

Research report

Constructions and experiences of the  
Gunawirra early intervention program  
for young Aboriginal mothers

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Professor Jane Usher

Professor Janette Perz

Dr Chloe Parton

Ms Rosie Charter

**WESTERN SYDNEY**  
UNIVERSITY



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## Introduction

This report describes the outcomes of a research study examining the experience of a mother's group for Aboriginal women, from the perspective of the mothers and the professional stakeholders. The groups are based at Gunawirra, a not-for-profit organisation based in Sydney. The organisation undertakes a range of early intervention programmes designed to promote and support wellbeing among Indigenous families. Among the programmes offered by Gunawirra is the Young Aboriginal Mothers Program.

The Young Aboriginal Mothers Program is based at Gunawirra House in Rozelle, Central Sydney. The organisation currently has three mothers groups that meet weekly at Gunawirra House. In contrast to mothers groups offered by most services in Sydney, the mothers groups at Gunawirra provide long term support to mothers for the first five years of their child's life. The first and longest running group was initiated in March 2012. This group is for mothers aged 25 years and older who have babies and older pre-schoolers. The second group was initiated in March 2014 and is for younger mothers aged between 14 and 24 years who have babies and toddlers. The third group has been initiated more recently by the organisation in 2015 and was outside the scope of this research study. All of the groups are open to Indigenous mothers and mothers of Indigenous children.

The organisation employs a psychoanalytic framework with a focus on attachment theory to guide their work with the mothers groups. Within this framework, early trauma and severe adult trauma is considered to have destructive effect on self-development and the capacity of individuals to experience emotions, particularly uncomfortable and painful emotions, as well as the experience of a loss of meaning. This perspective parallels theorising of the loss of culture experienced by some Aboriginal peoples in Australia and "is cognisant of the connections between cultural destruction and individual pathology, which are linked and lead to an intergenerational cycle of trauma" (Gunawirra, 2015).

The groups were initiated by discussing with the women their needs and priorities, and a program of activities devised to suit them. This program has included group discussion, baby watching, crochet, music, art, video making, cooking and nutrition discussion. The groups meet weekly for three hours and transport is provided for the women along with a nutritious morning tea and lunch. The groups are run by psycho-therapists and social

workers, assisted by a range of support staff, who interact with the women during the meetings. The groups are different to formal therapy groups in that the weekly meetings are unstructured, informal and include a wide range of activities. Professional staff receive regular therapeutic support in the form of supervision as part of their role within the group.

The following section of this report will examine the background evidence which informed the development of the Young Aboriginal Mothers Program. We will then outline the methodology of the research study we conducted, and the findings of the research.

## Background

Events surrounding colonisation in Australia have initiated a cycle of grief, loss and trauma which have had a significant negative impact on outcomes related to Indigenous health, social and emotional wellbeing (Atkinson, Nelson, & Atkinson, 2010; Carr & McCormack, 2002; Durey & Thompson, 2012). In particular, the health and wellbeing of Indigenous mothers has suffered and this has impacted significantly on caregiver/child attachment for some Aboriginal women (Garvey, 2008; Lee, Griffiths, Glossop, & Eapen, 2010).

The traumatic events surrounding colonisation can be understood, not only in terms of significant individual and intra-generational experiences of trauma, but as inter-generational cycles of trauma (Atkinson, 2002; Atkinson et al., 2010; Cuneen & Rowe, 2014; Lee et al., 2010), where individual, familial, generational and historical experiences of trauma have become embedded in communities and are passed down from generation to generation. Ongoing social inequities and discrimination continue to compound this trauma, creating a cycle of disadvantage that has a potentially significant impact on Indigenous health, and social and emotional wellbeing (Raphael, Swan, & Martinek, 1998).

Rates of life stresses, poverty, as well as overcrowded and poor housing, are significantly higher in the Aboriginal population (AIHW, 2008). More specifically, high rates of domestic violence, and childhood sexual or physical abuse, have been associated with depression and anxiety in pregnant Aboriginal women, as well as reduced coping with life stress (Hayes, Campbell, Buckby, Geia, & Egan, 2010). Experiences of psychological distress are more common for Australian Indigenous women. The 2008 NATSISS survey found that Indigenous people aged 18 years or older were 2.6 times as likely as their non-Indigenous counterparts

to report high or very high levels of psychological distress (Burns, Maling, & Thomson, 2010). A significantly greater proportion of Indigenous people also reported feeling sad and without hope than did their non-Indigenous counterparts, with Indigenous women more likely than Indigenous males to report high or very high levels of distress (35% and 28% respectively) (Burns et al., 2010). It is widely acknowledged that early motherhood is a period when women are at higher risk of psychological distress, or reductions in feelings of subjective wellbeing (Nicolson, 1998), and that many mothers are in need of emotional and practical support (Mauthner, 1998). Young women are at higher potential risk of distress (Bebbington, 1996; Kessler et al., 2005), as are Aboriginal women, due to the ongoing effects of colonisation and life stressors.

Providing support and care in the antenatal and postnatal period has been described as a “key part of closing the gap in Indigenous perinatal outcomes” (Rumbold et al., 2010, p. 1). In this vein, attention has been paid to the mental health of Aboriginal women during pregnancy (Prandl, Rooney, & Bishop, 2012), the development of smoking cessation programs for pregnant women (Eades et al., 2012), and the delivery of high quality maternal health care pre and post-natally (Murphy & Best, 2012; Rumbold et al., 2011). However, it is widely recognised that the early childhood years, beyond the immediate postnatal period, are a crucial period of emotional and psychological development (Najman et al., 2004). Support for women during this period can improve psychological wellbeing, reduce depression and anxiety, and improve the mother-child relationship (Nicolson, 1998; Ussher, 2004), with positive consequences for both mother and child. However, to date, there has been little research systematically examining Aboriginal women’s experience of such programs beyond the early post-natal period (Murphy & Best, 2012), and no research specifically focusing on the subjective experience of women taking part in such supportive programs using qualitative methods. This research study addressed this significant gap in the research literature through examining subjective wellbeing and the experience and construction of motherhood in Aboriginal women taking part in an early intervention program aimed at supporting mothering practice.

Broader social constructions of motherhood can impact on experiences of psychological distress, particularly in the early years following birth (Mauthner, 2010). In particular, many researchers and clinicians have identified that instances where women experience a

contrast between the reality of the demands of the mothering role, and the idealised social constructions of motherhood, can be a cause of depression (Berggren-Clive, 1998; Mauthner, 2010). In this vein, Mauthner argues that postpartum depression “arises out of the discrepancy (women) experience between the mother they want to be and the mother they feel they are” (Mauthner, 2010, p.470). The adoption of idealised constructions of motherhood, which position women as failure if they cannot cope, can result in women setting unrealistic standards for themselves as mothers, which are associated with distress and social isolation (Ussher, 2004). In contrast, women who are able to let go of their standards, come to terms with what they perceive to be their ‘imperfections’ and abandon a self-condemning perspective of themselves, generally experience a greater sense of subjective wellbeing (Mauthner, 2010). The adoption of more realistic constructions of motherhood – as often difficult but also rewarding – have also been associated with greater help-seeking and social interaction (Mauthner, 1998). Early intervention programs that facilitate mothering practice can provide a supportive context wherein unrealistic constructions of motherhood, or feelings of failure for not meeting ideals of mothering, can be challenged. This study was the first to examine subjective wellbeing and constructions and experiences of motherhood in Aboriginal mothers, as well as the first to examine how such experiences and constructions may change during an early intervention program.

