

**Parenting groups as sources of social capital:
their patterns of use and outcomes for
Aboriginal and non-Aboriginal mothers of
young children**

Submitted by
Wendy Shulver
Bachelor of Behavioural Science (Honours)

A thesis submitted in total fulfilment of the degree of
Doctor of Philosophy

Sociology,
School of Social and Policy Studies
Faculty of Social and Behavioural Sciences,
Flinders University,
Adelaide, Australia

October 2011

Table of Contents

TABLE OF CONTENTS	iii
LIST OF FIGURES	vi
LIST OF TABLES	viii
SUMMARY	ix
DECLARATION	xi
ACKNOWLEDGEMENTS	xii
CHAPTER 1. INTRODUCTION	1
THESIS AIMS	3
OUTLINE OF CHAPTERS	6
TERMINOLOGY	10
<i>Parenting Groups</i>	10
<i>Aboriginal and Disadvantaged Mothers</i>	10
<i>Aboriginal Terminology</i>	11
ABORIGINAL SOCIOHISTORIC CONTEXT	12
SUMMARY	15
CHAPTER 2. LITERATURE REVIEW	17
SOCIAL SUPPORT OVERVIEW	17
INFORMAL SOCIAL SUPPORT	19
SOCIAL SUPPORT AND PARENTING	20
SOCIAL SUPPORT AND SOCIOECONOMIC DISADVANTAGE	21
PLAYGROUPS	24
<i>Playgroups and Social Support</i>	25
<i>Playgroup Participation and Socioeconomic Status</i>	26
<i>Supported Playgroups</i>	28
<i>Aboriginal Supported Playgroups</i>	30
PARENT EDUCATION GROUPS	31
PARENT SUPPORT GROUPS	33
<i>Parent Support Groups and Social Support</i>	35
<i>Parent Support Groups and Psychological Adjustment</i>	40
<i>Parent Support Group Facilitators</i>	41
<i>Parent Support Groups and Socioeconomic Disadvantage</i>	41
<i>Aboriginal Parent Support Groups</i>	43
SUMMARY AND CONCLUSION	44
CHAPTER 3. THEORY	47
COLEMAN	48
BOURDIEU	51
PUTNAM	55
SOCIAL CAPITAL RESEARCH	57
<i>Social Capital and Health</i>	59
<i>Social Capital and Disadvantage</i>	60
<i>Social Capital and the Family</i>	63
<i>Social Capital and Aboriginal Research</i>	67
CRITIQUES OF SOCIAL CAPITAL—THE CASE FOR CONTEXT	71
PUTTING IT ALL TOGETHER—SOCIAL SUPPORT, SOCIAL CAPITAL, CONTEXT AND THE SOCIAL STRUCTURE	72
CONCLUSION	75

CHAPTER 4. METHODS	79
EVOLUTION OF THE RESEARCH PROJECT	79
MIXED METHODS RESEARCH	85
QUALITATIVE COMPONENT	87
<i>Aboriginal Community Health Centre</i>	87
<i>Aboriginal Mothers' group</i>	88
<i>Aboriginal Playgroup</i>	89
<i>Non-Aboriginal Playgroup</i>	89
<i>Qualitative Procedures</i>	90
<i>Description of Sample and Qualitative Analysis</i>	93
<i>Aboriginal Research as a Non-Aboriginal Researcher</i>	98
QUANTITATIVE METHODOLOGY	102
<i>Design</i>	103
<i>Weighting, Non-Response and Missing Data</i>	105
<i>Aboriginal Participants</i>	107
<i>Measures</i>	108
<i>Statistical Analyses</i>	112
<i>Multivariate Model Specifications</i>	115
SUMMARY	119
CHAPTER 5. QUANTITATIVE RESULTS—BIVARIATE	125
SAMPLE CHARACTERISTICS	126
<i>Aboriginal Status and Disadvantage</i>	128
<i>Low Income and Disadvantage</i>	129
<i>Age</i>	131
<i>Household Composition</i>	132
<i>Work Status</i>	135
IMPORTANT SOURCES OF SUPPORT	137
INFORMAL SUPPORTS	139
GROUP PARENTING SUPPORTS	141
<i>Playgroups</i>	142
<i>Parent Support Groups</i>	155
HEALTH, WELL-BEING AND PARENTING	161
<i>Global Health</i>	162
<i>Parenting Self-Efficacy</i>	166
<i>Coping</i>	171
CONCLUSION	174
CHAPTER 6. QUANTITATIVE RESULTS—MULTIVARIATE	177
EXPLANATORY FACTORS FOR PARENTING GROUP USE	177
<i>Aboriginal Status</i>	178
<i>Socioeconomic Status</i>	178
<i>Demographic Variables</i>	185
<i>Informal Supports</i>	186
PARENT SUPPORT GROUP PARTICIPATION AND HEALTH AND WELL-BEING	188
<i>Parent Group Use</i>	195
<i>Aboriginal Status</i>	196
<i>Socioeconomic Status</i>	198
<i>Demographic Variables</i>	198
<i>Informal Supports</i>	199
SUMMARY—QUANTITATIVE RESULTS	195
CHAPTER 7. QUALITATIVE RESULTS AND DISCUSSION—PATTERNS OF PARENT GROUP PARTICIPATION AND ACCESS ISSUES	203
INFORMAL SUPPORTS	204
PREVALENCE OF PLAYGROUP VERSUS PARENT SUPPORT GROUP PARTICIPATION	205

SOCIODEMOGRAPHIC PATTERNS IN PARENTING GROUP PARTICIPATION	208
PARENTING GROUP PARTICIPATION AMONG ABORIGINAL AND DISADVANTAGED MOTHERS	212
ACCESSING PARENTING GROUPS	223
<i>Formal Channels</i>	224
<i>Informal Channels</i>	227
<i>Breaks in Participation</i>	230
SUMMARY	231
CHAPTER 8. QUALITATIVE RESULTS AND DISCUSSION—OUTCOMES OF PARTICIPATION IN PARENTING GROUPS	233
PLAYGROUPS, GLOBAL HEALTH AND SOCIAL CAPITAL	234
PARENTING GROUPS, PSYCHOLOGICAL ADJUSTMENT AND SOCIAL CAPITAL	237
PLAYGROUPS AND FAMILY SOCIAL CAPITAL	242
PARENTING GROUPS, SOCIAL NETWORKS AND SOCIAL CAPITAL	245
PARENTING GROUPS, FACILITATORS AND SOCIAL CAPITAL	251
PARENT SUPPORT GROUPS, EMPOWERMENT AND SOCIAL CAPITAL	261
ABORIGINAL PARENTING GROUPS, CULTURAL CONNECTION AND SOCIAL CAPITAL	271
CONCLUSION	275
CHAPTER 9. SUMMARY AND CONCLUSIONS	277
QUANTITATIVE VERSUS QUALITATIVE METHODOLOGIES	277
PREVALENCE OF PLAYGROUP VERSUS PARENT SUPPORT GROUP PARTICIPATION	279
THE SOCIAL CAPITAL VALUE OF PARENTING GROUP FACILITATORS	280
IN SUPPORT OF SUPPORTED PLAYGROUPS	282
PLAYGROUPS AS PARENT SUPPORT GROUPS	283
ABORIGINAL MOTHERS	284
LIMITATIONS AND FUTURE RESEARCH	285
<i>Methodological Limitations—Quantitative</i>	285
<i>Methodological Limitations—Qualitative</i>	287
<i>Aboriginal Parenting Group Research</i>	289
<i>Theoretical Limitations</i>	291
CONCLUDING COMMENTS	292
APPENDIX A Memorandum of Agreement	293
APPENDIX B Letter of Introduction—Aboriginal Participants	295
APPENDIX C Letter of Introduction—Non-Aboriginal Participants	296
APPENDIX D Information Sheet—Aboriginal Participants	297
APPENDIX E Information Sheet—Non-Aboriginal Participants	298
APPENDIX F Consent Form	299
APPENDIX G Longitudinal Study of Australian Children Survey Items	301
APPENDIX H Analyses of Sources of Support by Aboriginal and Socioeconomic Status	319
APPENDIX I Analyses of Contact with Informal Supports	329
REFERENCES	331

List of Figures

5.1. Weekly household income by Aboriginal status, LSAC mothers	129
5.2. Age range of LSAC mothers by Aboriginal status	131
5.3. Age range of LSAC mothers by weekly income	132
5.4. Relationship status of LSAC mothers by weekly income	134
5.5. Number of children in the household by weekly income	135
5.6. Work status of LSAC mothers by Aboriginal status	136
5.7. Work status by weekly income	137
5.8. Family, friends and formal services as important sources of 4 types of support	138
5.9. Level of help received from family and friends	140
5.10. Attachment to family and friends	141
5.11. Use of playgroups in the last 12 months by age, Wave 1	143
5.12. Use of playgroups in the last 12 months by age, Wave 2	144
5.13. Use of playgroups in the last 12 months by work status, Wave 1	145
5.14. Use of playgroups in the last 12 months by work status, Wave 2	146
5.15. Use of playgroups in the last 12 months by relationship status, Wave 1	147
5.16. Use of playgroups in the last 12 months by relationship status, Wave 2	148
5.17. Use of playgroups in the last 12 months by number of children in the household, Wave 1	149
5.18. Use of playgroups in the last 12 months by number of children in the household, Wave 2	150
5.19. Use of playgroups in the last 12 months by Aboriginal status, Wave 1	151
5.20. Use of playgroups in the last 12 months by Aboriginal status, Wave 2	152
5.21. Use of playgroups in the last 12 months by weekly income, Wave 1	153
5.22. Use of playgroups in the last 12 months by weekly income, Wave 2	153
5.23. Use of playgroups in the last 12 months by level of help received from family and friends, Wave 1	154
5.24. Use of playgroups in the last 12 months by attachment to family, Wave 1	155
5.25. Use of playgroups in the last 12 months by attachment to friends, Wave 1	155
5.26. Use of parent support groups in the last 12 months by work status, Wave 1	158
5.27. Use of parent support groups in the last 12 months by level of help received from family and friends, Wave 1	160
5.28. Use of parent support groups in the last 12 months by attachment to family, Wave 1	160

5.29. Use of parent support groups in the last 12 months by attachment to friends, Wave 1	161
5.30. Global health, LSAC mothers	162
5.31. Global health by Aboriginal status.....	164
5.32. Global health by weekly income.....	165
5.33. Global health by playgroup participation.....	166
5.34. Global health by parent support group participation.....	166
5.35. Parenting self-efficacy, LSAC mothers	167
5.36. Parenting self-efficacy by Aboriginal status	168
5.37. Parenting self-efficacy by weekly income	169
5.38. Parenting self-efficacy by playgroup participation	170
5.39. Parenting self-efficacy by parent support group participation	170
5.40. Level of coping, LSAC mothers	171
5.41. Level of coping by Aboriginal status	172
5.42. Level of coping by weekly income	173
5.43. Level of coping by playgroup participation	173
5.44. Level of coping by parent support group participation	174
H1. Family as important sources of support by Aboriginal status.....	319
H2. Friends as important sources of support by Aboriginal status	320
H3. Government, community and welfare organisations as important sources of support by Aboriginal status	321
H4. Family as important sources of support by weekly income	322
H5. Friends as important sources of support by weekly income	323
H6. Government, community and welfare organisations as important sources of support by weekly income	324
H7. Level of help received from family and friends by Aboriginal status.....	325
H8. Level of help received from family and friends by weekly income.....	326
H9. Attachment to family by Aboriginal status	327
H10. Attachment to friends by Aboriginal status	327
H11. Attachment to family by weekly income	328
H12. Attachment to friends by weekly income.....	328
I1. Frequency of contact with informal support networks	329

List of Tables

4.1. Qualitative Participants.....	95
4.2. Description of Regression Variables	121
5.1. Distribution of LSAC Wave 1 Data by Aboriginal Status.....	127
5.2. Distribution of LSAC Wave 1 Data by Weekly Income	127
5.3. Distribution of LSAC Wave 2 Data by Aboriginal Status.....	127
5.4. Distribution of LSAC Wave 2 Data by Weekly Income	128
5.5. Global Health Ratings, LSAC Wave 1 and 2, and ABS Females 2004-05	163
6.1. Probit Regression Models for Playgroup and Parent Support Group Use.....	179
6.2. Ordered Probits for Global Health, Parenting Self-efficacy and Coping	189
G1. LSAC Demographic Variables	301
G2. LSAC Service Use Variables.....	309
G3. LSAC Health and Well-being Variables.....	315
G4. LSAC Informal Support Variables	317

Summary

Motherhood involves significant lifestyle upheavals and ongoing challenges. Though motherhood can be isolating, social support is beneficial to the health and well-being of mothers. This holds for disadvantaged mothers, though they are likely to suffer both significant life stressors and a lack of social support. Whilst informal networks are often examined in the context of social support and parenting, this thesis examines two types of group-based formal parenting support service, namely playgroups and parent support groups. There is a dearth of Australian research on parenting groups, and up-to-date national participation figures are unavailable. Research examining parenting groups that target disadvantaged and Aboriginal families is scarce.

The broad aim of this thesis is to examine the ways in which parenting groups operate as supportive resources for mothers. Towards this aim, two key research questions are addressed: which mothers participate in parenting groups; and what are the outcomes of participation? The thesis employs a mixed method design, capitalising on the data condensing advantages of quantitative methods and the contextual specificity of qualitative methods. The quantitative component addresses the research questions on a national scale, using data from the Longitudinal Study of Australian Children to compile participation figures, as well as assess the outcomes of participation in terms of mothers' health and well-being. Qualitative interviews with Aboriginal and disadvantaged mothers participating in facilitated parenting groups, give insight into the ways in which these mothers engage with parenting groups and the perceived benefits of participation.

Social capital, which is concerned with social networks and their benefits, is the theoretical framework for the thesis. Much of the relevant parenting literature refers to the concept of social support. However, social support was found to be insufficient as a conceptual lens for the purposes of this research. The work of three key theorists, Coleman, Putnam and Bourdieu are drawn on. It is argued that Bourdieu, who takes into account the influence of the social structure on access to social capital, is most relevant here. Bourdieu's broader theory of social practice is also drawn on for its insights into the wider implications of the social structure on individuals' location within it. Putnam's concepts of bonding and bridging social capital, and their extension, linking social capital, are here integrated with Bourdieu towards a theoretical framework that is analytically useful, both in terms of understanding structural constraints on the distribution of social capital and the ways in which such constraints can be overcome.

The research found that playgroup use is much more prevalent than parent support group use, a finding that appears to be influenced by perceptions of playgroups as offering child-related advantages, rather than focusing solely on mothers. This pattern persists among disadvantaged and Aboriginal mothers, though they appear to begin participating in playgroups later than more affluent, non-Aboriginal mothers. A positive relationship was found between playgroup

participation and better health ratings, congruent with other research evidence of strong links between social participation and health.

The qualitative analyses found that both supported playgroups and parent support groups can offer Aboriginal and disadvantaged mothers benefits in the form of peer support, information and guidance. In addition to child-related benefits, playgroups promoted family social capital. The Aboriginal parent support group had far-reaching impacts on mothers in terms of empowerment. Expert facilitators were found to be key sources of support, offering crucial bridging and linking social capital that disadvantaged mothers' informal networks are less able to provide. It is argued that the potential of parenting groups as quality support services for disadvantaged mothers may be maximised by combining the strengths of supported playgroups and parent support groups in a single model. The thesis concludes that, though parenting groups will not ameliorate the effects of socioeconomic disadvantage, nor surpass informal support networks in importance, they can be a valuable source of support that can make a difference on an individual basis.

Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Wendy Shulver
October 2011

Acknowledgements

This paper uses unit record data from *Growing Up in Australia, the Longitudinal Study of Australian Children*. The study is conducted in partnership between the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Australian Institute of Family Studies (AIFS) and the Australian Bureau of Statistics (ABS). The findings and views reported in this paper are those of the author and should not be attributed to FaHCSIA, AIFS or the ABS.

The Aboriginal component of this thesis includes data from an evaluation project on which the maternal and child health team at the Aboriginal health centre involved collaborated. The contribution of these Aboriginal health workers to this research is acknowledged. Ownership of the cultural and intellectual property rights of the Aboriginal participants in this research is acknowledged.

Acknowledgements Continued

Completing this thesis has been one of the hardest undertakings of my life. For this reason it will also be one of my biggest achievements. However, it would not have been possible without the help and assistance of a great many people:

I am greatly indebted to the Aboriginal health centre staff, particularly the maternal and child health team, and the facilitators of the Aboriginal and non-Aboriginal parenting groups I participated in for the qualitative component of this thesis, for being friendly and welcoming ‘gatekeepers’, and for all of their help and assistance along the way. The work that they do truly does make a difference in the lives of the women and families they work with and I am pleased to present a piece of research that demonstrates and acknowledges this.

I am also sincerely grateful to the women participating in the parenting groups, for allowing me to join in their groups and for taking the time to talk to me about their lives. The time I spent as part of these groups, getting to know them and their families was one of the most enjoyable aspects of this research process, and I thank them for that experience.

I would also like to thank the Aboriginal health centre maternal and child health team, for acting as my Aboriginal reference group, and Kim O’Donnell for her feedback on the Aboriginal component of my thesis.

My supervisors, Associate Professor Maria Zadoroznyj and Associate Professor Eileen Willis have given me invaluable advice, encouragement, guidance and feedback over the last six years. I thank you for sticking with me throughout the ups and downs of this long, long process. I would also like to thank Dr Mary Holmes for keeping me on track as my fill-in supervisor for the several months that Maria was away, and Professor Sharyn Roach Anleu, who saw me through the post examination revisions.

To Dr Laurence Lester for gently, patiently and painstakingly guiding me along the very steep learning curve that is multivariate statistical techniques. Thanks to his assistance the quantitative component of my thesis is far superior to anything I could have imagined when I started this work.

This thesis is about social support, and I am fortunate to have a strong and generous support network. In particular, I thank my parents-in-law, Rob and Dot for the quality time you spend with our children, helping out in our business and all the myriad little (and big) things you do to help us. It is these things that have afforded me the time and energy to work on this thesis. Without your support, completing it would not just have been harder, but downright impossible. I owe this thesis to you.

To my wonderful partner, Michael, who encouraged and supported me every step of the way. Your belief that I could do this never wavered, even at those times when mine did. Finally, to my two proudest achievements, William and Benjamin, both born during my candidature. By showing me the joys, and challenges, but mostly the joys of motherhood you have not only enhanced my thesis, but more importantly, my life. So, to my three boys, I dedicate this thesis to you.

Chapter 1. Introduction

Becoming a mother involves significant lifestyle upheavals and ongoing challenges, which can negatively impact on stress levels and well-being. Social support is an important factor in assisting parents to cope with the challenges of parenthood. Extensive research in a range of disciplines has consistently shown that social support has powerful beneficial effects on health and well-being. The social support and parenting literature show that these benefits extend to parents and, more specifically, to mothers. However, parenting responsibilities can result in social isolation for mothers, who are most often the primary carers of children, by restricting both the size and level of contact with social networks (Baum et al. 2000, p. 260; Munch et al. 1997, pp. 514-515). Thus, mothers are at risk of diminishing social support at a time when it may be needed most.

Much of the social support literature pertains to informal sources of social support, namely kinship and friendship networks. This thesis, however is concerned with support derived from a specific type of formal support service, that is, group-based parenting supports. One way to combat social isolation for mothers is to participate in activities that revolve around children and parenthood, such as parenting groups. Two types of parenting group are examined here, namely playgroups and parent support groups. The latter type can also be referred to as 'mothers' groups'. Though both types of parenting group explicitly aim to provide social support to parents, the key difference between the two types is that playgroups are as much an activity for children as they are for parents, if not more so. Parent support groups on the other hand have a primary focus on the provision of support and guidance to parents, with indirect benefits to children, through the provision of such support. More detailed definitions of each type of group are provided in the literature review chapter.

Whilst this thesis is concerned with parenting groups in general, it also has a particular focus on the use and outcomes of these groups among disadvantaged and Aboriginal mothers. Socioeconomic disadvantage is associated with both higher parenting stress and a lack of social support that can alleviate such stress

(Potter 1989, p. 20; Turner & Noh 1983, p. 2; Seguin et al. 1999, p. 158; Belle 1990, p. 386; Baum 2002, p. 241; Coohy 1996, p. 243; Mickelson & Kubzansky 2003, p. 277). The positive impacts of social support on the health and well-being of disadvantaged mothers have been documented, as have the negative consequences of a lack of social support in terms of quality of parenting and poorer child outcomes (Green & Rodgers 2001, p. 436; Oakley et al. 1994a, p. 86; Oakley et al. 1994b, p. 271; Turner & Noh 1983; Gladow & Ray 1986; Jackson 1998, p. 374; Durden et al. 2007, p. 355; Coohy 1996; Chan 1994).

Whilst the psychological outcomes of social support predominate, the limited research examining sociological outcomes suggests that there are also positive effects of social support on disadvantaged mothers' material well-being, employment and education (Henly et al. 2005; Gordon et al. 2004; Harknett 2006; Cohen 2002; Hao & Brinton 1997). However, these effects are limited, suggesting that the social networks of disadvantaged mothers may not be able to provide far-reaching assistance. This demonstrates a key point in the social support literature, which distinguishes between the existence of a social network and the quality of support it provides. Socioeconomically disadvantaged mothers may have social networks, but they are likely to be homogenous in terms of socioeconomic circumstances. Thus they suffer the same associated stressors, resulting in their inability to provide quality support, or even becoming sources of additional demands and exacerbated stress (Green & Rodgers 2001, p. 425; Richey et al. 1991, p. 42; Belle 1990, p. 387; Durden et al. 2007, p. 356). This argument is central to, and underpins both the theoretical framework and the main conclusions of this thesis.

The literature indicates that disadvantaged mothers are less likely to participate in mainstream parenting groups. However, there are both playgroups and parent support groups that specifically target 'at risk' and disadvantaged families. As this thesis is primarily concerned with disadvantaged and Aboriginal mothers, the qualitative component of the thesis is derived from these specifically targeted groups.

Before outlining the thesis aims and the research gaps this thesis will contribute to filling, it is important to note that, though the research includes both Aboriginal and non-Aboriginal mothers, it is not a comparison between the two. The thesis was not intended to be primarily about one group, rendering the other a contrast only. Parenting groups constitute potential sources of needed support to all mothers, but particularly for disadvantaged mothers, who, cultural background aside, may have limited support from other sources. Moreover the inductive nature of the research process, particularly the qualitative component, led not to a comparison between cultural groups, but between the two types of parenting group. The responses across all interviews largely followed the same themes, irrespective of Aboriginal status, except where Aboriginal women explicitly discussed cultural issues.¹ Thus the main conclusions of the thesis contrast parent support groups and playgroups in terms of the motivations for and outcomes of participation for both Aboriginal and non-Aboriginal mothers.

It should also be noted that the Aboriginal mothers' group from which qualitative data for this thesis are derived targets young mothers. However, age is not a specific focus of the thesis. The applicability of the conclusions made in this thesis to other potential target groups will be covered in the main discussion chapters.

Thesis Aims

Whilst the informal social support and parenting literature is extensive, there are a number of both broad and specific gaps in the literature pertaining to parenting groups as sources of social support. Broadly, there are no current national figures on the use of either playgroups or parent support groups in Australia. Thus, whilst there is evidence of differential access to parenting groups across socioeconomic levels, without national representative data, this cannot be confirmed. As discussed above, disadvantaged groups in particular may benefit from the extra support that parenting groups can provide. Concrete information may enhance service delivery by providing important insights into parenting group participation among low income families.

¹ It is acknowledged that the non-Aboriginal status of the researcher may have influenced Aboriginal interviewees' responses.

Playgroups are a common activity for families with small children, and are recognised as a source of support for parents. Despite this, research that is specifically concerned with playgroups, whatever the aspect, is scarce (Sneddon & Haynes 2003, p. 55). This is particularly so for Australian playgroup research. The literature review conducted for the present study also uncovered no comparisons between playgroups and parent support groups.

Compared to playgroups, the literature examining parent support groups (in varying forms) is more extensive. However, Australian parent support group research is dominated by a specific type of parent support group, namely maternal and child health nurse facilitated first time parent groups. These studies indicate that, whilst a universal service, these groups appear to be largely taken up by middle-class mothers. There is a dearth of Australian research examining parent support groups that specifically target disadvantaged families.

Much of the parent support group literature, particularly that pertaining to disadvantaged mothers is outcome driven, using various quantitative measures of social support and well-being to assess the impact of group participation. These studies report equivocal results. This is partly due to the wide variation in programs, but also indicates that global outcome measures are inadequate for such assessment, and that more specific assessment methods are required. Qualitative methodologies, though currently underutilised, enable more targeted, context specific assessment of individual parent support group programs.

Aboriginal Australians are significantly disadvantaged compared to the non-Aboriginal population. Thus Aboriginal mothers are very much a high risk population who may benefit from culturally appropriate support programs. Despite this, no literature specifically examining either playgroups or parent support groups for Aboriginal parents was uncovered during the literature searches conducted for this thesis. Moreover, the absence of comprehensive national data means that useful figures on Aboriginal participation in parenting groups are also currently not available. This represents a further significant gap in the Australian literature. As will be outlined below and in detail in the methods chapter, this thesis uses data from the Longitudinal Study of Australian Children

to compile national figures on both Aboriginal and non-Aboriginal mothers' participation in parenting groups. It should be noted that the Department of Families and Communities also funds a separate Longitudinal Study of Indigenous Children (LSIC). Though the LSIC does include parenting group data, the present research does not include analysis of this data, as it was not yet available at the time these analyses were undertaken.

The present research will address a number of the gaps exposed in the literature. The broad aim of the thesis is to examine the ways in which playgroups and parent support groups operate as sources of support for mothers. Two main research questions are designed to fulfil this aim: which mothers use parenting groups; and what are the outcomes of parenting group participation? As a starting point, the thesis will address the lack of Australian statistics on parenting group participation, in order to build a national picture of the patterns of participation in such groups. This is important because unless mothers participate in such groups, they will obviously be ineffective support strategies. Following on from this, the thesis will also examine the ways in which Aboriginal and disadvantaged mothers engage with parenting groups. Finally, the outcomes of participating in playgroups and parent support groups for women will be investigated.

In addition to providing national participation figures, the thesis will make several other contributions to the literature. It will go some way to addressing the paucity of Australian playgroup research in general, as well as both playgroup and parent support group research in the context of Aboriginal and disadvantaged families. The study will furthermore contribute valuable qualitative data, which can overcome some of the problems associated with quantitative assessments and inform the research area with rich contextual information.

The specific research questions the thesis will address are as follows:

- What sociodemographic patterns are evident in playgroup and parent support group participation?

- What sociodemographic factors predict participation in playgroups and parent support groups?
- How do participation rates change over time?
- What are the participation rates for Aboriginal and socioeconomically disadvantaged mothers?
- How do Aboriginal and disadvantaged mothers engage with playgroups and parent support groups?
- What is the relationship between participation in playgroups and parent support groups and mothers' health and well-being?
- How do Aboriginal and disadvantaged mothers find participation in playgroups and parent support groups helpful?
- What are the implications for the delivery of parenting group services to Aboriginal and disadvantaged mothers?

Outline of Chapters

Chapter 2 of the thesis presents a review of the relevant literature, providing a more detailed account of the research gaps and the ways in which the present study will contribute to the research area. Much of the relevant parenting literature refers to the concept of social support. The chapter begins with an overview of the general informal social support literature, followed by a review of the literature pertaining to social support and parenting. This section focuses on the impacts of social support on disadvantaged mothers. The literature on playgroups and parent support groups respectively is then reviewed.

Chapter 3 outlines social capital as the theoretical framework for the thesis. Though much of the relevant parenting literature refers to social support, the concept was found to be insufficient as a theoretical framework for the purposes

of this thesis, chiefly because it does not account for structural considerations. Though social support and social capital are closely related, both concerned with social relationships and the benefits that can accrue from them, the latter enables a structural account of social networks and their outcomes. It is thus highly relevant to the present research problem, being particularly concerned with socioeconomically disadvantaged mothers. The chapter outlines three key social capital theorists, namely, Coleman (1988; 1990), Putnam (1993; 1995; 1996; 2000) and Bourdieu (1977; 1984; 1986; 1993; Bourdieu & Wacquant 1992), and reviews the relevant social capital literature, including research in the areas of social capital and health, social capital and disadvantage, social capital and the family, and social capital in an Aboriginal context. These reviews include some of the critiques of social capital theory around issues of gender, race and class, which argue for the importance of examining the operation of social capital in context. The chapter argues that Bourdieu, as the theorist who most satisfactorily takes into account the social structure in the distribution of social capital, is most applicable here. Bourdieu's broader theory of social practice, within which he situates his concepts of capital, is also drawn upon for its insights into the wider implications of the social structure on individuals' social position within it. However, though allowing a structural account of the operation of social capital, Bourdieu is less useful in explaining how structural limitations can be overcome. Therefore the thesis integrates Bourdieu with insights from Putnam and others, to produce a theoretical framework that is analytically useful, both in terms of understanding structural constraints and how they can be overcome.

The research methodology is described in Chapter 4. A mixed methodology is employed, which capitalises on the strengths of both quantitative and qualitative approaches. The chapter begins with an outline of the evolution of the research project, before describing the qualitative and quantitative procedures respectively. The quantitative component is made up of secondary analysis of the first two waves of the Longitudinal Study of Australian Children (LSAC). These data contribute to both of the main research questions by providing information about sociodemographic patterns in parenting group use, as well as quantitative assessments of the outcomes of participation. National figures on parenting group

use are compiled in bivariate analyses. Multivariate methods are used to isolate explanatory variables for parenting group participation, and to assess the relationship between parent group participation (and other sociodemographic variables) and mothers' health and well-being. The qualitative component is mainly concerned with the second broad research question, specifically, the outcomes of participation in parenting groups for mothers, but also includes information about women's engagement with the groups. The data is derived from interviews with Aboriginal and non-Aboriginal mothers participating in playgroups and parent support groups in a socioeconomically disadvantaged area of Adelaide. The qualitative data complements the quantitative component by furnishing indepth, contextual information about women's participation in parenting groups and the ways in which such groups benefit them as social capital resources.

Chapter 5 presents the results of the bivariate analyses of the Longitudinal Study of Australian Children. A detailed description of the sample is provided, followed by the results of some analyses of data pertaining to informal social supports. These analyses were conducted in order to provide baseline information regarding the importance of informal supports relative to formal sources of support, such as parenting groups. The results of the main bivariate analyses of the use of playgroups and parent support groups by various sociodemographic variables (including Aboriginal and socioeconomic status) are then presented. The final section of the chapter presents the initial bivariate analyses of the three health and well-being measures to be used in the later multivariate analyses. The relationship between these three variables and parenting group use, Aboriginal status and socioeconomic status is assessed.

Chapter 6 presents the results of the multivariate analyses of the Longitudinal Study of Australian Children. The first section builds on the bivariate results to further elucidate patterns of parenting group participation. It reports the results of two models that assess the sociodemographic factors which are suggested to influence participation in playgroups and parent support groups respectively. The second section details the results of the multivariate assessment of parent group

use (and other sociodemographic variables) as explanatory variables for mothers' health and well-being. Three measures of health and well-being are used, namely global health, parenting self-efficacy and coping.

Chapters 7 and 8 are the main discussion chapters. They combine the results of the qualitative interviews with Aboriginal and non-Aboriginal mothers participating in parenting groups, with the quantitative results where relevant. Chapter 7 begins with a discussion of the overall results of the LSAC analyses. This includes a discussion of the relationship between mothers' reliance on informal supports and parenting group participation. The implications of the greater prevalence of playgroup over parent support group participation are then discussed. A discussion of the sociodemographic patterns in parenting group participation follows. The remaining sections of the chapter combine the interview and LSAC data in a discussion of participation rates and the ways in which Aboriginal and disadvantaged women access parenting groups.

Chapter 8 is a comparative discussion of the outcomes of participation in playgroups and parent support groups. The results of the LSAC analyses of the indicative influence of parent group participation on global health, coping and parenting self-efficacy are discussed. In addition the chapter presents and discusses the qualitative data on Aboriginal and disadvantaged mothers' perceived benefits of participation in each type of group, with reference to social capital as a theoretical framework. The chapter concludes that parenting groups have clear potential as social capital resources for mothers, with group facilitators being the key sources of social capital. Implications for service delivery in terms of capitalising on the strengths of both playgroup and parent support group models are also discussed.

Chapter 9 is the concluding chapter of the thesis. It summarises the key findings and main conclusions of the research. The limitations of the study, as well as directions for future research are also outlined.

Before moving on to the first substantive chapter of the thesis, some housekeeping and context setting information is provided below. Firstly, some notes on terminology, followed by a brief outline of the sociohistoric context with regard to Aboriginal peoples and their status as the most severely disadvantaged Australians.

Terminology

Parenting Groups

As outlined, this thesis examines two types of group-based parenting support, namely playgroups and parent support groups. Definitions of each of these two types of group are provided in the literature review chapter under the relevant heading. The term ‘playgroup’ is used throughout this thesis when referring to this model of parenting support. Parent support groups have greater variation in terminology in practice and throughout the literature. The term ‘parent support group’ is used throughout the majority of this thesis to encompass this type of group. The exception to this is the discussion chapters that present the qualitative interview data. The parent support groups from which these data are derived are referred to by facilitators and participants as ‘mums’ groups’. Therefore, in quotes from the data and where these specific groups are referred to, as opposed to parent support groups in general, the term ‘mothers’ group’ will be used. When both playgroups and parent support groups combined are discussed, the term ‘parent group’ or ‘parenting group’ will be used.

Aboriginal and Disadvantaged Mothers

As outlined above, this thesis has a focus on Aboriginal and disadvantaged mothers, and includes a qualitative and quantitative component. The former is derived from interviews with Aboriginal and non-Aboriginal mothers living and participating in parenting groups in a socioeconomically disadvantaged area. The quantitative component examines key variables by both Aboriginal and socioeconomic status. It should be noted that it was not possible to isolate disadvantaged Aboriginal mothers in the quantitative analysis. Separate analysis by socioeconomic status was not possible due to the small sample size, and the Aboriginal sample was examined as a whole. Though the Aboriginal sub-sample

was relatively disadvantaged compared to the non-Aboriginal sample, and the qualitative data was derived from mothers living in a disadvantaged area, it cannot be assumed that all Aboriginal participants were disadvantaged. Therefore the term ‘Aboriginal and disadvantaged’, rather than ‘disadvantaged Aboriginal and non-Aboriginal’ mothers is used throughout the thesis when referring to these populations of interest.

Aboriginal Terminology

Selecting an appropriate term to collectively refer to Aboriginal and Torres Strait Islander Peoples is not a straightforward matter. ‘Aboriginal people’, ‘Indigenous people’ and ‘Aboriginal and Torres Strait Islander People’ have all been in recent usage. The plural ‘... peoples’ is also used to acknowledge the diversity of languages, cultural practices and spiritual beliefs (NSW Department of health 2004, p. 10). ‘Indigenous’ is a global term used to describe people ‘originating or characterising a particular region or country’ (NSW Department of Health 2004, p. 11). Thus many Aboriginal people dislike the term as it is not specific and does not properly reflect their cultural identity (NSW Department of Health 2004, p. 11; NHMRC 2003, p. 2). ‘Aboriginal people/s’, whilst acceptable in many contexts, does not explicitly include Torres Strait Islander peoples. ‘Aboriginal and Torres Strait Islander’, whilst more inclusive, is somewhat long, particularly for a lengthy thesis document, but the abbreviation ‘ATSI’ can also be considered demeaning (Hunt 2003, p. 12).

As both quantitative and qualitative data for this thesis are derived from Aboriginal people, including qualitative interviews with South Australian Aboriginal women, the term ‘Aboriginal’ (and ‘non-Aboriginal’) is used. The plural ‘Aboriginal peoples’ is also used where applicable, in recognition of cultural diversity. It should be noted, however, that the Aboriginal sample from the Longitudinal Study of Australian Children used here includes a small number of people identifying as Torres Strait Islander or both Aboriginal and Torres Strait Islander (less than half a percent in total). Therefore, when used in the context of the LSAC, the terms ‘Aboriginal’ and ‘Aboriginal peoples’ are here inclusive of

Torres Strait Islander peoples.² The term ‘Nunga’, which is used by Aboriginal people in South Australia (NSW Department of Health 2004, p. 13), is used in the name of some Aboriginal services mentioned in the thesis (in particular the specific Aboriginal parenting groups from which the qualitative data were derived). This term has not been modified when these services are referred to. Any terms included in quotations from the qualitative interviews or other texts have also not been modified.

Aboriginal Sociohistoric Context

The impact of European colonisation on Aboriginal societies has been enormous and enduring. The purpose of this section is to explicitly acknowledge and outline the historical details of relations between Aboriginal and non-Aboriginal people, and the effect of such relations on the circumstances of Aboriginal people today. This thesis is not solely concerned with Aboriginal people, and recognition of the social context is important and fundamental to sociological inquiry, whomever the focus. However, it is particularly pertinent with respect to Aboriginal people due to the singularly devastating results of non-Aboriginal policies and practices, such that the extent of Aboriginal destitution and social exclusion far outweighs even that of other disadvantaged Australians (Hunter 2004, p. 2). As this thesis includes qualitative data from Aboriginal women in Adelaide, this section includes contextual information regarding the Aboriginal population in this region specifically.

The European occupation of Australia was based on the doctrine, derived from international law, of *terra nullius*, meaning land belonging to no-one. This claim of British sovereignty was based on a failure to recognise Aboriginal culture and the close connection between Aboriginal peoples and the land (Macintyre 1999, p. 34; NSW Department of Health 2004, p. 7).

Relations between Europeans and Aboriginal people were initially characterised by violence, which escalated with the pastoral expansion as Aboriginal people resisted the seizure of their land (Blainey 1994, p. 41). This frontier warfare

² It is acknowledged that Aboriginal and Torres Strait Islander peoples are ethnically and culturally different.

always weighed heavily in favour of the Europeans, who were known to conduct punitive expeditions in which whole groups of Aboriginal men, women and children were massacred (Tatz 1999, p. 8; Reynolds 1999, pp. 106-7). It is estimated that 20,000 Aboriginal people were killed as a direct result of the war on the frontier (Reynolds 1999, p. 151). Exposure to European diseases was also a consequence of contact with Europeans, which took a devastating toll on the Aboriginal population (Butlin 1983, p. 17).

The mid to late 1800s saw the establishment of state Aboriginal Protection Boards. Under social Darwinist thinking Aboriginal people were thought to be dying out, and were segregated on missions under the repressive and absolute control of the boards to await this fate. All aspects of Aboriginal peoples' lives were controlled, including freedom of movement and association, residence, marriage and conditions of pay and employment (Macintyre 1999, pp. 144-5).

The Protection Boards also assumed authority to take custody of Aboriginal children. The removal of Aboriginal children to non-Aboriginal institutions and households occurred under the protectionist and subsequent assimilation policies, until as late as the 1980s (Tatz, 1999, p. 32). These children, known as the 'Stolen Generations' were often placed into conditions of privation (HREOC 1997, p. 193). The policy of assimilation aimed to disperse and incorporate Aboriginal people into white society at the expense of their own cultural identities.

Prior to European settlement of South Australia, the Adelaide plains were inhabited by the Kaurna people. Though the British government instructed that the land rights of the original inhabitants of the new South Australian colony, established in 1836, should be protected, this did not occur in practice (Macintyre 1999, pp. 68-9). Thus, as in the other settlements, the Kaurna people were subjected to dispossession, banishment to missions outside Kaurna territory, violence, protectionist and assimilationist policies, control over and removal of their children and decimation by introduced diseases at the hands of the European settlers (Mattingley & Hampton 1988). After almost total decimation, people of Kaurna descent returned to Adelaide post World War II (Hall 2004, p. 55). Other

non-Kaurna Aboriginal peoples also migrated to Adelaide following dispossession of their own lands (Amery 1995, p. 65; Hall 2004, p. 56).

Assimilation policies were not officially abandoned until 1972, replaced by a policy of self-determination which afforded self-management and Aboriginal participation in the formulation of policies affecting them (NSW Department of Health 2004, p. 8). Despite the massive disruption to Aboriginal ways of life since European colonisation, Aboriginal people have survived, kept their culture alive and fought for their rights. Among the victories was the landmark 1992 Mabo judgement, which upheld the existence of Aboriginal property rights both prior to and since European colonisation, effectively reversing the doctrine of *terra nullius* (Macintyre 1999, p. 276).

Despite these advances, Aboriginal people still suffer racism and discrimination, and remain on the disadvantaged side of any social indicator, experiencing high unemployment, low socioeconomic status, low levels of education, higher welfare dependency, poorer health and lower life expectancy (Baum 2002, pp. 247-8; AIHW 2007). In metropolitan Adelaide, Aboriginal people are over-represented in the most disadvantaged areas, and there is a strong association between the Aboriginal population and indicators of socioeconomic disadvantage (Glover 2006, p. 128). Moreover, the historical effects of colonisation have left a legacy of deep distrust of mainstream institutions, organisations and individuals (Baum 2007, pp. 117-118; Cox & Caldwell 2000, p. 69). The sociohistoric context, past and present, impacts on Aboriginal peoples' ability to access economic, social, cultural and human capital resources (Walter 2004, p. 82). Historic and contemporary relations between Aboriginal and non-Aboriginal Australia are at the core of Aboriginal entrenchment at the bottom of the structural hierarchy (Walter 2009, p. 2). Acknowledgement and understanding of past and continuing injustices and their impacts is vital to improving health and social outcomes for Aboriginal Australians (NSW Department of Health 2004, p. 8; NHMRC 2003, p. 1).

Summary

This introductory chapter introduces playgroups and parent support groups as the key concepts examined in this thesis. A brief outline of the research gaps culminates in the broad research aim of examining the ways in which these parenting groups operate as supportive resources for mothers. Towards this aim, the thesis will address two overarching research questions: which mothers use parenting groups; and what are the outcomes of parenting group participation? These questions are to be addressed both on a national scale, and for Aboriginal and disadvantaged mothers specifically. The contents of each chapter and some terminology and context setting issues are outlined. The first substantive chapter of the thesis, the literature review, follows.

Chapter 2. Literature Review

The significant social support literature has relevance for this thesis, which is concerned with parenting groups as sources of support for mothers. The chapter begins with a definition and overview of the social support concept. The extensive informal social support literature will then be briefly reviewed, followed by research specifically concerned with social support for parents. As this thesis has a focus on disadvantaged mothers, the literature pertaining to parental support in the context of disadvantage will be concentrated on here. This literature provides insight into the impacts of social support in general, which can inform playgroup and parent support group research and services, the central concerns of this thesis. The literature pertaining to each of these types of parenting group respectively will follow. The research gaps exposed in the review, along with an outline of the specific ways in which the present research will address some of these gaps concludes the chapter.

Social Support Overview

The concept of social support has received considerable research attention across a range of disciplines. Despite this, agreement has not been reached on a definition of the concept (Sarason & Sarason 2009, p. 114). Various disciplines focus on different aspects of social support, leading to variations in conceptualisations and definitions (Vangelisti 2009, p. 40). As a result, the concept remains ‘fuzzy’, and almost any social interaction has been construed as social support (Hupcey 1998, p. 1231). The composite definition developed by Williams from some 30 definitions identified in the literature will be referred to here:

Social support requires the existence of social relationships, with their structure, strength and type determining the type of social support available. Whether social ties are supportive depends on certain conditions such as reciprocity, accessibility and reliability, and an individual’s use of the social relationship. Social relationships have the potential to provide

supportive resources which include emotional resources. These may take the form of emotional expression which may sustain an individual in the short or long term; instrumental emotional support which may help an individual master their emotional burdens; coherence support which may be overt or covert information resulting in confidence in an individual's preparation for a life event or transition; validation which may result in an individual feeling someone believes in them; and inclusion which may result in a sense of belonging (Williams 2005, p. 33).

