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Evaluation of the Cradle to Kinder programme for Aboriginal mothers and their children: perspectives from the women and their workers

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Abstract

This research was undertaken on the lands of the Wurundjeri people of the Kulin nation. We pay our respects to Elders of the past, present and emerging, and also acknowledge the generous contribution to this research made by women and their families and Victorian Aboriginal Child Care Agency (VACCA) staff. Aboriginal Cradle to Kinder (AC2K) is a home-visiting and advocacy programme focussed on promoting Aboriginal maternal and child health during both pre- and postnatal stages of parenthood which was delivered by VACCA, an Aboriginal Community Controlled Organisation. While there have been some feasibility assessments conducted on AC2K, no study to date has evaluated the impact of this programme from the perspective of neither the women nor the staff who deliver the programme. The aim of this study, therefore, was to evaluate how both the women and the staff evaluated the AC2K programme, namely the strengths, limitations and recommendations of the programme. Through consultation with VACCA, this study used a qualitative approach using interpretative phenomenological analysis to explore the processes underpinning the programme coupled with participants' experiences of the programme. A co-design process was used in the development of interview questions, and a total of seven women and six workers participated in semi-structured interviews. The results revealed three superordinate themes across both participant groups: cultural connection (i.e. how well the programme facilitates cultural connection), system complexities (i.e. caseloads, staff turnover and child protection [CP] difficulties) and programme features (i.e. parenting enhancement and unique programme benefits). The processes, and the programme more broadly, were evaluated positively by both the women and staff who supported its delivery. Specifically, a greater connection to culture, increased parenting skills and unique programme benefits were reported. However, there were recommendations on how the programme could be further strengthened, including negotiable caseloads with the Department and improved partnership with CP. These changes can help to further improve the experiences of both the women and their workers when engaging in Aboriginal specific maternal health and well-being supports.

Overview

While health outcomes have improved markedly for infants and mothers globally, Aboriginal people still experience poorer maternal and child health outcomes than non-Aboriginal mothers (Kildea et al., 2010). To address this, significant resources have been invested in developing and implementing Aboriginal maternal healthcare programmes which provide early and prolonged support. While in the past decade there has been a focus on evaluating these programmes, the vast majority do not focus on end-user and staff perspectives (Jongen et al., 2014). Yet, the inclusion of Aboriginal knowledge and practice guidelines is fundamental to the effectiveness and sustainability of Aboriginal-based healthcare programmes (Bainbridge et al., 2015). This article, therefore, evaluates a home visiting programme focussed on promoting Aboriginal maternal and child health outcomes, from the perspective of both the Aboriginal mothers who engaged in the programme and the workers who facilitated the programme. In turn, this article gives a voice to both Aboriginal people and workers in this space, which has often been ignored in the development and application of programmes, perpetuating the cycle of ineffective and culturally insensitive programmes of support.

Introduction

Aboriginal families have disproportionately higher rates of child abuse/neglect substantiation and child removal than non-Aboriginal families. Indeed, statistics show that Aboriginal children are almost seven times more likely than non-Aboriginal children to be the subject of substantiated reports of harm (Australian Institute of Health and Welfare, 2018). This is concerning given the detrimental effects that child removal can have on both the child (i.e. placement instability, poor educational and employment outcomes, mental illness) and their biological family (i.e. stigma, financial insecurity, poor psychological outcomes) (Broadhurst & Mason, 2017; Morriss, 2018). Research has shown that programmes which provide early, targeted antenatal support tend to result in more positive outcomes for the mother and infant as compared to when these programmes are inaccessible (Brunton et al., 2014).

