

ATTACHMENT HK 3

This is the attachment marked "**HK 3**" referred to in the witness statement of Harold Rudolph Kirby dated 10th August, 2015.



Evaluation of the

BUMPS TO BABES AND BEYOND PROGRAM

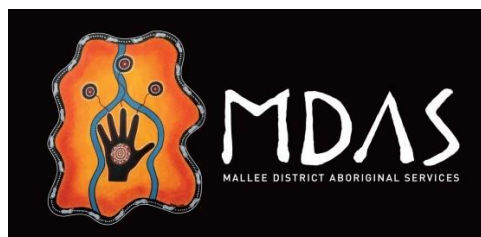
A Partnership Between
The Queen Elizabeth Centre and Mallee District Aboriginal Services

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This project is the result of a partnership between the Queen Elizabeth Centre and Mallee District Aboriginal Services

Queen Elizabeth Centre
53 Thomas Street
Noble Park, VIC 3174
Telephone: +61 3 9549 2777
Facsimile: +61 9549 2779
Email : theqec@qec.org.au

Mallee District Aboriginal Services
120 Madden Ave
Mildura, VIC 3502
Telephone: +61 3 5018 4100
Facsimile: +61 3 5023 7852
Email: mahs@mdas.org.au

Report prepared by Avrille Burrows, Beverley Allen and Sharon Gorton – December 2014.

ABSTRACT

Evidence based practice illustrates that a safe, stable and developmentally stimulating environment correlates with positive outcomes later in life. Trauma and negative experiences in early years however, inhibit brain development and consequently can result in difficulties in learning, behaviour and health.

The Aboriginal and Torres Strait Islander community have been identified as experiencing disadvantage in a number of areas, which consequently may impact on the family and the wellbeing of a child. The following research highlights the importance of home-visiting parenting programs, specifically the positive outcomes and learnings from the development and implementation of the *Bumps to Babes and Beyond* program.

The program was designed through consultation and partnership between Queen Elizabeth Centre (QEC) and Mallee District Aboriginal Services (MDAS) to meet the needs of the Aboriginal and Torres Strait Islander community of Mildura (Victoria, Australia). Action research was the chosen methodology used to gather data in both qualitative and quantitative form. Research findings highlighted that all children remained in their mother's care at the conclusion of the project; mothers showed a decrease in depression and full antenatal attendance once engaged in the program, resulting in high breastfeeding rates, and increased links within the community.

Research findings were conveyed in a culturally appropriate manner through both written and artistic form.

KEY WORDS:

Queen Elizabeth Centre, QEC, Early Parenting Centre, Mildura, MDAS, Parenting Program, Mallee District Aboriginal Services, Home-Visiting, Bumps to Babes and Beyond, Aboriginal and Torres Strait Islander, Health, Development, Early Years, Support, Education, Brain Development, Vulnerable, Disadvantaged, Trauma, Strengths-based, Family-Partnership, Child-focused, Culturally appropriate, Partnership, Consultation, Evidence-based, Best-Practice, Child Protection.

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EXECUTIVE SUMMARY

Background

The *Bumps to Babes and Beyond* Project is a two-year parenting program adapted from QEC's *Tummies-To-Toddlers* Program, designed to meet the specific needs of the Aboriginal and Torres Strait Islander community of Mildura. The program aims to engage vulnerable women and their families during the antenatal period to strengthen the bond between parent and child prior to birth. The mother and her family are supported throughout the pregnancy, the birth, and the first 18 months of their baby's life. During this time, mothers are provided with parenting education and support around their needs and the needs of their baby, and encouraged to build links with services outside the program to enable a supported transition into the community.

MDAS Mildura approached QEC, and together they developed the *Bumps to Babes and Beyond* program. Funding was needed due to the lack of early parenting education and support services available in the area, and was received from the Department of Health, Vulnerable Aboriginal Children and Families Strategy.

Mildura was selected due to its young Aboriginal and Torres Strait Islander population, high incidences of teenage pregnancy and child protection substantiations.

Bumps to Babes and Beyond program was developed based on the theories of child attachment, cultural and trauma-informed practice, and Family Partnership.

In 2012, the research component was funded by the Collier Charitable Fund to explore and gather the experiences and voices of Aboriginal and Torres Strait Islander mothers as they began their parenting journey. The research sought to evaluate the *BBB* program and identify the successful components of the *Bumps to Babes and Beyond* program.

The voices of the Aboriginal and Torres Strait Islander community were an important element in the development of the *BBB* program, and various members of MDAS and the Aboriginal community have contributed their observations and reflections on the program. The *BBB* program was also developed and adjusted according to the voices of the mother, her family and the community.

Program Aims

Aims of the *Bumps to Babes and Beyond* program:

1. To reduce the number of children placed in out-of-home-care
2. To enhance the connection between the mother, unborn child, family and community
3. To improve parent-child interactions

4. To increase parental enjoyment and confidence in parenting
5. To develop parents' professional and personal social networks
6. To increase parents sense of wellbeing
7. To help Aboriginal families meet key health promotion indicators

Method

The action research methodology was used to gather both qualitative and quantitative data, which included completing a literature review and undertaking interviews with the *BBB* mothers and community members. Demographic information collected from the families during their involvement with the program as well as results of the Depression, Anxiety and Stress Scale (DASS) were analysed.

The Aboriginal and Torres Strait Islander research values: Spirit & Integrity, Reciprocity, Respect, Equality, Survival and Protection, and Responsibility (NHRMC, 2005) were considered throughout the research journey.

Findings

General demographic information and results from the scales identified the following:

- All children remained in the care of their mother at the end of the research period
- Decrease in mothers' depression between intake and 3 months post birth
- 86% of mothers breastfed on discharge from hospital
- All antenatal appointments were attended by mothers engaged in the *BBB* program
- All children attending the *BBB* program were up to date with their immunisations
- All children attended key ages and stages visits with the Maternal and Child Health Nurse
- There were significant increases in community supports/networks 6 months post birth

The voices and experiences of the mothers were gathered and categorised into the themes below. Although each mother's circumstances and parenting journey was different there was a positive and consistent response in relation to the support provided by the *Bumps to Babes and Beyond* program.

BBB Themes:

- Birth
- Breastfeeding
- Practical support
- Mental Health and Emotional Wellbeing
- Healthy and Strong Aboriginal Babies, Families and Communities
- Sharing Knowledge and Stories

Conclusions

The *Bumps to Babes and Beyond* model combines theory and a number of evidence based approaches to deliver a project that is appreciated and valued by the *BBB* mothers, families and the community of Mildura.

The successful practice components were:

- Opportunistic early parenting advice and education starting in the antenatal period
- Case management linking to support services such as housing and Centrelink
- Culturally appropriate
- Collaborative delivery of services across agencies
- Health care for both mother and baby
- Flexible and long term program approach
- Highly skilled staff providing the interventions

Highlighted in the findings are several successful components that have been identified as beneficial to the Aboriginal and Torres Strait Islander communities by:

- providing the best start for their children
- curbing disadvantage and
- breaking the cycle of trans-generational trauma

The voices of the mothers and the community have added to the knowledge surrounding Aboriginal and Torres Strait Islander parenting programs. Further research and evaluations will ensure that future programs are at the forefront of evidence-based practice and are designed to serve the needs of the family and the community.

I QUEEN ELIZABETH CENTRE (QEC)

I.1 QEC

For over 95 years QEC has worked with the most vulnerable and socially isolated families in Victoria. As a registered public hospital, funded by the Department of Human Services, QEC operates as an Early Parenting Centre providing various levels of support and education to parents and the community to enhance the health and wellbeing of families. The programs are research informed, evidence based and individually tailored to meet the needs of each family. QEC provides specialised care, support and guidance to help parents manage the many challenges of early parenthood, from before birth to 4 years of age. QEC practitioners work in partnerships with families to understand their challenges and develop strategies to overcome them. As a result, parents develop increased knowledge and confidence in nurturing and protecting their children, and families are more connected to services within their own communities.

QEC delivers a state wide service from its 42 bed residential centre in Noble Park and in community based programs servicing the Southeast and Northern corridor of Melbourne, and the regions of Gippsland and Hume. QEC is the leading provider of the Parenting Assessment and Skills Development Service (PASDS) in Victoria.

Since its inception, QEC has developed partnerships with local government Early Years service providers including Maternal Child Health, General Practice, Family Support agencies, Community Health, Child FIRST alliances, Child Protection Services and the not for profit sector, and has secured strong partnerships with 'all of government' agencies, both nationally and across Victoria. QEC also provides consultancy services to assist regional health services to implement parenting programs and deliver innovative programs designed to address identified service gaps.

QEC Learning and Development Services provide education and training to, and participate in, research with organizations across the Early Years sector, to lead and participate in innovative programs, and improve its service delivery. QEC is committed to helping families with children at risk and meeting the needs of families from all cultures and communities. QEC works to enhance the early parenting sector and the lives of families.

I.2 QEC VALUES

QEC's vision is for children to get the best start in life.

QEC uphold the following values when working with children, families and communities.

Respect - We respect the feelings and beliefs of others

Teamwork - We listen to, acknowledge and accept others in our team

Integrity - We approach others with fairness, honesty and openness

Excellence - We strive for excellence and quality in everything we do

Resilience - We are positive in our approach to all challenges

I.3 QEC TUMMIES-TO-TODDLERS PROGRAM

During 2009-2011 QEC piloted a perinatal (from 26 weeks of pregnancy to 18 months) program targeted at vulnerable mothers and their babies. The program, *Tummies-To-Toddlers* was developed in response to limited antenatal services available to cater for the unborn notifications received by Child Protection. *Tummies-To-Toddlers* provided long term intervention, beginning at 26 weeks of pregnancy and concluding when the child reached 18 months. Using a trauma-informed, relationship focussed and strengths-based approach beneath the overarching practice philosophy of Family Partnership, the program aimed to strengthen attachments and provide focused support for each young child to remain within their family.

Key outcomes of the QEC *Tummies-To-Toddlers* program were:

- strengthened parent-child relationships
- a decrease in isolation, stress and anxiety
- an increase in knowledge relating to infant development and community support services
- all children remained in the care of their families
- all children attended developmental assessment
- all children were immunised

Research from the QEC *Tummies-To-Toddlers* program was used in the development of the state-wide *Cradle to Kinder* program which provides intensive care to mothers from pregnancy to child aged 4 years. QEC is a partner in the provision of *Cradle to Kinder* programs in three regions across the state.

2 MALLEE DISTRICT ABORIGINAL SERVICES (MDAS)

2.1 MDAS

Mallee District Aboriginal Services (MDAS) is a Victorian Aboriginal Community Controlled Organization. It provides more than 50 essential services from health and family services centres to the Aboriginal and Torres Strait Islander communities along the Murray River (Mildura, Swan Hill, Balranald and Kerang).

The Latji Latji, Paakantji (Barkindji), Ngiyampaa, Mutthi Mutthi, Wemba Wemba, Tati Tati and Barapa Barapa are the traditional custodians of the land, which spans from the northern region of Victoria to the southern region of New South Wales. The area is well known for its cultural heritage and history dating back more than 40,000 years.

Over the last 30 years Mallee District Aboriginal Services has expanded, employing 150 staff over the four sites to a potential client population of 5000 people. MDAS provides health, family services, housing, aged care, alcohol and other drugs, justice, training and community development. The Early Years health services include midwifery, antenatal and postnatal care, maternal and child health, healthy lifestyle programs, counselling, general practitioner and nurse clinic, playgroups, in home support, preschool liaison and HIPPY (Home Interaction Program for Parents and Youngsters) services.

MDAS delivers programs in a manner that builds community understanding, respect and pride for traditional Aboriginal customs and culture. It strives to *Close the Gap* and is “committed to improving the health and wellbeing of Aboriginal people, but also providing the leadership and co-operative spirit to break down barriers between Indigenous and non-Indigenous people” (MDAS, 2013).

2.2 MDAS VALUES

Our Vision: Generations of vibrant, healthy and strong Aboriginal communities

MDAS highlights the following Values and Behaviors that govern their decision-making and delivery of services to the community.

Values:

Optimism, Community, Respect for Culture & Compassion

Behaviours:

Integrity, Respect, Accountability

2.3 MDAS PROGRAM

The Mallee District Aboriginal Service (previously known as Mildura Aboriginal Corporation) has gone through considerable expansion over the past 30 years providing more than 50 different health and family services to the local Aboriginal Community. The organization has been acknowledged for its innovative work in Aboriginal services with successful programs being modelled across the State.

In partnership with other welfare providers and government agencies, MDAS has sought funding to deliver programs that meet the welfare needs of their community. With a growing staff and client base MDAS has seen further expansion with a new purpose-built community health centre opened in November 2013. The opening of this service has been described as the biggest step forward in Aboriginal Health, in the north-west of Victoria, in a generation. Further plans are also being developed for the expansion of the Kerang and Swan Hill sites.

Additionally, MDAS has reached a workforce milestone with 52% of its staff coming from an Aboriginal and Torres Strait Islander background, and is expected to reach its target of 60% within the next three years.

MDAS programs recognise the importance of reconnecting the community with its culture and building pride in local Indigenous heritage and traditions.

2.4 MILDURA DEMOGRAPHICS AND NEEDS

The Mildura Local Government Area (LGA) is located North-West of Victoria and has a current population of 30,647 (ABS 2011). Within this region the Aboriginal and Torres Strait Islander people represents 4.40% of this population, with 30.95% of the Aboriginal population aged between 0-9 years (ABS 2011). This is significantly larger than Victoria's state-wide Aboriginal population of 0.7%, including an Aboriginal child population aged between 0-9 of 23.61% (ABS, 2011). Child Protection substantiations in Mildura are 22.1 for every 1000 children in comparison to the 7.0 per 1000 children state-wide (DEECD 2010b).

In Mildura LGA, the rate of unemployment, single parent families, psychiatric admissions, and childhood accidents are also higher than the Victorian State average. Mildura's teenage birth rate is 27.0 for every 1000 adolescent women, compared to Victoria's average of 10.6 (Aarons & Glossop, 2008; DEECD, 2010b; DEECD, 2010c).

Despite the statistics, Mildura has limited long term early parenting support services available for Aboriginal families. In response to the community need, the QEC and MDAS Mildura formed a unique partnership to exchange skills, knowledge and to develop the *Bumps to Babes and Beyond* program.

3. LITERATURE REVIEW

Research indicates experiences both in utero and in the early years have a profound impact on the development of the brain. Consistent and repeated positive experiences in the early years will create a strong foundation of safety and trust on which a child can begin to explore and navigate the world successfully (Cacioppo & Berntson, 2004; Mustard, 2005; Perry, 2002).

Fundamental to a child's development is their relationship with their primary caregiver/s (Fogel, King, Shanker, 2009; Perry, 2002). Evidence-based practice indicates a secure attachment with caregivers that promotes a safe, stable and stimulating environment correlates strongly with positive outcomes in the areas of learning, behaviour and health (Fancourt, 1999; Perry, 2000; Schonkoff and Phillips, 2001;). Furthermore, the quality of the caregiver-child relationship is critical for emotional development and self-regulation (Gunnar & Quevedo, 2008; Perry, 2000).

By the age of three, 90% of a child's brain is developed, with millions of neural pathways and synaptic junctions being created and strengthened. Following this phase of rapid growth is a period of 'pruning,' whereby pathways in the brain that are no longer being used or minimally exercised are cut away (Perry, 2002).

Exposure to trauma and adverse environments in early years can inhibit brain development significantly (Goswami, 2008; Perry, 2002). Research indicates children who have been exposed to increased stress or traumatic experiences such as violence, abuse, neglect and extreme poverty can have difficulties in learning, social behaviour, emotional regulation and developing a sense of self. Adverse experiences in early life can correlate with experiences later in life such as dropping out of school, involvement in crime, substance use and poor physical and mental health (Anda et al., 2006; NSCDC; 2005, Perry 2000).

Various National and State government legislation, policies, and strategies, *Protecting Victorias Vulnerable Children - Our Shared Responsibility* (Child Protection) framework (DHS, 2012(b)), *Investing in the Early Years - The National Early Childhood Development Strategy*, (COAG, 2009), *The Children, Youth and Families Act 2005*, highlighting the *Best Interest Principals* (DHS, 2007), and *The Child Wellbeing and Safety Act 2005* (DHS, 2006), have been implemented to protect and improve outcomes for children.

Specific sections within the frameworks mentioned above also concentrate on addressing the related disadvantage along with achieving better outcomes for Aboriginal and Torres Strait Islanders, (*National Partnership Agreement on Closing the Gap* (DHS, 2012(a) and FaHCSIA, 2009). The *Closing the Gap Initiative* and the *Aboriginal and Torres Strait Islander Health Plan*, which came into action in July 2013, help guide policy and program development to improve Aboriginal and Torres Strait Islander health. A specific priority of the health plan is for "Aboriginal and Torres Strait Islander mothers and babies to get the best possible care and support for a good start to life." (P. 30, Department of Health, 2013).

Aboriginal and Torres Strait Islanders have been identified as facing great disadvantage in the areas of life expectancy, health, education and employment (AIFS, 2012; HREOC, 2008; DHS, 2012(a); SCRGSP, 2011). The community experiences higher rates of family violence, mental illness, chronic disease, imprisonment and substance use than Australia's non-Indigenous community (HREOC, 2008, AIHW, 2011(a) DHS, 2012(a)). Research recognises these disadvantages and risk factors can indicate a stressful family environment, which can consequently impact on the development, wellbeing and safety of a child (DHS, 2012(a)); Goldman & Salus, 2003; MCEECDYA, 2010; Perry, 2000).

Aboriginal and Torres Strait Islander children are over represented within Australia's child protection and out-of-home-care sector, indicating they are 7.6 times more likely than non-Indigenous children to have substantiated child protection reports of harm, or risk of harm (AIHW (b) 2011). It is important to acknowledge and consider within this context, the ongoing effects of generational trauma on the Aboriginal and Torres Strait Islander community from the forced removal of children from their families between 1835 and 1970 (*The Stolen Generation*) (HREOC, 1997; DHA, 2010; DHS, 2012(a)). The Department of Education and Early Childhood Development (DEECD 2010a) reports the trauma of this event on the Aboriginal and Torres Strait Islander community has trickled down through generations, and is evidenced by one in five Aboriginal children aged 12-17 years who identify themselves as belonging to *The Stolen Generation*.

One of the key elements of the *National Partnership Agreement on Closing the Gap* is 'Indigenous Early Childhood Development' (FaHCSIA, 2009). Research indicates Aboriginal and Torres Strait Islander babies have twice the likelihood of being born with low birth weight and have higher rates of perinatal and infant mortality than non-indigenous babies (AIHW, 2011(a); DHA, 2012; DHS, 2012(a); HREOC, 2008; SCRGSP, 2011). Low socio-economic status, low levels of education and literacy, and community attitudes have been associated with low breastfeeding rates in the Aboriginal and Torres Strait Islander community (Parliament of The Commonwealth of Australia, 2007). Additional areas of concern have included the number of early childhood hospitalizations, preventable injury and disease, hearing and dental issues, teenage birth rate and exposure to alcohol and tobacco smoke (AIHW, 2011(a); DHA, 2012; DHS, 2012(a); HREOC, 2008; SCRGSP, 2011). Maternal health amongst the Aboriginal and Torres Strait Islander community has been flagged, and there is concern for the low number of antenatal check-ups, and the use of substances during pregnancy, amongst other health issues (SCRGSP, 2011).

In July 2009, \$564.6 million was committed to early-learning/family centres, family support and childcare, antenatal care, reproductive health and Maternal and Child Health services to improve the health, wellbeing and understanding of early childhood development in Aboriginal and Torres Strait Islander communities (FaHCSIA 2009).

From the research conducted, Mildon & Polimeni (2012) point out "*Parenting programs are key in promoting the wellbeing of children and preventing the development of later problems*" (p.1).

Early parenting programs developed for families with vulnerabilities to improve maternal and child health indicate a decrease in parenting stress, anxiety and depression, child abuse likelihood and child-behavioural problems. Improvements in parenting skills, competence, confidence, and satisfaction were also evident, and shown to be sustainable post program (Haynes, 2003; Olds, 2006; Wade, Macvean, Falkiner, Devine, & Mildon, 2012).

Demonstrated to bring about positive change for families with children at risk are programs with a focus on building a secure attachment between the parent and child. A secure attachment has been identified as a protective factor in reducing child maltreatment, as it raises a parent's motivation to prioritise the needs of their child and keep them safe (AIFS, 2013; Kelly, Zuckerman, Sandoval, & Buehlman, 2003).

Connecting with families prior to the birth of their child is also seen as an important element of parenting programs for families with vulnerabilities (Olds, 2006). Research shows a mother who is attached to her baby in utero and who keeps her baby in mind is more likely to have a strong attachment with her newborn (Cardone, Gilkerson & Weschler, 1998; Grienberger, Kelly, & Slade, 2001). Additionally, the perinatal period presents a time of vulnerability and transformation, providing an opportune time for parents to reflect and adjust how they would like to parent (Slade, 2002).

Furthermore, a combination of characteristics were linked with improved outcomes when working with families with vulnerabilities. These characteristics include:

- An integrated approach
- Cultural appropriateness
- Working in consultation and partnership
- Skilled workers
- Long term involvement
- Relationship focused
- Strengths based
- Family-centered approach

(DHS, 2012(b); Lohoar, 2012; Mildon & Polimeni, 2012, Moore, McDonald, Sanjeevan, & Price, 2012; Olds, 2006; SCRGSP, 2011; SNAICC, 2010a; SNAICC, 2012; Tilbury, 2012,).

Programs that were timely, provided flexibility, choice and worked collaboratively with the family to identify goals were also seen as important (Kelly, et al., 2003; Moore, et al., 2012).

Consistent in literature is the importance of the relationship between the family and the worker and its role in facilitating change (Moore, et al, 2012). Specifically, the Family-Partnership Model has been identified as an effective evidence-based method when working with vulnerable families (Day, Davis & Hind, 1998; Olds, 2006).

Additionally, research indicates a 'home-visiting' program is effective in engaging and delivering positive outcomes for vulnerable families (Mildon & Polimeni, 2012 (Australia); Olds, 2006 (USA)). Although there is a lack of data surrounding home-visiting programs with Aboriginal and Torres Strait Islander families, positive practices have been identified that appear promising (Mildon & Polimeni, 2012; Sivak, Arney & Lewig, 2008).

