dudgeon et al., 2014; Osborne et al., 2013; United Nations, 2007). It is also understood that support given to Aboriginal and Torres Strait Islander mothers by Elders removes issues of being told what to do by people from another culture (Pedovic & Hedrih, 2019). Gibson (2018) also emphasises the importance of establishing early relationships with formal support networks as a way of alleviating some of the adverse effects of the socio-economic disadvantage and lack of adequate support known to affect many Aboriginal and Torres Strait Islander peoples.

Connection to community, Country and culture are key elements known to contribute to healing intergenerational wounds and building the capacity and self-determination of current and future generations (Edwige & Gray, 2021). The application of evidence-based, trauma-aware care with a focus on culture and community builds collective and individual resilience, improves problem-solving skills, enhances social and emotional wellbeing through relationships, and reduces and/or halts interpersonal violence, and the cycle of harm (Edwige & Gray, 2021; Herceg, 2015; Kinchin et al., 2015). The inclusion of art therapy in interventions for Aboriginal and Torres

Strait Islander mothers and children has also been found beneficial. Evidence shows that art is a known treatment for mental health issues, enhancing healing from trauma and, importantly, connecting the mothers to traditional culture and each other (Meeting of Cultural Ministers and the Standing Council on Health, 2014). Art therapy also provides a new way of thinking about the world, promotes health and wellbeing and is known to improve morbidity and mortality rates, build self-confidence, give the participants a sense of control, and promote the social cohesion to build the community of mothers (Meeting of Cultural Ministers and the Standing Council on Health, 2014). In the Five Big Ideas program evaluation, Perz et al. (2016) found that play and art were both important in helping children cope with trauma, as well as how Gunawirra staff supported staff delivering the programs with their learnings about the experience and effect of trauma on children.

Culture is central to improved health and identity and, in the programs included in the O'Donnell et al. (2020) study, participants' connection to culture was supported by Aboriginal Community Controlled Organisations running the programs. Within the programs, participants were supported to trace their family tree, gain proof of Aboriginality, and feel culturally supported in the program (O'Donnell et al., 2020). As a direct result of attending the programs, mothers' parenting skill levels had increased and they felt more confident as parents (O'Donnell et al., 2020), outcomes that align with the findings in Gibson's (2018) review.

Based on the available literature, it seems that interventions for Aboriginal and Torres Strait Islander families have the capacity to contribute significant positive outcomes targeting specific areas of need, including: increased social capital, increases in parenting knowledge and skills, advancements in child development (Gibson, 2018), creating emotional competence, strong familial relationships, healing from trauma, promoting self-determination through decision-making (Dudgeon et al., 2014; Osborne et al., 2013; United Nations, 2007), building connections to culture (Meeting of Cultural Ministers and the Standing Council on Health, 2014), and increasing parenting confidence (O'Donnell et al., 2020). While this list is not exhaustive, collectively the research contributes that the magnitude of 'good' that can be done is extensive, if the programs are designed, implemented, and evaluated by and with the relevant Aboriginal and Torres Strait Islander stakeholders, in culturally appropriate ways.

#### THE IMPORTANCE OF EVALUATION AND RECOMMENDATIONS

Understanding the specific needs of Aboriginal and Torres Strait Islander peoples and catering to those needs at the community level is a central principle of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (Australian Government, 2013). Yet, there is a distinct paucity in the literature reflecting high-quality evaluation of programs that are designed to meet the specific needs of Aboriginal and Torres Strait Islander mothers and children from birth to school (Herceg, 2015). Understanding what the community needs are and evaluating the effectiveness





Image provided by Gunawirra.

of programs designed to meet those needs is essential for the future design and delivery of high-quality and effective programs. Most studies show the short-term value of early intervention (pre-school) programs. However, long-term benefits are unconfirmed due to the lack of data (Barlow et al., 2016). Further, little is known about the longer-term impact of early-intervention programs that are specially designed with a focus on reconnection with culture and the empowerment of individuals and community (Dudgeon et al., 2014; Herceg, 2015; Kinchin et al., 2015; Osborne et al., 2013). It is for these reasons that this current evaluation of Gunawirra's YAMP program focuses on the outcomes, including the mid/medium-term outcomes for mothers and their children who have participated in the YAMP program. The National Agreement on Closing the Gap (Australian Government, 2020) includes four priority reforms that this evaluation will support. Priority reform 2 of the Closing the Gap National Agreement is about building strong, community-controlled services, while priority reform 2 (outcome 17) is about ensuring Aboriginal and Torres Strait Islander peoples have access to locally relevant data to ensure best practice in future iterations programs such as that run by Gunawirra (Australian Government, 2020). Outcomes related to the priority reforms include: the provision of early-years education that is culturally safe and of high quality (outcome 3); helping Aboriginal and Torres Strait Islander children in their early years to thrive (outcome 4) and reach their learning potential (outcome 5); reducing the number of Aboriginal and Torres Strait Islander children in out-of-home care (outcome 12); and ensuring families and

households are safe (outcome 13) by improving individuals' social and emotional wellbeing (outcome 14) by maintaining a connection to culture, community, and Country (outcome 15) (Australian Government, 2020).

