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RESEARCH ARTICLE

Building Connections: Reducing Social Isolation for Mothers in Culturally and Linguistically Diverse Communities through a Sharing and Learning Group

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Abstract:

Background:

Social isolation is an everyday experience for many mothers and children within culturally and linguistically diverse communities. Engaging in group experiences with others provides authentic opportunities to make social connections, along with sharing common interests.

Aim:

This paper reports on a project that involved working within a transdisciplinary team at a community group in Brisbane, Australia. The Women and Children's Learning and Sharing Community Group was a targeted program to foster mental health and feelings of well-being for mothers and children who were identified as at risk of social isolation.

Methods:

Semi-structured, audio-recorded interviews were conducted to gain the experiences of being involved in the community group from the perspectives of mothers and support workers. Summative Content Analysis is used to explore the transcribed accounts of the mothers and support workers who came together at the women's sharing and learning group and, in particular, how the group facilitated growth-fostering connections to reduce the impact of social isolation.

Results:

Using a Relational-Cultural Theory and a Relational Agency Framework lens, thematic Content Analysis of the mothers' accounts reveal three themes of 1) Freedom, 2) Connection, and 3) Transformation. Exploration of mothers and support workers' accounts highlighted four interactional elements as foundational to the program: 1) Respecting Group Identity, 2) Building a relaxed, mother-focused, and child-inclusive atmosphere, 3) Respecting diversity and the mutual enhancement of competence and 4) Fostering positives and strengths of the members.

Conclusion:

Recommendations are provided when working with culturally and linguistically diverse communities include: 1) Provide concrete support; 2) Make use of participants' strengths and partnerships, 3) Provide culturally sensitive and inclusive practice, 4) Build a sense of community, mutual support and connections. Proposed key learnings highlight the importance of transdisciplinary teams and strength-based approaches when working in culturally and linguistically diverse communities.

Keywords: Social isolation, Content analysis, Interview, Relational-cultural theory, A relational agency framework, Migrants, Culturally and linguistically diverse, Intervention, Mothers' group.

Article History

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1. BACKGROUND

1.1. Experiences of Social Isolation for Migrants

Movements of people across the globe have increased the

cultural and linguistic diversity of communities. Migrants face complex challenges including a lack of housing, lack of employment opportunities and limited social networks [1, 2]. In Australia, being socially isolated is an everyday experience for many migrant families who report that due to language and

cultural differences, they have few social supports available [3]. Recent migrants, particularly mothers, are less likely than people born in Australia to have someone outside the household they can confide in and are not actively involved in community support groups (e.g., services clubs, welfare organizations and education and training) [3]. Of all migrant groups, people with temporary visas such as bridging visas or community detention restriction, experience increased vulnerabilities, marginalization and uncertainties [4]. Additionally, people who experience social isolation are more likely to have experienced some form of discrimination [3]. These circumstances increase the experience of social isolation and a lack of connection for families.

When maternal wellbeing is compromised there are risks also to children's mental health [5]. Social isolation is associated with poorer health outcomes, and has a direct impact on parental mental health which is important for effective parent-child relationships and the well-being of children [6, 7]. A focus on the struggles of migrants is important and policy imperatives, worldwide fund-raising campaigns and social services, support programs globally have formed this approach; however, solely focusing on these matters promotes a particular narrative of migrants, and a deficit approach to intervention. For example, Baxter and Taylor identify that deficit approaches to intervention lead to xenophobia and a climate of fear [8]. Overall there is a lack of cultural competence training in some intervention programs that may lead to racialized stereotypes, and reduced sensitivity to cultural, religious or gender differences, leading to ineffective or inappropriate services being offered [8 - 10].

There are calls for a strength-based approach to address social exclusion [11, 12]. When strengths-based approaches are adopted, the positives and strengths of migrant and refugee women are at the centre and a sense of empowerment results, which in turn enables change [9]. Strength-based approaches focus on ways for migrants to build capacity and feelings of connection that can enable migrants to overcome their circumstances and build a sense of connectedness. Relational-Cultural Theory (RCT) and the related Relational Agency Framework (RAF) provide strength-based approaches with conceptual underpinnings that can have a special relevance with women's empowerment and social inclusion.