This definition is somewhat unwieldy, however this exemplifies the complexity of the concept, which simpler definitions fail to capture. Indeed, a number of theorists have argued that social support is a multi-faceted concept, which cannot be encompassed by a single, simple definition (Hupcey 1998, p. 1232).

The concept of social support includes the distinction between the structural and functional dimensions. Structural measures assess the existence and extent of social relationships, whilst the functional dimension refers to the particular form of support these relationships provide (Cohen & Wills 1985, p. 315). As Williams' composite definition indicates, social support is typically divided into subtypes, including emotional, instrumental/practical, appraisal and informational support (Berkman et al. 2000, p. 848). This distinction between social networks and the support they provide is important. The existence of a social network should not automatically imply the presence of social support. Network members may be unsupportive, or have a detrimental impact (Crockenberg 1987, p. 4). This key point is also recognised in the social capital literature, and will be referred to throughout this thesis. Despite the multidimensional nature and lack of consensus regarding the definition of social support, the extensive literature shows that social support has wide-ranging and powerful effects on health and well-being (Berkman et al. 2000, p. 843; Sarason & Sarason 2009, p. 114; Vangelisti 2009, p. 40).

The relationship between social support and health has been demonstrated in the context of parenting. This thesis is concerned with parents (specifically mothers),

but it does not automatically follow, simply because there is a literature on parenting and social support, that this concept will be the most appropriate conceptual lens for the present research. Much of the social support literature lies within the health sciences and psychological disciplines. Nevertheless, social support is an inherently sociological phenomenon, and is closely related to longstanding sociological theories on social integration, including Durkheim's work on suicide (House et al. 1988, p. 294; Berkman et al. 2000, p. 844). Thus the concept intersects with other sociological theories concerned with social networks, but was ultimately found to lack sufficient depth to be the primary theoretical framework for this thesis. The literature on social support and parenting nevertheless has relevance for the present research, and the existing parenting group literature often refers to social support. Thus the social support literature forms a significant part of this literature review.

Social capital theory has obvious parallels with the social support literature. Both are concerned with the existence (or absence) of social connections, and their impacts. A more detailed discussion of the concepts of social support and social capital, leading to a justification of the latter as a more suitable framework for this work, is described in detail in the following theory chapter.

Informal Social Support

Social support is most often conceptualised in terms of close informal networks (Sarason & Sarason 2009, p. 116). Much of the literature on maternal and parental social support focuses on informal supports. These are 'naturally occurring' (Oakley et al. 1994b, p. 271) sources of support, such as family and friends. Informal supports are here contrasted with formal support services, such as parent support groups and supported playgroups. Informal supports are not a primary concern of this thesis, so this literature will not be examined extensively. It is nonetheless an important inclusion in this review for a number of reasons. Research has shown that Australian parents rely on informal sources of support to a much greater extent than formal community services (Miller & Darlington 2002, p. 468). The literature on informal support also demonstrates the impact that social relationships have on parental well-being. Thus it can offer insights

into the benefits to parents of social support in general. Such insights could be applied to the support services that are of interest in this thesis, particularly as such services can become additional and even substitute forms of social support. This issue will be discussed in more detail in the group-based supports sections below. This literature also provides information about sources, forms and outcomes of support for at risk and disadvantaged mothers, who are also the concern of the current research. Studies that examine aspects of social support for these latter populations will be focused on here.

Social Support and Parenting

Parenting and familial functioning is one of a wide range of areas in which social support has been found to have an impact. The transition to parenthood is widely recognised as a major life event involving significant role and lifestyle upheavals, which can result in increasing stress and declining well-being (Koeske & Koeske 1990, p. 440; Wandersman et al. 1980, p. 332; Cast 2004, p. 55; Miller & Sollie 1980, pp. 459-50). Parenthood is also a phase through which ongoing changes and adjustments must be made over a span of time, from birth through toddlerhood, schooling and beyond (Miller & Sollie 1980, p. 459).

The literature covers various aspects of the relationship between social support and parenting. The links between social support and mothering are particularly pertinent. Parenting can be isolating for mothers, more so than fathers. Mothers are usually the primary carers of children, and these childcare responsibilities can confine them to the home and restrict opportunities to socialise and participate in activities they may have done prior to having children (Baum et al. 2000, p. 260). Thus mothers experience a reduction in both the size and level of contact with their social networks (Munch et al. 1997, pp. 514-515).

The psychological nature of much of the literature has resulted in a large number of studies examining the psychological outcomes of social support. These studies assess various aspects of psychological adjustment, such as depression and anxiety, parenting stress, self-esteem and self-efficacy. This research generally demonstrates a relationship between better psychological adjustment and social

support (e.g., Silver et al. 2006; Simons et al. 1993; Gjerdingen et al. 1991). Some studies focus on the role of social support as a moderator of parental stress. They demonstrate an interaction between stress and support whereby under conditions of high stress, social support is associated with better adjustment and conversely when social support is low, parenting stress is more debilitating (Crockenberg 1987, p. 6; Crnic & Greenberg 1987, p. 27; Koeske & Koeske 1990, p. 448). Another line of research demonstrates that lack of social support is a significant factor in postnatal depression (Beck 1996; Howell et al. 2006; Seguin et al. 1999; Mauthner 1995).

Social Support and Socioeconomic Disadvantage

Socioeconomic disadvantage is important to consider when examining the links between social support and parental functioning. Firstly, poverty is itself associated with significant life stressors which can exacerbate parenting associated stress (Potter 1989, p. 20; Turner & Noh 1983, p. 2; Seguin et al. 1999, p. 158; Belle 1990, p. 386). For this reason, a number of studies examining the relationship between parenting stress and social support sample low income populations (Green & Rodgers 2001; Oakley et al. 1994a; Oakley et al. 1994b), or examine class differences in this relationship (Turner & Noh 1983). Moreover, socioeconomically disadvantaged people more commonly experience lower levels of social support, less adequate support and greater social isolation, and therefore have fewer opportunities to benefit from the positive effects of social support (Baum 2002, p. 241; Coohy 1996, p. 243; Seguin et al. 1999, p. 158; Mickelson & Kubzansky 2003, p. 277).

Studies sampling socially disadvantaged mothers have found the expected relationship between disadvantage and inadequate social support (Oakley et al. 1994a, p. 84; Oakley et al. 1994b, p. 271; Henly et al. 2005, p. 135). However, the positive impact of social support on the health and well-being of disadvantaged mothers has also been demonstrated, both independently and as a buffer to parenting stress (Green & Rodgers 2001, p. 436; Oakley et al. 1994a, p. 86; Oakley et al. 1994b, p. 271; Turner & Noh 1983; Gladow & Ray 1986; Jackson 1998, p. 374; Durden et al. 2007, p. 355).

Research has also found a relationship between social support and self-efficacy (Harknett 2006, p. 187; Green & Rodgers 2001, p. 436). Green and Rodgers observed a reciprocal relationship between sense of mastery and perceived social support, whereby mothers with a good sense of mastery had increased perceptions of the social support available to them and social support in turn led to increased levels of mastery (Green & Rodgers 2001, p. 436). This suggests that support interventions for disadvantaged women that foster social connections and assist them to build a sense of mastery may be particularly beneficial, both in enhancing their social support and fostering independence (Green & Rodgers 2002, p. 436). Although criticisms have been leveled at some support programs for disadvantaged parents, on the grounds that they promote dependence on services, an approach that incorporates the tandem effects of supportive networks and self-efficacy should serve to promote autonomy by fostering rather than undermining feelings of personal control (Green & Rodgers 2001, p. 438).

Social support has also been linked to quality of parenting among disadvantaged and at risk mothers, resulting in differential developmental outcomes in children. These studies have demonstrated the positive impacts of social support on quality of parenting and child outcomes (Turner et al. 1990; Voight et al. 1996; Pascoe et al. 1981; Woody & Woody 2007), as well as the negative consequences of a lack of social support, in terms of maladaptive parenting (Coohey 1996; Chan 1994).

Whilst there is a large body of literature demonstrating the impact of social support on mothers' psychological well-being, there is also some research examining the relationship between sociological factors and social support, particularly with respect to disadvantaged and at risk mothers. These studies also demonstrate a positive impact of social support on disadvantaged mothers' material well-being, employment and education (Henly et al. 2005; Gordon et al. 2004; Harknett 2006; Cohen 2002; Hao & Brinton 1997; Radey 2008). However, there is some evidence that the ability of informal support networks to enhance socioeconomic outcomes is limited. Hao and Brinton found that family social support promoted single mothers entry into the labour force, but was not sufficient to sustain labour force participation (1997, p. 1332). Similarly, though finding a negative relationship between social support and poverty status, Henly

et al. reported that the benefits of greater social support did not extend to earnings or job quality. These authors conclude that the informal networks of disadvantaged mothers may not be in a position to provide such opportunity enhancing assistance (2005, p. 136).

This raises an important point relevant to the current research that emerges out of the maternal informal supports literature. The social networks of socioeconomically disadvantaged mothers are likely to be similarly disadvantaged, and suffer the same associated stressors. Thus they may not be in a position to be able to provide quality support, and may even be sources of conflict, additional demands and exacerbated stress by ‘contagion’, rather than support (Green & Rodgers 2001, p. 425; Richey et al. 1991, p. 42; Belle 1990, p. 387; Durden et al. 2007, p. 356). At the heart of this issue is the distinction between the *existence* of a social network and the support benefits that it can provide. Studies have reported that functional, qualitative and subjective aspects of support more strongly predict health and well-being outcomes than structural aspects, such as network size, or number of contacts (Oakley et al. 1994b, p. 269; Crockenberg 1987, p. 4; Henly 1997, p. 649). There is also some evidence that conversations among at risk mothers tend to be dominated by ‘war stories’, rather than mutual problem solving (Wahler & Hann 1984, p. 349). A study by Richey et al. examining maltreating mothers similarly found support deficiencies despite contacts with network members at levels comparable with other populations. This is consistent with insularity, characterised by patterns of negative social interaction, rather than social isolation (Richey et al. 1991, p. 54).

This above point is recognised in the social capital literature and is a key basis for criticisms of social capital as a cure all for disadvantage (Baum et al. 2000, p. 270; Baum 1999, p. 176; Cox 1995, p. 79; Cox & Caldwell 2000, p. 44).

Appropriate formal social support services may be able to offer more quality support and assist disadvantaged women to engage in more adaptive interactions, free from the conflict and enmeshment that may characterise their informal networks.

Playgroups

Playgroup Australia³ defines a playgroup as ‘an informal session where mums, dads, grand parents, caregivers, children and babies meet together in a relaxed environment’ (Playgroup Australia 2006). Playgroups commonly comprise a group of parents/carers (usually women) and their pre-school age children who meet weekly for play and socialisation (Oke et al. 2007, p. 4). The fostering of healthy child development is a major focus of playgroups, however benefits for parents, particularly with regard to facilitating social connections, are also recognised. Indeed, playgroups are set up to provide three types of interaction, namely between parents/carers and children, children and children, and between parents/carers (Playgroup Associations in Australia 1979, p. 10; Fields & Clearly-Gilbert 1983, p. 23).

The playgroup movement began in Britain in the 1960s. In response to a lack of nursery schooling services, middle-class mothers began to organise groups on their own initiative (Broad & Butterworth 1974, pp. 5-6; Finch 1983, p. 251). Similar movements then developed in other Commonwealth countries, including Australia in the 1970s (Broad & Butterworth 1974, pp. 5-6). Playgroup Australia reports that there are now some 8200 playgroups operating in Australia, and that over 108,000 parents/carers are members of a playgroup. The Association reports a recent boom in playgroups, corresponding to the increase in the birth rate in Australia. They also report an increase in multicultural and Aboriginal playgroups (Playgroup Australia 2006).

The benefits of playgroups to children outlined in the literature are social and developmental. They include the provision of opportunities to participate in new experiences, learn about their world and develop intellectually, develop and build on their social skills, learn sharing and co-operation, belong to a group, begin to learn independence and build self-confidence, interact with other adults and have fun (Playgroup Australia 2006; Winn & Porcher 1971, pp. 17-21). Qualitative

³ Playgroup Australia is the national peak and administrative body for playgroups in Australia, and is a federation of the eight Australian State and Territory Playgroup Associations.

research has shown that the provision of these social and developmental benefits for their children is also valued by parents (Oke et al. 2007, p. 13).

For parents and carers playgroups offer opportunities to meet and develop friendships with other families, talk in a relaxed atmosphere, share experiences and ideas, play with and nurture their relationship with their child, gain insight into child development, 'normalise' their parenting experiences, particularly with regard to their child's behaviour and development, develop and build confidence in their parenting skills, take up opportunities for personal growth, and link into family services (Playgroup Australia 2006; Oke et al. 2007, p. 5; Winn & Porcher 1971, pp. 21-22; Playgroup Associations in Australia 1979, pp. 11-12; Morwood 1988; Fields & Clearly-Gilbert 1983, p. 23).

As a distinct research topic in its own right, the playgroup has received little research attention (Sneddon & Haynes 2003, p. 55). Australian empirical research in particular is scarce, both in terms of participation rates and the value of participation (Playgroup Australia personal communication 16 Jan 2008; Oke et al. 2007, p. 6). Australian national participation figures are provided in a 1999 study conducted by the Commonwealth Department of Family and Community Services, which found that 15% of a sample of families with children under 5 were using playgroups (in Sneddon & Haynes 2003, p. 58). A Victorian case study of three local government areas found a higher participation rate of 32%, following only behind visiting friends or family and swimming classes as activities for 0-4 year olds (Sneddon & Haynes 2003, p. 83). However, these rates varied across socioeconomic areas, an issue that will be discussed in detail below.

Playgroups and Social Support

A common theme in the literature is the social benefits that playgroups offer both children and parents. For the latter, playgroups are said to be places where parents can 'find common interests with others in the community and gain friends and sympathetic contacts' (Playgroup Associations in Australia 1979, pp. 11-12). They are 'a time to talk, make friends and share experiences' (Playgroup Australia 2006). They 'benefit parents in that they provide social support' (Sneddon & Haynes 2003, p. 55), 'assist parents and carers to socialise'

(Plowman 2003), and offer ‘a large number of mothers the opportunity to socialise in groups’ (Morwood 1988). It is clear from the literature that an important and primary aspect of playgroups with regard to parents is the opportunities they offer to forge social connections and provide social support.

Empirical research supports this assertion. An observational study of playgroups concluded that ‘parent-parent interaction is as important in the eyes of parents as is the benefit to be derived from playgroups for the children’ (Fields & Clearly-Gilbert 1983, p. 28). A more recent project involving case studies of a number of playgroups in Victoria found that socialising for the mother was almost as prevalent a reason for joining a playgroup as socialisation opportunities for the child. Eighty four percent of interviewees indicated the former and 96% the latter reason (Sneddon & Haynes 2003, p. 107). Interview data has also highlighted the opportunities to get out of the house and meet, socialise and receive support from other mothers as benefits of playgroup participation cited by parents (Oke et al. 2007, p. 13).

Playgroup Participation and Socioeconomic Status

The predominant playgroup model in Australia remains largely parent driven, with the majority of playgroups, known as community playgroups, self-managed by parents (Sneddon & Haynes 2003, p. 54; Playgroup Australia 2006; Oke et al. 2007). There is some evidence that, as a consequence of this, community playgroups also remain largely middle-class in nature (Sneddon & Haynes 2003, p. 85). Early criticisms of playgroups highlighted inequalities of opportunity, due to the movement’s success in middle-class areas, relative to working class areas (Broad & Butterworth 1974, p. 19). It is middle-class mothers who can afford the time and money to participate, as well as have greater opportunities to gain awareness of the developmental value of playgroups to their children (Broad & Butterworth 1974, pp. 18-19). By contrast, disadvantaged

families face various financial, social, personal and practical obstacles to participation in playgroups, let alone instigating one for themselves. Yet it can be argued that disadvantaged families, who are more likely to suffer social isolation

and less able to provide environments conducive to the healthy development of their children, have a greater need for playgroups.

Detailed figures, particularly on a national level, on level of access for different socioeconomic and cultural groups are scarce. However we know that families with high needs, such as disadvantaged and Aboriginal families, experience difficulty accessing mainstream support services (Plowman 2003, p. 2). It is also well established that disadvantaged people are more likely to suffer social isolation (Baum 2002, p. 241). Sneddon and Haynes found higher rates of playgroup participation in the more affluent areas encompassed in their research project (2003, pp. 81, 83-84). In fact, they found higher participation among more affluent parents in all child-related activities, most likely owing to their greater financial resources enabling them to pay for such activities (Sneddon & Haynes 2003, p. 84). The 1999 national study by the Commonwealth Department of Family and Community Services found that finding a suitable place and having the time to attend were factors influencing non-participation in playgroups, however deeper, structural issues that are barriers to participation were not investigated (Sneddon & Haynes 2003, p. 58). Barriers to participation in playgroups in disadvantaged areas include lack of transport and financial pressures necessitating a return to work (Oke et al. 2007, pp. 20-21).

Interestingly, Sneddon and Haynes also found that maternal and child health services, which are key pathways to playgroups, were more important access points for playgroup attendance in the higher socioeconomic areas than in the more disadvantaged areas. Maternal and child health nurses and family and friends were the most common sources of referrals overall, however playgroup participants in the more disadvantaged areas were much more likely to hear about the group from the latter (2003, p. 87). An association was also found between playgroup attendance and first time mothers' groups. Mothers who attend first time parents groups were more likely to subsequently participate in a playgroup. Indeed sometimes the one merges into the other (Sneddon & Haynes 2003, p. 82). The barriers to participation in playgroups also apply to mothers' groups for disadvantaged mothers, who are similarly less likely to attend first time mothers' groups (Scott et al. 2001, p. 27). Thus, though speculative, it makes intuitive

sense that the heavier reliance by disadvantaged mothers on informal channels for accessing playgroups is in part a reflection of their having less involvement with the maternal and child health clinic, due to non-attendance at first time mothers' groups.

Supported Playgroups

In recognition of the issue of differential access and in an effort to break down some of the barriers to participation, supported or facilitated playgroups have been established. These playgroups are a distinct form of playgroup, in that they are facilitated by a paid coordinator rather than by participating parents.

Supported playgroups specifically target families who would not normally access a community playgroup, including socially isolated or disadvantaged, Aboriginal, teenage and young parent families (Playgroup Australia 2006; Oke et al. 2007, pp. 4-5). There are also intensive support playgroups, which provide extensive support to particularly vulnerable families with complex needs (Oke et al. 2007, p. 5). Hence in the Victorian study, there were more participants in parent run playgroups in the affluent area studied (Sneddon & Haynes 2003, p. 85). The Commonwealth now provides funding for supported playgroups to Playgroup Australia, who aimed to establish 150 such groups during 2007-2009 under the national Supported Playgroup Program (Playgroup Australia 2006).

A supported playgroup coordinator generally has early childhood qualifications and experience working with the targeted group. Their role is to engage high needs families and assist them to develop the skills to participate in the playgroup, as well as provide parenting support and information, and referrals to other services (Playgroup Australia 2006; Plowman 2003, p. 2). Supported Playgroups aim to provide opportunities for high needs families 'to enhance their relationship in a supportive environment, increase their skills and confidence, and to develop valuable social and family support networks', and 'empower families to support young children's development through provision and participation in a variety of developmentally appropriate play experiences and activities' (Playgroup Australia 2006).

Thus supported playgroups aim to provide support from the facilitators themselves and by becoming access points to link families into the myriad of other support services available. These layers of support are in addition to the social benefits of meeting other parents associated with parent run playgroups. Furthermore, many supported playgroups aim to empower participants by eventually withdrawing the coordinators after a skills transfer phase, thereby transitioning into a parent-run community playgroup (Oke et al. 2007, p. 5). Other supported playgroups maintain full facilitator support on an ongoing basis (Plowman 2003, p. 2). The empowerment model is more prevalent in Australia than the fully supported model, and is the model adopted by the national Supported Playgroup Program (Playgroup Australia 2006; Playgroup Australia personal communication 16 Jan 2008; Keller 2007).

Research on playgroups for disadvantaged families focuses on this 'empowerment' or 'self-help' model. Some early researchers have questioned the efficacy of this approach. Finch argues that this strategy fails because the playgroup model and the skills required to run it are inherently middle-class and therefore culturally alien in working class settings (1983, p. 255). Finch also problematises the fully supported model as a form of cultural imperialism, in which middle-class outsiders instigate the group and tutor local mothers to participate on terms set by the outsider (1983, pp. 254-5).

On the other hand, there is also evidence in Australia and Britain of the success of the self-help strategy. Davis challenges Finch's assumption that playgroups must be run by middle-class methods, arguing that working class women are perfectly able to run their own groups when facilitators do not attempt to impose middle-class values and methods on them. She documents an example of a working class playgroup in which the participating mothers successfully took over the running of the group, and even undertook training and further study as part of this process (Davis 1988). More recently, Playgroup Australia's evaluation of the Supported Playgroups project undertaken in 2001-2002 found that some groups can be successfully empowered, with training of leaders and gradual withdrawal. However, ongoing support and support at critical times (e.g., at

recommencement after school holidays) were also identified as factors that prevented groups lapsing (Plowman 2003, p. 4).

The coordinator of supported playgroups has also been identified as crucial to the success of these groups. Research has suggested that in some groups the leader essentially holds the group together and is instrumental in sustaining the group (Finch 1983, p. 253; Oke et al. 2007, p. 19). Coordinators must establish trusting relationships with participants, a task that requires skills in communication, as well as sensitivity, being non-judgemental, respectful, supportive and encouraging (Plowman 2003, pp. 5, 7). These trusting relationships can be important for disadvantaged families in terms of overcoming nervousness of professionals and facilitating broader engagement with support services (Oke et al. 2007, p. 10).

Qualitative research has highlighted a number of benefits related to facilitators that are valued by parents participating in supported playgroups. These include the provision of routine and structured activities, referral to other services, and ensuring the continuity of playgroups (Oke et al. 2007, p. 19).

Aboriginal Supported Playgroups

Supported playgroups targeting Aboriginal families have been established across Australia (Morwood 1988; Plowman 2003, p. 3). For Aboriginal families, such playgroups serve to foster involvement in, knowledge of and pride in their cultural heritage, through such activities as traditional artwork, songs in Aboriginal languages and storytelling of traditional stories. The playgroup model aligns well with Aboriginal cultural practices of learning and passing on knowledge through close involvement with kin, rather than through an outside 'teacher' (Morwood 1988). Though it is clear that the value of Aboriginal playgroups has been recognised, no research examining Aboriginal playgroups specifically could be found.

Parent Education Groups

Parent education and support groups are much less straightforward to define than playgroups. They vary widely in goals, target groups, facilitators and content and cover a wide spectrum on a number of dimensions, including duration (fixed versus ongoing), structure (highly structured versus unstructured or combinations of each), facilitated or independent (or the former developing into the latter as for some playgroups) (Wandersman 1987, p. 139). The major defining factor of parenting groups is that they are parent focused. That is, they are designed specifically to provide support and guidance for parents. In contrast to playgroups, benefits to children are indirect, through the provision of assistance to parents.

A distinction is here made between group-based parent education programs and parent support groups. There is a substantial body of literature on the former, which are more formal, highly structured programs. These interventions tend to be for a fixed period, with a structured parenting skills content based on one or more specific theoretical frameworks (for example cognitive-behavioural techniques). They are often focused on a particular (often child) pathology (for example managing children with behavioural problems). However, parent education and parent support groups are not mutually exclusive. In the great diversity of programs, there is often overlap in content, aims and outcomes between parent training interventions and parent support groups, such as mothers' groups. Support groups can include elements of parent education in their content. Moreover, like parent groups, structured parent training programs can aim to foster the well-being of participating parents and some also specifically aim to improve social support.

Parent education groups are not the direct concern of this thesis. Consequently, the literature solely concerned with parent training will not be reviewed in detail here unless it includes elements that overlap with parent support groups. However, a recent Cochrane review of the impact of group-based parent training programs on maternal psychosocial health provides some useful insights into group-based parenting strategies overall. A meta-analysis of the included studies

found that such interventions can be effective in improving depression, stress and anxiety, self-esteem and partner relationships. However, neither the individual studies that included relevant assessments nor the meta-analysis found that parent training groups were effective at improving social support (Barlow et al. 2007, p. 15).

Contrary to this, available qualitative results indicate that receipt of additional support is indeed an outcome of participation in such groups for parents (Barlow & Stewart-Brown in Barlow et al. 2007, p. 15). This outcome also makes intuitive sense given the group-based nature of such programs, and the fact that they often bring together participants with not just parenting in common, but parents in similar circumstances (for example having children with ADHD). The Cochrane review authors conclude that the instruments used to measure social support outcomes are possibly not capturing the specific type of social support obtained from these groups, that is, support from other parents (Barlow et al. 2007, p. 15). This is a reasonable assertion, given that these instruments largely assess the degree of social support from informal sources (i.e., relatives and friends), rather than formal services. In other words, they fail to assess the impact of *the group itself* as a source of support.

A further area of overlap between parent training and parent support programs is the critical role played by group facilitators. The importance of the facilitator role to the success of group parenting strategies has already been discussed above with regards to playgroups. Similarly, Barlow et al. acknowledge the likely importance of group leaders in parent education programs in terms of encouragement, creating a climate of openness and trust, and modeling such traits as respect, understanding, support, warmth and empathy (2007, p. 17).

There are a number of other relevant points to come out of the Cochrane review of parent education groups. These relate to the secondary nature of parent outcomes, and the homogeneity of parent groups included in the studies reviewed. With regards to the former, the review authors noted that parent outcomes in terms of psychosocial health were incidental in many studies. The main focus of

these studies was on child outcomes or the teaching of parenting skills (Barlow et al. 2007, p. 15). Thus, whilst they may not undertake direct work with children, there are nonetheless geared towards achieving better outcomes for children through working with parents on techniques for managing them. This is another point at which parent support groups can differ. They of course can have elements of parent education and are obviously also concerned with children. However the focus on improving outcomes for parents is not incidental, but rather is a major aspect of these interventions. The review authors highlight the impact of parent training programs on parents themselves as warranting further research (Barlow et al. 2007, p. 15).

Finally, available information about attrition from programs indicates that socially disadvantaged participants are more likely drop out (Barlow et al. 2007, p. 16). This aligns with the indications from the playgroup research, that disadvantaged families face barriers to participation and are therefore less likely to benefit from the support such programs could provide. Moreover, the vast majority of participants across the programs studied were Caucasian. In this regard, participants are reasonably homogenous, and little information can be garnered regarding the impact of such programs on different cultural groups (Barlow et al. 2007, p. 15).

Parent Support Groups

Unlike the playgroup, which is a middle-class just as much as (if not more than) a working class activity, parent support groups are often targeted towards at risk populations. Populations commonly targeted include families at risk or reported for child abuse or neglect, adolescent mothers, and women suffering from postnatal depression. Parent support group interventions are based on the well established links between social support, quality of parenting, parent-child interactions, child abuse and neglect and postnatal depression. The literature searches conducted for this study revealed no Australian national figures on participation rates in parent support groups.

It should be noted that, whilst most of the literature refers to ‘parent’ support groups, the majority of participants in such groups are mothers. Some groups do not preclude fathers from attending, hence the term ‘parent’ support group, yet given social conventions that designate fathers as breadwinners and mothers as primary carers of children, it is still largely women who participate. Other groups, such as mothers’ groups and postnatal depression support groups are specifically for women. These women’s groups are here included under the ‘parent support group’ umbrella. Although this thesis is concerned only with mothers, the ‘parent’ support group literature is still highly relevant given the majority participation by women. Following the literature, unless referring to a group specifically designated as a ‘women’s’ or ‘mothers’ group, this thesis will also use the term ‘parent’ group.

As previously stated, there is great diversity in the duration, content and level of structure of different programs (Wandersman 1987, p. 139). Although not often described in detail, the content of facilitated support groups that can be gleaned from the literature can include group discussions and provision of information on such issues as child and infant care, child development, stress management, expressing emotion, confidence building (Lipman et al. 2002, p. 6; Whipple & Wilson 1996, p. 229; Knapman 1991, p. 15; Potter 1989, p. 5), as well as issues specific to a particular group (for example poverty and social isolation for lone mothers (Lipman et al. 2002, p. 6), or postnatal depression (Fairchild 1995; Olson et al. 1991). Groups can also include activities such as arts and crafts (Knapman 1991, p. 16) and outings (Knapman 1991, p. 16; Potter 1989, p. 5). Also, as discussed, a common element of support groups is parent education (i.e., parenting skills and behaviour management) (Whipple & Wilson 1996, p. 229; Lipman et al. 2002, p. 6; Potter 1989, p. 5). Groups can be facilitated by early childhood workers, social workers, health workers and paraprofessionals, and may include visiting speakers in their programs (Knapman, 1991, pp. 15-16, 19; Potter 1989, p. 5). Some parent support groups include a parallel child care program (Lipman et al. 2002, p. 6; Potter 1989, p. 5) or often children attend the group with their parent. Facilitated support groups are generally structured, with a particular topic covered each session, but the level of structure and client participation in agenda setting can vary.

Parent Support Groups and Social Support

The content of support groups shows that provision of information and practical assistance is one way in which parent groups provide support. However, social participation, sharing experiences and the development of social networks are major goals of these groups. Most studies cite the links between social support (or lack thereof) and mothers' health and well-being, parenting, and child abuse and neglect. Some also point out that motherhood can result in a shrinking social network at a time when extra support is needed (Scott et al. 2001, p. 23). Thus parent support groups are established to provide parents with a social support resource and as a preventive or treatment strategy against social and psychological pathology. Whilst many studies focus on high risk groups, such as families suffering from or at risk of child abuse or postnatal depression, much of the literature, regardless of target population, presents data from low income participants. As pointed out at the beginning of this chapter, economically disadvantaged families are more likely to suffer from life stressors, which elevate their risk of social and psychological problems (Potter 1989, p. 20; Turner & Noh 1983, p. 2; Seguin et al. 1999, p. 158).

In contrast to parent education groups, parent outcomes are central to evaluations of parent support groups. There are two different approaches to evaluations of the social support provided by parent support groups in the literature. One takes the provision of social support as a given aspect of the group and assesses well-being as a result of participation (Wandersman et al. 1980). Others, in addition to well-being measures, also assess changes in social support and social networks as a result of participation in the groups (Whipple & Wilson 1996, Lipman et al. 2002; Richey et al. 1991).

Though it is an explicit goal of parent support groups, there is some ambiguity in the literature about their success in bringing about improvements in social networks. When measured quantitatively (using existing instruments such as the

Parenting Social Support Index⁴ or the Maternal Social Support Index⁵), some positive outcomes have been observed. Telleen et al. (1989) found a reduced sense of social isolation among group participants compared to a control group. However, other research reports no significant improvements. Both Whipple and Wilson (1996) and Lipman et al. (2002) found no change in social support in women after participation in parent support groups.

These less than encouraging results align with those found for parent education groups. Recall that in the Cochrane review meta-analysis of social support outcomes, no evidence of effectiveness was found (Barlow et al. 2007, p. 15). Yet qualitative data, as for parent education groups (Barlow & Stewart-Brown in Barlow et al. 2007, p. 15), is positive with regards to the support that groups provide. Participants in an evaluation of a Victorian mothers' group run by a community family support service responded that the group gave them companionship, support and the opportunity to share experiences (Potter 1989, p. 26).

A number of other Australian studies examine first-time mothers' groups provided by state child health services, and run by maternal and child health nurses (Knapman 1991; Gillieatt et al. 1999; Scott et al. 2001; Kruske et al. 2004; Carolan 2004). These groups are generally facilitated for 6 or so weeks, after which time members are encouraged to continue meeting independently. All of these studies highlighted the value of the groups in terms of social connections. Knapman found that social interaction was an important factor in successful groups, particularly for isolated mothers and those lacking other sources of support (1991, pp. 16-19, 21, 26). A Western Australian study concluded that motivation for participation was as much 'a strong desire for contact with new first-time mothers as a need for information' (Gillieatt et al. 1999, p. 135). Whilst provision of child health and development information was most often cited by new mothers' group participants in Victoria, the next most important benefits cited were sharing experiences, mutual support and making friends respectively

⁴ Telleen, S. 1985, *Parenting Social Support Index: reliability and validity* (Tech. Rep. No. 1), The University of Illinois School of Public Health, Chicago.

⁵ Pascoe, J.M. 1988, *The reliability and validity of the Maternal Social Support Index*, Family Medicine, vol. 20, pp. 271-276.

(Scott et al. 2001, p. 28). Similarly, in addition to receiving professional advice and information from nurse facilitators, women attending mothers' groups in Sydney also valued peer support, sharing experiences and the social aspect of the groups (Kruske et al. 2004, pp. 34-35). The value of social contact is also demonstrated in qualitative research on support groups targeted towards more specialised support. Reduction of isolation has been found to be a major benefit of postnatal depression support groups (Fairchild 1995, p. 47).

There is evidence that parent support group participation can not only provide social contact at group sessions, but also lead to a lasting expansion in social networks. For some writers, extra group friendships should be encouraged (Telleen et al. 1989, p. 418). As stated, new mothers' groups run by maternal and child health nurses are encouraged to continue meeting independently beyond the initial facilitated phase of the group. Research indicates that not only do the majority of such groups do so, but also that friendships are made and conducted outside of group sessions (Gillieatt et al. 1999, pp. 133-4; Knapman 1991, p. 18; Scott et al. 2001, p. 28; Carolan 2004, p. 138). Similarly, the postnatal depression group examined by Fairchild successfully encouraged extra group contacts and the development of friendships between participants (1995, p. 47).

Why the apparent discrepancy between quantitative and qualitative research in terms of improvements in social support? It may be that the instruments used to assess social support are inappropriate in the context of parent support groups. Recall that the Cochrane review of parent education groups surmised that these instruments may be failing to tap into the specific nature of the support provided by such groups (Barlow et al. 2007, p. 15). This applies equally, if not more so to parent support groups. The instruments used generally assess informal supports (i.e., from family and friends). A key goal of group-based services is to provide social support through connections with other parents. The parent support group, by virtue of these social support aims, blurs the boundaries between formal and informal supports, occupying somewhat of an ambiguous middle ground between a formal service on the one hand and a source of informal support, through these connections with other parents, on the other. Other researchers have also

recognised this. McCaughey asserts that ‘community based services which straddle both formal and informal networks were especially well placed to break down the isolation of... families’ (1987 in Potter, p. 19). Telleen et al. concluded that ‘a mothers’ support group may function as a surrogate, informal support network’ (1989 p. 417). Knapman states that the mothers’ group ‘compensates... for a lack of informal social support’ (1991, p. 11). For Scott et al., ‘professionally facilitated social networks have the potential to perform a similar role to that traditionally played by naturally occurring neighbourhood based social networks’ (2001, p. 29).

Failure to register significant changes on quantitative instruments may be the result of a lack of clarity about how respondents are classifying these supports. They may not include parent group contacts as part of their informal network, but may instead consider these contacts in the context of a formal service. Another point to consider is that, as for any friendship, the development of lasting supportive friendship networks through parenting groups would necessarily take time. Thus any changes in support detected by existing quantitative instruments may be a function of the timing of the assessment.

Some evidence could also fuel speculation that parent group contacts *are* being counted as part of wider informal support networks. This is equally problematic in terms of teasing out the effects of support groups. Telleen et al. noted a seemingly incongruent decrease in social support sourced from informal networks, concurrent with a decrease in social isolation among group participants. They speculate that a shift in support sources may have occurred from familial and friendship networks to the parent networks made within the groups (1989, p. 417).

Similarly, Richey et al. (1991) conducted an evaluation of a structured parent support group for disadvantaged and abusive mothers. The program was specifically designed to impact on informal support networks beyond the group and included a social skills training component to this end. Improvements in network size, daily contacts with network members, quality of interactions and

satisfaction with support from friends were reported. Yet these improvements were concurrent with a decrease in satisfaction with support from family. Given that the same effects were not found for familial networks, the more positive result with regard to friendship networks may be explained by contacts made within the group. The extent to which the skills training strategy contributes to improvements in making new social connections in general (i.e., outside the group) is therefore questionable.

Unfortunately, neither of these studies' designs differentiated between friends made within the group and friends made elsewhere. Therefore any impact of the groups themselves is obscured. Given that parent support groups can blur the distinction between informal and formal supports, it is imperative that evaluation studies clearly distinguish between support from networks within the group and those external to the group, in order to properly isolate the effects of parent support groups. Without this distinction, any claims, positive or negative, about the effectiveness of parent support groups are questionable.

Whilst falling short of acknowledging the above shortcomings, some authors do acknowledge that the failure of many studies to detect significant quantitative improvements in social support may be the result of too generalised a conception of social support. Wandersman et al. note that social support is a multi-dimensional construct, necessitating more specific definitions of the type of social support targeted, rather than attempting to encompass social support in general (1980, p. 337). These and other authors conclude that parenting groups should not be expected to affect global adjustment or social support measures, rather measures more specifically related to the groups, as well as qualitative data, should be used in evaluations (Wandersman et al. 1980, pp. 339-340; Telleen et al. 1989, p. 411). This same point has been argued more recently by Williams et al., who contend that generalised, global definitions of social support may seriously limit research, intervention and practice (2004, p. 957). Rather conceptions of social support must be embedded in the context with which they are concerned. This is best achieved by the use of qualitative methods which allow the people experiencing the context under study to prescribe the meaning of social support.

This, in turn, will allow confident measurement and intervention that will ultimately lead to confident conclusions about the role of social support in certain contexts, something that has been lacking in research to date (2004, p. 958).

The predominant use of ‘insensitive’ pre-post outcome measures in evaluations of parent support groups can obscure valuable contextual information about what goes on in between. This includes details about the ways in which support is provided within groups, their structure and content, the role and characteristics of group facilitators, how particular parents respond to and interact with the service, who participates, who drops out, and why. Illumination of such ‘process’ factors can greatly advance the continued development of a diversity of programs tailored to the needs and strengths of target populations and individual participants (Wandersman 1987, p. 156, Barlow 2007, p. 18). Qualitative methods are well suited to furnish information about process factors. They are also able to embrace rather than contend with this issue of variation across programs, which is troublesome for quantitative methods attempting to detect ‘hard’ main effects outcomes (Wandersman 1987, p. 156).

Parent Support Groups and Psychological Adjustment

As for social support outcomes, parent support group evaluations also report conflicting results with regard to measures of psychological adjustment. Outcomes on different measures within the same study can be equivocal. Whipple and Wilson (1996) reported improvements in both depression and stress levels. Yet, Telleen et al. (1989) found no differences in depression but did find a decrease in stress levels. Similarly, Lipman et al. (2002) found improvements in depression, but not in self-esteem. The finding by Wandersman et al. that parent group participation did not predict mothers’ adjustment prompted the assertion above that global adjustment measures may not be appropriate detection tools (1980, p. 339-340). Moreover, as discussed, there is significant variation in groups in terms of duration, content and aims, as well as likely variations in baseline measures for different target populations. This makes it difficult to compare and tease out the factors that may be impacting on adjustment outcomes.

Parent Support Group Facilitators

Much the same as for playgroups and parent education groups, group facilitators seem to be key components of successful groups. Whilst new mothers in a study by Kruske et al., who had attended maternal and child health nurse facilitated support groups appreciated the combined benefits of peer support and professional advice from the nurse facilitators, some clearly prioritised the latter (Kruske et al. 2004, p. 34). Knapman concluded that the 'professional and personal skills of the [maternal and child health] sister clearly play a major role in the successful initiation and continuation of mothers' groups' (1991, p. 22). She goes on to say that the running of the groups required sensitivity, skills in making the group a comfortable environment for participants, an understanding of their groups' social profiles, and the ability to adapt programs accordingly (Knapman 1991, pp. 22-23). Participants in a group evaluated by Richey et al. rated satisfaction with leaders the highest above various other aspects of the group (1991, p. 48).

Parent Support Groups and Socioeconomic Disadvantage

As stated, many parent support groups are targeted towards disadvantaged populations. The literature indicates that parent groups can achieve social and psychological benefits for participants. However, these benefits are of course contingent on participation. Research has shown that high risk and low income populations are less likely to voluntarily access human services and have greater attrition rates (Plowman 2003, p. 2; Birkel & Repucci 1983, p. 186). Few studies discuss in detail the challenges involved in getting at risk mothers to join a parent support group. Considerable recruitment efforts can still only yield small numbers, and the establishment of a successful group requires perseverance and a high degree of outreach work (Lipman et al. 2002, p. 7; Potter 1989, p. 31; Wayne 1979). Some of the strategies employed to attract and engage high risk participants include the provision of transportation assistance (Lipman et al. 2002, p. 6; Wayne 1979; Potter 1989, p. 38; Birkel & Repucci 1983, p. 190), child care (Whipple & Wilson 1996, p. 229; Birkel & Repucci 1983, p. 190) and follow-up by phone or in person (Lipman et al. 2002, p. 6; Wayne 1979).

There is also some evidence that the perception of the group and the way in which it is promoted affects willingness to attend. For example a group aimed at child abuse prevention may be less threatening if promoted as a vehicle for relieving parenting stress (Potter 1989, p. 10). Another example is a group set up as a playgroup rather than a mothers' group. This strategy can have the effect of legitimising women's attendance for the sake of their children's needs, rather than their own (Knapman 1991, p. 18).

State child health service new mothers' groups tend to consist of middle-class mothers, though they are a universal service (Scott et al. 2001, p. 27; Gillieatt et al. 1999, p. 133). Scott et al. interviewed maternal and child health nurses who ran first-time mothers' groups. They identified adolescent and single mothers, mothers on low incomes, from non-English speaking backgrounds, and mothers suffering family crises as sub-groups who they had difficulties encouraging to participate (2001, pp. 25, 27). This and other research suggests that this service may be failing to engage the most isolated and vulnerable mothers (Scott et al. 2001, p. 28; Gillieatt et al. 1999, p. 136). Research into these new mothers' groups indicates that homogeneity is a factor. Groups consisting of women from differing socioeconomic and cultural backgrounds may find it difficult to 'gel' (Scott et al. 2001, p. 28; Knapman 1991, p. 24). Some successful ethnically diverse groups were described by the nurses interviewed by Scott et al. However, nurses running groups in homogenous areas tended to report fewer difficulties related to class diversity, whether middle-class or low income, than those running groups in areas where there was a mix of classes (Scott et al. 2001, p. 27). Other research has also demonstrated that new mothers' groups in homogeneously low income areas have been a successful mechanism for the development of interpersonal relationships (Lawson & Callaghan 1991 in Knapman 1991, p. 11).

As discussed above, the maternal and child health nurse first-time mothers' groups successfully develop into independent groups and lasting social networks beyond the initial facilitated phase. However, it must be remembered that these groups are largely middle-class (Scott et al. 2001, p. 27; Gillieatt et al. 1999, p. 133). As for playgroups, middle-class women are more likely to possess the social and organisational skills to successfully coordinate the group themselves. Class

diversity may hinder continuing participation for low income women. The groups often continue in the women's homes. This may not present a problem for middle-class women, but some low income women feel uncomfortable at the idea of meeting in each others homes, when there is a discrepancy in level of affluence (Scott et al. 2001, p. 28; Knapman 1991, p. 24). Other qualitative data shows that low income women can feel excluded from groups that also include more affluent women (Gillieatt et al. 1999, p. 134). These authors concluded that middle-class mothers may be more attracted to first-time mothers' groups, in which case there is a need for interventions that are more appealing to low income mothers (1999, p. 136). Thus sensitivity to the demographic background of potential participants and the establishment of groups accordingly may be one strategy to boost the level of participation and reduce attrition rates for low income populations. However, this strategy may not negate the need for intensive outreach work to engage with and encourage participation in the first place.