One type of programme that targets mothers and infants needing antenatal support is home visitation (also termed Cradle to Kinder). Home visitation programmes, which were developed to provide intensive support for mothers at risk of child removal, are characterised by the following: frequent home visitations (weekly), tailored support that enhances the mother's parenting capabilities and referral to wider health services (Azzi-Lessing, 2011; Olds et al., 1997). Evidence has shown home visitations programmes result in a number of positive outcomes, including mothers being more emotionally responsive to their infant, increased rates of breastfeeding and reductions in intimate partner violence (Bair-Merritt et al., 2010; Kemp et al., 2011). In relation to Aboriginal people, the effect of maternal home visitation programmes was examined in a systematic review by Jongen et al. in 2014. In total, 23 studies were included in the review that evaluated a maternal child health service for Aboriginal people. The results showed that the greater proportion of these programmes (52%) were operated from an Aboriginal Community Controlled Organisation (ACCO) and the main intervention type was the provision of antenatal and postnatal care. Improved outcomes were reported in terms of increased antenatal attendance and higher infant birth weight. However, the methodological quality of the studies varied significantly (i.e. pre/post studies vs. randomised controlled trials). As useful as these findings are, no study to date has evaluated how Aboriginal mothers experience the process of engaging in home visitation programmes. Yet, in light of the prior historical events which have impeded Aboriginal people's trust in research and evaluation (i.e. over-assessment, research being controlled by non-Aboriginal people and research which is based towards a colonising society; Bainbridge et al., 2015), it is essential that the Aboriginal voice be heard and embedded into future programme iterations to ensure that a high level of respect is demonstrated. Successful implementation of health programmes should be tailored to support the needs of both the end user and those who facilitate delivery, such as the workers, and ensure any barriers to uptake are rectified (Proctor et al., 2011).

The aim of this study, therefore, was to represent the voices of both the women and their workers engaged in an Aboriginal home visitation programme, termed Aboriginal Cradle to Kinder (AC2K). Specifically, this study evaluated the processes needed to deliver a programme for Aboriginal people (e.g. enhancing community child-rearing practices, cultural connection, enhancing parenting skills informed by Aboriginal cultural principles), from the perspectives of both the women and the staff who facilitated the delivery of the programme.

Methods

Programme description

AC2K was designed as an intensive antenatal and postnatal Aboriginal home visitation programme that starts during pregnancy and continues until the infant is aged 4 years. Home visitations were delivered by the same worker, on a weekly basis, and aimed to provide integrated and coordinated support to achieve positive outcomes for both the mother and child. The key areas of focus included the following: strengthening the mother's parenting skills and confidence (e.g. feeding infants), supporting healthy infant development (e.g. removing harms from the environment), encouraging healthy lifestyle behavioural change (e.g. drug and alcohol reduction and healthy nutrition) and enhancing connection to culture and addressing wider psychosocial challenges (e.g. financial and housing instability and connection to community and culture). Through these areas of focus, the programme is designed to build the capacity of vulnerable Aboriginal mothers to provide for their children's health, development and safety by providing an integrated and coordinated service which commences before the birth of a child. Services are provided by a multidisciplinary team with knowledge and skills in casework support with Aboriginal families and the care and development of infants and young children. Practice is focussed on working in partnership with parents to address both adverse life circumstances and parenting needs, implementation of measures to achieve positive child outcomes and responding to the changing needs of the family over time.

The eligibility criteria for the programme included that the mother identifies as Aboriginal, is aged 25 years or less and the infant has been identified as at risk (i.e. through a child protection [CP] report or due to a number of vulnerability indicators present). The programme is voluntary, and referrals can either be directly initiated by the family or indirectly initiated through Child FIRST (the Universal Victorian referral gateway to family services).

This place-based multi-disciplinary programme was delivered by the Victorian Aboriginal Child Care Agency (VACCA), an ACCO that aims to respond to the needs of Aboriginal children, families and other vulnerable members in the community. The programme was delivered in Victoria from January 2014 to January 2017, and the evaluation was conducted from January 2018 until January 2019. VACCA implemented an Aboriginal designed model of the programme to meet the needs of Aboriginal people which differed from the mainstream Cradle to Kinder programme due to the engagement with culturally appropriate resources and information to deliver to the families and connection to the Aboriginal community and culture, through which the workers considered the extended family, clans and kinship systems when planning action for the family. Delivery of holistic assistance and support was delivered to a total of 30 families living in the north of metropolitan Melbourne, with a full caseload of eight women per fulltime worker as set by the Department of Health and Human Services. The support was tailored such that it could be delivered to both the mother and father; however, generally it was the mother who was the primary guardian of the infant and the recipient of the AC2K support.