Overcoming Indigenous Disadvantage (SCRGSP, 2011) highlights four programs around Australia currently seeing positive outcomes and expanding their services. Snapshots of these programs emphasize the characteristics that have been discussed above, such as working in consultation, partnership and having skilled workers.

Moreover, Mildon & Polimeni (2012) state successful mainstream programs should be tailored through consultation and partnership with the Aboriginal and Torres Strait Islander community to ensure service delivery meets the specific needs of the local area.

Consultation with 136 Aboriginal women regarding their opinions on 'good antenatal care' (specific to Central Australia) revealed choice and flexibility were paramount, allowing the woman to make decisions around who is involved in her perinatal care (family and health providers), what services she engages with and continuity of carer (Wilson, 2009). Safety, privacy and confidentiality were seen as fundamental when building a relationship of respect and trust, especially when discussing women's matters, shame and other sensitive information (Wilson, 2009).

Aboriginal women indicated it was valuable for their health care workers to have local knowledge. However it was also seen as equally important not to make assumptions that the women followed the local cultural practices (Wilson, 2009). SNAICC (2012) discusses the importance of 'place-based' initiatives that address the specific needs of the community, that correlate strongly with the health, wellbeing and social capital of the community.

Findings from Hancock (2006), Mildon & Polimeni (2012) and SNAICC (2004) state there is limited information available specific to the area of perinatal care, parenting education and Aboriginal and Torres Strait Islander families. They assert further research and evaluation needs to be completed to ascertain the effectiveness of the programs currently operating, aiming to create a best practice framework.

In an effort to combat the disadvantages experienced by the Aboriginal and Torres Strait Islander communities and to strengthen families, a holistic approach is required. Australian National and State Government legislation policies and strategies provide a valuable framework for a way forward. Consultation with the Aboriginal and Torres Strait Islander community builds relationships and provides a current and cultural understanding of the community's specific needs. Partnerships between leading organizations and ongoing research will determine the next step, enabling the creation of a best practice standard.

When participating in research with the Aboriginal and Torres Strait Islander Community, cultural considerations influence how information is gathered, interpreted and presented. When discussing values and ethics in Aboriginal and Torres Strait Islander research NHRMC

(2005) indicate the importance of the individual and collective voice and celebrating diversity of individuals and communities. Further, NHRMC (2005) asserts consultation must take place with the community throughout the research process to ensure the *Spirit and Integrity* of the research.

The use of art, dance and storytelling/story-work are identified as culturally appropriate ways to share experiences, make meaning, and learn (Laycock, Walker, Harrison & Brands, 2011; Martin, 2008). When presenting the findings of the research to different interest groups, a number of methods have been seen as appropriate, such as plain language reports, fact sheets and workshops (Laycock, et al, 2011). The use of these mediums within research allows the Aboriginal and Torres Strait Islander community to participate in the research discussion in a way that is culturally appropriate and more meaningful to them. Alongside this, having members of the Aboriginal and Torres Strait Islander community engaged throughout the research process or *ceremony* (as described by Martin (2008)) builds on and strengthens the capability of the community even further (Laycock et al, 2011).

4. BUMPS TO BABES AND BEYOND

4.1 ARTWORK BY SHARON KIRBY



Bumps to Babes and Beyond by Artist Sharon Kirby

Sharon Kirby is a Barkindji woman, born and raised along the Murray River. Sharon was commissioned by the *Bumps to Babes and Beyond* project to create a series of paintings to illustrate the stories and journeys of the *BBB* families.

The first artwork (above) depicts the name and nature of the program. This has become the *Bumps to Babes and Beyond* program logo.

It is hoped that conveying the research findings and the experiences of the *BBB* families through cultural artwork will not only make the research more accessible to the community, but will in turn encourage discussion and further community participation.

4.2 PROGRAM DESCRIPTION

Bumps to Babes and Beyond (BBB) is a new program offered through the MDAS based on QEC's successful *Tummies-To-Toddlers* pilot program. The program has been tailored to meet the needs of the local Aboriginal and Torres Strait Islander community of Mildura, specifically for mothers and their families identified as experiencing stressors and risk factors that may influence their parenting capacity.

BBB provides parent education and holistic support to mothers and their families prenatally from 26 weeks gestation till their child is 18 months of age. The aim of the program is to enhance and develop strong parent-child relationships, improve child health and development and parenting capacity. A core component of the *BBB* program was representing the voice of the child.

BBB takes an 'our place or yours' approach where families can engage in individually tailored programs which suit their needs. In an effort to enhance the health and wellbeing of the family, the program provides case management, advocacy on behalf of mothers, psychosocial support, parenting education and parent child connection activities through home visits and group programs. The case management model involved walking alongside each mother as individual needs, issues and concerns were addressed. Psychosocial supports assisted mothers to enhance their social skills and participate in groups within MDAS and other community settings. Parenting education was provided using both a structured and an opportunistic approach. The program was child centred and focussed on the child safety, health, wellbeing and development.

Families are provided with information and support to extend and enhance their personal and professional networks.

4.3 PROGRAM PHILOSOPHY

From the evidence gathered and through consultation with various organizations, the *Bumps to Babes and Beyond* program was developed using the following elements:

- Partnerships between MDAS and QEC
- Education and building staff knowledge and skills
- Family Partnership Model (family centered practice, strengths-based and relationship focused)
- Culturally appropriate (connection to family, community and practices)
- Attachment Theory (emphasis on parent-child connection, interactions and parental responses, pre-birth and post-birth)

- Trauma-informed practice (understanding the impact of previous trauma on the building of healthy relationships)
- Consultation and partnership with Aboriginal community and stakeholder organizations
- Flexible, adaptable long term programs
- Skilled staff providing education and support
- Evidence based programs

The emerging themes from mothers' interviews guided the development of the service delivery and the program components.

4.4 AIMS

The aims for *Bumps to Babes and Beyond* program, as described in the funding submission are:

1. To reduce the number of children placed in out-of-home-care
2. To enhance the connection between the mother, unborn child, family and community
3. To improve parent-child interactions and parental responses.
4. To increase parental knowledge, enjoyment and confidence in parenting.
5. To develop parents' professional and personal social networks
6. To increase parents' sense of wellbeing
7. To help Aboriginal children meet key health promotion indicators

4.5 TARGET GROUP

The service has been specifically developed for pregnant women who are experiencing stressors which could impact on their parenting capacity in the Aboriginal and Torres Strait Islander community of Mildura. It is accessible to women who are Aboriginal or Torres Strait Islander or who identify as being linked with the Aboriginal and Torres Strait Islander community through their partner and/or child.

4.6 PROGRAM DEVELOPMENT & CONSULTATION

In 2008 QEC developed a partnership with Mildura Aboriginal Corporation to deliver Family Partnership training and then to provide reflective practice for the In Home Support, Family

Service and Early Years staff. This relationship provided strong foundations for the development and delivery of the *Bumps to Babes and Beyond* program in June 2011.

There was a sharing of knowledge and experience between QEC and MDAS staff and the Aboriginal Community. The *BBB* framework, based on the QEC Tummies-To-Toddlers framework, was developed. The content of the program was adapted ensuring its cultural relevance to the needs of the local community. In this reciprocal exchange of knowledge, QEC provided additional *Keys to CareGiving* and *PlaySteps* training to practitioners involved in *BBB*, to further enhance their practice and to develop skills to enable them to successfully facilitate the *BBB* program.

Stakeholder meetings were convened with key people from MDAS and external agencies within the early childhood sector.

The consultation process provided the opportunity for the *BBB* program to embed evaluation tools within the program. QEC applied for funding from the Collier Charitable Fund and developed a research plan. Significant time was committed to ensuring the research adhered to the ethical and cultural values of Mildura's Aboriginal and Torres Strait Islander community.

4.7 ETHICS APPROVAL

Ethics approval was obtained from the Department of Human Services: Human Research Ethics Committee in October 2012. The MDAS board approved the research. This was the first time MDAS had partnered with a mainstream organization in a research project.

The Australian Institute of Aboriginal and Torres Strait Islander Studies (2011) outline 14 ethical principles when participating in research with the Aboriginal and Torres Strait Islander Community. The *Bumps to Babes and Beyond* Special Interest Group has audited the *BBB* program against these principals to ensure the integrity of the research.

The *BBB* Special Interest Research Group was formed and included healthcare and community workers from Mildura and Melbourne, from both Indigenous and non-Indigenous backgrounds.

5 EVALUATION METHODOLOGY

5.1 ABORIGINAL AND TORRES STRAIT ISLANDER RESEARCH VALUES

Aboriginal and Torres Strait Islander health research identify six shared values amongst the Aboriginal and Torres Strait Islander community NHMRC (2005). The *Bumps to Babes and Beyond* research project have employed these values when designing and implementing the research project.

Diagram 1: Aboriginal and Torres Strait Islander Research Values (pg. 8 NHMRC, 2005)



The Research Interest Group convened regularly to ensure the values were demonstrated through the research process during the *Bumps to Babes and Beyond* program.

Spirit and Integrity lies at the heart of these values and binds them together (NHRMC, 2005). The *Bumps to Babes and Beyond* Project has approached the research with a sense of curiosity, wanting to gather the thoughts and experiences of the mothers, both individually and collectively to better understand their experience and the successful components of the program. It is hoped the research findings strengthen the Mildura Aboriginal and Torres Strait Islander community, and contribute positively to future practice and the health and wellbeing of Aboriginal and Torres Strait Islander people.

Essential to the research process was the behaviour and motivation of the research and the researchers themselves. To uphold the Spirit and Integrity of the Aboriginal and Torres Strait Islander culture and people these principles were followed:

- An understanding that the past is intricately bound with the present and the future
- Findings are given back to the community in a way in which is meaningful and allows for the community to participate and continue the research discussion
- Consultation with mothers, *BBB* staff, Special Interest group and community representatives occurred at planned times throughout the research process.
- The community and mothers were comfortable with the researchers and the intent of the research
- Cultural competence was ensured by having Aboriginal practitioners and community members alongside the researchers
- Measures were put into place to ensure support was readily available during the interview and outside of the interview time should there be any discomfort to the mother due to her involvement in the research process

These points are further elaborated in the sections below

Reciprocity - The findings from this research seek to address the specific issues within the Aboriginal and Torres Strait Islander community of Mildura (refer to 4.4). The findings may also be shared with other communities, allowing them to choose information and practices that fit with their needs. It is hoped the paintings, the voices of the mothers and the community will be used to build knowledge and inform future parenting programs specific to the needs of Aboriginal and Torres Strait Islanders. Throughout the research process, especially whilst the purpose of the research was being articulated, the community was consulted for their specific cultural and place-based knowledge. Due to the flexibility of action research, as the research progressed it could be modified to meet the values and aspirations of the community.

Respect - Throughout the research process the rights and needs of the participants have been of the utmost importance (see also 5.5). Many of the initial interviews were conducted in the presence of a respected community elder, who provided participants with a sense of safety and support, further assisting a relationship based on trust. As the research continued, the relationship between the researcher, the *BBB* Coordinator and the community progressively strengthened, resulting in many mothers commenting that they felt safe with the researcher, happy to participate in the later interviews unaccompanied. The

development of a relationship of trust and respect was evident in the quality and depth of information shared.

Respect was manifested through understanding the importance of the individual, along with the collective voices of the mothers and the community, and their respective differences and similarities in experience and values. For this reason, and where feasible, the research has tried to convey as many voices as possible to accurately reflect the experiences of the mothers and the community.

Respect was demonstrated throughout the research process by informing the mothers of their rights, maintaining confidentiality and instilling confidence as to how their information will be used and stored.

Equality - Care and effort was taken to ensure each mother's voice and experience was represented in the findings in a manner that reflected their level of engagement throughout the research process. The voices of the community were also documented and represented in a way that equalled their observations and experience of the project.

All eligible mothers in the *BBB* were given the opportunity to engage in the research unless they met the exclusion criteria (refer to 5.5). Mothers were provided with transport, child care and the option to have interviews at home to ensure they had the opportunity to participate in the research.

Survival and Protection – The research seeks to uphold the survival and protection of the Aboriginal and Torres Strait Islander culture by giving voice to the varied and distinctive experiences of the *BBB* mothers. Mothers were asked what 'culture' meant to them and how this would guide them in raising their child. The research sought to understand the mothers' perceptions of culture, the common themes and the influence of Aboriginal and Torres Strait Islander culture and values in the raising of children.

The research findings and reports are shared between QEC, MDAS and the Aboriginal community.

Responsibility – Throughout the research process there was ongoing consultation and discussion between the researchers, management and the special interest group to ensure the research did no harm to the *BBB* mothers, their families and the community. It was understood questions and discussions held with the mothers during the research interviews could raise issues that may cause distress. In an effort to contain this possibility, create safety and reduce risk of re-traumatising people the following was implemented:

- The researcher spent a small amount of time prior to and after the interview with the *BBB* Coordinator and the mother. This allowed the mother to build a relationship with the researcher before entering into the interview space.
- The presence of the *BBB* Coordinator immediately prior and post interview provided the mothers with containment, a safe and familiar face to check-in with.
- The *BBB* Coordinator stayed within the vicinity of the home or interview space should the mother need further support.
- In most cases babies/mothers were cared for by MDAS staff/*BBB* Coordinator during the interview process in the event that the mother may experience some distress.
- The researchers and *BBB* Coordinator were trained in Family Partnership, cultural awareness and qualified and experienced in being able to safely discuss and contain difficult or distressing content.
- Copies of the research consent form were given to the mothers with phone numbers to call should the mother be experiencing any distress as a result of the research or if there were concerns with the research process.
- Interviews were held in a space familiar to the mother/family (either family home or MDAS office space).

5.2 DESIGN

The action research project gathered the thoughts and experiences of the mothers' journey from pregnancy, through birth to parenting a baby, and to toddlerhood and the *Bumps to Babes and Beyond* program. These experiences will be explored to determine the successful components of the program, how they meet the overall aims (section 5.4) and consequently inform future program development and best practice.

The evaluation methodology involved collecting both quantitative and qualitative data through reviewing current literature and policies, interviews with mothers engaged in the program, interviews with staff and community members, and an analysis of client data collected during the project.

Diagram 2 – Action Research Process (ProDAIT 2006)



When working alongside the Aboriginal and Torres Strait Islander Community *action research* is seen as culturally respectful and effective research method (SNAICC, 2010b).

Action research “involves cycles of planning, acting, observing and reflecting, then planning again for a new action,” (as cited in SNAICC, 2010b pp.131) enabling a deeper exploration of issues and the ability to modify and evaluate the research as it progresses.

Additionally, *action research* can be tailored to suit the needs of a particular context, community, or demographic and is seen as a reciprocal arrangement in which information is gathered but also given back in ways which will benefit the participants (workers, management, clients, community members, other agencies) (Fredericks, 2008; SNAICC, 2010b). An important element of *action research* is for participants to be viewed, not as research subjects, but as central to the shaping of the overall research, highlighting a vital research principal – *nothing about us without us* (SNAICC 2010b).

Further, *action research* invites the researcher to take part in the research, to carry out research *with* the participants rather than *on* the participants. For non-Indigenous researchers this element is especially important in gathering a deeper understanding and embracing the experience of working alongside Aboriginal and Torres Strait Islander families and organizations (SNAICC, 2010b.)

5.3 TIMELINE

Highlighted below is a timeline indicating the critical events of the *Bumps to Babes and Beyond* program development, implementation and evaluation.

- | | |
|------|---|
| 2011 | <ul style="list-style-type: none"> • June <i>BBB</i> Program design commences |
| 2012 | <ul style="list-style-type: none"> • March MAC Board (later renamed MDAS) grant approval for research partnership • March <i>BBB</i> Research interest group formed • September Ethics proposal submitted • Ethics approved |
| 2013 | <ul style="list-style-type: none"> • March Research begins • Ongoing analysis and research project design |
| 2014 | <ul style="list-style-type: none"> • August Research concluded • Analysis and report • October <i>BBB</i> research project ends • December Presentation of research findings with the community |

5.4 RESEARCH QUESTIONS

The action research design was used to gather the thoughts and experiences of the mothers and identify the effective components of the *BBB* program. The thoughts and experiences were analysed and the emerging themes guided the development of further questions in relation to the program's aims (refer to 4.4). A number of questions were developed which considered the outcome of both qualitative and quantitative data gathered.

Please refer to the Appendix I for the questions and measures used to address the aims.

5.5 INTERVIEWS

The experiences of the *BBB* mothers were formally gathered through individual interviews held across a 12-month period from April 2013 to April 2014. Participation in the research was voluntary and mothers were asked to sign a consent form and provided with information regarding their confidentiality and their rights and responsibilities. Mothers who were under the age of 16 or currently involved with Child Protection as a young person themselves were excluded from the research.

It was anticipated both individual and focus groups would be held to gather the experiences of the mothers. It was decided only individual interviews would be held to ensure the confidentiality for the mothers participating in the research due to the small number of mothers in the program and them living within a small community.

Mothers entered the program at different times which impacted on the ability to conduct individual interviews at the prescribed times, as outlined in the research schedule, involving 6 different time points: during the third trimester, soon after birth, and at 3 months, 6 months, 12 months and 18 months.

The individual interviews were recorded (audio only), and the content transcribed to enable additional exploration and analysis of themes, both individually and collectively, and to provide further direction for the research process.

5.6 SCALES

It was anticipated that the following scales/tools would be used to measure the aims (refer to 6.4 and Appendix):

- Results of the NCAST Teaching Scale
 - Post birth 6 months and 9 months
- Results of the Depression, Anxiety and Stress Scale (DASS)
 - At intake and post birth 3 months
- Results of the NCAST Difficult Life Circumstance Scale (DLC)
 - At intake and post birth 6 months
- Results of the NCAST Community Life Skills Scale (CLS)
 - At Intake and post birth 6 months

The DASS (Depression Anxiety Stress Scale) was administered to the mothers at intake and at the time their baby was 3 months. The NCAST Scales were not conducted due to staff changes and NCAST training requirements.

5.7 GENERAL INFORMATION

General socio-demographic information about the *BBB* participants was gathered from their initial intake forms, family records/progress notes and family Eco-Maps stored at MDAS Mildura.

5.8 ANALYSIS OF THEMES

The recorded interviews were transcribed. Themes were collected following each set of individual interviews. The common themes were collated using the NVIVO data program and then discussion occurred to guide the next round of interview questions.

6 FINDINGS

6.1 PROGRAM & RESEARCH PARTICIPATION

Bumps to Babes and Beyond program engaged twelve mothers and their families over the life of the research period. Nine mothers chose to participate in the research, two have completed the program as their children are 18 months old, six are currently engaged and one relocated interstate. Through the duration of the program three fathers actively sought support around their parenting. Grandparents, aunts and uncles also participated in some sessions.

All mothers who participated in the research engaged in individual interviews at varying points during the program. Of the nine participants, one completed a pre-birth interview and eight completed post birth interviews. Mothers who completed post-birth interviews were interviewed at various stages of their child's development over the period of a year:

- 1 mother completed 5 interviews,
- 2 mothers completed 3 interviews each,
- 3 mothers completed 2 interviews each and
- 3 mothers completed 1 interview each.

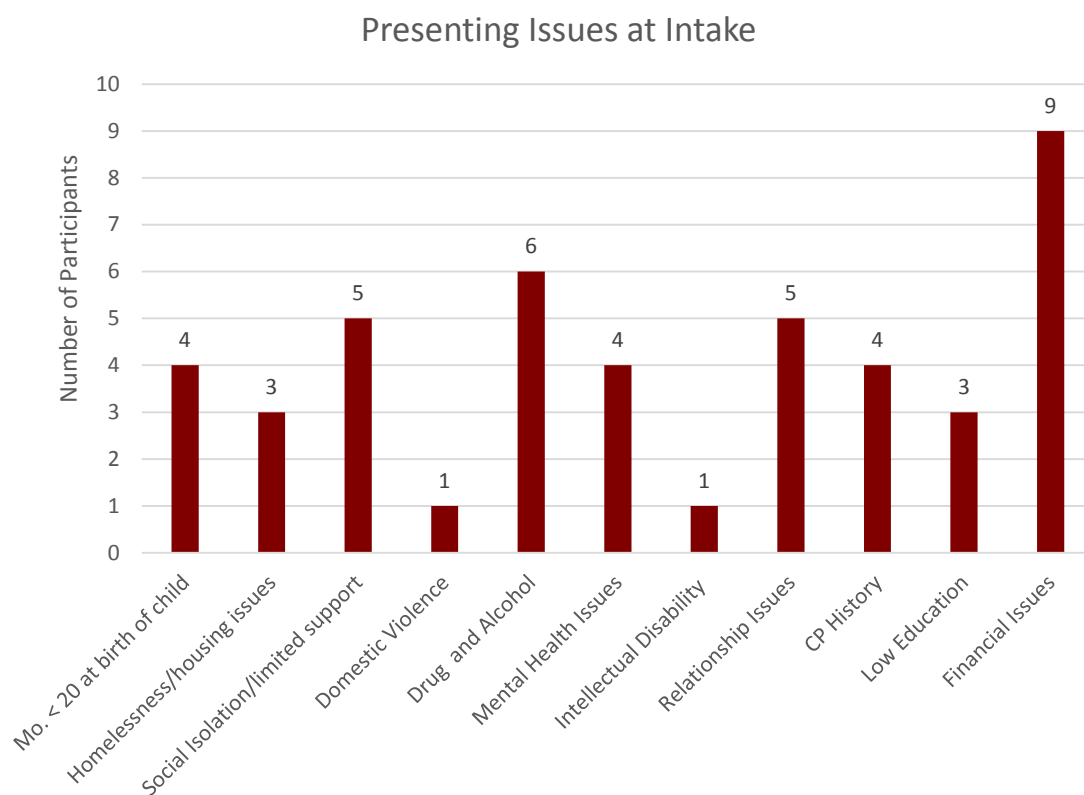
Due to various life circumstances of the participants and the limitations of the research timeline, not all interviews (time 1 – 6 pre and post birth) were completed with the mothers who chose to participate. Some mothers and babies have not yet reached the age for the relevant interview points.

6.2 FAMILY PROFILES

Presenting Issues at Referral

Mothers experienced a range of issues when they were referred to the *BBB* program. Of the 11 presenting issues, three mothers reported having at least six issues at the point of referral. Two mothers reported at least five issues at referral, and four mothers reported having at least four at referral. All clients identified as having financial issues at referral.

Figure 1 – Presenting Issues at Referral



Age

The average age of the mothers at the time of intake was 22.2, with the youngest participant being 15, and the oldest 38.