Maternal and child health nurse first-time mothers' groups are a distinct form of parent support group. As stated, unlike other parent support groups they do not target specific groups of at risk parents, but rather are a universal service. Moreover, the evidence presented above suggests that at risk mothers are failing to engage with this service. Studies examining maternal and child health nurse first-time mothers' groups dominate the Australian parent support group literature. There is a dearth of Australian research on other forms of parent support groups, which do target vulnerable mothers. Such research can offer insights into the ways in which at risk mothers engage with and benefit from other types of parent support groups.

Aboriginal Parent Support Groups

It is well documented that Aboriginal peoples are the most disadvantaged populations in Australia. They suffer from a constellation of social and economic disadvantages resulting in significant health inequalities compared to the non-Aboriginal population (Baum 2002, pp. 247-8). Moreover, Aboriginal women have more children, beginning at younger ages than other Australian women (ABS 2007, pp. 6-7). Thus Aboriginal mothers are very much a 'high risk'

population for whom culturally appropriate support programs may be beneficial. Parent support groups have been successful sources of social support for other cultural groups (Scott et al. 2001, p. 27; Knapman 1991, p. 16). Despite all of this, the literature searches conducted here yielded no study which specifically examined support groups for Aboriginal parents. This represents another significant gap in the Australian literature.

Summary and Conclusion

This chapter has defined and briefly overviewed the literature pertaining to social support and its impact on mothers. It shows that social support has psychological and social benefits for parents. Disadvantaged mothers similarly benefit from the presence of social support. However, as members of their informal social networks are likely to be similarly disadvantaged, they are less likely to have access to adequate social support.

A primary purpose of playgroups with regard to parents is provision of social support. Though the informal social support literature is vast, there is very little research on playgroups as a form of social support. Moreover, national figures are scarce, dated, and do not provide information about the use of playgroups across different socioeconomic and cultural groups. The literature indicates that certain groups are less likely to access, and therefore benefit from the social connections playgroups afford.

Supported playgroups target specific groups with high needs, including low income and Aboriginal families. These playgroups provide additional layers of support to regular parent run playgroups, in the form of support from facilitators and by linking families to available services. Facilitators of supported playgroups have been identified as crucial to the success of supported playgroups. There is some literature which debates the efficacy of the empowerment model of supported playgroup, which aims to transition supported playgroups into independently run groups.

Parent support groups explicitly aim to provide information, social support and social connections for parents. The literature has shown that, though results are equivocal, parent support groups can have positive outcomes for participants in terms of social support, social networks and psychological adjustment. Indeed they can function as a surrogate social support network for certain groups who may lack such support from traditional informal sources in the family, neighbourhood and community. Much of the literature focuses on a particular program, or a particular type of program. No Australian national figures on parent support group participation are available.

Quantitative measures of social support are proving inadequate to assess the impact of parent support groups on social support networks. This may be due to parent support groups' unique positioning between informal and formal supports, and a failure in many studies to differentiate between the two. More specific quantitative measures and qualitative research may be more appropriate evaluation methods.

Though many groups are targeted towards disadvantaged and at risk families, the challenges involved in encouraging participation and preventing attrition remain. These issues are not a primary focus in the literature. Australian parent support group literature is dominated by studies examining maternal and child health nurse first-time parent support groups, which appear to be largely participated in by middle-class mothers. There is a dearth of Australian research examining other types of parent support groups which specifically target at risk women, such as socioeconomically disadvantaged and Aboriginal mothers.

The present research is specifically concerned with playgroups and parent support groups as sources of support. The research aims and broad and specific research questions are outlined in the preceding introductory chapter. The study will address a number of the gaps exposed in the above literature review. Specifically, the research will:

- Address the paucity of Australian playgroup research, as well as parenting group research in a disadvantaged and Aboriginal context

- Furnish up to date, Australian national figures on playgroup and parent support group use, the factors that predict participation and the relationship between participation and the health and well-being of mothers
- Assess the patterns of use of parenting groups among socioeconomically disadvantaged and Aboriginal mothers
- Provide information in an Australian context about the use of and outcomes of non-maternal and child health nurse facilitated parent support groups
- Through the use of qualitative methods, provide context specific information about the ways in which Aboriginal and disadvantaged mothers engage with supported playgroups and parent support groups and the ways in which such groups operate as support resources for these mothers

Chapter 3. Theory

The overarching aim of this research is to broaden understanding of how parenting groups operate as supportive resources for Aboriginal and disadvantaged mothers. Much of the relevant literature outlined in the previous chapter is based on the concept of social support. However, social support was found to lack sufficient depth to be useful as a theoretical framework for this thesis, and social capital emerged as a more suitable framework. Both social support and social capital are concerned with social networks and their outcomes, however the latter better allows for analysis of structural considerations. In clarifying the concepts of social support and social capital, this chapter validates the use of social capital as the primary theoretical framework for the thesis.

The concept of social capital has been described most prominently by theorists such as Coleman (1990), Bourdieu (1986) and Putnam (2000). Whilst developed from differing, even conflicting ontological positions, the point of commonality is that social capital denotes social connections and the benefits that can accrue through them. Whilst Putnam's work has sparked much research and policy interest (Edwards et al. 2003, p. 78), it will be demonstrated that Bourdieu's framework, due to its explicitly structural account of social capital, is not only most applicable to the present research, but also highlights the flaws inherent in the application of social capital based policies in the context of disadvantaged communities.

This chapter will begin with an overview of each of these key theorists' work on social capital. Social capital theory has been applied across a range of disciplines and policy areas, and now has a vast and growing literature. The chapter reviews some of this literature that is relevant to the thesis. Specifically, the work on social capital and health, disadvantage and the family will be reviewed. Research regarding social capital in an Aboriginal context is still in its early development. An overview of this research will also be included. A discussion of social capital critiques argues for contextual examinations of social capital, to which qualitative methods are particularly suited.

The chapter will then clarify and delineate the concepts of social support, outlined in the previous literature review chapter, and social capital. This will serve to link the social support literature with the theoretical framework developed here.

Bourdieu's structural account is combined with Putnam's concepts of bonding and bridging, and their extension, linking social capital, to provide a conceptual framework through which the specific assistance parenting groups provide to Aboriginal and disadvantaged mothers can be analysed and understood.

Coleman

Coleman identifies social capital by its function: 'The function identified by the concept "social capital" is the value of those aspects of social structure to actors, as resources that can be used by the actors to realize their interests' (1990, p. 305).

For Coleman, social relations can benefit individuals through the creation of obligations and expectations, the acquisition of information and the creation of norms and effective sanctions (Coleman 1990, pp. 306-310). Unlike other forms of capital, such as physical and human capital, social capital is not the private property of the individuals who derive benefit from it. Rather it is an attribute of the social relationships in which individuals are embedded. This gives social capital a 'public-good' aspect, whereby its operation can result in benefits not just to the individuals in any particular social exchange, but to other people who are part of that social structure (Coleman 1990, pp. 315-6).

The notions of reciprocity and trust are important elements of Coleman's theoretical construct. Through doing favours for others, one trusts and expects that the good deed will be reciprocated in the future, and obligates the recipient to keep the trust (1990, p. 306). The conception of a 'credit slip', drawing from the domain of financial capital, is used by Coleman in his description of the way in which social capital operates. Such credits are held by the favour giver and are redeemable by some reciprocal action on the part of the receiver. Thus, Coleman's is a rational choice theory of social capital, which assumes that the creation of such expectations and obligations between individuals is rational and

self-interested. He posits that a rational person intentionally obliges others because:

When I do a favor for you, this ordinarily occurs at a time when you have a need and involves no great cost to me. If I am rational and purely self-interested, I see that the importance to you of this favor is sufficiently great that you will be ready to repay me with the favor in my time of need that will benefit me more than this favor costs me (1990, p. 309).

As for rational choice theory, this concept of self-interested, individual action has been criticised on two fronts. Firstly, its concept of the motivations governing behaviour is too narrow and lacks complexity, taking no account of other motivations inherent in social relationships. For example giving to others through love, altruism or duty cannot adequately be explained purely by the motivation to maximise self-interest. Moreover, these alternative motivations do not necessarily create expectations of reciprocity (Gleeson 1999, p. 185). Secondly, by focusing on individual agency, Coleman ignores critical structural constraints and the ways in which they shape individual actions (Gleeson 1999, p. 185).

The role of the social structure in the accessibility and operation of social capital is dealt with unsatisfactorily by Coleman. For example when discussing a rotating credit association as an example of the operation of social capital and its generation of trust and reciprocity, he states that ‘one could not imagine such a rotating credit association operating successfully in urban areas marked by a high degree of social disorganisation—or, in other words, by a lack of social capital’ (1990, pp. 306-7). This is problematic in two ways. Firstly, the statement is somewhat tautological—areas that lack social capital will not generate social capital. Secondly, Coleman seems to acknowledge that some areas lack social capital, but goes no further with his treatment of this and its impact on the ability of people in such areas to maximise the utility of their social connections. Whilst Coleman does not make explicit whether ‘socially disorganised’ equates to ‘disadvantaged’ areas, we shall see later that disadvantaged communities indeed lack certain forms of social capital which limits their ability to derive significant benefits.

Contrary to this, Coleman goes on to argue that affluence actually *decreases* the need for social capital (1990, p. 321). He posits that affluence, as a factor that makes individuals less dependent on one another, results in greater self-sufficiency and less generation of social capital. This is contradictory to established knowledge regarding the relationship between affluence and social support. Poorer, less educated people are more likely to experience low levels of social support and greater social isolation, whereas greater participation in social and civic activities is associated with higher income and educational levels (Baum 2002, p. 241; Baum et al. 2000, p. 420). Thus, counter to Coleman's argument, higher socioeconomic status is likely to attract, rather than negate social capital. Inexplicably, Coleman includes government aid as a factor that can decrease social capital through promoting self-sufficiency. This seems unlikely given the above evidence, as, at least in the case of welfare, government benefits largely go to people of low socioeconomic status. Such benefits are unlikely to create self-sufficiency to any great extent.

Coleman's main application of his construct of social capital relates to its role in the transference of human capital from parents to children and the impact of this process on children's educational outcomes (Coleman 1988). He argues that parents' possession of human capital is not sufficient for this process to occur successfully, but that social capital, measured in terms of the strength of the relations between parents and children is also crucial. Social capital facilitates children's access to their parents' human capital through the parents' physical presence in the family and the attention that parents give to their child. Without these relationships, that is, if parents are absent or fail to spend time with their children, human capital cannot be transferred from parent to child (Coleman 1988, pp. S110-111).

In his empirical work Coleman uses single versus two parent families and one versus five child families as measures of social capital within families. This is based on the logic that single parenthood and a greater number of siblings will have the effect of diluting the time and attention the parents are able to provide. He demonstrates that children from single parent families and those with a greater number of siblings have higher high school dropout rates. He also found that the

children of mothers who had an expectation that their children would attend college had lower dropout rates than children whose mother had no such expectation (Coleman 1988, pp. S111-113).

Once again, Coleman's treatment of wider structural issues is inadequate. Winter points out that, by comparing one and two-parent households, Coleman confounds parent to child ratio with the socioeconomic correlates of single parenthood, such as lower education levels and poverty (2000, p. 7). Larger families, Coleman's other measure of the extent of family social capital, are also associated with socioeconomic disadvantage and its sequelae. Australia is among a number of Western countries in which this association is particularly pronounced (Redmond 2000, p. 10). Disadvantage limits opportunities to gain human capital, without which it cannot be passed on to others. Moreover, if parents themselves are educated, they are more likely to aspire to this for their children and create a climate in which education is valued and expected (Israel et al. 2001, p. 61). Coleman's analysis did control for financial and human capital, however he does not comment on the relative significance of these factors in predicting high school dropout rates. Other research indicates that family social capital does not entirely negate the influence of socioeconomic resources (Furstenberg & Hughes 1995). This and other empirical work examining the impact of family social capital on child outcomes will be discussed in the section below on social capital and the family.

Bourdieu

Bourdieu developed his conception of social capital within a broader, complex theory of social practice (Bourdieu & Wacquant 1992). This theory incorporates Bourdieu's interrelated concepts of 'field' and 'habitus' with that of 'capital'. This discussion encompasses Bourdieu's broader theory, not just the narrower concept of social capital. This is done for two reasons. Firstly, it sets the context within which his theory of the operation and distribution of capital is to be understood. Secondly, elements of the broader theory also have relevance for the present research.

For Bourdieu, society is composed of a network of fields, defined as ‘a network, or a configuration, of objective relations between positions’ (Bourdieu & Wacquant 1992, p. 97). The positions occupied by agents within a given field are determined by their access to and possession of capital. Thus, fields are structured systems which are characterised by unequal power relations (Bourdieu & Wacquant 1992, p. 97; Williams 1995, p. 587).

Whilst field is a societal level concept, habitus is situated within individuals. However, both habitus (and capital) always exist and operate in relation to a field (Williams 1995, p. 587, Bourdieu & Wacquant 1992, p. 101). Bourdieu conceptualises habitus as ‘an acquired system of generative schemes objectively adjusted to the particular conditions in which it is constituted, the habitus engenders all the thoughts, all the perceptions, and all the actions consistent with those conditions, and no others’ (Bourdieu 1977, p. 95).

Habitus is a cognitive system of dispositions, which make up an agent’s ‘world view’, and through which their thoughts and behaviours are produced. Habitus is shaped by exposure to the external social conditions set by one’s location in the social structure. Thus, it can develop in similar ways in people within a given social location, and consequently shapes both individual and collective practices (Bourdieu 1984, p. 170). ‘Inscribed within the dispositions of the habitus is the whole structure of the system of conditions, as it presents itself in the experience of a life-condition occupying a particular position within that structure’ (Bourdieu 1984, p. 172).

Thus, it is both a ‘structuring structure, which organises practices and the perception of practices’ and a ‘structured structure’, in that it is an internalisation of the conditions imposed by class divisions, which serves to reproduce those divisions (Bourdieu 1984, p. 170). This internalisation of social location results in a ‘correspondence between social structures and mental structures’ (Bourdieu 1984, p. 471). The habitus is congruent with and is reconciled to that social location in which it was formed, the ‘real world and the thought world’ concord, and structural relations are ‘accepted as self-evident’ (Bourdieu 1984, p. 471).

Through this acceptance of the social order and one's location in it, the limits imposed by that location are not only objectively imposed, but self-imposed:

Objective limits become a sense of limits, a practical anticipation of objective limits acquired by experience of objective limits, a 'sense of one's place' which leads one to exclude oneself from the goods, persons, places and so forth from which one is excluded (Bourdieu 1984, p. 471).

This self-exclusion from fields and social practices that are outside of 'one's place' does not occur at a conscious level. For Bourdieu, the '*sense* of limits implies *forgetting* the limits' (1984, p. 471, emphasis in original). Thus, external social structures and associated conditions are internalised and taken for granted to such an extent that they are unquestioned and unconsciously lived.

Bourdieu's concepts of field and habitus are anchored in that of capital. Positions within a field are defined by the differential distribution of capital, which confers power and profit (Béhague et al. 2008, p. 492). Likewise, as we have seen, habitus is shaped by structural location, which in turn is determined by access to and possession of capital. Bourdieu describes three forms of capital: economic capital, 'which is immediately and directly convertible into money and may be institutionalised in the form of property rights', cultural capital, 'which is convertible, on certain conditions, into economic capital and may be institutionalised in the form of educational qualifications', and social capital, 'made up of social obligations ("connections")' (Bourdieu 1986, p. 243). He defines social capital as 'the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition—or in other words, to membership in a group' (Bourdieu 1986, p. 248).

Both Bourdieu and Coleman's definitions refer to the benefits of social connections to individuals through the provision of access to group resources. For Bourdieu social networks are 'the product of investment strategies, individual or collective, consciously or unconsciously aimed at establishing or reproducing social relationships that are directly useable in the short or long term' (Bourdieu

1986, p. 249). In this respect, Bourdieu is aligned with Coleman's rational choice theory perspective, in that individual actors invest in social relationships to gain benefits from them.

However, unlike Coleman, the social structure is central to Bourdieu's conception of social capital. Contrary to Coleman, Bourdieu recognises that affluence attracts, rather than negates social capital. He makes a distinction between the social networks themselves and the amount and quality of the resources possessed by members of the networks (1986, p. 249). For Bourdieu, economic capital is at the root of all forms of capital. Indeed, social (and cultural) capital are 'transformed, disguised forms of economic capital' (1986, p. 252). Economic capital enables greater accumulation of social capital, because the maintenance of social relationships 'implies expenditure of time and energy and so, directly or indirectly, of economic capital' (1986, p. 250). Moreover, the greater the social capital, the greater its profitability - 'the profitability of this labor of accumulating and maintaining social capital rises in proportion to the size of the capital' (1986, p. 250), and the easier it is to accrue more social capital. Those richly endowed with social capital (and also cultural and economic capital) are better able to attract and maintain further social connections. 'They are sought after for their social capital and, because they are well known, are worthy of being known ... their work of sociability, when it is exerted, is highly productive' (1986, pp. 250-251). Put simply, capital begets capital.

Both Coleman and Bourdieu discuss the transmission of cultural and human capital, which is then convertible into economic capital, within the family. Both recognise that this process is dependent on the possession of cultural and human capital in the first place. However, Bourdieu makes the necessity of economic capital to this process more explicit. Parents must have economic resources, both to have accrued the cultural and human capital themselves, and to have the time and resources to be able to transmit it to their children:

The transformation of economic capital into cultural capital presupposes an expenditure of time that is made possible by possession of economic capital. More precisely, it is because the cultural capital that is effectively

transmitted within the family itself depends not only on the quantity of cultural capital, itself accumulated by spending time, that the domestic group possess, but also on the usable time (particularly in the form of the mother's free time) available to it (by virtue of its economic capital, which enables it to purchase the time of others) to ensure transmission of this capital (1986, p. 253).

Bourdieu emphasises the centrality of structural location to all of his theoretical constructs. Field, habitus and capital are all impacted by and in turn impact on one's position in the social structure. Social capital is no different. Social capital, as for the other types of capital, is unequally distributed, and though it can increase or reduce one's access to other forms of capital, it is dependent on economic capital. Thus access to social capital is determined by social structure, but can also shape one's position in the structure.

Putnam

Putnam's work on social capital draws on Coleman's but makes a transition from a micro to a macro level analysis of the concept. For Putnam, 'social capital refers to connections among individuals—social networks and the norms of reciprocity and trust that arise from them' (Putnam 2000, p. 19). Such networks 'can facilitate cooperation for mutual benefit' (Putnam 2000, p. 21).

Norms of trust and reciprocity are central to Putnam's theory. Following Coleman's discussion of obligations, expectations, trust and reciprocity, Putnam posits that mutual obligations are an important aspect of social networks—'I'll do this for you now, in the expectation that you (or perhaps someone else) will return the favor' (Putnam 2000, p. 20).

Putnam acknowledges the benefits of social capital at the individual level, but is most interested in the collective aspect of social capital. He draws on Coleman's notion of social capital as a 'public good' that can have advantages not only for the individuals involved but also wider reaching benefits—'social capital can also have "externalities" that affect the wider community, so that not all the costs and benefits of social connections accrue to the person making the contact' (Putnam

2000, p. 20). For Putnam, the truly valuable norm arising from social capital is the norm of ‘generalised reciprocity’—‘I’ll do this for you without expecting anything specific back from you, in the confident expectation that someone else will do something for me down the road’ (Putnam 2000, p. 21).

Putnam makes a conceptual distinction between bridging and bonding social capital. The latter ‘constitutes a kind of sociological superglue’ that reinforces and supports members of tight-knit, homogenous groups. This may be to the exclusion of ‘out-group’ others. Bridging social capital acts as a ‘sociological WD-40’. It is outward looking, incorporating people from diverse social backgrounds. Bridging networks facilitate more far-reaching linkages and information dissemination. For Putnam ‘bridging social capital can generate broader identities and reciprocity, whereas bonding social capital bolsters our narrower selves’ (2000, pp. 22-23). However, these two forms of social capital are not mutually exclusive. A social network can simultaneously bond members together on some dimensions and bridge across others (Putnam 2000, p. 23).

Other theorists have added a third type, and termed it linking social capital. Like bridging social capital, linking social capital is outward looking and facilitates connections beyond close family and kinship ties. However, linking social capital explicitly introduces considerations of power and inequality into social capital theory. Linking social capital traverses formal or institutionalised power, authority and status boundaries (Szreter 2002, p. 578; Szreter & Woolcock 2004, p. 655). Thus, it facilitates relationships between the affluent and the disadvantaged. Such relationships are inherent in face-to-face interactions between human service representatives and their clients, which have a positive impact on the latter when they are characterised by respect and trust (Szreter & Woolcock 2004, p. 655).

As stated, Putnam’s application of social capital theory takes it to a higher level of abstraction than both Coleman and Bourdieu, both of whom analysed the concept at an individual and group level. Putnam, by contrast, is interested in the operation of social capital at a system level, and the ways in which it reinforces democratic institutions and economic development (Winter 2000, p. 3). In his

empirical work in Italy and the United States, Putnam assesses networks of ‘civic engagement’, measuring participation in various community, work related and informal networks, as well as perceived levels of trust and honesty (Putnam 1993; Putnam 2000). He concludes that a decline in social capital has detrimental effects on economies, democracy and our very health and well-being (Putnam 2000, pp. 27-28).

Drawing heavily on Coleman’s work, Putnam could also be criticised for the same emphasis on individual agency, to the exclusion of structural influences (Gleeson, 1999, p. 184). Critics have argued that Putnam’s focus on the civic behaviour of the masses ignores economic, corporate and political influences on leisure behaviour and civic engagement (and disengagement):

How ironic would it be if, after pulling out of locally rooted associations, the very business and professional elites who blazed the path toward local civic disengagement were now to turn around and successfully argue that the less privileged Americans they left behind are the ones who must repair the nation’s social connectedness (Skocpol in Portes 1998, p. 10).

Critics also problematise the up-scaling of social capital from a property of individuals and groups to a feature of regions and nations, highlighting the significant circular flaws that this has resulted in. They point out that Putnam’s measures of social capital are also taken to be its outcomes. In other words, social capital is simultaneously a cause and effect. High levels of civic engagement leads to stocks of social capital, yet the presence of social capital is inferred from the degree of civic engagement. Moreover, the positive effects of social capital, such as bolstering democracy and economic growth are also taken as indicators of its presence (Portes 1998, p. 10).

Social Capital Research

The idea that social connections can be beneficial for individuals and communities is hardly a sociological breakthrough. Indeed, it is a core aspect of sociological thought, dating back to the classical sociologists (Portes 1998, p. 1).

Nevertheless, the current conception has sparked much research and debate and been applied to an increasingly diverse range of topics. This is particularly since the work of Coleman and Putnam, and in Australia, Eva Cox (Winter 2000, p. 2; Portes 1998, p. 1). However, it is Putnam's framework that has become the prevailing and most widely adopted understanding of social capital, including in the Australian context (Edwards et al. 2003, p. 78). Despite, or perhaps due to its widespread popularity, social capital is a highly contested concept. As outlined in the literature review chapter, pinning down the concept of social support to a single definition has been a thorny problem. Likewise for social capital, consensus with regard to definition and application of the concept has not been reached (Bezanson 2006, p. 429). The harnessing of social capital, by both sides of politics, to divergent policy agendas is evidence of the plasticity of the concept (Edwards et al 2003, p. 75), the increasingly widespread application of which is rendering it devoid of any distinct meaning (Portes 1998, p. 1).

Despite the widespread appeal of the concept, feminist and other critiques urge caution in the use of the concept, charging much of the social capital literature with an overall lack of attention to issues of gender, ethnicity and class. (Bezanson 2006, p. 428; Navarro 2002, p. 430; Adkins 2005, p. 198). This has resulted in oversimplified research which fails to grasp inequalities and renders much of the literature 'sex, race and class-blind' (Bezanson 2006, p. 428). The proliferation of quantitative measures of networks, norms and reciprocity 'generally assumes an unencumbered individual who is usually genderless, raceless and classless' (Bezanson 2006, pp. 430-1).

Four areas of social capital research have relevance for the current research, namely health and well-being, the family, disadvantage and social capital in an Aboriginal context. A review of each of these domains follows accordingly. The interests of the present research (disadvantaged and Aboriginal mothers) encompass the whole trichotomy of gender, race and class, on which some of the critiques of social capital theory are based. It is therefore important that such critiques are acknowledged and addressed. To this end, these reviews include outlines of the specific critiques and contextual issues associated with the use of social capital as an analytic framework in these contexts.

Social Capital and Health

The link between social connections and health has been clearly established. Putnam explicitly links social capital to health and well-being, going so far as to say ‘of all the domains in which I have traced the consequences of social capital, in none is the importance of social connectedness so well established as in the case of health and well-being’ (Putnam 2000, p. 326). Putnam cites a multitude of US research evidence showing that people with high social capital enjoy better health, happiness and life expectancy than those who are socially disconnected. There is also copious evidence associating poor health with socioeconomic disadvantage (Baum 2002, pp. 232-3). Yet, the relationship between social capital and better health persists when other health-related factors such as class, race, gender and lifestyle behaviours are accounted for (Putnam 2000, pp. 326-335).

Australian research on health and social capital has found the same relationship. Survey data from the Adelaide Health Development and Social Capital Project found that involvement in social activities was strongly linked with health. This link remained significant when socioeconomic status was taken into account, however, consistent with other research, respondents with greater income and education levels tended to be more involved in social activities (Baum et al. 2000, p. 257; Baum et al. 2000, p. 420; Wilson 2005).

This research evidence shows that social capital is an independent predictor of health and well-being. Thus social capital can play an important role in improving health and well-being in disadvantaged communities, by acting as a buffer to poorer health (Baum et al. 2000, p. 257). Community organisations can play a key role in health promotion through the provision of opportunities for people to form, maintain and benefit from social connections, a role that has been recognised by the World Health Organisation (Baum et al. 2000, pp. 265-266). The social capital benefits of community groups to individuals, families and broader communities can include providing social contact and support, advocacy, information dissemination, and fostering trusting relationships (Baum et al. 2000, pp. 266-267).

Though social capital has promise in terms of improving the health and well-being of disadvantaged people, the influence of social location cannot be entirely discounted. Bourdieu points out the crucial influence of the social structure in affording or limiting access to social capital. In support of Bourdieu, the next section overviews the research on social capital and disadvantage.

Social Capital and Socioeconomic Disadvantage

Putnam equated social capital with economic prosperity and socially inclusive societies (Putnam 2000, pp. 27-28). Governments around the world, including Australia, have since seized on this relationship as a panacea for social problems, based on the logic that social capital addresses disadvantage through social networks that bridge the disadvantaged from poverty to greater affluence (Wilson 2005).

However, attractive as it may sound, a comprehensive approach to addressing disadvantage is not so simple. Research has shown that disadvantaged people are less involved in social activities and are therefore less able to access, accrue and mobilise social capital resources (Baum et al. 2000, p. 257; Wilson 2005). Moreover, research in disadvantaged areas of Adelaide has found that people of low socioeconomic status tend to engage in *informal* social participation, such as with friends, neighbours, work colleagues and relatives, rather than formally organised groups (Baum et al. 2000, p. 268, Wilson 2005). Informal participation in disadvantaged areas has implications for the quality of the social capital that can be accrued. Both Wilson and Lin argue that in this case, it does not follow that the presence of social connections leads necessarily to substantial social capital benefits. This is because the individuals involved are located in the same place in the structural hierarchy and therefore have the same limited resources (Wilson 2005; Lin 2000, p. 787):

People from socially disadvantaged communities might form dense associational networks with people in similar situations to themselves through participation in regular acts of giving and reciprocity. However, if the quality of the social capital that is derived from these transactions is

not great then their “investment strategy” may fail to reap rewards (Wilson 2005).

A number of US studies similarly point out that survival in poor urban communities depends on close ties with family and others who are in essentially the same circumstances. Yet these ties do not forge the boundaries of the community, and therefore cannot link people to information or contacts that may help them to access opportunities in the broader community (Portes 1998, p. 7). In Putnam’s terms, people living in disadvantaged communities are rich in bonding social capital but lack bridging social capital. This leads Wilson (2005) to conclude that the relationship between social capital and social inclusion is not necessarily virtuous—people can have high bonding social capital which does not help them bridge to a better life.

Bourdieu’s structural account of social capital resonates here. Recall that for Bourdieu, obtaining social capital requires and is facilitated by economic and cultural resources—capital begets capital. Moreover, the resources possessed by members of a social network determine the amount and quality of the social capital that can be obtained through it. Thus, individuals who are disadvantaged with regard to economic and cultural capital, are equally disadvantaged in their ability to acquire quality social capital through their social connections (Wilson 2005).

Wilson’s data suggests that this disadvantage holds even for people who do involve themselves in more formal social activities. In addition to being less likely to be part of a club or society, compared to more affluent people, respondents from disadvantaged areas met with their group less frequently, were less often in contact with group members outside of official meeting times, and were less likely to come into contact with more high status people through their groups (Wilson 2005). Social links with higher status people, or linking social capital, are important because these people are likely to possess quality resources. However, their position at the opposing end of the status hierarchy renders it difficult for disadvantaged people to form such links (Cornwell & Cornwell 2008, pp. 858-9).

These findings combined have implications for community- based strategies aimed at mobilising social capital resources as a way of addressing disadvantage. Firstly, the ways in which people hear about and access community groups, as well as their reasons for participation need to be understood if such groups are to successfully position themselves in such a way that their target group does indeed utilise them. Secondly, community organisations in disadvantaged areas may need to actively ensure that opportunities for bridging and linking social capital are provided. Advantageous contact with ‘higher status’, successful role models may be one way to achieve this.

The popularity of Putnam’s conception is not difficult to understand. Trust, reciprocity and co-operation for mutual benefit are attractive notions (Edwards et al 2003, p. 78). Moreover, Putnam emphasises the positivity of social capital, regarding it as an ‘unalloyed good’ (Edwards et al. 2003, p. 76). Both sides of Australian politics have seized on Putnam’s conception of social capital as a way to address disadvantage through social capital building programs, which will enable such communities to take care of themselves (Latham 2000; Costello 2003). Such policies enable a downward shift of responsibility from a government level to a community and individual level (Baum 1999, p. 176; Wilson 2005). Moreover, by making disadvantage an individual responsibility, it excludes any consideration of the structural forces that maintain disadvantage, so that ‘discussion of any need to address structural inequity is also removed from the equation’ (Wilson 2005).

For Navarro, Putnam’s call for increasing togetherness to create a better life for all demonstrates a lack of understanding of power and politics, concepts which are entirely absent from his theory (2002, p. 427). ‘It is his lack of understanding of how power (class power, as well as race power and gender power) is distributed ... that makes Putnam’s solutions so insufficient and, frankly, irrelevant.’ (2002, p. 430). Yet this is arguably why Bourdieu’s work on social capital has not captured the imaginations of policy makers in the same way as Putnam’s work has. Bourdieu’s work and the above cited research that supports it shows that social capital building strategies are unlikely to work in isolation. Bourdieu’s theory makes it clear that social capital exchanges most commonly

work to the benefit of the affluent and powerful, who possess valuable social capital resources (Baum 2007, p. 125). If other forms of capital are dependent upon economic capital as Bourdieu asserts, then those denied economic capital will also be denied social (and cultural) capital. Thus a number of writers have argued that social capital building strategies should not be regarded as a panacea for overcoming disadvantage. Baum clearly articulates this:

Networks, trust and cooperation are not substitutes for housing, jobs, incomes and education even though they might play a role in helping people gain access to them. Markets will not distribute resources to create a fairer society; we rely on governments to do this (Baum 1999, p. 176).

Such a strategy is likely to exacerbate rather than alleviate inequities. Governments should therefore not be absolved of their responsibility for redistributing economic resources to those less fortunate (Baum et al. 2000, p. 270; Baum 1999, p. 176; Cox 1995, p. 79; Cox & Caldwell 2000, p. 44).

Social Capital and the Family

Social capital theorists typically declare family life as the foundation of social capital (Putnam 1995, p. 73; Bourdieu 1993, p. 33; Winter 2000, p. 5). Social capital and its relationship to family life has been examined in the literature in two ways. The first examines the operation of social capital within family networks and its impact on children's outcomes (Winter 2000, p. 6). The focus of this line of research is bonding social capital, that is, trusting and mutually supportive family bonds. We have seen that both Coleman and Bourdieu highlight the role of family social capital in the transmission of human and cultural capital from parents to children.

Following these theorists, other researchers have related family social capital to a range of developmental outcomes for children, including educational attainment, and social and emotional development (Furstenberg & Hughes 1995; Parcel & Menaghan 1993; Israel et al. 2001). These studies have found indicators of the presence of family social capital to have a positive impact on child outcomes.

Furstenberg and Hughes examined this relationship in a sample of disadvantaged families (1995). Recall that Coleman dealt inadequately with the influence of socioeconomic status on family social capital and educational outcomes. Furstenberg and Hughes' work indicates that in disadvantaged households the impact of family social capital on child outcomes remains, albeit attenuated. These researchers related family social capital to the life trajectories of at risk youth (disadvantaged children of African American teenage mothers). They found that a number of outcomes, in particular completion of high school, college enrolment and socioeconomic status, were consistently related to at least half of their indicators of family social capital. In a similar finding to that of Coleman (1988, pp. S111-113), the mother's educational aspiration for her child was one such measure that was consistently related to positive child outcomes. Many of these associations remained, albeit reduced, when the families' human capital (defined as whether the mother graduated from high school and socioeconomic status) was controlled for. These findings suggest that family social capital can play an important role in assisting young people to forge a path out of disadvantage.

These results would seem to contradict arguments made in the above section that close bonding ties are less useful as resources in bridging people to a better life in disadvantaged communities. However, it should be noted that these associations were reduced, sometimes to no longer significant, when other resources were taken into account. Moreover, whilst doing better than what may be expected given their childhood circumstances, compared to a nationally representative sample of African American youth, the study sample still fared more poorly on a range of outcomes (Furstenberg & Hughes 1995, p. 583). Thus this research serves to confirm the independent influence that social capital and other forms of capital have on life chances, but also reinforces the argument that social capital building strategies represent but one promising way to improvement, but is certainly not a cure-all.

Again Bourdieu, by stressing the role of economic resources, resonates to a greater degree here than does Coleman. Bourdieu acknowledges that economic resources are necessary to the process of transmission of cultural and human

capital from parents to children. Economic capital is required to both accrue cultural and human capital in the first place, and to devote the time, in other words the family social capital, to transmit it to children (1986, p. 253).

Studies of family social capital have shown that strong and supportive family bonds can positively impact on child outcomes. In these studies parent centred variables, that relate to time spent with children, such as parent to child ratios and single versus two parent households are independent variables used as indicators of family social capital. However, the relationship between family social capital, as created by parents, and child outcomes is not the concern of the present research. The effect of family social capital on parents themselves has not been the subject of research.

The second research theme surrounding social capital and family life is concerned with the ways in which the family affects social capital in the wider community (Winter 2000, p. 6; Hughes & Stone 2003; Putnam 1996). This research is focused on bridging social capital, that is, the ways in which family life translates into community and neighbourhood ties.

Putnam has examined this relationship and implicates the usual suspects of education level and socioeconomic resources, as well as marriage, the presence of children and television viewing (as a privatised, passive activity) as influencing the levels of social capital in broader society (Putnam 1996). The presence of children is most relevant here. Children can both restrict and facilitate social connections outside the family unit. On the one hand, various child-related organisations, such as schools, playgrounds, and the subjects of this thesis, playgroups and parent support groups, bring people into contact with broader networks (Baum et al. 2000, p. 260). Australian research has found that people with children are more likely to be involved in the local community (Onyx & Bullen 2000, p. 36). On the other hand, children curb other non-child related social activities. Baum's qualitative data highlighted that mothers in particular no longer had the time to participate in sports or socialise with friends, activities that provided them with meaningful social interaction beyond their families prior to having children (Baum et al. 2000, p. 260). Moreover, childcare responsibilities

can outright isolate mothers from broader community networks by keeping them largely confined to the home (Winter 2000, p. 11).

Cox argues that families must be connected into a broader community. Close family bonds which exclude broader networks may result in limited world views and fail to equip us with adequate social skills. Expectations that families can provide for all of our social needs are over ambitious. As we have seen, restricting social networks also restricts social capital resources. Therefore, both nurturing, intimate family relationships as well as the added resources provided by wider social networks are necessary to rear children into socially competent adults (Cox 1995, pp. 31-32).

The way that social capital constitutes the family, and in particular women, has been subjected to critique by feminist scholars. Gender (and race and class) issues are largely absent from much social capital research (Bezanson 2006, p. 428; Navarro 2002, p. 430; Adkins 2005, p. 198). Where gender relations are acknowledged, they are generally 'encoded in normative assumptions about women' (Molyneux 2002, p. 177). Though the family is cast as central to the accumulation, mobilisation and distribution of social capital, feminist critics argue that social capital theorists simply assume a highly normative family structure, with women positioned in the traditional domestic role. The upshot of this positioning of women at the heart of family life is that they are seen as key creators and bearers of social capital (Adkins 2005, p. 199; Molyneux 2002, p. 177). 'The whole notion of social capital is built on normative assumptions regarding the gender division of labour, and especially regarding women and the performance of various kinds of family labour' (Adkins 2005, p. 199).

In short, if family is the foundation of social capital, and women are assumed to be at the centre of the family, then women are largely responsible for the creation and maintenance of social capital. Putnam's statement that the decline in social capital can be attributed in part to women's movement from the domestic sphere into the labour market is evidence of this. This assertion rests on a normative view of domestically defined women, who are held accountable for the generation (or decline) of social capital (Adkins 2005, p. 199). However, this narrow,

normative view ignores women's involvement in the constitution of non-family based social capital. Kovalainen points out that women as labour market participators, rather than diminish social capital, can potentially accumulate greater social capital than women as homemakers (2004, p. 161). On the other hand it must also be acknowledged that women's networks are in fact often of the bonding kind, relying to a greater extent on non-monetized exchanges and commanding fewer economic resources (Adkins 2005, p. 200; Bezanson 2006, p. 432). The focus of much economic and policy social capital research on bridging and linking networks as sites of labour market advancement disregards the significance of social relationships that exist outside the labour market sphere, which again can result in the exclusion of women from analyses (Bezanson 2006, p. 432).

Social Capital and Aboriginal Research

As the most disadvantaged group in Australia, it seems highly likely that Aboriginal Australians would suffer the same difficulties in accessing bridging social capital as those described above in the section on social capital and disadvantage. As mentioned, little attention overall has been paid to race in social capital theory. Thus it is not appropriate to uncritically import the notion of social capital into Aboriginal research and policy without a clearer understanding of its cross-cultural relevance and usefulness (Hunter 2000, p. 34; Brough et al. 2006, p. 398).

Though there has been little research using the concept of social capital in an Aboriginal context (Brough et al. 2004, p. 191), the limited research has found that, as for disadvantaged communities in general, Aboriginal people do not lack close social ties within their community, but these ties do not assist them to access mainstream opportunities (Brough et al. 2006, p. 396; Hunter 2000, p. 25; Hunter 2004, p. 3). Hunter (2000) assessed the relationship between Aboriginal unemployment, social exclusion and social capital. He found that unemployment was associated with both mainstream exclusion (defined as high rates of arrest and police harassment), and low levels of social capital and civic engagement. He also found substantial spill-over of these effects to other members of households

in which unemployed person/s resided. However, participation in the Aboriginal community was unimpaired for both groups. Hunter concludes that ‘the social exclusion of the Indigenous unemployed from the mainstream does not entail a general lack of social networks’ (2000, pp. 24-25).

Indeed Aboriginal social relations are rich in social capital, borne of shared values and beliefs, close kinship ties and established systems of reciprocal obligations (Hunter 2000, pp. 35-36). However, Aboriginal people remain excluded from mainstream Australian society and are not able to secure the positive benefits of broader social networks. Hunter argues that strategies aimed at enhancing social capital must focus on bridging social capital. In other words, they must ‘recognise the need to establish networks that extend into mainstream society’ (2000, p. 28).

There are, however some extra contextual dimensions that should be addressed in discussions regarding social capital in an Aboriginal context, namely socio-historical and cross-cultural issues. Aboriginal disadvantage is unique in its depth, complexity and pervasiveness (Walter 2004, pp. 81-82; Hunter 1999; Hunter 2004, p. 2).

Indigenous Australians are so different from other poor (and rich) Australians, in terms of the nature and extent of the destitution they experience, that there is a need for a separate model of Indigenous disadvantage. In a literal sense, many Indigenous people are socially excluded from mainstream Australia (Hunter 2004, p. 2).

The colonial history of Aboriginal dispossession, forced protectionist and assimilationist policies, removal of Aboriginal children from their families and ongoing racism and discrimination has surely compounded Aboriginal disadvantage and marginalisation (Hunter 2000, p. 25). This marginalisation has resulted in the exclusion of Aboriginal people from networks that enable access to educational and economic benefits (Baum 2007, p. 112). Aboriginal people are both socially and spatially separate from non-Aboriginal Australia, and this social distance spans almost all spheres of life (Walter 2009, p. 6).

The historical effects of colonisation have also led to a deep-seated distrust of mainstream, non-Aboriginal institutions, organisations and individuals (Baum 2007, pp. 117-118; Cox & Caldwell 2000, p. 69). Moreover, this distrust is projected both ways between Aboriginal and non-Aboriginal Australians:

If sameness has been forced upon one group by colonisation or other forms of oppression, then neither group (Indigenous or non-Indigenous) has much capacity to trust the other. The colonisers fear resistance and anger; the colonised fear domination and destruction of their cultures and ways of life (Cox & Caldwell 2000, p. 69).

Australia's current social environment is not conducive to trust building, necessary for the development of bridging social capital, between Aboriginal and non-Aboriginal Australians (Brough et al. 2006, p. 407; Baum 2007, p. 122). Since norms of trust and reciprocity arising from social networks are a key aspect of social capital, relations between Aboriginal and non-Aboriginal Australia must be healed. Hunter highlights the importance of the reconciliation movement to the ability and desire of Aboriginal people to participate in mainstream Australian society (2000, p. 29). This movement encourages bridging social capital by trying to forge links between Aboriginal and non-Aboriginal Australians (Baum 2007, p. 123).

Cross-cultural critiques point out that successful bridging into mainstream Australian society may have detrimental effects on Aboriginal cultural bonds. For example, exclusion from the labour market 'may actually empower many Indigenous peoples to hunt, fish, paint and live on their traditional land or "country". Indeed, the extra hours of "spare" time may facilitate more extensive participation in ceremonial activities, thus increasing what may be defined as "social capital"' (Hunter 2004, p. 12).

Qualitative data has shown the sometimes detrimental effects on the community relationships of Aboriginal people who have secured positions in 'non-Indigenous social spaces'. 'Aboriginal and Torres Strait Islander people who worked in "the mainstream" were perceived by some as being more distant from their

community. Knowledge of culture, including language, was seen as in danger of being corrupted in the mainstream' (Brough et al. 2006, p. 404).

Strategies aimed at bridging Aboriginal social networks into the non-Aboriginal community could be viewed as a resurrection of punitive assimilationist policies (Hunter 2000, p. 28). These are not conducive to building a climate of respect and trust between Aboriginal and non-Aboriginal Australians. Thus, whilst inward focused, or bonding social capital within Aboriginal communities is unlikely to foster broader social inclusion, nor are policies that focus exclusively on establishing social networks that extend into the mainstream. Qualitative research has shown a tension between bonding and bridging social capital for Aboriginal people. 'The challenge to maintain "old" bonds while traversing new "bridges" represents an entrenched daily struggle for many Aboriginal and Torres Strait Islander people' (Brough et al. 2006, p. 406). This tension is inextricably bound up in issues of cultural identity (Brough et al. 2006, p. 407). Thus the positive benefits of forging such bridging networks are apparent, but are unlikely to work if they disrupt or disregard cultural connections and identities.