The link between stresses and positive relationship formation between mother and child can be understood through the employment of attachment theory. This theory provides a framework for understanding the emotional bond formed between a child and its primary caregiver, most commonly between mother and child (Strong, Bean, & Feinauer, 2010). The quality of early attachment is known to affect: brain development; social relationships throughout the lifespan; cognitive and social development; the ability to self-regulate emotions and impulse; and creates the foundation for the formation of identity, including a sense of capability, self-esteem, and a balance between dependence and autonomy (Ehlert, Gaab, & Heinrichs, 2001; Marans, 2013; Reading, 2004; Rogers & Moore, 2003). In securely attached relationships, the caregiver is a source of safety and comfort in times of the child’s distress. The caregiver provides emotional stability to the child and responds appropriately, promptly and consistently to the child’s needs. Compromised attachment, whether caused by neglect, abuse, violence, trauma or emotional unavailability on the part of the caregiver,

can negatively impact upon brain development, causing relational or developmental trauma (Ehlert et al., 2001; Hayes et al., 2010; Heim, Shugart, Craighead, & Nemeroff, 2010).

It has been argued that the capacity of Aboriginal and Torres Strait Islander mothers to develop a secure attachment relationship and provide such a quality environment might be challenged as a result of a number of factors, such as lack of parenting skills resulting from being removed from family as a child (Holland, Dudgeon, & Milroy, 2013), or ongoing life stress, which can result in depression (Burns et al., 2010). However, to date, there has been no systematic research evaluation of supportive programs which support Aboriginal mothers, or aim to facilitate mother-child attachment – one of the aims of this study. Furthermore, it is widely recognised that effective service delivery necessitates health professionals working with Aboriginal women developing a trusting relationship, being respectful of Aboriginal culture and practices, and being reflexive about their own perspective and its influence on their practice (Bainbridge, Whiteside, & McCalman, 2013; Kelly, 2006). In addition to mothers' perspectives, the perspective of health professionals on the development and delivery of early intervention programs aimed at facilitating Aboriginal women's reproductive health and mothering, and their perspectives on the experiences of women attending such services can provide valuable insights into the utility and effectiveness of such programs. A second aim of this study was therefore to examine the perspectives of health practitioners working within an early intervention program for Aboriginal mothers and their babies, in relation to their experience of working with Aboriginal women within the program, factors which facilitate or act as barriers in their work and their perceptions of the outcomes of the program for women. This is the first time such an investigation has been undertaken with health professionals working with Aboriginal women in Australia.

The aims of this research study were to:

1. Evaluate the functioning and effectiveness of the Young Aboriginal Mothers' Program from the perspective of the mothers and the professional stakeholders.
2. Examine the construction and experience of motherhood from the perspective of Aboriginal women attending the program and professional stakeholders.

## Method

Researchers from the Centre for Health Research, Western Sydney University were invited by Gunawirra to conduct independent research on the Young Aboriginal Mothers Program and how it is experienced by the group participants. Data for the research study was collected through participant observation of the groups and semi-structured interviews with staff and mothers who were part of the Young Aboriginal Mothers Program. In addition, one focus group was undertaken with one of the mothers' groups where many of the mothers had taken part in interviews previously. A thematic analysis was conducted on the transcripts from recorded interviews and the field notes from unrecorded interviews the focus group.

This research was approved through the Western Sydney University Human Research Ethics Committee and adheres closely to the principles outlined in the NHRMC *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (2003). Participation in the research was voluntary, with opt-in consent procedures followed throughout the data collection. All data has been treated as confidential with participant accounts labelled according to the sample group, rather than using pseudonyms. This was to protect the identities of participants in this report.

## Procedure

**Stage one: Community stakeholder consultation:** As part of the development of this research, the research proposal was reviewed by key Aboriginal community stakeholders identified by Gunawirra. This included Aboriginal community members, including elders and Aboriginal health workers. The Chief Investigators also continued to meet with community stakeholders throughout the program as part of ongoing community collaboration.

**Stage 2: Participant observation:** The two researchers who collected data for the project attended the mothers groups at Gunawirra, with the permission of the participants. The first researcher took part in 25 weekly Wednesday group meetings and eight Tuesday group meetings in 2014. The second researcher took part in 13 weekly meetings with both the Tuesday and Wednesday groups during 2015. This time allowed the researchers to develop a level of familiarity and establish rapport with the mothers, as well as seeing firsthand how the groups operate on a weekly basis.

**Stage 3: Individual interviews and focus group:** The researchers described the aims and methods of the research with the mothers during the group. As part of regular attendance, the researchers were available to answer any further questions that were raised by the mothers about the research. Interviews were conducted either over the phone, face to face at Gunawirra House, or face to face at another location that suited the participant, such as a cafe. The focus group was conducted at Gunawirra House during a weekly meeting of the group. Interviews were recorded and transcribed verbatim where participants gave consent for this to occur. Some of the mothers indicated that they were uncomfortable with being recorded. In these cases, the interviews were unrecorded with field notes written after the conclusion of the conversation.

Questions in the mothers' interviews included: what the mothers thought about the group; if there is any things they would like to change about the group; how the group had changed the way they felt about being a mum, if at all; how experiences of motherhood had changed them, if at all; any rewards and challenges they experienced as a mum; self-care practices and experiences of support.

Interviews with staff took place on site at Gunawirra House at a time that suited the staff member. Questions in the staff interviews covered: the role of the staff member in the group; how the staff member thought that the group supported the women as mothers; interactions that had been observed between the mothers and their children; the staff member's own experiences of relationship development with the mothers; experiences of working cross-culturally or as an Indigenous staff member; and how understanding of Indigenous experiences of motherhood may have changed, if at all, through involvement with the group. Staff members were prompted for any changes that they perceived had occurred over time throughout interviews.

### *Participants*

Ten mothers and nine staff members took part in the research in total. Mothers from both mothers' groups took part in the research. The average age of the mothers who took part was 28 years. Staff members who participated in the interviews performed a wide range of roles in relation to the groups including, group leaders, supervisors, an Indigenous artist and cultural advisor, social work and art therapy students who were working with the groups as

part of placements, and other support staff who assisted with childcare and food preparation.

## *Analysis*

Transcripts from recorded interviews and field notes from unrecorded interviews and the focus group comprised the data for this research. Thematic analysis was used to identify and describe meaningful patterns across data (Braun & Clarke, 2006). The data was analysed over several stages. First, the researchers familiarised themselves with the data, through repeated reading of the integrity-checked transcripts and field notes, in order to become familiar with the “depth and breadth of the content” (Braun & Clarke, 2006, p.16). An initial coding framework was generated from the data. A line-by-line coding of the data was then conducted to collate all instances of the codes that had been identified. The organised data was then used to identify commonalities, differences and patterns across the data, with higher order themes subsequently identified. Each theme was considered, not only in the context of the individual theme itself but how it related to the overall story told within the data (Fielden, Sillence, & Little, 2011).

Four overall themes were identified in the data: ‘Supporting and facilitating Aboriginal motherhood’, ‘The workings of the group’, ‘Constructions and experiences of motherhood’, and ‘Areas for future development and consideration’. As noted previously, extracts within the results are labelled with either ‘Mother’ or ‘Staff member’ to indicate the participant sample from which the quotes are drawn. These labels were chosen over pseudonyms and other additional material, such as age, to protect the identities of the participants who took part in the study.

## *Findings*

Gunawirra house was originally located in Redfern and then Rozelle over the course of the research. The organisation moved premises at the end of 2014. The physical space that the mothers’ groups met in at Redfern and Rozelle was significantly different.

At the Redfern location, there was a room with couches and seats around the edges, with a small outdoor courtyard beside this room. The kitchen used for food preparation was in a

small corridor between the room and another large room at the front of the building that was used for office space by the organisation.

At Rozelle, the space was considerably larger, with separate rooms that are used for different activities, and an outdoor space that is predominantly used for the children's play and sometimes for painting by the women and children. There is a room with couches and seats at the front of the house. This room is used for discussion and sharing, baby watching, relaxing and eating by the women. There is a painting room where the Indigenous artist also often works, offering assistance and informal support and a separate room for the children's painting. An art therapy student worked with the children often in this room, setting up particular art activities designed around the children who attend the group. There is a large corridor down the length of the house that the children also use to play, particularly in wet weather, and a large fenced outdoor area that is covered with a sun cloth and lined with rubber surfacing. The play area is surrounded by a garden, including herbs and vegetables that are used in the food prepared for the groups. There are a wide range of toys available both inside and outside for the children to play with.