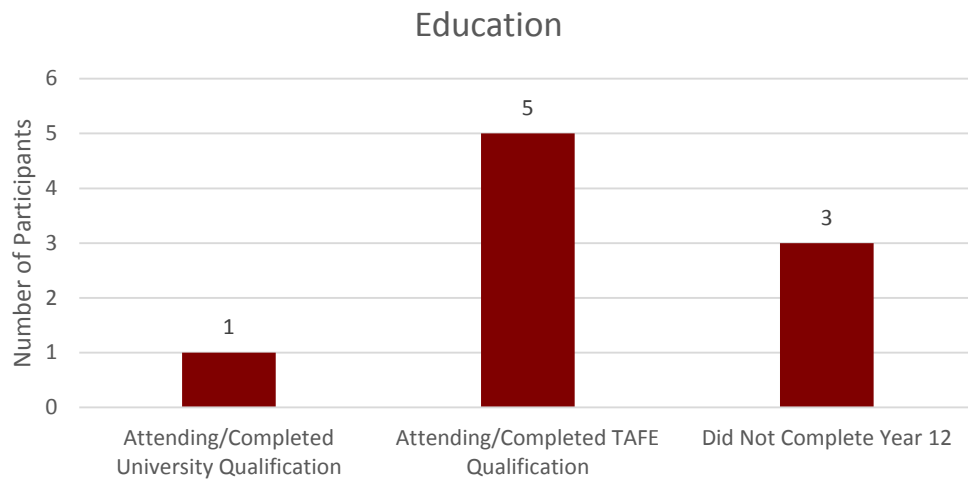
Housing Status

During the life of the program, three mothers experienced homelessness/issues related to difficulty of finding stable housing, relationship breakdown and family violence.

Education

At intake, one mother had commenced a university course, four had completed a certificate qualification, one had completed part of a certificate qualification, and three had not completed high school.

Figure 2 – Education Status



Employment and Income

Post birth all mothers were receiving parenting payments. Prior to the birth of their child, two mothers were employed. The employment and/or income status for the seven other mothers prior to the birth of their child was unknown.

The *BBB* coordinator supported two mothers who were under 16 years to get the parenting payment.

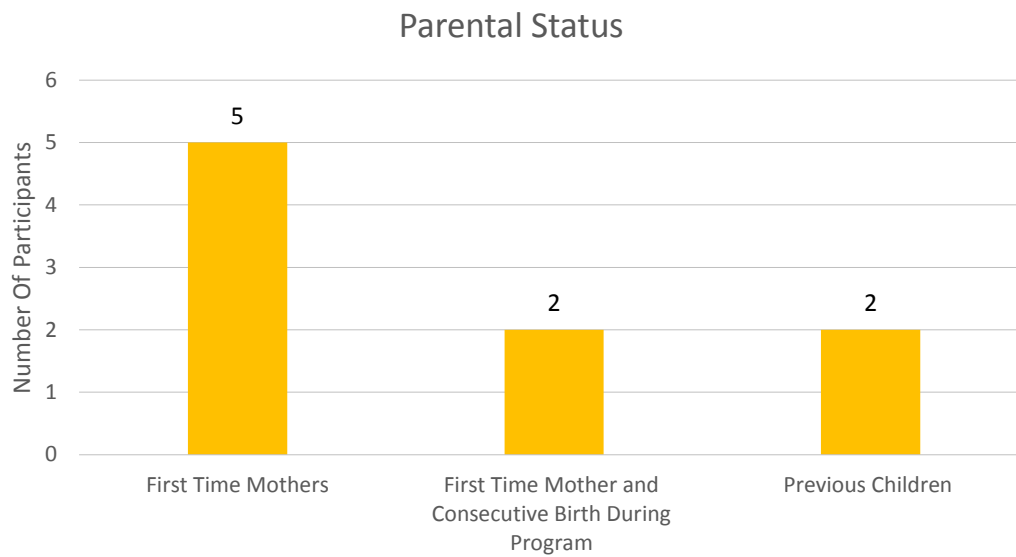
Relationship Status

At the time of the baby's birth, seven mothers were in a relationship, one mother was engaged and one mother was single. Three fathers over the duration of the pregnancy/post birth were incarcerated for varying lengths of time. Two fathers were not present for the birth of baby.

Parental Status

Of the nine mothers, seven were first time parents. Two mothers had an older child/older children and two mothers became pregnant and gave birth for a second time during the program.

Figure 3 – Parental Status



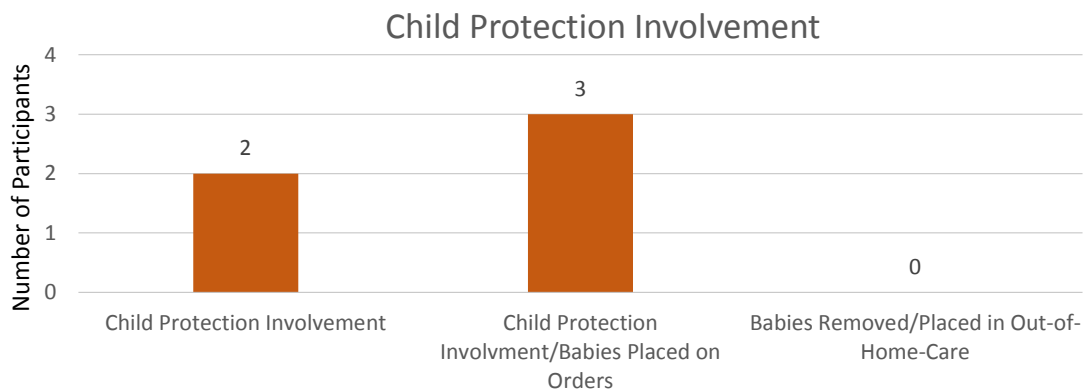
Traumatic Life Experiences

Of the nine mothers at intake, four indicated having previous involvement with Child Protection when they were children and one stated she had experienced domestic violence growing up. Five mothers indicated experiencing relationship issues.

Child Protection

During the life of the program five families had involvement with Child Protection, and three babies were placed on orders. During the program one child was placed in kinship care with the family members for a short period of time. The mother was supported by BBB program and the baby was returned to her care. At the end of the research all children were in the care of their mothers.

Figure 4 – Child Protection Involvement



Family, Social and Professional Networks at Intake

At intake 8 mothers completed an *EcoMap* to chart their family, and their social and professional networks:

- 1 mother highlighted being supported by both her biological family and her partners biological family
- 1 mother highlighted being supported by her biological family
- 5 mothers highlighted being supported by their partners biological family
- 1 mother highlighted having no family support

Of the 8 mothers, six mothers were residing with their family or their partner's family. One mother was living with her partner in a contained unit at the back of her partner's family home, and one mother was residing with a friend.

At intake, two mothers identified as having two or more friends, six mothers identified as having one or no friends. Of the eight mothers, five identified having no recreation activities. At intake all mothers identified MDAS as a community support agency. Three mothers identified as being linked into one other community support/activity, and one mother identified as being linked into two other community supports/activities.

Family, Social and Professional Networks at 6 months

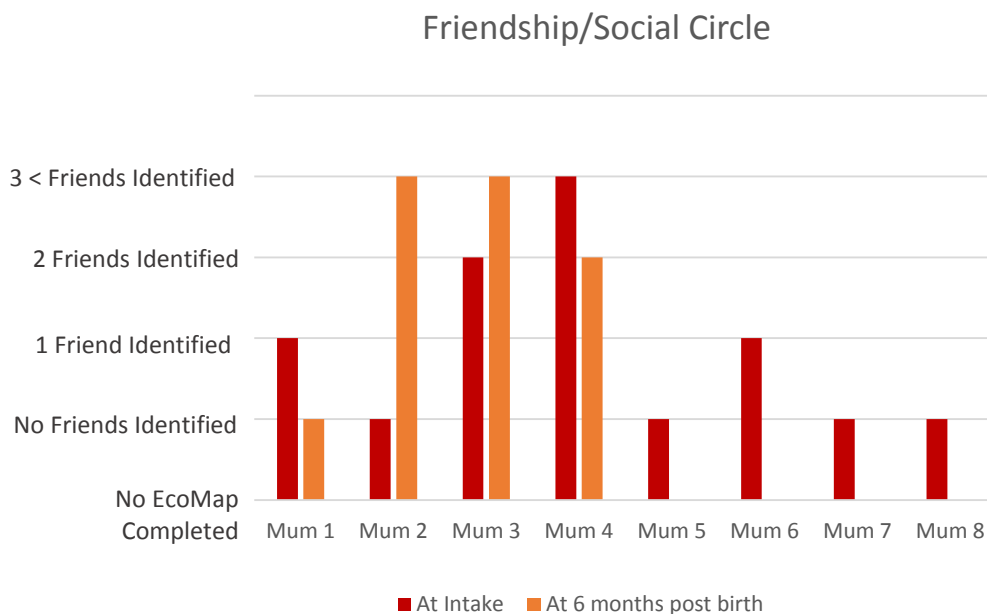
Of the 8 mothers who completed *EcoMaps* at intake, four also completed *EcoMaps* at the time their baby was 6 months old. These indicated that family support remained relatively the same, however for two mothers their living conditions had changed from living with their family/partner's family to residing in their home/rented home with their partner and child/children. A second *Eco-Map* was not completed for four mothers, as their children had not yet reached 6 months of age.

EcoMaps from the four mothers indicated that over the 6 month period, friendship circles changed. For two mothers friendship circles lessened; one identified she had one consistent friend over the 6 month period, and the other stated she had no friends at all 6 months on. For the two other mothers friendship circles had changed and increased to include other mothers and their partners from the *BBB* program.

For three of the four mothers who indicated no recreational activities at intake, one remained the same, whilst two indicated they were now engaged in some recreational activity.

Community supports increased for all but one mother, who indicated significant support from family. Three mothers identified being supported/linked into two or more community/support services.

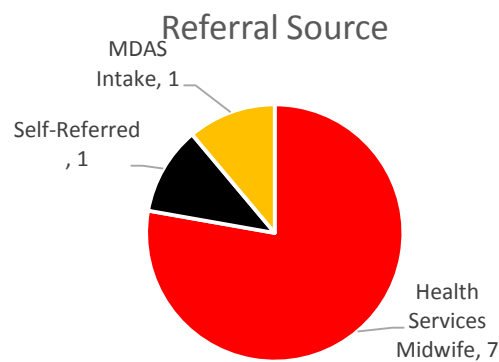
Figure 5 – Friendship/Social Circle



Referral Source

Referrals to the program were mainly made through the Midwife situated in MDAS Health Services. Seven referrals came through this pathway. Of the other two referrals, one was self-referred and the other referred through MDAS family services intake.

Figure 6 – Referral Source

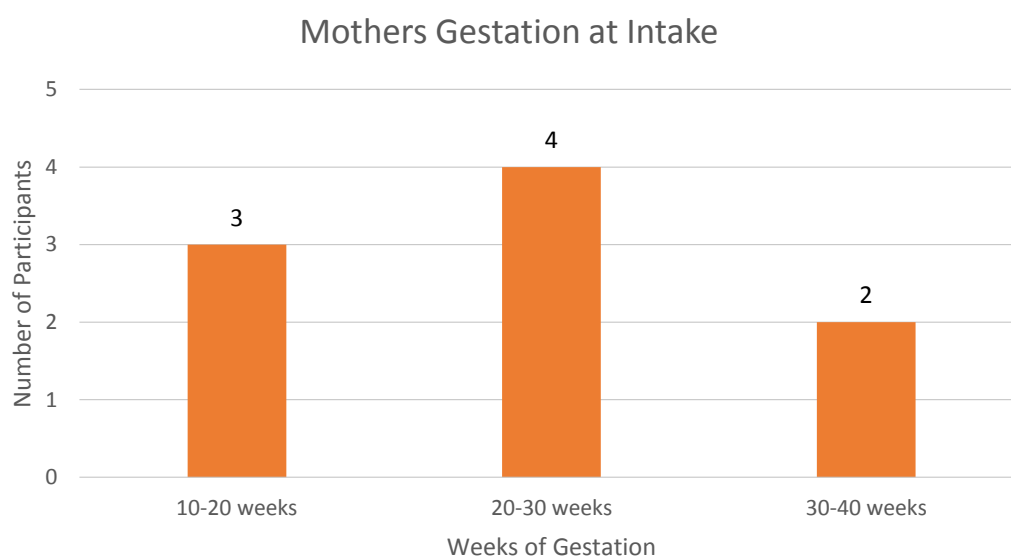


6.3 MOTHER AND BABY PROFILES

Gestation at Intake

Three mothers commenced the program between 10-20 weeks gestation, four mothers commenced between 20-30 weeks gestation and two mothers commenced in the final trimester between 30-40 weeks gestation.

Figure 7 – Mothers Gestation at Intake



Antenatal Care

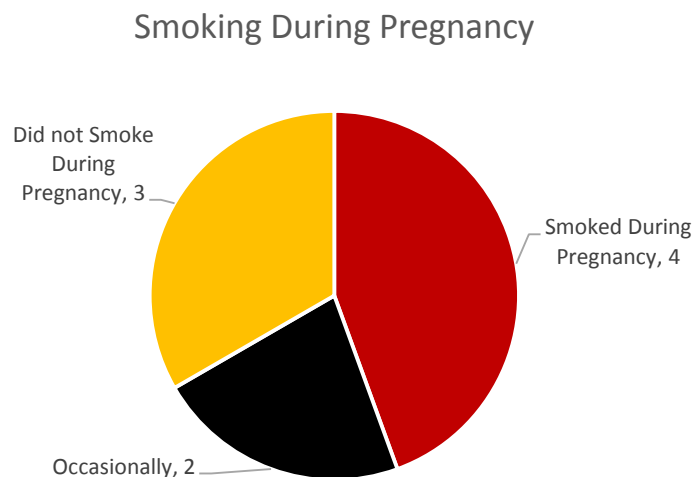
Prior to the *BBB* program two mothers received their antenatal care from other agencies, but sought additional support from the MDAS Midwife service. Once engaged in the program, one mother continued to receive her antenatal care in the community, and eight mothers received their antenatal care through the MDAS Midwife. All mothers in the *BBB* program attended their scheduled antenatal appointments. The number of antenatal checks was dependant on their gestation at intake. One mother had her first antenatal check at 17 weeks, and another her first antenatal visit at 30 weeks gestation.

QUIT Smoking Information and SIDS Education

All mothers through the *BBB* program were provided with information regarding the effects of cigarette smoking on babies/children and were provided education around SIDS.

Four mothers stated they had smoked during their pregnancy, two mothers stated they had smoked occasionally, and three mothers stated they had not smoked during their pregnancy at all. The research did not record if mothers were smoking post birth.

Figure 8 – Smoking during Pregnancy



Term and Premature Babies

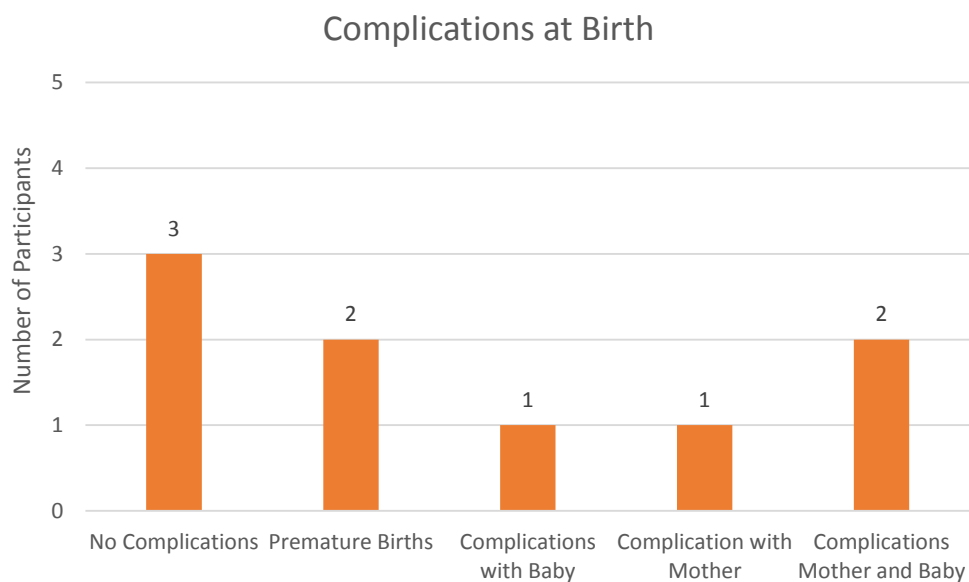
Of the nine mothers who have given birth, seven mothers delivered their babies to term (37+ weeks), one mother delivered her baby at 35 weeks and the other delivered at 32 weeks.

Complications at Birth for Mother and Baby

From the MDAS records, it was noted there were:

- 3 births without complications to the mother or baby.
- 2 babies were born premature, one requiring medical attention due to respiratory issues
- 1 mother had a precipitate labour resulting in baby spending time in the special care nursery
- 1 baby had respiratory distress, resulting in a short time spent in the special care nursery
- 1 baby experienced foetal distress, resulting in an emergency caesarean
- For the mother whose birth was not recorded, her experience was recorded through the interviews. This mother recorded having a traumatic birth experience (preeclampsia). There were no complications with the baby.

Figure 9 – Complications at Birth

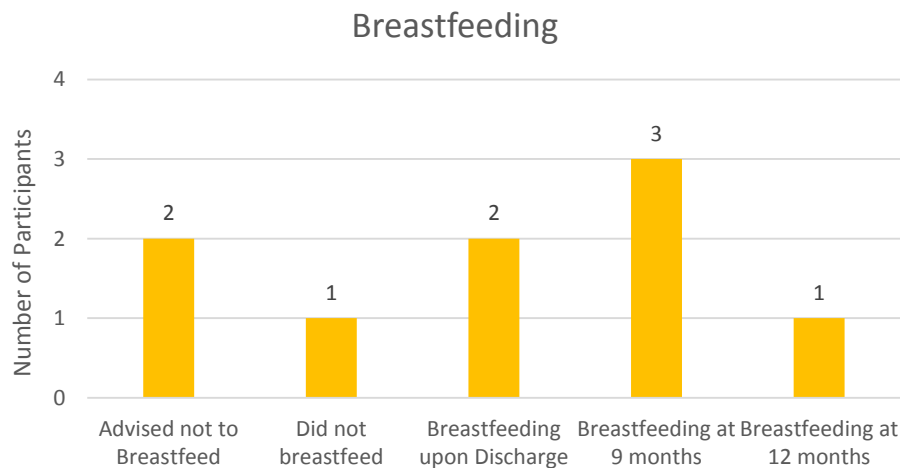


Breastfeeding

Upon discharge from the hospital 6 of the 9 mothers were breastfeeding. Following discharge

- 1 mother reported breastfeeding their baby till 12 months of age
- 3 mothers reported breastfeeding their baby till 9 months of age
- For 2 of the mothers it is unknown when breastfeeding ceased (breastfeeding upon discharge from hospital after birth).
- One mother who did not breastfeed, the reason was not recorded
- Two mothers were advised not to breastfeed by their medical practitioners

Figure 11 – Breastfeeding



Immunisations

Seven of the *BBB* babies were up to date with their immunisation when the research concluded. One family had moved interstate, therefore immunizations were not recorded by MDAS, and one baby had not yet reached his first immunization age (still under two months).

Maternal and Child Health Nurse Visits

Whilst engaged in *BBB* program, six of the nine families attended all their scheduled Key Ages and Stages Visits with the MDAS Maternal and Child Nurse. The three other families engaged in the program attended the mainstream MCHN.

6.4 SCALES

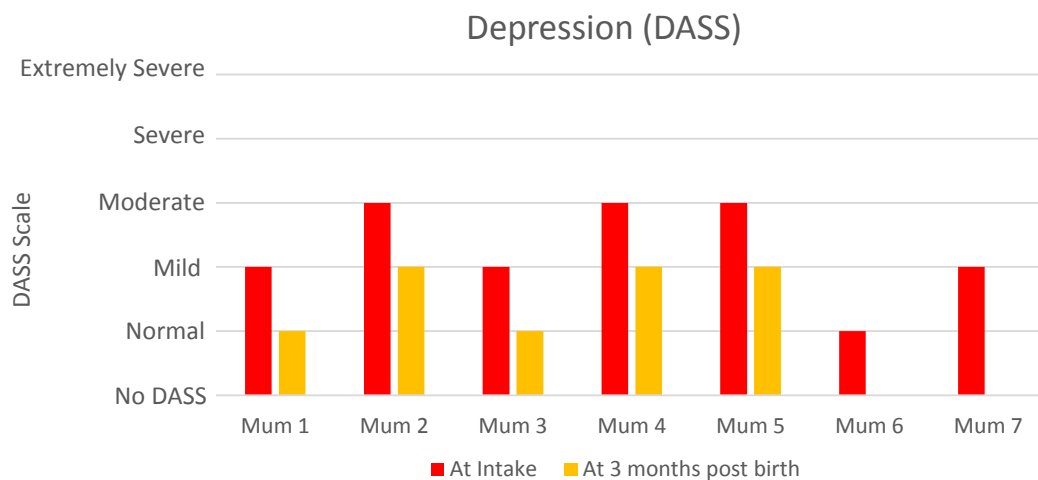
Seven mothers completed the DASS at intake, and five completed a follow up DASS at the time their baby was 3 months. Two did not complete either DASS due to the nature of the intake and/or concerns around understanding the questions.

Depression

At intake, three mothers presented as having *moderate* depression, three presented as having *mild* depression and one scored as *normal*.

All mothers reported a reduction in their level of depression. Five mothers who completed the follow up DASS at the 3 month point indicated a decrease in depression. Three mothers decreased from *moderate* at intake to *mild* at the 3 month point, and two mothers that scored at *mild* at intake decreased to *normal*.