Given the huge inequality between Aboriginal and non-Aboriginal Australia, Baum argues that the concept of linking social capital has value in understanding the relations between the two groups and ameliorating the disadvantage suffered by Aboriginal Australians. Linking social capital, which traverses vertical power and status differentials, implies a sense of obligation and concern from the most powerful towards the least and allows for the flow of resources from the former to the latter. However, for successful linking social capital to develop, these networks must be characterised by trust and respect, neither of which have been historically nor are currently present in the relations between Aboriginal and non-Aboriginal Australia (Baum 2007, pp. 123-125). The theory of linking social capital suggests that the development of relations between mainstream and Aboriginal Australia, which are characterised by trust and reciprocity and are respectful of Aboriginal culture are necessary for improving Aboriginal disadvantage. Such relations will provide an environment conducive to bridging social capital and reducing Aboriginal alienation from mainstream society (Baum 2007, p. 129).

Critiques of Social Capital—The Case for Context

Critical appraisals have highlighted that social capital theory largely fails to engage with issues of race, gender and, particularly in the case of Putnam, class. This obscures the unequal and qualitatively different ways in which social capital operates for different groups. Some of the specific criticisms of social capital have been outlined above in the sections on social capital and the family, disadvantage and Aboriginal research. These critiques highlight the importance of examining social capital within the context of the particular group of interest.

While some critics urge against engaging with the term at all (Adkins 2005; Navarro 2002), others seek to contextualise social capital by embedding analyses in the social and economic conditions in which it operates (Molyneux 2002; Kovalainen 2004; Bezanson 2006). The present research takes this latter approach. Highlighting theoretical shortcomings is of course crucial, however it would be premature to dismiss the theory on the basis of such critiques before its usefulness has been examined within a particular context.

The value and importance of embedding research in the social context has also been highlighted in both the parenting group and social support literatures. These arguments put forth qualitative methods as particularly suited to this purpose. Likewise, contextual information about the elements that promote access to, build and sustain social capital may also be most effectively revealed through qualitative methods (Bezanson 2006, p. 432). In an Aboriginal context, Baum argues that qualitative studies, which provide much richer information about social capital and the pathways by which it produces benefits, have significant value in understanding social capital and its applicability in the context of Aboriginal communities (2007, p. 120). For these reasons, the present research includes a significant qualitative component, which is a contextual examination of the operation of social capital for a particular group of women (Aboriginal and disadvantaged mothers) in a particular context (parenting groups).

Putting it all Together—Social Support, Social Capital, Context and the Social Structure

As outlined in the previous chapter, there is a significant body of literature concerned with social connections and their impacts on parents. Much of this literature refers to the concept of social support. However, it was found that the concept lacks sufficient depth to be a useful analytical tool for this thesis. The present research has a primary interest in the impact of social connections on *disadvantaged* mothers. Thus explicitly accounting for structural considerations was an essential aspect of the theoretical framework. Though the development of the social support concept has increased in abstraction, now encompassing such facets as support types, quality and quantity of support, recipient perceptions, considerations of support providers, reciprocity and support networks (Hupcey 1998, pp. 1231-2), the ways in which the social structure constrains or facilitates social support are not central considerations.

Social support and social capital have obvious parallels. Firstly, both refer to social networks. Williams' composite definition states that 'social support requires the existence of social relationships' (2005, p. 33). Similarly, the three prominent social capital theorists' definitions; Coleman's 'aspects of the social structure' (1990, p. 305), Bourdieu's 'networks of more or less institutionalised relationships of mutual acquaintance and recognition' (1986, p. 248) and Putman's 'connections among individuals' (2000, p. 19) all refer to social networks.

Secondly, both social support and social capital are concerned with the benefits that can accrue from membership in social networks. Williams' composite definition of social support lists a number of different types of supportive resources that social relationships potentially provide, and the ways in which they can assist members of the network (Williams 2005, p. 33). Similarly, both Coleman and Bourdieu conceptualise social capital as 'resources' inherent in social networks that are utilisable for some sort of benefit (Coleman 1990, p. 305; Bourdieu 1986, p. 248). For Putnam, again, social connections can 'facilitate cooperation for mutual benefit' (2000, p. 21). However, it is acknowledged in

both the social support and social capital literatures that social connections can also have detrimental consequences. As will be reiterated throughout this thesis, this is a significant criticism of policy implementations based on social capital theory. It is crucial that this key point is taken into account in research concerning social connections and their outcomes in the context of disadvantaged communities.

Social support and social capital definitions at their core do not differ greatly. However social capital theory, specifically that developed by Bourdieu, allows for a structural analysis of social relationships and their impacts. The above outline of social capital theoretical frameworks demonstrates that of the three key social capital theorists, Bourdieu is most explicit in his account of the social structure in the accessing of benefits through social connections. Recall that Bourdieu makes a clear distinction between the social network and the amount and quality of the resources inherent in it (1986, p. 249), and asserts that social capital is more profitable and easily accrued by the financially wealthy. He also emphasises the convertibility between different forms of capital, conceptualising social capital as a ‘transformed, disguised’ form of economic capital (1986, p. 525). For Bourdieu capital begets capital, or in other words, possession of social capital facilitates access to other forms of capital. Thus Bourdieu accounts for both the structural properties of social networks, and the impact of the social structure on the ability to access, mobilise and, crucially, *transform* support resources. For this reason, Bourdieu’s framework will be the primary theory used for analysis in this thesis.

Nonetheless, Bourdieu’s theory is not without its shortcomings, which render it insufficient to allow a comprehensive analysis on its own. Whilst providing a class based framework, Bourdieu, as for social capital theory overall, does not engage sufficiently with issues of race and gender. Indeed, in his discussion of the transmission of cultural and human capital within the family, his explicit reference to the significance of the ‘mother’s free time’ (1986, p. 253) in this process suggests that he is not free from the charge made by feminist critics that social capital theorists narrowly position women in a traditional domestic role. Race and gender are of course bound up in class; they are not mutually exclusive constructions. Thus Bourdieu, by propounding a structural theory of social capital

goes some way towards facilitating analysis of the differential distribution of social capital for different groups. As argued above, it is necessary that context is explicitly taken into account. By combining Bourdieu, which allows for unequal distribution of social capital, with contextual, qualitative exploration, the use of social capital theory as a conceptual lens for the analysis of parenting groups as supportive resources for Aboriginal and disadvantaged mothers should be both appropriate and fruitful.

Bourdieu's theory is also insufficient in explaining the ways in which structural constraints can be overcome, in particular whether, and how those with minimal financial capital can access, utilise and benefit from social capital. His theory concentrates on how social capital *excludes* those lacking economic capital. Indeed, Bourdieu makes the constraints of the social structure clear. The conditions of the social location are internalised, resulting in unconscious acceptance of that location and self-exclusion from those fields that lie outside of it (1984, p. 471). It is thus difficult to move beyond that location in which the habitus was formed. This begs the question; if social capital can be beneficial, how can those lacking social capital gain access to it? This is precisely where Putnam's concepts of bonding and bridging social capital, and their extension, linking social capital are useful. Recall that Putnam differentiates bonding social capital, which strengthens close, homogeneous social networks, from bridging social capital which forges connections beyond these close networks, with others of diverse social backgrounds. Bonding social capital can be considered akin to, or even interchangeable with social support (Bezanson 2006, p. 429). Potentially most useful for the present research, linking social capital further refines the concept of bridging social capital by explicitly referring to social relationships that not only extend beyond bonded networks, but do so vertically, transversing hierarchical boundaries. Thus linking social capital refers to trusting and respectful social relationships between parties that are unequal in status, power and access to resources (Szreter 2002, p. 579; Szreter & Woolcock 2004, p. 655).

The concepts of bridging and linking social capital are here integrated with Bourdieu's theory and the literature on social capital and disadvantage (including in an Aboriginal context), towards a framework that is analytically useful, not

only in terms of understanding structural constraints but also in how they can be overcome. The theory rests on three points. Firstly, following Bourdieu, ‘quality’ social capital is confined to those who are rich in economic and cultural capital, as they possess greater resources by virtue of this capital. By contrast,

disadvantaged networks, by virtue of their lack of resources possess limited social capital, and may even have detrimental aspects. Secondly, disadvantaged networks do not easily permeate affluent networks, resulting in restricted access to ‘quality’ social capital. In other words, disadvantaged networks lack bridging and linking social capital, though they may be rich in bonding social capital (or social support). Szreter (acknowledging Putnam) makes this same point:

This relatively abundant, bonding form of social capital may enrich the lives of the very poor and socially excluded in many ways ... but, as Putnam observes, it is of limited use in directly assisting them to break out of their poverty and, arguably, even locks them into it. They have connections only with those in the same predicament as themselves and a dearth of relationships of any kind with persons, agencies or institutions that can give them access to all the range of resources - other forms of capital - lacking in their environment (2002, p. 577)

For Szreter, the theoretical refinement of linking social capital allows analysis of relationships that form across various societal divides, including, most relevant for the present research, that between rich and poor (2002, p. 580), and Aboriginal and non-Aboriginal Australia (Baum 2007, pp. 123-125). Thus, the final point on which this theoretical framework hinges is that linking social capital can potentially open channels between advantaged and disadvantaged networks, thereby allowing a flow of social capital from the former to the latter, affording them access to resources not available in their own circles.

Conclusion

Social capital theory provides a more appropriate framework for the purposes of this thesis than the concept of social support. Structural analysis of social

relationships and the benefits that can accrue from them is critical to this research as it focuses on disadvantaged mothers, who would have low access to economic and therefore human and social capital. This chapter has provided an overview of three key social capital theorists, namely Coleman, Bourdieu and Putnam. The overview demonstrates that Bourdieu's work most satisfactorily provides an account of the way in which structural inequalities affect the distribution of social capital and the capacity to build and benefit from it. Not only this, but his broader theory of social practice, of which social capital forms a part, will also be drawn upon due to the insights it can provide into the ways in which the social structure influences both internal psychological states as well as external positions in society.

Though Bourdieu takes account of the social structure, his framework is insufficient to explain how structural constraints can be overcome. The conceptual framework developed in this chapter integrates Bourdieu with insights from other social capital theorists, towards a theory that is analytical useful for the purposes of this research. Putnam's distinction between bonding and bridging social capital, as well as Szreter and Woolcock's later refinement of linking social capital, are particularly useful concepts. Given the implications of Bourdieu's theory, that social capital is of limited utility among disadvantaged networks due to a lack of quality resources, these concepts, which expand social networks across social backgrounds and status levels, are crucial to any strategy aimed at improving the circumstances of disadvantaged people. Bonding social capital also offers useful insights into the relationship between wider community supports (such as parenting groups) and family social capital.

For Aboriginal mothers, the usefulness of social capital theory in an applied sense is yet to be established. Yet it may offer insights into the ways in which the accessibility, cultural appropriateness and effectiveness of parenting services can be improved. More specifically, it is hoped that the research may shed light on the ways that such services can offer pathways to mainstream opportunities, whilst supporting cultural connections.

The position that social capital can be a cure-all for social ills and replace macro level strategies in addressing disadvantage will not be taken here. However, this research is based on the notion that community supports can play an important role at an individual and group level, by facilitating health buffering social networks, and improving access to networks that extend beyond the family and other informal relationships. Thus it is hoped that this research will offer important insights into the effectiveness of community-based group supports, and the role that they play in promoting quality social capital in disadvantaged communities.

Chapter 4. Methods

The task of investigating patterns of parenting group use and their outcomes as social capital resources for disadvantaged mothers can most comprehensively be accomplished using a mixed method design. In the past, proponents of both qualitative and quantitative approaches have viewed the two as ontologically incompatible. However, these ‘paradigm wars’ have in more recent times been replaced by a ‘pragmatist orientation’, which recognises that qualitative and quantitative approaches can be employed in complementary ways (Tashakkori & Teddlie 1998, pp. 4-5). The current research adopts this latter view. The research aims to capitalise on both the ‘data condensing’ and data enhancing strengths of quantitative and qualitative methods (Ragin in Neuman 2006, p. 14), towards a comprehensive examination of parenting group use and its outcomes.

This methods chapter will begin with a description of the evolution of the research, leading to a final mixed methods design. A procedures and data analysis section for the qualitative component, including a description of each of the qualitative data collection sites follows. The chapter will finish with the quantitative methods, which involved secondary analysis of data from the Longitudinal Study of Australian Children.

Evolution of the Research Project

The research began initially with a general idea of conducting a project in some area of Aboriginal health. It is crucial that research conducted with Aboriginal communities be beneficial to the community, given that historically, Aboriginal research was conducted according to researchers’ agendas, and to the benefit of the researcher with little regard to the impact on the community (NHMRC 2003, pp. 3, 14; Henry et al. 2004, p. 5). Thus, the project began with consultation with the Aboriginal Health Council of South Australia and numerous Aboriginal and non-Aboriginal people working in the field. The purpose of these consultations was to garner opinions about what areas of research would be useful to undertake,

with regard both to areas of need and appropriateness for a non-Aboriginal researcher.

It emerged through consultation with the state umbrella health service responsible for the northern suburbs of Adelaide that they planned to at some stage evaluate the maternal and child health services provided by the Aboriginal health centre in this area. It was hoped that such an evaluation could form the basis of a larger PhD research project, whilst at the same time providing some tangible use to the health service and the community.

Contact was made with the young mums' Aboriginal health worker at the centre, through another researcher who already had a relationship with the centre. An invitation was extended to attend the mothers' group. I also met with the health centre management to discuss the research and gain their approval. Topics discussed at this meeting included the appropriateness of the evaluation being conducted by a non-Aboriginal researcher. The managers were of the opinion that this would make little difference to participants as long as the research aims and procedures were transparent and the participants agreed that the research would be useful.

I was invited to continue attending the mothers' group, which I did for several months. This time was spent establishing rapport with the mothers, their children and the group facilitator and gaining intimate knowledge of the program, its aims and processes. During this time, a relationship was also established with the other maternal and child health team members at the centre, which included a midwife, speech pathologist, occupational therapist, young mums' Aboriginal health worker and mothercarer.⁶

The maternal and child health team and I held a number of meetings in order to identify the evaluation objectives and agree on the methodology. An agreement between myself and the health centre regarding the conduct of the evaluation was

⁶ A 'mothercarer' is employed to assist postnatal women with household tasks, child and baby care in the days following discharge from hospital (Zadoroznyj, M. 2004, *Evaluation of the Post Partum Household Assistant (Mothercarer) project*, Flinders University, Bedford Park, SA).

then drawn up. The agreement covered issues of confidentiality, cultural and intellectual property, dissemination of results, and use of the data for the PhD thesis.⁷ Ongoing informal discussions, clarifications, strategies and updates also occurred between myself and maternal and child health team members at the mothers' group and playgroup sessions.

The original design included evaluations of the Aboriginal pregnancy clinic, young mothers' group and playgroup services. It was decided that both quantitative and qualitative methods were necessary to measure the evaluation objectives, with the former largely for the purposes of assessing pregnancy clinic outcomes such as clinic attendances, birthweights, and rates of preterm births. These outcome measures are commonly used in the literature as indicators of Aboriginal maternal and infant health (see for example Rousham & Gracey 2002; Powell & Dugdale 1999; Coory 1995; Department of Health and Ageing 2006, p. 28). In addition to this, it was agreed that measurement of 'soft outcomes' (Oakley 1983), such as women's satisfaction with the services has a value equal to that of statistical outcome measurements. Such an approach gives women some ownership of the programs and a voice in the way they are run. Assessment of women's own views and experiences has not been a prominent feature of the Aboriginal maternal and infant health literature (Hunt 2003, p. 245). Thus a significant part of the evaluation was to be derived from qualitative data sources, specifically interviews with the women participating in the programs, combined with observational data.

The data collection phase of the evaluation was planned to allow the maternal and child health staff sufficient involvement in the project, in accordance with ethical principles of research with Aboriginal communities, without imposing too much on their limited time or adding to their already busy workloads. I was to conduct all interviews, data analysis and write up the report. The maternal and child health

⁷ A copy of the agreement is included at Appendix A. The description of the research project included in this agreement is very broad, as it was drawn up early in the research process. The study was subsequently (and necessarily) narrowed down to the examination of one aspect of the sociocultural context, namely social support, and more specifically group-based social support services, of which this thesis is the result. To preserve the anonymity of the participants, the name of the health centre has been omitted.

staff were to provide the me with the quantitative data, act as a reference group for the evaluation (and the wider PhD project), providing advice and feedback regarding cultural issues, and approve the final report.

Significant delays were experienced in obtaining the quantitative figures, due to staff absences, turnovers and workloads. For confidentiality reasons I could not directly access the pregnancy clinic data. Therefore, so as not to further delay finalisation of the report, the original design was adjusted to become wholly qualitative, consisting of interview data from women who used each of the three services.

Given the project's origins in an evaluation of pregnancy and maternal and child health services, the literature reviews began in the Aboriginal maternal and infant health area. This literature was revealed to be highly medicalised, with a dominant focus on infant outcomes such as infant mortality, low birthweight and preterm birth (the literature consistently demonstrates that all of these are more prevalent in infants of Aboriginal women). It was found that this literature inadequately addressed the sociohistorical context in which these problems occur. Indeed, this context is at the core of the significant disadvantage suffered by Aboriginal peoples. There was also a much greater focus on infant outcomes, and very little attention on the mothers. Thus the broad aim of the wider PhD project became to introduce aspects of the social context to pregnancy, childbirth and early motherhood for Aboriginal women.

As stated, significant time was spent participating in the Aboriginal mothers' group. This then followed a period participating in the Aboriginal playgroup. Interviews for the evaluation were conducted concurrently during this time. This time was very valuable in refining and narrowing down the focus of the PhD research. It became apparent that these groups themselves were an important part of the social context, constituting a valuable source of social support for the women. This raised interesting questions about how these groups operate as a form of support, and how they impact on the well-being of participating mothers.

Thus the process of establishing rapport with women and program facilitators, and designing and conducting the evaluation saw the project evolve from a general idea of contextualising motherhood to a focus on social support as an aspect of the social context, and in particular on group supports as a source of such support.

A review of the literature on playgroups and parent support groups revealed that this area was under-researched with regard to Aboriginal families. Not only this, but there was a dearth of research specifically examining playgroups in general, and particularly so in Australia. Thus the PhD project was expanded to also include a sample of non-Aboriginal women living in the same low socioeconomic area. This addition could further address the general paucity of playgroup research, as well as expand the scope of the research making it suitable for a PhD thesis. The program under which the Aboriginal playgroup was run, also held 'general' (i.e., not specifically for Aboriginal families) groups on the same premises. I was invited to attend one of these groups in order to recruit interviewees. As for the Aboriginal groups, I participated in this playgroup for an extended time (approximately one term), during which relationships were established with the families using the service and a number of interviews were conducted.

This more refined research problem remained suited to qualitative methods. As was found to be the case for playgroup research, qualitative methods are particularly useful for exploring phenomenon about which little is yet known (Strauss & Corbin 1990, p. 19). The importance, indeed necessity of employing qualitative methods for the purposes of embedding research in the social context has been argued in the literature review and theory chapters. This argument has been put forth in regards to group parenting programs, social support and social capital research. The literature review revealed the shortcomings of quantitative approaches in assessing the impact of parent support groups on participants. Though quantitative studies predominate in this area, results on various psychological measures, and on social support in particular are ambiguous, exposing the inadequacy of global measures for this purpose. This is partly due to

their inability to tap into the unique nature of the support provided by parenting groups. Moreover, qualitative methods allow the detailing of context specific information regarding the ways in which parenting groups provide social support to the women participating in them (Williams et al. 2004, pp. 957-8). Quantitative measures are also unable to overcome the problem of the great diversity of programs in their attempts to measure their effects in a standardised way. A qualitative approach overcomes these problems by focusing on the group itself as a specific aspect of mothers' support networks. Thus this component of the research was less concerned with standardised comparison, but rather interested in women's own perceptions of the groups and the ways in which they derive benefit from them. The purpose here was to explore women's subjective experiences, which are embedded in the social context, a purpose that would not be served by quantitative measurement.

Notwithstanding this, there were still aspects of the research area that could be elucidated quantitatively. National figures on playgroup and parent support group use were not readily available, let alone figures by Aboriginal and socioeconomic status. It was decided that a design using 'triangulation of methods' (Neuman 2006, p. 150) would provide the most comprehensive approach to the research problem. Triangulation has been defined as an 'attempt to map out, or explain more fully, the richness and complexity of human behavior by studying it from more than one standpoint' (Cohen & Manion 2000, p. 254).

Thus, such a design could provide both a broad picture of patterns and correlates of use, as well as rich detailed information from the women themselves. I was aware of the recent release of the first wave of the Longitudinal Study of Australian Children (LSAC) data. The surveys used for this study were examined and it was found that they included data relevant to the current project. Thus the final design included qualitative interview data from three sites, namely two playgroups (one Aboriginal and one non-Aboriginal) and one Aboriginal mothers' group, plus quantitative analysis of the LSAC data. In addition, through my prolonged participation in the groups I also amassed considerable knowledge

by simply being there. Participant observation was not part of the original evaluation design on which the wider thesis was based, thus it was not ethically appropriate to substantially include observational data. Nevertheless, as this knowledge was valuable and could offer insight, clarification and corroboration to the qualitative analysis, some general observations have been included where they serve to do so.

Mixed Methods Research

Mixed methods research, referred to as the ‘third research community’ (Teddlie & Tashakkori 2009, p. 4) has emerged in place of the ‘incompatibility thesis’, part of the ‘paradigms debate’ between positivists and constructivists. The mixing of quantitative and qualitative approaches was considered inappropriate due to opposing and incompatible ontological, epistemological and axiological standpoints. The tenets of the positivistic paradigm, which underlie quantitative methodologies, are embedded in objectivity. There is a social reality that is understandable and measurable, causal relationships between social phenomena are discoverable, there is a dualism between researcher and participant and value free, generalisable inquiry is possible (Teddlie & Tashakkori 2009, pp. 89-93). On the other side of the debate, constructivism, the paradigm underlying qualitative methods, is based on subjectivity. Constructivists believe that realities are constructed and changeable, social phenomena simultaneously shape and are shaped by each other, rendering cause and effect indistinguishable, and researcher and participant combine to co-construct value- and context-bound social realities (Teddlie & Tashakkori 2009, pp. 89-93).

Mixed methodologists put forth an alternative paradigm, ‘pragmatism’, a major tenet of which is that qualitative and quantitative methods are compatible. This paradigm viewed the methodological distinctions between positivism, constructivism and their tenets not as polarized dichotomies, but as continua. Pragmatism and mixed methods occupy any of a theoretically infinite number of points located in the intermediate ground between the purely positivist and constructivist positions (Teddlie & Tashakkori 2009, pp. 15, 93-4). The paradigm debates have now been settled for most researchers, and the incompatibility thesis

discredited following the demonstration of successful mixed methods research by pragmatist scholars (Teddlie & Tashakkori 2009, pp. 15, 98).

The case for inclusion of qualitative research, not only in the context of parenting groups, but also in examinations of social support and social capital, has been outlined in the literature review and theory chapters, and reiterated above. Moreover, as outlined in the theory chapter, the context bound nature of qualitative research can go some way towards addressing charges of race, class and gender blindness in social capital theory and research. The present research began with the qualitative Aboriginal component, and the non-Aboriginal and quantitative components were incorporated later as the project developed. In this sense, the evolution of the project followed the qualitative tradition, with a non-linear, cyclical path and continuous narrowing of the topic as data collection and analysis advanced (Neuman 2006, p. 154).

The study applies both quantitative and qualitative methodologies to each of the overarching research questions, namely, which mothers use parenting groups and what are the outcomes of parenting group participation? The study employs quantitative methodology as a ‘data condensing’ technique (Ragin in Neuman 2006, p. 14), to provide a broad picture of national parent group use, and its relationship with such variables as socioeconomic status, Aboriginal status, and informal support networks. This information is combined with qualitative data about the ways in which disadvantaged and Aboriginal mothers engage with parenting groups.

In addressing the second research question, quantitative methods are also used to furnish information regarding the outcomes of such groups in terms of health and well-being. Again the qualitative component, as a ‘data enhancer’ (Ragin in Neuman 2006, p. 14) supports this information by providing rich, contextual details about disadvantaged and Aboriginal mothers’ perceptions of the groups and the ways in which they benefit from the social connections the groups facilitate.

Qualitative Component

This section describes the three sites from which the qualitative data were collected, including contextual information about the Aboriginal health centre which runs the Aboriginal groups, as well as demographic information about the geographic area served by the groups. Details of the qualitative data collection procedures and analysis, including a description of the qualitative sample are then provided.

Aboriginal Community Health Centre

The Aboriginal community health centre that runs the Aboriginal groups is a division of a state regional umbrella health service.⁸ This state health organisation services the largest of the three health regions in the Adelaide metropolitan area, which contains just over half of the state's population (Glover et al. 2005, pp. v-vi). The region covers a socioeconomically diverse area ranging from the eastern suburbs and parts of the Adelaide Hills, to the Western and Northern suburbs of Adelaide.

Of the 25,500 Aboriginal and Torres Strait Islander people living in South Australia, some 9,500 live in this catchment area. At 1.2 percent, this represents a higher proportion than the Adelaide metropolitan area as a whole. The Aboriginal and Torres Strait Islander population are concentrated in the northern and north western parts of the region (Glover et al. 2005, pp. 7-8, 13, 98). The proportion of Aboriginal people residing in the most socioeconomically disadvantaged areas of the region combined is 2.3% compared to 0.3% in the most advantaged areas. Aboriginal people comprise up to 3.9% of the population in the region in which the health centre is located (Glover et al. 2005, p. 98).

The health centre provides a range of health, education, referral, support and advocacy services to the Aboriginal community in the area. The comprehensive community health services provided by the Aboriginal health workers include clinical services, men's, women's, child and youth, and elders health services,

⁸ In order to preserve the anonymity of the qualitative participants, the names of the Aboriginal and state health services have been omitted.

hospital liaison, drug and alcohol, family support, domiciliary care, social work, nutrition, speech pathology, podiatry and transport. The maternal and child health team consists of a young mums' worker, speech pathologist, occupational therapist, midwife and mothercarer.⁹ The team coordinate and facilitate the Aboriginal programs examined in this thesis.

In combination, the pregnancy clinic, mothers' group and playgroup programs provide not only clinical perinatal services, but also provide and facilitate a range of supports including social links with other mothers, parenting and child development advice and education, links to community services, and support with capacity building goals, such as education, training and employment. Women may utilise some or all of these services, and may connect with one program through participation in another.

Aboriginal Mothers' group

The mothers' group was established in June 2004 for young pregnant women and new mothers. The group meets once or twice a week at a dedicated unit. The unit is self-contained with kitchen facilities, bathroom, phone and a computer. It has been furnished with lounge and dining furniture, toys and equipment for the children. Lunch and transport is provided for each session.

Guest presenters facilitate links with community services and provide support, education and information in a range of areas. The group provides a relaxed atmosphere in which mothers can connect on a social basis, share knowledge, learn about health and parenting, and build confidence and self-esteem, whilst their children also have the opportunity to interact with each other. The group has a strong emphasis on capacity building, providing a platform and support from which women can undertake education and training courses to assist with employment opportunities and personal development. Group facilitators have developed strong partnerships with various community organisations, particularly the local women's community health centre and the Children, Youth and

⁹ See footnote 6 above for a definition of 'mothercarer'.

Women's Health Service.¹⁰ Through such partnerships health services such as well baby checks and immunisation have been incorporated into group sessions.

Aboriginal Playgroup

The Aboriginal playgroup was established in 2003 to provide a multi-disciplinary and culturally appropriate supported playgroup for Aboriginal children (0 to 4 years old) and families in the catchment area, with an early intervention focus. The fully supported playgroup is run jointly by facilitators from both the Education Department and Aboriginal health centre staff. The group is located on an adult education campus, and meets once a week in a dedicated playgroup room with kitchen facilities, secure inside and outside play areas, and various toys and activity equipment. Lunch and transport is provided.

The playgroup aims to provide opportunities for parents and carers to establish social networks, learn about child development, build on skills that promote children's development, and access other services in the region. For children, the playgroup aims to provide opportunities for social interaction, learning and healthy development. In term 3 2005 the playgroup sessions were extended from two to four hours, allowing adequate time for children, parents and facilitators to engage in play activities, prepare and eat lunch, discuss issues, develop social networks, and work on specific goals and activities together.

Non-Aboriginal Playgroup

This fully supported playgroup is held in the same room as the Aboriginal playgroup, on a different day. Thus the playgroup is located in the outer northern suburbs of Adelaide. This region is one of the most socioeconomically disadvantaged in the state, with high proportions of low income and jobless families (Glover et al. 2005, pp. 84, 86, 112). The region also has the highest proportion of children under 5 in the catchment area (Glover et al. 2005, p. 72).

The Department of Education facilitator runs both this and the Aboriginal playgroup, but as stated above, the latter is in conjunction with Aboriginal health

¹⁰ The South Australian state health service provider for children, young people and women.

centre staff. Sessions run for two hours per week, and include planned activities as well as unstructured play. A morning tea of fruit is provided, as well as a taxi service for those families needing transport assistance.

Qualitative Procedures

As stated, I spent considerable time participating in the mothers' group and both playgroups, building relationships with coordinators and families, and observing women's interactions with facilitators, peers and children. This process has significantly enhanced the thesis in a number of ways. Not only has it shaped the research problem itself, but has also enabled participant observation to enhance the interview data. Finally, it has also been vital to the success of the formal interviews. These could then be approached by myself from a position of having some prior personal knowledge of the participants, and for the women of being more comfortable speaking to a familiar person, rather than a stranger.

Participation in the groups has also been crucial to my deeper understanding of the programs themselves, which has helped during interviews to have a better understanding of the program specific issues the women talked about.

The evaluation designed in consultation with the maternal and child health team selected individual interviews as the primary qualitative data gathering method. Some of the advantages of focus groups outlined in the literature lend them well to the conduct of research with disadvantaged populations, for example by placing participants and investigator on a more even footing (Berg 2009, p. 165). However, they were not feasible for the present research. The organisation of separate focus groups (outside of parenting group sessions) would have been impractical, logistically difficult and very likely resulted in limited numbers due to a number of factors. Child minding would have had to be arranged or the children be present at the focus groups, resulting in distractions. Moreover, attendance at the groups themselves for some women was transient and broken by long absences, such that realisation of individual interviews with some women took several months. In these circumstances, gathering together several women at the same time was unlikely to have been successful. Focus groups during group sessions were theoretically possible, however it was less intrusive and caused less

interruption to group sessions to conduct individual interviews, rather than impose on and dominate entire sessions whilst conducting focus groups.

The maternal and child health team members acted as a reference group to provide guidance with regard to Aboriginal cultural issues. The evaluation and PhD research were approved by both the Aboriginal Health Council Ethics Committee and the Flinders University Social and Behavioural Ethics Committee.

The values underpinning the National Health and Medical Research Council Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (NHMRC 2003) were considered throughout the development and conduct of the Aboriginal component of the research project. Application of these values included such strategies as consideration of the benefits of the research to Aboriginal participants and communities, consideration of established Aboriginal health priority areas, for example the social determinants of health (Cooperative Research Centre for Aboriginal Health, 2006), negotiating and establishing agreement about the conduct of the research, covering such issues as ownership of intellectual and cultural property, protection of anonymity and confidentiality, and dissemination of results, engaging with Aboriginal peoples' knowledge and experience through prolonged participation in the Aboriginal parenting groups, ongoing collaboration and consultation with the Aboriginal health centre, and informing participants about the research project in a clear and transparent way.

As discussed above, an important aspect of the ethical conduct of research with Aboriginal communities is that it should return a benefit. Such returns can be immediate, as exemplified by Miller and Rainow (1997), who refer to the concept of immediate return as 'don't forget the plumber'. In the process of investigating the condition of plumbing hardware on the Anangu Pitjantjatjara Yankunytjatjara Lands, these researchers arranged for accompaniment of a plumber to immediately repair any faulty plumbing encountered along the way. The main tangible benefit of the present study was the evaluation of the maternal and child health services provided by the Aboriginal health centre involved. In addition, as an active participator in the groups I also assisted with food preparation, cleaning,

and playing with and reading to children. I was also able to assist staff and mothers throughout my involvement with the groups through such things as helping women with their studies, typing up resumes and researching information about pathways to reach career goals (e.g., available TAFE and university courses and entry pathways).

All interviewees had the details of the study explained to them verbally, and were provided with a letter of introduction and information sheet about the research before being asked to sign a consent form.¹¹ Participants were given the opportunity to view a transcription of their participation before giving final approval for its inclusion in the evaluation report and thesis. Six women participating in the Aboriginal groups and three women using the non-Aboriginal playgroup chose to do so.

Interviews were conducted either at the women's homes, for those women who were comfortable with me visiting them at home, or during the group sessions. One interview took place at the Aboriginal health centre. Interviews took approximately one hour. However, conducting interviews during the groups proved to be a less conducive environment, with other people in close proximity and many distractions. Thus these interviews were somewhat shorter and less in-depth than those conducted in women's homes.

In addition to demographic information, women were asked questions about how and why they came to join the group, what they found useful and helpful about the group, social contacts made through the group and their thoughts about group facilitators. Aboriginal interviewees were also asked about the importance to them of the group being a specifically Aboriginal service. These interview questions were developed in accordance with the aims of the evaluation research, from which the wider thesis was derived. Thus the questions were not theoretically derived, but rather the theoretical framework was developed concurrently with the qualitative data analysis in a cyclical, iterative process.

¹¹ Copies of the letters of introduction, information sheets and consent form for Aboriginal and non-Aboriginal women are provided at Appendices B to F.

Interviews were audio taped with the women's permission, with the exception of seven interviews conducted at the playgroups where audio taping was not possible due to background noise. The researcher took notes during these interviews and wrote up in detail as soon as possible afterwards in order to maximise recall. Comments made by these women are noted as '*paraphrased*' in the analysis.

Description of Sample and Qualitative Analysis

A total of 16 interviews were conducted with women attending the groups. Seven of the women interviewed were Aboriginal, and seven were non-Aboriginal. A further two women (Leanne and Teresa) were not Aboriginal themselves but as their children were Aboriginal, these women participated in Aboriginal groups. A number of Aboriginal women participated in both the mothers' group and playgroup, and one non-Aboriginal woman participated in both the Aboriginal and non-Aboriginal playgroup. Thus these 16 interviews yielded eight data sources for the non-Aboriginal playgroup, nine for the Aboriginal playgroup and five for the Aboriginal mothers' group. The pseudonyms and demographic information for all participants are shown at Table 4.1. Interview quotes throughout the discussion chapters are tagged with demographic information to enable the reader to contextualise the participant.

The women participating in the Aboriginal parenting groups were aged between 19 and 40 years, with most (6 women) in their twenties. Five had a partner and four of the women were un-partnered. The number of children for the women in this sample ranged from 1 to 5.

The sample of 8 women from the non-Aboriginal playgroup was aged between 24 and 40. Four of the women were partnered and four did not have a partner. The number of children for women in this sample ranged from 1 to 4. Two women were pregnant (Eleanor with her second and Jemima with her fourth child).

Table 4.1. Qualitative Participants

Pseudonym	Aboriginal Status	Age	Relationship Status	Number of Children	Groups Participating In
Charlotte	Aboriginal	22	Partnered	1	Aboriginal Mothers' Group; Aboriginal Playgroup
Chloe	Aboriginal	20	Partnered	2	Aboriginal Mothers' Group; Aboriginal Playgroup
Evie	Aboriginal	26	Single	1	Aboriginal Playgroup
Sarah	Aboriginal	19	Partnered	1	Aboriginal Playgroup
Kimberley	Aboriginal	26	Partnered	2	Aboriginal Mothers' Group; Aboriginal Playgroup
Belinda	Aboriginal	24	Single	1	Aboriginal Mothers' Group; Aboriginal Playgroup
Kate	Aboriginal	37	Single	5	Aboriginal Playgroup
Leanne	Non-Aboriginal	22	Partnered	2	Aboriginal Mothers' Group; Aboriginal Playgroup
Teresa	Non-Aboriginal	40	Single	3	Aboriginal Playgroup; non-Aboriginal Playgroup
Eleanor	Non-Aboriginal	35	Partnered	1	Non-Aboriginal playgroup
Anna	Non-Aboriginal	28	Partnered	4	Non-Aboriginal playgroup
Mandy	Non-Aboriginal	27	Partnered	2	Non-Aboriginal playgroup
Karen	Non-Aboriginal	28	Single	1	Non-Aboriginal playgroup
Erica	Non-Aboriginal	28	Single	2	Non-Aboriginal playgroup
Jemima	Non-Aboriginal	24	Partnered	3	Non-Aboriginal playgroup
Abbey	Non-Aboriginal	25	Single	1	Non-Aboriginal playgroup

The qualitative analysis process was informed by a number of texts, including Strauss (1987), Charmaz (2006) and Dey (1993), but most closely follows that described by Richards (2005). Recorded interviews were transcribed and non-recorded interviews were typed up from the interview notes as soon as possible after the interview to maximise recall. Analysis was done using Microsoft Word. A complete copy of each transcript was kept, from which data were copied and pasted into separate files for the categories and themes as they developed. A further 'notes' file was also kept for recording ideas as they occurred to me during the process of analysis. An initial process of 'topic coding' was undertaken which served to organise the data (Richards 2005, p. 92). Each transcript was read and derivative categories created, under which the relevant data was copied and pasted. Thus at the end of this process, all data pertaining to a given category were grouped together. The initial categories were treated as a provisional framework for 'analytic coding' and 'coding on'. These processes involve interpretive review of the material, and the ongoing development of more analytical or conceptual categories (Richards 2005, p. 92, 97). The emerging themes were explored for the connections between them, drawing out patterns, variations and exceptions in the data and reflecting on their meanings. This process of topic and analytical coding is akin to constructivist grounded theory's 'initial' and 'focused' coding phases, in which initial categories are developed, then decisions made about the analytic usefulness of salient categories (Charmaz 2006, p. 57).

In qualitative analysis, coding should be done with the objective of the research in mind (Richards 2005, p. 92; Strauss 1987, p. 30; Berg 2009, p. 354). Not only does this keep the analysis focused, but the researcher can quickly identify if the data is telling an unanticipated story necessitating adjustment to the original goal (Strauss 1987, p. 30; Berg 2009, p. 354). Thus the process of analysis can shape the research questions. In this research, the data was first collected and analysed for the purposes of evaluating the Aboriginal health centre's maternal and child health services. The objectives of this evaluation research, though related, were different from those of the wider thesis. Indeed, as discussed, the aims of the thesis were unclear at the outset of the evaluation project. The thesis followed

Berg's 'spiraling' research model, with repeated cycling through design, theory, data collection and analysis stages, during which the research questions emerged, shifted, changed, and took form as the project progressed (Berg 2009, p. 26).

The evaluation research served as a foundation for the subsequent re-examination and re-immersion into the data and the development of the thesis aims. As a piece of applied research, the evaluation was also not explicitly linked to a theoretical framework, thus the thematic discussion was more descriptive than conceptual. In this sense, the research followed a '*research-before-theory*' orientation (Berg 2009, p. 25). It was not based on an a priori theory, rather the study began with the data, and conceptual ideas were developed 'up from' (Richards 2005, p. 107) or 'grounded in' the data (Charmaz 2000, p. 2). My reading of the social capital literature occurred throughout, and formed an integral part of the qualitative data analysis for the thesis. Through this concurrent, cyclical process the theoretical exploration and qualitative analysis shaped each other. The social capital literature helped to crystallize and interpret the conceptual ideas emerging out of the analysis and the analysis also shaped the development of the theoretical framework.

Consistent with the 'spiraling' research model, and with qualitative research in general, which is iterative, rather than sequential (Dey 1993, p. 53; Miles & Huberman 1994, p. 12), the overall process of analysis was cyclical. It involved continual cycling between the raw data, topic and analytical coding, theoretical exploration and writing, to re-organise, clarify, refine, synthesise and verify themes and connections, leading to ongoing development of the overall picture and conceptual framework.

Aboriginal Research as a Non-Aboriginal Researcher

I grew up (for much of my childhood and early adulthood) in the area in which the qualitative fieldwork was conducted, thus had personal knowledge of the spatial and demographic terrain. I also began my career as a mother whilst in the field. However, despite these commonalities with the qualitative participants, it must be acknowledged that my stand-point is that of a white woman. I can never

know what it is like to experience the world as an Aboriginal woman (Moreton-Robinson 2000, p. 184), and this has implications for the Aboriginal component of my research. My undertaking of this research followed careful consideration of the appropriateness of the project for a non-Aboriginal researcher. As mentioned, the project began with widespread consultation with the Aboriginal Health Council and other relevant researchers and practitioners, culminating in the identification of the Aboriginal health centre's maternal and child health services evaluation as a potential core to the wider thesis. A topic of my initial discussions with the Aboriginal health centre managers was the appropriateness of this project for a non-Aboriginal researcher. Their belief was that as long as I was transparent and open with participants about the research aims, processes and their involvement in it, this should not be an issue. Taking ample time to build relationships with families through prolonged participation in the parenting groups was also highly important, indeed crucial. This undertaking allowed the women to become familiar with and more comfortable talking to me than they may have been had they not been given this opportunity. Throughout my time spent participating in the groups I did not get a sense of reluctance from the Aboriginal women to discuss any issues, whether they related to motherhood in general or specifically cultural issues. Both the recruiting of participants and the openness of our conversations are likely to have been less fruitful had I expected to immediately begin interviewing upon entering the field.

This is not to say that the qualitative fieldwork proceeded without impediment. Though immersion in the field was crucial, it may also have, coupled with some naivety on my part, lengthened the span of time over which interviews were conducted. I contrast this project with previous qualitative research I have conducted with more affluent, educated parents and parents-to-be, whereby participants agreed to an interview, which was scheduled and conducted as planned (Shulver 2003). These participants had a deeper understanding and experience of the worlds of tertiary study and academic research, whereas these fields were, in a Bourdieuan sense, largely closed to the more disadvantaged women. These factors resulted in a more protracted, less predictable and planned data collection phase for the present study, and required some adjustment both to my expectations and procedures.

My previous experience with qualitative interviewing resulted in assumptions about the ways in which this type of data collection was carried out. I did not initially allow for the fact that this was a different sample, in a different context, and contacting, arranging a time and carrying out interviews was not to be so simple. Though this was possible and indeed occurred with some women, others, having agreed to talk to me, were more difficult to 'pin down'. An interview scheduled at a woman's home was no guarantee that they would actually be at home when I arrived. This occurred for two scheduled interviews. My attempts to reschedule did not succeed and it became apparent that although initially agreeing, these women had changed their minds.

Another significant issue was unexpected and protracted absences from the group sessions. As a long term participant who was in contact with the groups at least weekly, conducting the interviews as soon as the opportunity presented was not initially treated as imperative. My assumption that I had ample time to arrange interviews resulted in at least one missed opportunity, as some women simply disappeared from the group before a concrete arrangement was made. However, most women returned to the groups at some point, by which time I had learned to conduct interviews there and then during the session, as soon as the woman consented. This was at the cost of some depth, due to distractions and limited interview time, and not being able to record these interviews due to background noise. This was preferable, nevertheless, to no interview at all. Thus, in the end, most women who agreed to be interviewed eventually were, though in some cases many weeks elapsed before the interview occurred.

Though women also came and went from the non-Aboriginal playgroup, the impact of this was minimal. I began participating in this group after prolonged involvement in the Aboriginal groups, and by this time had learned to take my opportunities as they arose. As a result, all interviews from this group were with women who were regular attendees at the time. Though my pre-conceived ideas about how qualitative data collection is done impacted on the length of the data collection phase and risked the realisation of some interviews, an unanticipated advantage was the gaining of insights into why long breaks in participation occur. My adjustments to the way I approached the interviews, though maximizing the

non-Aboriginal sample and shortening the field work stage, meant that such insights were not possible from the non-Aboriginal group.

