

# Weenthunga Girls Resilience Program

## Weenthunga Health Network

### Evaluation Report

### November 2015

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#### **Everything was falling apart**

*Before I got involved with Aunty Steff and Weenthunga I wasn't going well at school, I was failing my year 12. Everything was falling apart, I didn't want to do school anymore, I was leaving school. But Weenthunga and all the women in interesting health careers helped me change that. I went back to school and did an extra year of year 12, I kept up my schoolwork and made sure I graduated last year. I got the confidence in myself, which I didn't have before, to achieve my goal for a health career. I didn't believe in myself well enough to do anything before, I had no confidence and Weenthunga turned that around. I believed in myself, believed that I could be a strong independent Koori woman. I had always struggled with not being as dark as others, I'm fair skinned but working within the realms of Weenthunga they helped me to learn that's ok, I'm still a strong Koori woman.*

#### **Why was this significant to you?**

*I gained confidence and became stronger, I would never have done the things I've done without the confidence and strength that was given to me by Weenthunga.*

#### **Selected at the evaluation workshop for the following reasons:**

- Can strongly hear the girl's voice
- It is raw and heartfelt
- It is a positive journey of empowerment
- Identified sense of identity and pride was the most important outcome

[G3]

## Weenthunga

Leanganook Yarn would like to thank Stephanie Armstrong, Lin Oke and all the Girls, Mothers and Aunties and other people involved in the program and this evaluation for your passion, commitment and time.

## The Evaluators

Leanganook Yarn was engaged to facilitate this participatory evaluation. Leanganook Yarn is a small consultancy that specialises in program design, evaluation, facilitation and participation. Leanganook yarn is Natalie Moxham and Nikki Brannigan. They have extensive experience in facilitation, particularly in participatory processes including program design, monitoring and evaluation. The work has included undertaking facilitation and program development and evaluation in community development contexts in the Asia-Pacific Region, Indigenous Australia and the Australian community sector. Email: [Natalie@leanganookyarn.com](mailto:Natalie@leanganookyarn.com). Web: [www.leanganookyarn.com](http://www.leanganookyarn.com)

## The Enabler

The Weenthunga Health Network warmly acknowledges that this evaluation was funded by the Lord Mayor's Charitable Fund (Exploration Grant 2014).



## Disclaimer

This report has been produced solely upon information supplied to Leanganook Yarn by the Weenthunga Health Network and collected during interviews and group discussions with participants of the evaluation. While we make every effort to ensure the accuracy of this report, any judgments as to the suitability of information for the client's purposes are the client's responsibility. We extend no warranties and assume no responsibility as to the suitability of this information, nor for the consequences of its use.



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**Weenthunga** (pronounced: Ween-tunga) means 'hear/understand' in Woiwurrung, language of the Wurundjeri people of the Kulin Nation.

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## Acronyms

LIN	Local Indigenous Network
LNS	Local Network of Supporters
GRP	Girls Resiliency Project
WHN	Weenthunga Health Network

## Executive Summary

Weenthunga Health Network originating in 2010, is a First Australian-led organisation welcoming First Australians and Australians in health roles, encouraging them to collaborate and contribute to improved health and well being of Victorian First Australians and their communities.

The Weenthunga '**Building Resilience in First Australian School Girls and Encouraging Interest in Health Careers**' pilot project in Bendigo (the '**Girls Resilience Project**') is aimed at building resilience in First Australian school girls through fostering supportive relationships with a number of girls and their families (mothers, aunties and carers). In turn they are encouraged to see post-secondary education possibilities within a broad range of health careers. Connections are also developed with local personnel to establish a local network of supporters spanning the gaps between school, TAFE, university, local First Australian community groups, Aboriginal Community Controlled health services and mainstream health services.

It was intended that the project align with Weenthunga's key aims in:

- Increasing the number of First Australian school leavers to uptake a career in health.
- Improving knowledge, competencies and collaboration of the Victorian health workforce working with First Australians so as to better equip them to provide culturally sensitive services.

Once the Bendigo network and project is effectively established and operating, similar projects will be undertaken in other regional localities, possibilities being Ballarat, Geelong and Bairnsdale.

### Outcomes

Summarily, the evaluation of the Girls Resilience Project from 2013 – 2015 indicates the following range of outcomes:

#### Outcomes for Girls

The Girls Resilience Project undertook a number of activities with girls in years 9-12 at a variety of Secondary Schools and provided practical support to the girls in such ways as arranging references, work experience opportunities, assistance to apply for scholarships and applications to further education. Significantly much of the work is the ongoing connection that the Consultant has with Girls.

This evaluation found that as a result of Girls Resilience Project support, the following **outcomes for girls were achieved**:

- Girls **felt valued and supported** in their individual aspirations for a health career
- Girls identified with, and are **inspired by, the stories** of strong Aboriginal women and their journeys into the health profession.
- Girls have a stronger sense of their **Aboriginal identity** and expressed an increase in self-confidence. There was a noticeable **change in the girls attitudes**, pride in being First Australian women, inspired, confident, calmer, focused and purposeful.
- They have **increased knowledge of the pathways to a health career** and of what they need to do and how to go about achieving their aspirations for a health career.
- Girls have a **greater understanding** of the unique roles and contributions that they can make as First Australian women in the health profession.

- Girls express an **attitude of 'I can do it'**, they feel positive, confident and strong and **see themselves as role models** within their community and take up leadership roles.
- Girls are aware of and **taking up opportunities** they are stepping up and they have established positive supportive relationships with peers and are on the journey together.

### Outcomes for 'Aunties' and the Local Support Network

This group comprises of the mothers, carers, aunties and First Australian women in the community. Also includes First Australian and Australian staff from key local organisations and agencies in secondary and tertiary education, Aboriginal Controlled Health Service, hospital, Community Health Service and other local organisations, agencies and projects in the Bendigo and Greater Bendigo region.

The evaluation found the Women and girls were

- **Connecting personally and professionally through the range of activities** that are consistently and purposefully gathering them together.
- The program **extends opportunities for women to be role models** by being, engaging, connecting, and achieving as First Australian women.
- Through attending gatherings and being involved in storytelling, women are **feeling more confident** and inspired to express their Aboriginal identity and share their experiences.
- Local Aboriginal woman are developing **trusting and supportive** personal and professional relationships based on shared **First Australian identity**.
- There is also a **change in their personal and professional capacities** and aspirations as a result of their involvement in the project.
- A number of the Local Network of Supporters identify the approach taken in the Girls Resilience Project has contributed to **institutional change and** there are now more staff identifying as First Australian within these organisations.

### Outcomes for the Weenthunga Health Network in Bendigo

- Weenthunga Network members and organisations are **becoming more aware of, connected to, and involved with** local First Australian people and community. They are **proactively providing appropriate opportunities and support for the girls** individually and as a group inline with their roles and organisational objectives. Many of the Australian Local Network of Supporters and Weenthunga Health Network members discussed increasing their indigenous cultural understanding.
- The effectiveness of the network used in Weenthunga's Girls Resilience Project can be understood through 4 components: Constituency, Connection, Alignment and Action. The health of these components was integral for this project's success and are detailed in Chapter 4.

Weenthunga in Bendigo is a healthy network and in effect the activities in Bendigo have created a network within a network. The Girls Resilience Project has evolved in its structure and the recommendations suggest a need to confirm the distinct patterns of linkages to strengthen the network and ensure sustainability.

## Chapter 1. Weenthunga and the Girls Resilience project

Weenthunga Health Network (WHN) is a First Australian-led organisation welcoming Australians and First Australians in health roles and encouraging collaboration to contribute to better health and well being of Victorian First Australians and their communities. Weenthunga was formed and incorporated in 2010.

The Weenthunga Health Network aims are:

- Increasing the number of First Australian school leavers to uptake a career in health.
- Improving knowledge, competencies and collaboration of the Victorian health workforce working with First Australians so as to better equip them to provide culturally sensitive services

To facilitate action at local levels in Victoria the WHN has a number of common objectives:

1. Fostering **collegial support** for all individuals in health roles contributing to improved health of First Australians in Victoria.
2. Fostering **networking and collaboration** amongst First Australians and Australians in health roles across Victoria.
3. Providing a **culturally safe** forum that enables a voice and fosters support for First Australians in health roles.
4. Encouraging and **facilitating educational opportunities** for First Australians in health roles.
5. **Improving the cultural knowledge** and skill base of Australian health professionals working with First Australians and their communities in Victoria.
6. **Advocating** for and contributing to improved undergraduate Aboriginal health curricula at Victorian tertiary institutions.
7. Developing and evaluating strategies for providing undergraduate health students clinical observations and **experiences** involving First Australians.
8. Encouraging **more First Australians** into the **health** professions.

The Weenthunga website states that they “promote effective partnerships between First Australian and Australian health practitioners, and between health practitioners with a variety of roles, in the provision of health service delivery for First Australians and over time we hope to offer Victorian health practitioners:

- Opportunities to network both locally and across the state, and discuss solutions to address the inequalities in the health of First Australians
- Professional support and education to improve the cultural knowledge and skill base for working with First Australians and their communities
- Inclusion in a network with access to collegial support and information – regardless of your particular health qualification or role in delivery of health services
- Opportunities to join in strategies to see more First Australians working in health roles”

The early development of Weenthunga was underpinned by pro bono work and a loan from Koori Occupational Therapy Scheme. They now receive support from a range of philanthropic sources and donations. In its lifetime Weenthunga’s total budget has been \$200,884.

Weenthunga were able to employ their first staff member in 2013 on the Girls Resilience project at four hours a week. This is Steff Armstrong the Health and Educational Consultant. In 2014 Steff was employed two days a week and in 2015 three days a week. Other staff were waged in 2013 including an Executive Officer Lin Oke, initially at one day a fortnight and now at one day a week and a Finance and

Administration Manager at one day a week. In 2015 there are an additional two staff also working one day a week. Weenthunga has a committee of management and over 250 members across health professions in Victoria. These hours and resources are further outlined at Appendix 1 **Resources**.

The primary project of Weenthunga is the 'Building Resilience in First Australian School Girls and Encouraging Interest in Health Careers' pilot project in Bendigo (the 'Girls Resilience Project') which is aimed at building resilience in First Australian school girls through forging supportive relationships with a number of girls and their mothers/aunties and encouraging them to see post-secondary education possibilities with an awareness of the range of health careers possible.

The Health and Education Consultant leads this work. Concurrently, the Consultant is liaising with people in settings keen to support First Australian students. Weenthunga is bringing people together to establish a local network of supporters, spanning the gaps between school, TAFE, university, local First Australian community groups, Aboriginal Community Controlled health services and mainstream health services.

The project works with the 'Local Network of Supporters' which includes: staff from key local organisations in secondary and tertiary education, Aboriginal Controlled health, hospitals and community health, to identify ways in which support and encouragement can be offered to the First Australian school girls. Staff work collaboratively, building relations with and between local colleagues and others, many of these people are also Weenthunga members.

The intention is that some of the girls will choose to study for a health role/career. There is a range of health roles possible and there are role models before them, from whom they will hear, demonstrating that they can do it too. It is also intended that the project will improve the cultural sensitivity of local health and education services.

Once the Bendigo network and project is effectively established and operating similar projects will possibly be undertaken in other regional localities such as Ballarat, Geelong and Bairnsdale.