1.2. Fostering Connection: Using a Relational-Cultural Theory and a Relational Agency Framework

Relational-Cultural Theory (RCT) began with the seminal writings of Jean Baker Miller in the 1970s by focusing on women and in particular, the idea that women grow in and through relationships [13]. Relational-Cultural Theory (RCT) originally sought to understand existing structures that contribute to the ongoing disempowerment, marginalisation and isolation of women. Core ideas from RCT have developed over the last four decades with the understanding that all people grow through and towards relationships over time. RCT

puts culture and relationships at the centre of transformational processes, thus positioning these qualities as critical to understanding the wider societal implications of power and culture. Inclusion and exclusion are understood as intertwined with concepts of culture, gender and power.

The relational aspects of people's experiences are central to the approach. Transformation occurs when mutual empathy and mutual empowerment are central to the growing of relationships, and when relational competence is fostered through respect, authentic engagement, and responsiveness to change [14]. Miller (1976) identified five "good things" that emerge from transformation including: 1) Zest; 2) Self-worth; 3) Understanding of self and others; 4) Productivity; and 5) Desire for more connections [15]. Zest is an increased sense of energy, for example the 'buzz' that leads to positive feelings about oneself. An increased sense of self-worth enables transformation through positive thinking and actions. Understanding self and others involve taking on the perspectives of others' experiences, having clarity over one's own experience and how these might affect current or future relationships. Feelings of productivity resulting from the application or implementation of effort, in turn leads to satisfaction in effort given and aspirations for further connections. These transformational elements result from growth-fostering relationships and supportive and meaningful relationships, characterised by connection [16].

The conditions that are conducive to enabling connections to be fostered can be understood through the related approach of Relational Agency Framework (RAF) [17]. A Relational Agency Framework offers insights into how, at a systems level, programs and professionals can strengthen their responsiveness to complex social issues. Working relationally offers an in-depth analysis of what is involved in the systems of distributed expertise, including both the accessing of expertise in distributed systems and how shared understandings and expertise are used to work cohesively. However, the relational agency goes deeper by seeking to understand why people collaborate, and the inherent shared understandings and motives of those involved. This is why in relational agency is sometimes referred to as the object of activity, or the motives and resources that are brought to the collaborative activity.

This paper reports on a study that investigated the experiences of mothers and support workers as they attended a culturally and linguistically diverse women's sharing and learning community group in Brisbane, Australia. Understanding the role of the women's sharing and learning group in terms of relational-cultural theory helps to consider the women's experiences of social isolation in relation to others, and how their experiences in the group contributed to growth.

1.3. The Women and Children's Learning and Sharing Group

The Women and Children's Learning and Sharing Group was a program designed by Communitify QLD. Communitify Qld received funding from the Queensland Mental Health Commission for the program. Communitify Qld is an independent, profit-for-good organization who provides

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opportunities for people to join together in ‘active, healthy and socially connected’ activities [18]. The aim of the group was to foster mental health and feelings of well-being for mothers and children from culturally and linguistically diverse backgrounds, who were identified as at risk of experiencing social isolation. The group ran for a two-hour session every Friday for 11 weeks.

A transdisciplinary team of support workers including one bilingual worker, two social workers, one experienced early childhood educator and QUT volunteer preservice teachers worked with the women and children. The social workers were experienced in working with families who were socially isolated and who were migrants, refugees and asylum seekers. They facilitated the programs, helping the mothers to get to know each other. The early childhood education specialist had experience in early years settings and also had formal social work qualifications. Her role was to implement an early childhood program for the children to participate in while the mothers joined together to get to know each other, attend the information sessions provided by guest speakers, and participate in cooking experiences. QUT preservice teachers supported the early childhood specialist working with the children, and they were selected because of their professional teaching experience in working within schools in culturally and linguistically diverse communities.