Participants

This study sample was structured to represent those who assist in the delivery of the programme (i.e. workers) and women who had received the programme (i.e. Aboriginal mothers). The workers and the women were excluded from the study if they did not have at least 6 months of experience in delivering or receiving the programme, respectively. A total of six workers ($M_{age} = 34$ years, $SD_{age} = 6.37$ years, all female) and seven women ($M_{age} = 24$ years, $SD_{age} = 6.05$ years) participated in this study, bringing the total sample size to 13. The staff members, on average, had been working within the programme for 2 years. Small-to-moderate sample sizes are desirable in Interpretative Phenomenological Analysis (IPA) as they allow a more meaningful analysis that does not compromise the idiographic nature of the analysis (Smith et al., 2009). Participant recruitment was facilitated by the VACCA AC2K staff members, who first discussed the research project with potential participants (both women and workers). Potential participants who were interested in participating allowed their phone number to be provided to the researcher who followed up the individual via the phone and explained the consent form in more detail. When the interviews commenced, most of the mothers had finished the programme and, as a result, some were lost to follow-up due to outdated contact details. For the mothers who did engage in the programme, the majority had finished the programme (six of the seven). It is anticipated that this would have minimised response bias; however, this cannot be known for certain.

Procedure

Written informed consent to participate in an audio-recorded interview was obtained from all participants. The consent forms were developed with Aboriginal VACCA AC2K staff members to ensure they were comprehensive and inclusive of appropriate ethical principles (i.e. cultural property rights). Semi-structured interviews were conducted via the phone with the workers ($M = 50$ minutes, $SD = 15.23$ minutes) and the women ($M = 24.43$ minutes, $SD = 6.93$ minutes). The women were reimbursed with a $20 gift voucher following their participation. This study was approved by the Monash University Human Research Ethics Committee (Project Number: 12213), and all procedures were in accordance with both the Australian Psychological Association guidelines for research (Australian Psychological Society, 2007) and the guidelines outlined in the National Health and Medical Research Council: Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities (2018). A steering committee (i.e. a group that included VACCA AC2K staff, researchers and advisors from the Department) met quarterly to ensure that the implementation of the project adhered to the ethical guidelines reference above.

Materials

Consistent with the Aboriginal and Torres Strait Islander Peoples ethical guidelines described in the National Health and Medical Research Council, the interview schedule was devised and piloted through discussion with programme experts. Specifically, seven VACCA AC2K staff members (three were Aboriginal and four non-Aboriginal) and two researchers from Monash University (non-Aboriginal) participated in a half-day participatory workshop to identify appropriate interview questions. After the researchers presented information regarding the research evaluation plan, the programme experts were asked to consider interview questions for both staff and clients. Through this discussion, questions were presented to the entire group and only those questions on which everyone agreed were included in the interview schedule. This engagement with VACCA staff members helped to ensure ethical research practice and minimise the likelihood of unintended consequences such as culturally insensitive interview questions. The resultant total of 15 open-ended questions made up the interview schedule and were asked of participants during a one-on-one phone interview. The questions were designed to gain an in-depth understanding into the process of the programme and the participants' experiences. Example questions included the following: 'To what extent were you trained to deliver the programme adequately?' and 'Can you recall a time in which the programme helped you to achieve a positive outcome?'. The interview questions were comparable between the workers and the women to enable comparison. However, the questions were also designed to be sufficiently open so as to facilitate the emergence of novel information. The lead researcher from Monash University (R.O.) completed the interviews which were recorded using an encrypted digital device and subsequently transcribed verbatim.

Data analysis

IPA was selected to analyse the qualitative data (Hycner, 1985), as this method allows an exploration of a person's account and perceptions of an event as opposed to produce an objective assessment of the event (Larkin et al., 2006). This dynamic process is essential in understanding an event, such as delivering or receiving the AC2K programme, which is highly subjective and emotionally laden, and unlikely to adhere to an objective set of evaluations.

Data were analysed in accordance with principles of IPA with each transcript initially treated as a discrete individual case (Smith et al., 2009). The analysis proceeded on a case-by-case basis before any attempt was made to make interpretations across cases. The first author led the analysis, which commenced with reading and listening to each individual account. During this phase, initial observations were noted down before being set aside for subsequent review. Initial codes were grouped into descriptive themes, according to similarity of content or connections between them. Connections between themes were explored by considering similarities, differences, contradictions and potential interactions. These higher order themes were then grouped into superordinate themes, and each superordinate theme thus contained a number of related subordinate themes.