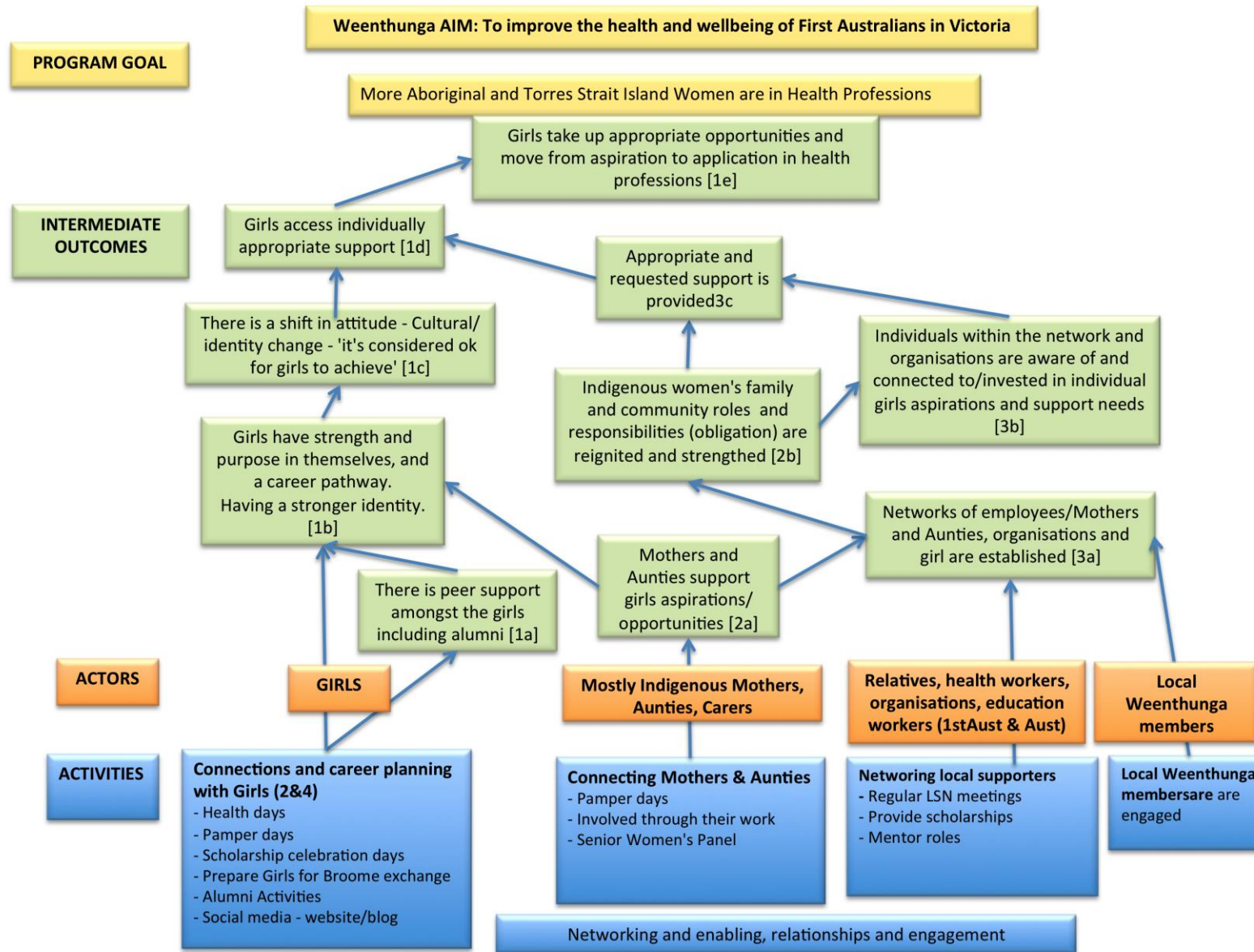
The Girls Resilience Project Implementation Plan (PIP) for 2015 had four strategies including:

1. Evaluate project: Building Resilience in First Australian School Girls and Encouraging Interest in Health Careers.
2. Continue to establish meaningful supportive connections with First Australian school girls and their mothers and aunties.
3. Continue to establish effective local networks of supporters from all relevant education and health organisations in each locality to contribute to strategies supporting and encouraging the schoolgirls.
4. Provide opportunities for the girls to hear from First Australian health practitioners, to get work experience in the health fields and provide information on scholarships, tertiary entry requirements, availability of mentors.

During the evaluation planning workshop and focusing on the Girls Resilience Project a program logic was developed that mapped out the project's theory of change and assumptions. The Program logic is on the next page and evaluation questions from this logic can be found in Appendix 2. Through this process it became clear that the activities of the network and the project strongly overlap. This workshop then developed activity descriptions from which to understand and evaluation the program. The Activity description appears after the program logic.



# Program Logic





## Activity descriptions

'PIP' refers to the Program Implementation Plan numbering.

Strategies	Activities
<p>Strategy 1.</p> <p><b>Connections and career planning with girls</b></p> <p>Activities that continue establishing and maintaining connections with secondary school girls and designed to meet their interests [PIP: 2 &amp;4]</p> <p>Mostly with girls</p>	<p>1.1 Involving girls via “Shades of Purple” – girls own social media page; and whenever opportunities arise [PIP: 2.1]</p> <p>1.2 Scholarship celebration days</p> <p>1.3 Alumni activities</p> <p>1.4 Introducing the girls to Weenthunga’s website page: Careers in Health [PIP: 4.1]</p> <p>1.5 Inviting girls to Weenthunga Health Day <i>Women’s Talk</i> – in Melbourne [PIP: 4.2]</p> <p>1.6 Provide girls information on scholarships, cadetships, links to relevant professional associations [PIP: 4.3]</p> <p>1.7 Assisting girls where necessary with work experience, mentoring [PIP: 4.4]</p> <p>1.8 Assist girls where necessary in applying for health courses [PIP: 4.5]</p>
<p>Strategy 2</p> <p><b>Connecting mothers and aunties</b></p> <p>Activities which involve continuing to establish meaningful connections with First Australian school girls and their mothers, aunties and carers [PIP: 2]</p> <p>Mostly First Australian mothers, aunties, and carers</p>	<p>2.1 Pampering sessions and afternoon teas [PIP: 2.2]</p> <p>2.2 Continue liaising with the girls’ mothers and aunties to gain their support and involvement: invite to occasional pampering sessions; afternoon teas; and whenever opportunities arise [PIP: 2.2]</p>
<p>Strategy 3</p> <p><b>Establish effective Local Networks of Supporters</b> from all relevant education and health organisations in each locality to contribute to strategies supporting and encouraging the school girls [PIP: 3]</p> <p>Mostly First Australians and Australians in health roles</p>	<p>3.1 Continue establishing and maintaining connections with relevant staff at local school, TAFE and university and local First Australian community groups, Aboriginal Community Controlled health services and mainstream health services [PIP: 3.1]</p> <p>3.2 Hold meeting of the Local Network of Supporters (LNS), facilitating connections between participants.</p> <ul style="list-style-type: none"> <li>• Discuss strategies of support which might be offered to the girls [PIP: 3.2]</li> <li>• Discussing strategies of support which have been provided to the girls [PIP: 3.4]</li> </ul>

	3.3 Promote the Local Network of Supporters in local media - for encouragement, acknowledgement and recruitment of others [PIP: 3.3]
	3.4 Facilitated access to and arrange requested supports
Strategy 4 <b>Providing opportunities for girls through the network model</b> to hear from First Australian health practitioners, to get work experience in the health fields and provide information on scholarships, tertiary entry requirements, availability of mentors [PIP: 4] Local Weenthunga Members and others	4.1 Assisting girls where necessary with work experience, mentoring [PIP: 4.4]
	4.2 Assist girls where necessary in applying for health courses [PIP: 4.5]
Strategy 5 <b>Evaluation of the project</b> [PIP: 1]	5. Evaluate the project.

#### Assumptions:

Through analysing the project's theory of change a number of assumptions are evident. These assumptions are used to guide the focus of the evaluation. Therefore in the project theory of how change will happen we assume that:

- The program activities and network support model is needed to 'get girls through' and achieve success as defined within this context.
- First Australian women in health roles will lead to an increase in Indigenous health and wellbeing.
- Focused, individualised support results in deeper and long-term change in which girls take up the opportunities presented to them through their participation in the program.
- Given access to appropriate support girls will take up the opportunity (at the time).
- A strong Indigenous identity is important in educational and career achievement.
- The influence and impact of this program is significant enough to ameliorate the other socio-cultural factors that impact on identity formation in the adolescent stage of development.
- First Australian women sharing their stories of health careers are inspiring to girls.

## Chapter 2. The Evaluation

In late 2014, Weenthunga Health Network received an Exploration Grant from the Lord Mayor’s Charitable Fund, which enabled Weenthunga to engage Leanganook Yarn<sup>1</sup> to undertake a participatory evaluation of the Girls Resilience Project. This was to consider the performance of Weenthunga on this project spanning 2013 – 2015. Specifically the evaluation was being undertaken in order to:

1. Demonstrate the outcomes and impact of this network model.
2. Identify the effectiveness of the network model in this context.
3. Identify the elements of the model that are needed for scale up.
4. Achieve engagement and build ownership of the work with key stakeholders.
5. Build the evaluative capacity of Weenthunga staff and board.
6. Build a case for future support of the model.
7. Consider the elements of the program and their place within Weenthunga relative to sustainability (legacy).
8. Make recommendations.

### The approach to the evaluation:

The approach to the evaluation was strength based, participatory, and grounded in a deep respect for First Australians. The methodology uses outcome focused program logic and mixed methods including qualitative, quantitative and narrative data methods.

The stages of the evaluation and methods used included:

Stage 1 Planning	A planning workshop developed an Evaluation plan including: a Program Logic to surface the project’s Theory of Change with participants, clarification of purpose, key evaluation questions, assumptions, participants and methods.
Stage 2 Gather data	Desk top analysis of relevant program documents
	Conducted semi structured interviews with girls (9), mothers (5) and aunties, Local Support Network people (7) and Weenthunga Network members (6) in the Bendigo region. These interviews were undertaken in March and September.
	The Most Significant Change Story gathering during interviews. A total of eighteen stories were collected from girls, mothers and aunties, LSN and Weenthunga members.
	Network analysis tool analysing the network’s connectivity and impact. This tool was undertaken in March and then in October and the impacts compared.

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<sup>1</sup>Leanganook Yarn, Natalie Moxham and Nikki Brannigan, is a small consultancy based in Central Victoria, it specialises in program design, evaluation, facilitation and participation. [www.leanganookyarn.com](http://www.leanganookyarn.com)

Stage 3 Analysis	A participatory analysis workshop, with ten people attending, was held in October where all the data was presented and then analysed by the participants.
Stage 4 Reporting	The findings were documented and presented at the Weenthunga AGM in November 2015

An index of the data is provided at **Appendix 3**.

### **Limits of the Evaluation**

There are a number of limitations of this evaluation.

There were limited resources for the evaluation and hence there are a number of areas that should have been explored further that were unable to. Given this, this is a small project and the resource allocation is relative.

There was a lack of quantitative data to analyse the effectiveness of the Project in relation to this. As a result it has been difficult to understand the relevance of the project in its context. This issue is further discussed in the Analysis.

## Chapter 3. The Findings

The findings of this evaluation are presented in three domains:

3.1 Outcomes for Girls

3.2 Outcomes for 'Aunties', the Local Supporters Network

3.3 Outcomes for the Weenthunga Health Network in Bendigo

3.4 Network analysis

The findings capture the voices of the people who were interviewed and participated in the evaluation analysis workshops. The findings are presented under each domain in three ways including:

**Outputs** - the activities that have been undertaken by the Weenthunga Girls Resilience Project are documented in an Activities and Output table that is at Appendix 4. A brief description of the activities is also given at the beginning of each domain.

**Stories** - a number of the outcomes are illustrated in significant stories of change. At the evaluation workshop four stories were selected from two domains, the third domain selected two stories at the Weenthunga AGM. These stories represent the most significant change to which the Weenthunga Girls project has contributed.

**Outcomes** – the key outcomes for these stakeholders are presented. If relevant some issues or challenges are also presented.