The program consisted of a holistic set of coordinated activities designed for mothers to promote connections with networks, build capacity of the mothers, and provide individualized access and support from the social workers. The program was planned in collaboration with the mothers in order to ensure that it was tailored to meet their interests and needs. The activities involved cooking, home visits, medical assistance as required, transport, eating and sharing. The mothers were given the opportunity to co-design a menu and cook lunch for everyone attending each week. They were also able to make suggestions on topics of interest for the information sessions provided by invited guest speakers. Taking up the mothers’ suggestions for topics, a range of guest speakers were invited who covered topics including self-care, stress release, parenting and women’s health, domestic violence and maintaining mental health. Play experiences were designed for the children to foster intra and inter personal relationships, skill and language development. An emphasis was on using everyday junk materials rather than commercially designed products so that the mothers might replicate the activities for the children when they were playing at home.

2. MATERIALS AND METHODS

The study was conceptualized after the third author (social worker) approached the first two authors (academics) to organize preservice teachers as volunteers to support the children’s activities in the community group. Community groups are well-established places for ongoing non-stigmatizing early mental health intervention and for providing opportunities to lessen social isolation. However, there is a limited amount of research into the efficacy of this approach [19]. Consistent with a belief regarding the strength of the women according to RCT and RAF framework, a collaborative

approach is adopted as the research design. Collaborative research is jointly conducted by people whose primary activities are to research and others whose role is to primarily work with children and families in specific programs or contexts [20].

2.1. Participants

Three groups of participants, mothers and their children, and the support workers, participated in the study. The first group of participants was women who were all mothers referred through agencies such as mental health organizations or migrant support services and self-referred through university international student networks. As the researchers were external to the organisation, they were not privy to any personal information about the mothers, for example, they did not know the mothers’ backgrounds, socio-economic status, migrant status or their geographical living location. While the research team did not know the background of individual women, they were informed that the cohort of women was made up of international students or partners of international students; women from refugee and asylum seeker background, and or women with mental health challenges. The second group was the children who attended the program. There were approximately 14 children attending the sessions whose ages ranged from a few weeks to 5 years of age. The mothers and children formed a culturally and linguistically diverse community group as they all had a first language other than English. The group was supported to communicate in English as the *lingua franca*.

The last group of participants was the members of the transdisciplinary team of support workers, comprised of one bilingual worker, two social workers, and one early childhood education specialist.

2.2. Ethical Procedures

The study gained approval from the university human research ethics board, and the director (third author) of the local Communitify group. Ethical procedures were followed at all times. Prior to data being collected, the first authors visited the community centre and met with the support workers, families and children. Mothers were invited to participate *via* an information session during which the researchers spoke about the study with the group of mothers, and provided an information pack. At this time, the director organized interpreters to assist the mothers, one interpreter was bilingual in Japanese and English, and the other interpreter was one of the support team, who was bilingual in Indian languages and English. A research pack was provided containing an information letter and consent forms. All 14 mothers who attended the group agreed to participate in the interview phase of the study by signing a consent form.

2.3. Method

The study had three phases. The first phase included video-recording of the interactions between the support workers and the children, however, these data from this video ethnography are not included in this paper. In the second phase of the study, semi-structured interviews were held with individual mothers

at the completion of the program. In the third phase of the study, interviews were conducted with the support workers in a small group, and at the completion of the program. All interviews were audio-recorded. The video ethnography and interviewing were conducted by the first two authors, who at the time, were researchers from the university.

The mothers were invited to participate in the interview on their own or with another mother, and had access to interpreters as needed. The interviews took approximately 10-15 minutes and were held during the final session of the program in a room adjacent to the main meeting room of the group. The questions included, *Tell me about attending the women's learning and sharing group? Has it helped you? If so, in what ways? Have you noticed any changes in your child? If so, in what ways? Have you been able to make social connections and peer support? If so, in what ways?*

Interviews with the support workers investigated their perspectives on the elements of the program that supported the mothers. Three of the team came together at the community centre at the end of the program. A fourth member, who could not make the team meeting, was interviewed on a separate occasion in the first author's office. The interviews aimed to identify particular elements that they perceived to be important for effectively implementing the program.