Though openness, transparency, connection and rapport building are crucial aspects of successful Aboriginal research, it must be acknowledged that not only may the responses of Aboriginal interviewees have differed, but also the entire research process, had it been conducted by Aboriginal researchers. Tuhiwai Smith, a Maori academic, asserts that when Indigenous people become researchers rather than subjects, research problems, questions, priorities, and the ways in which people participate all differ (1999, p. 193). Moreton-Robinson argues that the experiences of Aboriginal women are borne out of a different history to that understood by the 'subject position middle-class white woman'. The respective stand-points of white and Aboriginal women 'speak out of different cultures, epistemologies, experiences, histories and material conditions which separate our politics and analyses' (2000, pp. 179,182). She goes on to argue that, in the context of feminist scholarship, white women's power to dominate representations must be relinquished if Aboriginal women's interests are to be accorded some priority (2000, p. 186).

Control over Aboriginal research has far-reaching political implications that are linked to the exploitative history of colonialism in Australia (Humphery 2001, p. 197; Manderson et al. 1998, p. 223). Aboriginal research has historically positioned Aboriginal people as subjects only, subordinated Aboriginal interests to those of non-Aboriginal researchers and has been of little benefit, or even harmful to Aboriginal peoples (Manderson et al. 1998, p. 223; NHMRC 2003, p. 14; Henry et al. 2004, p. 5). Direct involvement of Aboriginal people in the control and conduct of research is central to proposals for research reform (ARC 1999, p. 23, Rigney 1999, p. 110, Humphery 2001, p. 198; Henry et al. 2004, p. 12; Wills 1999, p. 60). It has been argued that though the role of Aboriginal health workers as 'cultural broker' is crucial to the success of Aboriginal research, this is still a sideline position (Wills 1999, p. 60). I found that significant, equal involvement of the Aboriginal health workers collaborating on this project was not a straightforward matter to achieve. Not only must the benefits of Aboriginal research be a guiding priority, it must also not be

detrimental (NHMRC 2003, p. 16). The present research was conducted in close consultation with the Aboriginal health workers facilitating the Aboriginal groups, yet this had to be done without overburdening already busy workloads. This was achieved by carrying out much of the ongoing consultation and discussion on an informal basis, during group sessions, so as not to take up excessive amounts of staff time with formal meetings. The main priority for staff was their day to day work, thus the project remained largely driven by myself. Notwithstanding these issues, though in some cases challenging, increasing Aboriginal participation in and control over research agendas is vital if research is to be instrumental in achieving positive outcomes for Aboriginal peoples (Wills 1999, p. 60).

Quantitative Methodology

Growing up in Australia: The Longitudinal Study of Australian Children (LSAC) takes a broad, multidisciplinary approach to assess ‘the impact of Australia’s unique social and cultural environment on the next generation’ (Sanson et al. 2002, p. x). The study has been funded under the Department of Family and Community Services *Stronger Families and Communities Strategy*. Drawing on Bronfenbrenner’s (1979) ecological model of child development, the study adopts a holistic approach that recognises that outcomes are influenced by multiple and interacting domains, including the family, school, community and the broader social structural, economic, political and cultural environment (Sanson et al. 2002). Thus the study is aligned with the present research in examining the impact of broader contextual factors on health, well-being and parenting. Though not the framework for the entire study, social capital theory did inform the development of certain research questions concerning family and child social connections.

The LSAC data covers a range of research questions grouped under the areas of family functioning, health, non-parental child care, education, and cross-discipline. Of most relevance here are data on:

- Sociodemographic information

- Sources of formal and informal support
- Playgroup and parent support group involvement
- Parental health and well-being

Design

The LSAC employs a longitudinal, multiple cohort cross-sequential design. Data has been collected from two age cohorts—infants under 1 and children aged 4 years in 2003/4, each with approximately 5,000 children. It is intended that these families will be interviewed biannually until at least 2010 (Soloff et al. 2005, p. 6; AIFS 2006, pp. 6-7). The main analyses conducted here are derived from the Wave 1 infant cohort data. Though the 4 year old cohort data included the same parenting group information, this data was not analysed. Analyses of a data set of this size and scope are limitless, yet the scope of the thesis had to be defined. Children usually begin pre-school at the age of four, and school at five, thus the four year old cohort was at the upper age limit for playgroup attendance. By contrast, the infant cohort was at the beginning of the potential playgroup attendance years, and was therefore selected for analysis. Some preliminary analyses of the Wave 2 data, which became available prior to completion of this thesis, have also been included. This was done where it could add to the thesis aim of building a national picture of parent group use, by assessing changes over time in some variables, or where it could shed light on questions raised by the Wave 1 analyses. It should be noted, however, that Wave 2 analyses could only be conducted on playgroup use, not parent support group use, due to a significant change in the latter survey question from Wave 1.

The sample was selected from the Medicare database, as the most comprehensive database of Australia's population, employing a clustered design by postcode to maximise representativeness and allow for community level analysis. The sample was stratified by state and metro/non-metro to ensure that proportions across the strata in the sample matched those in the target population.

It must be noted that the sampling unit for the LSAC is the child. This is satisfactory, as the primary aim of the study is to assess the impact of Australia's

social and cultural environment on children. Thus, the study collects extensive information from mothers (in addition to other carers) for the purpose of assessing impacts on the child. These data are therefore equally able to furnish information regarding parents and families, and so are also appropriate and applicable for use in research interested in mothers (as is this study).

The main respondent is the child's primary care-giver (Parent 1), who is usually the mother. Other respondents include the other parent (Parent 2), including non-resident parents, carers and teachers. Measures from the children themselves and interviewer observations have also been included. Data has been collected by face-to-face interview, followed up with self-report questionnaires.

The main respondent (Parent 1) is defined as 'the person who knows most about the child'. This is typically the mother, however a small proportion (less than 2%) were males. In addition, a number of variables have been transformed to reflect respondents' status as mother or father, whereby any female parent/guardian has been coded as 'mother'. This means that these 'mother' variables include all female parents, regardless of whether they were the main respondent or 'Parent 2'. As the present research was interested only in mothers, this left two options with regard to analysis. Firstly, the 'Parent 1' (P1), or main respondent variables could be used with the small number of male P1s excluded. Secondly, the transformed 'mother' variables could be used. The latter option afforded a larger sample size, as it included data from all families where there was a female parent or guardian, regardless of whether they were the main respondent or not.

However, these variables introduced higher rates of missing data from the 'Parent 2' respondents. As P2s were not 'the person who knows most about the child', it seems likely that they were not the main carer, and may therefore have declined to or been unable to answer some questions. It was also considered that the inclusion of P2s, or women who may not be the main carer of the child may introduce unnecessary 'noise' into the analyses. Comparison of analyses using P1 and 'mother' variables found very little difference in results, except that the latter had higher rates of missing data. Thus, to reduce missing data and maximise

clarity, it was decided to sacrifice some sample size and use the P1 variables with males excluded for all analyses.¹²

Weighting, Non-Response and Missing Data

Analyses were weighted to account for selection probability and non-response bias. The LSAC analysis of differences between respondents and non-responders identified that mothers who spoke a language other than English at home and mothers who did not complete secondary school were under-represented. The LSAC dataset included a population and sample weight, of which the latter has been applied.

The use of clustering by postcode in the sample design is also a potential issue for analyses of the LSAC data. Clustering violates the basic assumption of independence of observations applicable to many statistical techniques. This can result in correlation of responses within postcodes, due to respondents within a given postcode potentially having more similar characteristics than respondents in a purely randomly selected sample. In some circumstances this can lead to an increase in the standard errors and size of the confidence intervals in statistical analyses. Accounting for the clustered design when using the LSAC is generally recommended to maximise external validity (AIFS 2006, p. 32). However, this necessitates access to software that can analyse complex survey designs (e.g., the SPSS complex samples add-on), but such software was not available to the researcher. Whilst it is acknowledged that not accounting for clustering has the potential to attenuate the statistical results of this study, it does not invalidate them.

The analyses are derived from items in both the Parent 1 interview surveys and the Parent 1 self-complete questionnaires. The former were completed by the interviewer during a face-to-face interview, resulting in a reasonably complete dataset for these surveys. By contrast, the self-complete surveys were mail-out surveys completed by the respondent independently. Eighty four percent of respondents in Wave 1 completed the self-complete survey—a more than

¹² Thus the term ‘mothers’ used throughout the results chapter refers to all female parents/guardians who were the main respondent to the survey.

reasonable response rate for such methods. There was a lower self-complete response rate of 73% for Wave 2.

On the advice of the LSAC data manager, for the analyses using items from the self-complete questionnaires the families who returned the questionnaire were treated as the sample, rather than the entire LSAC sample.¹³ Thus, those who did not return the self-complete questionnaire were treated as non-responders, rather than missing data. The applied weighting variable then appropriately accounts for non-response bias for the self-complete sample (although it was calculated using the entire sample) (personal communication 13 Sep 2007).

This strategy largely resolved the problem of missing data, with only a small number of cases with missing data remaining for some variables. There are two strategies for dealing with missing data: case deletion or imputation, which includes various methods of substituting a missing value (De Vaus 2002, p. 176). Pairwise deletion was the strategy adopted for dealing with the missing data. This method minimises loss of missing cases by excluding any cases with missing values for a particular variable, for analyses in which that variable is used. As different cases are excluded for different analyses, the pairwise approach results in minor variations in sample sizes for the bivariate analyses. It was deemed that the employment of simplistic (makeshift) or complex statistical imputation techniques was unnecessary and would add little to the overall analyses, given that the cases with missing data for each variable were very small and did not result in any appreciable loss of cases (Schafer & Graham 2002, p. 156).

One possible exception was the income variable, which had about 7% of cases with missing data ($n = 282$). This is a common problem with income data in surveys (see e.g., The Household Income and Labour Dynamics in Australia (HILDA) survey (Watson 2009, pp. 83-84)). Deletion is not recommended if this method results in a loss of more than 15% of cases (De Vaus 2002, p. 176). As the missing income cases represented at most half of this proportion (i.e., 7%), exclusion of these cases was still deemed the most appropriate strategy. Case

¹³ Refer to Chapter 5 for detailed information on sample numbers.

deletion was used for the multivariate analyses (all missing values were recoded as system missing and automatically excluded from the analyses by SPSS).

Aboriginal Participants

The sample was designed to be as representative as possible and therefore does include data from Aboriginal families. Wave 1 includes data from 414 Aboriginal families (230 in the infant cohort). These respondents are categorised as Aboriginal, Torres Strait Islander, or both. These categories have been collapsed into a single Aboriginal category for the analyses undertaken here. As outlined in the introductory chapter, the term ‘Aboriginal’ here encompasses both Aboriginal and Torres Strait Islander peoples. Though socioeconomic disadvantage was a key variable of interest, separate analysis of the Aboriginal sub-sample by socioeconomic status was not possible due to the small sample size. However, comparative analysis showed that the Aboriginal participants were more socioeconomically disadvantaged than the non-Aboriginal participants. This analysis is presented in detail in the next chapter.

There was no over-sampling for Aboriginal children, therefore data on Aboriginal children was collected through the overall selection process as designed. The decision not to over-sample children with certain characteristics, such as Aboriginal children was taken in order to capitalise on the large and nationally representative nature of the sample, considered a major strength of this type of study. The LSAC consortium considered that separate, more intensive studies of such subgroups would be more appropriate (Sanson et al. 2002). It was also noted that the Department of Families and Communities is also funding a separate Longitudinal Study of Indigenous Children (from which data was not yet available at the time these analyses were undertaken).

The sample design did exclude some remote postcodes with a high Aboriginal population on the grounds that these would most likely incur higher data collection expenses for low recruitment rates (Soloff et al. 2005, p. 14). However, Aboriginal families have been included in appropriate numbers in other areas. As

rural and remote populations are not the focus of the present study, these exclusions should not materially affect the analyses here.

Measures

The measures used can be divided into four main categories, namely socio-demographic measures, service use (primarily parenting group participation), informal supports, and measures of parenting health and well-being. For a full list of the survey questions included in the analysis, including any transformation of variables, refer to Appendix G. A description of the variables included in the multivariate models is provided at the end of this chapter, following the multivariate analyses section.

Sociodemographic Measures

The two main sociodemographic measures of interest were Aboriginal status and level of disadvantage. The original, self-identified Aboriginal categories of Aboriginal, Torres Strait Islander and both Aboriginal and Torres Strait Islander were collapsed into one Aboriginal category, leaving a dichotomous ‘Aboriginal’ or ‘non-Aboriginal’ variable (necessary for empirical analysis).

The measure of disadvantage was more complicated. The LSAC data has been linked to the Australian Bureau of Statistics Socio-Economic Indices for Areas (SEIFA). Being comprehensive measures of advantage/disadvantage which are derived from various socioeconomic variables, the indices were investigated firstly for their appropriateness for the purposes of this thesis. However, despite their comprehensiveness, they were deemed inappropriate for this research as they are geographic area, rather than individual level indices. The use of SEIFA indices as a proxy for individuals’ socioeconomic status risks the ‘ecological fallacy’ (Baker & Adhikari 2007, p. 22). Socioeconomic status is not uniform across all individuals in a given area. If people within an area are heterogenous in terms of level of disadvantage, the potential for classification error increases. For example, people who are not themselves disadvantaged, but who live in a relatively disadvantaged area will be misclassified. When comparing their created individual socioeconomic indexes with corresponding area level indexes,

Baker and Adhikari found significant discrepancies. They concluded that using an area level indicator of advantage/disadvantage, such as the SEIFA indices, is not an appropriate proxy for the socioeconomic status of individuals in that area (2007, pp. 22-24).

The LSAC data includes various other indicators of socioeconomic status. Wealth (with income typically used as a proxy) is a commonly used measure of socioeconomic status, along with occupation and education (Western et al. 1998, pp. 21-23). Household income was selected as the best of these indicators. Though not free from potential reliability and validity issues, household income is a suitable indicator of the socioeconomic status of mothers. Encompassing the combined pre-tax income of the household, including pensions and allowances, it is inclusive of women/mothers, unlike occupation, which can exclude them. For example, analysis of the work status of the mothers in the sample shows that half were not in the labour force, therefore occupation would not capture the socioeconomic status of these women. To simplify analysis and minimise low cell numbers, the original weekly income categories were collapsed into five income ranges, namely \$0-499, \$500-999, \$1,000-1,499, \$1,500-1,999 and \$2,000+ per week.

This income variable was found to correlate with other indicators of socioeconomic status (including the SEIFA Index of advantage/disadvantage, educational level, home ownership status, work status and source of income), and was therefore deemed appropriate as an indicator of level of disadvantage.¹⁴ Educational level, as an individual level indicator that was not affected by whether a participant was in the workforce or not, was also deemed an appropriate measure of socioeconomic status. In addition to income, this variable was used as a second measure of socioeconomic status in the multivariate models (which also included home ownership as a third socioeconomic indicator). The original education level data was provided in two separate variables. One covered completed level of secondary schooling and the second included the highest post-secondary school qualification achieved. This latter variable included only those

¹⁴ See Chapter 5 for the results of these analyses.

participants who had some qualification beyond secondary school. These two variables were therefore transformed and combined into one education level variable encompassing secondary schooling right through to postgraduate education.

Other demographic, household composition and social support variables were used to describe the sample and discern national patterns in use of parenting supports. These included age (collapsed into decades), relationship status, number of children, work status, home ownership and level of informal support.

Service Use

The primary aim of the quantitative component of the thesis was to build a national picture of the use and outcomes of group-based parenting services, specifically playgroups and parent support groups. Two sets of variables related to each of these. Parents were asked if they had used (among other services) a playgroup or parent-child group in the last 12 months. A further question asked about current involvement in various groups and organisations, including ‘playgroups or pre-schools’. This question was not used for two reasons. The inclusion of pre-schools precludes isolation of playgroup involvement alone. Moreover, the present research is interested in participation only, and this question included involvement as both participant and voluntary worker. The second question relating directly to playgroups asks parents to indicate whether they have needed but could not get a playgroup or parent-child group (among other services).

The parent support group questions followed the same format as the playgroup questions above. Parents reported on whether they had used a parent support group, and whether they had needed but could not get a parent support group (among other services)¹⁵ in the last 12 months.

¹⁵ The other services included in both the playgroup and parent support group questions were: maternal and child health centre/phone help; maternal and child health nurse visits; paediatrician; other specialist; hospital emergency ward; hospital outpatients clinic; GPs; other medical or dental services; other child specific services.

In addition to the above questions specific to group parenting supports, another set of service use variables was used to provide a more general picture of the relative importance of government, community and welfare parenting services compared to informal support networks such as family and friends. These analyses provided a context within which subsequent analyses of group parenting supports, the specific interest of this research, could be interpreted.

Participants reported on important sources of four types of support, namely parenting advice, practical help, emotional support and financial support. They were asked to select their three most important sources of each type of support, from a list of potential sources. Of these sources, non-resident family members, friends and government, community or welfare organisations were analysed.¹⁶

Informal Supports

In addition to the above described important sources of support variables, three additional variables were used as measures of participants' level of informal social support. Participants were asked about the attachment to their family and friends. They also reported on the adequacy of the help they received from family and friends. Responses for the former variables were in the format of 5-point Likert scales based on level of agreement with the statements 'I feel closely attached to my family' and 'I feel closely attached to my friends', with 1 being strongly agree and 5 strongly disagree. A 'no family/friends' option was also included for each variable.

There were also several questions included in the survey covering level of contact respondents had with various members of informal support networks (e.g., parents, parents-in-law, siblings, friends, other family). These variables were not included in the analyses for both practical and theoretical reasons. Analyses by each and every one of the family and friends categories proved too cumbersome and the large number of resulting analyses would have detracted from the clarity of the findings. Secondly, it was considered that a qualitative (i.e., attachment to

¹⁶ The other sources of support included in these questions were: neighbours; priests or religious leaders; teachers; doctors; other professionals; telephone services; books, newspapers or magazines; television or videos; internet; other family members living with you (not partner); other; no-one; do not need.

family and friends) measure would be a more valid measure of informal support than a quantitative measure (i.e., contact with family and friends). Parents may have a high degree of contact with members of their informal networks, but these contacts may be conflict ridden and unsupportive. On the other hand, a high degree of attachment to informal networks indicates that these are positive relationships and thus more likely to be supportive. Congruent with this reasoning, research has shown that qualitative aspects of social support are stronger predictors of outcomes than structural aspects, such as number of contacts with members of support networks (Oakley et al. 1994b, p. 269; Crockenberg 1987, p. 4; Henly 1997, p. 649). There were four response categories for the level of help from family and friends variable, namely 'I get enough help', 'I don't get enough help', 'I don't get any help' and 'I don't need any help'.

Parenting Health and Well-being

In addition to exploring the use of group-based parenting supports in Australia, the thesis also aims to assess the outcomes of these supports in terms of mothers' health and well-being. Three measures of health and well-being were included in the analysis. The self-assessment of global health has been shown to be a reliable indicator of health when compared to more specific measures (AIHW 2008, p. 28; Jenkinson et al. 1994). Parents rated their own health on a five-point scale from 'excellent' to 'poor'. Secondly, parents rated their overall efficacy as a parent on a five-point scale from 'not very good at being a parent' to 'a very good parent'. Thirdly, parents indicated how well they thought they were coping on a five-point scale from not at all to extremely well.

Statistical Analyses

All analyses were conducted using SPSS version 15.0 software. Both bivariate and multivariate statistical techniques were employed. These are described in detail below.

Bivariate

Bivariate analyses were conducted to fulfil the thesis aim of building a national picture of patterns of playgroup and parent support group use in Australia. As all variables used in these analyses were either nominal or ordinal, χ^2 statistics were calculated to demonstrate statistical differences by Aboriginal and socioeconomic status, as well as various other demographic variables. The main dependent variables in these analyses were playgroup and parent support group use and the three parenting health and well-being variables. Subsequent multivariate analyses were conducted, which are described below. Multivariate techniques can add important dimensions to understanding beyond simple bivariate comparisons. As with virtually all aspects of the social world, very few relationships are strictly bivariate. Rather, outcomes are influenced by many simultaneous and interconnecting influences. Thus, the multivariate analyses have been conducted here to better understand the complex relationships between multiple explanatory variables and the outcome variables. All bivariate analyses have also been included in the results, as the purpose of this research was not just to examine the complexities and ascertain the strongest predictors of parent group use and health and well-being, but also to show the socio-demographic patterns in these variables. Moreover, bivariate analysis can be informative about the potential for a causal relationship.

Multivariate

Regression models were used to further elucidate the relationships between sociodemographic factors, group parenting support use and health and well-being. The models were used in two ways. Firstly, they further clarified the bivariate relationships, specifically, which of the factors assessed in the bivariate analyses were the strongest predictors of playgroup and parent support group use. Non-linear (dichotomous dependent variable) regression, which is appropriate for dichotomous outcome variables was used to assess this question. Two models were run, one with playgroup use and one with parent support group use as the dependent variable. All the remaining variables shown in Table 4.2 below were entered into the models as explanatory variables, except for the health and well-being variables which were excluded from these two models.

Secondly, multivariate methods were used to assess participation in playgroups and parent support groups as predictors of mothers' health and well-being. It is well established that sociodemographic factors have a substantial impact on both health and social participation. Thus a range of such factors were included in the models in order to examine the relationship between parent support group participation and the three measures of health and well-being. As all included health and well-being measures used data in ranked form, this question used an ordered probit (non-linear) estimation method. An ordered probit model is commonly used for analysing ordinal data, and is superior to multinomial logit and probit models, which by failing to account for ordinality, do not use all available information in model building (Greene 2003, p. 736; Kennedy 1992, p. 232). Three ordered probit models were run, with global health, coping and parenting self-efficacy as dependent variables. All the remaining variables shown at Table 4.2, including playgroup and parent support group use were entered as explanatory variables. Multinomial regression models were also run as a comparison to ensure the best fitting model was found. These showed results consistent with the ordered probit models. As discussed above, a multinomial specification does not recognise the ordinal nature of the dependent variables. Thus only the ordered probit results, which are more appropriate to the health and well-being dependent variables, are presented here.

Though the use and outcomes of parenting groups on Aboriginal mothers is of primary interest to this research, separate multivariate analyses of the small sub-sample of Aboriginal women were not practical, as small sub-sample numbers do not result in robust or meaningful analyses.

A description of the variables is shown at Table 4.2 at the end of this chapter. A number of adjustments were made to either the original data or the categories used in the bivariate analyses, in order to achieve a satisfactory well-fitting model (primarily due to small sub-samples), and maximise clarity of results. The income data was converted to a 15 category log-income variable, based on the income categories originally provided with the LSAC data (data were logged to account for non-linearity). The attachment to friends and family scales remained as 5-point Likert type scales, with the small number of 'no family/friends' responses

treated as missing. A number of qualitative and ordered qualitative variables were entered as sets of zero-one dichotomous dummy variables. These included home ownership (e.g., as a set of three dummy variables), education level, work status, age, relationship status and informal support level. Due to small sub-sample numbers, the first two categories of all three health and well-being dependent variables were combined, reducing them from five- to four-point scales.

To assist in ease of understanding and interpretation of results, the scales of the three health and well-being outcome variables were reversed. For example, the original global health scale was categorised as 1 = excellent to 5 = poor. To ensure the direction of this and the remaining two health and well-being variables aligned with the majority of other variables included in the models, this was reversed to 1 = fair/poor to 4 = excellent. These adjustments avoided confusion by making the direction of the coefficients and odds-ratios intuitively correct.

All variables were entered in the same format into each model, with two exceptions. Education level was reduced to a set of five dummy variables in the nominal regression models, and work status was reduced to four dummy categories by combining the maternity leave and not in labour force categories in the coping ordered probit. These adjustments were made to reduce errors, primarily due to low sub-sample numbers.

Multivariate Model Specifications

Dichotomous Dependent Variable Models

Recall that two models included dichotomous dependent variables, namely playgroup and parent support group use. The models use the limited dependent variable regression model (LDVRM) and estimate the probability of playgroup/parent support use (PU) versus not using them.

The *PU* equation is specified as the limited dependent variable (binary choice) model; the probability of the *i*-th individual using a playgroup, $P[PU_i = 1]$, can be written as the non-linear function:

$$P[PU_i = 1 | X_i = x_i] = \Phi[w_i, X_i] \quad [1]$$

Where, $P[PU_i = 1|X_i = x_i]$ represent the probability of a mother using PU given values for the exogenous variables in the vector of independent or explanatory variables (\mathbf{X}), and Φ is the chosen cumulative distribution function (e.g., for the probit the standard normal distribution).

The logit model (used to provide the rationale for the model process) can be written as:

$$\text{Prob}[PU_i = 1] = \text{logit}[X_i\beta] = \frac{e^{x_i\beta}}{1 + e^{x_i\beta}} \quad [2]$$

which, after taking the nature logs and some manipulation, can be written as the linear specification:

$$\log\left(\frac{P[PU_i=1]}{1-P[PU_i=1]}\right) = \beta_1x_{1i} + \beta_2x_{2i} + L + \beta_kx_{ki} + \varepsilon_i \quad [3]$$

In the representation of Equation [3], the left-hand-side of the specification is the log-odds of using PU relative to not using a playgroup or parent support group, a function of the individual's attributes, represent by the vector of attributes or characteristics, \mathbf{X} (and a random error term).

Letting PU_i^* represent the log-odds ratio of using PU versus not using PU , the linear model can be written as:

$$PU_i^* = \beta_1x_{1i} + \beta_2x_{2i} + \dots + \beta_kx_{ki} + \varepsilon_i \quad [4]$$

where, β s are the coefficients (the log odds-ratio) to be estimated, and ε_i are zero-mean normal distributed errors.¹⁷

Thus, estimating Equation [4] provides estimates of the impact of the explanatory variables (\mathbf{X}) on the dependent variable (PU). Interpreting the estimated coefficients (β) in the LDVRM is not straightforward due to the non-linear nature of the underlying distribution function. For interpretability, the coefficients in the LDVRM are converted from the log odds-ratio to the odds-ratio by taking the

¹⁷ In probit models (including binary and ordinal probit models), the function used is the inverse of the standard normal cumulative distribution (i.e., a z-score). In practice, this difference is of little importance since both transformations are equally efficacious in linearising the model.

exponent of the coefficient (odds-ratio = e^β). Odds-Ratios are always positive. An Odds-Ratio equal to 1 signifies no effect of the variable concerned on the dependent variable; odds-ratios above 1 indicate an increased likelihood of the event, and Odds-Ratios below 1 indicate a decreased likelihood. The further an odds-ratio is from 1, the stronger the effect of the explanatory variable (Gujarati 1988; Ramanathan 1989; Kennedy 1992).

Multi-category Ordered Dependent Variable Models

The three health and well-being models (global health, parenting self-efficacy and coping) use the multinomial limited dependent variable regression model (MLDVRM).

As with the dichotomous LDVRM, the ordered logit finds the best set of regression coefficients, but in this case the model predicts the probability that the dependent variable falls into one category rather than another, for any number of ordered categories. The ordered-logit estimates a set of cut-off points. If there are r levels of the dependent variable (1 to r), the model estimates $r-1$ cut-off values along with the model coefficients (β). Thus, thresholds are the cut-off value between ordered categories in the dependent variable. For modelling purposes, threshold or cut-off points are selected to maximise the fit of the data to the model, but for practical purposes interpreting the thresholds holds little interest.¹⁸

In the ordered logit model (the exponential of the) coefficients are interpreted similarly to those in the binary logistic regression. For example, for a three-category dependent variable (low, medium and high) with an odds-ratio of 2.5 one would say that for a one unit increase in an explanatory variable (e.g., going from 0 to 1 for a dummy variable), the odds of high versus the combined middle and low categories are 2.5 times greater; equally, the odds of the combined middle and high categories versus low is 2.5 times greater for a one unit increase in the explanatory variable (this is referred to as the proportional odds assumption) (Gujarati 1988; Ramanathan 1989; Kennedy 1992).

¹⁸ Other than noting that they play a role in calculating the probabilities associated with each ordered dependent variable.

The ordered logit model can be represented as an extension to the binary logit. Let δ_i represent the thresholds (cut-off points in the ordinal dependent variable). Thus for a 3-category ordinal variable there are two thresholds (i.e., 1, 2). Following the outline of the logit above, letting Y represent the ordinal dependent variable, the linearisation can be written as:

$$Y_{ij}^* = \beta_1 x_{1i} + \beta_2 x_{2i} + \dots + \beta_k x_{ki} + \varepsilon_i = Z_{ij} + \varepsilon_i \quad [5]$$

where Y^* is the unobserved probability of individual i being in category j of the categorical dependent variable and Z simplifies representation. The categories of Y are specified as dependent on the thresholds (δ_i):

$$\begin{aligned} Y_j &= 1 \text{ if } Y_i^* \leq \delta_1 \\ Y_j &= 2 \text{ if } \delta_1 \leq Y_i^* \leq \delta_2 \\ Y_j &= 3 \text{ if } Y_i^* \geq \delta_2 \end{aligned} \quad [6]$$

And hence the model probabilities are specified as:

$$\begin{aligned} \text{Prob}[Y = 1] &= \frac{1}{1 + e^{(Z_j - \delta_1)}} \\ \text{Prob}[Y = 2] &= \frac{1}{1 + e^{(Z_j - \delta_2)}} - \frac{1}{1 + e^{(Z_j - \delta_1)}} \\ \text{Prob}[Y = 3] &= 1 - \frac{1}{1 + e^{(Z_j - \delta_2)}} \end{aligned} \quad [7]$$

In this way, the information in the data—the ordering by survey respondents—is used in estimating the coefficient of interest: the order is maintained, but no assumption is required regarding the ‘distance’ between each category in the ordinal variable (Ramanathan 1989; Kennedy 1992, p. 232).

Assessing Model Fit for Limited Dependent Variable Regression Models

Diagnostic statistics and measures for non-linear models are not well developed—for ordered logit or probit models this is even more so than for binary LDVRMs. For example, there are a number of pseudo- R^2 but there is no exact analog of the R^2 as in, for example, the common Ordinary Least Squares (OLS) regression model. According to the literature, any such measures must be used with

caution—which, in practice, means they are of limited if any value—although reporting them is common. In following the literature, sample size, pseudo- R^2 , the log-likelihood for the null (intercept only model) and accepted model, and chi-squared for goodness of fit are reported (Gujarati 1988, p. 481; Ramanathan 1989, p. 475; Kennedy 1992, p. 236).

Summary

In this chapter I have traced the evolution of the research project which began with an initial desire to conduct my doctoral research in an area of Aboriginal health. My research journey led, through a process of consultation, collaboration and literature review to a final mixed methods design aimed at examining parenting groups as supportive resources for mothers, with a focus on Aboriginal and disadvantaged mothers. The research, based on an evaluation of Aboriginal maternal and child health services provided by the Aboriginal health centre involved, unfolded in the qualitative tradition. In a cyclical process, the research questions, design, data collection, analyses and theoretical framework all developed, evolved and crystallised as my research journey progressed.

Table 4.2. Description of Regression Variables

Variable	Description	Mean	SD
Self-assessed global health ^a	1=fair/poor, 4=excellent	2.71	0.86
Coping	1=not at all/a little, 4=extremely well	2.66	0.74
Parenting self-efficacy	1=not very good at being a parent, 4=very good parent	3.10	0.87
Playgroup use ^b	0=N, 1=Y	0.40	0.49
Parent support group use	0=N, 1=Y	0.06	0.23
Income	Log ^c income range 3.22 to 8.19	6.98	0.67
Aboriginal status	0=Y, 1=N	0.96	0.19
Education			
Year 8 or below	0=N, 1=Y	0.02	0.14
Year 9	0=N, 1=Y	0.03	0.17
Year 10	0=N, 1=Y	0.10	0.04
Year 11	0=N, 1=Y	0.06	0.24
Year 12	0=N, 1=Y	0.12	0.33
Certificate	0=N, 1=Y	0.28	0.45
Diploma	0=N, 1=Y	0.09	0.29
Bachelor	0=N, 1=Y	0.17	0.38
Graduate diploma/certificate	0=N, 1=Y	0.06	0.23
Postgraduate	0=N, 1=Y	0.06	0.24
Home ownership			
Owned/paying off	0=N, 1=Y	0.62	0.49
Rented	0=N, 1=Y	0.31	0.46
Other	0=N, 1=Y	0.07	0.25
Work status			
Fulltime	0=N, 1=Y	0.10	0.30
Part time	0=N, 1=Y	0.28	0.45
Maternity leave	0=N, 1=Y	0.09	0.29
Unemployed	0=N, 1=Y	0.03	0.18
Not in labour force	0=N, 1=Y	0.49	0.50
Age			
15-19	0=N, 1=Y	0.03	0.16
20-29	0=N, 1=Y	0.35	0.48
30-39	0=N, 1=Y	0.57	0.50
40+	0=N, 1=Y	0.06	0.23
Relationship status			
Dating	0=N, 1=Y	0.11	0.31
Co-habiting	0=N, 1=Y	0.18	0.39
Married	0=N, 1=Y	0.71	0.45

(Continued)

Table 4.2. *Continued*

Variable	Description	Mean	SD
Feels closely attached to family	1=totally agree, 5=totally disagree	1.68	1.05
Feels closely attached to friends	1=totally agree, 5=totally disagree	1.94	1.00
Level of informal support			
Get enough help	0=N, 1=Y	0.58	0.49
Don't get enough help	0=N, 1=Y	0.13	0.34
Don't get any help	0=N, 1=Y	0.06	0.23
Don't need any help	0=N, 1=Y	0.06	0.23
Number of children	1 to 6+	1.98	1.05

^aVariables designated as e.g., self-assessed global health 1 to 4, are treated as continuous scales or indices.

^bMeans and SDs for dummy variables are interpreted as indicators of proportions, since the descriptive statistics are scale dependent.

^cLog represents natural logarithm (i.e., log to the base e).

Chapter 5. Quantitative Results—Bivariate

The primary aim of the quantitative component is, broadly, to furnish national information about use of group-based early parenting supports in Australia, including examination of patterns of use among socioeconomically disadvantaged and Aboriginal mothers. A further aim is to explore the relationships between use of parenting groups and health and well-being. Secondary analysis of the first two waves of data from the Longitudinal Study of Australian Children (LSAC) was conducted to fulfill these aims. A description of the quantitative methodology is provided in the preceding methods chapter.

This chapter begins with a preliminary description of the LSAC sample data, including the distribution of the groups of interest for both Wave 1 and Wave 2. An assessment of a number of socioeconomic indicators by Aboriginal status follows, providing detailed information about the level of Aboriginal disadvantage in the sample. The relationship between these indicators and income level is then examined, in order to assess the appropriateness of income (and education level) as measures of socioeconomic status. A description of the sociodemographic characteristics of the sample follows.

In order to gauge reliance on formal support services in general, some overall analyses of important sources of support is then presented, using informal supports such as family and friends as a comparison. Further information regarding the value of informal supports is presented in an analysis of satisfaction with the help received from these networks and attachment to family and friends data. This information is provided for the purposes of setting the context within which analyses of the use of formal parenting group services can be interpreted. This and the descriptive data outlined above were derived from the larger Wave 1 sample only. A more selective set of analyses were conducted on Wave 2 data, with a particular focus on the patterns of continuity and change in the key variables of interest.

The bivariate results of the main analyses of group parenting supports, specifically playgroups and parent support groups, are then presented. Use of each of these types of parenting group is cross tabulated with a number of sociodemographic variables, in order to establish national participation patterns. The Wave 1 LSAC data is the main data source, with analyses of the Wave 2 data included where relevant and available. Analysis of parent support group use at the time of Wave 2 was not possible due to a significant change in the relevant question from Wave 1. These analyses together provide a broad picture of patterns of parenting group use in Australia.

The chapter concludes with some initial bivariate analyses of the three measures of health and well-being to be used in subsequent multivariate analyses, and their relationships to parenting group use, socioeconomic and Aboriginal status. The following chapter presents the results of the multivariate analyses, and includes a combined summary of all quantitative results.

Sample Characteristics

The Wave 1 infant data set included 5107 participants. With male ‘Parent 1s’ (i.e., main respondent) excluded, this yielded a sample of 5034 female ‘Parent 1s’. Of these, 84% ($N = 4231$) completed the self-complete survey.¹⁹ Tables 5.1 and 5.2 show the distribution across Aboriginal and weekly income categories, for the entire sample and the self-complete survey. The data set yielded samples of 178 and 114 Aboriginal participants in the entire sample and self-complete sample respectively. The 284 cases with missing income data were excluded, yielding a usable sample of 4750 for income related analyses. Proportions across the weekly income categories were similar for both the entire and self-complete samples.²⁰

¹⁹ Sample sizes will vary throughout the bivariate analyses, due to pairwise deletion of cases with missing data. See Chapter 4 for detailed information about treatment of missing data.

²⁰ See Chapter 4 detailed information regarding the LSAC methodology, survey instruments, treatment of missing data and statistical analysis.

Table 5.1. Distribution of LSAC Wave 1 Data by Aboriginal Status

Aboriginal Status	Entire Sample		Self-Complete Survey	
	N	%	N	%
Non-Aboriginal	4856	96.5	4117	97.3
Aboriginal	178	3.5	114	2.7
Total	5034	100.0	4231	100.0

Table 5.2. Distribution of LSAC Wave 1 Data by Weekly Income

Weekly Income	Entire Sample		Self-Complete Survey	
	N	%	N	%
\$0-\$499	676	14.2	507	12.6
\$500-\$999	1604	33.8	1328	32.9
\$1,000-\$1,499	1235	26.0	1094	27.1
\$1,500-\$1,999	634	13.3	569	14.1
\$2,000+	601	12.7	534	13.3
Total	4750	100.0	4032	100.0

The Wave 2 data set, after exclusion of male ‘Parent 1s’ yielded a sample of 4522 female respondents. Seventy three percent ($N = 3313$) completed the self-complete survey. Proportions of Aboriginal respondents were similar to Wave 1 for the entire sample (3.7%, $n = 166$), but slightly lower for the self-complete survey (1.8%, $n = 61$). It is noted that the small size of the Aboriginal self-complete sample may affect the generalisability of analyses using this sample. Proportions across income categories for both the entire and self-complete Wave 2 samples were slightly less for the lower and more for the higher income categories than in Wave 1. With missing cases removed, income related analyses utilised a total sample size of 4129 and a self-complete sub-sample of 3054. Tables 5.3 and 5.4 show the distribution of the Wave 2 sample by Aboriginal status and across income categories. The following, more detailed description of sample characteristics is derived from the Wave 1 sample only.

Table 5.3. Distribution of LSAC Wave 2 Data by Aboriginal Status

Aboriginal Status	Entire Sample		Self-Complete Survey	
	N	%	N	%
Non-Aboriginal	4356	96.3	3252	98.2
Aboriginal	166	3.7	61	1.8
Total	4522	100.0	3313	100.0

Table 5.4. Distribution of LSAC Wave 2 Data by Weekly Income

Weekly Income	Entire Sample		Self-Complete Survey	
	N	%	N	%
\$0-\$499	324	7.8	204	6.7
\$500-\$999	967	23.4	623	20.4
\$1,000-\$1,499	1134	27.5	869	28.5
\$1,500-\$1,999	868	21.0	686	22.4
\$2,000+	836	20.3	672	22.0
Total	4129	100.0	3054	100.0

Aboriginal Status and Disadvantage

The Aboriginal participants were compared to the non-Aboriginal sample in order to assess their level of relative disadvantage. As predicted, the Aboriginal participants were more disadvantaged than the non-Aboriginal participants. This was true for all measures of disadvantage analysed. More Aboriginal mothers had government benefits as their main source of income (85% versus 57% for non-Aboriginal participants). Wages or salary was the main source of income for a smaller proportion of Aboriginal than non-Aboriginal mothers (12% and 30% respectively). Congruent with this latter finding, more non-Aboriginal women were working either full-time or part-time (39% versus 16% for Aboriginal mothers) and more Aboriginal women were unemployed or not in the labour force (83% versus 52% for non-Aboriginal mothers).²¹

Figure 5.1 shows weekly income categories by Aboriginal status. Aboriginal participants were more likely to be in the lower weekly income levels than non-Aboriginal women, $\chi^2 (5 n = 4751) = 129.4, p < .001$. Eighty one percent of the former earned less than \$1,000 per week, compared to 47% of non-Aboriginal mothers. Nineteen percent of Aboriginal and 53% of non-Aboriginal mothers earned more than this amount each week.

A significantly greater proportion of non-Aboriginal mothers were home owners than Aboriginal mothers. Sixty four percent of the former owned or were paying off their own home compared to 25% of Aboriginal mothers. Aboriginal mothers were more likely to live in a lower (more disadvantaged) SEIFA index area.

When the SEIFA index categories are collapsed into three, the non-Aboriginal

²¹ See 'Work Status' section below.

participants are distributed evenly across the three categories (roughly one third in each), whereas 61% of the Aboriginal participants fell into the lowest category and 22% and 17% in the middle and highest (most advantaged) categories respectively, $\chi^2 (2 n = 5034) = 54.0, p < .001$. Thirty percent of non-Aboriginal participants had a degree or postgraduate qualification compared to less than 5% of Aboriginal participants.

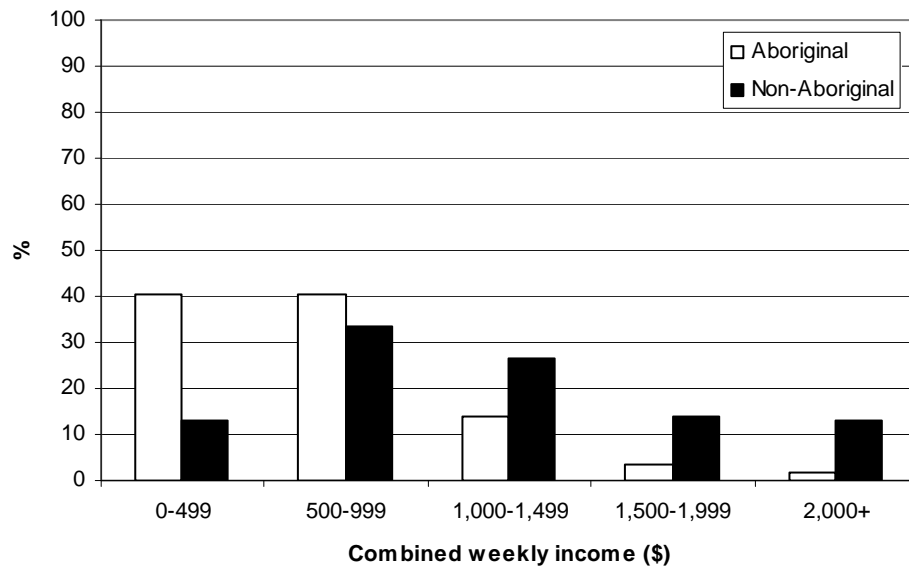


Figure 5.1. Weekly household income by Aboriginal status, LSAC mothers

Low Income and Disadvantage

Though the LSAC data was linked to SEIFA indexes, these were deemed inappropriate as the measure of advantage/disadvantage, as they are area rather than individual level indexes.²² Thus the weekly income variable was used as the main measure of disadvantage for the analyses conducted here.²³ The relationship of the income variable to other common measures of disadvantage was assessed in order to determine its appropriateness for this purpose. As for the assessment of

²² See Chapter 4 for a detailed discussion of why the SEIFA indexes included in the LSAC data were not used as the main measure of disadvantage.

²³ For the multivariate analyses, income, education level and home ownership were used as socioeconomic indicators.