Gibson's (2018) review provides a number of recommendations that might be useful for other programs and evaluations and much of what Gibson published aligns with other research. First, the employment of Aboriginal and Torres Strait Islander staff is essential to the success of many playgroups and the employment of Aboriginal and Torres Strait Islander staff can help participants to feel safe (Gibson, 2018). Second, facilitators are known to be key sources of social capital for disadvantaged families due to their knowledge, skills, and resources, with the ongoing support of facilitators seen as pivotal for participants (Gibson, 2018). This aligns with the findings of Perz et al. (2016) that appropriate training is needed for trainers and facilitators, to ensure programs can be delivered in a culturally safe way. The review also highlighted that the way programs are advertised is important. There was stigma surrounding programs advertised as targeting 'effective parenting', with a preference for programs targeting 'child development' and 'for the benefit of the child' (Gibson, 2018). The location of the group seems also to be of importance. Groups held in places that can familiarise support and access to publicly available services like adult education centres or libraries can support families in feeling confident to access other services. Similarly, playgroups on or connected to school grounds can support children in feeling confident and performing better when they transition to school (Edwards et al., 2022). The

importance of cultural competence and culturally relevant content in playgroup programs has also been stressed (Page et al., 2019).

Evaluating programs like Gunawirra's can be complex as the results of causation between programs and their outcomes are biased by the type and delivery of the support, how it is perceived by the mothers, and the social and psychological issues which caused the mothers to need support. Further, any social and psychological issues experienced by the mothers post program can influence responses to any evaluation (Pedovic & Hedrih, 2019). Despite any issues with evaluation, there remains a significant need for the evaluation of programs run by and for Aboriginal and Torres Strait Islander peoples to ensure high quality, best practice, culturally safe, sustainable programs. It is the intention that this current evaluation will contribute to the limited body of literature on interventions for Aboriginal and Torres Strait Islander families and children to inform future interventions, all of which should also be evaluated for impact and effectiveness on participants and their children (Herceg, 2015).

## 5. Findings

The following section reports on the key themes identified according to themes that emerged from the data.

### HOW MOTHERS FOUND OUT ABOUT GUNAWIRRA

The research findings identified that two mothers learnt about Gunawirra through the Yana Maru program. Yana Maru (Child and Family Health Nursing in Community Health Services, n.d.) is a program in which Aboriginal children up to school age and their families in the Sydney Local Health District receive health and paediatric support through home visits. While two mothers had been recommended by a friend or relative, there was one mother who did not respond to this question.

### PERCEPTIONS AND EXPERIENCES OF GUNAWIRRA'S YAMP

From the five mothers who participated, the majority rated their experience at Gunawirra as positive (two as very positive and one as somewhat positive). Only one participant rated her experience as negative and one mother did not respond to this question.

### SUPPORT AND FLEXIBILITY

Mothers described their overall perception and experience of Gunawirra's YAMP to be supportive and flexible, with one mum specifically highlighting Gunawirra staff's flexibility in adapting the program to on-line delivery during COVID-19 lockdowns:

*'Auntie Jo one night did like a bedtime story for the kids, and they had dropped off packages with like popcorn and things and like for my older kids, they still did speech therapy and art therapy online.'*

Mothers also emphasised how Gunawirra staff and groups were highly inclusive. In particular, this included inclusivity in embracing and welcoming children and carers who had complex situations such as children in out-of-home care, children with a non-Aboriginal and Torres Strait Islander parent, and families attending the program short term due to family matters. The following quote is from a woman who, while not a mother herself, described how she was able to take her niece to Gunawirra's YAMP:

*'I also got to take my niece ... for a one-off visit while she was on holidays with us.'*

Gunawirra's support to all children and individualised care according to each child's needs was important to the mothers.



Image provided by Gunawirra.