The audio-recorded accounts were transcribed verbatim and all names removed at the point of transcription. Following transcription, selected extracts from all interviews (second and third phases) were collated in a data pool. Summative Content Analysis [21] was then conducted. This involved a three staged process for each of the two phases of the study. The first stage involved two members of the research team reading the collection of transcripts. In the second stage, each researcher identified and coded the mothers' and support workers' responses. Lastly, stage three involved grouping the codes according to words or descriptions used into overarching themes. After the themes were identified, the accounts are mapped to concepts of Relational-Cultural Theory (RCT) to identify the application of the theory in the concrete experience of the mothers, presented in Part 1. In Part 2 of the thematic analysis, the unique conditions or elements of the group were identified through the integrated and comparative analyses based on both the mothers and support workers' account.

3. ANALYSIS AND RESULTS

The following section is presented in two parts. Analysis part one presents a thematic analysis of the mothers' experiences. Analysis part two thematic analysis identifies elements of the interactional conditions in which the themes emerged, drawing on accounts from both the mothers and the support workers.

3.1. Analysis Part 1: Thematic Analysis of Mothers' Accounts

Based on thematic analysis, three key themes emerged:
1) Freedom; 2) Connection, and 3) Transformation.

3.1.1. Theme 1: Freedom

The first theme that emerged from the mothers' accounts was freedom. This theme picks up on mutuality in the form of experiencing mutual respect, openness and responsiveness to change.

And it is the only day I can go out free, without help, freedom from home. I'm very happy in this ah, group. This is the only group that suits me with the kids. Ah there are some women helping with the kids and everybody is, ah, the mothers also sometimes they take my kids or because they are the same almost, so it is very supportive for a mother with a kid of this age ... They sometimes transport, give me transport they pick me up and so I love it so much (Mother 5)

This account highlights the isolation that this mother first felt and the importance of the group in supporting each other. They found support of one another and they felt like they fitted in with the group.

Because he's too dependent. But when I come here (laughs) I feel a little bit free. For myself, freedom and ah, I was excited 'cause my boys play with other kids. Now when he's – when he sees other little kids, he just go and play. But before that, he just wanted to, wanted me to carry him. (Mother 4)

The mother reporting here referred to a sense of growth that was fostered and how relationships were developed for the children. Having children make connections with their peers giving her time to engage in activities with the other women fostered a sense of freedom. In sum, the mothers gained a sense of freedom through appropriate support and the presence of peers for the women and the children.

3.1.2. Theme 2: Connection

The second theme that emerged was connection. Connection leads to building social capital and is associated with increased individual and community well-being. The mothers made friends in the group. The group also acted as a catalyst for some of the women to continue to meet in their homes outside of the group.

I make friendship with other, the women, and they are visiting me at home now, and at home, so because their kids are of the same age as my kids and each day I know new people and I take their telephone number and I contact them. Because I'm also surprised here I don't have family, my husband is busy from ah morning until night. I'm alone so I need friends. (Mother 5)

Making new friend, for me and for my little kids ... because ah, we are alone at home. But when we come here, he enjoys, he is interested in seeing other people. (Mother 3)

When I talk with the other mums, I found that everybody is stressed. Yeah, it makes me feel better that I'm not the only one who is having stress. And everybody is the same. And everybody has their own way to release, relieve themselves with, with – by exchange – by communication we learn from each other. (Mother 6)

I don't have any friends. The social connection I have got

different friends in different culture and I'm asking how to cook Australian food. And, ah, I don't know how to cook, I am cooking only in cultural food, and he's always complaining, "but mother I need white people or Australian school food". (Mother 7)

This is not – I'm not thinking about this as an opportunity to improve my English. More for – yes, social connections (Mother 6).

As these accounts highlighted the group interactions and relational aspects were fostered and expanded beyond the group, and these connections alleviated the sense of loneliness felt by many of the mothers. Some mothers also saw the benefits of the group activities to their wider life circles and enhanced their competence.

3.1.3. Theme 3: Transformation

Transformation was the third theme identified from the mothers' accounts. Transformation occurred as the mothers learned new skills by engaging with specific activities provided by experts from a range of disciplines. Such engagement resulted in changed circumstances for them, away from the group. The activities of the group involved guest speakers that were focused on helping the mothers.