Aboriginal disadvantage above, the comparative measures used were main income source, work status, home ownership, SEIFA index and education level.²⁴

The income variable did indeed correlate with the other measures of disadvantage. Government benefits were more likely to be the main income source for mothers in the lower income categories. Ninety two percent of mothers in the lowest and 76% in the second lowest income categories had government benefits as their main income source. This steadily decreased to 14% of mothers on the highest income level. Conversely, wages or salary was the main income source for 57% of women in the highest income bracket, decreasing down to 4% of those on the lowest income. Not surprisingly then, higher income mothers were more likely to be working, either full or part-time.²⁵

Rates of home ownership also consistently increased with income. One quarter of women in the lowest income category owned outright or were paying off their own home. This proportion increased to just over half of the second lowest income level, and three quarters or more of those in each of the top three income categories. Nine percent of mothers in the lowest income category had a degree or postgraduate qualification. This increased steadily with income up to 62% of those on the highest income level.

As for Aboriginal mothers, those on lower incomes were significantly more likely to live in disadvantaged SEIFA index areas. The proportion of mothers living in the most disadvantaged areas (lowest of the three collapsed SEIFA categories) decreased from 53% of mothers on the lowest income down to 9% of those in the highest income category. Conversely, 16% of mothers in the lowest income category were living in the most advantaged SEIFA areas, increasing to 71% of mothers in the highest income category, $\chi^2 (8 n = 4749) = 727.7, p < .001$.

However, despite the relationship between SEIFA index and income, there were still high income respondents living in disadvantaged SEIFA index areas and vice versa. A Spearman's correlation between income and SEIFA index showed a

²⁴ Though not appropriate as the primary measure of disadvantage, the correlation between the SEIFA index and income level is useful for assessing the appropriateness of the latter as a measure of disadvantage.

²⁵ See 'Work Status' section below.

significant, moderate positive relationship, $r = +.34$, $n = 4750$, $p < .001$, two tails. The proportion of shared variance (r^2) is less than 12%, thus the two variables are not measures of the same thing. This supports the contention that area level indices are not appropriate substitutes for individual level indicators, and provides further justification for the decision to use the individual (income and education level) rather than area level (SEIFA index) measures of socioeconomic status.

Age

The mean age of the mothers in the sample was 31 years, with an age range of 15 to 63.²⁶ Figure 5.2 shows the distribution of mothers' ages, grouped into decades. Fifty seven percent of mothers were in their thirties, just under 35% in their twenties, just under 6% were over forty, and almost 3% were teenagers.

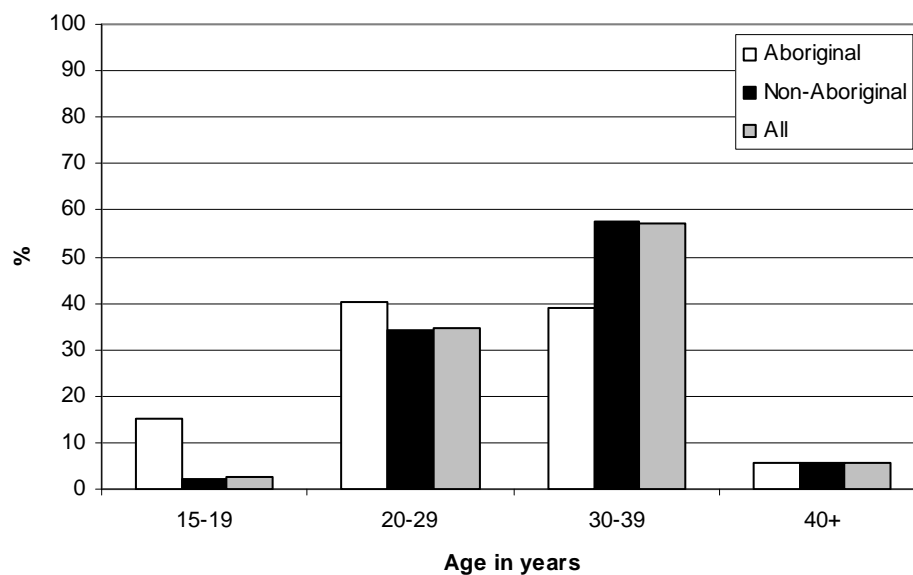


Figure 5.2. Age range of LSAC mothers by Aboriginal status

The Aboriginal mothers showed a different age pattern to the non-Aboriginal mothers. It is well documented that Aboriginal women have children at younger ages than the rest of the Australian population (ABS 2007, p. 7), and the LSAC

²⁶ All female main respondents are here treated as 'mother', regardless of whether they are the biological mother. A negligible proportion (0.3%) were not the biological mother of the study child (i.e., adopted/foster parents, aunts, grandparents). All of the participants aged over 49 years were either foster parents, grandparents or aunts to the study child.

sample reflects this trend. Figure 5.2 shows that a much greater proportion of the Aboriginal mothers were teenagers (15%), and non-Aboriginal mothers were far more likely to be in their thirties than were Aboriginal mothers (58% versus 39% respectively), $\chi^2 (3 n = 5033) = 114.2, p < .001$.

Mothers on lower incomes also tended to be younger than those on high incomes. These results are shown at Figure 5.3. The age of the mothers consistently increased with income level, such that almost 80% of mothers in the highest income bracket were in their 30s, compared to 33% of women on the lowest income. Forty eight percent of mothers in the lowest income bracket were in their twenties, and this consistently decreased with income down to 12% of women on the highest income level, $\chi^2 (12 n = 4749) = 636.4, p < .001$.

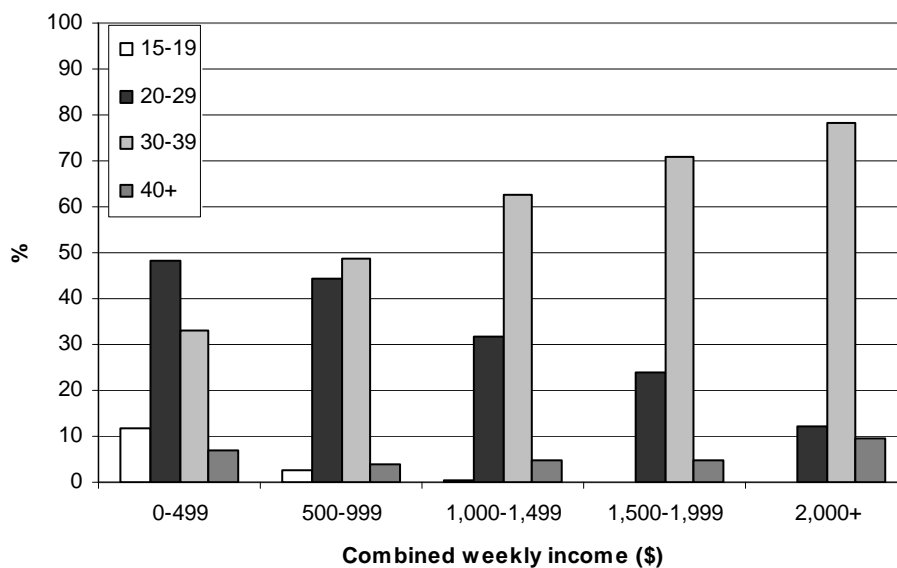


Figure 5.3. Age range of LSAC mothers by weekly income

Household Composition

Eighty nine percent of the women lived with a partner (71% were married and the remainder co-habiting). Most households in the study were one or two child families. Thirty nine percent of households had one child, with a further 37% having two children. Sixteen percent had three children and 8% had four or more.

Again, the Aboriginal women showed differing household composition patterns to the sample as a whole. Sixty five percent of Aboriginal mothers lived with a partner, compared to 90% of non-Aboriginal women. Of the women who did live with a partner, Aboriginal women were more likely to be co-habiting than married (39% and 26% respectively) than non-Aboriginal women (18% and 73% respectively). Ten percent of non-Aboriginal and 35% of Aboriginal women were not in a live-in relationship (single or dating), $\chi^2 (3, n = 5035) = 207.04, p < .001$.

There was also a trend for Aboriginal households to have more children. Fewer Aboriginal households had one or two children (26% and 30% respectively) than non-Aboriginal households (40% and 37% respectively). A greater proportion of Aboriginal households had three or more children (44%) than non-Aboriginal households (24%), $\chi^2 (5, n = 5034) = 86.5, p < .001$. This trend is again well-documented at the population level. Aboriginal women have higher fertility rates than the rest of the Australian population (ABS 2007, pp.6-7).

Household composition patterns also differed by income level. These results are shown at Figure 5.4. There was a dramatic increase with income in the proportion of married women, and a concurrent decrease in the proportion of women not living with a partner. Unlike Aboriginal women, all partnered women were more likely to be married than co-habiting, but the rate of co-habitation was higher for the lower income levels, $\chi^2 (12, n = 4749) = 1907.4, p < .001$.

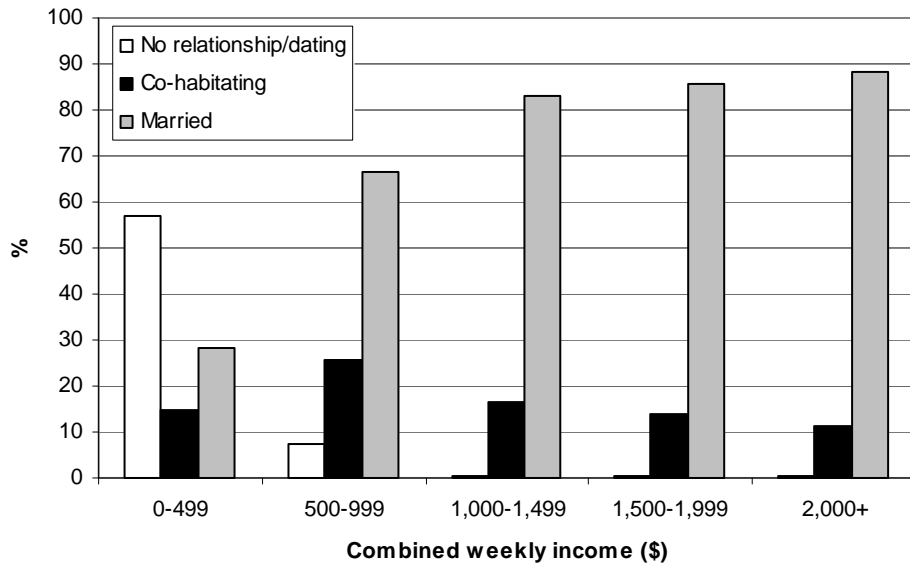


Figure 5.4. Relationship status of LSAC mothers by weekly income

Figure 5.5 shows the number of children in the household by weekly income. Though statistically significant, the results show very little difference in number of children across income categories, except that those on the lowest income were more likely to have only one child, $\chi^2(20, n = 4750) = 39.8, p < .01$. This is the opposite of what might be expected, as larger families tend to be associated with poverty (Redmond 2000, p. 10). The result may partly be explained by age, given that, as shown above, women on higher incomes tended to be older (and therefore have had more childbearing years). In support of this, a crosstabulation (not shown) between age and number of children did indeed show that, as would be expected, the number of children increased with the age of the mother, $\chi^2(15, n = 5033) = 375.3, p < .001$.

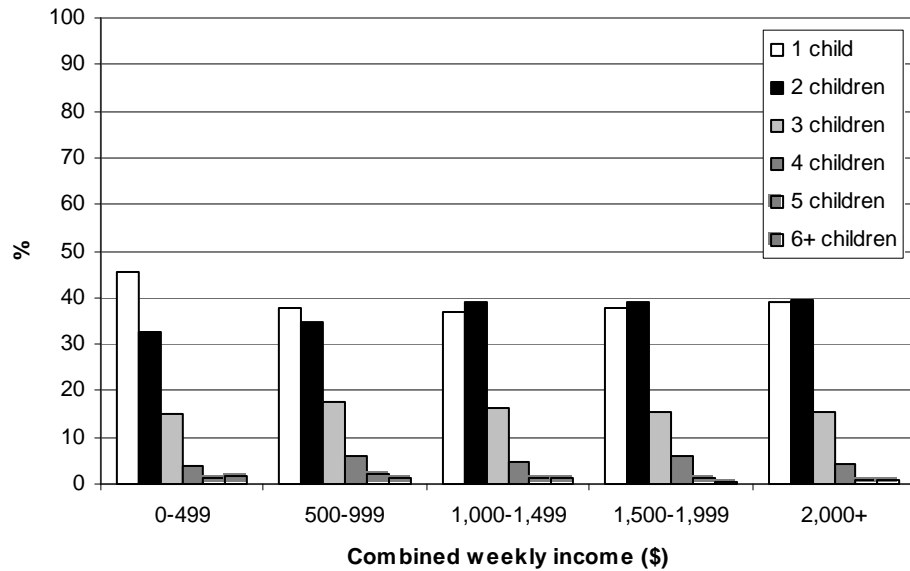


Figure 5.5. Number of children in the household by weekly income

Work Status

Work status figures are important because a parent’s employment status will have a major bearing on whether they have the opportunity to participate in playgroups and parent support groups. The more they work, the less time and opportunity they may have to devote to such activities.

Figure 5.6 shows the current work status for all LSAC mothers, as well as by their Aboriginal status. Half of the women (49%) were not in the paid labour force, thus could be deemed as stay at home mothers. Of the women who were working outside the home, most were working part-time. This means that a large proportion of mothers theoretically have the opportunity to participate in group parenting supports (as many as 90% if part-time workers are included, and 61% if they are excluded).

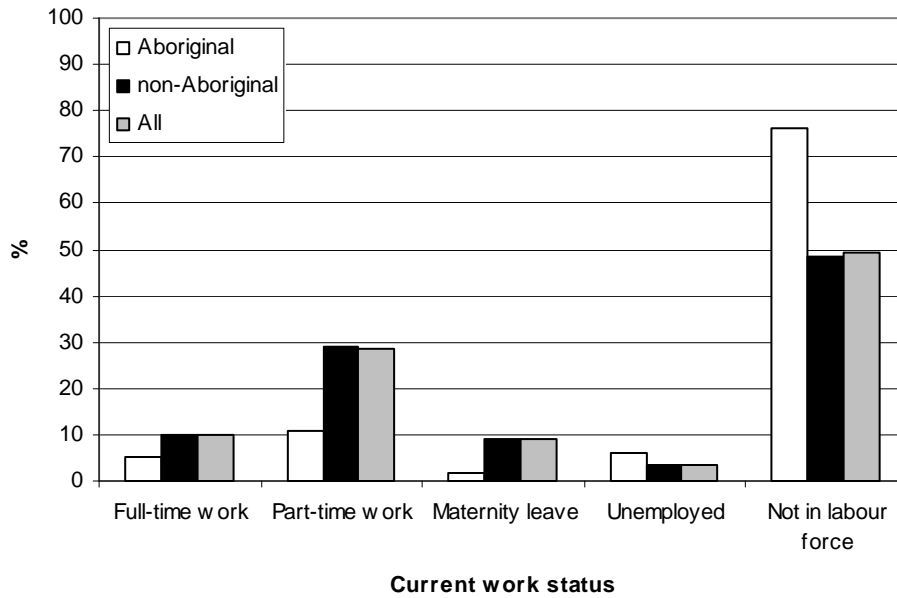


Figure 5.6. Work status of LSAC mothers by Aboriginal status

Again, work status patterns differ between Aboriginal and non-Aboriginal mothers. Figure 5.6 shows mothers' current work status by Aboriginal status. There is a striking difference in the proportion of women not in the labour force. Seventy six percent of Aboriginal mothers were in this category, compared to 48% of non-Aboriginal women. Though both Aboriginal and non-Aboriginal mothers were more likely to work part-time than full-time, the former were less likely to work at all. These differences were significant, $\chi^2(4, n = 5027) = 67.33, p < .001$.

Similar patterns were also found for low income mothers, shown at Figure 5.7. As for Aboriginal mothers, low income mothers were much more likely to be stay at home parents and less likely to be in the paid workforce than mothers on a higher income level, $\chi^2(16, n = 4744) = 614.8, p < .001$. The finding that part-time work was more common than full-time persisted.

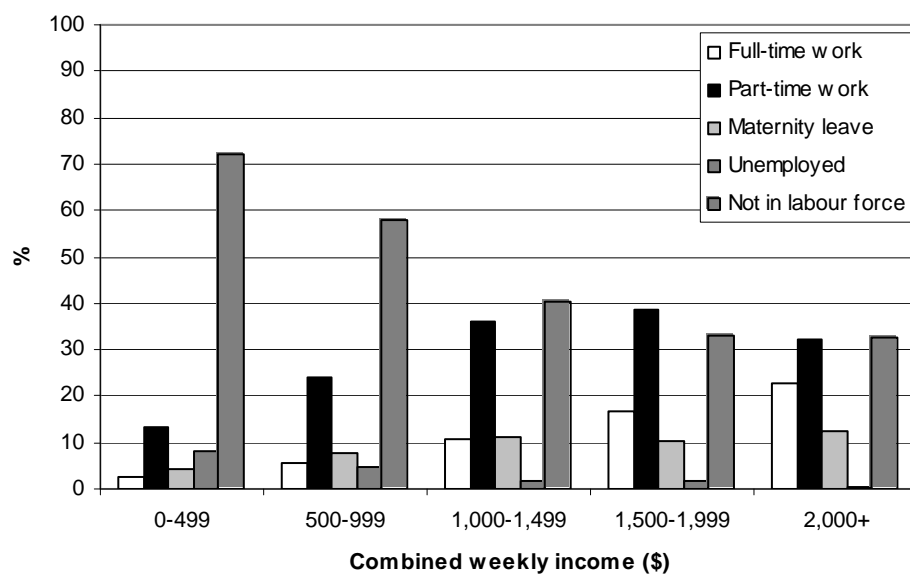


Figure 5.7. Work status by weekly income

Important Sources of Support

The interview survey included items about important sources of four types of support, namely parenting information, practical help, emotional support and financial assistance. Analysis of this data provides a context for later analyses of group parenting supports by affording a general overview of the relative importance of formal services (such as parenting groups) compared to informal supports, such as family and friends.²⁷

Formal support services were far less important sources of support, across all support types, than informal supports. Figure 5.8 shows how participants rated family, friends and formal government, community or welfare organisations as sources of support. Family was rated as by far the most important source of all types of support, particularly as sources of parenting information, practical and emotional support. Seventy seven percent, 73% and 83% of participants rated family as important sources of these types of support respectively. Friends were also rated as important sources of these three support types. They were less

²⁷ The survey also assessed various other sources of support, not analysed here. These included: neighbours; priests or religious leaders; teachers; doctors; other professionals; telephone services; books; newspapers or magazines; television or videos; internet; and other family members living with you (not partner). For details about the survey questions see Appendix G.

important than family as sources of parenting information (60%) and practical support (59%), but equally important for emotional support (80%). Informal supports were less important for providing financial assistance, with 57% of the sample rating family and 21% rating friends as important in this regard.

Compared to family and friends, formal supports were much less important across all support types. Government, community and welfare organisations were rated as most important for parenting information and financial assistance, however only 24% and 15% respectively rated these services as important. Less than 10% of participants rated these formal support services as important for practical or emotional support.

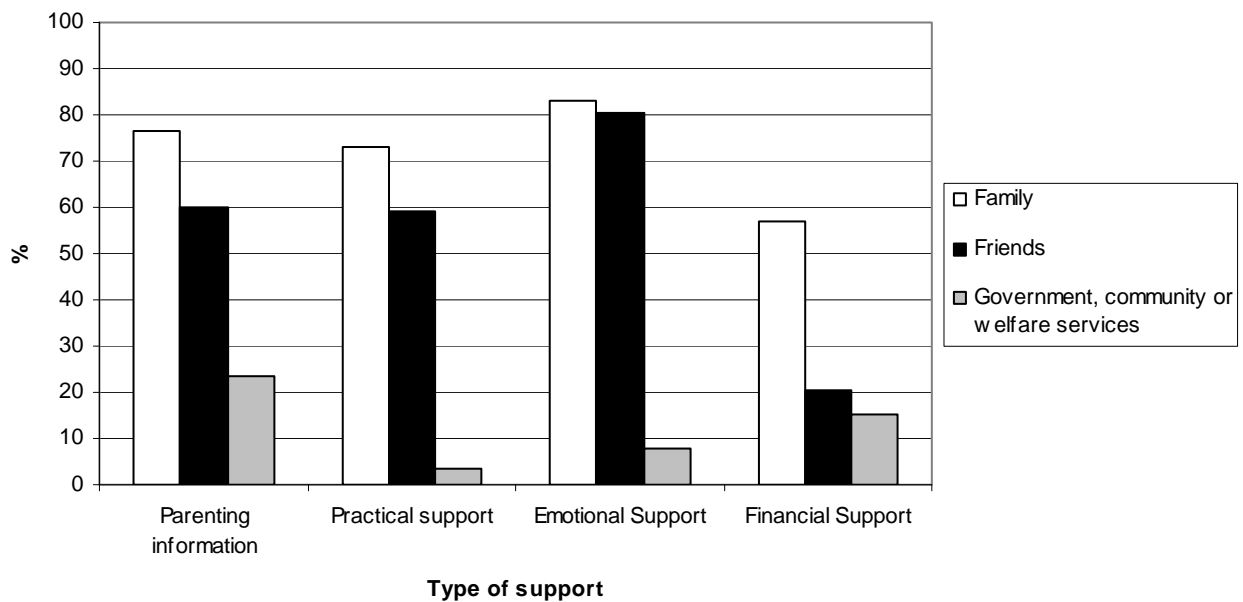


Figure 5.8. Family, friends and formal services as important sources of 4 types of support

The above analyses show that parents place a much greater value on support from family, followed by friends, than they do on support from formal services. This is true regardless of Aboriginal status or income level. Though there were some differences across Aboriginal status and income categories, the relatively greater importance of informal supports compared to formal support organisations held true regardless of Aboriginal or financial status. A detailed examination of formal versus informal support networks is not a primary aim of this research. Thus, the

results of the analyses by Aboriginal and socioeconomic status are not shown in the main body of the thesis, but have been included at Appendix H for the reader's interest.

Informal Supports

The above analysis demonstrates the importance to mothers of informal supports (family and friends), relative to formal services. The following analyses provide further insight into the degree that informal supports are relied upon. The LSAC survey includes a specific question regarding the level of support received from informal sources, as well questions about attachment to them. There are also several questions assessing frequency of contact with certain family members and friends. However, these questions were not analysed as it was considered that frequency of contact is a less valid indicator of supportiveness (e.g., there may be frequent contact with family but with a high level of conflict and little support). Only overall frequencies are reported here. The analyses by Aboriginal and socioeconomic status adhered to largely the same overall patterns. Any differences, though some were statistically significant, were not overly large. Again, as a detailed examination of informal supports is not the purpose of this thesis, comparisons by Aboriginal and socioeconomic status are included at Appendix H. Assessment of the relationship between family support and parent support group use will be shown in the main analyses section, under the 'Group Parenting Supports' heading.

Figure 5.9 shows how the women rated the overall level of support they receive from family and friends combined. Most women (70%) were satisfied with the amount of help they received.

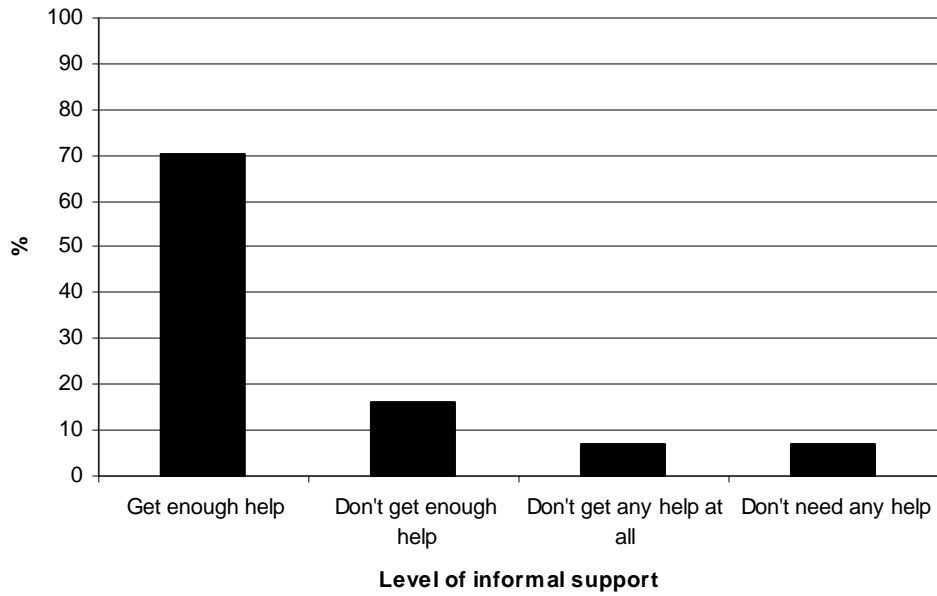


Figure 5.9. Level of help received from family and friends

Most of the sample (61%) totally agreed with the statement ‘I feel closely attached to my family’. Attachment to friends was not as strong as for family, with 41% of the sample totally agreeing with the same statement in regard to friends (Figure 5.10). These results align with the above analyses of sources of support, and suggest that family members are the most important sources of informal support for mothers of young children.

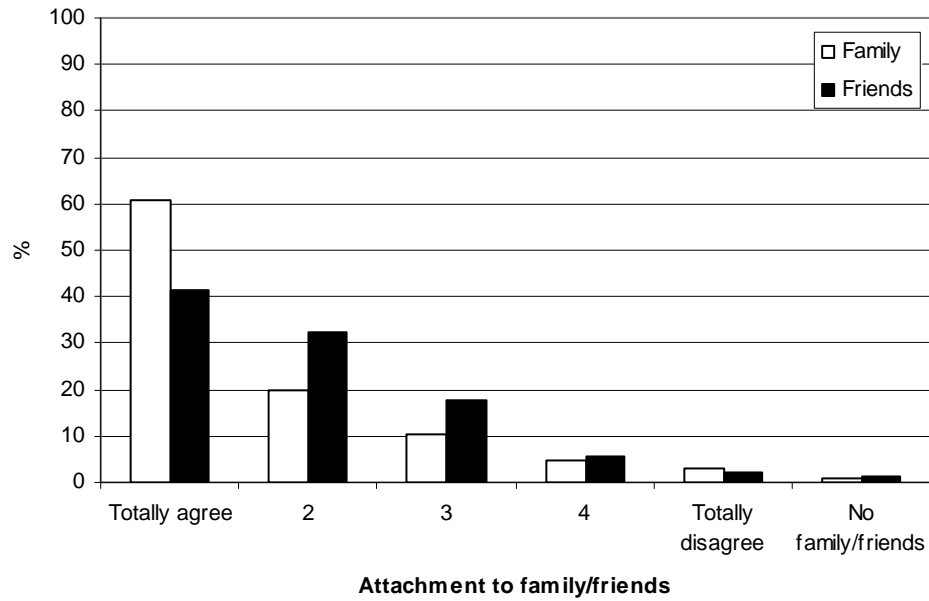


Figure 5.10. Attachment to family and friends

Group Parenting Supports

This thesis is not primarily interested in formal versus informal supports in general. Rather it is specifically concerned with group support services, namely playgroups and parent support groups. The analyses above of the importance of formal versus informal supports sets the contextual scene within which the results of subsequent analyses of these specific supports can be understood. The results above suggest that whatever the patterns of parent support group use, they are unlikely to be as important sources of support for mothers as their informal support networks.

The aim of this section is to provide a national overview of the patterns of use of group parenting support services, with a particular focus on Aboriginal and disadvantaged mothers. Towards fulfilling the aim of establishing national patterns of parenting groups use, an analysis of their relationship with certain other potentially relevant factors is also included.

Playgroups

The LSAC self-complete survey asks parents about use of and need for playgroups. The survey included two questions regarding the use of playgroups. These asked about current use and whether a playgroup was used in the preceding 12 months.²⁸ Only the data from the latter was analysed, as the current use question included both playgroups and pre-schools, as well as both volunteers and participants. This question was therefore unsuitable for gleaning information about participation in playgroups alone. Analysis of the whole sample is followed by comparisons of a number of demographic characteristics, including Aboriginal and socioeconomic status.

The results show that 40% of parents who returned the self-complete survey had used a playgroup in the last 12 months. Thus, more parents (60%) had not used a playgroup than did. Very few participants (less than 3%) indicated that they had needed but could not access a playgroup in the preceding 12 months. This result is somewhat ambiguous. The question did not exclude those participants who had used a playgroup (i.e., all participants were free to respond), therefore those who responded in the negative would presumably include both participants who did use playgroups as well as those who did not use and did not need a playgroup. We know from the analysis above that 40% fall into the former category (i.e., do use playgroups), therefore it could be assumed that the remaining parents do not feel that they need a playgroup service, and that access to playgroups is not a significant issue. However, given the ambiguity, this conclusion must be tentative. Due to this ambiguity and the extremely low response, no further analysis of this question was conducted.

The Wave 2 data show an increase in playgroup participation. Fifty three percent of mothers who returned the self-complete Wave 2 survey had used a playgroup in the preceding 12 months. At the time of collection of Wave 2 data, the original infant cohort was now aged 2 to 3 years. This indicates that playgroup use increases as children reach toddlerhood and are more able to interact and participate in playgroup activities.

²⁸ See Appendix G for details about the survey questions used relating to parenting groups.

In the next section, the characteristics of the mothers who had used playgroups will be described, in comparison to those mothers who had not participated in playgroups. Both Wave 1 and Wave 2 data will be analysed by a number of demographic characteristics. This will shed light on whether the increase in playgroup use between the two waves is across the board, or contained within specific groups.

Use of Playgroups by Mothers' Age

The age of the mother did have a significant relationship to playgroup use (Figure 5.11). Mothers aged in their twenties and thirties participated in playgroups at around the national rate of 40% (39% and 43% respectively). The proportion of mothers older than forty using playgroups, at 33% was below the national figure. Teenage mothers were much less likely to have participated in a playgroup than older women. Only 21% of teenage mothers had done so in the last year, $\chi^2(3, n = 4182) = 28.2, p < .001$.

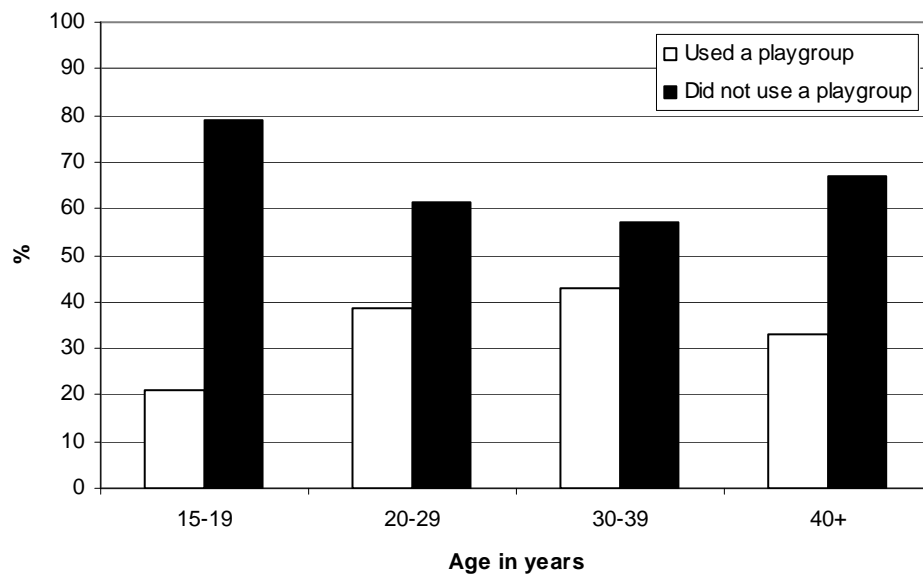


Figure 5.11. Use of playgroups in the last 12 months by age, Wave 1

The age difference in playgroup use all but disappears by the time children reach toddlerhood (Figure 5.12). The Wave 2 data show that the increase in playgroup use occurs in all age groups. The participation rate of mothers in their twenties

and thirties remains at the Wave 2 national rate of 53% (increasing from 39% - 43% at Wave 1), whilst teenage and older mothers dramatically increase their participation to 48% (compared to 21% and 33% respectively in Wave 1).²⁹

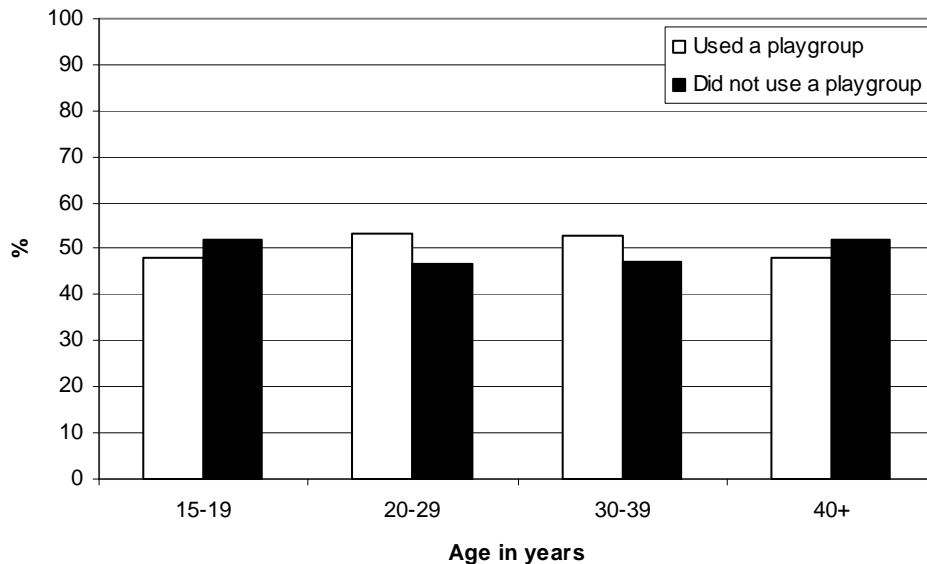


Figure 5.12. Use of playgroups in the last 12 months by age, Wave 2

Use of Playgroups by Work Status

The analysis of use of playgroups by mothers' work status is shown at Figure 5.13. Mothers who worked part time used playgroups at the highest rate. Forty eight percent of these women had used a playgroup in the last 12 months, followed by mothers on maternity leave at 44%. Thirty seven percent of stay at home mothers (i.e., not in the labour force) had used a playgroup. Interestingly, this proportion was similar to that of full-time working mothers, 35% of whom had used a playgroup. Unemployed women used playgroups at the lowest rate, at 33%, $\chi^2(4, n = 4177) = 45.9, p < .001$.

Given that these are mothers of infants, it is possible that mothers who were working full-time at the time of the survey had recently returned to full-time work from a period of maternity leave or part-time hours. In this case they may no

²⁹ A small sub-sample size in the teenage category, due to the exclusion of self-complete survey non-responders, may have affected the result for this age group. See Chapter 4 for detailed information about the treatment of non-responders and missing data.

longer be attending a playgroup, even though they had done so in the previous twelve months whilst on leave or working fewer hours. The analysis within playgroup usage (not shown) supports this supposition. Of mothers who had used a playgroup, only 8% were working full-time, compared to 44% not in the labour force, and 34% working part-time (11% were on maternity leave and 3% were unemployed). Alternatively, some full-time working mothers may be able to structure their hours so as to still permit playgroup attendance. Nevertheless, given that working mothers attended at higher rates than unemployed mothers, these results lend further support to the suggestion that it is not simply opportunity, but broader socioeconomic factors also influence playgroup usage.

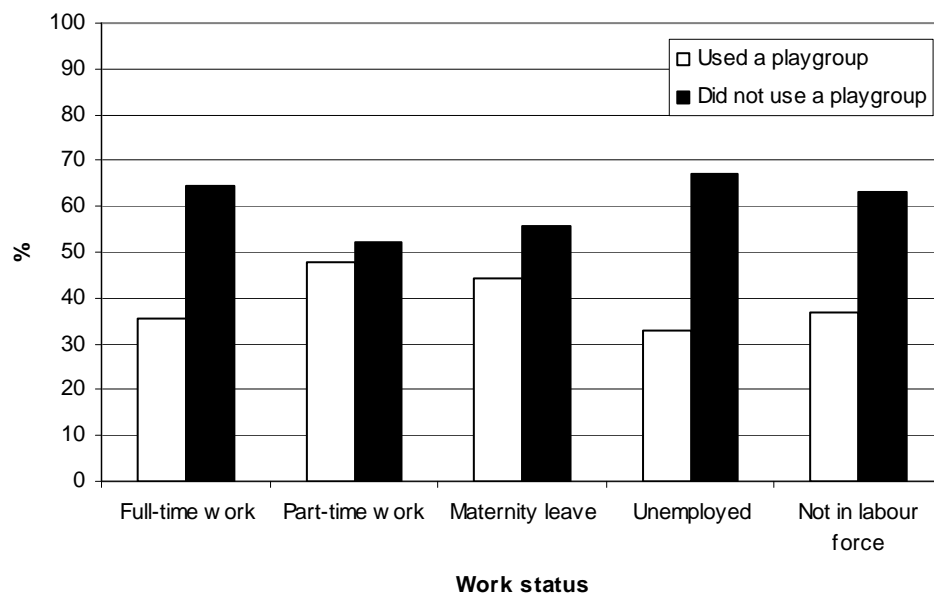


Figure 5.13. Use of playgroups in the last 12 months by work status, Wave 1

All work status categories increased playgroup usage at Wave 2. However, the patterns of usage changed (Figure 5.14). In line with the above supposition regarding maternity leave, playgroup use among full-time working mothers had the smallest increase, of 2%, and this group was now least likely to have used a playgroup. This supports the suggestion that returning to full-time work within the 12 month period in question has limited full-time working mothers' ability to participate. Unemployed mothers remained lower participators, but increased their rate from 33% at Wave 1 to 46% at Wave 2. Stay at home mothers were

most likely to participate at Wave 2, taking over from part-time working mothers who were the highest users at Wave 1, and increasing their participation rate from 37% to 60%. Part-time workers showed a small increase of 3% (from 48% to 51%). A larger increase was shown by women on maternity leave, 44% of whom participated at Wave 1 and 56% at Wave 2. These differences remained significant, $\chi^2(4, n = 3268) = 75.4, p < .001$.

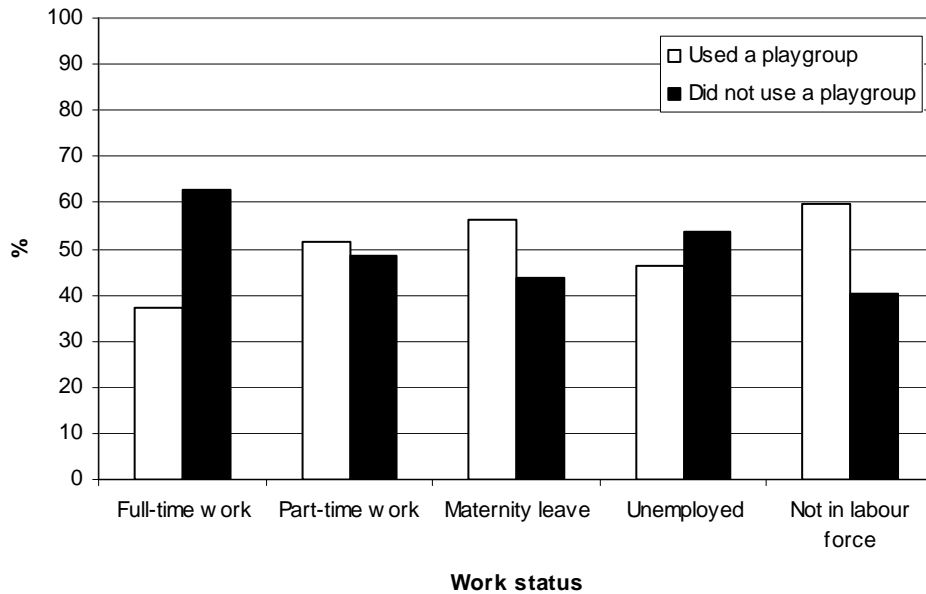


Figure 5.14. Use of playgroups in the last 12 months by work status, Wave 2

Use of Playgroups by Relationship Status

The relationship status of the mother is another important predictor of playgroup use, as shown in Figure 5.15. Married and co-habiting women (44% and 35% respectively) used playgroups at greater rates than women without a partner (26%), $\chi^2(3, n = 4181) = 53.9, p < .001$. This could again stem from socioeconomic factors. Women without partners are necessarily on one income, which may be a government sole parenting benefit.

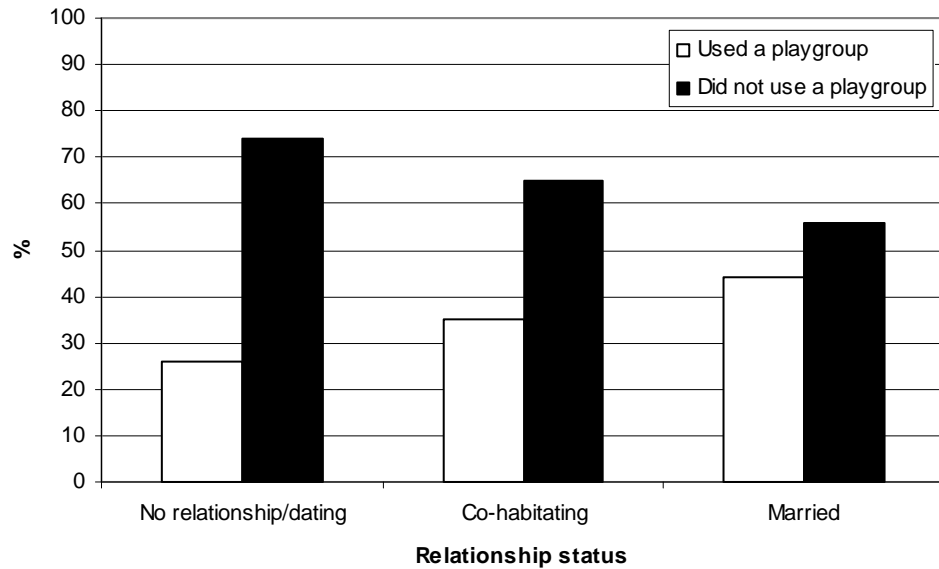


Figure 5.15. Use of playgroups in the last 12 months by relationship status, Wave 1

The Wave 2 relationship status data differed from that of Wave 1, in that respondents were classified as either having a partner or not (i.e., no distinction was made between married and co-habiting). However, the Wave 2 analysis shows that the disparity between partnered and non-partnered mothers in playgroup participation remains. Women not in a relationship increased their participation rate by 14% from Wave 1, to 40%. Partnered women participated at Wave 2 at a rate of 54%, an increase from 35% to 44% at Wave 1, $\chi^2 (1, n = 3266) = 20.5, p < .001$ (Figure 5.16).

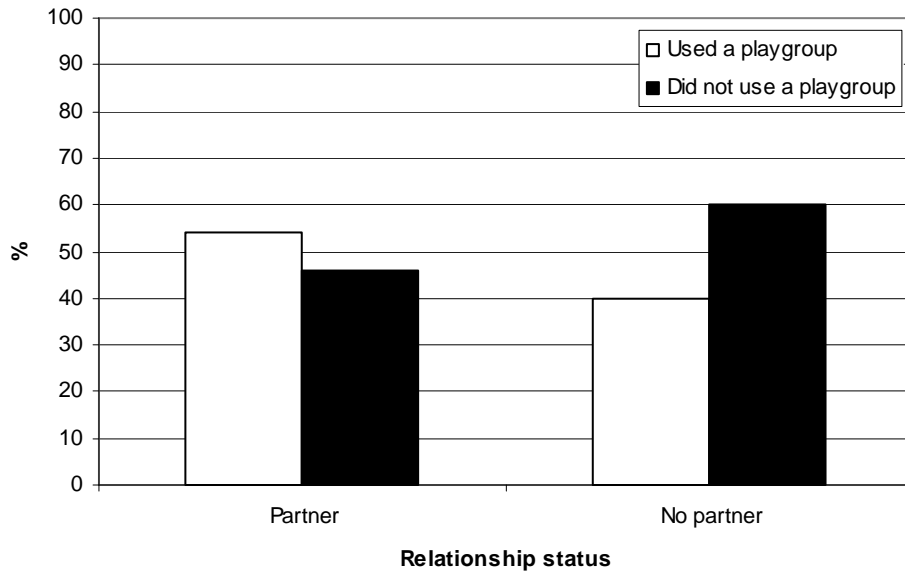


Figure 5.16. Use of playgroups in the last 12 months by relationship status, Wave 2

Use of Playgroups by Number of Children

Figure 5.17 shows playgroup usage by the number of children in the household. Again there was a significant relationship. Interestingly, playgroup participation steadily decreases with number of children. Women with one child, at 48% participated at a rate higher than the national figure of 40%. Those with two children attended at around the national rate, at 41%. This figure then decreased with the number of children from 29% of mothers with three children, down to 7% of women with six or more children, $\chi^2 (5, n = 4179) = 113.5, p < .001$.