Figure 11 – Depression (DASS)

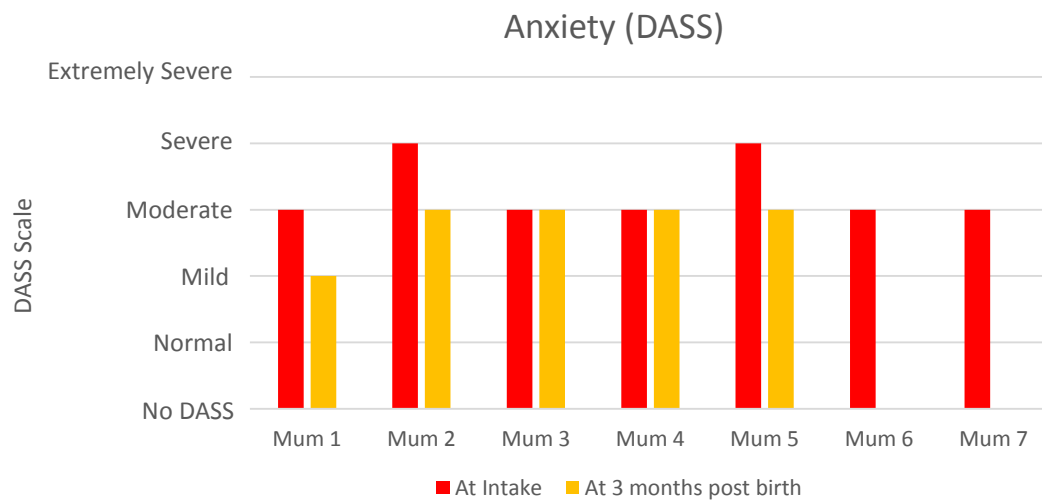


Anxiety

At intake two mothers presented with *severe* anxiety, and five mothers presented as having *moderate* anxiety.

Five mothers completed the follow up DASS two showing a decrease from having *severe* anxiety at intake to *moderate* anxiety at the 3 month point. Of the three that scored *moderate* at intake, two scored the same at the three month point and one decreased to *mild*.

Figure 12 – Anxiety (DASS)



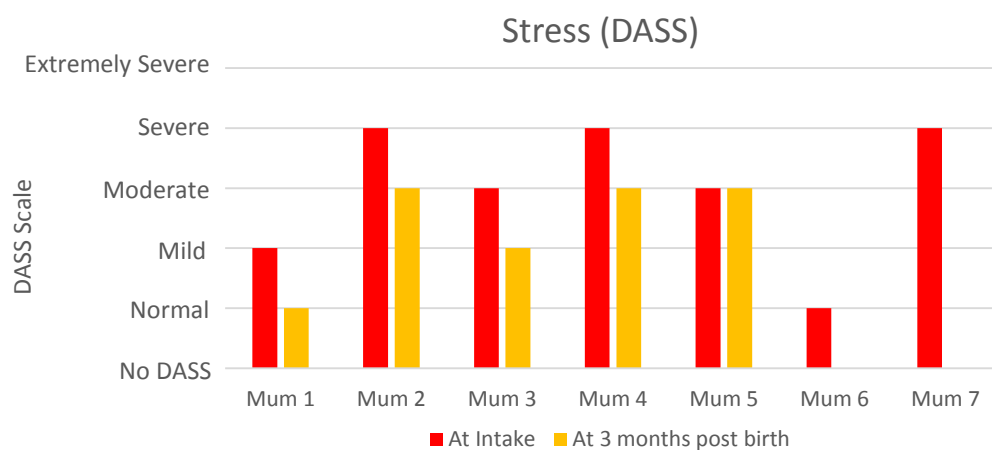
Stress

At intake...

- 3 mothers presented as having severe stress
- two presented as having moderate stress
- one presented as having mild stress and
- one presented as having normal stress

At the administration of the second DASS, the two mothers that presented as having severe stress at intake decreased to moderate stress. For two mothers that presented as moderate at intake, one remained the same and the other decreased to mild stress. One mother who scored mild at intake, decreased to normal at the three month point.

Figure 13 – Stress (DASS)



6.5 VOICE OF THE MOTHERS

Integral to the research was recording the voice of the mothers. Strong themes emerged reflecting the experience of the parenting journey. These themes have been categorized into 6 sections:

- Birth
- Breastfeeding
- Practical Support
- Mental Health and Emotional Wellbeing
- Healthy and Strong Aboriginal Babies, Families and Communities
- Sharing Knowledge and Stories

Emerging themes from each round of interviews informed the questions for the following round of interviews.

With the knowledge and skill of local artist Sharon Kirby, an artwork has been created for the themes above. Each piece carefully conveys the essence and experience that surfaced from the interviews with the mothers. The mothers were involved in choosing the colours for the paintings. They also had a choice of sketches to decide which painting best represented their experiences. The findings below are presented visually and then explored in written form.

Note: 'Support' is highlighted across most themes below, and has been placed dependent on the context of the support.

- Birth – Support of family and friends during pregnancy and birth
- Practical support – Practical support provided by family, friends and the *BBB* program
- Mental Health and Emotional Wellbeing – Emotional support provided by family, friends and the *BBB* program

6.5.1 Birth



Birth - Bumps to Babes and Beyond by Artist Sharon Kirby

The following section highlights the journey for mothers from learning about their pregnancy to discussing their experiences as a new mother. This section explores the experience of being pregnant, connecting with their baby before birth, the birthing experience and support provided by family through the pregnancy and the birth.

Finding out I was pregnant

The reaction to pregnancy expressed by the mothers was mixed and some mothers commented on the influence others had on their decisions. Having the opportunity to discuss their pregnancy with a trusted worker was supportive.

One mother stated she was...

“Shocked... But then it was good in a way, because I’ve been through so much, so it will be like a good and happy start hopefully...Like, we wanted a baby, but we were going to wait...”

One mother spoke about being scared to tell others about her pregnancy...

“When I first found out I was pregnant, um, I was really scared to tell people because I wasn’t with the baby’s dad at the time...”

One mother spoke about wanting to do the right thing, whilst another reflected on being hesitant to seek support because of the changes she would have to make...

"...from the moment that I found out that I was pregnant I just wanted to do the right thing so, and because I'm the type of person that will stick to it..."

"I've put off a lot of stuff, like I think because I knew that then I'd have to pull my socks up and I have to get a place and I have to do this, because I knew I was pregnant, but I didn't get – I didn't like touch base with anyone until - my first ultrasound was 30 weeks."

Three mothers spoke about not going through with the pregnancy:

"At the start of my pregnancy it was really hard because, um I was pressured into trying to get an abortion. I was given options like, if you don't kill the baby I'll kill myself and stuff...I really wasn't in a good frame of mind...I can't even describe how hard it was..."

Being pregnant

Four mothers shared their experiences about being pregnant. Three mothers spoke about being physically uncomfortable during the pregnancy. Two of the mothers also spoke about pregnancy being a stressful time as they were facing a range of issues including the need to find housing during this time...

"You know me when I was eight, nine months pregnant I was just swollen and over it some days."

"...Him moving heaps...Every time I just want to lay there and sleep, I'll just be like, no, okay. No sleep tonight."

"I feel disgusting I'm pregnant, I'm tired all the time, I'm sick... I was walking 6-7 km's in 30 degree heat 30 weeks pregnant to try and get a house to go to house inspections."

"...The pregnancy was a bit – it was really stressful. Like I was really upset all the time and it's basically because of the accommodation that was going on... Don't get me wrong, like I love my boy and I love being pregnant, it's just at that time, it was just kind of all overwhelming."

Connecting with my baby before birth

Mothers shared the various ways they and their partner/family connected with their baby before birth...

"...I'd rub my belly a lot. I'd hold my belly a lot...[and] when we had [older son], we would, you know, all lay down and all talk to him or, shine the light on my belly and he'd kick, just little things like that."

"[BBB Coordinator] just explain to me that it was good to like talk to [Bub] and not only me to talk to him...put music in my ears and let [Dad] talk to him... Without me listening in..."

knew [Dad] was having a hard time, you know 'I'm gonna be a dad' ...after he talked to [Bub] in my belly he'd be happy again, he'd be alright again."

"Like, if I'm talking to Dad on the phone and we're talking about the baby, like he'll move or if Dad puts his head on my belly, he'll kick him... I've got to have music when I clean. I'm just singing along or you know... he likes it I think."

For one mother, getting to know the baby in her belly was expressed as both difficult and beautiful process...

"I love her; I just resented her so much. I was so angry at myself and her and [the BBB Coordinator] kind of helped me realise that well it's not her fault, and helped me...but I know it's weird to say but connect with her even though she wasn't born and still in my belly. I really connected with her...it wasn't just something inside me taking everything away, my health because I got sick and my freedom, my everything. I was actually growing a little human being and it was beautiful, [the BBB Coordinator] showed me that you were beautiful."

Advice was offered to pregnant mothers about bonding with their growing baby in their belly...

"...Talk to your baby, because then [they] will learn your voice, to – read to your baby, because then you know, it's just – yeah, just interacting with your baby, even though your baby's not in your hands. Like making that bond with your baby while it's in your belly still."

One mother spoke about connecting with her baby in her belly and how she viewed their relationship in light of a difficult birthing experience...

"...It was horrible seeing him with like his little mask on to help him breathe and the steam machine to dry the water..."

"...I really didn't miss out on anything because... when I first held him it was like... he knew me still. I just thought that played a big part like talking to him every day, singing to him, reading to him, we didn't need that [skin to skin] straight away because he just already knew who I was...I was already bonded with him and he was bonded with me."

Family support during pregnancy and birth

Mothers had mixed experiences when it came to the amount of support that was provided by their partner and family during the preparation and at the birth of their baby.

A few spoke about having the support and presence of their partner and family during this time...

"...He's the first grandchild for both of our families...I had everything at 6 months I think...My room was, [baby's] room was done...I think he's still got clothes that will fit him when he's 3 um like my mum was just that excited it made me get excited..."

“...At the antenatal class last week we got told that we can have as many people in there as you want. So I’ve got Dad, my mum, my mother-in-law, which is Dad’s mum, and my best friend who’s the godmother”

“...His dad was there the whole time [during the birth].”

For most, the absence of their family and/or partner, and particularly their biological mother/family was reported to be difficult to accept...

“...Not one of my family members came and saw...I didn’t even have my mum at the hospital...”

“Well just virtually done him on me own this time, so yeah, cos’ their dad’s in jail for a bit but he’ll be home soon hopefully.”

“...Your mums the one person you want to have around when you’re about to have a baby...I feel so down without my family being here or my sister being around the corner...”

Birthing experience

Birthing experiences varied with some finding the birthing process easy and others having difficult births ...

“...I found it really traumatic and I’m still quite traumatised by it...I’m actually pregnant again...so I guess I kind of um, I’m dreading the labour because it’s so fresh in my mind...”

“...what I went through at birth had changed my whole life pretty much, like I’m a very different person. Because of what has happened I’ve changed emotionally, mentally and some parts even physically... it’s just a bit too much mentally for me sometimes and it just gets me in a bad way...”

One mother spoke about not having her baby by her side after birth...

“...not being able to see him a lot of the time while I was in hospital was very, very hard. Like I was in ICU for about three days and I didn’t get to even have him next to me in the crib, so you know, it was hard.”

For others the birthing experience was described in the opposite way:

“I wasn’t feeling contractions. So I only felt it when I was pushing him out and it didn’t even really- it wasn’t really much pain, it just burned.... didn’t need stitches...I was in labour for four hours.”

“...I had the best labour. I didn’t have to get stitches or anything afterwards. I had nothing.”

Some mothers shared how the birth of their baby has affected their relationship with their partner:

“...I think the hardest thing would actually be [to] maintain a relationship than actually being a mother.”

“It’s been a strain on our relationship...he doesn’t get a break as well as I don’t...we’re on the same level...I want to have a break alone with Dad...”

Experiences as a new mother

Having established relationships with workers in the antenatal period was supportive in the early days after birth.

Mothers shared their experiences of being a new parent...

“...And cause I’m only 18, I’m still quite young all my friends have just discovered going out and partying, I’ve discovered nappies... All mummy’s friends like to drink and party and I can’t do that.”

“I can tell you it’s the most challenging thing that I have ever done with my life. Um, it was a planned pregnancy and even still I found it really, really hard.”

“it’s just different having a whole – like a little person to have that responsibility for ...I used to be really, really wild – wild one, but he’s calmed us – calmed me right down.”

For one mother, she spoke extensively about the changes that were taking place for her...

“Having a different sort of responsibility, caring for somebody else besides myself. I feel like before I didn’t have a child I was a selfish person sort of thing, like I feel like I have to - you know, I’ve got somebody else to think about before myself which has helped me to be a little bit more open-minded about things and stuff.”

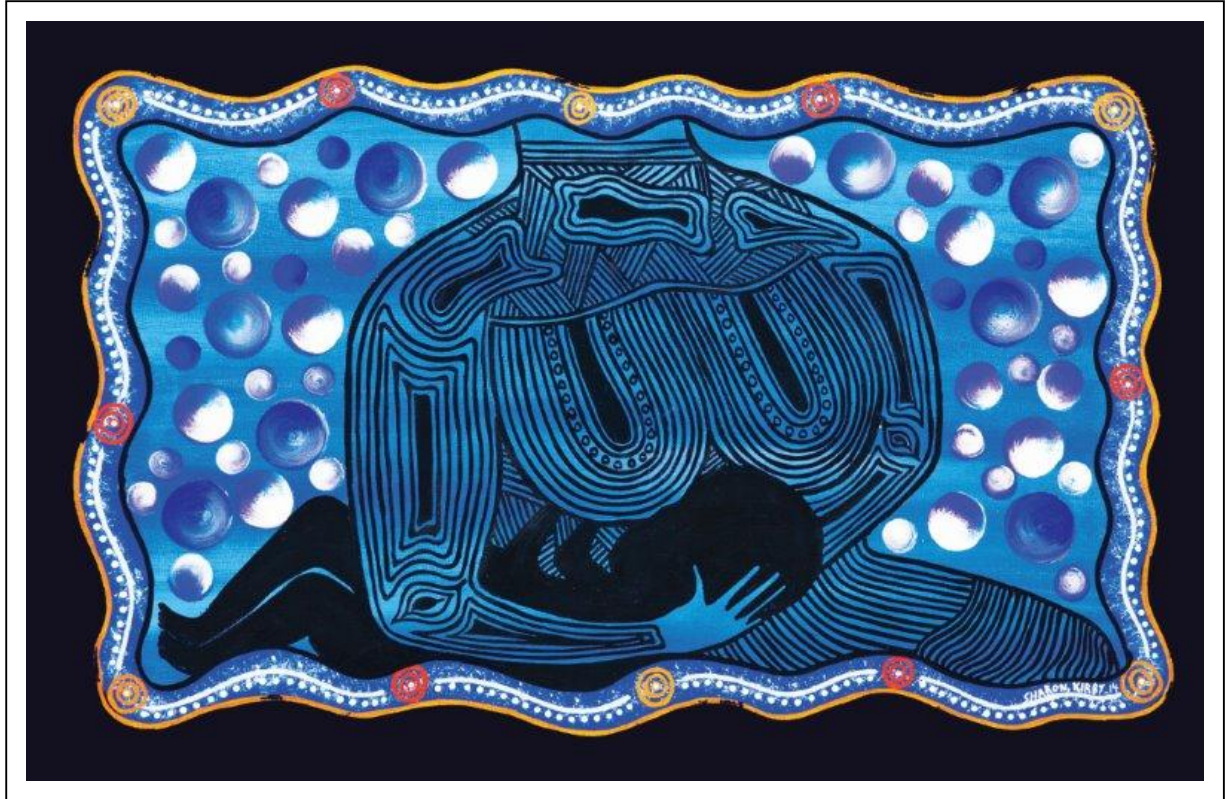
“My patience level is totally different as well, like you can’t get angry at a baby...you have to persist...like my persistence level and patience level has gotten higher.”

Mothers also shared advice on the needs of a new mother...

“I think that’s what you sort of need when you’re a new mum. You need other people that are gonna be good support for you and someone you can vent to. Every mum knows what another mum feels like.”

“I think every parent especially young parents need that one day a week or even a couple of hours on their own a week but yeah, because it’s such a hard job. People don’t tell you that before. Like people can stress it to you as much as before you have a baby but you really don’t know until, yeah.”

6.5.2 Breastfeeding



Breastfeeding - Bumps to Babes and Beyond by Artist Sharon Kirby

Experiencing breastfeeding

There was a high rate of breastfeeding amongst *BBB* mothers. This positive outcome was influenced by the support they received through their established relationships with staff.

87% of mothers leaving hospital were breast feeding their babies, compared to 45% of Aboriginal mothers over the same period.

Experiences around breastfeeding differed, for some mothers there were no difficulties...

“I didn’t get any problems breast feeding so I was pretty lucky...he straight way fed from me.”

For others, there were a few teething issues and breastfeeding was a difficult process in the beginning...

“At the start I kind of like, when I had her it was really hard and she wouldn’t take to the boob and she was just really difficult...”

“There is one thing that helped out a lot, especially the breastfeeding at the very start, I had trouble breastfeeding...[they] teed up a breast [pump]...and so that helped me ...I didn't realise it was going to be so hard.”

One mother's breastfeeding journey instilled confidence and generated a passion for promoting and supporting women in Mildura to breastfeed their babies...

“I am really sure about breast feeding now. Like I was – I was up and down with it, and I went through a few hard months there where I thought I was just going to give up on everything, but with reassurance and help and support...[BBB Coordinator] helped me to just be a little bit more open-minded and not to be so hard on myself.”

“and then somebody saying we'll probably give [baby] the bottle because I'm not sure that you're going to be able to breast feed, but I – you know I said “No, I will have my baby here and I will breast feed him, so pass him here”, and as soon as we had skin to skin, he attached straight away and I – I just knew that he was meant to be breast fed, not on the bottle.”

“...He's nearly one, pretty much... it's going really well and I'll continue to breast feed till he's probably about one...”

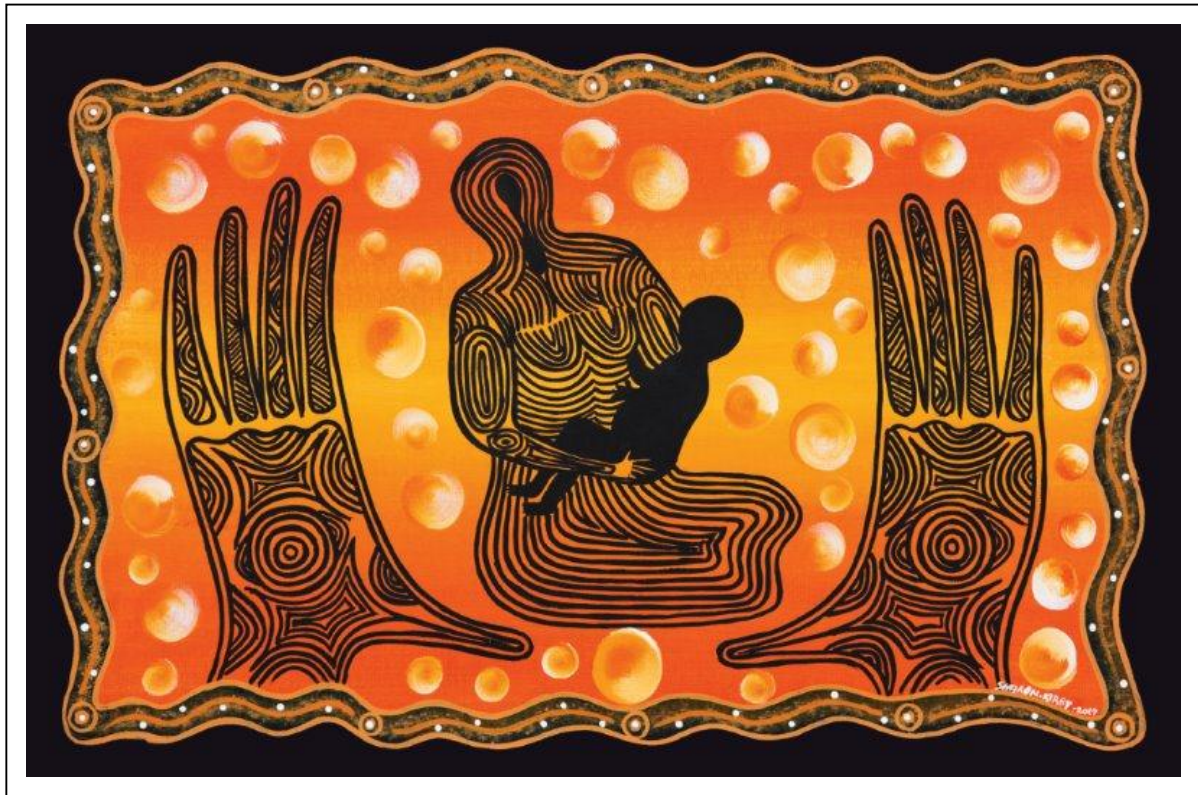
“...Like finding out that the stats are so low in the Mildura region for breast feeding, that women are just choosing to put their baby on the bottle, even though they're able to breastfeed, and yet there are some women out there who are just yearning to breastfeed, but can't...”

“...[I've been] speaking to my maternal nurse about all these things. She offered to give me a bit of lactation training... I would really love to go along and – it's made me see a different – opened up new doors for me and what I want to do to – yeah, pretty much give back.... just sort of maybe give a bit of my experience and yeah, like I said, I'd love to speak out about the program and just how it's kept me on path, the support, the help, has just been amazing.”

For one mother who had not yet given birth, breastfeeding appeared to be anticipated as something that may be difficult...

“I want to bottle feed. I'm not going to lie, I want to bottle feed, but I will try breastfeeding...but if it's too hard, I'm not going to force myself into breastfeeding. I'll just bottle feed.”

6.5.3 Practical Support



Practical Support - Bumps to Babes and Beyond by Artist Sharon Kirby

Practical support from the BBB program

All mothers commented on the amount of practical support that was provided by the BBB program. Practical support was seen as useful and supportive and came in many different forms, such as sourcing housing...

“I bought a pregnancy journal, it’s really cute, like the day she was born and the address she came home to, I couldn’t fill it out because there was no address for her to come home to because I didn’t have a home...My daughter needed a home to come to...I went from being homeless to having my own place within a matter of minutes sitting there in [BBB Coordinator’s] office.”

Providing baby items...

“...Got me my cot for me and they got me a pram and stuff. Cause I wasn’t prepared. I wasn’t on Centrelink or anything.”

“They’ve helped me a lot because... yesterday when I got out, because I didn’t have a bassinette or bottle cleaner thing and they got all for me.”

Preparing for the birth...

“You know when I was getting ready to go into hospital and my money situation wasn’t very good, I said I don’t have any toiletries and um, it was just too much and I was getting stressed out, [BBB Coordinator] said just leave it to me. She came back and I just had everything ready to go you know, and that’s the best feeling when you sort of don’t have your mum here...you know.”