She taught us about stress, yeah, how to get rid of stress and the method. (Mother 8)

Because last year when I was pregnant, I couldn't go out of home, so I was very depressed but now after I have this kids, when they support me and they bring me here everything changed I got energetic than sitting just in the home, I was depressed but now better. (Mother 7)

The involvement and interaction in the group also has direct benefits to other areas of life in a transformative way (e.g., trips to the library). This physical act of attending was transferred to enable further engagement in activities and this was effective in stopping feelings of depression and the possible trajectory of serious mental illness.

Before I had the chance to join Communiify, I was hopeless, spent most of my time at home. As a result, I was depressed and worried about ah, a lot. Before joining this group, I didn't know how to go shopping, library, recreation area, playground...A lot of time at home and I was very depressed and cried...They helped me correct my resume, organized an interview with cleaner contractor. As a result I started to observe a lot of outcomes on my health. My health condition improved. I have learned that being good person, I can change a person's life. And I'm, ah planning to join the volunteer group and become part of Communiify and welcome other new mothers just like me. (Mother 7).

These accounts highlight how the activities and a focus on themselves, in turn empowered the mothers to build capacity as new mothers, and initiated transformations in other areas of their life.

3.2. Analysis Part 2: Thematic Analysis of Support Workers' Accounts and a Relational Agency Framework

This section aims to explore the accounts of both mothers

and support workers to identify similarities and any differences for the interactional conditions that fostered connections and opportunities for enhancing relational agency: 1) Respecting group identity, 2) Building a relaxed, mother-focused, and child-inclusive atmosphere, 3) Respecting diversity and the mutual enhancement of competence, and 4) Fostering positives and strengths of the members.

3.2.1. Element 1: Respecting group identity (migrant mothers)

Homogeneity of members in terms of gender and migrant status was significant. This group membership proved to provide the 'glue' that bonded the members together, something they could all relate to, and fostered connections. One mother (Mother 2) reports that she felt that having a group made up of only women, enabled the members to make connections and, as a result, feel comfortable to share their experiences with others.

And ah I make other friends, I see girls in the same situation I make friends, and I talk with somebody. (Mother 5)

Um, for me, just think generally it's nice to be in an environment where there's like sort of, you know, women are sharing. (Mother 2)

The group members celebrated differences but also found similarities with each other. Finding other mothers experiencing the same challenges as parents of young children who are adjusting to new community, makes them feel less alone and provided a way of learning new skills. The interactive and interpersonal aspects that enhanced the group identity are echoed by the support workers in below:

That - or maybe you said it at the end, that we're all - you know, parenting has, you know, ingredients that are the same wherever you are all over the world. Yeah, there are aspects of parenting that's always going to be um shared...I'm just presuming that the social isolation that some of them experienced meant that they don't have a chance to get feedback about their parenting. (Support worker 4)

I think being a women's group, is you know, very important as well, um so you know, they were able to take off their head scarves within that group and that not be an issue... because it was a group of women, all you know, all just such lovely women, all really you know wanting to make a go, of living here trying to raise their children. (Support worker 2)

That atmosphere we could say like we, we're, we're all really – we're all parents, we can... ..all deal with it, it's nothing to be ashamed of. And that this is what we can - you can expect, we can expect. (Support worker 3)

These accounts highlight the power of the interpersonal connection established by the structural make-up of the group. Relational agency was achieved through collaboration with others and when there was an explicit recognition of shared goals, diverse histories and expertise in the group.

3.2.2. Element 2: Building a relaxed women-focused child-inclusive atmosphere

The experience and diverse staff were identified as a key

element of the group that enabled the mothers to enhance their agency.

I really feel relaxed thinking about, oh, I can trust them, the volunteers. They are all experienced child care specialist. Yea, yeah, at least I can go to the toilet without thinking about my baby (laughs). Yeah. so I go to the toilet ... (Mother 6)

Having the children and mothers in the same room enabled a more gradual approach as they could build trust and independence. This closeness meant that if a child needed their mum or vice versa, they could come to and fro. Importantly, it meant that children felt secure in the space and more confident to interact with other children while still keeping their mother in eyesight, as the support workers explain:

At the centre, they (the mothers) weren't wholly responsible for settling their children or to stimulate the children. There were interesting things to engage the children, attract the children to exploratory play. Um that meant that ah children and parents could do that quite naturally, that, that separation and coming together again and separating and coming together. Which I didn't really realise how important that was, yeah. That you can consciously make it that the physical environment's set up so that's possible. (Support worker 1)

In some scenarios you'd think, "oh the mothers need to have a complete break, we'll just take the kids away". But you know you were advised that wasn't the best...Even that ah a child is playing quite well ...mother might feel a little anxious now, "I've never separated like that "or "let's have a look what they're doing". Seeing from this distance, (reassured them) "oh they're okay" (Support worker 4)

The elements identified here enabled the mothers to experience the sense of freedom and opportunity to build connections, achieved through fostering relational agency. One mother (Mother 6) suggests that the mix of playgroup and socializing with the other mothers enabled by the program made the experience "memorable":

Ah, this, ah, experience in this playgroup, ah, fantastic, um, memorable experience for me. ah, my daughter has enjoyed a lot here. Because she is the only child in my family she, she doesn't have any other child to play with, other boys and girls. She needs social activity, and this is the best chance for her. To come here to play with other boys and girls. And also I meet local mothers. I meet a lot of Australian mothers. I, I by socialising I know how they are raising their children. That's a reference for me. (Mother 6)

Support worker 2 more explicitly identifies that the program focused on the mothers' wellbeing and building their relational agency. The core focus of the group was on the mothers as women, rather than a focus on the children as in a playgroup. This focus on women meant that the women had more "buy" in to the activities and what was to happen in the group, and was an important element of how the activities of the program were specifically designed to strengthen relational agency.

It was about a women's group so focused on them and their well-being and um ... where playgroups are very, as they

should be, focused on children. (Support worker 2)

3.2.3. Element 3: Respecting diversity and the mutual enhancement of competence

Respecting the cultural and ethnic diversity of the group fostered a sense of self and others, and led to interactional conditions that enabled the mothers to exercise their growing relational agency. Mothers 3 and 5 reported that they enjoyed the rich diversity of the group, with mothers whose background was similar to her own, as well as mothers from other parts of the world. This diversity sparked conversation. All being new to the country gave the mothers a bond, which was reinforced by the fact that they all had young children.

I had some people from my country, so like I enjoyed seeing them. And also from other countries, ah, we learn about other cultures, other, cultural food. That was great for me. (Mother 3)

All the women just share the same, from all foreign areas, because all of them have no family. So we, we share the same situation with all the mothers and the kids have fun. (Mother 5)

Accounts of the support workers echoed the mothers' viewpoints. The group was diverse and because diversity was the norm, no one felt out of place in the group. All mothers and children were diverse in their experiences, cultural and linguistic backgrounds, but the relational, environmental and circumstantial matters made them alike. The sharing of diverse experiences enabled the mothers to expand their understandings of self and others, their relational agency, based on the input of those involved.

We're encouraging them to respect and listen to each other. So if you feel respected and listened to by everybody in the room, then that must be a sense of freedom. (Support worker 3)

It was very culturally diverse but there were just really common themes, so the difference didn't matter as much and the group was more about the common, commonality, so things like being new to this country, new to Brisbane, new to being a mother and ah often new to speaking English even, and cooking was another theme. (Support worker 2)

3.2.4. Element 4: Fostering positives and strengths of the members

The activities fostered the strengths of the members and were integral to helping the connections occur. These were based on the premise of a strength-based approach and co-designed with the mothers. Being asked to run the cooking activity gave members' considerable pride and served as a joint venture with other members.

Cooking, like cooking is the main one I liked...because I also cooked one day and then I get to try other people's cuisines and stuff. It's just like an, an activity that's like, like having fun you know. (Mother 2)

Support workers described how sharing a meal together helped to break down barriers as conversation was sparked from the various dishes served. Each week a mother or group of mothers had to take charge of the shared cooking activity. This involved working together to decide on a meal to cook,

providing a list of ingredients for the group facilitator to purchase. The mothers would then demonstrate cooking and make the food for all attending to share. These activities further established connections between the mothers and an increase in their relational agency.