### 3.1 Outcomes for Girls

#### Outputs

All of the strategies of the project focus on girls. There are a number of activities that are undertaken but significantly much of the work is the ongoing connection that the Education and Health Consultant has with girls. There are a number of events that have taken place including: Girl's Days; Health Days where First Australian and Australian health professional tell their stories of their career and identity journey; pamper and weaving days. The Education and Health Consultant provides practical support to the girls in arranging references, work experience opportunities, assistance to apply for scholarships and applications to further education. There are a number of promotion and speaking engagements in which some of the girls participate in. Please see Appendix 3 for a full out line of these activities.

From 2012 to 2015 **thirty** First Australian girls have been supported by the Project. This support spans from being strongly supported to only having attended one event.

The following table displays the spread of girls across the years that they have or will graduate from school. Please note that of the 30, two girls have not completed school.

Girls in the program year graduating from Secondary School:	2012	2013	2014	2015	2016	2017	2018	Total
	1	4	1	13	5	3	1	28

The girls attend the following schools; Bendigo Senior Secondary College, Catholic College Bendigo, Eaglehawk Secondary (Yr 9-10), Weeroona Secondary School (Yr 9 -10).

The girls have been supported in the following way to attain the following achievements:

For **twenty-three** of the girls their family is engaged as well. For **four** girls the key engagement is through the school not the family.

**Seventeen** girls attended the 'Girls Day' when relevant to them. An additional **two** girls attended the dinner.

**Nineteen** girls have attended girls/mothers/aunties events and **nineteen** girls have requested general support. **Twelve** girls have disengaged with support.

**Eleven** girls have been supported to attain a scholarship. **Seven** girls were supported to attain a traineeship/cadetship and **eight** girls to date have attained a traineeship / cadetship.

**Three** girls have submitted an application to attend university and are awaiting the result. **Four** girls are currently attending university and **two** girls are now attending TAFE, all in health related courses.

This data tells us that of the **thirty** girls in the Project, approximately **a third** of the girls accessed significant support; **a third** accessed some support; and about **a third** accessed minimal or no support from the project.

### Significant Change Stories

The first story that was selected during the analysis workshop is on the first page of this report. The second story is here.

### Speaking with knowledge and pride

[LNS7]

*There was one girl in particular who, for example, struggled in her first year at Bendigo Senior and did a bit better in year 13 and then went on to a traineeship through Weenthunga. It really built her leadership potential she ended up as our student council person for college and even with her involvement in that she took more pride in her culture, and it was driven through her involvement in this program in that it allowed her to understand herself and her culture better and see pride in that and in herself so that she wanted to stay on at school and complete her education and go on to something of a higher aspiration level than when she first entered the school. And even from there she has done her traineeship and she has gone back into study as well to complete her nursing. She's enrolled for next year so that's a terrific success story for*

*changing her aspiration. It was linking with culture and gaining respect through that that brought her strength.*

*They are developing really great leadership skills, one girl spoke at our reconciliation ceremony that we had this year. She spoke with another girl who isn't Aboriginal and they spoke really well. That strengthened her pride in culture and that came across really clearly in the talk that they gave. And that was significant because if brought together, in our Ullumbarra Theatre, year 7-10 students from schools across Bendigo, our students, and community members. To be able to stand on our stage at Ullumbarra Theatre and have that open conversation about what reconciliation meant to them was pretty significant, it was huge to be able to do that and speak with such knowledge and pride –it is what she's found in that, and of course she's definitely heading into the health careers in that way. Another one got up at a teachers professional development day and put together a really nice acknowledgement to country.*

Why is this significant to you?

*We have seen that growth and we want students to achieve to the best of their ability and be empowered for individual, community and global leadership and these are the sort of things that we are seeing through their involvement with Steff.*

This story was selected second at the evaluation workshop for the following reasons:

- It is from the perspective of an onlooker through clear eyes
- Shows the girls at the beginning and the changes in the end
- Enormous growth in self confidence and cultural identity
- They can articulate this effectively to the wider community in promoting strong Indigenous leadership.

### **Outcomes**

The evaluation has found the following outcomes have been achieved for girls involved in the project.

Girls **feel valued and supported** in their individual aspirations for a health career by women they consider to be 'important' in the health professions.

*'One (high profile) woman gave me advice, she's still asking about me. I'd made an impact on her and I felt that maybe I could achieve'. [G2]*

*"You're important to me, what can I do for you?" I was so happy when one woman called me, oh my god she remembers me and I made an impact on her. [G2]*

*I've seen in these role models their commitment to me as an individual. [G3]*

*I've spoken to a lot of important people and have had the opportunity to sit with them and speak with them has increased my confidence in talking to people about my career. [G9]*

*She's met with people and they've seen the person that she is they have made space for her and been accommodating. [M1]*



Girls have **increased knowledge of the pathways to a health career** and of what they need to do and how to go about achieving their aspirations for a health career.

Before the health days before I didn't have an idea of how to get into a learning pathway now I know how to do it, what I have to do, who, what and how. [G4]

I didn't know what subjects I needed to get into uni and the job I wanted. [G1]

I didn't know which way to go or where to start. I only went to school everyday and came home. There was no thinking ahead. [G2]

The Health Days let you know how many people are there. It encouraged me to ask questions about the industry [G5]

Girls identify with, and are **inspired by, the stories** of strong Aboriginal women and their journeys into the health profession.

The Indigenous health role models are important because there is so much past history and family stuff and they got through it. The women opened up and shared their stories about how their Indigenous life is tied up with profession and how they got there. It makes you stronger and feel you can get there. Don't give up. [G2]

I've had the opportunity to meet motivational aboriginal women. [G1]

There is sharing through story of Indigenous heritage and the impacts on work and how health careers complement culture. [M1]

I don't want to give up because if they can do it I can do it. It makes you feel stronger because they understand. It's the connections you feel. [G7]

I'll go to days even though I'm not interested in health specifically because teaching needs leaders who are passionate and I'm encouraged in that by all the women involved. [G6]

Girls have a stronger sense of their **Aboriginal identity** and express an increase in self-confidence as a result of this.

I can be fair skinned but still a strong confident Koori woman. [G3]

They are developing leadership potential. Their strength in culture has been developing through this journey and this has been through connecting with culture. [LNS6]

Because they have a better understanding of who they are and how they fit in the world their confidence has increased. [LNS7]

They now know who they are and they want to engage in these opportunities. [LNS 6]

She spoke at Reconciliation Day in front of 150 people and showed strengthen and pride in culture. [LNS7]

There has been a noticeable **change in girls' attitudes**, they are proud of who they are as young Aboriginal women, inspired, confident, calmer, focused and purposeful.

She came back from the health day buzzing not just because of exposure to career options but from the energy of the women that she met that day and hearing their stories. [M1]

There's been a change in attitude from going off rails to being very focussed. [M2]

She has changed dramatically in her attitudes, mannerism, and speech. [M2]

Girls have a **greater understanding** of the unique roles and contributions that they can make as Aboriginal women in the health profession.

I want to work at the Royal Women's and then venture back into rural and remote communities. I could help women bring their children into the world in the way they want. If they want to have a ceremony and smoking of the children then they can do it. [G1]

She now has an understanding of the value and worth of a health career for herself and the community. She now knows that there are real roles for Indigenous girls to work in careers here and in remote areas. [M1]

I'd like to work in the remotes to help people who need it. [G3]

Girls express an **attitude of 'I can do it'**, they feel positive, confident and strong.

Weenthunga turned around a lack of confidence. I can be a strong, independent Koori woman. [G3]

It got me thinking that I can do it and I have those connections. On the careers days I can be talking in front of the girls and tell them that you can do it, tell them about how you can do it. [G1]

I know that I can be whatever I want to be now, because if you want it, you can get it, you strive for it. I used to think that I wouldn't make Uni, I wouldn't get there, now I'm here, if I can get here I can get anywhere. [G2]

When Aboriginal people come together and talk about going into these industries it makes you think I can do it. [G6]

As an Indigenous woman you can do it and there is support available out there. [G7]

Girls **see themselves as role models** within their community and take up leadership roles.

It's made me a leader and role model for my nieces and nephews and other younger Indigenous children. [G7]

I'm a role model now. [G2]

Girls are aware of and **taking up opportunities**, they are stepping up.

It really built her leadership potential she ended up as our student council person for college. [LNS 6]

They are developing really great leadership skills, one girl spoke at our reconciliation ceremony that we had this year in front of all of our staff, community, and other students. [LNS7]

One of the students come along and spoke at our NAIDOC event in front of about 100 or so of our staff and local community members and that had a big impact on the staff who saw that. [WHN6]

At the weaving day each girl got up and told stories of what the Broome trip would do for them and what they were hoping for, they did a welcome to country and even though you could see that public speaking wasn't their thing they got up and did it because the women expected them to [LNS4]

Girls have established **positive supportive relationships with peers** and are on the journey together.

I've always felt that with girls who didn't have Aboriginal heritage they would be really judgemental, superior and mainstream. And then we meet all these other girls we have the same humour and view and outlook on life and just click. We stay in touch and we're on social media. There is an instant connection because they have been exposed to what I've been exposed to. [G1]

It's a different friendship. You understand what's happening with each other. We've had the same struggles. They know more about me than my best friends. They'll always be there for you if you need support. [G3]

We listen to each other and what we want to do. You don't just get to know someone you get to know his or her interests and passion. We keep in contact and if they are stuck on something they'll ask me. [G6]

It's getting girls together as a whole and it helps with our identity and makes us stronger as a community and let us know that we have people to support us and lift us up. [G8]

'It's more important to meet mentors in the career I'm interested in. They're the ones who will help me in my career'. [G5]

### Issues and challenges

There are two issues that respondents raised. The first being that the number of girls being supported is small and there seems limited analysis as to why this is. The service the project offers to the girls is of high quality and delivering positive results but it is difficult to ascertain how many girls did not take up the project, how many did not need the project or only needed it in a small way. It seems that there was a number of girls that needed high quality support and that this support led to significant changes in their lives. A general understanding of the need in the community is required to fully understand if this project is designed with the right mix of effort or breadth and depth.

The second issue that was raised was that the breadth of speakers at the Bendigo Health Day was limited and that girls attending the Health Day wanted a more diverse array of women speakers and speakers from different careers.

### 3.2 Outcomes for ‘Aunties’, the Local Support Network

In undertaking this evaluation it has been very difficult to separate the mothers, aunties and carers from the activities of the Local Network of Supporters. Here the findings of these two groupings of stakeholders have been combined. This is logical in a network model as although a person may be a mother or aunty of a girl they can also be an active LSN member. It is artificial to separate them out.

#### Outputs

Similar to the way the girls are engaged with the Project the Education and Health Consultant is in regular contact with ‘Aunties’. These people are the mothers, carers, aunties and First Australian women in the community. ‘Aunties’ are also members of the ‘Local Network of Supporters’ which includes: mainly First Australian but also Australian staff from key local organisations and agencies in secondary and tertiary education, Aboriginal Controlled health, hospitals, community health and other organisations, agencies and projects in the Bendigo and greater region. These people are generally available to the girls as role models, or to provide access to or support from either their workplace or themselves in encouraging the girls.

A number of networking and nurturing events have been held that bring ‘Aunties’ together with the girls. These have included Women’s Gatherings, Pamper and Weaving Days and as speakers at the Health Career Days. Please see Appendix 3 for a full outline of these activities.