Providing transport...

“Just mainly getting me to the sessions and things like that, immunisation and things like that on time...giving me transport and things like that, that’s pretty good because if you haven’t got a car and it’s raining or whatnot you don’t want to take the babies out”

Support and advocacy with other organizations...

“...Made sure we were always at our appointments, came with us when we had a couple of nasty workers...”

“[BBB Coordinator] would come to my appointments with me because I needed the mental support I couldn’t do it on my own and [BBB Coordinator] would ask questions to benefit me. Questions that I probably would have need to ask but I wasn’t in the right head frame...”

Information about other supports in the community...

“...Like with [BBB Coordinator] helping telling us about day-care and stuff and getting us ready for that sort of stuff..”

“...Whenever I say that I’m trying to find this sort of person to help ...[BBB Coordinator] right onto her computer helping she even helps with my step son, and finding a good kinder to put him in.”

Mothers talked about their relationship with the BBB coordinator, the trust they had built and being provided with information about the care of their baby...

“Having like a professional opinion that’s not biased. Having someone to talk to...oh this is happening to Baby do you think that’s ok?”

“...So far [BBB Coordinator’s] the one that I hit up for advice with the babies...”

Many mothers also commented on how easy it was to ask for practical support...

“Even if I needed to get nappies from the, you know, right down to the littlest things, I could always say are you free at the moment I really need your help...it’s no trouble for [BBB Coordinator] to swing me around to the chemist.”

“Everything. Anything I needed, and if I – if I just asked – I found if I just asked [BBB Coordinators], they would try and do as much as they could to help me...”

Practical support from family

There was mixed responses from the mothers in regards to the amount of support they received in first year of their baby's life.

Majority of the mothers spoke about being the primary caregiver, and having a lack of practical support from their partner and/or family...

"...Because my partner normally works from 8.30 to 5 and you know so I'm at home pretty much all day by myself"

"It was really hard especially like I don't have my mum and my dad is like 800 k's away. She would wake up every hour on the hour and just screaming. I didn't realise how much of my freedom was gonna get taken away... Even I just needed someone to hold her so I could just have a shower, it was really hard to try and manage looking after her and myself."

"...His dad hasn't really been in the picture much...he'd been in jail for 11 months of his life."

"...It only took one phone call to my mum just to instantly break down and she knew...She said "you have not had a break, you've got nobody down there to say hey, I'll take him for the night...So I sort of yearn for her to come down..."

One mother spoke about having strong family practical support from both her family and her partner's in the first year of her baby's life.

"...My dad took six weeks off work when [Baby] was born, went back to work for 2 weeks and then quit. He stayed home with me and baby till baby was 8 months old and then we moved out..."

"Yeah. My mum and dad will have him or partner's mum and dad will have him, like once a week definitely because we just need it..."

6.5.4 Mental Health and Emotional Wellbeing



Mental Health and Emotional Wellbeing - Bumps to Babes and Beyond by Artist Sharon Kirby

Mental health of the Mothers

The mothers spoke about their mental health and the importance of the *BBB* program. Many of the mothers spoke about having negative mental states during their pregnancy...

"...I've got really severe anxiety; I was just worried that I wouldn't be able to feed him. I wouldn't be able to still be able to see my friends. I wouldn't be able to have alone time with baby's dad anymore... But yeah, the counselling was definitely a big weight off my shoulders because I just did not know how to deal with my...I used to do other things to get, to deal with it but obviously they weren't helping things."

"I was that severely depressed I would have killed myself and her. Like now I'm good now, love her. Back then everything was so hard, everything was against me. I was so lost, I was so, everything was wrong."

And, in the first year of their baby's life...

"But there are still some times when I just need to – yeah, I don't know, sometimes when I feel like just can't get back up. But yeah, I feel like I'm doing a better job and getting there and I've learnt to sort of give myself a little bit more credit instead of saying I can't do it and you know, nobody understands...I was a very happy, happy person and I still am now but I

don't feel like how... I used to feel...I'm just trying to yeah, push through, and it's baby that keeps me going sometimes..."

A number of mothers spoke about accessing further support through a psychologist/counselor and/or Mental Health Services during pregnancy and in the first year of their baby's life....

"...I had just a complete breakdown. I had to go up to the Mental Health Unit because I thought I can't do this anymore..."

"[BBB Coordinator] made sure I had counselling done and um, seen the lady about my anxiety to make sure...I wasn't going to be overwhelmed by the time he came."

"Like all through my pregnancy. I had the support that I needed I was...referred to psychologists when I needed..."

Another mother spoke about the impact on her physical wellbeing in the first year of her baby's life...

"It's just I don't know, like I love playing with and feeding her and putting her to sleep and the bath time and everything like that but, I just, I don't remember the last time I got to just sit down for more than fifteen minutes without having to worry about the house or the dishes or the bottles or, everything,"

"I think I kind of forgot to look after myself. I wasn't really eating right or anything, so [BBB Coordinator] would make sure that I [was] eating."

Four mothers stated they loved the experience of being a mother...

"Oh yeah like I love being a mum... Yeah, just making him laugh and seeing him smile."

Just, enjoy watching your child grow. It's the most amazing, rewarding thing ever. I've never felt any feelings like it ever in my life, so yeah, it's amazing. I love being a mum..."

"I thought wow, you know, makes me feel so proud to be a mum watching him change like this...Yeah, just watching his little mannerisms, they're different every day. Like through each day, he'll do something a little bit different than what he did the day before..."

Like I missed out on my 21st but that would never change anything compared to what I have in my arms now so yeah.

Emotional support provided by the BBB program

Mothers spoke about their experiences of being supported by the program emotionally, having someone to talk to and who provided a bit of a 'pick me up'...

"She visited me regularly after I came out of ICU and hospital, making sure that I was ok. Asking me if I needed anything at all even if it was just a big piece of chocolate cake..."

“...There have been days where I’ve been so down and so upset and [BBB Coordinator] has got me out of the house, we’ve talked and then I’ve gone back and I’ve got a clear mind.”

“...I still have contact with [BBB Coordinator] it’s not as...regular as when I was there but like I still found it helpful to talk to her because I don’t really have many people to talk to...”

One mum spoke about changing the way she dealt with situations through support from the BBB Coordinator...

“...Like stuff would happen like and because I only turned 18 a week before I had her and still being 17 the teenager came out in me sometimes and [BBB Coordinator] would be like, well you better calm down because we can’t do this, and show me that when I was ready to explode first that there was another way, I didn’t just have to lose my shit and get angry and yell and scream.”

A number of mothers spoke about being provided with information, support and strategies that related to also caring for their partner and their relationship...

“If I need to have a talk about something or you know having relationship dramas then I can always you know if I needed to...get a bit of advice on what to do to keep things calm within the household.”

“...Like [baby] kicked today and done this and she’d done that. Like just being able to talk to how I feel with her made it seem real. So it was good to talk about how I felt about her especially when my body wasn’t my body anymore.”

Emotional support provided by family and friends

A few mothers talked about being closely connected with their partner’s family...

“I’ve got no family here so my partner family which is really...I call my family anyway.”

“...Also my partners parents have been support for me, like they treat me like one of their own...”

For others there was an absence of emotional support from family...

“I’ve got no family so I’ve got to stand on my own two feet and be strong for him otherwise everything will just fall to bits.”

One mother described the emotional support of her partner...

“If I didn’t have his support it would be a pretty...big deal but he is all the support that I feel like I need...at the end of the day it’s him and I that we need to work together so his support is more important than anyone else’s, to me anyway...”

Most mothers spoke about being socially isolated and having minimal or no friends at all...

“I’m not from here. So when you don’t sort of have an actual group of friends and somebody saying ‘let’s go’ and ‘go have a shower we’ll go have some cake and coffee...she (BBB Coordinator) was there and that’s a good feeling...”

“I’m pretty much of a loner. I like to sort of stick to myself, so I don’t normally get involved in it too much...”

“I don’t really have any of my own friends...I just don’t connect well with people, it doesn’t happen for me...”

A number of these mothers talked about losing friends during their pregnancy/parenting journey...

“We don’t really have friends down there anymore because we sort of grew up and they haven’t.”

“...When I fell pregnant they were like all ‘we can’t wait’ then slowly they drop off the radar each of them one at a time.”

One mother spoke of the stress she experienced...

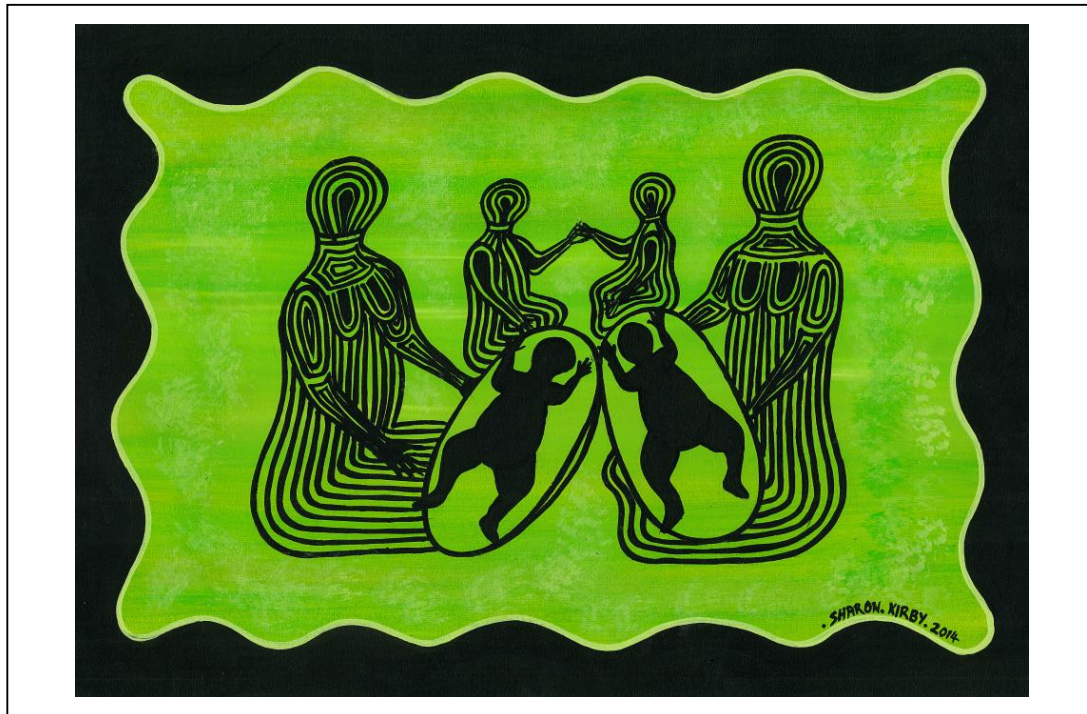
“Every day I would just cry. The house I was staying at they like had drugs and stuff. I just needed to get out of there as fast as I could; I had nowhere else to go.”

A few mothers talked about wanting to make some new friends and the BBB group opened the opportunity to socialise with other mothers...

“...It’s harder for me...I don’t have a car and that sort of thing... with my mums group here it’s convenient and I can be picked up to go.”

“It’s like I can’t get to anyone. They are great girls I love ‘em all, like I really get along with them. It’s just the only time I see them is when [BBB Coordinator] has a group thing and that’s the only time I really socialize with anyone.”

6.5.5 Healthy and Strong Aboriginal Babies, Families & Communities



Healthy and Strong Aboriginal Babies, Families & Communities - Bumps to Babes and Beyond by Artist Sharon Kirby

BBB mothers shared their experiences about understanding their baby's cues, building a strong attachment, and promoting their baby's social, emotional, cognitive and physical development. Further the BBB mothers shared their hopes for their baby and discussed how they would teach their baby about culture.

Understanding my baby's cues

Understanding and learning about baby's cues was an important learning experience for some mothers. The education was either shared by the BBB Coordinator and/or between the mothers. They commented on learning about their baby's cues...

"...That's the best thing someone ever showed me, sleeping cues and the crying cues yep."

"...When he's tired he rubs his eyes. Like he just gets sort of whiney...and just wants cuddles. Rubs his head into me..."

"I've noticed she um, if I try and give her something that she doesn't want she's really good at pushing your hand away and she tells you what's what."

One mother talked about having the support of her partner when it came to reading their baby's cues...

"...Because now he knows and he can look at signs too, if he knows when [Bub's] upset or if he's teething or if he's not well. He knows now what to look for and how to you know, how to comfort [Bub] and stuff, yeah"

Building a strong attachment

When talking to the mothers about their baby's overall development, they shared beautiful examples of the strong attachment that was being built with their bub...

"He'll run around saying "mum, mum, mum, mum, mum, mum... he'll come up and he'll just jump on me and hug me... And he'll start kissing me and stuff. It's really cute."

"...In the mornings I'll lay him down next to me and whether I close my eyes or I just look at him, he'll touch my face. So I feel like our connection is getting so strong, like he really knows who I am now..."

"Well, today, it's really weird but, I was sitting there and we were looking at each other and she gave me a little smile and she just latched onto my chin and just sucked on it, and then she just took herself off and she knew, she knew that it was nothing and then she just laughed at me and gave me this big hug and we just sat there and hugged..."

A few mothers spoke about keeping their bubs in mind...

"He's got [BBB Coordinator] running around...my ears are pricking for these kids (laughing)..." (During interview listening to [older son] playing outside)

"If I'm away from him even for the slightest bit; he's still always on my mind even if I just leave him for 10 minutes..."

Three mothers talked about being a 'secure base' for their baby...

"I'm his mum, just being his mum. Like I'm the one who he goes to when he's sad... He'll come straight to me..."

"I find that comforting how she can really want me sometimes, no one else. I love that."

"If there's strangers around like that he has never ever seen before, he's sort of well ... stick near us, but other than that, yeah, he's just a real social little butterfly."

Some talked about learning to prioritise their baby's needs in the context of being a new mother...

"Like I do get frustrated at times but, you know, you cool down a bit and it's about getting him right before yourself and, you know, it is pretty much putting someone, some little person before yourself. It's a pretty big thing but I wouldn't change it now, no way..."

“Everything kind of revolves around her and I’ll have a break like dad will take her for the day and I’ll do all the housework or I’ll have night out but otherwise it all her.”

Developing their own personality

Many of the mothers talked about the different qualities of their baby and their growing personality...

“He’s just really alert and he’ll look around all the time and just stare at things. Like I can sit him in front of the sliding door and he’ll just stare out at the garden, any little movement with the trees, he’ll turn his head and look and it’s just amazing. Even when I water the garden he watches the hose and the water. He’s – yeah, he just loves it. I really think he’ll be a nature boy”

“...She can get pissed off to though...she doesn’t get what she wants and she lets you know that she’s not happy...”

“Yeah he’s really happy. He’s so happy and calm and he’s really observant, he really likes to like look around...I think he’s got a good vibe about him...I’m so proud of him...”

“He’s a really outgoing little boy...You know, that streak of shyness in him, but I think that’s just – their age.... But yeah, he’s a real people person. He loves to be around people.”

Bub beginning to socialise

Mothers commented on their baby recognising familiar faces and growing attachments within the family and community...

“...Like he knows who we are and he knows if he’s never seen someone before ... he’s getting really good with familiar faces and people that we see often.”

“[Dad’s] nan, he has a great attachment to, like if we even just turn up there... he’s got a great big smile on his face...he only sees [brother] you know, seven days. So, when he sees him, it’s like it’s just another level of happiness pretty much, and then like when he’s not there, if we go and look at a picture on the wall, he’ll always look into [brother’s] room to see, so that attachment is huge. Like to me right now, because he really knows his brother.”

And learning about social cues...

“...When he’s around other people, he knows if you sad, he knows when you’re laughing...”

“...She laughs and she smiles at everyone, all you gotta do is smile at her and she’ll smile back at you...”

One mother talked about her bub associating different activities with different family members...

“He probably looks for Dad more at the moment. Some days he – some days he, like, just wants me, some days he wants Dad, but I don’t know, I think more that he knows now that Dad does the boy things... he’ll look for his uncle, because he knows that he can go outside with him...”

Some mothers talked about the importance of their Bub playing with other babies/toddlers their age and getting them involved in day care...

“...Like he is okay to leave us for a while, but I think yeah, day care will – because there’ll be kids and everything else, and learning stuff, it will be a whole different – I think he’ll enjoy it.”

“...He needs to be around other kids because he’s sort of – he’s around adults a lot... I think it’d definitely be good for him to be around kids that are his age and younger”

Providing opportunities for bub to play and learn

Many spoke about providing opportunities to strengthen their bubs cognitive and emotional development through joining in with their play...

“I love being in the water with him, because that’s a big... thing for him to be learning”

“He taps us when he wants us to watch [what] he’s doing or ...he’ll yell out “mum” ...and when you know he’s enjoying something he winks at you heaps.”

“He waits for you to have your turn, he knows to – I love how he knows to share. He will wait for you to pick what you want, and then he’ll do his thing.”

“...She tries to steal the spoon off me when I feed her...Oh she wants to do it herself...she can get the spoon to the mouth, she just makes a hell of a mess....”

And allowing their bub to join in activities that they are doing...

“Like he takes notice of something that [Dad] and I will do, for example, cooking, didgeridoo playing, like he’ll go and grab his didgeridoo if he watches [Dad], he’ll like to get a spoon and a saucepan and mix because he sees us cooking, he’s very, he’s cluey and he’s really curious.”

Mothers described playing Peek-A-Boo and providing opportunities for their bub to learn that objects exist even if they cannot see, touch or hear them (object permanence)...

“He just does silly little things sometimes or makes silly faces or, you know, he tries to, he sort of does this thing where he’ll put a toy or a blanket over his face and then he’ll look out the corner of his eye and he’ll wait for you to look at him and then he’ll laugh when you look at him.”

“...My maternal nurse said to get some big, huge cardboard boxes ... like paint them and you know...let him play with that and... you know the feeling of disappearing and, you know, peek-a-boo and all that sort of stuff.”

And developing their baby's language through naming items and putting words into sentences...

"...Their babies don't know where their body parts are. So I've had the time to sit there and spend with [baby]..."

Talking, singing and reading books...

"...We read to...he reads every night...whenever he sees a book, he'll pick it up... and want you to read to him."

"...She (maternal nurse) goes 'mum it's not good for you to let them watch TV ...I don't like him watching TV...we're like outside playing or reading books and stuff."

One mother described how she and her baby learn together and shared some of their play interactions...

"Me and baby just learn as we go kind of thing, you know because it's only ever us two. We just pick all up on our own don't we? We make mistakes...we teach each other I think."

Some mothers spoke about understanding what can negatively affect their baby's development and making good choices for the baby...

"I can't be around people who find it fun to drink every night around my daughter because she doesn't, that's not right for her. She shouldn't have to be around that kind of thing."

"Sometimes my anxiety would kick in and because I didn't want [him] to see that...I was always scared that he's gonna pick up on me being so upset so it's gonna make him be more upset."

"I don't want to bring up the baby around - - - , I know that sounds bad...they can't do anything without arguing... and I said the baby has ears, I said, and it can hear everything"

Promoting bubs physical development, health and safety

Mothers commented on their bubs meeting different milestones and providing them with opportunities for physical development...

"...She's trying hard to crawl so that'll happen in the next few weeks I think."

"He likes tummy time...He likes to sit in his bouncer with the toys in his face and he actually grabs them and hits them with his hands, because he moves his arms and stuff around now, kicks his leg in the bouncer so it makes him bounce so he knows that he can do that himself now."

Meeting their health and medical needs...

"[BBB Coordinator] say 'Oh Mum we have needles next week' and reminding me, everything like that...is a big thing because it's something a child needs."

“I took her to the doctor and the doctor’s like there’s nothing wrong with her and I’m like yes there is. So I took her a different doctor and she had to be on steroids...”

Providing their bub with healthy and nutritious food...

“...He’s having baby cereal in the mornings and maybe some fruit at midday... he drinks water out of a cup now.”

“...He doesn’t like mooshed up food... he prefers, yeah, to eat what we eat... we all sit in the same area, yep. And, like he won’t sit in the high chair anymore, he has to be at a chair at the table,”

“She just wants to eat everything...we bought a food processor and done some carrots today so I’m going to start doing my own food instead of buying it”

And providing an age-appropriate routine...

“...I have a happier baby when I let him do his own routine, what he’s made up himself instead of having a grumpy baby...I know that when he wakes up he’s happy to get up and play again... because I think that every baby is different, you sort of have to wait for them to uh show you what they wanna do...”

“Yes and he is awake for longer also during the day... nowhere near sleeping as much as what he used to at the start.”

My bubs future

When thinking about the future, parents spoke about how they would like to raise their child/children...

“...Love. Real, like real love family quality time...Like I just want to be able to say, you know, good effort and stuff like that, like encouraging words...”

“...I want to raise him to be kind and share his stuff...not look at getting material valued stuff...an, you know, who’s got the best of this or who can do that better...not a sore loser and it’s ok to lose sometimes...”

“I want to get him into sport and everything, I just hope he’s – keep him occupied I think, because otherwise if you don’t, that’s why half the kids in this town end up the way they do I think, because there’s nothing to do.... like if he makes good decisions, good things will come.”

A few mothers reflected on their/their partner’s upbringing when thinking about the future of their bub...

“...So really I did live the perfect family life, mum and dad and no family violence...even [Dad] said to me it’s pretty amazing that, you know, you still have that indigenous background but you’ve still got the same parents, there was no alcoholism and drugs and domestic violence...even though [Dad] came from all of that he’s not that person...I

consider myself lucky in some ways...[Baby] will be like me, he'll never grow up with all that sort of stuff...that's the chain we want to break..."

"...My dad OD'd when I was [age] and my mums sort of up in the air herself, so it's hard for me to find where I get that stability from. I said to Dad I think that may be my problem. I haven't been shown it...I just want them to be stable, reliable, happy, healthy men, you know? Like a good family man, a good father, good friend, good brother..."

Most of the mothers highlighted 'respect' as an important value for their baby to have...

"Like my child's going to have like discipline...he's going to have respect for others and he's going to be like well mannered..."

"...Like we have respect for everyone, you know?"

"...Baby to be respectful and [have] family values, culture ...my background is...we're rich in culture and it all about respect and respecting your Elders...so that's how I want him to be. And [Dads] similar as well... he's my first son so I want to make sure that I raise him the best..."

'Asking for help' surfaced a number of times when parents were asked to think about what type of person they would like their baby to be in the future...