At Redfern, there was less separation between group members when undertaking different activities due to the lack of space, particularly when the children grew into toddlers and pre-schoolers. Some of the staff talked about the small space in their interviews saying that there was a need for a larger space and that the space sometimes felt "chaotic".

In the Rozelle premises, the different spaces meant that there could often be multiple activities going on by the different group members and the children concurrently. Subsequently, one of the challenges spoken about by a few staff members in their interviews was how to keep a sense of connectedness as the groups moved into different spaces in the building.

The first mothers group had one group leader and the second group at two group leaders at the time that researchers were visiting the groups. The group leaders are trained therapists who conduct the overall planning and running of the groups. In addition, a few social work students and one art therapy student also worked with the groups. An Indigenous artist and cultural advisor worked with the older mothers group at the time of the research. Each group had a volunteer who planned and prepared the food for each meeting. In addition,

other volunteers supported the groups by assisting with childcare. The University researchers also often performed this role during the time that they attended. In addition to these staff, two supervisors met regularly with the group leaders as part of providing professional therapeutic support. Including the supervisors and support staff, each group had up to seven staff members working with each group.

### *1. Purpose of the group: Supporting and facilitating Aboriginal motherhood*

This theme will describe the purpose of the group as identified in the accounts of the staff and mothers. There was some overlap between staff and mothers' accounts. However, staff tended to emphasise the role of the group in facilitating attachment and emotional engagement between mothers and children. The mothers primarily spoke about the group in terms of peer support and the chance to have time out, as well as facilitation of children's play.

#### *Attachment and engagement*

Most of the staff spoke about the purpose of the group in terms of facilitating emotional attachment between the mothers and their children. This included creating the conditions to encourage the emotional engagement of the mothers with their children beyond meeting practical care needs. For example, some of the staff spoke about facilitating the bond between mothers and their children.

“the mums and the kids surely eventually what we provide one day a week for them is building that relationship with each other stronger.” (Staff member)

“our function is not to distract the child, it's to help you with the child.” (Staff member)

Some of the staff talked about the group facilitating emotional engagement between mothers and children by encouraging the mothers' interest and curiosity in their children, with staff giving meaning to the children's behaviour.

“to use that space to foster the connections into, just to sort of make observations with, you know, to what extent are the mother and child doing things in quite separate way, how much can they come together.” (Staff member)

“giving meaning to how the children behave, not just screaming and ranting and saying these are bad kids.” (Staff member)

Part of facilitating emotional engagement between mothers and children in the group included encouraging the mothers to acknowledge and connect with their own emotional experiences, including uncomfortable emotions. This was talked about in terms of increasing the “maternal capacity” of the mothers, particularly when children began to develop their own sense of self and display more challenging behaviours.

“Because the babies aren’t going to be sweet and gentle and easy and just wanting dinner, they’re going to be in the ‘no’ stage and they’re going to be in the, ‘I don’t want it’ [...] I think with the work [the staff are] doing and I think to allow, allow the changes that are going on and be aware of them.” (Staff member)

Subsequently, a significant purpose of the groups described by staff was the facilitation of attachment between the mothers and the children through building emotional engagement between the mothers and their children.

### Children’s play

Children’s play is part of healthy child development and positive interactions between mother and child. Many of the staff talked about the importance of having a space within the group for children’s play. Some staff talked about providing a space for the children to play as part of accommodating the children’s needs within the group. This included having space and activities available that were suitable for the developmental stages of the children.

“We play, we read, we paint, those at an age where they can paint.” (Staff member)

“They’re pretty confident in that space and you know they’re pretty at home [...] from what I can see, they enjoy it.” (Staff member)

Children’s play was also talked about by staff as part of facilitating attachment and engagement between mothers and children. The children’s play was talked about as an opportunity to encourage engagement through curiosity and interest in the children, including the way that the children were growing and changing.

“I think when we show interest in their babies and what their babies are doing, that can be a stimulus to themselves thinking more about their babies.” (Staff member)

Furthermore, a couple of the staff talked about teaching the mothers how to play and interact with their children within the group. This included following up a request from a mother about how to do this. Teaching the mothers how to play with their children was particularly pertinent when the children were no longer babies and the mothers were seeking ways to relate and to their children beyond practical care needs. For example, a staff member said,

“So it was a question about how to play, how to engage the child and how to play beyond, I reckon, beyond what actual practical things can you do. I think it’s more about the relationship really, yeah.” (Staff member)

The mothers also talked about the group as a place for the children to play. They talked about how their children enjoyed coming to the group, which was important to them. Furthermore, Gunawirra provided a safe space for the children to play, with activities and toys. Some of the women also spoke about Gunawirra House as having a place to play that was larger than the space they had at home. For example, one mother said,

“I think [child] likes it because she gets to play with other kids, and I think it’s just a change of scenery as well. And you know, they get to run around, because my flat is pretty small.” (Mother)

In addition, the mothers also talked about the group providing important social opportunities for their children to play with other children. Two mothers said the following in their accounts:

“going there is the only time my children get to interact with little kids. So you know, it’s good to see how that is and see how they’re like and you know it’s a step towards childcare and stuff like that, just seeing how they interact” (Mother)

“my daughter gets to see her friends here” (Mother)

Providing space and activities for the children was important for both the staff and the mothers. For staff this was talked about in terms of the therapeutic purpose of the

group, as well as accommodating the children within the group. For the mothers, the space, activities and social element of the group was talked about as important for the children's enjoyment as well as their social development.

### Peer support

The mothers and staff both spoke about the importance of peer support as a function of the group, with the mothers placing particular emphasis on peer support. In this vein, peer support was talked about as a significant reason for attending the group by many of the mothers. Furthermore, the mothers talked about the support they gained from the other mothers as normalising and empowering them in their experiences of motherhood. For example, a number of the mothers talked about appreciating seeing other mothers who were going through the same things as them and that being part of the mothers group had made motherhood easier. A couple of mums said that going to the group had also given them greater confidence and countered the stigma that they felt as young Aboriginal mothers.

“Going to the group made me feel like a better mum cause at first, finding out I was pregnant at a young age, I didn't feel too good about myself but knowing there's other young mums out there doing the same thing as me helped” (Mother)

“Like, I'm home alone with [child] the rest of the week so it's good to just talk about things with someone who is, you know, like in the same boat. Who's not gonna judge you if you're having a hard time.” (Mother)

Some of the staff also spoke about the importance of sharing motherhood experiences as part of valuing and normalising motherhood, particularly challenging experiences.

“sometimes there's this sense of sharing horror stories almost of how difficult these kids can be and I think, you know, in a way the stories get worse and worse, but sometimes there's laughter about it, the kind of, I don't know, it kind of lightens the load a bit, and kind of sharing the burden, as a mother's group would do or a group of women getting together, 'God, my bloody kid', you know, 'Oh God, you think that's bad, this is what mine did'. So that kind of, yeah, it sort of gives them permission.” (Staff member)

Both the staff and mothers talked about the importance of normalising and empowering the mothers as part of the shared experience of motherhood that occurred within the groups, with particular emphasis placed on this role by the mothers.