So each week we would have one of the mums or the facilitator would cook a meal and so that joining together, of cooking so there would be a cooking demonstration and we'd learn how to cook that meal and then we will eat it together. So that was a real thing you know. We'll talk about food from your culture and your culture and that again a non-threatening nice way to get everyone together and everyone eats and everyone has experiences about food. It was an easy way to start conversations. (Support worker 3)

And also the cooking was a great opportunity for them to gain confidence and be a role model to each other... Taking the leadership and you know feel um confident, build up their own self back, "oh I can do this". Oh it's like, "can I do it? Okay, it will be my turn". So it is that preparation...and "I did it, oh it was well". It's self-esteem, building your self-esteem, yeah. And that flowed on too with um the, the way the children were responding and, and developing abilities and the capabilities. And mums were able to take ownership of that too. And they found happiness and, and joy out of this. Because they look for it, oh we are doing something together. So three or two, even two Chinese women did together. But they didn't know each other, they just came from different directions. But they created that bonding and they shared, oh we are going to do that dish or let's do this one...Or you will do this part, I will do this part; you will do that topping and I'll do this demonstration. That was the beauty of it and they created that bonding. (Support worker 2)

Um I think there's an underlying principle of every single person is an individual that deserves respect and that there's a strength-based approach that everyone has something to bring. So I know that we demonstrated some of that and we try to treat everybody with absolute positive regard. So we, we don't lump them all together, as you know, the, the Arab women or the something women. Um we want to get to know them, we're genuinely interested and we, and we do really adore their children. So I think they, they pick up that... (Support worker 3)

The last account demonstrates a level of cultural competence displayed by the support workers. Cultural competence encompasses respectful ways of acknowledging multiple cultural ways of knowing, seeing and living, see diversity as a strength and seek to understand diversity [22].

3.2.5. *Outlier Element: A community Space*

The element of physical space as a community space was only identified by support workers but not by the mothers. The support workers identified space chosen as another element that helped support the interactional conditions.

It was a great space. They can go to and it's sort of a really a community space. So it's not someone's house, it's not a church, you know where religious issues may come up. It's very neutral, it's very welcoming. They can feel they belong,

rather than it being, yeah, a different space that they might not feel comfortable. (Support worker 3)

The environment of a community space was not someone's house or institutional settings such as a church, an education or medical facility. Institutional settings such as these are not neutral because they are shared spaces, and their affiliation to religion or education may bring with them certain biases or may provoke expectations or past memories of past experiences that may be negative. Being a neutral space, the setting reduced the concern of being discriminated because of a religious belief that may have differed from the space; was less likely to incite possible negative experiences and enabled the mothers and children to feel some ownership of the space, without religious or educational barriers.

4. DISCUSSION, RECOMMENDATIONS AND CONCLUSION

Growth-fostering experiences while participating in the group led to the mothers' increased sense of freedom, connection, and transformation. Participant accounts showed that 1) Respecting group identity, 2) Building a relaxed, mother-focused, and child-inclusive atmosphere, 3) Respecting diversity and the mutual enhancement of competence, and 4) Fostering positives and strengths of the members, lessened the mothers' feelings of isolation and increased their feelings of confidence to exert their own agency.

A relational analysis has highlighted how the *in situ* nature of people's experiences past and current have an impact on their future experiences. A theoretical lens of relational agency draws on understandings that agency is conceptualized as interpersonal and interactive rather than an individual phenomenon [23]. People are 'interactants' and as such are 'interdependent *within* various situations' [23]. Analysis of the participant accounts showed how the participants viewed others in the group as a 'resource'. Theoretical studies of the relational agency have shown that when an individual's resources are fostered through collaborative activities and interactional conditions such as those identified, personal agency and capacity are enhanced as a result [24].

From the findings of the qualitative analysis, four recommendations are made that are identified as significant to relational interventions. These are: 1) Provide Concrete support such as child care and transport, 2) Make use of participants' strengths and partnerships, 3) Provide culturally sensitive and inclusive practice, 4) Build a sense of community, mutual support and connections. The four recommendations for working in culturally and linguistically diverse communities are now discussed.