"...Because we've got the walls up here like nobody's going to know me. And it's stupid. It really is...I don't want my boys to be scared to ask for help you know, if they're – if they need support in something."

"You just need your family and understand that your family is always there for you when you're a bit worried about something or you want to talk, we're here don't be afraid to talk to your family...if anything goes wrong at high school, if they feel something bad I want them to be able to say "Hey Dad or Hey Mum, I just need to tell you about something."

Teaching Bub about culture

When asked about what culture means to the mothers and how they would like to teach their babies about this, they answered...

"[Dad] is Aboriginal and just lives and breathes his culture so it is quite rich within our family home as [Dad] makes all the, you know, artefacts and stuff like that and [Baby]... already understands the concept of what to do with the didgeridoo. So he'll learn, [Dad] will teach him young, you know, and then obviously when he's a bit older, take him out and show him his land and, like, men's business..."

"...Like his family... they love to go to down the bush and stuff and everything like that, that's what – I think [its] good for him, he's got one side of his family who loves to do all that cultural stuff still.... Like, if we take him down bush, he knows he can run around and... he loves water... He'll sit there and watch them fish..."

“I never thought about how I want – because me personally... I didn’t learn much about the Aboriginal side and my dad passed away too early, so he sort of drummed what he could into me, and that was it... I don’t want [my children] to sort of look at – like you know how people see drunks, drunk Aboriginals or the use and abuse ones, I don’t want him to class us all like that, because a lot of people say ‘Oh well, they’re all like that’, you know? ... I just don’t want them to – what do you call it – categorise us in that way...”

Two mothers also shared that their experience with the *Bumps to Babes and Beyond* program, made them feel closer to their culture...

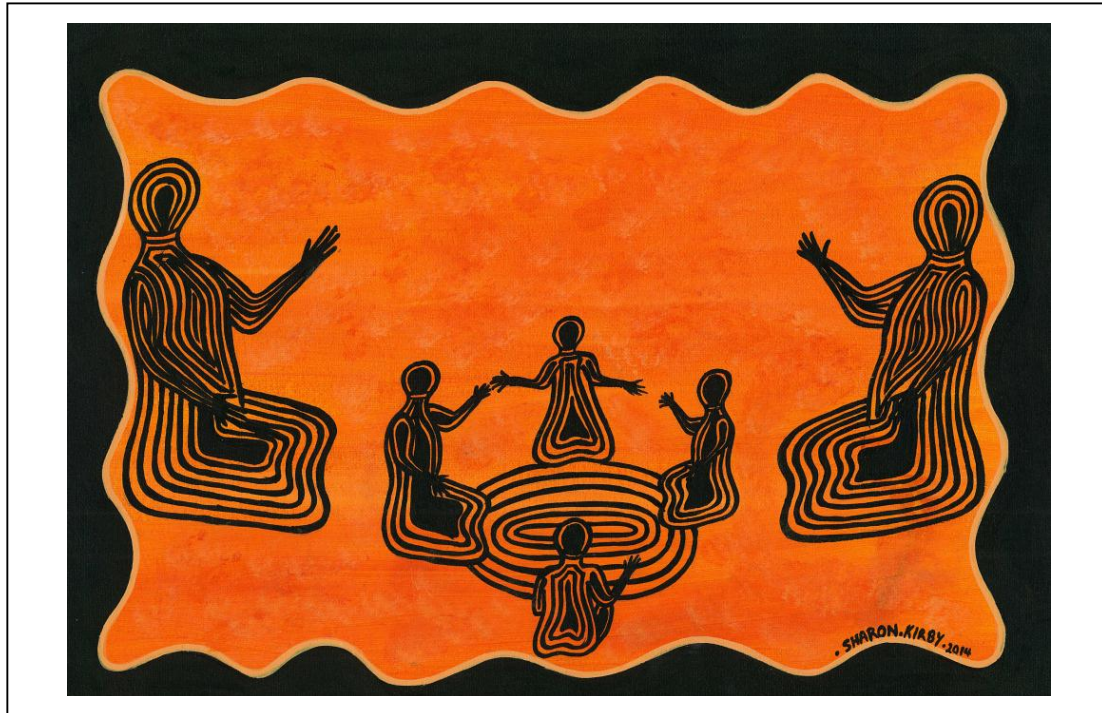
“...which I don’t really get a lot of, so makes us feel a lot closer to being Aboriginal and just to each other and just to have positive people around us...”

“...It’s very de-stressful, like I kinda unload my stress and well it makes me and [Bub] feel closer to each other and closer to our culture.”

One mother spoke about the ‘Welcome Baby to Country’ ceremony at MDAS...

“Welcome Baby to Country was the thing that the co-op put on... And pretty much the baby got to go up and got ... welcome to their country by an elder of the Latji Latji Tribe. [Dad] is Barkindji... So he’s in the Barkindji Wiljakali Tribe ... this is his country pretty much that we step on, so he’s got a lot to learn...”

6.5.6 Sharing Knowledge and Stories



Sharing Knowledge and Stories - Bumps to Babes and Beyond by Artist Sharon Kirby

The BBB program provided a safe space for the sharing of knowledge and stories between mothers.

Connecting with other mothers in the *Bumps to Babes and Beyond* program

Many of the mothers commented on the BBB groups being a place of meeting new people...

"It's just been really useful and like it's helped me meet new people and stuff"

"It's been pretty good, like I've met some new people and [Bub's] met a heap of kids"

"This program's taught me so much about becoming a mum, especially becoming a mum and now being a mum and introduced me to all them girls, it's just amazing."

Mothers who engaged in the BBB group regularly discussed finding it useful for emotional support....

"Sometimes I can't tell my partner some things because sometimes it's him that I'm frustrated with, but all them other girls they know what I feel like..."

"It's really good like know that there's other people there that's had other babies young."

“Very useful and not just having one on one with the BBB Coordinator. [It’s also the] other girls that we meet up with. It’s good to hear their stories ...sometimes we’re just talking about sleepless nights, but it’s good to know that there is people out there...with the same problems...as me.”

Parenting advice about trying different strategies...

“...He might be doing something and I’m like all stressed out and don’t know what to do its nice to hear how about you try this way...”

“It teaches you – other young mums, the other girls, they just teach you so much...you think you don’t need to learn anything else, and then they tell you something, and it’s like Okay, got to take that in... And then you give them to other mums. It’s all just sharing all the same stuff”

Parenting advice about reading cues and getting their baby in a routine...

“...[BBB mum] had a baby 3 months before I had Baby and she could tell me stuff... like especially with the cries, every baby has a different cry for different things... I’d change him and she’d be like na that’s a feeding cry...It was good to learn that sort of stuff ...Especially with... his cues to sleep... His eyes would be in active sleep where he’s not fully asleep but he’s just trying to wake up or going into a deep sleep. So it was good to learn them sort of things...”

“Yep It’s like meeting other parents is really good cause like if I don’t know what I’m doing then I could just ask them, and they tell me... like what I’ve been like what I do wrong and stuff. It’s really good like know that there’s other people there that’s had other babies young.”

“...People say to me, Oh na we’re gonna have them in a routine by three weeks old. I’m just like yous are crazy like just stop...it’s not you’s running them at the moment, like their brand new. They need you just to wait for them. Be patient with them...”

And understanding the development of their baby...

“When there is someone who’s got a baby six months older than him, I know what to look for when he’s getting to them ages... behaviour wise or just even his little personality and things he will learn to do.”

Mothers commented that it was a good feeling to be able to share parenting advice with other mothers and also receive parenting advice...

“...It’s good to be, like when they say that we’re good support for them, it’s good to know that people can count on you for advice or support.”

“... I feel good now because I can like sort of tell them, they can ask me stuff...it just helps with my self-esteem.”

“It’s good to be able to give information to other people as well as receiving it... So everyone is kind of sharing.”

A mother spoke about being introduced to the BBB group whilst pregnant...

“The biggest thing is [BBB Coordinator] introduced us all when we were pregnant. I think that helped a lot. That was the most useful things to me. Was meeting them when we were all pregnant and then having that over time we became so close, and I know that if I had any problems I could talk to these girls. Sometimes I think it not just this group, it not just about me and my baby it’s about all of us. We’re all in it. I think that’s what you sort of need when you’re a new mum.”

Mothers spoke in anticipation about meeting and connecting with mothers in the BBB Group...

“When I was in hospital I did meet two girls with [BBB Coordinator] ...But we haven’t sort of come together yet. That was just them passing through the hospital while we was having a coffee break... And [BBB Coordinator] said they were in the Bumps to Babes program and get to know them...once we start the... circle of security...we’ll be meeting more... I’ve just got to connect more with these girls so that I can come in more and be around them with my kids.”

“I’m really ready to meet new people and make a group of friends and go out to coffee with the girls and all that sort of stuff with our babies and stuff, that’s the sort of thing that I’m looking for...Everyone I’ve spoken to said it will make living away from your family so much more easily having a friend. Yea, friends are just as important as family sometime....”

For one mother meeting and connecting with other mothers was described as a daunting process...

“I sort of like had brought my boyfriend along because I have trouble meeting other people. I don’t know, like I get really anxious. Yeah, so he was there kind of thing, um, yeah I don’t know. It was just a little bit awkward, my not knowing people and having lunch with them. It’s just strange having lunch with people um you don’t know.”

Some spoke connecting and getting support with each other outside of the BBB groups...

“Yeah and it’s good to have just one other person who’s got a child and on that road with ya...There’s 5 or 6 of that I’m close with... I know I can message them anytime...They’re awake because babies are keeping them up so there is always good to have someone to talk to at 3 in the morning, at any time. One of us is always awake.”

And a few mothers spoke about involving their partners and connecting up with other couples in the BBB group...

“And like we’ve all hung out a few times. Like me and Dad have gone over [BBB dads] and [BBB mums], and you know, for a weekend – for a night, to go hang out...”

“[BBB couple1] and then [BBB couple2] we always...see each other at least some time during each month...”

A number of mothers also spoke with concern about their partners learning to be dads....

"...And even [Dad] as well because, you know, men also have to go through, deal with the women going up and down and all this sort of stuff so, I think it's only fair really. [Dad] deserves the same support... that I'm getting, as well..."

"...'Cause I knew [dad] was having a hard time...you know..."

A few mothers talked about their partner having a relationship with the [BBB Coordinator] and being supported by the program...

"He gets it now, because he's got someone to explain why, like his son's going through this stuff. Because I might not know because I'm only a first time parent as well."

"...She (BBB Coordinator) even helped me...when Dad was going through some bad times to take him to see people..."

One mother talked about the important quality of the relationship between her partner and the BBB Coordinator...

"Especially when you have a partner who doesn't trust a lot of people, you know, from personal reasons...instead of taking both me and Dad out for you know, talks and that, she'll just take Dad one day on his own and it's good because then he – yeah, he gets the relationship me and [BBB Coordinator] have, as well as you know, being a young dad."

"You don't really see people form a bond with their workers the way like [BBB Coordinator] does with...her clients."

Linking into other community supports

In an effort to further support parents once children were 18 months old, mothers were encouraged to link into other programs within MDAS and the community.

Mothers talked about being linked into other community supports outside of the BBB program...

"[BBB Coordinator] introduced me to another lady that works here that does actual play groups, so it's good to get in with them. Yeah, they've shown me places. Yeah like, it's a big support network. They just give you information, which you don't know if you're always gonna use it. But eventually you do."

"I'll do playgroup and stuff like that, with MDAS, but also I've always got my psychologist...the women's group thing [at community space]"

"Well I like this (BBB Group) so I might as well go to some more. So yeah, I started doing the one down at [another Community space]...It's the young parents program"

One mother who had moved interstate during the BBB program, sought support from her new local Aboriginal Co-op...

"Like I never knew that there was an Aboriginal Corporation in like different places... So I actually connected with an Aboriginal Corporation over here..."

Mothers in the BBB program appeared to appreciate the networks and relationships the BBB Coordinator had in the community....

“She has a lot of yeah input around the community...Yep, she’s very good resource, yeah so that was really good um. She helped us out with Centrelink and appointments and stuff like that.”

“I had to see my OB [obstetrician]sort of abruptly one time a couple of months ago and [BBB Coordinator] sort of just got me in really quickly as like a favour kind of thing...And like she just sort of knows what to say and she’ll just like organise it and yeah it’s like one less worry...”

“[BBB Coordinator said] I will get the Centrelink worker to here...So the Centrelink worker came to [BBB Coordinator’s] office to see me cause I couldn’t handle going into Centrelink...mentioned how I was trying to get a house...within 5 seconds she called a real estate... I had a house literally within a few minutes...”

Experiences of the Bumps to Babes and Beyond program

When asked if there was one thing they would say about the program, the mothers commented mainly on the support provided by the program...

“Probably the support, the support is really, really good ...being directed in the right path of – you know... you’re never sort of letdown, you’re always getting help...”

“The program was, it’s the best, it still is the best thing in mine [and] baby life at the moment. Really helps.”

“Probably to have confidence and not to – if something goes wrong, don’t be so hard on yourself. And just to always try to think positive and don’t think the worst of things.... but I think the positivity in this program is just really good, and it’s definitely what I needed anyway...”

“Just the mental support still. And even just information about stuff with Baby. Just little things I don’t know about, I mean, just a tiny little fact”

Some mothers also talked about the way the program has changed them and given them confidence...

“I feel like I’m changing, this program has changed me as a person too, to you know, some of the workshops and things ...has just changed me, and changed my mind, changed my – just the way I look at things, you know, and not to be so one minded”

“...they’re reassuring me every day that it’s okay you know, otherwise I’d be losing it, but yeah, I think it’s – it’s a good support – moral boost. It boosted me a lot, like the confidence.”

Mothers also spoke about giving the program a go, and not being scared to ask for help...

“Join it. It’s excellent...as much as you know, some people say you don’t need help, you do. You need help to be a parent... And if it’s there for offer, take it. Whatever you can get. Yeah, don’t be ashamed to ask for help”

“Oh just for anyone to give it a go I suppose. At least give it a go and if you don’t like, well then you don’t have to keep attending...”

“I would say that it’s a really good opportunity for someone that’s pregnant, that’s going to be a new mum and just really helpful...”

“And to not be afraid or embarrassed to ask for the help...”

Another mother recommended having a night out just for the BBB mothers...

“...How fun it would be to catch up and go for a dinner, even if it’s at night so that dads can babysit the babies and the mums can go...Normally it’s during the day and we’ve got the babies in our arms where, and we can only stay for a maximum of an hour to an hour and a half. But if we did a function night thing...you know we can go and get dressed up and do the makeup and what not, and go out to dinner...”

Some mums spoke about not wanting the program to come to an end....

“I’m grateful to have the support like that and I wish I didn’t have to leave the program.”

“I wish I um didn’t have to stop at 18 months....maybe it can run for longer...maybe till 4 years old ha ha ha...I loved doing the program”

Qualities and skills of the Staff

Research highlights that one of the strongest indicators of positive outcomes, is the strength of the relationships that develop between staff and the families. Specifically, the Family Partnership Model has been identified as an effective evidence-based method when working with vulnerable families (Day, Davis & Hind, 1998; Olds, 2006). This model highlights the importance of the qualities and skills of the staff in the enhancement of the relationship with parents.

The BBB coordinator was responsive to each mother’s unique needs, and adapted her interactions with each family according to the parental cues arising from the level and style of engagement. A key aim was to notice the parallel process in the work with families where the BBB coordinator nurtured the parents and her relationships with the mothers and so provided a nurturing space for mothers to nurture their children.

Many mothers commented on the qualities and skills of the BBB coordinator including:

How they felt respected and cared for...

“She listens. She’ll look at us when she’s talking to us.”

“She just cares, I think. She genuinely cares, she’s not just you know, a worker for the money...”

“And that’s when I was sitting there thinking last night, you know, she’s gone out of her way, she wasn’t even at work and she rang up just to see how we were...”

Were given equal attention...

“...She couldn’t care if she had two people in her program, like, or 20 people. Like, she’d still help you just as much as she’d help anyone else. “

That she was reliable...

“Or I can’t do it right now I will give you a call later. I will always get that call later...extremely good at following through and if not following through doing it right there and then...”

“...Like that if she can’t help us with something, she always gets someone in to do it.”

Resourceful...

“Yeah, day care and the housing officers and stuff, like, you know [BBB Coordinator] gives us all the information we need about – even if it’s health services or just – yeah, all the services that you know, whatever service you need, she has either showed us it already or as soon as you ask for it, it’s there.”

“...Say I’m having trouble with something she’ll help me, like if there’s other services that can help in that way she’ll refer me to em’...It has opened my eyes to other things, like things that I didn’t even know were even happening...”

Hardworking...

“...Like the support we get... [BBB Coordinator] like throws 120% into each of us”

Non-judgmental...

“That’s why I’ve drawn so close to [BBB Coordinator] really is because I can pretty much tell her everything and you don’t feel like, oh I’m getting judged, or oh God I feel stupid saying this, sort of thing...”

Following through...

“She’s extremely good at following through and if not following through doing it right there and then.”

Able to hold space for the mothers to explore their experience and easy to talk to...

“It’s hard to explain. She’s someone I could sit there and be angry but she just doesn’t take it like that she understands. If I have good news I always tell [BBB Coordinator]. If I have bad news I always tell [BBB Coordinator].”

“...They’re sort of laid back...they try and make you laugh and try and make you feel like they aren’t just our workers, they’re just – they’re there for us, you know not for the – what do you call it, the corporation sort of thing. But yeah, no, they’re genuine people and I love them.”

Many stated that the BBB Coordinators felt like a family member/and or provided support like a family member would...

“All I could say is really it’s been good to have [BBB Coordinator] and [BBB Coordinator] a part of our like family I suppose.”

“So she only wants the best as well for me to be able to stand up and move forward and...I’ve gotten that but I still think that I need to get that little bit further and that’s the, the best part is having someone that understands that. And that’s not even a family member...”

6.6 VOICE OF THE COMMUNITY

To understand the success and shortcomings of the program in its entirety, it is important to not only gather the views of mothers engaged in the program, but also those of the community that supports them.

Interviews were carried out with seven community members who work within MDAS and/or have come in contact with the *Bumps to Babes and Beyond* program. The following themes highlight the communities view on the *Bumps to Babes and Beyond* program:

- The Needs of Our Community
- *The Bumps to Babes and Beyond* program
- Hope and the Future of Our Community

6.6.1 The Needs of Our Community

Community members spoke about the current issues and concerns they had for Mildura, its Aboriginal and Torres Strait Islander population and issues that face Aboriginal mothers.

Concerns for Mildura’s population

The community members commented on the issues that are present in Mildura...

“...We’ve got a very young, very large birth rate for Koori people here in Mildura... we’ve got one of the highest teenage pregnancy rates in the state. We’ve also got one of the highest contact rates with child protection. We’ve also got all these poor targets, you know, we reach one or two in the state, for all the wrong reasons, around poor health, breastfeeding, smoking during pregnancy, all those things that you just don’t want to talk about... We

want to turn that around. We want to be on the map for the right reasons, and that is having a healthy and vibrant Koori community.”

“...All of my staff were able to identify some gaps and key issues within the community, and one of those key issues were... mums don't know how to connect with their children anymore... to provide that stability, attachment that you know... becoming pregnant, becoming mothers and not actually knowing how to be a mum, not having role models within the community.”

Issues presented by Bumps to Babes and Beyond families

The community commented on the issues that BBB mums and families are experiencing...

“...Our young Mums... they're dealing with so much baggage whether it's trauma, grief and loss, DV, ... they're not just a pregnant Mum, there's just the whole range of issues and it may take a while to unpack so even though it sounds nice and we're doing this nice work it's really complex...”

“...When you've got women who won't engage with any other service, you're it sometimes so it's you or nothing so you really need to be open to people sort of coming in and going out again.”

Catering for the need

A community member spoke about the uniqueness of this program and how it's filling the gap...

“I often think to myself where would the women we're working with be if they weren't getting the support that Bumps to Babes gives them. I think it's a really essential service. There's nothing like it in Mildura. Probably one of the most unique factors about it is that it combines, you know, case management support with access to antenatal care which no other service does...”

6.6.2 Bumps to Babes and Beyond Program

Through the interview, community members discussed various components of the BBB program. The following aspects were seen as integral to the BBB program:

- Evidence based research and sharing knowledge
- Building strong relationships with families and with baby
- Working in partnership with other agencies
- Qualities and skills of BBB staff
- Bumps to Babes and Beyond program model

Evidence based research and sharing knowledge

A number of community members commented on the importance of the research and theory behind the BBB model...

“Well, I keep that research aspect in mind all the time and try and share that with families in a really accessible way so, talk about the importance of developing that bond with their baby and, you know, talking about the research that underpins the program so they can really make the connection between what we're doing and, you know, why that's important...”

“[Mother's] getting some real good advice based on research and, you know, what the World Health organisation [says], [BBB Coordinator] always refers to [it]...”

“I know it's based around the attachment theory...if a mum and dad bonds with the child at an early age...protective factors kick in, that they do whatever they need to do to protect the child, and to reduce the harm towards the child.”

The community spoke about knowledge sharing between the BBB Mothers...

“Some of the things I've noticed would have been the actual personal growth and development of some of the young mums. The new knowledge that they've gained from sharing – and sharing their new knowledge as well, but sharing their knowledge and experiences with each other and I've definitely seen some young women become role models for other young mums...”

An important component of the program was that it was place-based, allowing support and education to be provided in-home, at MDAS and other agencies, as well as in the community. Groups held at the local cafe were picked up as a great way to support the mothers' wellbeing and provide informal education...

“[Mums] had set in mind that they were going to do bottle feeding... And rather than [BBB Coordinator] be the one that's going to talk about breastfeeding whatnot, she got [BBB Mum1] to come into the group...take them for coffee and cake ... she knew [BBB Mum] was comfortable to breastfeed, she'd worded [BBB Mum1] up. [BBB Mum1] would breastfeed in front of the pregnant Mums and they're all breast feeders [now]...So you just see – whereas now [BBB Mum2]... sings and role models to the other Mums and reads and shows the other Mums...”

Building strong relationships with families and with baby

The community discussed relationship building with the family, and relationship building and attachment between Mother, Father and baby...

“...Once that rapport is built and I know I've seen it with [BBB Coordinator], they become – she becomes their counsellor, their – to some of them she becomes like an aunty and like it takes on a whole different – it's just evolved to be. I think because it's gone so well...it's not

just doing say sleeping, it's not just doing feeding, it's become so much more which is what they need."