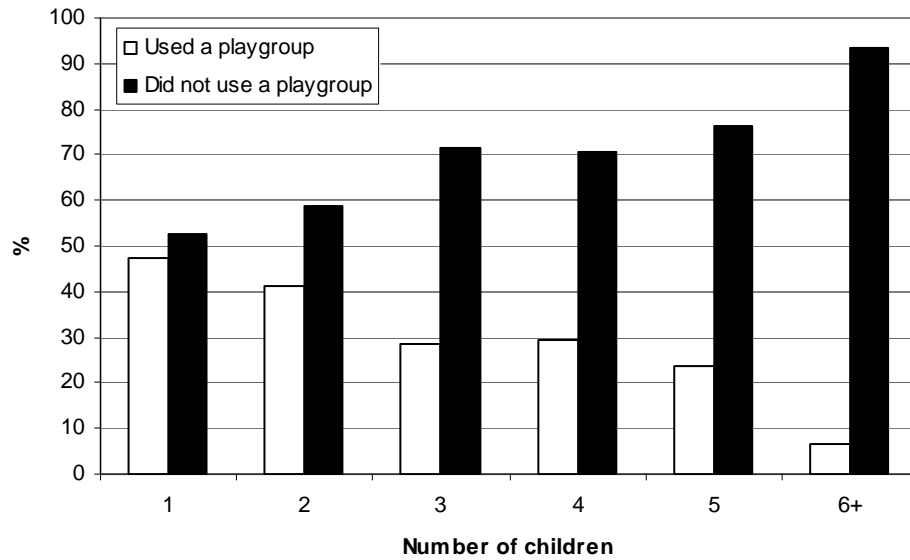


Figure 5.17. Use of playgroups in the last 12 months by number of children in the household, Wave 1

The Wave 2 figures (Figure 5.18) largely adhere to the same pattern of higher playgroup usage among families with fewer children, although the differences between groups were smaller, and those with two children now participated at the highest rate. This shift may be caused by playgroup users having their second child by the time Wave 2 data was collected. All categories increased participation rates, with the exception of families with six or more children, who decreased from 7% in wave 1 to 4% in wave 2, $\chi^2(5, n = 3265) = 49.0, p < .001$.

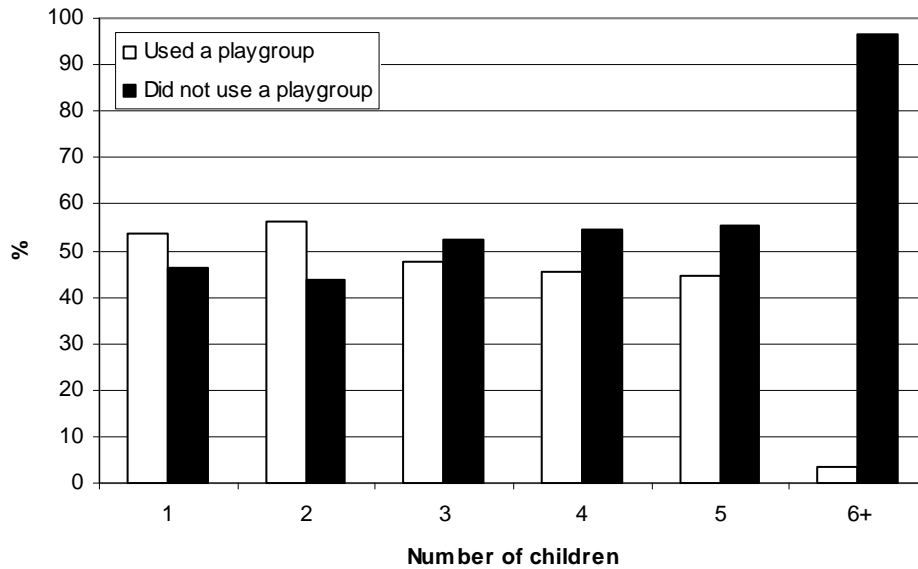


Figure 5.18. Use of playgroups in the last 12 months by number of children in the household, Wave 2

Use of Playgroups by Aboriginal Status

There were significant differences in patterns of playgroup use between the Aboriginal and non-Aboriginal parents. Figure 5.19 shows the use of playgroups in the last 12 months by Aboriginal status. The non-Aboriginal participants were equivalent to the sample as a whole, with 41% having used a playgroup. In contrast a much lower proportion (20%) of Aboriginal mothers used a playgroup, $\chi^2(1, n = 4181) = 18.18, p < .001$.

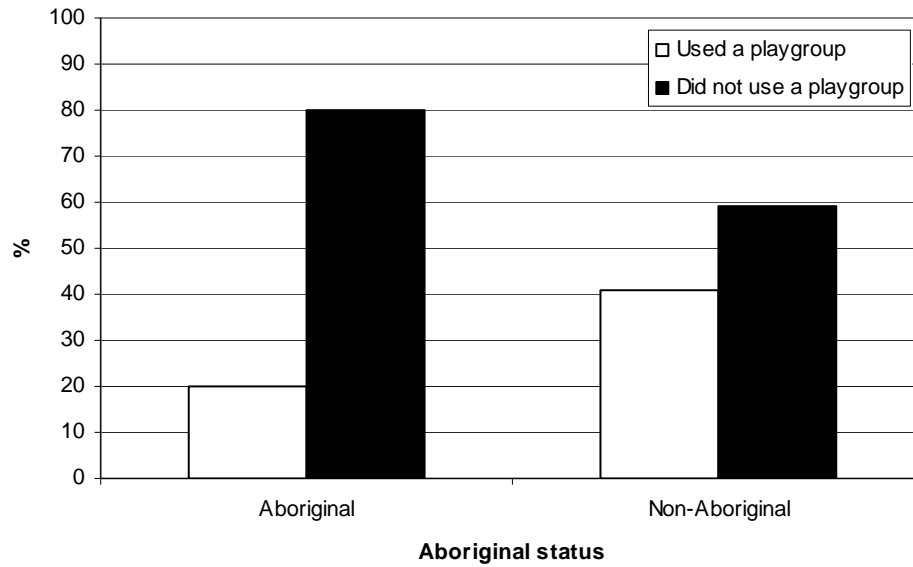


Figure 5.19. Use of playgroups in the last 12 months by Aboriginal status, Wave 1

Wave 2 figures show a reduction in the difference between Aboriginal and non-Aboriginal mothers in their use of playgroups, such that it is no longer statistically significant (Figure 5.20). Though increasing their participation rate, at 44%, Aboriginal women still participated at below the Wave 2 national rate of 53%. However, it should be noted that, though the applied weighting variable should account for non-response, the exclusion of self-complete non-responders from the Wave 2 sample has resulted in a high loss of data for the Aboriginal sample. This may affect the generalisability of this result outside this sub-sample.³⁰

³⁰ See Chapter 4 for detailed information on the treatment of non-responders and missing data.

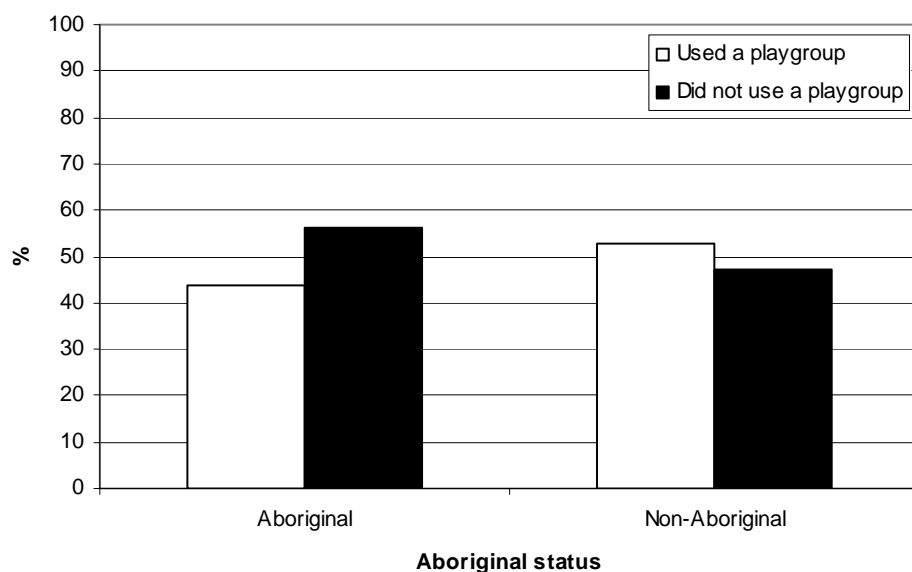


Figure 5.20. Use of playgroups in the last 12 months by Aboriginal status, Wave 2

Use of Playgroups by Socioeconomic Status

Figure 5.21 shows the results for use of playgroups in the past 12 months analysed by weekly income. The graph shows a clear trend for playgroups to be utilised more by those earning higher incomes. Compared to the overall playgroup usage figure of 40%, 25% of the lowest income category had used a playgroup. The second lowest income level, at 38%, came close to the national figure, and the remaining income brackets were above this figure, at 45%, 47% and 46% respectively. These differences were significant, $\chi^2(4, n = 3984) = 79.9$, $p < .001$.

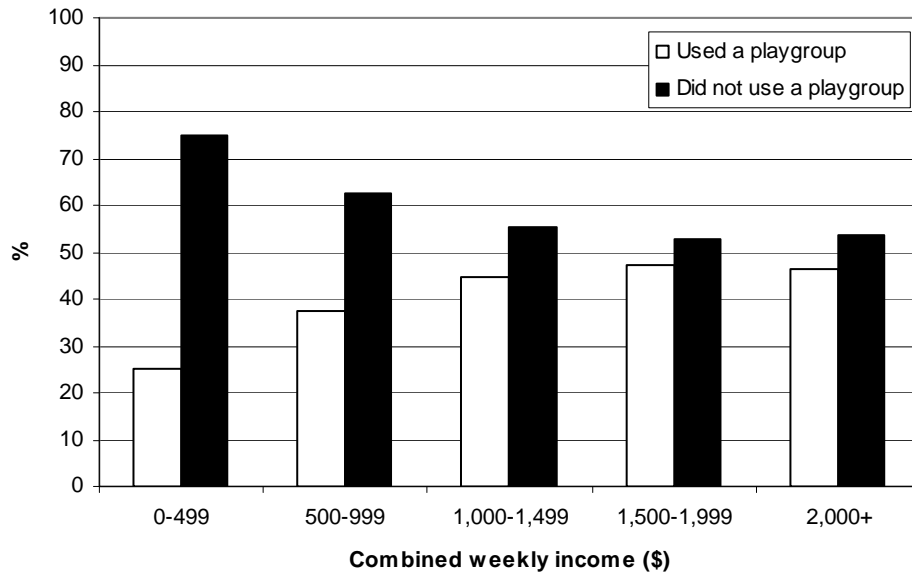


Figure 5.21. Use of playgroups in the last 12 months by weekly income, Wave 1

The income disparities in playgroup participation apparent at Wave 1, also show a reduction in the Wave 2 data, and are no longer statistically significant (Figure 5.22). The overall increase in participation rates at Wave 2 occur across all income categories, yet the rates for lower income earners remain slightly lower than those of middle and high income earners.

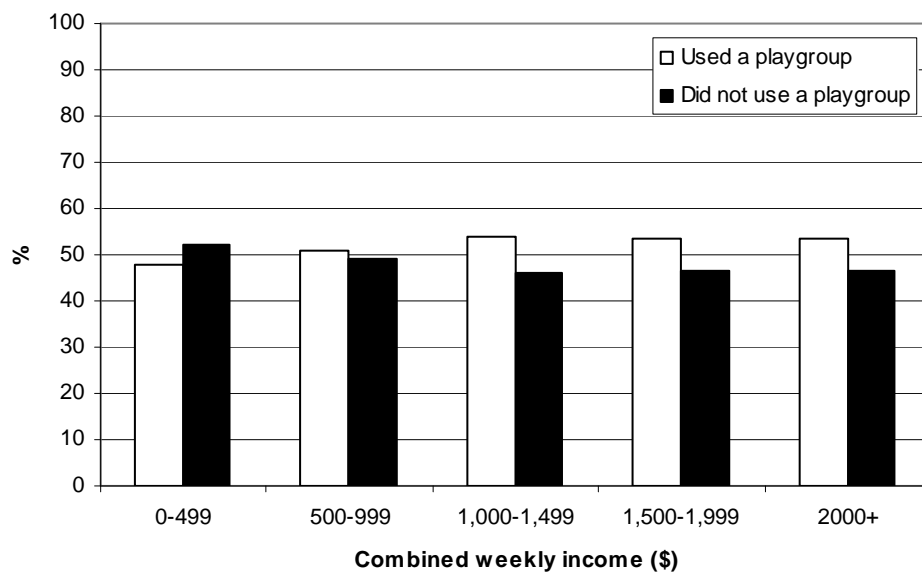


Figure 5.22. Use of playgroups in the last 12 months by weekly income, Wave 2

Use of Playgroups by Informal Supports

Figures 5.23 to 5.25 show the relationship between use of playgroups and measures of informal support, specifically help received from family and friends, and attachment to family and friends. The differences were not large, and users and non-users of playgroups followed the same general patterns.

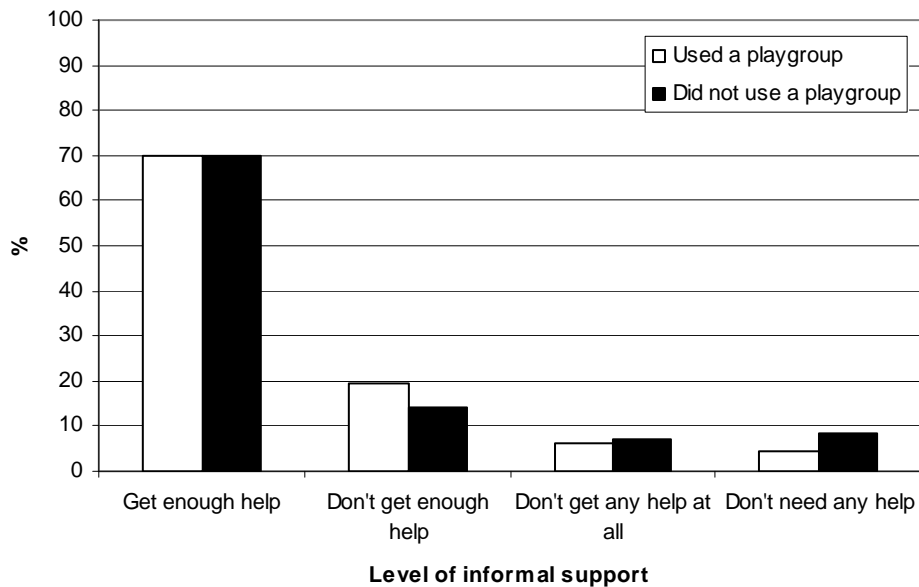


Figure 5.23. Use of playgroups in the last 12 months by level of help received from family and friends, Wave 1

The proportion of playgroup users and non-users who indicated they got enough help were identical at 70%, which is the same as the sample as a whole.

Playgroup users were slightly more likely to say they do not get enough help, and less likely to say that they do not need any help $\chi^2(3, n = 4158) = 44.2, p < .001$.

The differences between playgroup users and non-users in their attachment to family and friends were statistically, but not practically significant (Figures 5.24 and 5.25). Women who used a playgroup were slightly less likely to have a strong attachment to family, $\chi^2(5, n = 4149) = 18.2, p < .01$, but slightly more likely to rate their attachment to friends strongly, $\chi^2(5, n = 4153) = 30.4, p < .001$. Wave 2 informal support analyses were not possible, as the Wave 2 survey instruments did not include the informal support questions analysed here.

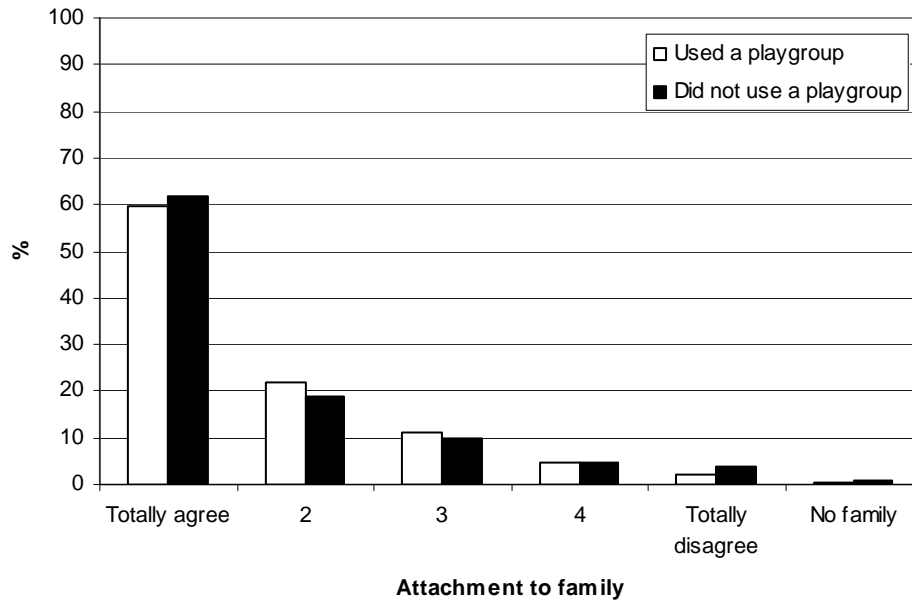


Figure 5.24. Use of playgroups in the last 12 months by attachment to family, Wave 1

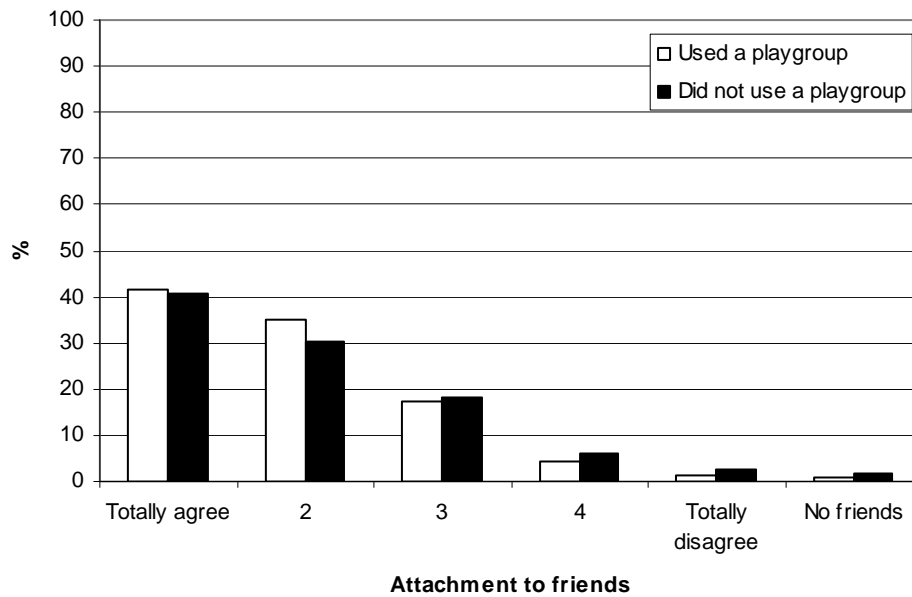


Figure 5.25. Use of playgroups in the last 12 months by attachment to friends, Wave 1

Parent Support Groups

The LSAC self-complete survey asks whether respondents had used a parent support group in the last 12 months, and whether they had needed but could not access a group. The use of parent support groups was rare. Of the entire self-

complete sample only 6% indicated that they had used a parent support group in the last 12 months. Less than 1% had needed but could not get a parent support group service. This suggests that there is not a perceived need for such groups among parents of young children. As for playgroups, due to the very low response, no more analysis of the question regarding need for parent support groups was conducted.

The very low participation rate in parent support groups by these parents of infants is puzzling, given that the establishment of parent groups is a key support strategy of state maternal and child health authorities (Scott 2001, pp. 4-5), and is aimed at parents of infants. The fact that maternal and child health parent groups are often aimed at or even restricted to first time parents may partially explain this result. Fifty nine percent of the sample had an older sibling in the home, meaning that these participants were not first time parents (as this was the infant cohort, less than 1% had a younger sibling in the home).

When analysed by the presence of an older sibling, there were indeed significant differences. Though still a very low participation rate, more first time parents (9%) participated in parent support groups than those who had other (older) children (3%), $\chi^2 (1, n = 4109) = 56.7, p < .001$. This is possibly a reflection of the fact that first time parents are targeted by the maternal and child health to attend parent groups, and also that first time parents may find such groups more beneficial than more experienced mothers. There is further support for this speculation in the analysis of parent support group participation by number of children section below.

The Wave 2 data for parent support groups could not be analysed as for playgroup participation above, due to a significant change in the wording of the question between the two waves. Whilst the first wave survey asked specifically about parent support groups alone, the Wave 2 survey asked about 'parent support groups/parent helpline'. As these are two separate services, which could not be distinguished between, the latter of which is not of interest to this research, any analyses interested in parent support groups alone would be meaningless. However, preliminary analysis of Wave 2 parent support group/parent helpline

use shows the same overall proportion (6%) as that of parent support group use at Wave 1. This means that, though the exact figure for parent support group use cannot be ascertained at the time of Wave 2 data collection, it has at best stayed the same, but most likely decreased, given that a second service has been included in the Wave 2 question.

Use of Parent Support Groups by Mothers' Age

Though parent support group use was very low, there were differences across age group. As for playgroup usage, mothers aged in their 20s and 30s were more likely to participate in parent support groups (5% and 6% respectively) than teenage and older mothers (1% and 3%), $\chi^2(3, n = 4110) = 10.3, p < .05$.

Use of Parent Support Groups by Work Status

Figure 5.26 shows parent support group use by mothers' work status. Mothers on maternity leave, at 10%, had participated in parent support groups at a rate higher than the national average of 6%. Mothers working part time and, interestingly, mothers working full-time participated at the national rate. Again, as for playgroup usage, the full-time result may reflect a period of maternity leave, as the question asks about usage in the past 12 months, or these parents may have structured their time so as to be able to participate. Women not in the labour force participated at a similar rate to working mothers, at 5%. Again, unemployed mothers were least likely to have participated in a parent support group, at 1%, $\chi^2(4, n = 4104) = 20.5, p < .001$. Thus, as for playgroups, socioeconomic factors seem to play a role in whether a mother is involved in a group or not.

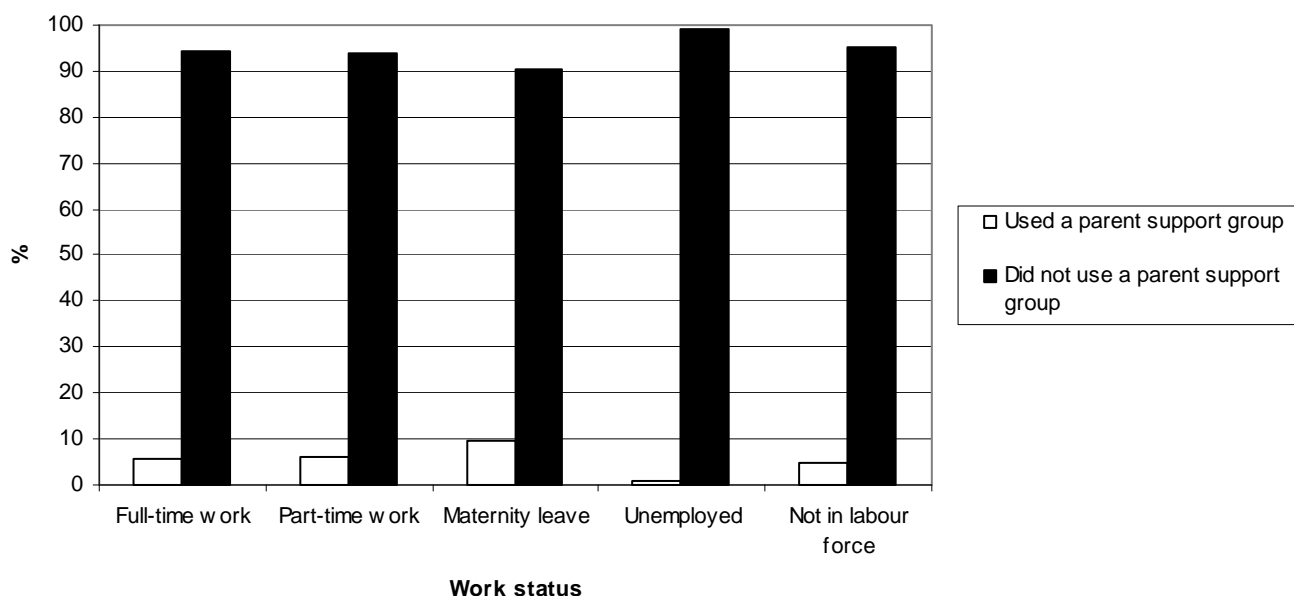


Figure 5.26. Use of parent support groups in the last 12 months by work status, Wave 1

Use of Parent Support Groups by Relationship Status

There were no significant differences in parent support group involvement between mothers with or without a partner. Regardless of relationship status, all mothers participated at between 4% and 6%.

Use of Parent Support Groups by Number of Children

As would be expected, given the results of the analysis by the presence of an older sibling above, parents of one child were more likely to have used a parent support group in the last 12 months. Nine percent of these mothers had done so, compared to between 2% and 6% of women with more than one child, $\chi^2 (5, n = 4111) = 59.6, p < .001$. Moreover, the within parent support group participation figures (not shown) show that 63% of women who had attended a parent support group had one child. This figure consistently decreases to 24% of women with two children, 6% of women with three children, 5% of women with four children and less than 1% of women with five or more children. As discussed above, this is likely to be due to the fact that state maternal and child health organisations facilitate first time mothers' groups. Moreover, first time mothers may find such groups more useful than more experienced parents.

Use of Parent Support Groups by Aboriginal Status

The parent support group data was also analysed by Aboriginal and socioeconomic status in order to ascertain any differences in patterns of use between these groups. Fewer Aboriginal than non-Aboriginal participants had used a parent support group in the last 12 months (4% and 6% respectively), however this difference was not significant.

Use of Parent Support Groups by Socioeconomic Status

There was a slight trend for the more affluent to participate in parent support groups to a greater degree, $\chi^2 (4, n = 3917) = 8.3, p < .10$. Four percent of the lowest of the five income categories had used a parent support group in the past 12 months. This figure consistently increased up to 7% for the two highest income categories.

Use of Parent Support Groups by Informal Supports

Figure 5.27 shows the differences between women who had used and not used a parent support group in their perception of the help received from informal supports. The result was statistically significant, but both groups followed a similar pattern. Users of parent support groups were more likely to indicate that they did not get enough help than non-users (23% versus 16%). A greater proportion of non-users said they did not need any help than parent support group users (7% versus 2%), $\chi^2 (3, n = 4087) = 16.2, p < .001$. This could indicate that women with a lack of informal support turn to parent support groups for assistance. However, the result probably also reflects the fact that many parent support groups specifically target groups who are experiencing difficulties (for example post natal depression support groups) and are in greater need of help.

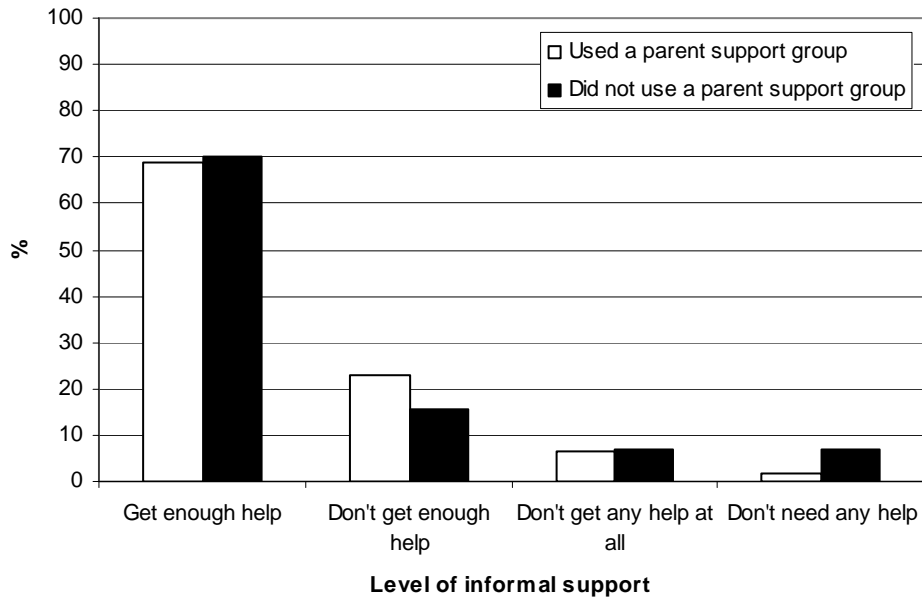


Figure 5.27. Use of parent support groups in the last 12 months by level of help received from family and friends, Wave 1

Figure 5.28 compares parent support group users and non-users in their attachment to family, and Figure 5.29 in their attachment to friends. There were no significant differences between the two groups.

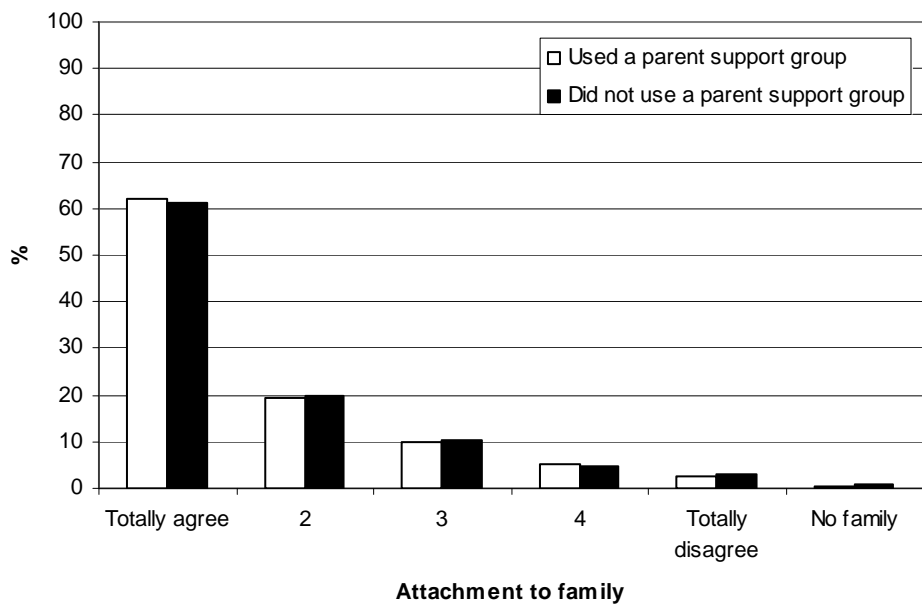


Figure 5.28. Use of parent support groups in the last 12 months by attachment to family, Wave 1

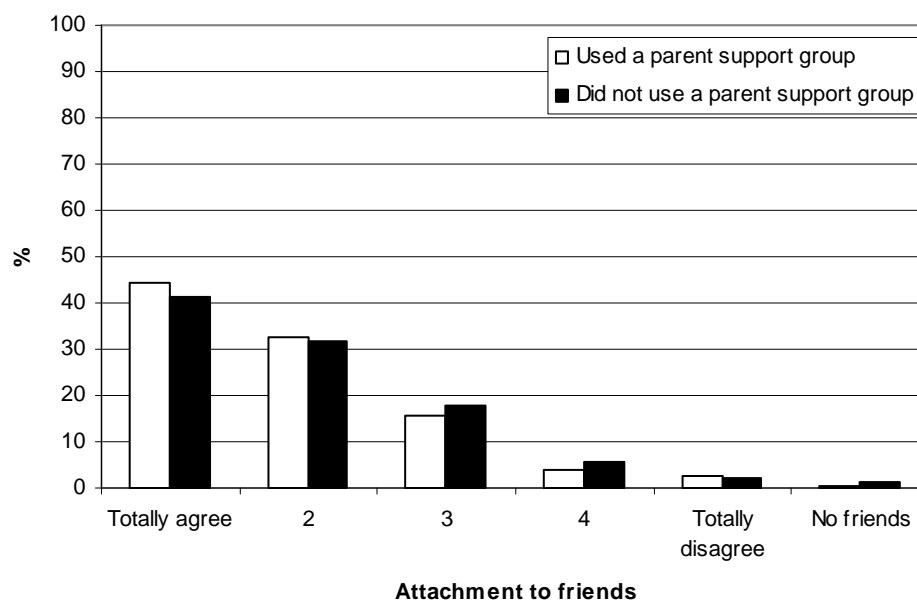


Figure 5.29. Use of parent support groups in the last 12 months by attachment to friends, Wave 1

Health, Well-being and Parenting

The LSAC surveys include various measures of parents' health and well-being. The aim of the following analyses was to shed light on whether utilising group parenting supports may have an effect on these constructs. Three measures of health and well-being have been used. The global measure of health provides an overview of parents' perception of their own health, ranging from excellent to poor. This measure is commonly used as an indicator of health status and is a predictor of other health related outcomes (AIHW 2008, p. 28; Jenkinson et al. 1994). The second measure used here is the global assessment of parenting self-efficacy, which assesses parents' confidence in their parenting, ranging from a very good parent to not very good at being a parent. Lastly, the survey also includes a question about coping, from extremely well to not at all. This last question is not framed in terms of coping as a parent, but coping with life in general. However, it may still offer useful insights, given that the survey itself is framed around parenting and family life.

Overall frequencies on these measures are presented below, followed by cross-tabulations with playgroup and parent support group participation. Analyses by

Aboriginal and socioeconomic status (weekly income) are also included. These provide a baseline for the subsequent multivariate analyses, as well as the qualitative analyses of parenting group use among Aboriginal and disadvantaged mothers.

Global Health

Figure 5.30 shows the results on the global measure of health scale for the entire (self-complete) sample. This shows that most respondents considered their health to be good (31%) or very good (43%). Eighteen percent of participants rated their health as excellent and 8% rated their health as fair or poor.

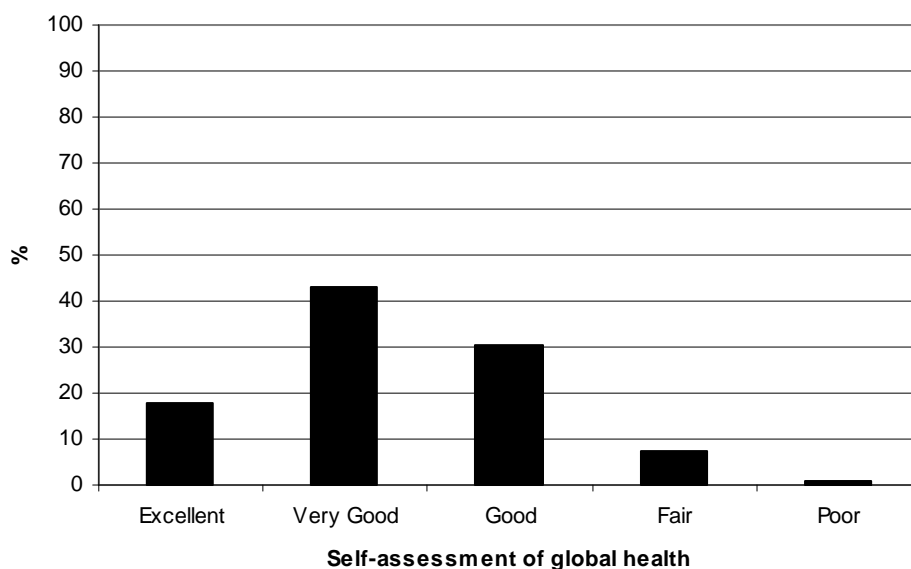


Figure 5.30. Global health, LSAC mothers

These figures indicate some noteworthy differences in the self-assessed health status of women in the LSAC sample compared to Australian Bureau of Statistics (ABS) National Health Survey figures for women of childbearing age (ABS 2006, p. 18). Table 5.5 shows this comparison. Though most respondents in both the LSAC and ABS surveys rated their health as very good or good, a smaller proportion of LSAC respondents assessed their health as excellent, and a greater proportion as very good or good. The main distinguishing difference between the LSAC and ABS samples is that

the LSAC participants have recently had a baby.³¹ This is therefore an indication that there is some impact of having a child on perceived health. To shed further light on this the Wave 2 self-assessed global health figures were analysed. These figures show a slight shift towards the ABS figures, but still lower excellent ratings and higher again very good ratings. This suggests that any impact of child bearing on self-assessed health may take some time to normalise.

Table 5.5. Global Health Ratings, LSAC Wave 1 and 2, and ABS Females 2004-05

Data Source	Excellent %	Very Good %	Good %	Fair %	Poor %
LSAC					
Wave 1	18.0	43.0	30.8	7.5	0.7
Aboriginal Wave 1	20.6	28.0	29.9	18.7	2.8
Wave 2	19.8	46.7	26.5	6.2	0.7
ABS					
Females aged 15-24	27.2	41.3	24.4	6.5	0.6
Females aged 25-34	25.9	39.9	26.3	6.5	1.5
Females aged 35-44	25.3	40.8	24.4	6.8	2.7
Aboriginal Females aged 15+	13.0	29.0	34.0	17.0	7.0

Sources: ABS (2006), AIHW (2007)

Global Health and Aboriginal Status

There were significant differences in LSAC figures between Aboriginal and non-Aboriginal participants on the global health scale. Figure 5.31 shows these results. Aboriginal mothers tended to rate their health as poorer than non-Aboriginal mothers. About 8% of the latter rated their health as fair or poor, compared to 22% of Aboriginal parents. Though similar on excellent and good health, 43% of non-Aboriginal versus 28% of Aboriginal participants rated their health as very good, $\chi^2(4, n = 4190) = 31.0, p < .001$.

ABS Aboriginal figures replicate the finding of poorer self-assessed health ratings for Aboriginal peoples (Table 5.5). However, differing patterns appear when comparing the LSAC and ABS Aboriginal figures. In contrast to the whole

³¹ A negligible proportion (0.3%) of the LSAC participants were not the biological mother of the study child (i.e., adopted/foster parents, aunt or grandparent). There is also the same proportion (0.3% - $n = 15$) of LSAC participants over 'childbearing age' (i.e., 45-63 years). Of these 67% ($n = 10$) were not the biological mother of the study child.

population figures, more LSAC Aboriginal participants rated their health as excellent than ABS Aboriginal respondents, but less rated their health as good or poor. Again, these differences are predominantly due to the differences in the ABS and LSAC samples. The ABS Aboriginal sample includes women beyond childbearing age, whereas the LSAC samples women of child bearing age. As there is a clear trend for lower physical health ratings with increasing age, regardless of Aboriginal status (AIHW 2008, pp. 29-30), the ABS data will be influenced by the older age group whereas the LSAC will not.³²

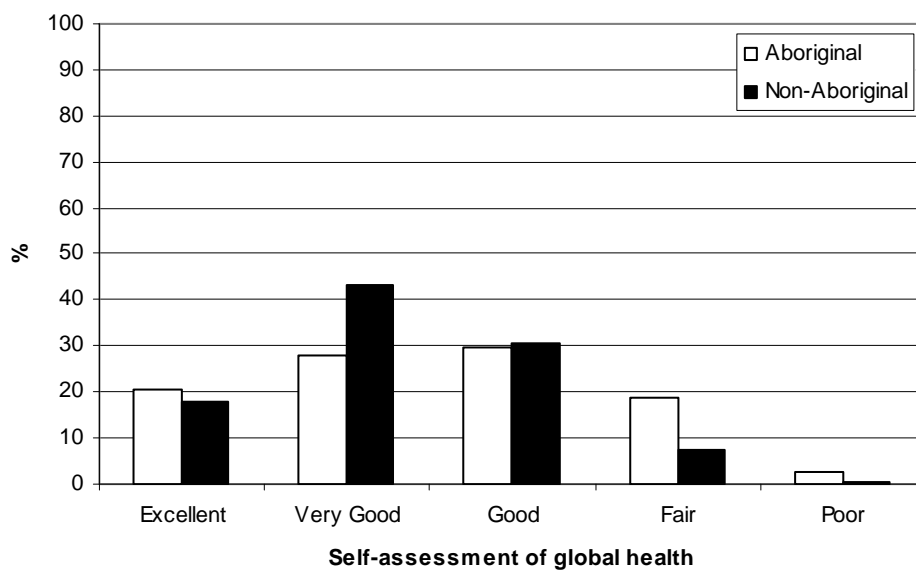


Figure 5.31. Global health by Aboriginal status

Global Health and Socioeconomic Status

There were also significant differences between income levels on the global health scale. Figure 5.32 shows that, though most parents rated their own health as good or very good, there is a consistent trend for the better health ratings (excellent and very good) to increase with income and the lower ratings (good and fair) to decrease with income, $\chi^2 (16, n = 3996) = 97.3, p < .001$.

³² A very small proportion (3.3%) of the LSAC Aboriginal sample were beyond ‘childbearing age’ (i.e., 45-55 years).

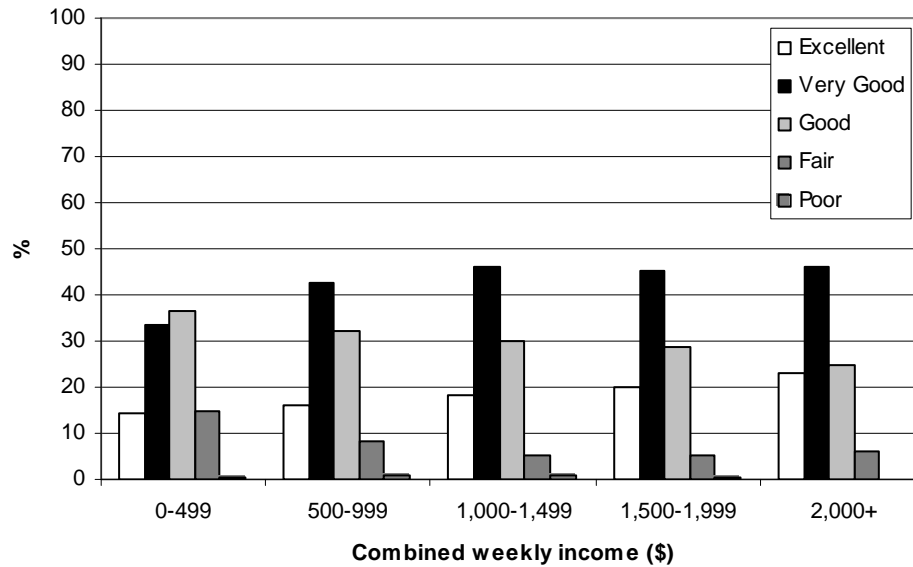


Figure 5.32. Global health by weekly income

Global Health and Group Parenting Supports

A cross tabulation, shown at Figure 5.33, was calculated to assess whether participating in a playgroup affected health ratings. There were significant differences in favour of playgroup participation. Those who had used a playgroup had slightly higher health ratings than those who had not used a playgroup in the last 12 months, $\chi^2(4, n = 4165) = 35.9, p < .001$. However, it certainly cannot be concluded from this that playgroup participation itself impacts on health. We know from the previous analyses that more affluent parents are both more likely to participate in playgroups and to rate their health higher. Thus the relationship may be spurious. The multivariate analyses presented in the next chapter can shed light on whether this is the case, or whether playgroup use does in fact have an independent relationship to health. Parents who had used a parent support group in the last 12 months were virtually identical to those who had not on the global health scale (Figure 5.34).