*'They have been supportive/ nurturing in me being a young mum and have been there when I had two more children, and my children call them aunties and uncles.'*

Particularly, one mother shared that she was experiencing a massive grief and highlighted how Gunawirra provided guidance and ongoing support:

*'I have had a lot of massive grief whilst with Gunawirra and they have guided me and lifted me and my children up and supported us every step of the way. They are our second family our Sydney family.'*

### INCREASED SOCIAL CONNECTIONS

Mothers spoke about strong social connections and relationships formed in YAMP between other mothers. Particularly, one mother highlighted that without the program she would be extremely lonely, whilst another mother voiced that she has made best friends from the program:

*'It would be extremely lonely, and I wouldn't be the person I am now.'* (When asked what life would be like had she not attended the YAMP).

*'I have made some dear friends and family including the mothers they are my best friends.'*

### IMPROVED ADULT-CHILD CONNECTION AND COMMUNICATION

Some mothers stated they had experienced improved communication with their children. One mum spoke about how she learned to better communicate with her child, recalling that it was through art activities such as drawing that her child could most easily communicate how she was feeling:

*'I would just from the drawing, I'd go, okay, she's like trying to let me know how she's feeling without telling me.'*

Another mother mentioned how the art materials she received from Gunawirra enabled her to bond and connect with her eldest child at home:

*'I can go home and bring materials and my eldest loves that stuff, so I can try to teach her at home. And then it's something for us to bond together.'*

### CULTURALLY CONNECTED, FLEXIBLE, AND SKILLED STAFF

Mothers held Gunawirra staff in high regard for their cultural wisdom, knowledge, and connections. Notably, the mothers repeatedly lauded the support and kindness of Graham Toomey (CEO of Gunawirra) and the improvements of services in the program after Graham's and Katrina Ikonomou's (Clinical Manager) arrival:

*'From when I first started to know [sic], there's a lot more culture happening in the service, like activities and just within the workers.'*

*'Watching my nephew learn his culture and bonding with him while we did that.'*

The mothers mentioned feeling nurtured by staff to become their best selves:

*'Learning from Uncle Graham to trust in my artistic skills.'*

*'I think they're all really great. There's nothing like, they interact really well with the kids and the kids feel very comfortable around everyone that's here. Like, you know? I wouldn't change anything to be honest. I think at this point, if, if one of them were like, they were going to leave, I'd be like, oh my God, who's going to come now.'*

### GUNAWIRRA IS A FAMILY

The perception of Gunawirra 'feeling like or being seen as a second family' was described by many of the mothers and was seen as a leading contributor to Gunawirra's success leading the YAMP.

*'It is like Uncle Graham said before home, away from home and it become their family here, Gunawirra family. That's something you still want to continue in some way.'*

*'I know the Gunawirra family is always there for me, and I am always welcome.'*

*'They are our second family our Sydney family.'*

### HOLISTIC AND SAFE SUPPORT

The mothers indicated that the activities provided physical and social support in which they felt safe. Creating trauma-aware activities was an important aspect of the mothers feeling safe. The activities were consistently culturally safe, and the mothers felt secure in the various activities. One mother described the impact of attending Gunawirra's YAMP on her life as 'everything had changed', highlighting that the program has had a positive and profound impact on the mothers' lives.

Feeling safe was a recurring theme noted by one mother identifying Gunawirra as a safe place for women to feel comfortable:

*'It just is that safe zone as well. I guess where there's a lot of ladies around and you can feel comfortable.'*

Safety was also identified when Gunawirra mothers felt like their experiences as mums were validated when talking to other mums:

*'Then once you start talking to other mums and you realise like, so, they do that too.'*

Notably, mothers who had experienced trauma reported that they felt supported and guided by Gunawirra staff:

*'I have had a lot of massive grief whilst with Gunawirra and they have guided me and lifted me and my children up and supported us every step of the way.'*

While for another mother, Gunawirra helped build her confidence and skill to be an ally:

*'I do learn a lot from here because I know that if I've got a question or I want to know something, I can ask someone here and then I can bring that to the kids. So in that sense, I think because I don't want them to lose any connection.'*

### ACCESS TO CULTURAL ACTIVITIES: CONNECTING TO CULTURE AND COUNTRY

Cultural activities resulted in connections to culture, to land and Country. The Gunawirra program built a connection to culture for mothers and children through increased knowledge, understanding, awareness, appreciation of, and pride in culture.