### *Sharing knowledge of motherhood*

Both the mothers and the staff spoke about the group as being helpful for providing the mothers a space to share their knowledge and experiences of motherhood. In both the staff and mothers accounts this included knowledge around practical care tasks as well as accounts of how to relate to children. For example, one mother said:

“It was good because like I didn’t really know anything about being a mother, so I could see how the other mothers would talk to their babies and how they looked after them and everything and yeah, it just gave me a really good insight into motherhood.” (Mother)

In addition, one staff member said:

“some of the mothers were coping better than others, so some were able to sort of talk about their experience with just a little bit more confidence and that was kind of offering the group something and I did wonder whether there was kind of this expectation and understanding of the group that you could rise to that a bit. So this is what you do with your baby, you hold the baby firmly and you need strong eye contact. You should have seen all the other mums doing that.” (Staff member)

The mothers groups were talked about as a learning space for the mothers both in terms of practical care and relating to the children in both the mothers and staff accounts. These accounts recognise the importance of the group in providing social support for the mothers.

### *Social isolation*

Both the mothers and staff also spoke about the group as countering the social isolation that many of the mothers experienced during the week. The social aspect of the mothers’ groups thus was seen as important for the mothers. For example, the following was said by one mother and two staff members:

“because it’s my only break to sit and talk to people. So, yeah, like it’s a big socialising thing for me.” (Mother)

“it would be so easy for, I think, the experience of motherhood, to be lost in the day-to-day living and can be a very isolating solitary experience if it’s not shared and acknowledged.” (Staff member)

“Also they get to support one another, they get to share what’s going on in their lives, they might not have another space outside of here where they can do that.” (Staff member)

The importance of the group for providing important social support and countering social isolation for the mothers was acknowledged by both the mothers and the staff in their accounts.

### *Quality of relationships*

The quality of relationships between the mothers was talked about by both the mothers and the staff. For a number of the mothers, these relationships were personally significant. The sense of connection was also noted in staff accounts, with implications for the therapeutic aim of the group also discussed.

A number of staff noted the quality of the relationships that had developed between the women in the groups.

“I think the women support each other amazingly. They’re warm to each other by and large. [...] they care about each other. There’s a sense of camaraderie, they care about each other’s children and you know, notice the development of other people’s babies.” (Staff member)

“when we have the talking at the beginning, there actually is a real concern and sense of warmth and support in that space.” (Staff member)

“It’s women looking after other women.” (Staff member)

Furthermore, staff also talked about the relationship development between the mothers as being important for sharing personal experiences and increasing opportunities for emotional engagement in the group.

“I really think they’re pretty supportive of each other and sort of with the passage of time, it becomes more so as they feel safer with each other and hopefully with us, they are able to share more.” (Staff member)

A number of the mothers spoke about the relationships that had been established with other mothers in the group as having deep significance for them. For many of the mothers, the quality of these relationships was a strong reason for attending the group. When a group of mothers were asked why they attended the mothers’ group, they all said, “Each other.” Furthermore, one mother said, “I come for my girls.” In addition, some of the mothers also spoke about the ease with which they initially connected with other mothers. For example, one mother said, “I got along with the girls straightaway.”

#### Time out

Many of the mothers and staff talked about the group providing the mothers with an opportunity to have a break and some time out for themselves during their week. Many of the mothers were single and gave accounts of providing the day to day care of their children on their own. As such, the mothers group was often the only time they had in their week to relax, ‘have a breather’ and socialise with other mothers. For example, the mothers gave the following accounts of the group.

“I like coming to the playgroup because it gives me at least a little time to relax.”  
(Mother)

“even though I’m still looking after my baby I still feel like I’m having a break because she can just play with the other babies, and yeah, like, you know that sort of stuff.”  
(Mother)

“Yeah, I do want to do things, like I do want to paint and do all that stuff, but to be honest, when I get there, all I want to do is sit down [...] So yeah, and also my [child] is having fun and people can just hold [child].” (Mother)

As indicated in the accounts above, some of the mothers also talked about the group as being important for having time to do painting, the only place they had both time and space from their children to engage in such activity. Knowing that their child was close by, but occupied by someone, was important for providing this space:

“I like to paint, I haven’t painted for years, so it was nice to be able to relax and just go into another room where I can just paint, things like that. I don’t get time to do anything like that at home.” (Mother)

Many of the staff also talked about the group as being an opportunity for the mothers to have a break, partly because of the provision of childcare. Similar to the mothers, a few staff also talked about the mothers being able to use this space to do artwork.

“I mainly look after the babies and the children to just give the mothers a time to themselves while they’re here.” (Staff member)

“I think a lot of the time, they’re happy to just come here and chill out and get a break for a little while and you know, catch up with the other mums and sit around and talk and stuff.” (Staff member)

“there’s a space for them to come and so some art, take some time out for themselves as well.” (Staff member)

These accounts reflect the absence of time-out in the mothers’ daily lives, and the important role of the group in facilitating space to do art, relax, socialise, or just be.

### Cultural transmission

The mothers’ groups were talked about as a space for cultural transmission by both the staff and the mothers. Cultural transmission was talked about as involving the passing on of knowledge and increasing the awareness of Aboriginal culture and identity on the part of the mothers and children. The inclusion of an Aboriginal artist as a staff member who provided knowledge of Aboriginal culture, spirituality, history and art was talked about as an important part of this process. In addition, the staff also talked about the mothers’ involvement in art and the creative process as an important part of cultural engagement and transmission during the group. For example, one staff member said:

“I’m just trying to get them to get in contact or you know, to feel, to be part of their culture, you know, and I know how powerful and beautiful and all that it is, so, just wanting them to experience that, and to you know, learn more about it.” (Staff member)

Other staff spoke about how the mothers have become more confident and proud of their identities as Aboriginal women over time.

“I think that over time, the group’s, not just their own awareness of their own cultural heritage has improved but a kind of pride in it.” (Staff member)

“That’s probably to me, more satisfying, knowing that they go home and they talk about things to their children more about their culture and they’ve got their knowledge that leads down the track if the kids ask them something, they can at least answer that question.” (Staff member)

The mothers also spoke positively about the Aboriginal cultural input that they had received within the group. Specifically, the mothers talked positively about the Aboriginal painting within the group, an outing to see rock paintings, weaving, and the chance to interact and learn about boomerang and other cultural objects that were brought into the mothers’ group meeting. A number talked about wanting *more* engagement with Aboriginal culture during the groups, for the benefit of both themselves and their children.

“More Aboriginal things would be good. Went we went on that picnic to see the rock art. I loved that and the kids loved it, too.” (Mother)

“They should be learning their culture and who they are.” (Mother)

In these accounts, Gunawirra was talked about as a place that could and should provide Aboriginal cultural learning and engagement for the mothers and the children.

Furthermore, as part of the wish for more cultural engagement during the groups, many of the mothers also talked about their wish to have more Aboriginal staff involved in the groups. For a number of the mothers, this was talked about as being something they felt quite strongly about.

“just be able to connect to someone of the same culture and like knows what you’re going through or been there already, especially like a young mum.” (Mother)

These accounts illustrate the importance of Aboriginal identity and culture for the mothers, and the role that the groups can play in support and facilitation of cultural engagement.

## *2. The workings of the group*

This theme will describe the ways in which the mothers’ groups functioned to meet its aims and address the mothers’ needs, from the perspective of the staff and the mothers. These accounts illustrate how the group operates, including: the importance of developing trusting ongoing relationships between the staff the mothers; the therapeutic role of professional staff; practical support for the mothers; managing the group; the changing nature of the group and the emotional impact of the groups on staff.

### *Developing relationships with mothers over time*

Many of the staff spoke about the importance of the relationships between the staff and the mothers as a central part of how the therapeutic aim of the group is sought to be achieved. Furthermore, the development of these relationships was something that they spoke about as occurring over time. Many of the staff talked about the importance of trusting relationships for developing a safe space for the women to share ‘deeper’ emotional experiences.

“And in terms of relationships developing, I would hope that there would be, you know, trust continuing to evolve and deepen.” (Staff member)

“I think that’s it, you are able to come here and just share and feel safe and talk about stuff and get the support and help that they are wanting” (Staff member)

Some staff gave accounts of working around the activities of the group and being flexible in the way that they approached the women as part of developing rapport.