To facilitate the credibility of the findings, an IPA group was formed in which four researchers (three of which were Aboriginal) assisted in reviewing the coded transcripts and auditing the themes generated in the analytic process. The Aboriginal researchers were also tasked with checking to ensure that the culturally specific information in the transcripts was appropriately represented within the themes. Data saturation was achieved by the sixth and seventh worker and woman, respectively, as no new themes were uncovered.

Results

Three superordinate themes (in bold and italicised) emerged from the analysis. The first theme was related to participants' experiences of connecting to their Aboriginal culture. The second theme addressed system complexities attached to the programme. The final theme explored programme features and the impact these

had on participants' experience. Each superordinate theme is represented by a number of related subordinate themes (in italics) and described in detail below.

Culture

This first superordinate theme of culture was discussed at length by both the women and their workers. It included three subordinate themes: connection to culture, the Aboriginality status of the workers and cultural training.

Connection to culture

Clients. It was clear from all participants that culture is central to the participants' identity, health and well-being. The women who desired to engage with their cultural traditions, and their workers agreed that the programme had facilitated this in a myriad of ways, as recognised in the following comment:

> *The AC2K programme helped me get my papers. I struggled connecting back with my culture, but they took a lot of time to help me. We went through my family history, and I managed to get my proof of Aboriginality last year through the programme.* [Client 1]
>
> *My AC2K worker even helped me trace my family tree so I actually worked out where and when the Aboriginal part came into my family, which was good.* [Client 4]
>
> *They are all about culture. They are really good with support and cultural needs, and that is a priority within VACCA. They are always good with stuff like that.* [Client 3]

Workers. It was recognised by the workers that not all of the families were comfortable in exploring their culture in depth, but this issue was addressed through various means as indicated by one of the workers:

> *The C2K cultural day holiday programme was one of the things which I was very proud of as it was one of the first programmes to have an Aboriginal focus that the case workers were involved in. That was quite unique, and I think it was important to create that space where the clients could do all these different things around culture. It becomes a community thing as it created friendship bonds between clients, which established a cultural community for them.* [Worker 3]

Importance of cultural training

Workers. In terms of the delivery of cultural training, the workers highlighted that while non-Aboriginal workers were mandated to attend cultural training, Aboriginal workers were not. This rule was evaluated as problematic as it assumes Aboriginal workers all have the same understanding of Aboriginal culture because they are Aboriginal. Yet, the workers felt it would be more appropriate if all workers were trained in cultural awareness together, which, in turn, would ensure the cultural components of the programme were delivered in a consistent manner:

> *There was training at the start of the programme that you would attend if you were a non-Aboriginal worker, but not if you were an Aboriginal. I don't think cultural practice just comes down to Aboriginal versus non-Aboriginal – it is much deeper than that. Everyone having a much better understanding of what culture means to the individual and differences between subcultures and within a culture and how you work with that is really important.* [Worker 4]
>
> *I do think there is room for the provision of ongoing cultural training to always be learning and thinking about things in that cultural way about what is respectful and what is appropriate and what isn't, for all staff, irrespective of their cultural heritage.* [Worker 2]

Programmatic features

The programmatic elements and their impacts upon the women made up the third and final superordinate theme that emerged from the data. Within this, two subordinate themes were identified, these being 'increasing parenting skills' and 'unique programme benefits'.

Increasing parenting skills

Workers. The majority of workers recognised a need for more intensive programme training that specifically supported workers to enhance the family's parenting abilities, with Worker 4 commenting: 'As part of the programme, I think people should be mandated to go to a specific AC2K training . . . You need intensive technical and clinical skills'.

Clients

Workers reported wanting more training in parenting interventions, but this was not represented in the women's observations. Rather, the women reported a direct association between the programme and a significant improvement in their parenting skills as demonstrated in the examples below:

> *I have enjoyed getting a lot more confidence in my parenting. As someone who never really had very good parenting, having the worker there is really, really helpful. With someone who is young, you are just a baby yourself and you are only just starting to become independent, but then you have someone else to care for as well. Having more knowledge, support, getting to know things and getting AC2K to help really has been the best.* [Client 1]
>
> *When it comes to my babies, I learnt how to support the babies, learning their behaviours and why they cry and certain things like that. I got a lot of support about different needs of the babies and their different patterns of behaviours.* [Client 3]

Unique programme benefits

Clients. Some unique benefits of the programme, in comparison to other maternal health programmes, were identified from both the women and their workers. Firstly, the women reported that, in addition to enhancing their parenting skills, the programme facilitated improvements in other areas of their life (i.e. physical health, psychological well-being, social connectedness and employment):