#### Significant Change Stories

##### **There was nothing like this when I was a child**

[M4]

*We have been networking and getting to meet other mothers and girls who are involved in Weenthunga. I have got to meet, and get to know a number of girls who are interested in going into nursing. I’m only getting to know them now and some of them go to my daughter’s school. There was nothing, nothing when I was growing up in Bendigo. Now with this we come together as groups and we share ideas and culture and I like it. We take turns getting together maybe 5 times recently, mainly the mums and aunties. We talk a lot about cultural things like where do you feel connected to where do you feel peaceful. Some gatherings are more of a family thing. It is good networking. We have been talking about getting the girls and the mums to go on a cultural camp.*

Why is this significant to you?

*I didn’t get to do things like that as a child being brought up in Bendigo there were no Koori educators. There was none of that, sharing and handing down these things.*

This story was selected first at the evaluation workshop for the following reasons:

- Displays reconnection and reinvigoration of Aboriginal culture
- This is through the creation of a women's group
- This has strengthened identity and resilience
- This was missing in Bendigo prior to Weenthunga

### Strong Identity

[LNS9]

*What I have seen in Victoria that I haven't seen in other places. Girls not knowing their Aboriginal identify not only not knowing where their families' come from but also not knowing what it looks like to be a young Aboriginal women in today's society, what their strengths are for being that. The pamper days and things like that bring those conversations about more easily. They're in an environment where they have women from a range of ages who have space, are relaxed, and are able to have conversations without having to run off to the next meeting. The conversations come more easily and they feel safe to ask the more important questions. And also just looking after their own wellbeing, going to the hairdressers and things like that are expensive things that we don't for ourselves and that's a nice thing that they get to share these things with their mum. And it means that we get to know their families and their mothers we can ring up and talk about things that they are worried about with their daughters.*

*I think the girls growing and being aware of their Aboriginality and their own identity. When I see some of the girls from two years ago and now seeing how they understand how they fit in either in a career or the local community. When you have that strong identity and cultural understanding I think those other things will come into place for them. Having conversations with them a couple of years afterward you can see how much they have grown from having strong women around them.*

Why is this significant to you?

*I just know with myself, and the work that I do now, if I didn't have that part of my identity I would find it difficult to get through some of the situations that come our way.*

This story was selected second at the evaluation workshop for the following reasons:

- Weenthunga helped with finding the person's identity
- It created the aspect of being proud to be an Aboriginal woman.
- She was able to feel a large part of acceptance through their identity.

### Outcomes

The evaluation has found the following outcomes have been achieved for mothers, aunties and LSN members involved in the program.

Women and girls are **connecting personally and professionally through the range of activities** that are consistently and purposefully gathering them together.

There was no group in Bendigo before, I've never seen this type of thing before. Big full blown, positive group, constantly improving and it hasn't dropped off. [LNS1]

Things like the weaving workshop are all part of connecting community and getting people together because it is all about yarnning and talking in a non-threatening environment. I wish they had it around when I was younger. [LNS5]

At the weaving day I knew some of the women through our professional roles but I never knew that they were Indigenous. [WHN4]

So now we have taken it further and are having regular meetings and talking about concerns and issues and things that we want to do. There are many women who I didn't know before, or a couple that I knew briefly. That has been really good because there was no format for that in Bendigo before. [M3]

Mothers **feel that their girls are supported** by and connected to other girls and women who they trust.

This has been a big support for me as a mother keeping my daughter oriented to the future and focussed on her journey. [M1]

M2, Aunty Steff has supported her and opened her up to friendships with her daughters and the other girls who aren't troublemakers. That had been an issue for her before. [M4]

I know that if she reaches out to the community it gives back. [M4]

There is a sense of family with Steff and the women and I know when she's with them she's loved and safe, and I have a sista. You can just trust the women who have chosen to be involved in Weenthunga. [M5]

The program is **extending opportunities for women to be role models** in the ways of being, engaging, connecting, and achieving as Aboriginal women.

Steff blows away stereotypes. [LNS2]

By participating in these activities we get first hand knowledge and experience of what it really means to be a mentor and role model, and to me it means it looks like someone who has been there, done that, and comes from the same background as you and they have achieved something really amazing and that means you can do it too. The sky is the limit, there is no limit. [LNS1]

To me, my role was to learn basket weaving and then to bring the girls to learn to do the weaving, to show them that they could do it and seeing the looks on their faces that they could actually do it and that their parents could do it. [LNS4]

I'm able to show other young women what it looks like to be a strong young Aboriginal woman in today's society, what their strengths are as young aboriginal women and how, and where, they fit in a career and their local community. [LNS9]

I was a very shy woman and I didn't have the confidence to step up, I knew that it was time, my dad said if people ask, you have to say 'yes I'll do that'. Now I'm seeing other women doing the same stuff publically and being brave in making changes in their lives and the lives of their community. [LNS8]

Within our women's gatherings women Steff is modelling how to develop and run meaningful and purposeful gatherings, but we all need to step up and take on those roles to relieve the burden on Steff. [WHN4]

Among the women there is an **increased awareness of their professional roles** in Bendigo and how they are **connected**.

Even those of us who know each other are getting a better understanding of our professional roles. [LNS8]

So now we have taken it further and are having regular meetings and talking about concerns and issues and things that we want to do. There are many women who I didn't know before, or a couple that I knew briefly. That has been really good because there was no format for that in Bendigo before. [M3]

Local Aboriginal women are developing **trusting and supportive** personal and professional relationships based on shared **Aboriginal identity**.

I think we are doing well to have established a group of people who are going to come regularly and feel like it sits well with them and that it's a place to really talk about some things. [WHN5]

I value the relationships and connections within other strong women who are trying to make changes in their lives and communities and looking forward to the future. [LNS8]

It has formed for the mums and the speakers our own peer group, my sisters are slowly coming into the group but more than that I can invite some more of these women into this personal space. [M3]

Through attending gatherings and being involved in storytelling women are **feeling more confident** and inspired to express their Aboriginal identity and share their experiences.

We are inviting other women because we are getting into conversations about living in this western world, and we are mums, and professional woman, and we are also Aboriginal women. [M3]

I was a very shy woman and I didn't have the confidence to step up, I knew that it was time, my dad said if people ask, you have to say 'yes I'll do that'. Now I'm seeing other women doing the same stuff publically and being brave in making changes in their lives and the lives of their community. [LNS8]

### **Adult personal and professional development**

Throughout the interviews a number of the women and one man discussed a change in their personal and professional capacities and aspirations as a result of their involvement in the project. A number have commenced or returned to study, are identifying a change in how they approach their professional



roles, or contemplating a change in career, all of which they attribute to their involvement in this project. Others report feeling more confident in their community roles as a result of their involvement.

### **Institutional Change**

A number of the Local Network of Supporters identify the contribution the approach taken in the Girls Resilience project as contributing to institutional change. Organisations such as Bendigo Health better understand what is required to fill positions at the hospital and support the girls in these positions. Monash School of Rural health is more able to connect their medical students to individual girls and achieve their community engagement goals. There are now more staff identifying as aboriginal within these organisations.

### **Issues and challenges**

There were a number of minor issues raised relevant to this domain. The first being, that the model is based on individual engagement with staff in organisations, as opposed to instigating institutional change. This is seen as a strength of the work as engagement recognises the whole person and engages with them in a ‘heart and soul’ way. However individuals in organisations need support to influence their organisations to change so that First Australians’ interests and issues are institutionally supported. An institutional approach is also important to maintain the good work. If the relationship with the project is as a result of good engagement with one staff member then the work cannot be maintained if they leave. To make this work sustainable institutional change is needed. Here the key question is, ‘Is this Weenthunga’s role?’ This issue is taken up again under the provocative questions later in this report.

Other minor issues raised are that some people interviewed were unclear as to the purpose of Weenthunga Health Network.

The final issue was that the Local Network of Supporters as a name is a mouthful and its identity is not clearly differentiated from the Local Indigenous Network or the Weenthunga members in Bendigo. It may be beneficial to name this network so that it is more clearly defined and therefore identified with. There is also the opportunity to further reinvigorate the cultural practices that are taking place through naming and describing them. The concept and term ‘reinvigorating the Aunties role’ was mentioned a number of times.

### 3.3 Outcomes for the Weenthunga Health Network in Bendigo

This domain specifically looks at the role that local Bendigo Weenthunga Health Network members are playing although, again, it is difficult to separate their activities from the Local Network of Supporters, as there is much overlap. Broader outcomes and issues for the Weenthunga Health Network and the Project generally are discussed in the next section.

#### Significant Change Story

##### Weaving the Bendigo community together

*I was invited to a weaving day. There were girls, women, and other community members. They taught us how we weave baskets; it was just a slow paced, traditional sort of thing. You are talking as you do it, when you've got your hands busy: talking and swapping stories. I heard stories about stolen generations, marriages, what other women do in their professional lives. Some of them I knew through my professional roles but I never knew that they were Indigenous. It's a bit like sharing a meal with someone: it is doing something non-work related but very human and it gives you a better feel for a person. Now when I see people in the street I feel comfortable saying hello. One woman, she was Aboriginal, and what she said she got out of the day was what you learn is that some things just take time, you can't hurry this basket along.*

Why is this significant to you?

*It reminds you that some things just take time.*

[WHN4]

#### Outcomes

Network members and organisations are **becoming more aware of, connected to, and involved with** local Aboriginal people and community.

For us in school setting any opportunity to have Aboriginal people to come and work with us is tremendously helpful, it helps build bridges between education and community. We hope that it builds trust that what we are doing is meeting their needs. [LNS 6]

At the weaving day there were mothers and women, some of them I knew through my professional roles but I never knew that they were Indigenous. Now when I see people in the street I feel comfortable saying hello. [WHN4]

Within our organisation the girls' health day raised the profile of the Aboriginal community and how that links with health, and as a hospital what we can do and as a local organisation. [WHN6]

The girls speaking at the reconciliation ceremony brought together year 7-10 students from schools across Bendigo, our students, and the community. [LNS6]

At the weaving day there were girls, women, and other community members there and they taught me how to weave baskets using traditional methods, women were sitting around and swapping stories. [WHN 4]

There is **increased capacity for Weenthunga Network Members to identify** individual girls, each other, and a clearer articulation of the **opportunities, support** and pathways into health careers available for individual girls.

There is a sense of reciprocity. We are getting familiar with [each other's professional spaces]. Now when I go to functions there are quite a few Aboriginal women that I know there. We're making it more real, not just ticking boxes. We are bringing together young women and elders and they see, and then know, that there is some position and place that we hold and that there is a pathway for them. [WHN5]

In my role I can identify pathways back to potential Aboriginal employees through the Weenthunga Network. [WHN2]

Pathways to action have become clearer. [WHN1]

Weenthunga Health Network individuals and organisations are **proactively providing appropriate opportunities and support for the girls** individually and as a group in line with their roles and organisational objectives.

We have co-hosted the Girl's Health day, we provided the venue, lunch and a number of scholarships. During NAIDOC week the girls were guest speakers at our reconciliation day. [WHN6]

I have actively sought traineeships at a national level and circulated these opportunities through the network as well as identifying potential speakers for the health days.[WHN2]

In terms of education, in our role as school of rural health, Weenthunga is a nice fit with our community engagement objectives. Medical students like being networked in and understanding cultural issues. They have come to Weenthunga functions and now the Weenthunga girls have regular study groups led by medical students and can ask for tutoring. [WHN5]

Although I don't know exactly Weenthunga is or what it means, I forward member emails through networks but I'm not sure what happens then. I don't fully know who else is involved in supporting them but it has potential – I can't articulate it but it has the 'it' factor. [WHN7]

### **Weenthunga Website**

Many people referred to the value of the website for disseminating information, resources and employment opportunities across the network. People have used it to seek work experience positions, engage in learning modules, which supports the development of their cultural understanding. The WHN **website is seen as a source of information, point of connection**, and a mode of communication across the network.