"I would say the quality of the worker is at the utmost, it is what makes the program successful and just, I guess it's quite unique for us especially in a country area because, you know, we've not really had anything like this before and I just, I've seen it just be so successful because it comes from such a different place, it's not just about ticking boxes or measuring statistics, it really is about building strong relationships."

An important factor in building strong relationships with the mother/and or the family was said to have a two-fold effect...

"...The research shows that nurturing a woman builds her own capacity to nurture her baby."

Further, one of the main components of BBB program is ...

"All the research around attachment shows that a woman's state of mind during her pregnancy is a really good indicator of how well she's going to feel bonded to her baby when the baby is a year old so that work is really important. Helping women see their babies as individuals prior to the birth and then helping them build that bond after birth..."

Working in partnership with the community

The community spoke about the importance of linking in BBB mothers with universal services for further support...

"...The suite of service that MDAS provides has been able to wrap around the mum and the dad, and the extended family of course. And if we don't provide that service, here at MDAS, we've been able to link them in, whether it's linking them to the hospital, whether it's linking to other specialist support services or other services that are in town..."

"...Once they've had that understanding, they've built that relationship with their baby to then transition them through to one of our other programs, whether it be the in-home support program and then that will hopefully transition them into ... kinder, preschool or getting them on the way to school...I think it's a great transition from when the parent is moved on from bumps to babes beyond they have that connection with other families ... that's another support mechanism for those parents to help cope with the everyday life situations that deal with in their family life"

Qualities and skills of BBB staff

Many community members commented on skills and qualities that were needed to facilitate the BBB program...

“I think the women really respond well to [BBB Coordinator] because she gives them her time. There’s never a point where she says “No, I can’t do that for you”, and then leaves it at that. There are often times when she might not be able to solve a problem but she will always commit to being on that journey and helping that family to the best of her ability and I think people begin to trust her very early on in the relationship because she is so honest and committed to them and I think they feel that.”

“I think having somebody that has the explicit knowledge and background like [BBB Coordinator] being – having her being able to adapt the framework of Bumps, Babes and Beyond, along with the expertise that she brings ...”

Bumps to Babes and Beyond Program model

Bumps to Babes and Beyond program provided an opportunity for collaboration between agencies, with each sharing their expertise. This project provided an opportunity for a research component to be developed, a new experience for MDAS.

Various aspects of the BBB program were discussed by the community, stating the program was ...

A holistic & integrated service...

“You know, they could be areas of homelessness, drug and alcohol, various issues where we’ve been able to provide that integrated model to enhance Bumps, Babes and Beyond.

“Mallee District Aboriginal Services...we're a holistic care model ranging from conception right through to the grave. So, Bumps to Babes is sort of the more at the front end of our service delivery here at MDAS... it's one of the...priorities for our organization...the early years and getting some significant change happening there.”

“...Holistic case management, helping women meet their most immediate needs, whether that be around housing, around relationship issues, around substance use...we invite them to set their own goals and then support them...”

Tailored to clients’ needs...

“What I think works well... it’s individual, so it’s not like you must fit into this structure of the program or at this age. It’s just driven by each individual and I know of lot of clients that are part of that program and I can see how it’s so tailored to their needs...”

“So I say they are the key things - that relationship, strength based approach and the flexibility to build the program around what the client needs rather than fitting clients into the program...”

Delivered a cultural component...

“...[Mum] was looking for that indigenous aspect for the issues that she had,one of the issues was that she was dealing with her partners mum in regards to how culturally we bring... up children.... Whereas the client was trying to make a change in her life and she

had her own standards on how she wanted to bring up her child, so that was really for me that was a wow factor..."

Collaboration in the Bumps to Babes and Beyond program where Aboriginal and non-Aboriginal staff developed a shared understanding of how the program could support these mums

"I think the partnership needs to be there with QEC in delivering and providing that expert support to an ACCO [Aboriginal Controlled Community organization] and that's something that we're looking at doing in those other communities... the ACCOs take the lead but then someone like the QEC comes in with those expertise..."

Consultation with Elders and Respected Persons during the special interest research group and implementing the research interviews with mothers provided the opportunity to share in the research process.

"I think previously... Research people wouldn't of had the opportunity to actually come to us and do research on programs because in the past that wasn't allowed so I think this is a break through for us in the partnership with QEC to actually have the research person coming in and do a research on program that's being delivered here..."

Understanding Effective Program Components

Coffee and cake...

Sharing a new experience with mums allowed them to see opportunities for new ways.

"One mum was 14 and pregnant and I suggested we go out for coffee and cake to a cafe just as a way of engaging with her and she said I don't want to go the cafe. I said "why don't you want to go there". She said it's a shame job. Aboriginal people don't go to cafes and I said you've got as much right to be in a cafe as anyone else, let's go there and, you know, let's feel proud about being in the cafe and she said okay so we went and we sat down and we were having coffee and cake and I saw her texting on her phone and I said oh, what are you doing, are you sending a text, and she said I'm just writing on Facebook that I'm at the cafe with AA, so to me that was a real, you know, example of how just a simple act of taking someone to somewhere as basic as a cafe can build their self-esteem, make them feel valued, make them feel validated and, you know, hopefully they'll be able to pass that on to their children."

6.6.3 Hope and the Future of Our Community

When talking to the staff and community members (six interviewed) who had come in contact with the program and families, they discussed the program with enthusiasm and drive, underneath this there appeared to be a real sense of hope...

Effects in the community

The community discussed the health and wellbeing of Mildura's Aboriginal and Torres Strait Islander community...

"...This is way that we need to work with families to get the best success and, you know, at a macro level, the success that we're seeing around things like immunisation rates and breastfeeding rates and attendance at maternal and child health, attendance at antenatal services is, you know, way and above any other programs within this organization so, I think that really demonstrates the success that we're having using the framework that we've got."

"...The second aspect is... helping women learn about their child's development, how to promote their development, feeding, promoting immunisations, SIDS, safe sleeping, antenatal checks and then maternal and child health checks..."

The community members' acceptance and ownership of the program...

"...The cafe that we frequent, the staff there have taken it on board as well and they treat the women as though they are their most valued customers and remember the drinks that they have and acknowledge them when they come in and acknowledge the growth of their bellies or their babies and really make them feel like, you know, a valuable part of that cafe community.... it's evident that these women that I'm working with are quite marginalised and, you know, have, you know, suffered great disadvantage but going to that cafe they would feel like they are just like anyone else, as valued as anyone else in that cafe community."

"...People in the community are talking about Bumps to Babes.that's great that we're getting this, you know, word of mouth approval from endorsement from the community. Women referring friends into the program, telling family members about it so, you know, grandmothers talking about what a great...program it's been..."

"We can't keep up with the demand because the community and the mums really want to be a part of it...the workers have been able to relate to the mums and it's been so accepting within the community... you know, through word of mouth, or the way the Koori operates is, the trust has been built now, the relationship's been built now, they very, very supportive of the program because their the mums and dads that have gone through the program..."

Generational change

Comments highlighted that the community members felt that the BBB program was bringing about generational change...

"...Our mums and bubs are actually reconnecting with their culture, and this is something that they've not seen before.... - And it's happening at its very minute stages through

Bumps, Babes and Beyond, but it's – it's got the ability to actually expand and broaden and benefit throughout Australia."

"You know, what are the outcomes of all of these changes, all of the work that we're doing here, what do we want to see? We want to see sustainable communities, we want to see you know, health and wellbeing at its best for our Aboriginal people."

"I think that's fantastic way to break some of those changes in the aboriginal people; the different sort of baggage that they carry from previous generations. So if they want to make a change this is the program that's gonna start those changes."

"...If we can change a generation there, that in 5, 10, 15, 20 years from now, hopefully, we won't have the significant issues that we have now. And we know that the Koori population is booming, a very young, vibrant community, and we need to invest there now."

Many spoke about how the BBB mums would be passing on their knowledge to others and the impact of this in the future...

"...I look back to my nanna, who is – who was a beautiful Elder and she was – she was my rock ... I had my attachment with her... we've got mums that will one day become nannas, that will then support their children to become mothers. Bumps, Babes and Beyond is that change outcome that we've been waiting for. But it's only at the infancy"

"...Mums that have benefited from it so far are already passing on their – you know, their new found knowledge and skills to others – to other young mums and probably encouraging them to, you know, become a part of it. So, which in turn benefits the community because it means we're going to have more new mums out there with, you know, new knowledge and skills which is going to extend to better parenting...It's very important because we've had a lot of, you know, family relationship breakdowns because of historical trauma..."

Refining what we do

The community provided feedback about the BBB program and working to refine it further...

"...Two people in the program, to play a complementary role. I can see it lending itself to a range of different practitioners. I think it would work really well with having an Aboriginal staff member in the program as well to offer that cultural...I think that would be brilliant. I think actually just keep going and refining what we're doing."

So if we get it working well and monitored and researched and get it working better and reflect and change to readjust and you know, tighten up all the loose ends to... get it right, we're going to see some really good stuff. And this is what closing the gap all is about..."

I like to see it grow, you know, with staff capacity to then take on what – like everyone should be entitled to, every Aboriginal woman in this town should be entitled to Bumps Babes & Beyond."

“I’d like to see us be able to incorporate it into our early year services so that those, that knowledge and that research and those theories can be built into all of our programs and all of our parents can access that kind of information...”

“So, for me, the early years is critical for our organization to see significant change or in closing the gap, whether it be around health, education, employment, whatever it is, and what we've done at MDAS now is we're rolling out the Bumps to Babes model across our whole early years team...”

7 DISCUSSION

The aims of the program (4.4) are discussed in light of the experiences and reflections shared by the mothers and the community. Themes were collected from each set of interviews and have been reviewed. The discussion links these to the aims of the *BBB* research project. The discussion should be read with a historical and cultural lens.

7.1 AIM I

To reduce the number of children placed in out-of-home-care

Does participation in the *BBB* project reduce the number of children placed in out of home care?

For mothers who participated in the *BBB* program and the research, at the end of the project all children remained in their family's care. During the program, one baby was placed in the care of the family members for a short period of time and then returned to the mother's care.

The aim carries heavy cultural and historical significance. Without acknowledging *The Stolen Generation* and the ongoing trauma that is still being experienced by Aboriginal and Torres Strait Islander communities, the meaning and purpose of this aim is lost. What underlies this aim is recognition of Aboriginal and Torres Strait Islander identity, its intricate connections to family and land, and the need for "Kids safe in culture, not in care" (SNAICC, 2014).

Over the duration of the *BBB* program five children had Child Protection involvement to various degrees, highlighting the vulnerability of the families coming into the *BBB* program and confirming the need for a specialised parenting program in the region. Additionally, information gathered from the mothers at intake illustrated a range of issues being experienced, including homelessness, financial issues, substance use, mental health, and teenage pregnancy and the complexities these bring for families. Four mothers also disclosed having a history of child protection themselves. These findings were consistent with previous research highlighted in the literature review around the disadvantage experienced by Aboriginal and Torres Strait Islander communities. These common experiences highlight the disturbing effects of those first displaced from their community and land between 1835 and 1970 (*The Stolen Generation*) (DHS, 2012, HREOC, 1997).

All mothers spoke about stresses in their lives due to their mental health, lack of housing and/or lack of social and family support. These experiences correlate with previous research that identifies how disadvantage can lead to stressful family environments, which may compromise the development, wellbeing and safety of a child and in turn make them more susceptible to entering the Child Protection and/or Out-of-Home-Care system.

BBB mothers also spoke positively about the *BBB* program and its provision of practical and emotional support which alleviated stress and worry. A decrease in parenting stress is identified by Mildon and Polimeni (2012) as a positive component of a successful parenting program that can contribute to a lower likelihood of child-abuse. For *BBB* mothers, the support of the program and its positive impact on wellbeing could be seen as a contributing reason for all children remaining in the care of their mothers/families over the duration of the program.

It is recommended that future research employ provisions to allow for further follow up once families exit the program. This will allow a better understanding of the long-term outcomes and possibly identify other life stages where more parenting support/other supports may be useful.

7.2 AIM 2

To enhance the connection between the mother, her unborn child, the family and community

Does participation in the *BBB* project enhance connections for participants;

- a. Mother to unborn child?
- b. Mother and significant family members' attachment to the infant?
- c. Mother with family?
- d. Mother and child's connection to community?

Slade (pg .13, 2002) points out “...the process of keeping the baby in mind begins early in pregnancy, and at all levels of experience. It takes place on a cultural and familial level, as the broader community prepares the mother for her journey.”

From the voices of the mothers and the community the *Bumps to Babes and Beyond* project had created a safe space that harnessed the strengths of the community and its services to wrap around the family, the mother and the child.

When we talk about ‘family’ in the context of Australia’s Aboriginal and Torres Strait Islanders we are talking about a wide network of relationships that are bound together with identity, land and spirituality (SNAICC, 2011; Yeo, 2003). Aboriginal and Torres Islander child-rearing practices support a child being raised by not only their parents but also by a number of family members within their kinship networks (SNAICC 2010b). This child-rearing practice is important to understand when looking at ‘attachment,’ as a child might not only be attached to the parents, but a network of family members that provide a secure base (SNAICC, 2010b; SNAICC, 2011; Yeo, 2003). As all *BBB* mothers presented themselves as the primary caregiver for their baby, with partners, family and friends ranging

in their level of support, the following discussion tends to focus more on the attachment between mother and baby and strengthening family/community ties.

The first section of the findings (Birth 6.5.1), *BBB* mothers shared experiences of connecting with their child in utero, with some of these interactions initiated and supported by the *BBB* Coordinator. During these interviews a number of the mothers talked about the way their partner and/or child was also connecting with the baby in utero. Evidence based research promotes this connection between mother and child in utero, asserting a strong attachment developed during pregnancy correlates with a strong attachment to the newborn (Cardone et al, 1998; Grienenberger et al, 2001). It is possible the additional connections created by other significant family members with the baby in utero, may also make those family members feel more strongly attached to the baby once born.

Experiences varied for the *BBB* mothers during this time, with some mothers dealing with complex combinations of issues still present from referral, the physical state of being pregnant, a variety of difficult/traumatic birth experiences for mother and/or baby and the lack of support. As previously cited, increased stress during pregnancy can impact on the development of the baby and can also diminish the mother's ability to keep her baby in mind (Slade, 2002). This may continue once the baby is born, impacting further on development, a mother's ability to keep her baby in mind and consequently the development of a secure attachment (Slade, 2005).

There was no tool used to measure the connection or level of attachment that was present between mother and baby during the *BBB* project. The analysis of responses from mothers indicated many occasions where mothers describe interactions and moments between themselves and their child, where holding their babies in mind can be associated with developing a secure attachment (refer to 6.5.5).

EcoMaps illustrated that family support remained relatively the same from the time of intake to 6 months post birth (refer to 6.2). Majority of the *BBB* mothers highlighted that their biological family lived elsewhere in Australia and that their partner's family primarily supported them. A few mothers noted they did not feel like they had any family support. When discussing the support of family with *BBB* mothers, it became evident that for many of them the physical and emotional absence of their biological mother/family, especially during the birth of their baby was a difficult event to go through (refer to 6.5.1).

There are limited responses in the findings that relay descriptive interactions between the mother, significant family members, the community and the baby. It is possible, as many of the examples indicate that due to various stress factors, such as limited support, lack of transport and mental health, the ability to get out into the community was a difficult task in itself. Although many of the *BBB* mothers spent time with other *BBB* mothers formally and informally, as well as engaged in various groups run in the community, almost all did not associate this as engaging with the community.

It appeared that the word *community* was associated with the concept of culture. This became evident when *BBB* mothers described teaching their baby about culture and describing what kind of person they would like their baby to be in the future, highlighting how they would like their children to engage and contribute to the community (refer to 6.5.5).

For *BBB* mothers who engaged in the research over the one year period, their individual stories highlight a growing understanding and connection with their babies, significant family members and the community. It would be recommended future research track the individual stories of the mothers and their connection to their baby, both verbally and through the use of an observational tool such as NCAST (which was initially proposed for this project). Further, future research should seek to gather the voices of significant family members to get a more holistic view of the impact of the program.

7.3 AIM 3

To improve parent-child interactions

Does participating in the *BBB* program improve parent-child interaction?

- a) Are improvements seen in parental behaviours (sensitivity to cues, response to distress, social-emotional growth fostering, cognitive growth fostering)?
- b) Are improvements seen in child behaviour (clarity of cues, responsiveness to caregiver)?
- c) Are improvements seen in overall and contingent parent-child interactions?
- d) Are improvements clinically significant?
- e) Are improvements sustained over the program?

The following discussion will focus on findings related to Aim 3 (a) and (b), and the knowledge sharing in relation to learning about parent-child interactions and parenting practices. Due to availability and training the NCAST Teaching Scale was not administered, therefore all aims were not measured and Aim 3 (c) – (e) have been excluded from the discussion.

Throughout the findings there are a number of examples that point to positive and responsive behavior from both parent and child. Section 6.5.5 documents mothers/parents having knowledge of their baby's cues, describing interactions of play and bonding, and providing opportunities that foster social, emotional and cognitive growth.

Slade's (pg.270 2005) work on parental reflective functioning asserts "*it is the parent's capacity to reflect upon the child's internal experience that is so crucial to the development of a secure attachment and to a range of other developmental outcomes.*" Hence, the way in which a mother responds to her child (parent-infant interaction) may be telling about the way she

perceives her child and understands their internal experience (Huber, 2013; Slade, 200). The mother's capacity to develop reflective functioning, holding the baby in mind is a strong protective factor and enhances the parent child relationship. Regardless of there being a number of stressors which can negatively impact a parent's reflective functioning (Slade, 2005), many of the *BBB* mothers shared experiences of seeing their baby as separate beings from themselves and having their own personalities/mental states (6.5.5). The ability to reflect on their baby's experience alongside the knowledge of being able to respond appropriately to their baby's cues, may be indicative of a secure attachment between the *BBB* mothers and their babies.

Questions asked during the interview with the mothers encouraged reflective functioning and yielded a strong response when discussing their baby's personality, preference, and future hopes and dreams. It was also observed the *BBB* Coordinator used curiosity to prompt reflective functioning in the parent, for example, '*I wonder what he's trying to say?*' Recent research highlights parents with high reflective functioning and secure attachments are highly likely to pass this on to the next generation (intergenerational transmission of attachment) (Slade, 2005). Further, parental reflective functioning has been associated with improved caregiving and child outcomes particularly with children at risk and those with disadvantaged backgrounds (Schechter et al, 2005).

A component to consider when understanding the parent-infant interaction is how a parent learns to care for and interact with their child. As previously stated, Aboriginal and Torres Strait Islander child-rearing usually involves a number of family members taking responsibility for the child, and also involves younger siblings (SNAICC, 2010b, SNAICC, 2011). Aboriginal culture and parenting is one of a collectivist kinship approach (Yeo, 2003) *One Community Many Eyes*.

For many children of the *Stolen Generation*, the removal from their communities and land separated them from the cultural passing down of knowledge and role modeling when it came to child-rearing (SNAICC, 2010b; Yeo, 2003, HREOC, 1997). Mirroring this, a member in the Mildura community stated women were becoming mothers without knowing how to parent and there was a lack of role models in the community (refer to 6.6.1).

The *BBB* groups provided an opportunity for the mothers to share knowledge about parenting and observe interactions between other *BBB* mothers and babies as well as observe the development of other *BBB* babies. Section 6.5.6 describes examples of these interactions, highlighting that many of the mothers found attending the group benefitted from learning about their child and parenting strategies. A few Mildura community members spoke with hope for their community, stating the knowledge being gained from the *BBB* program, placed *BBB* mothers as good role models in the community and in a position to pass parenting knowledge onto the next generation, highlighting that changes were already being seen. The *BBB* groups provided a space where past cultural child-rearing practices can be brought into the present and be revived through sharing, support, and adapting practices to the family's individual situation. Members from the Aboriginal community attended the

BBB groups and shared their cultural knowledge. The knowledge shared and held by the *BBB* mothers being essential to the health and wellbeing of their children and the community at large.

The interview transcripts detailed the mothers' ability to describe what her child liked and enjoyed. This was evidenced by community members and observations.

7.4 AIM 4

To increase parental enjoyment and confidence in parenting

Does parental enjoyment and confidence in parenting increase after participating in the *BBB* program?

- a) Does parental confidence and satisfaction change after the program?
- b) Are changes sustained over time?

When parents feel confident in their ability to parent, they are likely to use more effective parenting practices which foster positive developmental outcomes for their child. This association may also reflect the effect of positive child outcomes on parental feelings of competence.

Experiences shared by the *BBB* mothers describe varied levels of enjoyment and confidence in parenting. During the interviews with mothers, many referred to feeling more confident in their parenting role. Increasing their knowledge around parenting, learning to read their baby's cues and understanding their development, supported parents to understand what their baby was saying. They felt confident to share this information with their partners and other mothers in the *BBB* group.

The opportunity to meet together as a group provided the opportunity for learning, developing their parenting skills and the sharing of knowledge with others. Participation in the group assisted in building parental self-esteem/confidence and parenting skills as they shared their knowledge.

The *BBB* coordinator and community members spoke of how they had observed the mothers' knowledge and confidence grow throughout the program. Future research results would be enhanced by including the use of tools appropriate for the measurement of parental satisfaction and competence within Aboriginal communities.

7.5 AIM 5

To develop parents' professional and personal social networks

Do parents' professional and personal social networks change after participating in the *BBB* program?

- a) What are the immediate changes in the amount and quality of professional and personal social networks after the program?
- b) Are changes sustained over time?

Children raised in Aboriginal communities have access to a wide network of support and through a collective community approach many eyes ensure the children are safe and happy. Many eyes include social and professional networks.

Programs for Aboriginal families are likely to be more successful when there is community involvement. Community involvement may include community consultation in the development of programs and services, employment of local Aboriginal workers, and involvement of community mentors and Elders. Community-based, owned, and controlled services have been identified as having higher success rates in Indigenous communities (Herceg 2005; SNAICC 2004).

BBB program was based within MDAS and mothers and their families had access to community members and Elders. Mothers reported this was helpful and made them feel welcomed

Comments and information gathered from the *BBB* mothers *EcoMaps* and interviews indicate that 6 months post birth professional networks increased. Social networks varied 6 months post birth with some mothers losing friends, and some creating friendship with other *BBB* mothers. The complexity of issues experienced by some mothers in the *Bumps to Babes* and *Beyond* program impacted on their ability to form and sustain friendship and social groups. The groups provided the opportunity for mothers to develop relationships with other families in a positive environment

One mother moved to another state and sought out the local Aboriginal Corporation to link with, based on her positive experiences with *BBB*.