> *I was supported to do a civil construction course. They supported me with daycare for my son at the time. I really wanted to do the course, but was not sure how to get around with the baby. They recommended the day care centre and they helped me with the paperwork. I would not have attended the course if it wasn't for them.* [Client 3]
>
> *She has helped with information on calming exercises and things to help me do instead of yelling. She finds information everywhere and gives it to me to help me try and ease my way through it without having to yell. That has been fantastic, but it is still a work in progress. That has really helped.* [Client 4]
>
> *What I love about this programme is that it is around for a long time. I have been a part of other programmes that are short-term, so you don't get the same sort of support.* [Client 4]

Finally, the programme's early intervention during the antenatal stage was identified by the women as critically important:

> *I think it is really good to have a supportive worker during your pregnancy. I found that really helpful with my pregnancy. I got a lot of support and help to appointments, check-ups and getting ready for the baby. It is basically just preparing for the baby. It was really good to be supported during that time.* [Client 3]

Workers. Furthermore, the workers highlighted the longevity of the programme as a significant strength which allowed for more difficult issues to be addressed. Their comments reflect this as follows:

A family to engage with VACCA sometimes comes with a cultural load or history, so you need that time to engage and also commit to working on the more substantial problems. [Worker 1]

The length that you can work with the families for is a real strength. You can really evaluate and see the changes in the 4-year period. With that time, you can build that relationship and see the changes so that hopefully when they have their next kid, they will not need ongoing intervention. [Worker 5]

We really look at the strengths of the parents and build those strengths so they can see their own accomplishments and build that independence as well. Having a 4-year programme is a really good amount of time to really get change going. Most programmes might go for only 3 months, 6 months or a year at most. [Worker 3]

Comprehensive support

Clients. The women referred to the AC2K programme as providing a level of support that they had not experienced before providing statements like the following:

When it comes to support, they have always been really, really good. Whenever I had an issue, they have come in and we have dealt with stuff straight away and they have put in good supports. They have always had a solution. [Client 3]

I would recommend AC2K to other people as well because it is more family-based than a support kind of thing, which is a good thing. You feel like you are talking to a family member instead of a worker. You have those who come out for support and who don't often get the full connection, but with the AC2K programme, they are not just working with the child, they are working with the entire family. [Client 4]

Moreover, the women referred to how helpful it was having the staff attend the hospital setting before they arrived home. This also supported the women to remain in hospital if they needed so.

It [the support] was really good. They came into the hospital 2 days after I gave birth and they were asking how I was going. I said that I did not feel ready to go home, so they talked to the nursing staff about keeping me a bit longer, so that was good. [Client 7]

Moreover, the women mentioned various other support services to which they had been referred by their AC2K key worker. This, in turn, helped the women to address wider health and well-being issues they were experiencing.

When my mental health went really downhill, they put me in mental health stuff like programmes and courses to reduce my anxiety and took me to appointments when I needed as well. It has been really helpful the last 5 years. [Client 6]

System complexities

The third superordinate theme that emerged from the analysis was the complexities of the overarching system. This theme included three subordinate themes: manageable caseload, retention of staff and managing the complex relationship with CP.

Negotiating a manageable caseload

Workers. The caseload of eight families per full-time worker, which was the target set by the Department of Health and Human Services, was identified by the workers as a difficult target to maintain.

In the structure, the AC2K workers had eight cases, eight families, which is far too many. If we are looking for that real, on the ground, practical support, let's try again tomorrow kind of thing – you can't do all that with eight families. [Worker 1]

The workers highlighted that the families had complex needs and thus required intensive support. Managing eight families at one time could impede the worker's ability to deliver intensive support on a regular basis.

It is a very unrealistic workload when you have to visit them weekly. I think what really surprised people was how high the risk was with all the families. I think the staff definitely found it very stressful having such a high caseload and the expectation of weekly visits. In terms of their own stress, maintaining face to face contact and doing all of the admin work, they worked extremely hard. [Worker 2]

The workers believed that a caseload of six families would help to alleviate the pressure.

I think six families maximum to be able to visit as much as you need to, to be able to deal with crises and it not impacting as much on service delivery to other families. [Worker 4]

Consistent worker

Clients. Some reported that staff retention could be hindered by the high caseloads. From the women's perspective, they observed that the changing of workers could be a difficult experience, particularly when they were required to share their history again.