I access the website and utilise resources. There have been some really useful learning modules. [WHN4]

We circulated a request for work experience and my daughter got a placement. [M4]

I provide information about opportunities that arise through my networks for posting on the website. [WHN2]

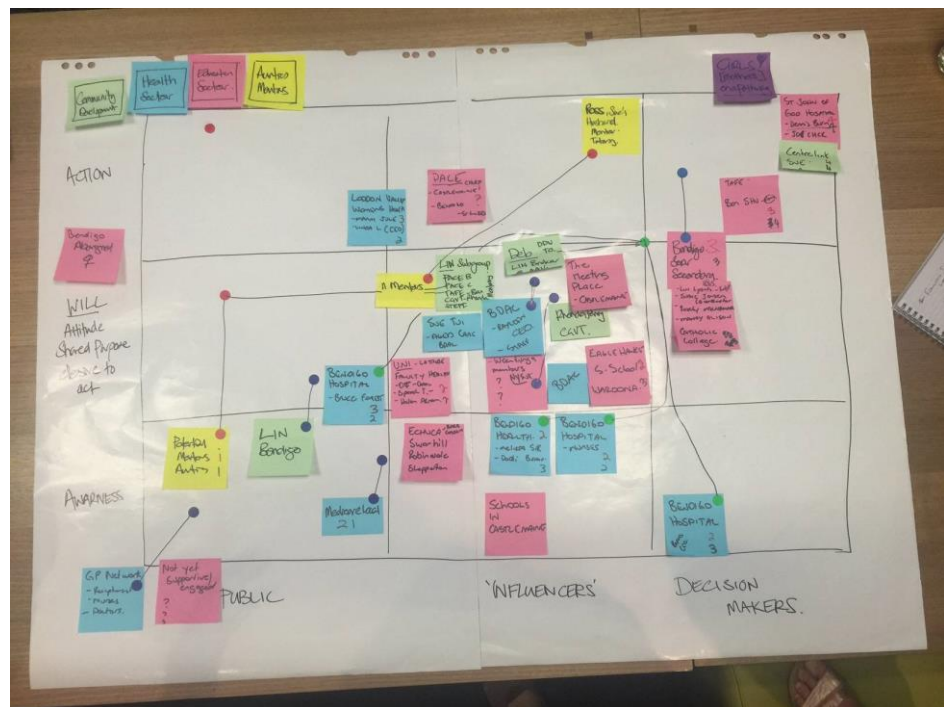
### **Increasing Australians cultural understanding and responsiveness**

Many of the Australian Local Network of Supporters and Weenthunga Health Network members discussed the support Steff provides to them in relation to understanding, and engaging with, the local First Australian community, organisations, and committees. They feel better equipped to engage and function in these spaces in their professional roles through her support and guidance. Much of this comes from Steff's confidence, conduct, and capacity in working in cross-cultural contexts and across sectors as a Gamilaraay woman. It has also been attributed to the opportunity to spend time with First Australian people in spaces that value and display First Australian ways of being and knowing.

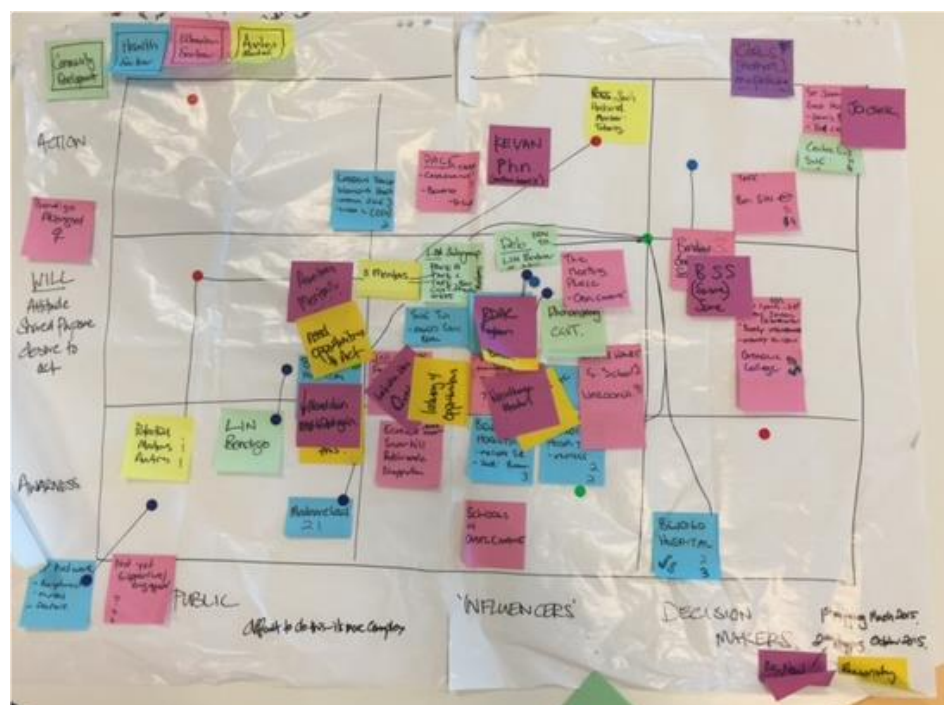
### 3.4 Network analysis

The evaluation facilitated a process that visualised the network both in March and in October using a network analysis tool to analyse the network’s connectivity and impact. This was a participatory process that gathered complex network data and analysed it. It became evident that the local network of supporters could not be distinguished from the Weenthunga Network members in Bendigo. They are a network within networks. Here is what we found.

March analysis



October analysis



Analysis in a network frame:

Four elements are used to analyse the detail of this network:

Constituency:

The complexity of the people and organisations involved is displayed in the diagrams. The Post-it-notes show that there are community development, health, education and individual 'Aunties' involved in this network.

Connection:

- The connections are individually driven, which means that they are not institutionally driven.
- Connections need to be maintained.
- Aboriginal way is strong individual relationships; people take responsibility for individual relationships.
- Learning - there has been one significant incident of where a worker has left an organisation and the relationship and therefore the support from that organisation has stopped. Counter to this the worker is now working in another organisation where they have been able to build that organisation's support for the Girls Resilience Project.

Alignment:

- The network is aligned around the girls, health and education, career paths, aunties and reigniting culture.

Action:

There is:

- Relationship building
- Horizontal learning amongst the network members/participants
- Support is being provided to the girls when they ask for it.
- Culture and identity is being built

Participants described the network as loose but with distinct concentric circles. They identified that the core is Steff and the girls and others are on the periphery. This exercise also raised the question 'Is there alignment going on in the periphery of the network?'

Participants found this technique useful in physically mapping out the key organisations that they need to engage with. It also enabled them to trouble shoot some of the issues and complexities of engagement with particular complex institutions. Participants also reflected that this type of analysis is more suited to institutional change and they began to think about the role of the project in institutional change.

## Lessons Learned

In considering this data the analysis workshop outlined the following lessons:

*For Girls Resilience project:*

- There is value in having local role models so that the girls can identify with them.
- We are heading in the right direction. There is a great base for further work.
- There is value in working across generations and inclusive of family.
- Building the capacity of local people, mothers and aunties is valuable.
- It is important to maintain the relationships that have been built by the work.
- Approaching the work through multiple but aligned strategies is effective.
- Having flexibility to take up offers and opportunities balanced with being planned.

*For Weenthunga:*

- The cultural identity aspects of the program strengthen all aspects of Weenthunga.
- There is value in having a local Weenthunga sub committee.
- The value of teamwork. Working and reflection with others is nurturing.



## Chapter 4: Analysis of findings

The effectiveness of a network can be understood through four components including constituency, connectedness, alignment and action<sup>2</sup>. It is understood that the health of these components is important for a network's success.

### Constituency

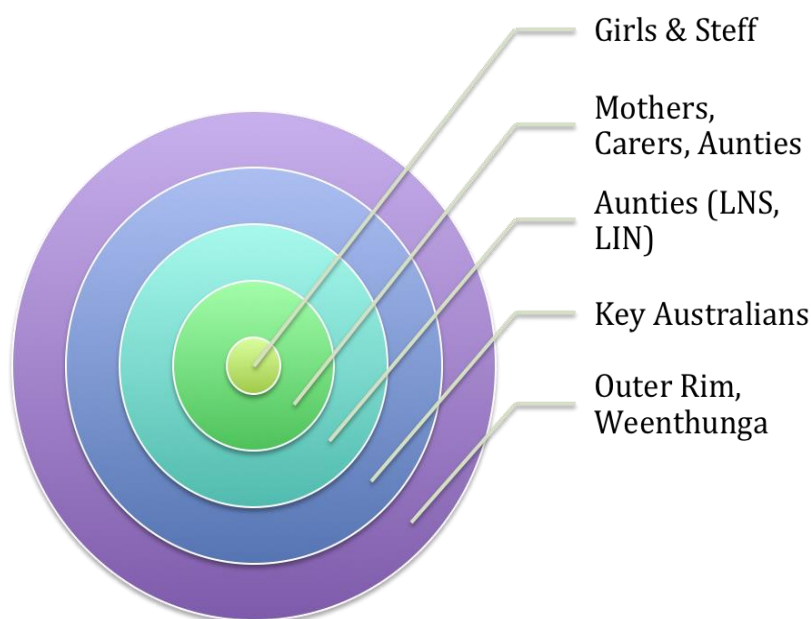
Who is involved in this network? The people involved in this network can be described as a series of concentric circles.

The network has girls in secondary school years 9-12 at its center. Now that the project has been going for some years there are also 'alumni' girls that are still active and connected. It has been highlighted that when girls graduate from school and are undertaking their chosen study, training or work they need ongoing connection and support. Also at the center is the Education and Health Consultant Steff enabling and maintaining all the activities and connections.

In the next circle are the girls' mothers, aunts and in some instances fathers. These people are constantly approached and involved. In some instances there is little or no engagement with the girls' primary care givers and this is partly why the project is needed.

The next circle out is the 'Aunties'.

These people could also be the mothers and carers but are usually, First Australian women in the community that are active in the network and or hold a position in a key local organisations and agencies in secondary and tertiary education, Aboriginal controlled health, hospitals, community health, other organisations, agencies and projects in the Bendigo and greater region. 'Aunties' (and in some instances 'Uncles') are also members of the 'Local Network of Supporters' and the Local Indigenous Network (LIN) which



<sup>2</sup> This Framework has been developed from: Part 1 of a Guide to Network Evaluation, Framing Paper: The State of Network Evaluation, Network Impact and the Centre for Evaluation Innovation, July 2104; Assessing and Evaluating Change in Advocacy Fields, Dr. Jewlya Linn, Spark Policy Institute, Centre for Evaluation Innovation, September 2014; "An emerging frameworks fro assessing Nonprofit Networks", M Taylor & P. Plastrik in the Evaluation Exchange. P28, Harvard Family Research Project, Spring 2007.

is a network and forum facilitated by the State Government Office of Aboriginal Affairs. Importantly what is happening for these 'Aunties' is that they are identifying more strongly as First Australians and reinvigorating their traditional 'Aunty' role as being a significant adult in these young girls' lives. These people are generally available to the girls as role models, or to provide access to or support from either their workplace or themselves in encouraging the girls. The 'Aunties' are 'stepping up' to this role and building strong links of support and nurturing between themselves.

The next circle out is key Australian, mainly women but also some men in local organisations and agencies in secondary and tertiary education, health, hospitals, community health, other organisations, agencies and projects in the greater Bendigo region. These people are also local members of Weenthunga.

The next circle out was referred to as the 'outer rim' these are people that, if engaged, with could provide support to the girls and First Australian health in general. These are potential members of the network. This also includes other Weenthunga, staff, board and members not located in the Bendigo region.