“as each woman got on the bus, [there] was the opportunity for me to make a connection, form a rapport and the next woman would come on the bus and I would

try touch base with them but also try and make connections between them as we travelled, and then the third one was kind of weaving.” (Staff member)

For some of the staff, the development of relationships also meant that the mothers felt safe to voice dissatisfaction within the group.

“That’s why they can now, you know, introduce, we want to go on this outing or complain about something, you know, complain about the food or you know, I think for women to be able to do that, they need to feel safe that there’s going to be no retaliation, and they’re going to be heard.” (Staff member)

Furthermore, for some of the staff, relationship development was talked about in terms of waiting for trust to develop and not wanting to put pressure on the mothers. This is also included being aware of the ongoing fragility of the mothers’ trust.

“I think it’s just the nature of how things are, like it just takes a long time to trust people I think when you’ve been through a lot. And I’m okay with that, like I understand that” (Staff member)

Finally, some of the staff described more informal models of relationship building with the mothers in the groups.

“I think I just feel like this is a space I feel that they can share that, you know, they’re confident and they’re safe enough to be able to talk to me and Gunawirra and share some of the difficult things that may have happened and the good things too, so yeah, I’d say, you know, friendships have got, you know, stronger.” (Staff member)

These staff accounts provided evidence of the long term work of relationship building between the staff and the mothers as well as the ongoing commitment of the staff to the women, as a central part of the functioning of the group.

### Therapeutic role

Many of the staff spoke about the use of a psychoanalytic theoretical framework to guide their practice with the group. As part of their role, these staff members talked about providing emotional support to create the conditions to strengthen attachment

between mothers and children and facilitate emotional capacity. The staff spoke about performing this role by providing a holding space for the emotional experiences of the group, being a stable and consistent presence within the group and validating the mothers' emotions and mothering practices.

Most of the staff also talked about the difference between the mothers group and a formal therapy group. In addition, some of the staff talked about the mothers groups as a precursor to individual therapy, once the mothers had benefitted from the support they received in the group.

### *Holding and presence*

Many of the staff described the professional staff who facilitated the groups as providing a safe 'holding space' for the mothers' emotional experiences. In these accounts, the presence of the staff contributed to a space where the mothers' emotions could be experienced and safely contained within the group. A number of the staff spoke about these practices as allowing the mother's emotions to become less threatening and overwhelming, more able to be engaged with and acknowledged by the mothers.

"So absence is terrifying. Presence is comforting. So we help these mums to stay with, in spite of the negative and the positive." (Staff member)

"I hope that the group will continue to feel increasingly secure and hopefully be more ready to talk about some difficult stuff. Not just on a personal level but at a group level as well" (Staff member)

Subsequently, some of the staff described 'sitting back', watching and observing the mothers and their children in the group. This was in contrast to a formal group therapy setting in which they would be active and involved therapeutically:

"my instinct was to be quite active and do things, but I've actually realised I need to kind of be a lot slower and actually absorb and be, rather than do." (Staff member)

"So for me it's quite different to sit back and be less directive and have much less input, ask a lot less questions, do a lot more observing, a lot more, you know,

observing and picking up and being with the women on a more informal basis.” (Staff member)

The presence and ‘holding space’ provided by staff was talked about in the staff accounts as an important part of facilitating attachment and emotional engagement between the mothers and children.

### *Validation of mothers*

In addition to presence and holding, many of the staff talked about validating the mothers’ emotional experiences, as well as their positive mothering practices. The staff talked about validating emotional experiences by drawing attention to the mothers’ emotions and legitimising their experiences through acknowledgment.

“So part of my role I think as group leader is to hear the individual, and say, that must be sad for you, perhaps it brings up other sadness’s of other losses in your life, which have been in that particular case is true. She did have a major loss in her life, that particular person, so that’s true, but also the entirety of the group’s experience of well, it was sad to leave Redfern but it’s also, we’ve gone to a nice place and there’s potential in that too.” (Staff member)

“I do feel that in coming, the group, you know, it kind of facilitates that as well, they bring it, but we facilitate it. So, you know, a couple of the women are toying with the idea of studying further or doing a course or doing something more, and I think because that kind of thing gets talked about, and not dismissed, and not disparaged and it’s allowed to live as a thought and an idea, that it, you know, anything is possible.” (Staff member)

Staff also talked about “amplifying” evidence of good attachment displayed by the mothers in the group by validating these mothering practices.

“And whenever I saw her doing that, I really amplified it, saying, wow, she really enjoys being held like that.” (Staff member)

While a number of the staff spoke about validating the mothers in their mothering practices, some of the staff also talked about the balance between encouraging and

providing information, and not telling the mothers what to do in their mothering practices.

“So we’re not trying to drive home a message, right, you know, you should bottle feed or you should breast feed or you, you know, this is what we think you should do, this is the only way to do, raise your child. That’s not helpful. [...] So if we can provide a space where these things can be discussed and thought about, and where they can get information and make then kind of make up their own minds, I think, that is also a useful thing.” (Staff member)

In validating the mothers’ emotional experiences and evidence of good attachment, the staff talked about contributing to the overall wellbeing of the mothers as well as the children.

The mothers did not speak about the group in a way that indicated they were aware of the therapeutic purpose of the group. However, some of the mothers did talk about feeling that the staff supported them in their role as mothers. For example, the mothers talked about the staff noticing the way their children were changing and validating what they were doing as mothers as worthwhile and valuable.

“I feel like I get support from them, they’re encouraging me like I’m doing the right thing. I’m doing a good job by raising [child] ... just saying every week how much she’s growing, and saying that, we all, all us mothers are doing a good job raising our babies.” (Mother)

A couple mothers spoke about the support they received from the staff as being important to counteracting some of the stigma they experienced as a young Aboriginal mother.

“having the support from [staff],and [staff] was really good as well, like they don’t think it’s a bad thing to be a young mum, so I thought it was good to have that support.” (Mother)

Those accounts demonstrate the significance of validation provided by staff in the support of mothering.

## Practical support

The practical support in attending the group that was offered to the mothers, in the form of transport, food and support with childcare, was important in enabling the groups to happen. The staff also spoke about the practical support provided as part of demonstrating care and valuing the mothers. Furthermore, the organisation modelled healthy home cooked food in their food provision.

“It’s nice to have food cooked and you know, have something different on the menu each week and I guess practically those things can help, to have that space I guess, to feel cared for as well and to feel valued.” (Staff member)

In addition, some of the staff also spoke about the value of the Royal Prince Alfred Hospital (RPA) nurses who visited the group, providing information and support to the mothers.

“So I think that’s, they really, you can tell they really appreciate it. They talk about that a lot in the group, so that’s fantastic.” (Staff member)

The mothers also spoke about the practical care provided by the staff and the organisation in their accounts. The bus service was very important in the mothers accounts. A number of mothers said that the bus made their participation in the mothers groups possible. In addition, a number of the mothers spoke warmly about the relationship that they had with the bus driver who picked them up and dropped them off as part of the service that was provided. One mother said the following about the bus service:

“It was really good being able to get picked up and dropped home.” (Mother)

Furthermore, some of the women also spoke appreciatively about the practical support in looking after children that was provided in the group to enable them to have some space.