I think having a more consistent worker would be great. We have gone through three to four workers. It would help if we had the consistency of one worker instead of getting used to one worker and then having to get another one. It is a very tedious sort of thing to keep explaining our situation. [Client 1]

They did not have the consistency, which made it more difficult to get to know them and for them to get to know the situation with my child. The things that I feel comfortable talking to my previous worker about, I did not feel comfortable talking to my current workers about. [Client 4]

The women also expressed concern over their child's best interest when their worker changed making comments similar to the following:

I would request a change to the programme being a consistent worker throughout because your kids get used to them as well. It is difficult to keep introducing new people to children, especially when you have kids with a disability. [Client 3]

Managing the complex relationship with CP

Clients. The workers and the women referred to the complex relationship with CP and how that could influence their relationship with one another. The women did refer to their relationship with CP in an adverse manner as they viewed CP as the gatekeepers for child removal. As a result, they expected their worker to support and champion their best interest. Through this, women experienced a sense of comradery with their worker, in the face of difficulties with CP.

She knew that we had the problem with DHHS CP (Department of Health and Human Services – Child Protection), but she never really acted like a worker. She acted quite more chilled and relaxed and gave me the impression that I could trust her and that she had my best interests. With DHS, you don't really trust them and don't really want them engaging with you, that is why it was so important to have this worker who was there for me. [Client 1]

Workers. Workers also recognised that it could be difficult to balance the expectations of the women against the requests of CP and working together in the child's best interests. Although a voluntary service, there was concern that there were women who only engaged with AC2K to mitigate CPs' involvement in their life. Workers felt that these motivations were not conducive to the women changing or improving. Some of the comments alluding to this included:

Some mums were just engaging with us because they were trying to get CP out of their lives, but they didn't think anything was wrong and didn't want to

change anything. They were the mums who were really difficult to get on board. [Worker 2]

I definitely felt that at times families were just showing up, because if they do, we would put in a good word for them with CP and then CP would go away. I think that was something that was perceived by clients, so we had straight up conversations with clients about how it is not an easy programme to be with if you want to have effective, long-term change. [Worker 4]

Discussion

The aim of this study was twofold: firstly, to examine the processes underpinning the programme and, secondly, to represent the voices of both the women and their workers engaged in the programme. The findings indicate effective programme processes that facilitated the delivery of a home visiting programme focussed on promoting Aboriginal maternal and child health outcomes. Commensurate with these positive findings, there were also recommendations that emerged from the data. The findings are now described and discussed under the headings of the key themes: culture, system complexities and programme features.

Culture

The women who reported a desire to connect with their Aboriginal culture reported that a key strength of the AC2K programme was that it facilitated this connection. In particular, the women reported that they were able to find out information about their heritage that, prior to their engagement in the programme, was absent from their understanding. This, in turn, was a positive component of the programme which helped the women to feel connected and supported by their community. This finding is supported by the literature which highlights the importance of prioritising Aboriginal women's connection to culture, particularly during life changes such as motherhood, as this is a time in which social support is critical to health and well-being (Hancock, 2007; Hunt 2006). Moreover, this finding is confirmed by the evaluation of the Baby One Programme, a child health promotion programme for Aboriginal families (Campbell et al., 2018), which found that a central factor to the successful implementation was the quality of culturally appropriate supports and resources.

It was also emphasised, by the workers, that the mandated cultural training for non-Aboriginal workers should be provided for all workers, irrespective of their Aboriginality. Indeed, research highlights Aboriginal cultural knowledge gaps that exist across all health professionals, irrespective of their background (Campbell et al., 2018; Kildea et al., 2010; Willows, 2005). It is recommended, therefore, that organisations delivering programmes aimed at enhancing the health of Aboriginal persons commit to the development of cultural competency training policy for all workers, irrespective of their cultural background.