Notably, one mother reflected on learning cultural stories from Elder and cultural adviser Auntie Jo:

*'A lot does get taught by just talking because when Auntie Jo comes and we start doing things and then, then she has a story about something. So then you hear the story and then you learn from the story and then it just continues that way.'*

One mother voiced that they were able to pass cultural knowledge down to their children which enabled cultural pride:

*'It has opened up my culture for me, I am so proud to be able to pass that down.'*





The native garden was seen as a positive way for mothers and children to connect to culture:

*'They have been supportive/nurturing in me being a young mum and been there when I had two more children and my children call them aunties and uncles. Our native garden is something the kids and me and other mums did together and is a haven away from home.'*

#### VOICE AND AGENCY

The mothers felt safe to have a voice at Gunawirra. Notably, mothers felt that they had a voice and agency over the design of the activities. The creation of bespoke activities reinforced the theme of Support and Flexibility. Katrina and Sonia were mentioned as being particularly supportive in this area. Having voice and agency in the design of the activities helped to build capacity in the mothers.

*"This is where it's good, coz we can suggest things and if they can, they will."*

#### TRANSFORMING MOTHERS: BUILDING CAPACITY THROUGH PERSONAL GROWTH

The mothers emphasised that not only had Gunawirra helped the children, but the mothers also felt a strong sense of self and enhanced personal growth. In particular, the mothers felt an increase in self-esteem and self-worth. There was a greater trust in self, a trust in artistic skills. There was also greater bonding with children:

*'Learning from Uncle Graham to trust in my artistic skills.'*

*'They've encouraged me to be the warrior woman I am and know how strong and smart I am and loved.'*

#### INCREASED EMPLOYABILITY

Most of the mothers identified that they were unable to work due to family obligations. For one mother, it was Gunawirra's increased cultural activities that enhanced her cultural pride and connection, which led to her obtaining a job in Aboriginal health:

*'By helping me find my love in my culture. I'm now an outreach worker for health.'*

#### BUILDING RESILIENCE

In response to the survey question, "To what extent has the group helped you be able to bounce back when things get tough?" one mother said that Gunawirra had helped them 'bounce back when things got tough', two mothers said a great deal, and one mother to a moderate extent.

#### ACCESS TO HOLISTIC SERVICES NOT OTHERWISE FREELY AVAILABLE

Gunawirra provided access to services specific to Aboriginal and Torres Strait Islander mothers and children. The allied health services the mothers mentioned included counselling, art therapy, speech pathology, and optometry. The nurturing and supportive environment helped mothers increase their social life, reduce detrimental activities, and increase their social lives. Access to cultural knowledge, cultural awareness and cultural understanding were consistently reported by the mothers as valuable.

*'The siblings can still have these services as well, so that's good.'*

*'There's a lot I wouldn't know, still. That I wouldn't know what services are out there.'*

*'Not really any support services available and some things felt a little bit pushy, this was before Katrina and Graham rebuilt and made Gunawirra what it is today. Now that Graham and Katrina have made the program what it is now I access services that I wish were available before, even though I no longer have children young enough to participate in the mothers' group.'*

#### MIDWEEK WEEKLY SESSION

Overall, mothers of the Gunawirra program were happy with the selected length of each session, with midweek being mentioned as the preferred time of the week to participate in weekly sessions. As described by some of the mothers:

*'Loved coming in every Wednesday with my child. It was a weekly thing I loved being a part of. Gather with other mums and people.'*

*'I quite like it being like midweek myself, because you're sort of, okay, halfway there.'*

*'It was a weekly thing I loved being a part of.'*

## 6. Discussion



Image provided by Gunawirra

While the number of participants in the evaluation was small, the researchers spent time meeting with the mothers at Gunawirra prior to conducting any interviews. Anecdotally, the mothers shared their positive experiences and enjoyment about engaging with the program.

Based on our findings, two questions were answered: Research Question 1. What are the perceptions and experiences of the mothers who have participated in Gunawirra's peer-support mothers' group? Research Question 2. What changes can Gunawirra make in policy and practice to improve the mothers' group program?

In response to Research Question 1, the findings suggested that overall YAMP participants had a positive perception and experience of the mothers' program. Notably, the findings revealed that women spoke about feeling safe with staff and within the YAMP group they attended, and that Gunawirra created an environment where mothers felt comfortable to express their needs and could voice their needs and express agency by having a say in the design of the program activities.

Further, the women identified that a highlight of the program was the cultural activities as they enabled the mothers and their children to connect to culture and enhance their cultural knowledge and pride. Further, many of the women described Gunawirra as a family, in which they felt they received holistic support from the staff with whom they had a strong connection and relationship.

The mothers also felt that the staff were highly skilled, flexible, and culturally connected, and understood some of the challenges the mothers were experiencing. The findings identify that YAMP women emphasised the positive impact some of the activities had in improving their communication styles and relationships with their children. YAMP women also reported they liked the mothers' group being held as a mid-week session to allow for other personal priorities and to give them something to look forward to in the middle of the week.