### Connectedness

Being connected is an essential function of a network. How people in a network are connected is important. This evaluation has found that people consistently talked about being connected and increasingly so. They identify the girl's project as linking them into a bigger network that brings together their individual efforts and contributions in a structured approach to supporting girls and achieving institutional change in the health profession in relation to Aboriginal employment. It's considered a bigger picture approach. The opportunities for connection are multilayered and ongoing. These opportunities and activities are primarily created and driven by the Consultant of the project.

The project has created spaces that are **inviting**. Pamper days, weaving days, women's gatherings, boards and committees, health days and professional site visits (universities and health) are all representative of spaces where people are being invited and welcomed to participate.

The project **builds trust and safety**. Many women spoke of their experiences of lateral violence both within the community and in some of their organisations. The connections between the women are being carefully fostered by the Consultant to respond to this in a positive way. Women are being individually invited in based on their ability to create positive, trusting and meaningful relationships. This is a principle that is central to all the work that the Consultant undertakes and is therefore fundamental to the project's approach.

### Alignment

Aligning the interests of the people involved in a network is important so that people have a shared purpose on which to take action. The project aligns its members to focus on girls, health, wellbeing, identity and culture. The project's purposes are primarily about girls having a career (preferably in health) and secondarily about stronger 'Aunties' and unlocking opportunities for the girls and then thirdly enabled Weenthunga members to contribute and building their cultural understanding. These purposes are achieved in an interlocking way.

The project is girl-centered and all women spoke of their individual commitment to health and wellbeing and their individual efforts personally, professionally, and in their communities around health and wellbeing.

All the girls involved and many of the local network supporters refer to a strengthening of, and increased pride in their identity. They are seeing roles and opportunities opening up to them based on their Aboriginality. There are safe and trusting environments in which to explore, invigorate, and express their Aboriginality and strengthen culture. The Consultant is integral to this process of positively modeling and profiling this in all activities across the project.

### **Action**

As mapped out in the project's program logic the actions of the project are leading to the intended outcomes. Additional to the outcomes mentioned in the previous section there are a number of outcomes that are seen across the project's domains including:

Achieving individual health and wellbeing.

There is a strong focus on girls and women working toward achieving health and wellbeing for themselves, their families, and the community. There is also evidence that as a result of being involved in this project is producing increased in health and wellbeing.

### **Building and strengthening First Australian identity**

This is a key action and outcome the project delivers. This achievement is fundamental to the work and underpins and builds girls, mothers and aunties ability to then move forward. One key outcome that a strong identity leads to be the ability and willingness to them step up and be a role model themselves. Doing this displays pride in identity and hence increased strength in identity. There is a strong sense among some of the girls and women of being and becoming role models. The girls are inspired by the women's stories of their journey into a health profession and have a sense that this is a role that they can undertake. Their increased sense of achievement has inspired them to share their experiences with others and let them know that they can do it too. This also acknowledges cultural responsibilities to be an 'Aunty' who has responsibilities to mentor and guide others.

### **Cultural reinvigoration and cultural responsiveness**

The project's participants regularly referred to finding new ways to engage in and express cultural practices in their personal lives as well in their chosen health careers. They spoke of supporting others in these practices. Many expressed an increased understanding and appreciation of their cultural values both within themselves and others and its value within the health profession. The cultural reinvigoration and responsiveness elements of the project are in four areas including:

- Strengthened individual girls and aunty cultural identity as discussed above.
- Strengthening and reinvigorating cultural practices of relationships, roles and family networks.
- Building Australian's cultural responsiveness as mentioned above, and
- An acknowledgement that the cultural aspects of the project strengthen all aspects of Weenthunga as Weenthunga is a learning network that is actively reflecting on and learning from its practices.

## Horizontal learning

A key function of a network is facilitating ‘horizontal learning’<sup>3</sup>, i.e. this is learning from peers as a key function of a network. Many of the above achievements are a result of members of the network learning from each other. This learning is enabled in a very informal way and grounded in relationships.

In summary Weenthunga in Bendigo is a healthy network. And in effect the activities in Bendigo have created a network within a network. It is clear that the network is stepping through what Taylor and Plastrik<sup>4</sup> deem to be “key stages:

1. Connection. All networks start by connecting people or organisation (nodes) to each other.
2. Alignment. Networks build on connections to create a shared value proposition and activity.
3. Production. Networks build on connections and alignment to organize the production of a particular result.

Taylor and Plastrik then explain that a network usually evolves into a structure that has a distinct pattern of linkages that take shape due to repeated connections and other factors evolve. The Girls Resilience Project’s Network similarly has evolved in its structure, as it is being known for particular events, principles and the Weenthunga approach. The recommendations below suggest the need to confirm the distinct patterns of linkages to strengthen the network and ensure sustainability.

### Tensions:

Additional to the outcomes mentioned in the previous section there are a number of tensions or issues that are seen across all of the project’s domains including:

### Defining the Project elements and the approach

The Girls Resilience Project is heartfelt, complex, difficult to define and describe. It is simultaneously recognising, responding to, strengthening and developing First Australian ways of being and doing in the space of health, wellbeing and education while supporting Australian health professionals to work competently in this space at this time. A number of the respondents describe the project as such:

This is like when a river in the central desert comes to life it has a main course but it has lots of channels and they can finger out into the landscape and it brings life to so much in the landscape. [M1]

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<sup>3</sup> Horizontal Learning builds trust, helps people to learn each other’s ways of seeing the world and helps everyone to see what contribution they can bring. By so doing this can build strong foundations for working together” p. 56 The Barefoot Guide 4: Exploring the real work of social change. [www.barefootguide.org](http://www.barefootguide.org)

<sup>4</sup>“An emerging frameworks for assessing Nonprofit Networks”, M Taylor & P. Plastrik in the Evaluation Exchange.P28, Harvard Family Research Project, Spring 2007.

It's a synergy, you find it is only one thing that has happened but it has got multiple uses. [WHN4]

You could say Weenthunga does this, this, and this, but it is all these other ways of the threads being woven together that's making it work. [M1]

It's an holistic approach to creating cultural spaces, sometimes just for us as Aboriginal women, and sometimes for Aboriginal and non-Aboriginal people come together in. [LNS5]

It's all actually like a brick in a wall it's hard to isolate it sometimes. Every time I do something with Aboriginal people I'm finding it leads to something else somewhere along the line and you don't really know where it will go and you just have to swim with it and work around with it. Sometimes they'll come and see you with no set agenda, they just say they'll come and see you and you're not quite sure what it's about but something will happen further on. [WHN4]

This difficulty in defining the project elements and approach present a number of challenges. The activities and mechanisms of the work are difficult to define and describe and hence this contributes to a difficulty in reporting on the outputs of the work. Outputs are not being adequately captured in reports. This means that there is limited data for accountability, reflection, learning and improvement purposes. This also presents a difficulty in communicating or marketing the work to others.

The strength of this project is its complex and rich networking, strengthening and focus on the girls but for the project to be communicated, learnt from and scaled up it needs to be clearly described and mapped in a project model.

### **The strength and role of the Education and Health Consultant (Steff)**

Many of the outcomes of the program are based on the cumulative and dedicated efforts of the Consultant in her various roles. In short Steff is amazing. Weenthunga needs to be congratulated in its efforts to build and design this project around the visions and dedication of Steff to bring about significant outcomes in First Australian girl's lives. The relationships and networks that Steff is active in establishing are often a result of all of her efforts in her personal life, across organisations and time. She has worked at the Bendigo Senior High School, holds a position on the Reconciliation Action Group and other positions within the Bendigo community. Steff herself is the primary resource, contributing her time and personal resources and capacities to maintain much of the momentum. She has developed strong and trusting relationships with the girls and provides support in relation to transporting the girls to meetings, being available at any time, taking on an aunty role in the girls lives and is closely connected to their families. Given all of this it is difficult to attribute many of project outcomes solely to the three days of remunerated work Steff undertakes in her role with Weenthunga.

The fact that the success of this project is heavily invested in one person in itself presents a risk to the project. If Steff were not available to undertake the work, for whatever reason the project would be at risk. It also raises the question; 'is this level of effort sustainable for Steff herself?'

The second issue here is that given that the project's success is dependent on everything that the Consultant brings to the work, not just the three days that are remunerated, it is difficult to isolate what elements are the projects and which are not. What elements should be reported on? This also has implications for the scale up of the project to other locations. It will be important to clearly define the project activities and what expected 'success' looks like for these new locations so that expectations

placed on project officers in these locations are not unreasonable. Project activities need to be restricted to what is reasonably achievable in the remunerated time.

The third consideration here is if the Consultant is to assist in the establishment of the project in 2 to 3 new locations what of her current work will be undertaken by others? Weenthunga needs to consider ways to shift some of the current workload so that the new project sites can be adequately supported.

### **Striking the right balance between breadth and depth**

It has been difficult to understand the number of girls that have had access to the project, that have been offered the support. The evaluation could only really understand the outcomes for the girls that have had been deeply and strongly supported by the project. Based on the number of girls participating in the project we found that about a third received significant support, a third some support and the final third disengaged with the project. We do not know why they disengaged, was it that they did not need support or that they had an issue with the project? Regardless of the answers to these and other questions the project needs to develop a clear understanding of the breadth and depth of support that it intends to provide in response to the need and interests of the population of First Australian girls in a given region. Ideally the evaluation should have addressed the breadth of support more but a limitation of this evaluation was that the information, time and resources was not available to undertake such an analysis. The Girls Resilience Project is a success and this evaluation gives rich and contextual evidence of this – i.e. Depth. Conversely the project should be able to articulate its effectiveness statistically and provide information on the breadth of the need and the results. To do this the project would need to undertake a context analysis and then explain how the project responds to the context with an appropriate mix of breadth and depth.

### **Addressing the evaluation purpose and questions**

The first two evaluation questions: 1. *Demonstrate the outcomes and impact of this network model*, and 2. *Identify the effectiveness of the network model in this context* have been addressed in chapters 4 and 5.

Question 3. *Identify the elements of the model that are needed for scale up* is addressed in this section below.

Questions 4. *Achieve engagement and build ownership of the work with key stakeholders*, and 5. *Build the evaluative capacity of Weenthunga staff and board* are process elements and have been achieved in the involvement of staff and stakeholders in evaluative methods throughout the evaluation.

The whole evaluation addresses Question 6. *Build a case for future support of the model* and 8. *Make recommendations* is the focus for the next chapter.

Two of the key evaluation questions needing specific attention are:

- Question 3: What are the elements of the model that are needed for **scale up**?
- Question 7: What are the elements of the program that are needed for **sustainability** (of the work)?

Answering Question 3: What are the elements of the model that are needed for **scale up**?

Being mindful of the tensions that were raised above the elements of the model that are needed include:

1. A clear description of the project including:

- A refined theory of change program logic, articulating the network model.
- Outline the purposes of the project in relation to the 3-4 key target groups including: girls; 'Aunties'; institutions and Weenthunga Members (and potential members).
- Outline the project's interrelationship to the broader Weenthunga network.
- Clearly establish the target number of girls for each project location based on an understanding of the population of First-Australian girls in the region and their needs. Establish an understanding of the levels of support girls may need i.e. the breadth and depth of the work.
- Clear strategy and activity descriptions that map out the two key types of activities - episodic - expected events and ongoing - relationship work.
- As a way to communicate the intangible elements of the work establish a set of practice principles. The analysis workshop began to consider potential practice principles. These are documented at Appendix 5 Potential Practice Principles.
- Establish a clear and straightforward monitoring evaluation reporting and improvement (MERI) framework, as it will clearly outline expectations for project officers.

2. An understanding of networks and networking is needed to effectively undertake this work.

3. Secure funding that enables each project site the security of longevity of support (for example 3-5 years of support).

4. Consider the level of foundational support provided by Weenthunga (executive, finance, governance etc.) that each project location would need to be effective.