System complexities

The women unequivocally reported changes in staff as a significant limitation of the programme. Staff turnover resulted in delayed support for the women and also caused embarrassment when the women were required to repeat their history to a new worker. This finding is not surprising and is supported by a wealth of research into the social service sector which has found that clients, particularly those who have experienced traumatic backgrounds, struggle to retell their story with new workers (Maynes et al., 2012). From the workers' perspective, the exceedingly high caseloads set by the Department of Health and Human Services were highlighted as a pivotal reason for the staff retention issues. Staff reported working long hours in highly intensive positions, which in turn, could result in burnout and resignation. It is recommended, therefore, that both policymakers and programme developers reduce the set caseloads and, ideally, calculate the caseloads based on the need and complexity of each family, as opposed to a quantity value. As the workers recognised, some of the families exhibited high risk and needs requiring significantly more assistance than other families. This should be accounted for in the planning of home visitation programmes.

A complex relationship existed between the workers, the women and CP staff. The women shared the expectation that their AC2K worker would advocate and support their best interests before those of CP, whereas the workers reported difficulty in performing their role for those women who engaged in the programme purely to reduce CP involvement and due to requests from CP. These competing demands were sources of frustration for both participant groups. To address the difficulties that invariably arise when CP is involved, it is recommended that a more detailed and comprehensive induction process is put in place. This needs to take place when a family commences engagement with the programme and should address the responsibilities of the women/family and workers with regard to CP through detailed explanation. For example, a detailed explanation when a worker is required to make a report to CP is an issue that should be addressed at the outset. This process would, in turn, help to clarify the expectations of the women and the role of the worker.

Programme features

Interestingly, the workers reported feeling underdeveloped in terms of their ability to deliver parenting skills to the women; yet, the women reported clear improvement in their parenting skills as a result of the programme. There are two recommendations associated with these findings. Firstly, home visitation programmes should adequately train the staff on how to deliver the parenting intervention so that they can be confident in doing so. This was a successful implementation strategy identified by Nguyen and colleagues (2018) in a study evaluating the delivery of a home visitation programme in Aboriginal communities. Secondly, a feedback loop should be implemented in which the workers are provided with quantified summaries on how the women, at the group level, are progressing through the programme. Evidence shows that feedback loops not only facilitate programme impact but also staff retention as workers are able to observe the effects they are having on the client group (Jacobs, 2010; Van Waeyenberg et al., 2015).

Limitations

There are several key limitations of this study that warrant consideration. Firstly, the interviews with the women were significantly shorter than those conducted with the workers. The main reason for this difference was that the women were often the primary caregiver of their infant and thus were often caring for the child at the time of the interview. Subsequently, it became a concern that less detail was obtained from the women when compared to their workers. It is recommended that future research in this area considers options that would permit the women to engage in the interview uninterrupted (e.g. organise childcare, conduct the interview when someone else can be at home and looking after the child). Secondly, the interviews were conducted via phone, rather than face-to-face. Research has indicated that this can impede the information collected as body signals are missed (Sturges &

Hanrahan, 2004). It is recommended that future studies aim to conduct the qualitative study using face-to-face methods. This study is also limited in that the fathers who were engaged in the programme were absent from the evaluation. The number of fathers engaged in the programme was small compared to that of mothers, and it was more difficult to recruit men into the study, with the consequence being neither does this paper represent their voices nor, specifically, how the programme supported them in their role as a father. It is recommended, therefore, that programme developers ensure that the programme is developed to incorporate and foster the needs of the fathers, as well as the mothers. Moreover, future research in this area needs to include recruitment strategies that target the inclusion of fathers. This will provide a more gender balanced assessment of the programme. Finally, it is possible that participants, namely, the women, presented desirability bias in their responses. Given the programme can result in statutory involvement, this may have been a motivating factor. However, it was explained to the women that their responses would be anonymous and have no influence on their current or future relationship with VACCA. Notwithstanding this, it is important to interpret the results with some caution.

Conclusion

Given the lack of person-centred evidence to guide Aboriginal maternal health and well-being programmes, this article provides a significant contribution to the literature through the rich and detailed account of how the women and their workers engaged with such a programme. The evaluation highlighted the women and their workers as fairly consistent in their assessment of the programme, and overall they evaluated the programme positively. Nonetheless, room for improvement was identified in the areas of reducing caseload and addressing issues related to CP. Prior to the implementation of Aboriginal maternal health and well-being programmes, it is essential that these areas of difficulty are recognised and improved upon, as this will ensure the best possible outcomes for both women and their workers within this context. Moreover, an important next step in this body of research is to identify which components of the programme that were tailored specifically to the Aboriginal families were most effective in individual improved outcomes, particularly parenting skills and infant health.

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