MDAS has a suite of programs across their Early Years Services that will continue to support the families when they transition from the *BBB* program. These programs support a holistic family approach and strengthen and enhance the family's connection with culture and community.

7.6 AIM 6

To increase parents sense of wellbeing

Does participation in the *BBB* program increase parents' sense of wellbeing?

- a) What are the immediate changes in depression, anxiety and stress following the program?
- b) Are changes sustained over time?

The provision of a holistic service which addresses the individual needs of the mother and her family was effective in increasing the mother's sense of wellbeing and the family's connection to social and community life. When parents feel they have a sense of control over their lives they are more able to provide optimum care for their children.

The mothers and the *BBB* staff reported an increase in parenting knowledge and confidence and this improved their self-efficacy.

The *BBB* coordinator provided a nurturing relationship experience for the mother, between the mother and child, and within the family and the community. This provided the mothers with a sense of being cared for, that they mattered. Through the comments the mothers made they felt the *BBB* coordinator kept them in mind and were looking out for their best interests - this supportive relationship enables the mother to engage and respond to her child.

Comments from the *BBB* mothers indicate the program increases a parent's sense of wellbeing. They stated the *BBB* coordinator was someone who listened, provided support and parenting knowledge for them.

The results for the *DASS* scales (section 6.4) indicate an improvement in the level of depression, a levelling out or improvement for stress and anxiety between intake and 3 months post birth.

Further research linked to the *DASS* scales over a longer period of time would provide information regarding the reduction in depression, anxiety and stress and if this is sustained over time.

7.7 AIM 7

To help Aboriginal families meet key health promotion indicators

Does participation in *BBB* help Aboriginal families meet key health promotion indicators?

- a) Attendance at antenatal appointments
- b) Attendance at Maternal and Child Health for scheduled appointments
- c) Immunisations up to date
- d) SIDS education and QUIT education provided
- e) Term/Pre-term Births
- f) Breastfeeding rates

Please find this information under section 6.3 Mother and Baby Profiles

The *Bumps to Babes and Beyond* program was instrumental in supporting mothers so they could meet these health promotion indicators. The provision of practical support through transport, and emotional support and motivation assisted parents to keep their appointments. The familiar face for antenatal check-ups where mothers had an established and trusting relationship with the midwife and Maternal and Child Health nurse service promoted attendance at appointments.

Having access to the Koori Maternity Services (KMS) midwife and the *BBB* coordinator who spent time to supporting mothers with breast feeding, meant they were able to establish and breastfeed their babies for a longer period of time. The mothers from the *BBB* program had a higher occurrence of breastfeeding which was different from the trend for young Aboriginal mothers in Mildura.

The mothers developed strong relationships with the MDAS midwife, the *BBB* coordinator and health professionals, and co-location of services. Regular groups and individual sessions helped facilitate an integrated response for mothers during their pregnancy and after birth. These meetings enabled mothers to share knowledge of how to keep babies healthy and strong.

Emerging evidence suggests improved maternal and child health outcomes for these families are likely, if services can work more collaboratively (Myors et al. 2013).

Flexibility in modes of service, delivery and appointment times allowed opportunistic provision of scheduled health appointments. The *BBB* coordinator would negotiate a new appointment time when appointments were missed. She would support mothers to take their babies to immunisation sessions.

7.8 Limitations, Challenges and Opportunities

Participation in Research

Mothers

To gather a variety of views and experiences it was anticipated 16 mothers would be involved in the evaluation over the research period. Initially, 10 participants were engaged in the program. Of these 10, seven mothers participated in the research journey to various levels. Towards the end of the research period two more mothers joined the program and consented to participating in the research. Although the sample size is small, the data represented the thought and experience of 75% of the mothers in the *BBB* program at the time of the research.

Fathers

During the research period, some fathers were active participants in the research program – both physically and verbally. As relationships were built it was observed fathers would nod and provide non-verbal support during the research interview. Further, two fathers wanted to be part of the research and speak about the program and how it had affected them and the changes they had seen in their partner over time. These conversations appeared to create a positive effect on both the mother and the father as they began to discuss each other's strengths and areas of need. Due to the ethics process, the fathers' voices were not documented in this research document. This insight however provides a platform for future research to include a more holistic approach in including the voices of the father and even other family members involved in raising the baby and supporting the family.

Community

The research planned to gather the experiences of the mothers involved in the program. However, during the research of the *BBB* program the importance of the community voice in providing support and connection for young families was recognized. Their stories added another level of experience to the research and demonstrated the community hopes and dreams for the project

Research Process and Design

Research Schedule

It was hoped the research could gather the experiences of the mothers at certain intervals throughout their pregnancy/early parenting journey - during the third trimester, soon after birth, and at 3 months, 6 months, 12 months and 18 months. This was to understand what the mothers' individual or collective needs were, how these needs changed over time, and how the program was addressing these needs. Due to the complex nature of the issues facing these mothers, and the general life changes associated with raising a child for first time parents, some research interviews were carried out close to the anticipated intervals when mothers were available. The need to travel to Mildura to conduct the interviews limited the flexibility to change the interview schedule. Telephone interviews with these parents were conducted.

Mobility of the Communities

Aboriginal and Torres Islander families often move between communities and transition into other services or support from other services once they leave *BBB*. Laycock, et al., 2011; states – “people may move frequently between remote communities and large towns where there are more services, or between family houses in a community. Families might move seasonally between outstations and towns. Strong family ties and networks support this mobility.” Two mothers involved in the research moved interstate during the program. Catering for the mobility of mothers had not been considered prior to commencing the research, nor was it factored into the research. However, when an interview was missed by one mother, she agreed to be interviewed by phone to ensure continuity of input throughout the research.

Action research

Throughout the research journey we encountered a number of issues which impacted on how the research would unfold. Fortunately, the use of action research provided flexibility, allowing us space to work with and around the issues to still gather valuable information. The emerging themes from the analysis of the mothers' thoughts and experiences influenced the questions which were asked in the next round of scheduled interviews.

Due to ethical considerations of respect for an individual's information and privacy in a small community, focus groups were not conducted. Disclosure of mothers' personal information outside the focus groups by other participants could not be guaranteed so only individual interviews were conducted.

The flexibility of Action Research provided us with the space to work with and tailor our research to focus in on what was important to the participants and the community (Fredericks, 2008; SNAICC, 2010b). When challenges arose, the cyclic nature of this method allowed us to reflect, plan and to continue following the research path prompted by the findings (SNAICC, 2010b).

Reflective space

Aboriginal research highlights that questions can be seen as intrusive: Martin, 2008 p 95 “direct questions are considered intrusive, disrespectful and damaging to relatedness.” The research questions were set; but they were woven through a conversation with each participant. The space and conversation was open ended and allowed the mothers to have control of conversation directions and topics – thus following the mothers lead. Those mothers interviewed appeared responsive to questions asked in this manner, which could indicate a level of trust and a feeling of cultural safety. The researchers maintained their reflections, thoughts and experiences of parenting, and memories of their baby.

Engaging the community

Partnerships between the researchers, cultural mentor and the community benefit everyone.

- The researchers develop knowledge and an understanding of working with Aboriginal and Torres Strait Islander peoples.
- The community mentor develops further research skills.
- The community gets both the research outcomes and a practical understanding of the research journey and assists with keeping the research on track. (NHMRC 2006)

Time was spent developing an understanding of the issues in Mildura by speaking to MDAS workers and other community workers, and Elders from the community.

Having the support of MDAS and the management team was important, since community understanding of the purpose of the research built project momentum. Once the mothers in the group saw how valuable their input and experience was to the program, there appeared to be a greater sense of ownership and willingness to participate – maybe they felt they were part of a change process – they were intimately involved – and the opportunity to be change makers. (Laycock, et al., 201)

Mothers in the research project were able to see the relationship built between the researcher and coordinator which created a relationship of mutual trust. Engaging during lunch with local community members and staff brought the research to life, which built an understanding of the context. The researcher was not seen as an outsider, but rather as interested in embedding oneself into the community. The researcher and BBB coordinator engaged in women’s business and were welcomed to country by an Aboriginal Elder. Indigenous research states it is important to undertake a process of immersion, of coming alongside and then coming amongst the research contexts, Peoples, Stories and Knowledge.” (Martin, 2008).

Opportunities

During the research period, the *Bumps to Babes and Beyond* program received a number of awards.

- NAPCAN Play Your Part Award 2012 - Victoria regional award
- Mildura Innovations awards 2014
 - Innovative community program

Mothers from the program accepted the award on behalf of the program. One mother had the opportunity to co-present with the BBB Coordinator at 2013 SNAICC National Conference to share the key learning for the program.

As part of the program, MDAS is looking to use mothers from the program to become mentors for those mothers who are beginning their parenting journey.

Group component

The presence of respected Aboriginal Elders/community members enabled the mothers to feel secure as they shared their experiences in the early research interviews. These community members were also involved in the project through the research interest group.

The engagement of an Aboriginal elder or community member in future group sessions would ensure the transfer of cultural knowledge, provide mentoring and support for the young mothers.

Women's entry into the program was staggered and they were at different stages of their pregnancies and their parenting journey. During the early months of the BBB program, individual visits at a mother's home or at MDAS were the priority, as the BBB coordinator addressed concerns with the mothers.

Women also participated in informal groups (at a café) and this was popular as evidenced by the attendance at such events. These informal group settings were utilized however to bring up topics of interest to the women (and men) who attended. This provided the opportunity for women (and men) with older children to share their experiences and strategies for dealing with challenges (sex after childbirth, breastfeeding, self-care etc.)

Place based solutions

The gathering of thoughts and experiences of mothers and analysing the successful components of the program provided evidence of a developing place-based solution through the use of the action research.

The BBB program sought to address the collective problems of young Aboriginal women and their families in their local community in Mildura. It provided a local response to address local disadvantage and social isolation for a marginalised group in the community. The

identification of successful components of the *BBB* program resulted in changes to how services are delivered into the future.

The *BBB* program shows positive cross agency collaboration with Child Protection Services and universal services in Mildura.

The research acknowledges the success of a place-based program is reliant on the contribution of both families and communities.

Recommendations

1. Funding for intensive programs that are culturally appropriate and provide individualized long term support from antenatal care to toddlerhood.

It is recommended the program should be expanded beyond the initial pilot stage to ensure further research of the efficacy and impact of the model.

BBB program was successful at both a service user and program level. It met the specific needs of a significantly disadvantaged and at risk group of mothers and some fathers. It strengthened parent-child attachment and reduced risk to infants. It supported mothers to maintain the care of their children.

2. The successful components of the program support the *BBB* program and the group sessions to become more integrated into the future service delivery model.
3. The number of staff engaged in the provision of the *BBB* program should be increased.

“Three days a week is nowhere near enough. Even for 8 to 10 clients you'd need a full time person in this role.”

“I think it would work really well with having an Aboriginal staff member in the program as well to offer that cultural component”

Due to the intensive nature of the program, case management and early parenting support that staffing mix should be expanded to include a coordinator and another parenting support worker. These should be highly skilled and experienced practitioners

4. Future implementation of the program should include additional funding to include program coordination and include a brokerage component. Support through brokerage would enhance the ability of the *BBB* program to respond in a timely manner for requests for material support.

5. Open to all Aboriginal women not just those mothers who are seen as highly vulnerable.

“... like everyone should be entitled to, every Aboriginal woman in this town should be entitled to Bumps Babes & Beyond”

“... would be a model that we want to use for all mothers, not just the high risk mothers, but for all mothers.”

6. MDAS and QEC shares the findings of the action learning project with government departments to encourage them to fund programs such as *Bumps to Bumps and Beyond* program as part of a suite of early intervention programs for families with vulnerabilities.

8 CONCLUSION

The reverberating trauma of the *Stolen Generation* has seeped through from generation to generation, and for a number of communities has displaced their identity, knowledge and practices that are central to raising a child. This history alongside the current health status of Aboriginal and Torres Strait Islander people and recent research on infant development and trauma provides a strong argument for why programs such as *Bumps to Babes and Beyond* are essential for facilitating change and promoting the health and wellbeing of Aboriginal and Torres Strait Islander people.

The *Bumps to Babes and Beyond* model comprises a holistic, integrative and place-based approach. The project promotes evidence-based practices, the family partnership model, and a cultural lens to develop an understanding of the mother and her family's experience. It requires skilled workers who build strong relationships with the mother and are able to support her to develop goals and strategies and walk alongside her to achieve these. The best interest of children are paramount and workers support mothers and families to ensure children reach their potential.

The *Bumps to Babes and Beyond* model and project has been successful in many aspects, showing a decrease in maternal depression, high breastfeeding and immunisation rates, high MCHN attendance, an increase in community supports and no removal of children from their families at completion of the program. Interaction, as described by parents, supported many mothers and bubs to have secure attachments; there being positive and responsive behaviours from both parent and child. Furthermore, mothers valued and depended on the physical and emotional support of the program provided by the coordinator as well as the other mothers in the *BBB* group.

The voices of the mothers and the community presented in this report illustrate some of the highs and lows of the parenting journey and share their hopes for their children, families, community and generational change. Their voices are valuable contributions that will add to the limited knowledge base of parenting program specific to the needs of Aboriginal and Torres Strait Islander communities. Further work needs to be done to refine the project as well as ongoing research to ensure the programs we offer families meet their needs.

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10 APPENDICES

Appendix I: Research Questions & Measures

Aim 1	To reduce the number of children placed in out-of-home-care
QUESTIONS	Does participation in the <i>BBB</i> reduce the number of children placed in out of home care?
MEASURE	<ul style="list-style-type: none"> The number of children removed from their parents care during the program

Aim 2	To enhance the connection between the mother, her unborn child, the family and community
QUESTIONS	Does participation in the <i>BBB</i> enhance connections for participants; <ol style="list-style-type: none"> Mother to unborn child? Mother and significant family members' attachment to the infant? Mother with family? Mother and child's connection to community?
MEASURE	<ul style="list-style-type: none"> Interview responses

Aim 3	To improve parent-child interactions.
QUESTIONS	Does participating in the <i>BBB</i> program improve parent child interaction? <ol style="list-style-type: none"> Are improvements seen in parental behaviours (sensitivity to cues, response to distress, social-emotional growth fostering, cognitive growth fostering)? Are improvements seen in child behaviour (clarity of cues, responsiveness to caregiver)? Are improvements seen in overall and contingent parent-child interactions? Are improvements clinically significant? Are improvements sustained over the program?

MEASURE	<ul style="list-style-type: none"> • Interview responses
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Aim 4	To increase parental enjoyment and confidence in parenting.
QUESTIONS	<p>Does parental enjoyment and confidence in parenting increase after participating in the <i>BBB</i> program?</p> <p>a) Does parental confidence and satisfaction change after the program?</p> <p>b) Are changes sustained over time?</p>
MEASURE	<ul style="list-style-type: none"> • Interview responses

Aim 5	To develop parents' professional and personal social networks.
QUESTIONS	<p>Do parents' professional and personal social networks change after participating in the <i>BBB</i> program?</p> <p>a) What are the immediate changes in the amount and quality of professional and personal social networks after the program?</p> <p>b) Are changes sustained over time?</p>
MEASURE	<ul style="list-style-type: none"> • Interview Responses

Aim 6	To increase parents sense of wellbeing.
QUESTIONS	<p>Does participation in the <i>BBB</i> program increase parents' sense of wellbeing?</p> <p>a) What are the immediate changes in depression, anxiety and stress following the program?</p> <p>b) Are changes sustained over time?</p>
MEASURE	<ul style="list-style-type: none"> • Interview Responses

Aim 7	To help Aboriginal families meet key health promotion indicators.
QUESTIONS	<p>Does participation in <i>BBB</i> help Aboriginal families meet key health promotion indicators?</p>

	<ul style="list-style-type: none"> a) Attendance at antenatal appointments b) Attendance at Maternal and Child Health for scheduled appointments c) Immunisations up to date d) SIDS education and QUIT education provided e) Term/Pre-term Births f) Breastfeeding rates
MEASURE	<ul style="list-style-type: none"> • Intake/referral form and family records/progress notes • Interview responses

Appendix 2: Interview Questions

Pre Birth

Individual Interview Questions Pre Birth

1. Can you share with me what it was like for you when you found out you were pregnant? (prompts – how far along? How did you feel – initial reaction? Who did you tell/who was around? Was it planned?)
2. When you think of what kind of mum you would like to be, what comes to mind? (Hopes and Dreams/Expectations)
3. When you think of your baby, what kind of person would you like him to be? (Hopes & Dreams)
4. We can start building a bond with our babies before they are born. What makes you feel connected to your baby? (bonding before birth)
5. What have you had to do differently after you found out you were pregnant? (preparing for motherhood)
6. What kind of things do you think will change for you once baby is born? (Expectations/preparing for motherhood)
7. During pregnancy we all need some support. Who have you got around you that supporting you at this time?
8. What things have you found useful so far in preparing for the birth?
9. How did you become involved in the *BBB* program?
10. Some families see culture as playing a very important part in their life. What does culture mean for you?
11. Has being in the program given you the opportunity to meet other parents?
 - a. How has this helped you understand what to expect as a parent?
 - b. How has this helped you understand what to expect from you baby?
12. Has *BBB* program increased your knowledge about using other services for you and your baby?

Post-Birth

Time 1

Individual Interview Questions Round 1

1. Can you share your experience of being a new mother?
2. What have you found useful in preparing you for your baby?
3. Have you found *BBB* useful?
 - a. Can you tell me some of the things that have been useful?
4. As a new mother we all need some support. Who are you using to support you?
5. Can you tell me about your experience of meeting with other mothers in *BBB*?
 - b. Has being in the program given you the opportunity to meet other parents?
 - c. How has this increased your knowledge of being a parent?
 - d. How has this increased your knowledge about your baby?
6. Has *BBB* program increased your knowledge about using other services for you and your baby?
7. If there is one thing I could say about *BBB* program it would be.....

Time 2

Individual Interview Questions Round 2

1. Can you tell me how your baby had developed since we last spoke?
 - a. What have you noticed him or her doing?
 - b. What's your baby's personality like? What does he/she like/dislike?
2. Have you noticed your baby playing?
 - a. What does he or she like to do?
3. What are the things you enjoy doing with your baby?
4. What are the things you enjoy about being a mum?
5. What are some of the ways your baby connects with you?
6. The birthing experience can be difficult and it can take time to recover (we may have talked about this a little last time)
 - a. What is your experience?
 - b. What are your thoughts/feelings now?
7. Have you found the *BBB* program useful over the last few months?

8. Can you tell me about your experience of meeting other mothers in BBB
 - a. How has this increased your knowledge of being a parent?
 - b. How has this increased your knowledge about your baby?
9. Has the *BBB* program increased your knowledge about using other services for your and your baby?
10. If there is one thing I could say about the *BBB* program it would be....

Time 3

Individual Interview Questions Round 3

1. Can you tell me how your baby had developed since we last spoke?
 - a. What have you noticed him or her doing?
 - b. What's your baby's personality like now? Has it changed?
2. What are some of the ways your baby connects with you?
3. Some families do activities together like celebrating family events, community activities, church and meeting with other groups of people.
4. Since we last spoke, what have you had to do to keep up with how your baby is growing? (Bathtime, Playtime, Bedtime, Feeding.)
5. As a parent, how has your life changed since having a baby?
6. Who do have supporting you as a parent?
7. What have you learnt from the *BBB* program about services for your baby?
8. Has the *BBB* program been useful over the last few months?
9. Some families from *BBB* like to meet together and talk about being parents and their babies...
 - c. How has this changed what you do as parent?
 - d. How has this changed what you do for your baby?
10. Although he/she is little now, what do you imagine your baby will be like when they grow up?
 - e. What do you think they will need to be this kind of person?
11. If there is one thing I could say about the *BBB* program it would be...

Time 4

Individual Interview Questions Round 4

1. Can you tell me how your baby has developed since we last spoke? (development)
 - f. What have you noticed him or her doing?
 - g. What's your baby's personality like now? Has it changed?
2. What are some of the ways your baby connects with you? (attachment)
3. What special places and activities do you like to take your baby to? (culture/community)
4. Which family members, friends and people in the community have you noticed your baby connects to? (culture/community)
5. For some families, connection to their culture, country or religion is an important part of their life/ how they understand the world. (culture/community)
 - h. What does your connection look like?
 - i. What would you like your baby's connection to look like?
6. When you look back over the last months, can you remember times that: (confidence/satisfaction)
 - j. Made you feel really good about being a mum? tell me about that
 - k. Made you feel stressed or a bit unsure about being a mum? tell me about that
7. Who do have supporting you as a parent?
8. What have you learnt from the *BBB* program about other services available for your baby?
9. Has the *BBB* program been useful over the last few months?
10. If there is one thing you would like to share with other parents what would it be?

Time 5

Individual Interview Questions Round 5

1. As your baby grows what are the important things you would like him/her to know?
2. What would you say are your biggest strengths as a mum?
3. If someone close to you had to describe what kind of mum you are, what do you think they would say?
4. Pregnancy can be a really exciting time for some, and sometimes a little scary for others, looking back...

- a. What was most important for you during this time?
 - b. What was the most important thing you learned about your baby during that time?
 - c. How did you and your baby connect during this time?
5. When you look back over your journey,
 - a. When did you think you needed the most support? (Pregnancy, post birth, 6 months, etc)
 - b. What made the biggest difference?
 6. For some families, connection to their culture, country, community, or religion is an important part of their life/ how they understand the world. (culture/community)
 - a. Can you tell me about the connections you have?
 - b. Can you tell me about the connections you would like your baby to have?
 7. Thinking about the future,
 - a. As your time with the *BBB* program finishes, what other support or services do you think you will need/link into? (crèche/daycare, other groups)?
 8. If there is one thing you would say to other parents about the program, what would it be...?

Staff interviews

1. What is your involvement with the *Bumps to Babes and Beyond* program?
2. What is your understanding of what the program provides? Is there a need for this the community?
3. What has worked well for the program?
4. What have been the barriers/challenges for the program?
5. What changes have you seen? If any? (Parents, Partners, Babies, Community, Own perspective, other?)
6. Is there any aspect about the program that you would like to see changed?
7. If there was one thing you had to say about the *Bumps to Babes and Beyond* program, what would it be?
8. Any further comments?