4.1. Recommendation one: Provide concrete support

In order to facilitate full involvement in the activities, the findings highlighted the importance of eliminating any barriers of access to services due to transport or other issues. This condition involved assessing the holistic needs of the participants and implementing solutions. Child care and transport can be common barriers to participation. Having an experienced educator working with the children as well as experienced volunteers (preservice teachers in their fourth year

of studies) and specific sessions that focused on providing advice for the mothers in a non-judgmental way, built interactional conditions. As trust was established with the children, this, in turn, helped the mothers to feel at ease and, as children and mothers were not separated, both groups were able to relax.

4.2. Recommendation two: Make use of participants' strengths and promote partnerships

The study highlighted the advantages of using a co-designed, strengths-based approach for the culturally and linguistically diverse community, in this case, the mothers. There was an expectation that the mothers were capable and would be comfortable in a leadership role and importantly the mothers felt confidence and comfortable to accept this challenge. As a result, understandings of self-competence, and opportunities for capacity building were created.

4.3. Recommendation three: Provide culturally sensitive and inclusive practice

As other studies have shown, adopting gender responsive and culturally appropriate approaches was important. Refugee and migrant women may have cultural norms and gender roles that add an extra layer of complexity for these women when accessing appropriate support services [9]. Keeping the group membership to 'mothers' meant that the topics of interest were related to the interests of the mothers, including areas that may be of significance to the well-being of the mothers, such as domestic violence.

4.4. Recommendation four: Build a sense of community, mutual support and connections

There were deliberate and structured activities and an interactional environment of trust, respect and a no judgment culture that were fostered by the holistic approach. Using a relational-cultural frame enabled opportunities for all members of the intervention team to work interpersonally, and this involved reflecting on and being aware of their own expertise and professional values [14]. As a result, diversity was a strength and commonalities were found within the group because of their common experiences.

Social isolation is experienced daily by many in culturally and linguistically diverse communities and mothers are at particular risk. Opportunities for mothers to engage in planned experiences such as this women's sharing and learning group can enable and empower women to reduce feelings of loneliness and mitigate the risk of associated issues. The mothers' accounts provide powerful examples of how the provision of targeted, interactive and interpersonal, interventions can be catalysed to promote feelings of freedom and growth and instigate transformation. Findings indicate that a co-designed, strength-based approach with specialized activities led to an increased sense of freedom, connection and empowerment for migrant mothers, which have a positive impact on lessening feelings and the effects of social isolation.

4.5. Future modifications of the program

From the findings, future modifications of the group

program might include more collaboration with other services. There was little mention of this in the accounts provided. De Maio *et al.* explain that contacting other services ensures that areas where specific expertise may be required are covered [9]. Working with local communities with complementary approaches has a direct benefit for children and families. Consultation and collaboration with migrant and refugee community groups and community leaders could also lead to further enhancing the cultural competence and help with the actualization of the RCT and REF framework in the future.

4.6. Limitations and opportunities for future research

The study is exploratory in nature and with a small number of participants. Findings from this qualitative study are indicative only and provide insights from one example of a community program, and at one snapshot in time. Findings are limited and not representative or generalizable as the study is small in scale. Participant accounts were gained from the 'insiders', mothers who attended the program, and social workers who implemented the intervention program. Participant accounts are of value as they provide personal perceptions, however, there are possible differences between personal perception and their actual functioning at behavior level. The participants were all female, thus the findings will not be indicative of the experiences of males. Triangulation of qualitative and objective quantitative data or observation is necessary for future research. This research might be extended in the future by a longitudinal study that mapped the experiences of this and future cohorts in the years after attending the program.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This research has been approved by the University Human Research Ethics Committee (UHREC), Australia. Ethics Approval Number 1700000165.

HUMAN AND ANIMAL RIGHTS

The procedure followed were in accordance with the Guidelines of Application for Review of Negligible / Low Risk Research Involving Human Participants QUT.

CONSENT FOR PUBLICATION

All mothers who attended the group agreed to participate in the interview phase of the study by signing a consent form.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

FUNDING

None.

CONFLICT OF INTEREST

The author declare a conflict of interest being that the third author was the director of the program, however, was NOT involved in the data collection or analysis of the data.

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