“Just the arts and crafts bit and just been able to leave the kids with the leaders if we need to. Whatever we need, they could help out.” (Mother)

The flexibility and adaptability of the staff to meet the mothers' needs was also talked about as being appreciated by the mothers and was part of the mothers feeling supported within the group. For example, one mother made the following comment about Gunawirra staff,

“they were very sweet and they were just very nice and very, you felt very comfortable and especially from day one, they were hands on and wanted to help and help with babies and offer food and just anything you wanted to do, they were keen for, anything you suggested you said, they would do. Like some of us wanted to do scrapbooking. They went out and got all this scrapbooking stuff and other people wanted to do canvas painting and straightaway went out and did it, so whatever you said, they did.” (Mother)

Finally, the food provided in the groups was talked about both positively and negatively by the mothers. Some of the women talked about appreciating the food provided as part of making them feel welcome and saying that it was good to have a day off from food preparation for their children. A number of the mothers also expressed dissatisfaction about food saying that menu options were repetitive, not to everyone's taste or that they were concerned about the sugar that their children were consuming while at the group. These findings demonstrate the difficulty catering to a wide range of tastes within the groups, and difficulties of pleasing everyone, even when food choices are offered.

### Managing the group

The staff spoke about the considerable work and effort that went into putting on the weekly mothers' group meetings. A few of the staff talked about juggling multiple roles in the group, particularly at times when the group facilitators were planning food as well as trying to be present therapeutically for the women in the group. The addition of volunteers to help with food planning, preparation, and support with childcare, made a considerable difference to the running of the group and the ability for the group facilitators to be present and carry out their therapeutic role with the mothers. For example, one staff member said,

“it was shopping on Monday as well as the phone calls on a Monday, you know, this is in and amongst the job, because by itself it doesn’t sound like a lot, but it was trying to fit everything in, and then also on the Tuesday doing the work, the food preparation and trying to be present for the women, that was tough. We’ve now got a great volunteer who does that for us which allows us to be much more present in the room.” (Staff member)

However, despite support, the planning, effort and care that went into the groups on the part of the group leaders was still considerable.

“I mean, physical preparation, yes, it’s the food and letting [Bus Driver] know in advance who is coming, so he can plan his bus route, yeah, making sure the women are communicated with the day prior. Other preparations, I mean, it’s an emotional preparation, thinking about, aw this one’s not coming, she’s sick or she says she’s sick but she’s missed four sessions in a row, that kind of emotional preparation, but I mean, that happens as part of the work anyway and then supervision which is a more formal time, when we sit down and process what’s happening in the group that week.” (Staff member)

### *Involving the mothers in group planning*

As part of managing the groups, some of the staff gave accounts of involving the mothers in the decision making around what to do within the group time and food provision. For example, staff members spoke about waiting to see how the mothers would use the space that was provided in the group, getting input from the mothers regarding likes and dislikes for food planning and involving the mothers in the overall planning of the group, such as outings.

Accounts of the mothers’ responses to their involvement in decision making were mixed. For example, as noted above, some of the mothers expressed dissatisfaction with the food choices available. Furthermore, some of the staff spoke about the mothers challenging and voicing their dissent with staff regarding the activities of the group. As part of the adoption of a psychoanalytic framework, some of this was talked about by

staff members in terms of the emotional development of the group, as described above (p. 20).

The mothers' responses to being involved in group planning were also mixed. Some mothers who had been in the group for some time said that they did not feel 'listened to' and cited their needs as not always being met. Many of these mothers spoke about voicing their needs and requests and pointed to a lack of evidence and communication from staff that these concerns were being followed up and acted upon, contributing to a feeling of 'voicelessness' within the group. Examples spoken about by these mothers included more outings, more structure, the inclusion of an early childhood worker for the children and greater cultural engagement. Other women were positive about their need being met within the group. This is discussed further under the theme, 'Areas for future consideration and development'.

### Changing nature of the group over time

A number of the staff spoke about how the mothers' groups had changed over time. The staff also spoke about group dynamics being influenced by the particular individuals present on any given week, the ups and downs that the women were experiencing in their lives, conflict between individual mothers and children, and the impact of challenging behaviour from children on the group. Some of the staff noted that the dynamics of the groups were due to the particular combination of mothers within each of the groups. For example, mothers that were younger in age were more noted as being talkative and tended to share more easily, facilitating the verbalisation of their experiences within the group. In contrast, mothers who were older in age were talked about as having a tendency to be less verbal and more guarded in what they shared with the group.

Some of the staff spoke about the evolution of the groups overtime as due to the emotional development of the mothers and the group as a whole. For example, when speaking about the dissent expressed by some of the mothers, one staff member said,

"I think [there is] something about being able to express that anger, I mean, to express that anger is a development in the group anyway. But to have us all you

know, kind of survive it, withstand it and survived it, has been very important and I think that's got a lot to do with why this material is starting to come out"

It was noted by a few staff members that deeper emotional content was being shared in the group space, following expression of anger within the group. Similarly, some of the staff attributed the changing nature of the groups as being due to the ongoing development of relationships between mothers and staff, and between the mothers themselves. This was also talked about as having an impact on emotional sharing that occurred within the groups, and was an accepted and expected part of the group process, from the perspective of the group leaders.

A number of the staff noted the physical space of the buildings that the groups took place in and the way that the physical space had an impact on the group dynamics. For example, prior to the organisation's move from Redfern to its current premises in Rozelle, some of the staff and mothers spoke about the need for more space saying that the space was "too small" and "chaotic". Many staff and mothers spoke positively about the new space, particularly the space that was available for the children to play both inside and outside.

Finally, some of the staff talked about the needs of the group changing as younger children got older and needed more space to play, saying that this would require a shift from one room, to other spaces within the building. How the developmental needs of the children could be met while protecting the relationships and safe emotional space that was developing within the group was part of the ongoing planning considerations discussed by the staff.

### Emotional impact of the group on staff

Many of the staff spoke about the challenges as well as rewards that they experienced as part of contributing to the mothers groups. For example, some staff spoke about the "intens[ity]" and "difficult[y]" of the groups, particularly the emotional content and being faced with the discrepancy between the lives of the mothers and the lives of staff, including socio-economic differences. This included emotions that were and were not talked about explicitly by the mothers. Working from within a psychoanalytic

framework, this was talked about by some of the staff as part of the process of counter-transference. However, some of the staff spoke their about experiences of the mothers voicing dissent, anger and frustration towards them either directly, or indirectly, as being particularly challenging. For example, the following were said by staff members in regards to experiencing group challenges:

“at times, I feel like it’s a big burden” (Staff member)

“[I] feel like I’m treading on toes or treading on egg shells a little bit.” (Staff member)

Nearly all of the staff talked their own cultural identities, in addition to a commitment to social justice principles as informing their interest in working with young Aboriginal mothers. The majority of staff were non-Indigenous. Some of the staff subsequently talked about challenges that they experienced in working cross-culturally, including anxiety about being respectful and sometimes experiencing uncertainty about whether they were doing right thing working as a non-Indigenous person with Indigenous women. This is discussed further in the section titled, ‘Areas for future development and consideration’.

Finally, a number of the staff also spoke about rewarding nature of the work with the groups, including positive experiences for non-Indigenous staff of working in a cross-cultural capacity with Aboriginal mothers. This included the rewarding nature of the job, feeling that their engagement with the mothers had installed a sense of “hope” and reflecting on the progress that had been made by the mothers over time.

“It’s so rewarding, it’s not funny. Whenever I leave here and I go home and as I’m going out, I think, ‘Well, it’s been another good day, another good day that we’ve, you know, I’ve helped in some way.’” (Staff member)

These accounts indicate the complexity of the staff experiences working in this area, including the challenges of the emotional content of the groups, as well as the complexity of negotiating work in a cross-cultural context as non-Indigenous workers with Indigenous women. The rewarding nature of the job described by these staff members speaks to the meaning gained from working in this area.

### *3. Constructions and experiences of motherhood*

This theme will describe the accounts of constructions and experiences of motherhood from the perspective of staff and mothers. The mothers tended to speak about themselves as being ‘good mothers’, while the staff tended to speak about the mothers as being ‘resilient mothers’. Both the staff and the mothers discussed challenges associated with motherhood and contextual influences that impacted on their experiences of mothering. Staff tended to attribute difficulties experienced by the women to influences located in the individual psychology of the women, as well as external contexts of motherhood. The women tended to attribute difficulties that they experienced to external contextual factors.