5. Consider the establishment, ongoing mentoring and cross project learning that will need to be provided by the Consultant. Where and how often will the project officers come together, what key learning will they need to undertake? Should the project officers come together in Melbourne, at each location or in Bendigo to learn from the established project?

Answering Question 7: What are the elements of the program that are needed for **sustainability** (of the work)? This evaluation was unable to respond to this question due to resources and focus.



## Chapter 5. Evaluation Recommendations

The following recommendations have been developed by the evaluators but are inspired by participant's contributions at the evaluation analysis workshop:

### 1. Activities with girls:

1.1 **Maintain and strengthen** the Girls Resilience Project by:

- Maintain the Health Career days and potentially strengthen them by having different speakers, hold them in different locations alternating between the regions and Melbourne.
- Consider profiling other careers at the Health Career days.
- Invest more time into the mentor/tutor program to establish it effectively.

1.2 Consider the **breadth and depth** of the project as a way to clearly articulate and justify the approach. Consider increasing the number of girls in the project. This could be done by increasing the years of engagement to years 8 and 9 or engaging with more high schools in the region or both.

### 2. Girls alumni

2.1 Continue to build on and have **alumni activities to support** the girls, establishing some of the girls as role models and to further their support of each other.

2.2 Establish **alumni social media** for ongoing connection and communications amongst the girls.

### 3. Local Support Network

Maintain the strength and function of this network.

- **Maintain the strong interaction** between girls, this network and role models.
- Based on what is working **establish some 'flagship'** activities that are consistently delivered such as the Women's Gatherings. The flexibility of activities is good but this needs to be balanced with planned and consistent activities.
- Engage with the 'Aunties' of the network to consider **naming the network** and its practice. The identity of this network could be separate to Weenthunga but the identity and purpose needs to be discussed and led by the 'Aunties'.
- Continue to consciously build and profile  **aunty role models**, to build local capacity and shift the carriage of the project away from the Consultant's shoulders.
- Hold regular events / ways to **engage the 'outer-rim'** local network people such as schools, tertiary, health courses, health facilitates etc.

#### 4. Weenthunga foundational elements:

4.1 Hold **regular** local **Bendigo Weenthunga meetings** to support the Girls Resilience Project work and 3. above.

4.2 Clearly define the **Girls Resilience Project and Weenthunga model** so that it can be clearly communicated and scaled up in other regional locations. Developing a set of practice principles may assist in defining the approach. Clearly outline the primary, secondary and tertiary purposes for the key stakeholders. Clearly identify the breadth and depth of the project by establishing the intended number of girls in each project and a rationale for why this number.

4.3 Develop a straightforward **Monitoring, Evaluation, Reporting and Improvement (MERI) Framework** to capture key data for reporting and reflection. This relates to considerations at recommendation 1.2. Undertake staff professional development in MERI to support the implementation of this system.

#### 4.4 Staffing:

- Provide a local Australian partner for the Consultant for operational support and connection with the 'outer rim'.
- Consider what work the Consultant will not undertake so that she can dedicate time to establishing and mentoring project officers in scaling up the work in 2-3 new locations.

## Provocative Questions

At the evaluation workshop we developed a number of Provocative Questions. These are questions that come to mind about issues and ideas beyond the evaluation. They are designed to provoke discussion about the possibilities and represent the strategic thinking that needs to take place in the future. We used these provocative questions as a segue to developing the recommendations.

The Provocative Questions from the Evaluation Workshop include:

### *Girls:*

- Are the girls' aspirations their reality?
- Is the number of girls supported enough?
- Is this push into health careers limiting the girls' career aspirations and options (stereotyping)?
- How much of the focus is on transition to health careers – how much should there be?

### *LNS:*

- Priming and arranging the 'opportunities' but not being able to deliver 'girls' into these opportunities (demand and supply).
- Consider the untapped potential of the 'outer rim' of the network?
- Is the school only talking the talk?
- Where is the balance between leadership and self-fulfilment?

### *Weenthunga network members:*

- Do the Weenthunga members sufficiently understand what the Weenthunga Health Network is and what it is trying to achieve?

### *Approach:*

- Is there a risk of losing a First Australian led process?
- Where should the work expand? More girls from different schools? Include boys? Shift to more cultural competency? Invest more in the networking with aunties and Australians?

### *Financial support:*

- What are the future plans for recurrent financial support?
- Do the expectations of the funding organisations match the objectives and outcomes of the program considering breadth and depth?

### *Monitoring, Evaluation, Reporting and Improvement:*

- How can we build evaluation and reflection as a continuous process?
- Do we have the data?

### *Consultant:*

- What is the limit in scope of the brokering of relationship role that Steff plays?
- There is a risk of project officer burn out (?)

## Appendix 1. Resources

### Snap shot of resources 2013 – 2015

The early development of Weenthunga was underpinned by pro bono work and a loan from Koori Occupational Therapy Scheme. In 2013 saw the beginning of some work being remunerated. Weenthunga's total expenditure 2013-2015 is \$200,884.

Hours and expenses	2013	2014	2015
Health and education Consultant, Girls Resilience Project	½ a day a week	2 days a week	3 days a week
Other Weenthunga Staff	-	EO, Finance, Other	EO, Finance, Comms, Other
Organisational and project activity expenses	Activities	Activities	Activities
Expenditure:	28,425	68,736	103,723

Weenthunga's income in 2013-2015 was essentially from philanthropic grants to build Weenthunga's capacity, as well as for the Weenthunga Health Days and promotional videos on First Australian women in health roles.

2013	2014	2015
Australian Communities Foundation (EM Horton, Alf & Meg Steel Fund, The Beecher Family Charitable Fund, Fairer Futures Fund, Towards a Just Society Fund); The Funding Network; English Foundation; Helen MacPherson Smith Trust; Victorian Womens Trust; Reconciliation Victoria	Australian Communities Foundation (Alf & Meg Steele Fund, Towards a Just Society, Fairer Futures Fund, B & A Miller Fund, Sunning Hill Fund, Beecher Family Charitable Fund; Anna Wearne Trust); Victorian Womens Trust; Reconciliation Victoria; Lord Mayor's Charitable Fund	Australian Communities Foundation (EM Horton Family Fund, Towards a Just Society Fund, Fairer Futures Fund, Sunning Hill Fund, Nicholas R Taylor Fund); St John of God; Sharegift; Helen Macpherson Smith Trust; Portland House Foundation

## Appendix 2. Evaluation Questions

Evaluation questions against outcomes

Outcomes	Measures of Success	Evaluation Questions / Indicators
Girls take up appropriate opportunities and move from aspiration to application in health professions		<p><b>Have girls taken up the opportunities?</b></p> <p>How many girls are retained at each year level</p> <p>Has there been an increase in retention?</p> <p>How many year 12 girls graduate and what careers are they successfully entering?</p> <p>If not, why not?</p>
Girls access individually appropriate support	Girls have the attitudes and capacity to access appropriate support	<p><b>Do girls access appropriate support?</b></p> <p>What is the nature of the support accessed?</p> <p>How many girls and how often have they accessed support?</p> <p>If not, why not?</p>
There is a shift in attitude - cultural/identity change – ‘it’s ok for girls to achieve’		<p><b>Through the girl’s involvement in this program have they realised an attitudinal change?</b></p> <p>Teachers notice a difference in attitude at school</p> <p>Other individuals notice a change in attitude</p> <p>Girls self-report an attitudinal change</p>
Girls have strength and purpose in themselves and a career pathway [having a stronger identity]		<p><b>As a result of participating in this program have girls realised a stronger sense of self and career purpose?</b></p> <p>The number of girls who have mapped out their career path and display a purpose and commitment to it.</p>
There is peer support among the girls including alumni	Supportive connections are established and maintained between previous and current participants	<p><b>What is the nature, degree and value of the peer support?</b></p> <p>Girls can express the quality/value of peer support</p> <p>Others observe increased peer support</p>
Appropriate and requested support is	Individuals are collectively active	<p><b>Is appropriate support provided?</b></p>

provided	within the network providing coordinated support	Girls are requesting and accessing appropriate support The frequency and nature of support accessed
Indigenous women's family and community roles and responsibilities (obligation) are reignited and strengthened		<b>To what extent has participation in the girls program led to an increased sense of community roles and responsibilities?</b>  There been increase in attendance at LNS meetings and other activities.  There has been an increase in attendance at activities  The number of people who call each other by 'family respect' names
Individuals within the local network and organisations are aware of and connected to/invested in individual girls aspirations and support needs	An increasing number of stakeholders identify as being in a network and are more confident in being able to respond to support needs	<b>Is the Local Network of Supporters active in their roles?</b>  People are able to map and describe their networks  <b>Is there an increase in connections people have?</b>  <b>How do people rate the state/effectiveness of the network?</b>  The extent to which the network has a clear purpose, strategy, action plan and is implementing this
Networks of employees/mothers and aunts, organisations and girls are established	Individuals are able identify and describe increased connections with others within the networks	<b>How and why are networks being established?</b>  An increase in connections either being established or deepened between individuals  People can map their networks
Mothers and aunts support girls aspirations/opportunities	Girls can identify individuals who they feel connected to and supported by  Women can identify girls who they are connected to and have a sense of responsibility in supporting them	<b>Are mothers and aunts aware of girl's aspirations?</b>  <b>Are mothers and aunts able to provide/ or access appropriate support within their networks of responsibility?</b>  <b>How many of the girls mothers and aunts attend activities and how many times?</b>  <b>How many mothers and aunts have provided support and in what form?</b>

## Appendix 3. Index of Data

Method	Component
Document analysis	Weenthunga Melbourne Health Day Report Bendigo Health Day Program WHN Report MLCF Grant Application Project Implementation Plan - Building Resilience, Encouraging Health Careers Weenthunga report AGM 2014-2015 WHN Report to ACF Indigenous Donors Circle Weenthunga 2013-14 Report Weenthunga report AGM 2014-2015 WHN Newsletters
Semi structured interviews	9 interviews with girls March, September
	5 interviews mothers and carers
	7 interviews LSN
	6 interviews with local Weenthunga members
The Most Significant Change Technique	4 stories from girls
	7 stories from mothers and aunties LSN
	5 stories Weenthunga network members
Network analysis	Undertaken in March workshop
	Undertaken in October workshop
Analysis workshop attendance	10 people including LSN and Weenthunga network members, Weenthunga staff, funders.
Analysis	Participation Statistics

Please note that each interviewee has been de-identified and given a code. These codes are used to reference quotes in the text. There are a number of statements in the text that read as quotes. These statements are from the participatory analysis of the interviews by the evaluation team.