In summary, despite one survey response stating their overall experience of YAMP to be somewhat negative, the majority of the YAMP mothers voiced their experiences and perceptions of YAMP to be positive and life changing.

Drawing on the findings, there was a total of four key recommendations voiced by YAMP participants which speak to Research Question 2. Some of these recommendations in nature may not be easy for Gunawirra to address. However, four important suggestions made by the YAMP women have the potential to inform future practice and change. The recommendations included:

### 1. IMPROVE SIZE OF THE PLAY SPACE, INCLUDING THE CREATION OF A ROOM SPECIFICALLY FOR ART

The mothers indicated that more space was required, particularly during wet weather. It was understood the restriction on numbers was because of space constraints, However, mothers felt they and their children missed out by allowing only one family to visit on wet days. There was also a specific suggestion for a separate art space where mothers could paint uninterrupted while their children played elsewhere.

### 2. EXTEND THE PROGRAM BEYOND SCHOOL YEARS FOR THE OLDER SIBLINGS OF CHILDREN WHO ARE CURRENTLY IN THE PROGRAM, AND ALLOW ACCESS TO THE GUNAWIRRA 'FAMILY' AFTER THE PROGRAM CONCLUDES

The mothers with school-aged children wanted their older children to maintain the strong connection to culture that they experienced at Gunawirra. The formative pre-teen and teenage years were seen as important times to have strong cultural role-models in Elders and Gunawirra staff, and access to cultural activities.

Having cultural activities during school holidays would allow families to join in and remain connected to strong, positive role models.

### 3. INCREASE CAREER DEVELOPMENT OPPORTUNITIES AND JOB-RELATED SKILLS DEVELOPMENT, SUCH AS WRITING RESUMÉS

Most mothers were not able to work at the time of data collection. However, there was interest in gaining skills around writing a resumé and career advice.

This would be a useful step to increasing independence in the mothers as they find and fulfil their career potential, while supporting them to become stronger role models for the children.

### 4. INTRODUCE TRAUMA-AWARE WELLBEING ACTIVITIES, SUCH AS YOGA, BREATHING EXERCISES, NATURE WALKS, CULTURAL TOURS, PAINTING, INDIGENOUS-SPECIFIC OUTINGS, EXTRA CO-CURRICULAR ACTIVITIES, AND ACTIVITIES AVAILABLE TO GUNAWIRRA PROGRAM ALUMNAE

Universally, the cultural activities were enjoyed. Mothers wanted more of everything offered, stating these activities supported improved mental health, self-esteem, and their ability to cope on a daily basis.

## 7. Conclusion

The project presented in this report was co-designed with Gunawirra to evaluate their YAMP. All questions were answered; however, not all aims were met, due to the limited data collection and findings related to reduced participation of mothers resulting from unforeseen circumstances. Therefore, we acknowledge that our findings may not represent all the voices and experiences of mothers who have attended YAMP.

A total of five mothers who currently attend YAMP participated in either a semi-structured interview or an on-line survey. A total of 15 themes emerged from the data with four key recommendations which have the potential to enhance the outcomes of Gunawirra's YAMP. However, we do recognise that some of the suggestions may be outside Gunawirra's ability to address.

We wish to extend our deep gratitude to the women who participated and the women we met at Gunawirra for their generosity and grace in contributing their knowledge and insights to this project.



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# Appendix 1.

## Interview questions

- a. Can you tell us about yourself? (For example, where you come from, who your mob is (if you know who your mob is), and where you were born.)
- b. Where did you hear about Gunawirra's mothers' group?
- c. How would you rate your experience of the mothers' group?
- d. Can you tell us a little about your experience in the mothers' group?
- e. What was/is a highlight of the program for you?
- f. What experience or learning from the mothers' groups has helped you the most in your life?
- g. Has Gunawirra helped you get into a course or a job? In what ways did it help?
- h. How has the group helped you as a mother? Please give some examples.
- i. What would life be like if you had not done the Gunawirra program?
- j. To what extent has the group helped you be able to bounce back when things get tough?
- k. Which parts of the group helped you the most? (For example, particular activities, the kinds of cultural, social and wellbeing support you've received, and so on.)
- l. What's changed for you since being in the group? Please give some examples. (For example, in everyday life, with your children, in family relationships, at work, in the community.)
- m. Have you stayed in touch with others from your group?
- n. How would you like the group to run?
- o. Please describe what you would like to be taught in the mothers' group.
- p. Is there anything else you can think of that might improve the Gunawirra program?

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