#### *Good mothers – The mothers’ accounts of the mothers*

Overall, the mothers spoke positively about their experiences of motherhood and talked about themselves as being “good mums”. As part of these accounts, the mothers spoke about motherhood as being rewarding and providing purpose and meaning. This included the meaning gained by being a mother through the love and bond that the mothers had with their children, as well as their enjoyment of their children exemplified in the quotes below.

“I’m really happy to be a mum, I find it probably one of the best things I have ever had to do in my life.” (Mother)

“probably, holding this beautiful little girl in my arms and just loving someone so much” (Mother)

As part of being a good mother, some of the mothers talked about their priorities changing and making “sacrifices” after their children were born. For example, some of the mothers talked about quitting smoking, changing how they spent their money, and not going out as often as they used to before they had children. A number of the mothers also said that the changes that they had experienced in themselves following the birth of their children had made them more mature and better people. As one mother said,

“like now, and just the little things, like the money that I have, I don’t buy myself anything, when all I wanted to do was buy myself things. You know I get excited about little things like buying a highchair, you know, like it’s just, you become so much less selfish.” (Mothers)

Finally, some of the mothers also talked about their attendance of the group as part of being good mothers, for example, through providing their children with positive peer interactions and through support from other mothers and from staff.

### Resilient mothers – The staff accounts of the mothers

In their accounts, the staff tended to describe the mothers as being resilient, talking about the mothers’ strengths in the context of coping with considerable complexity and adversity in their lives. For example, in the accounts of the staff, the mothers tended to be talked about as being “strong”, “tough” and “resilient”, as, one staff member said,

“it’s pretty, a pretty tough gig being a mum and some of them are single, and wow that’s even, even more hard, so I think that the strength of some of these mums is pretty amazing stuff. And, yeah, I think that is just so visible to me that the moment they turn up”

The staff attributed the mothers’ resilience to a number of factors including the inner strength of the women, the experience of motherhood itself, external supports such as family and education, as well as the younger age of many of the women. Younger age was suggested to be responsible for a greater sense of confidence in the women and having less traumatic experiences present in their lives. Furthermore, a few staff noticed changes in the mothers over the time that they had attended the group and suggested that some of the changes in the mothers were due to their attendance at the group.

### Challenges of motherhood

From the perspective of the mothers, motherhood was not without challenges. Some of the mothers spoke about the sacrifices that they had made since becoming mothers with some sadness, as well as talking about the challenges they experienced when

dealing with their own exhaustion and temper tantrums, or changing needs of the children. For example, one mother said,

“I know I’m a good mum but I wish I could be more patient sometimes. I think when you’re a good mum, there’s a lot of love and time spent. I just want my [child] to have yeah, a better time than I did.” (Mother)

Furthermore, the women also talked about the difficulties inherent in no longer seeing friends and experiencing social isolation after they became mothers. As one mother said,

“I can’t just get up and go whenever I want, like I do, I’ve missed every single one of my friends’ twenty-firsts. You know, I’ve lost a lot of friends.”

When talking about challenges experienced by the mothers, the staff described difficulties in the quality of attachment between mothers and children, some of which they described as improving over time. For example, some of the staff talked about observing a lack of emotional engagement from some of the mothers with their children during the group. This included observations of the mothers personalising the children’s behaviour, particularly when children were challenging, and feeling rejected by their children in the process. Some of the staff also spoke about the mothers having a lack of meaning in their lives outside of their children, indicative of a lack of balance in their lives.

Both the mothers and the staff acknowledged the challenges of motherhood in their accounts. For the mothers, many of the challenges that they spoke about were contextual and due to their experience of being young and a mother. For the staff, many of the challenges experienced by the mothers were spoken about as the result of trauma, impacting the capacity of the women for attachment and emotional engagement with their children.

## Contexts of motherhood

Both the staff and mothers spoke about contextual influences that had an impact on experiences of motherhood and the ability for the mothers to access support in their lives.

A number of the mothers gave examples of significant stressors that they were dealing with in their lives. Housing issues were a particular strong concern talked about. These issues included small and overcrowded housing, unhealthy houses, lack of housing stability and difficulties dealing with housing agencies. For example, when asked what might make her experience of being a mother easier, one mother said,

“Housing could fix the house. Then I won’t feel so stressed all the time. About like mould growing everywhere and things that are broken” (Mother)

In addition to housing, mothers also spoke about a lack of support from fathers in caring for their children, difficult childhoods, familial drug and alcohol issues and experiences of the loss of custody of children.

In contrast to accounts of difficult contextual influences, some of the mothers spoke about having supportive partners and families and the value of this support. For example, when asked about her experiences of support, one mother said,

“[My family] not turning their back on me when they found out I was pregnant. [They] make sure [my child] has everything, if I have no money.” (Mother)

In addition, a few of the mothers spoke about having supportive caseworkers who had also assisted with practical needs.

The staff spoke about a range of contextual influences to motherhood experienced by the women, including, familial issues, such as the lack of emotional engagement and support from the mothers’ own parents, as well as drug and alcohol issues.

Furthermore, the staff also spoke about the mothers having variable experiences with education and literacy skills. For example, one staff member said,

The other thing about confidence too is that, I mean, it is variable across the group members, but for some of them, educational literacy is very low, and I think that affects people's confidence. Their own experience of being parented, their own very early experiences aren't necessarily as good as they could be. And they don't have a lot to sort of fall back on or to call on as mothers, you know, particularly as first-time mothers. A time generally, you know, women struggle to feel confident. (Staff member)

Staff members also talked about the mothers experiencing issues as partners, some of the women also experiencing domestic violence. The staff spoke about the mothers as being single parents, and lacking the support with parenting of a committed partner. Finally, the staff also spoke about the inadequacy of housing for many of the women.

These accounts recognise the complex social and relational context in which young Aboriginal women navigate motherhood, and the potential impact this has on subjective wellbeing.

### External gaze on Aboriginal mothers

Some of the mothers talked the stigma that they experienced as Aboriginal mothers. For example, two mothers said the following regarding social perceptions of young Aboriginal mothers in their interviews.

“I think sometimes they think like they're sluts or something because like they're young and I think they also think like they're irresponsible, they won't be able to be a good mum and all that sort of stuff.” (Mother)

“I mean it's just – we are all going through the same thing, and know what it's like to be stereotyped as a typical young black mum. Like, that we're black, we're obviously gonna fall pregnant really young.” (Mother)

For the mothers, the possibility of being a 'bad mother' was something that was projected onto them externally through an external social gaze that judged them for being young, Aboriginal and a mother. Some of the mothers subsequently spoke about experiencing self-doubt and lacking confidence at times in their mothering experience.

For example, a couple of mothers gave accounts of having children taken off them by DOCS. When talking about this experience, one mother said, “They never gave me the chance.”

A couple of the staff also noted the extra scrutiny that Aboriginal women face as mothers, noting the ongoing impact that DOCS and the loss of custody of children had had on the mothers. For example, one staff member said, “Aboriginal women feel under the spotlight, under a lot of scrutiny as parents.”

As mentioned earlier in this report, peer support from other mothers and validation from staff were spoken about by the mothers as counteracting their experiences of stigma by instilling confidence and helping the women to feel good about themselves as mothers.

#### *4. Areas for future development and consideration*

There were some differences in the expectations of the group and experiences of communication identified in the accounts of the mothers and staff. This included the purpose of the group, perceived difficulties in communication, and engagement with Aboriginal culture. In addition, staff and mothers also spoke about the importance of protecting the boundaries of the group, the ongoing need for resources, as well as ideas for the future of the program.