## Appendix 4. Activities and outputs table.

Strategies	Activities	Outputs – the achievements of activities
Strategy 1. <b>Connections and career planning with girls</b>	1.1 Involving girls via “Shades of Purple” – girls own social media page; and whenever opportunities arise [PIP: 2.1]	<b>SHADES OF PURPLE</b>  This is a social media platform (Facebook page) for sharing and promotion of the girl’s activities and experiences. The page went live in February 2013.  There has been minimal activity in this area due to concerns about to administer and manage the safety aspects of this type of social media site. Responsibility was given to one girl but it hasn’t been taken up.
Activities that continue establishing and maintaining connections with secondary school girls and designed to meet their interests [PIP: 2 &4]	1.2 Scholarship celebration days	<b>SCHOLARSHIP CELEBRATION DAY</b>  This event followed on from the Women’s Talk day in Bendigo, it brought together the girls and the scholarship providers to celebrate the girls’ success in securing scholarships. This involved 3 girls in 2015.
	1.3 Alumni activities	<b>ALUMNI ACTIVITIES</b>  This involves individual girls speaking and/or presenting at various events in 2015 including; Close the Gap, NAIDOC Hospital event, 2015 NAIDOC Bendigo Senior Secondary and with the DVD.
	1.4 Introducing the girls to Weenthunga’s website page: Careers in Health [PIP: 4.1]	This has been undertaken in an ongoing way
	1.5 Inviting girls to Weenthunga Health Day <i>Women’s Talk</i> – in Melbourne [PIP: 4.2]	<b>1.5 WEENTHUNGA HEALTH DAYS ‘WOMEN’S TALK’</b>  Between 2013 and 2015 four ‘Women’s Talk’ health days have been held, three in Melbourne and one in Bendigo. These days bring together the girls involved in the program and both First Nations and Australian health professionals. It is a day of presentations and conversations where a diversity of women in health professions share the story of their experiences of, and journeys into, health professions. The girls have the opportunity to visit various professional settings to ground their understanding of these career options. The day is followed by a
Mostly with girls		



		dinner where the girls and women have further opportunities to have conversations and make connections.																									
		<table border="1"> <tr> <td>When</td> <td>2013</td> <td>2014</td> <td>May 2015</td> <td>August 2015</td> </tr> <tr> <td>Where</td> <td>Melbourne – Children’s hospital</td> <td>Melbourne</td> <td>Bendigo</td> <td>Melbourne</td> </tr> <tr> <td>Girls</td> <td>16 (From Melbourne, Kimberley, Bendigo)</td> <td>12 (From Bendigo and Geelong)</td> <td>8 girls</td> <td>14 girls</td> </tr> <tr> <td>Speakers</td> <td>20</td> <td>20</td> <td>18</td> <td>17</td> </tr> <tr> <td>Mothers, aunties, carers</td> <td>3</td> <td>2 (speakers)</td> <td>6</td> <td></td> </tr> </table>	When	2013	2014	May 2015	August 2015	Where	Melbourne – Children’s hospital	Melbourne	Bendigo	Melbourne	Girls	16 (From Melbourne, Kimberley, Bendigo)	12 (From Bendigo and Geelong)	8 girls	14 girls	Speakers	20	20	18	17	Mothers, aunties, carers	3	2 (speakers)	6	
When	2013	2014	May 2015	August 2015																							
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Speakers	20	20	18	17																							
Mothers, aunties, carers	3	2 (speakers)	6																								
	1.6 Provide girls information on scholarships, cadetships, links to relevant professional associations [PIP: 4.3]	This has been undertaken in an ongoing way																									
	1.7 Assisting girls where necessary with work experience, mentoring [PIP: 4.4]	<p>MEDICAL STUDENT MENTORS/TUTORS</p> <p>This involves 3rd year Australian medical students from the Monash School of Rural health volunteering to tutor and support the girls in their academic endeavors. There have been 1-3 tutors and 2 girls being tutored. This activity needs more support.</p>																									
	1.8 Assist girls where necessary in applying for health courses [PIP: 4.5]	<p>EDUCATIONAL, TRAINEESHIP/ EMPLOYMENT SUPPORT</p> <p>This involves providing references, arranging interviews and meetings, transport to interviews, administration and communications support (internet, phone) meetings. References for employment, scholarships and university (8 girls, Traineeships cadetships or pathways TAFE or University (5 girls), Employment (3 girls).</p>																									
Strategy 2 <b>Connecting</b>	2.1 Pampering sessions and afternoon teas [PIP: 2.2]	<p>PAMPER DAYS</p> <p>These days bring together girls, mothers and aunties, and other community members in a relaxed environment,</p>																									

<p><b>mothers and aunties</b></p> <p>Activities which involve continuing to establish meaningful connections with First Australian school girls and their mothers, aunties and carers [PIP: 2]</p> <p>Mostly First Australian mothers, aunties, and carers</p>	<p>2.2 Continue liaising with the girls' mothers and aunties to gain their support and involvement: invite to occasional pampering sessions; afternoon teas; and whenever opportunities arise [PIP: 2.2]</p>	<p>sharing pampering experiences and opportunities for 'yarning' at Steff's home. The pampering includes nail painting, massages and sharing healthy food. It has a wellbeing focus.</p> <table border="1" data-bbox="728 288 1767 467"> <thead> <tr> <th>When</th> <th>2013 (1)</th> <th>2013 (2)</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>Girls</td> <td>4</td> <td>4</td> <td>7</td> </tr> <tr> <td>Mothers, aunties, carers</td> <td>6</td> <td>6</td> <td>6</td> </tr> </tbody> </table> <p>WEAVING DAY</p> <p>This day in 2014 brought together 15 girls, 20 families, 15 community members, and health professionals to learn the traditional skill of basket weaving in 2014 at Bendigo Senior Secondary College. It is a day of activities, learning new skills, having new experiences, fundraising, sharing, connecting and yarning. There was a welcome to country, a song in language and a belly dancing sessions. It provides an opportunity and time for people to meet and connect with each other in an informal setting.</p> <p>This is undertaken in an ongoing way.</p>	When	2013 (1)	2013 (2)	2014	Girls	4	4	7	Mothers, aunties, carers	6	6	6
When	2013 (1)	2013 (2)	2014											
Girls	4	4	7											
Mothers, aunties, carers	6	6	6											
<p>Strategy 3</p> <p><b>Establish effective Local</b></p>	<p>3.1 Continue establishing and maintaining connections with relevant staff at local school, TAFE and university and local</p>	<p>DINNERS</p> <p>These dinners follow from the Women's Talk days and involved those present on the day as well as other Weenthunga committee members. It allows further conversations to follow from the day's presentations and</p>												

<b>Networks of Supporters</b> from all relevant education and health organisations in each locality to contribute to strategies supporting and encouraging the school girls [PIP: 3]  Mostly First Australians and Australians in health roles	First Australian community groups, Aboriginal community controlled health services and mainstream health services [PIP: 3.1]	activities. <table border="1" data-bbox="728 247 2042 582"> <tr> <td>When</td> <td>2013</td> <td>2014</td> <td>2015</td> <td>2015</td> </tr> <tr> <td>Where</td> <td>Melbourne</td> <td>Melbourne</td> <td>Bendigo</td> <td>Melbourne</td> </tr> <tr> <td>Girls</td> <td>12</td> <td>10</td> <td>10 (3 alumni)</td> <td>14</td> </tr> <tr> <td>Mothers, aunties, carers</td> <td></td> <td>2</td> <td>13</td> <td></td> </tr> <tr> <td>Other participants - speakers and committee members</td> <td>23</td> <td>16</td> <td>14</td> <td>7</td> </tr> </table>	When	2013	2014	2015	2015	Where	Melbourne	Melbourne	Bendigo	Melbourne	Girls	12	10	10 (3 alumni)	14	Mothers, aunties, carers		2	13		Other participants - speakers and committee members	23	16	14	7
	When	2013	2014	2015	2015																						
Where	Melbourne	Melbourne	Bendigo	Melbourne																							
Girls	12	10	10 (3 alumni)	14																							
Mothers, aunties, carers		2	13																								
Other participants - speakers and committee members	23	16	14	7																							
3.2 Hold meeting of the Local Network of Supporters (LNS), facilitating connections between participants. <ul style="list-style-type: none"> <li>Discuss strategies of support which might be offered to the girls [PIP: 3.2]</li> <li>Discussing strategies of support which have been provided to the girls [PIP: 3.4]</li> </ul>	<b>LOCAL NETWORK OF SUPPORTERS MEETINGS</b>  These meetings bring together the Local Network of Supporters to share information and ideas relating to the girls pathways into health careers. Although only one meeting has been held in 2013 with thirty participants this coming together of the network has taken place at approximately 10 Local Indigenous Network (LIN) meetings between 2013 and 2015. The network has also come together at the other events mentioned elsewhere including the pamper and weaving days.	<b>WOMEN'S GATHERINGS AND SENIOR WOMEN'S PANEL</b>  These gatherings bring together women who have connected through their personal and professional involvement with the Weenthunga girl's resilience project. It provides an opportunity for women to identify and address a range of issues in their personal and professional lives in a safe and trusting environment. It primarily involves Aboriginal woman and a few non-Aboriginal women. <table border="1" data-bbox="728 1165 1899 1380"> <tr> <td>When</td> <td>2014 June</td> <td>2014 Aug</td> <td>2015 July</td> <td>2015 August</td> <td>2015 Sep</td> </tr> <tr> <td>Where</td> <td>Bendigo</td> <td>Bendigo</td> <td>Bendigo</td> <td>Bendigo</td> <td>Bendigo</td> </tr> <tr> <td>Women: Mothers, Aunties carers</td> <td>4</td> <td>4 + 1</td> <td>6 + 1</td> <td>9 + 1</td> <td>8 + 2</td> </tr> </table>	When	2014 June	2014 Aug	2015 July	2015 August	2015 Sep	Where	Bendigo	Bendigo	Bendigo	Bendigo	Bendigo	Women: Mothers, Aunties carers	4	4 + 1	6 + 1	9 + 1	8 + 2							
When	2014 June	2014 Aug	2015 July	2015 August	2015 Sep																						
Where	Bendigo	Bendigo	Bendigo	Bendigo	Bendigo																						
Women: Mothers, Aunties carers	4	4 + 1	6 + 1	9 + 1	8 + 2																						

	3.3 Promote the Local Network of Supporters in local media - for encouragement, acknowledgement and recruitment of others [PIP: 3.3]	PROMOTIONS Either Steff, Lin or the girls have presented or spoke at a number of events. This has included a fundraiser at the school in 2014, a Leadership day in 2014 that included 10 girls, 2 Women 1+1, 5 Mothers, 2 participants. Broome girls visit 6 girls, 10 Broome girls, and 2 women.
	3.4 Facilitated access to and arrange requested supports	This is undertaken in an ongoing way.
Strategy 4 Providing opportunities for girls through the <b>network model</b> to hear from First Australian health practitioners, to get work experience in the health fields and provide information on scholarships, tertiary entry	4.1 Assisting girls where necessary with work experience, mentoring [PIP: 4.4]	This is undertaken in an ongoing way.
	4.2 Assist girls where necessary in applying for health courses [PIP: 4.5]	This is undertaken in an ongoing way.

<p>requirements, availability of mentors [PIP: 4]</p> <p>Local Weenthunga Members and others</p>		
<p>Weenthunga network activities in Bendigo</p>		<p><b>WEENTHUNGA MEMBERS DAY AND DINNER</b></p> <p>Held in 2014 and involving 15 members it provided a space for broadly sharing information, resources, and opportunities among the Weenthunga members.</p> <p><b>WEENTHUNGA VIDEO: YOUNG WOMEN CHOOSING HEALTH</b></p> <p>It features presenters at the 2012 Weenthunga Health Day: <i>Women's Talk</i> as well as Danika, one of the students attending that day, and Steff Armstrong, Weenthunga's Health and Education Consultant. Shown in Melbourne in 2014 with committee, funders, members and staff in attendance.</p>

## Appendix 5. Potential practice principles

As part of clearly defining the Girls Resilience Project and the Weenthunga model so that it can be clearly communicated and scaled up in other regional locations it was decided to develop a set of practice principles. A number of principles were evident in analysis discussions at the evaluation analysis workshop. These can be used as a beginning for the development of these practice principles:

Ours are:

- Led by First Australians
- Have a two way approach, Australians and First Australians are partners in the endeavor
- Girl centered
- Role modeling is important, we are role models and we foster and enable role models
- Learning and enabling focused, we foster the 'horizontal learning' function of a network to bring about change
- Foster reinvigoration of First Australians' culture
- Respond to need when it arises. We are open to opportunities and primed to support. We do not push. (I think the context for when this is needed should be explained – i.e. girls)
- Relationship based, seeking to develop strong and deep individual relationships
- Strength based, we appreciate each others strengths and differences enabling each other to grow
- Create welcoming, safe and trusting cultural spaces
- About healing and wellbeing at multiple levels.