Firstly, there were differences in the purpose of the group that were articulated in the staff and mothers’ accounts. The staff talked about the purpose of the group in terms of the therapeutic aim of facilitating attachment and emotional engagement between mothers and their children. The mothers did not talk in a way that indicated awareness of the therapeutic objectives or design of the group. However, the mothers did talk about the group in terms of accessing peer support and having some time out from their everyday lives as well as being supported by staff. As such, there appears to currently be some divergence between aspects of the staff and mothers’ expectations and communication in regards to the group.

The divergence between different accounts of the groups’ purpose were evident in staff accounts around the balance between facilitating attachment within the mother-child

dyad and providing 'time out' support for the mothers; consistent with more generalised models of supportive playgroups. This was evident in the accounts of staff who talked about a possible tension between the objectives of facilitating attachment within the mother-child dyad and providing time out for the mothers from the children.

"having more activities where the parent and child do something together might change something. But, you know, but then there's a need for a bit of a separation as well, so that they do get that little break. So, I don't really know how it can be improved." (Staff member)

As noted earlier in the report, a number of staff talked about the importance of providing time out for the mothers. However, at the same time some staff talked about the activities that the mothers took up during this time disrupting, or having the potential to disrupt, the therapeutic aims of the group.

"I guess what I see as what might be two levels or things working at the two different speeds, is where we've got for example, it's a busy group, with say painting and cooking and things like that. And there's less opportunity for talking. That's where I find there's a clash." (Staff member)

In contrast to the staff accounts, the mothers talked about the group as a place that they *should* have opportunities for time out and a break, and valued the activities they engaged in, with some women wanting more activities or outings, as noted previously.

There are a number of possible explanations for the divergence in perspectives on the group between the staff and the mothers. One possible explanation might be a wariness on the part of the mothers of being pathologised by staff through taking part in a group with a therapeutic aim to support them in their relationships with their children. This is something that many mothers could likely feel in situations where mother-child relationships have the potential for scrutiny. This explanation is supported by a comment by one staff member who said that the mothers had a strong negative reaction to being told an art 'therapist' was coming into the group, as this person was suspected of intending to "psych-out" their children. Another possible explanation for the divergence might be that the mothers have a strong conceptualisation of themselves

as 'good mothers', as evidenced in the interviews, and therefore resist the position of needing professional intervention or support. Evidence of the mothers being wary of external scrutiny or intervention was evidenced in accounts of being stigmatised as Aboriginal mothers and, for a couple of women, experiences with DOCS removing their children. As such, the mothers may find it difficult to articulate requests for support in relation to their relationships with their children, both to outside researchers and within the day-to-day functioning of the groups. Finally, it is also possible that the mothers do not perceive themselves to have a need for support with their relationships with their children. This is evidenced in some of the mothers' accounts where they talked about themselves as doing better job of being a mother than other parents that they had observed, including, in some instances, their own parents. Further research is needed to further investigate what are likely to be complex reasons why this divergence is occurring, over a longer period of time.

It is possible that the divergences in expectations of the group in staff and mothers' accounts may have also contributed to perceived difficulties in communication. For example, it is possible that while staff are attending to the 'deeper' emotional content of the concerns raised by the women, the mothers perceive a lack of attention to the 'surface' level concerns that they have raised, leading to instances of miscommunication between the staff and mothers, and an experience for some of the mothers of feeling 'voiceless'. This may, in part, explain the differences in the accounts of staff and mothers of consultation with the mothers around the planning of the group. Furthermore, the differences in expectations around the purpose of the group may also contribute to the mothers wishing for more visible structure in the groups, including the inclusion of an early childhood worker who is able to provide an 'educational focus' to their work with the children whereas only one staff member spoke about this as a need.

A number of the mothers articulated a wish for more the inclusion of Aboriginal workers and further engagement with Aboriginal culture in the groups, including with their children. As noted previously in this report, the mothers spoke positively about the cultural input that they had received through Gunawirra to date. Furthermore, Gunawirra was spoken about by the mothers as a place within which cultural transmission could and should occur. Some of the non-Indigenous staff interviewed

spoke about the challenges they experienced around negotiating potential opportunities for cultural transmission within the groups. For example, as one staff member said,

“And knowing, trying to think about, you know, what is our role, do we have a responsibility to inculcate Aboriginal culture? Which I can’t do that. But is it our role to facilitate that? Is it our role to offer it? Is it our role to wait until it’s asked for? That’s a real challenge [...] You know, what is our responsibility in terms of thinking about Aboriginal culture [...] It is an Aboriginal mother’s group, what is our role within that, in terms of the culture?” (Staff member)

Further communication across staff members, including Aboriginal staff, may help clarify this role for non-Indigenous staff. This communication could include clarification of the purpose of the groups and the role of Aboriginal culture and role of non-Indigenous staff in supporting this process. Furthermore, given that many of the mothers talked about a wish to engage with Aboriginal culture, more consultation with the mothers around how and when cultural engagement could occur within the group may also assist with clarification.

A few staff also spoke about challenges that they experienced protecting the boundaries of the groups. This included being mindful about access to the mothers groups from outsiders such as funders and other professionals who may want to visit or take part in the groups. Being mindful about the boundaries of the group was talked about in terms of protecting the integrity of the group and enabling the development of a safe space for the women to share.

“I suppose another challenge would be there’s often, not major, but sometimes challenges to the group boundaries, by other professionals. You know, can we just do this? And can we, you know, can this group of people come and visit and sit it on the group?” (Staff member)

A number of the mothers also spoke about the boundaries of the mothers groups. However, they spoke about a wish to have greater stability and longevity of support workers who are involved in assisting with the group, particularly students who attend the group as part of their course placements. These mothers spoke with concern about

the effect frequent support staffing changes have on the well-being of their children, who may become attached to the workers during the time that they are attending the group.

Finally, an ongoing need for funding and resources was identified by a number of the staff to assist in the maintenance and development of the groups. Across the staff and mothers' accounts, a number of possible future changes were suggested. These included more art materials, a longer daily timeframe for the group meetings (for example, one mother suggested starting at 10 am), an earlier lunchtime as the children usually eat earlier at home, the possibility of facilitating workplace skills, such as computer skills, and more outings. Outings that were suggested in staff accounts included excursions that connect with culture and excursions that allow relaxation for the mothers.

Suggestions for outing in the mothers' accounts included the park, picnics and swimming pool.

## Conclusion

The findings from this study suggest that the mothers' groups serve function in terms of support, facilitating mother-child relationships and the development of the women's construction of motherhood and themselves as mothers.

As noted in the 'Background' section to this report (p. 3-4), women's conceptualisation of themselves as mothers has implications for experiences of psychological distress (Mauthner, 2010). Specifically, where women experience a discrepancy between social ideals of motherhood and realities of the day to day challenges of mothering, women are more likely to report experiences of psychological distress (Berggren-Clive, 1998; Mauthner, 2010). In contrast to these findings, the women in this study saw themselves as "good" mothers in the face of adversity and life stresses. This suggests that they have a positive conceptualisation of self. However, the mothers also have to work to deal with negative conceptualisation of themselves and their mothering by others. This raises potential difficulties for the women in terms of the effects of stigma, such as a lack of confidence and other barriers to resources and support. This finding suggests that there is a need for ongoing support for young Aboriginal mothers, while also acknowledging the complexity of these mothers' lives and the subsequent limits of what a mothers group can achieve.

## *Recommendations*

1. There is a need for further resources to monitor and expand facilities of group, to meet needs of mothers, address the developing needs of children who attend the group, and avoid staff stress and burn-out.
2. The groups may benefit from further clarification as to the role of the group, including the potential activities of the group. For example, supporting the women with bonding with their children, opportunities for discussion and sharing with other mothers and the staff, activities and time out from children and relaxation.
3. Based on the mothers accounts, expansion of Aboriginal cultural engagement within the mothers groups, including inclusion where possible of Aboriginal staff members.
4. Further research could follow up the group and mothers over a longer period of the time to address the ways in which the women experience and construct their subjective wellbeing as mothers over the course of the group.

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