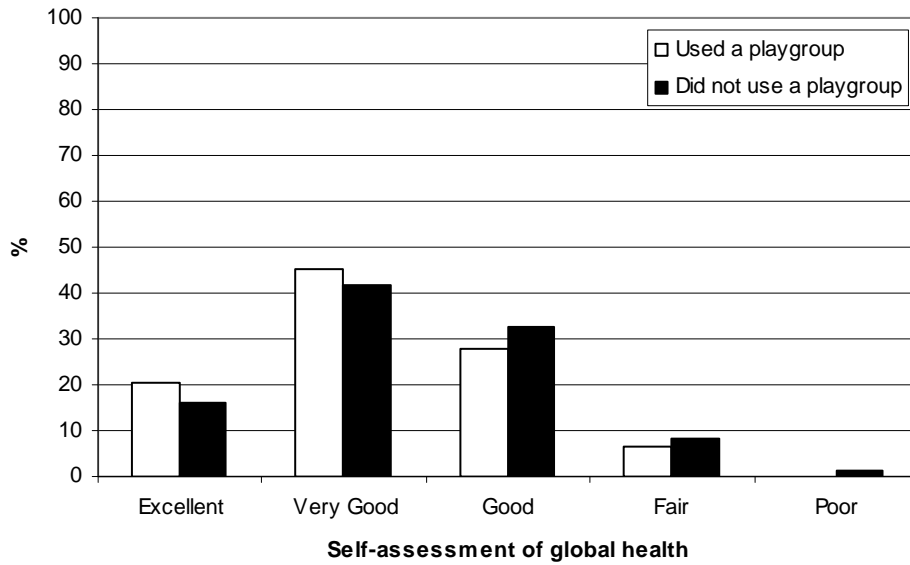


Figure 5.33. Global health by playgroup participation

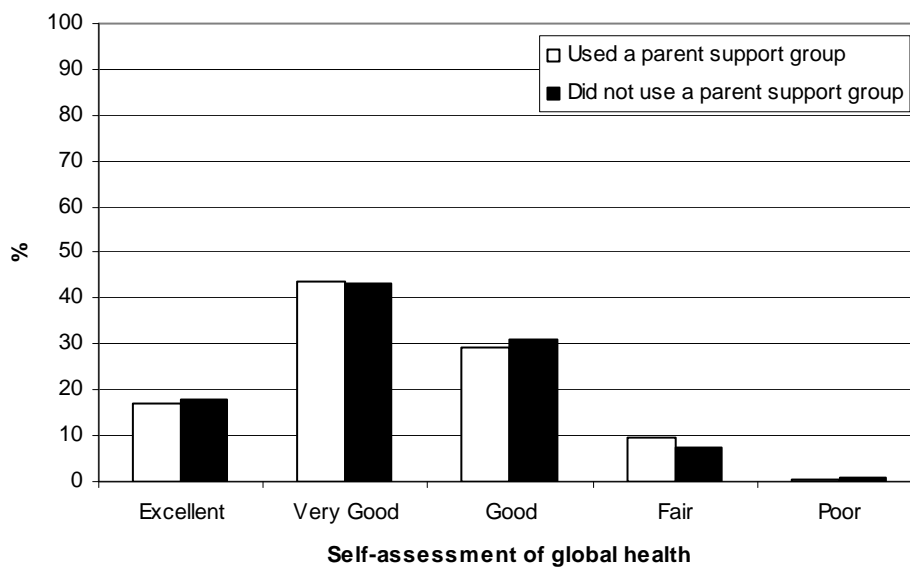


Figure 5.34. Global health by parent support group participation

Parenting Self-Efficacy

Figure 5.35 shows how the sample rated their own parenting. Most parents were very confident of their parenting abilities. Seventy one percent of the sample rated their parenting as very good or better than average, and 98% rated themselves as an average parent or better.

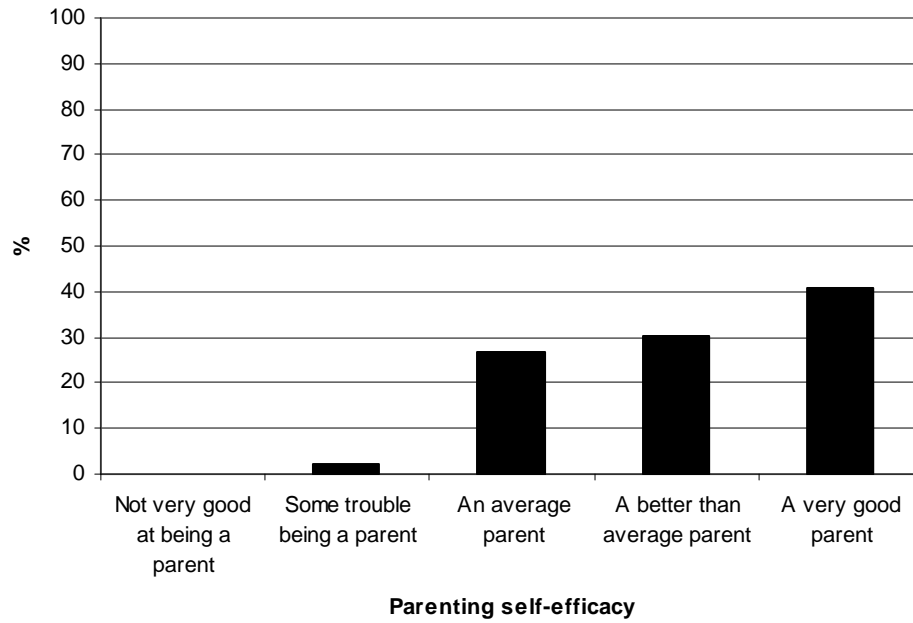


Figure 5.35. Parenting self-efficacy, LSAC mothers

Parenting Self-Efficacy and Aboriginal Status

There were significant differences between Aboriginal and non-Aboriginal parents on the parenting self-efficacy scale. Figure 5.36 shows that Aboriginal parents tended to rate their parenting abilities as lower than non-Aboriginal participants, $\chi^2(4, n = 5008) = 15.8, p < .01$. Though both Aboriginal and non-Aboriginal participants rated their parenting highly, Aboriginal participants were more likely to rate themselves an average parent or worse, and non-Aboriginal parents were more likely to rate their parenting as better than average. Both groups were similar in the proportion of parents who rated their parenting as very good.

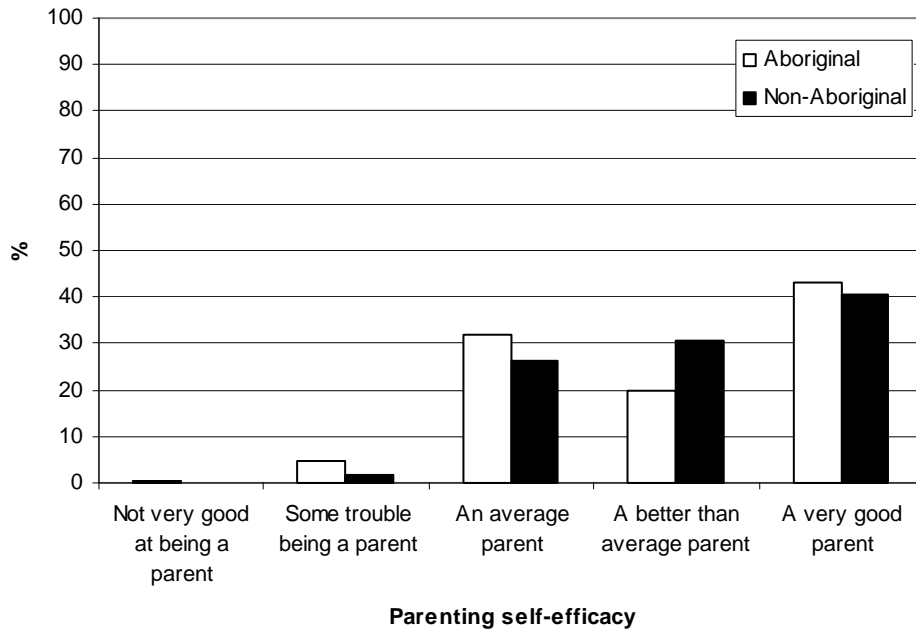


Figure 5.36. Parenting self-efficacy by Aboriginal status

Parenting Self-Efficacy and Socioeconomic Status

The patterns of parenting self-efficacy ratings by income level were also significant, $\chi^2(16, n = 4728) = 61.5, p < .001$. Figure 5.37 shows that the proportion of parents who rate themselves a better than average parent clearly increases with income. The average parent ratings show a concurrent decrease with income. Interestingly, the more affluent parents were slightly less likely to rate themselves a very good parent than were the lower income parents.

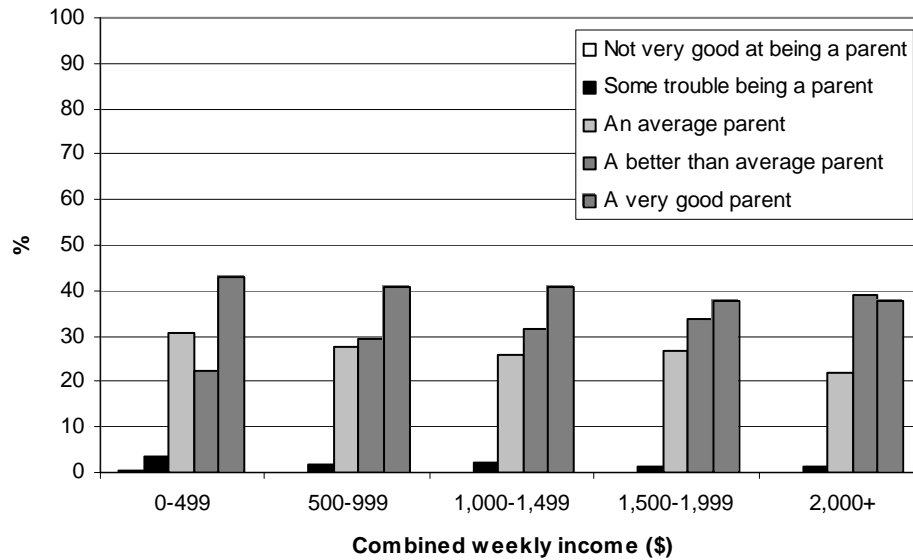


Figure 5.37. Parenting self-efficacy by weekly income

Parenting Self-efficacy and Group Parenting Supports

Figure 5.38 shows the parenting self-efficacy ratings for parents who had and had not used a playgroup in the preceding 12 months. The differences in proportions were not great, but were statistically significant. Parents who had used a playgroup were slightly less likely to say they were an average parent and slightly more likely to say they were a better than average or very good parent, $\chi^2(4, n = 4170) = 9.5, p < .05$.

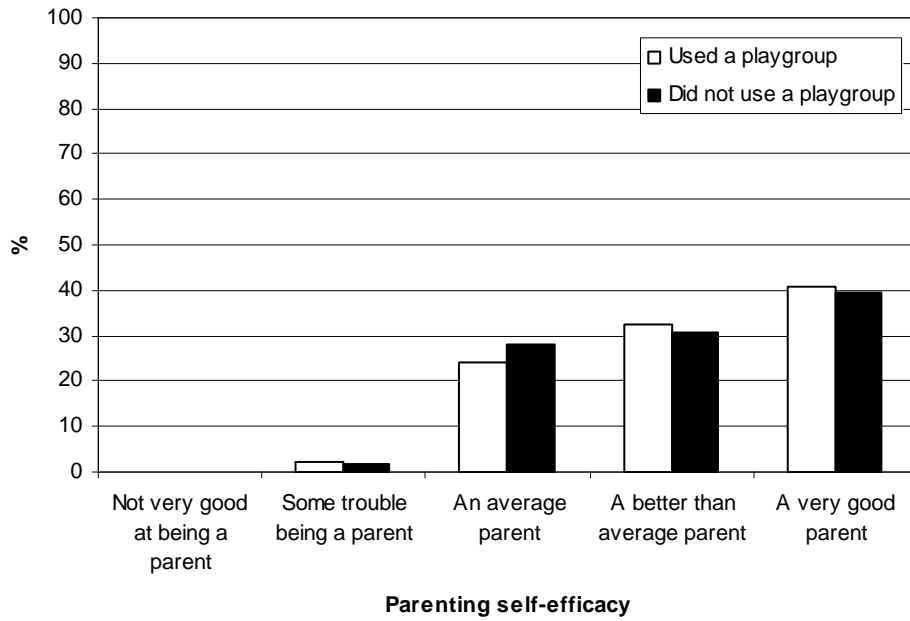


Figure 5.38. Parenting self-efficacy by playgroup participation

Figure 5.39 shows ratings of parenting self-efficacy by parent support group participation. There were no significant differences between those who had and who had not used a parent support group in the last 12 months.

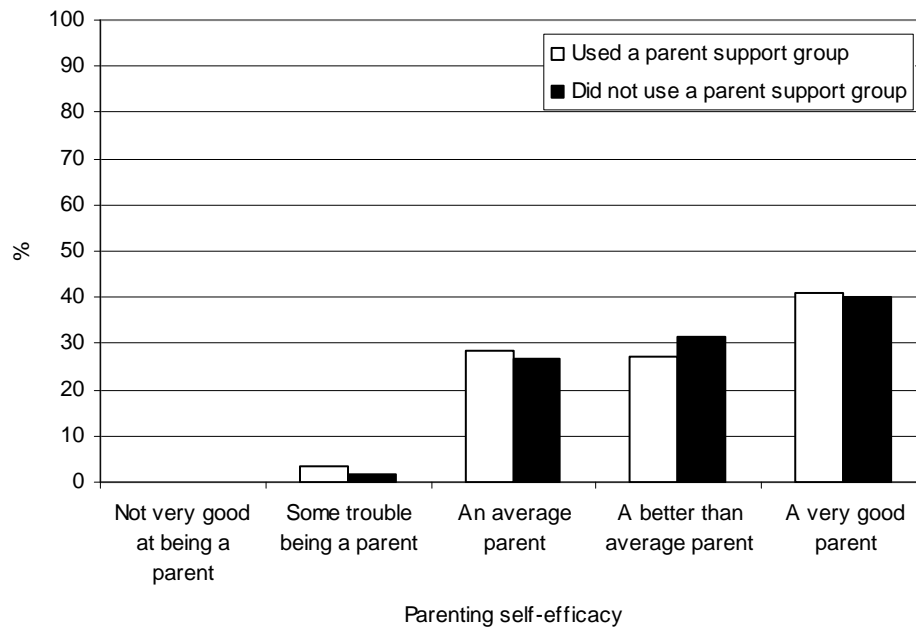


Figure 5.39. Parenting self-efficacy by parent support group participation

Coping

Figure 5.40 shows how the whole (self-complete) sample of LSAC mothers rated their level of coping. Most of the women (84%) said that they were coping fairly well (39%) or very well (45%). Twelve percent rated their coping level as extremely well, and the remaining 4% said that they were coping not at all or a little.

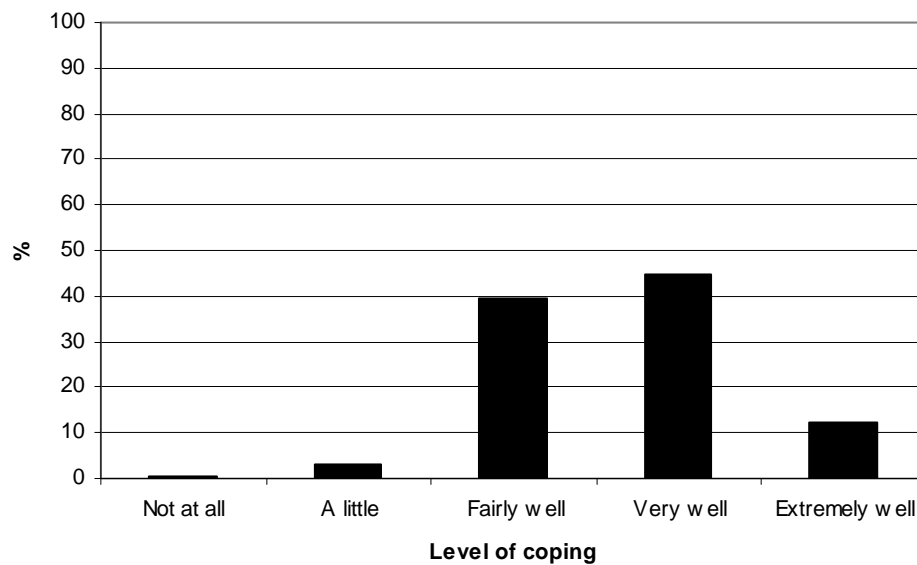


Figure 5.40. Level of coping, LSAC mothers

Coping and Aboriginal Status

Figure 5.41 shows that Aboriginal mothers tended to rate their coping level slightly lower than non-Aboriginal participants, however this difference was not statistically significant.

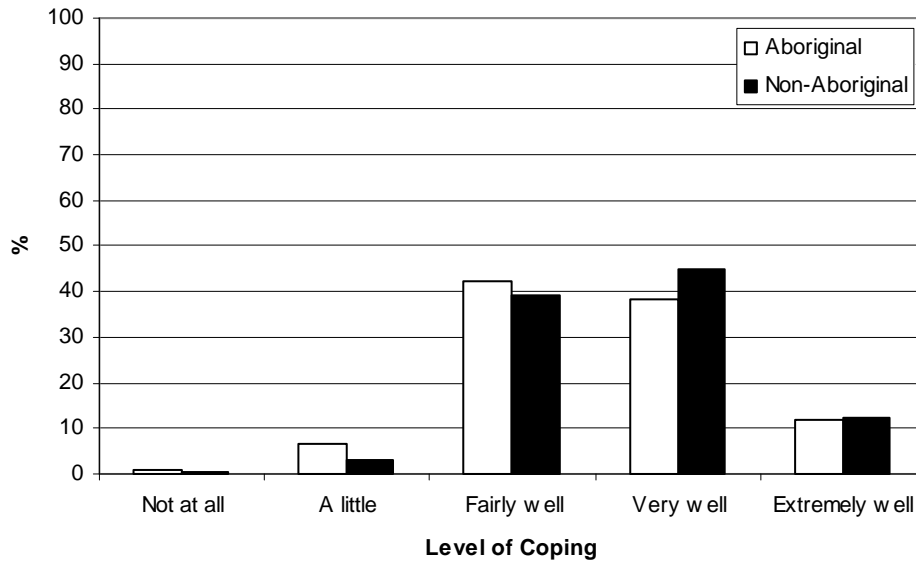


Figure 5.41. Level of coping by Aboriginal status

Coping and Socioeconomic Status

The analysis of level of coping by weekly income is shown at Figure 5.42. Low income mothers tended to have lower coping levels than mothers on higher incomes. Five percent of women in the lowest income category said that they were coping ‘a little’. This proportion consistently decreased to under 2% of women on the highest income. Similarly, almost half (46%) of women in the lowest income category were coping ‘fairly well’, decreasing to 35% of the most affluent women. Conversely coping ratings of ‘very well’ increased with income, from 36% of the most financially disadvantaged mothers, to 52% of the most advantaged. Ratings of ‘extremely well’ were similar across income categories, $\chi^2(16, n = 3996) = 55.6, p < .001$.

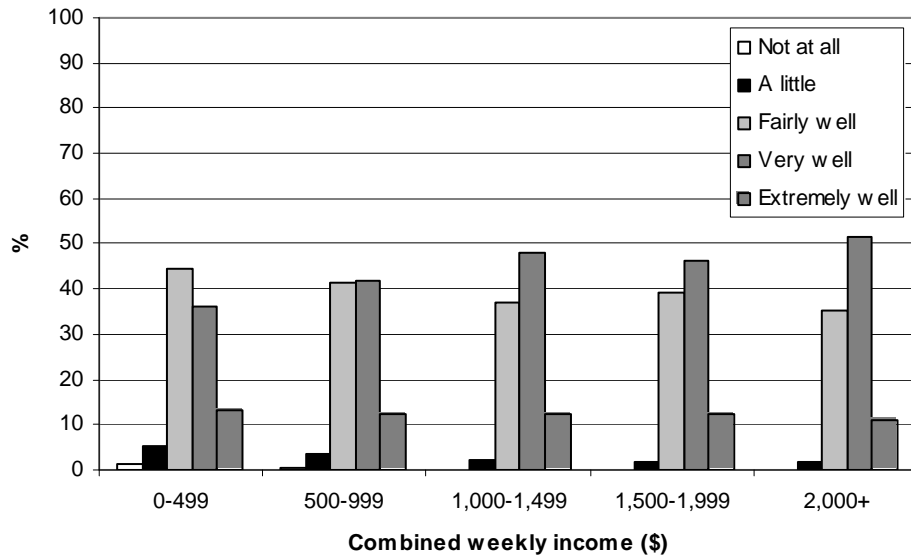


Figure 5.42. Level of coping by weekly income

Coping and Group Parenting Supports

Figure 5.43 shows that coping levels were similar regardless of playgroup use. This result was statistically, but clearly not practically significant, $\chi^2(4, n = 4166) = 9.5, p < .05$.

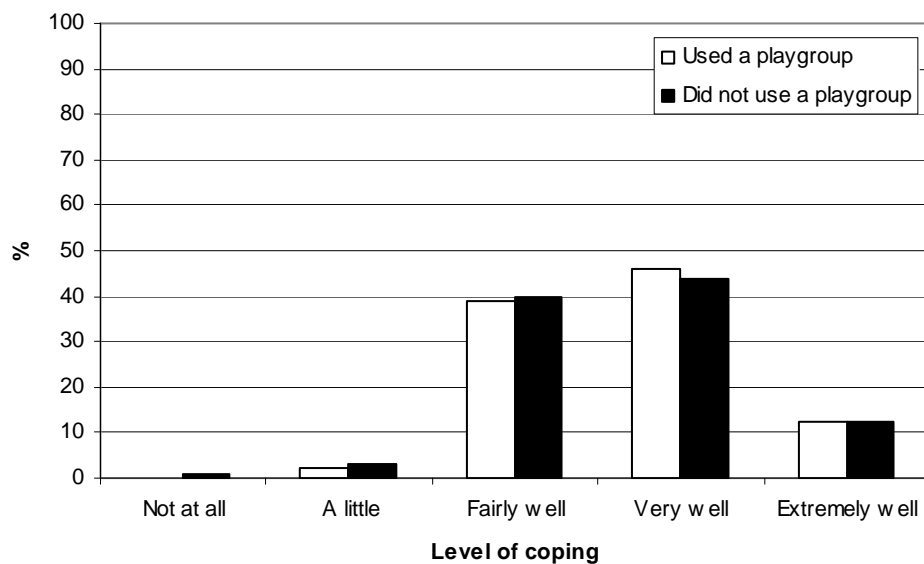


Figure 5.43. Level of coping by playgroup participation

The analysis of coping by parent support group use did show a relationship between the two. These results are shown at Figure 5.44. A greater proportion of mothers who had used a parent support group said that they coped ‘fairly well’ and a smaller proportion rated their coping ‘very well’, $\chi^2(4, n = 4097) = 9.3$, $p < .05$. However, an interpretation from this that parent support groups do not help with coping is unlikely to be accurate. Indeed, it is very difficult to speculate without more information about the type of parent support group. The LSAC survey question does not distinguish between parent support group types. There is great variation between groups, the populations they target and their purposes. Women may be attending a group *because* they are having trouble coping. For example members of a postnatal support group, given their diagnosis, are likely to be experiencing coping problems.

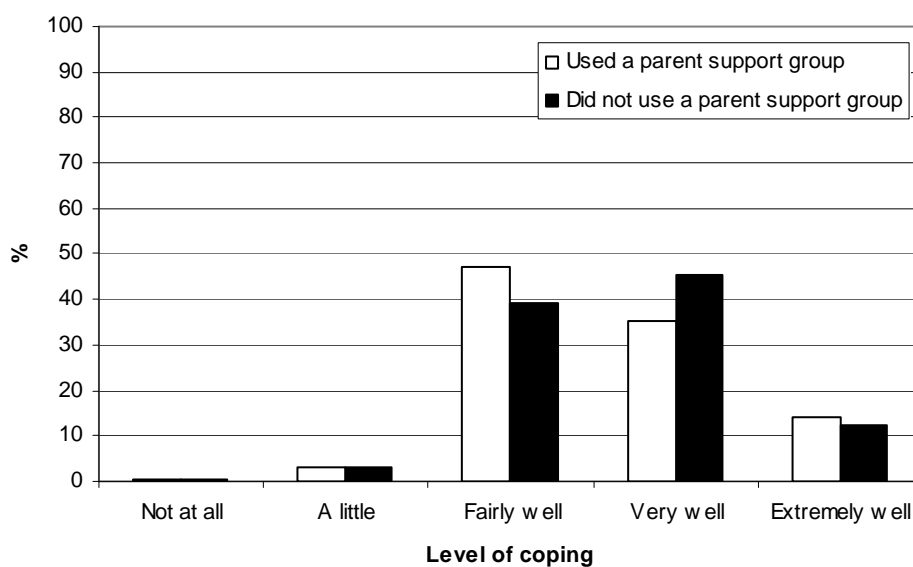


Figure 5.44. Level of coping by parent support group participation

Conclusion

This chapter has presented the bivariate results of the LSAC data analysis. These include information regarding the importance of informal support networks relative to formal services such as parenting groups, which sets the context of support networks within which parenting groups operate. The main analysis

assessed the relationships between playgroup and parent support group use and various sociodemographic variables, in particular Aboriginal and socioeconomic status. The chapter concluded with the results of the analysis of health and well-being measures and their relationship to Aboriginal and socioeconomic status, as well as parenting group use. A summary of these results, incorporating the subsequent multivariate analyses is included at the end of the following chapter.

Chapter 6. Quantitative Results—Multivariate

The previous chapter presents the results of the bivariate analyses, showing patterns of playgroup and parent support group participation across various sociodemographic variables. Multivariate analyses were conducted in order to further tease out complexities. The regression models address two research questions. Firstly, they assess the factors that are suggested to impact on parenting group use. The second set of models examines the relationship between parenting group use, sociodemographic variables and mothers' health and well-being. This second set of models is devoted to the thesis aim of assessing the outcomes of participation in parenting groups for mothers. It should be noted that these statistical techniques are correlational. Though such techniques as methods for exploring the factors that may impact on a given phenomenon are valid, causal links between variables cannot be claimed on the basis of the results, though they can be theoretically surmised.³³

It should also be noted that, as reported in the previous chapter, only a small proportion of mothers (6%) participated in parent support groups. Though this result is itself informative, the small sample size may have impacted on the robustness of the multivariate results.

Explanatory Factors for Parenting Group Use

Bivariate analysis in the previous chapter shows that there is a relationship between playgroup use and parent support group use and numerous sociodemographic variables. Two limited dependent (probit) regression models are examined in order to ascertain which of the sociodemographic factors are suggested as having the most influence on playgroup and parent support group participation. The modelling results are shown in Table 6.1. The Table shows that model evaluation statistics are acceptable: specifically, the model log likelihood is less than the log likelihood for the null model, the χ^2 test for joint explanatory

³³ The thesis aim employs the term 'outcomes', rather than a more causally suggestive term, such as 'impacts' of participation. This reflects the common correlational language of 'predictor' (i.e., independent) and 'outcome' (i.e., dependent) variables.

variables rejects the null hypothesis that all estimated coefficients are non-significant, and the Pseudo- R^2 is satisfactory for cross-sectional data analysis.

Aboriginal Status

Despite clear differences between Aboriginal and non-Aboriginal participants in rates of playgroup participation, Aboriginal status had no relationship to either playgroup or parent support group use in the multivariate analyses. It seems that the observed differences are explained by socioeconomic factors, (i.e., the control variables explain the observed correlation between Aboriginal status and playgroup use).

Socioeconomic Status

Increases in income resulted in an increase in the probability of playgroup use. Thus, an increase from one income group to the next increased the probability of playgroup use by about 20 percent (the odds-ratio = 1.202). Income was not a statistically significant explanatory variable for parent support group use. Thus, the correlation between income and attending parent support groups is explained by other sociodemographic variables.

Higher education levels were also strongly associated with playgroup use (for those with year 12 or above), with p -values indicating statistical significance at better than the 1% level. For example, those with a graduate qualification were 2 times more likely and those with a post-graduate qualification 3 times more likely to use playgroups. Similarly, parent support group use by those with a postgraduate qualification was also about 3 times more likely, but this is significant only at the 10% level, and other education levels had no impact.

Home ownership appears to have little influence on either playgroup or parent support group use. Those in the 'Other' category were about 25% less likely to use playgroups (odds-ratio of 0.746, significant at the 10% level), but otherwise home ownership had no impact.

Table 6.1. Probit Regression Models for Playgroup and Parent Support Group Use

Variable	Playgroup Use			Parent Support Group Use		
	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error
Income	1.202***	0.184	0.068	1.104	0.099	0.140
Aboriginal status	1.415	0.347	0.271	1.120	0.114	0.611
Attachment to family	1.075*	0.072	0.036	1.006	0.006	0.076
Attachment to friends	0.898**	-0.108	0.037	0.942	-0.060	0.078
Number of children	0.703***	-0.352	0.039	0.646***	-0.438	0.094
Education Level						
Year 9 or below				<i>Reference</i>		
Year 10-11	1.477	0.390	0.256	2.177	0.778	0.724
Year 12/Certificate	1.979***	0.683	0.248	1.774	0.573	0.710
Diploma/Bachelor	2.093***	1.066	0.254	2.928	1.074	0.716
Grad Dip/Postgrad	3.136***	1.143	0.264	3.293*	1.192	0.727
Home Ownership						
Owned/paying off				<i>Reference</i>		
Renting	0.887	-0.120	0.087	1.042	0.041	0.180
Other	0.746*	-0.293	0.158	1.136	0.128	0.314

(Continued)

Table 6.1. *Continued*

Variable	Playgroup Use			Parent Support Group Use		
	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error
Work Status						
Full-time	0.596***	-0.517	0.127	0.840	-0.174	0.262
Part-time	1.092	0.088	0.083	1.016	0.016	0.172
Maternity leave	0.811*	-0.210	0.121	1.475*	0.389	0.215
Unemployed	0.792	-0.233	0.209	0.168*	-1.782	0.955
Not in labour force			<i>Reference</i>			
Age						
15-19			<i>Reference</i>			
20-29	1.379	0.321	0.288	4.192	1.433	0.989
30-39	1.385	0.326	0.294	4.892	1.588	0.995
40+	1.047	0.046	0.328	2.024	0.705	1.082
Relationship Status						
No relationship/dating	0.750*	-0.288	0.156	1.384	0.325	0.316
Co-habiting	0.858	-0.153	0.099	1.304	0.265	0.196
Married			<i>Reference</i>			

(Continued)

Table 6.1. *Continued*

Variable	Playgroup Use			Parent Support Group Use		
	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error
Level of Informal Support						
Get enough help			<i>Reference</i>			
Don't get enough help	1.406***	0.341	0.097	1.624***	0.485	0.180
Don't get any help	1.004	0.004	0.150	1.180	0.166	0.308
Don't need any help	0.652***	-0.427	0.161	0.332**	-1.104	0.561
Intercept		-2.225***	0.623		-5.229***	1.584
Sample size		3867			3801	
Log Likelihood:						
- Intercept only		4786.28			1586.92	
- Final		4438.46			1492.06	
χ^2		347.82			94.86	
Pseudo- R^2		0.116			0.069	

Note. Reference is the excluded dummy variable (the base case from which deviations in the group of dummies is measured).

* $p < .10$. ** $p < .05$. *** $p < .01$.

Demographic Variables

Age was not a statistically significant explanatory variable for parent group use. Though the bivariate analyses showed significant differences in both playgroup and parent support group use across age categories, again these differences appear to be explained by the other control variables included in the model.

Despite similar proportions of full-time working mothers and stay at home mothers using playgroups, the regression models show that compared to the latter, full-time working mothers were about 40% less likely to participate in playgroups (significant at the 1% level). This result concurs with expectations, given the restrictions on full-time working mothers' time for child-related activities.

However, it must again be reiterated that any results pertaining to working mothers' participation rates must be interpreted with caution. This is due to the recency of the study children's births, meaning that many working women may have since returned to work from a period of maternity leave during the previous twelve months (the period included in the survey question) therefore their participation levels may have changed. The finding that women currently on maternity leave were also about 20% less likely than mothers not in the workforce to have attended a playgroup is also puzzling (but noting the coefficient is significant at the 10% level only). The bivariate results show that these two groups participated at similar rates, but those on maternity leave were slightly higher (44% versus 37% for stay at home mothers).

The Wave 2 bivariate analysis of playgroup use by work status reveals a change in usage patterns from Wave 1, lending support to the suggestion that regular patterns may have been influenced by the recency of the study child's birth. Repeat multivariate analyses of the Wave 2 LSAC data is beyond the scope of this thesis, but future analyses based on multiple waves may shed further light on the relationship between work status and patterns of playgroup participation, given that less women are likely to be on or recently returned from maternity leave by Wave 2, and that participation rates in general are higher in that wave.

In contrast to playgroups, the regression model for parent support groups shows a relationship between participation and work status that is more consistent with the bivariate results. Women currently on maternity leave were about 48% more likely to have attended a parent support group than stay at home mothers. This may reflect attendance at maternal and child nurse facilitated first time mothers' groups, which target women soon after the birth of their first child (when they are likely to be on maternity leave). We have seen from the bivariate analyses of patterns of attendance that women with one child attend parent support groups at a higher rate than those with more than one child, a result that is likely to be due to the same reason. In contrast to stay at home mothers, unemployed women were much less likely to have attended a parent support group in the previous 12 months (odds-ratio 0.168).

Of the household composition variables, number of siblings had a greater association with both types of parenting group participation than relationship status. The latter was significant (at the 10% level) for playgroup attendance only with respect to women not in a relationship, who, compared to married women, were less likely to attend a playgroup (odds-ratio 0.750). Number of children was significantly associated with both playgroup and parent support group participation (at better than the 1% level), with increasing numbers of children reducing the probability of parent group participation in both models (odds-ratio of 0.703 for playgroup use and 0.646 for parent support group use). There is some 'muddiness' due to the wording of the survey question for playgroups, which asks about the study child only. This may preclude some women with more than one child who had in fact attended a group but for an older child. On the other hand, the results are logical, given that parents with more than one child may be less able to attend playgroups due to greater demands on their time, and the fact that children with siblings already have play and socialisation opportunities with each other and may be considered less in need of a playgroup by their parents.

Informal Supports

The informal support variables were significant predictors of playgroup and parent support group participation, particularly the former. Interestingly, weak

attachment to family and strong attachment to friends both result in a slight increase in the probability of playgroup use (significant at the 10% and 5% levels respectively). Thus a one point decrease in feelings of attachment to family slightly increased the probability of playgroup participation (by about 8%). Conversely, a similar decrease in attachment to friends decreased the probability of playgroup use by about 10%.³⁴ This upholds the bivariate results, which showed slightly but significantly less attachment to family and more attachment to friends among playgroup users. Reasons for this are speculative but may be related to the notion that many opportunities parents have for socialisation revolve around child-related activities. Therefore it is through these activities that friendships are formed. More outgoing, 'social' mothers may have both greater friendship ties and also be more likely to attend child-centred activities such as playgroups. The association between weaker attachment to family and playgroup use is consistent with the speculation that these groups may operate as alternative sources of support when family support is lacking. However the changes in probabilities for both attachment to family and friends variables, though significant, were slight, as were the bivariate relationships found between playgroup participation and attachment to informal supports. Neither level of attachment to friends or family had a relationship to parent support group use.

The level of informal support variables were significantly related to playgroup and parent support group participation, both in exactly the same way. Women who did not get enough help from their informal support networks were about 40% more likely to attend playgroups and 62% more likely to participate in parent support groups (significant at the 1% level). This is consistent with the bivariate results, which also showed a greater proportion of parenting group users indicating they did not get enough help. By contrast, mothers who said they did not need any help were about 35% less likely to participate in playgroups (significant at the 1% level) and 67% less likely to participate in parent support groups (significant at the 5% level). These results add further fuel to the

³⁴ Table 6.1 shows a positive coefficient and increased probability odds-ratio for attachment to family and a negative coefficient and decreased probability odds-ratio for attachment to friends as the scales for attachment to family/friends were in reverse to those of playgroup and parent support group use. See Table 4.2, Chapter 4 for more information regarding variable scales.

suggestion made above that parenting groups can be used as a source of support, when such support is lacking from informal sources.

Parent Support Group Participation and Health and Well-being

The second research question that multivariate statistical methods were used to address was whether parenting group participation has a relationship to mothers' health and well-being. Table 6.2 shows the results of the ordered probit models of three health and well-being variables, namely, self-assessed global health, parenting self-efficacy and coping. Again the model evaluation statistics are acceptable: specifically, the model log likelihood is less than the log likelihood for the null model, the χ^2 test for joint explanatory variables rejects the null hypothesis that all estimated coefficients are non-significant, and the Pseudo- R^2 is satisfactory for cross-sectional data analysis. Overall, the informal support variables had the most consistent relationship to all three outcome variables, and parenting self-efficacy was least affected by the sociodemographic variables included in the models.

Table 6.2. Ordered Probits for Global Health, Parenting Self-Efficacy and Coping

Variable	Global Health			Parenting Self-efficacy			Coping		
	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error
Playgroup use	1.264***	0.234	0.065	1.048	0.047	0.065	1.073	0.070	0.066
Parent support group use	0.834	-0.181	0.132	0.888	-0.119	0.132	0.776*	-0.253	0.137
Income	1.175***	0.161	0.060	0.945	-0.057	0.060	1.194***	0.177	0.061
Aboriginal status	1.076	0.073	0.198	1.160	0.148	0.195	0.979	-0.021	0.204
Attachment to family	0.839***	-0.175	0.032	0.829***	-0.187	0.032	0.893***	-0.113	0.033
Attachment to friends	0.849***	-0.164	0.032	0.833***	-0.183	0.032	0.827***	-0.190	0.033
Number of children	0.987	-0.013	0.032	0.915***	-0.089	0.032	0.906***	-0.099	0.032
Education Level									
Year 8 or below	<i>Reference</i>								
Year 9	1.028	0.028	0.332	0.503**	-0.687	0.328	1.428	0.356	0.344
Year 10	1.353	0.302	0.282	0.829	-0.188	0.280	1.883**	0.633	0.296
Year 11	1.674*	0.515	0.295	0.893	-0.113	0.293	2.305***	0.835	0.309
Year 12	1.443	0.367	0.282	0.849	-0.164	0.280	1.624*	0.485	0.295
Certificate/other qualification	1.613*	0.478	0.274	0.822	-0.196	0.272	1.732*	0.549	0.288
Diploma	1.677*	0.517	0.287	1.065	0.063	0.286	1.900**	0.642	0.300
Bachelor Graduate	1.586*	0.461	0.282	0.995	-0.005	0.281	1.627*	0.487	0.296
diploma/certificate	1.982**	0.684	0.298	0.837	-0.178	0.296	1.605	0.473	0.311
Postgraduate	1.670*	0.513	0.299	1.137	0.128	0.297	1.962**	0.674	0.311

(Continued)

Table 6.2. *Continued*

Variable	Global Health			Parenting Self-efficacy			Coping		
	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error
Home Ownership									
Owned/paying off				<i>Reference</i>					
Renting	0.887	-0.120	0.077	1.067	0.065	0.077	0.912	-0.092	0.078
Other	1.094	0.090	0.136	1.062	0.060	0.135	1.069	0.067	0.138
Work Status									
Full-time	0.993	-0.007	0.112	0.943	-0.059	0.112	0.911	-0.093	0.205
Part-time	1.204***	0.186	0.075	0.947	-0.054	0.074	1.057	0.055	0.188
Maternity leave	0.867	-0.143	0.110	0.942	-0.060	0.110	0.984	-0.016	0.181
Unemployed	0.756	-0.280	0.180	1.194	0.177	0.181		<i>Reference^a</i>	
Not in labour force				<i>Reference</i>					
Age									
15-19				<i>Reference</i>					
20-29	0.855	-0.157	0.221	1.559**	0.444	0.219	0.596**	-0.517	0.228
30-39	0.872	-0.137	0.226	1.510*	0.412	0.225	0.523***	-0.648	0.233
40+	0.989	-0.011	0.259	1.600*	0.470	0.258	0.597**	-0.516	0.265
Relationship Status									
No relationship/dating	0.643***	-0.441	0.129	0.857	-0.154	0.128	0.841	-0.173	0.132
Co-habiting	0.795***	-0.230	0.087	1.049	0.048	0.086	0.875	-0.133	0.088
Married				<i>Reference</i>					

(Continued)

Table 6.2. *Continued*

Variable	Global Health			Parenting Self-efficacy			Coping		
	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error	Odds-Ratio	Coefficient	Standard Error
Level of Informal Support									
Get enough help				<i>Reference</i>					
Don't get enough help	0.608***	-0.497	0.088	0.794***	-0.231	0.087	0.423***	-0.861	0.091
Don't get any help	0.739**	-0.303	0.131	0.985	-0.015	0.130	0.689***	-0.373	0.135
Don't need any help	0.850	-0.162	0.130	1.718***	0.541	0.133	1.239*	0.214	0.132
Thresholds									
1		-1.764***	0.550		-4.733***	0.556		-3.309***	0.591
2		0.295	0.549		-1.723***	0.545		-0.056	0.585
3		2.407***	0.550		-0.340	0.544		2.280***	0.586
Sample size		3776			3782			3831	
Log Likelihood									
Intercept only		9072.0			8601.58			8155.28	
Final		8769.19			8440.98			7876.96	
χ^2		302.82			160.59			278.33	
Pseudo- R^2		0.084			0.046			0.079	

Note. Reference is the excluded dummy variable (the base case from which deviations in the group of dummies is measured).

^aMaternity leave combined with not in labour force for this model, due to small numbers producing errors.

* $p < .10$. ** $p < .05$. *** $p < .01$.

Parent Group Use

Playgroup use was significantly associated with global health status, but not with parenting self-efficacy or coping. Playgroup users were about 26% more likely to report better global health. It could reasonably be argued that the relationship between playgroup use and better health demonstrated in the bivariate analyses is spurious, as socioeconomic status is known to impact on both. However, this model suggests that this is not the case. Rather, the relationship remains after controlling for socioeconomic status. It may be that poor health has restricted mothers' ability to attend playgroups. However, these results align with the well established finding that social support and social capital are associated with better health, regardless of socioeconomic status (Baum et al. 2000, p. 257). Thus, participation in playgroups, as a source of social connections and social capital appears to have an independent positive impact on health. Self-assessed health is a subjective measure, but it has been demonstrated to correlate with more objective health measures (AIHW 2008, p. 28; Jenkinson et al. 1994). This indicates that playgroup use has a 'real' and not just a subjective positive impact on mothers' health.

In the models, parent support group use had no impact on either health ratings or parenting self-efficacy. The latter result is not surprising, given the bivariate results which showed very little differences in parenting self-efficacy ratings between parent support group users and non-users. However, parent support group use was a significant explanatory variable for level of coping. Women participating in parent support groups were about 22% less likely to report higher levels of coping than those who did not participate in such groups (significant at the 10% level). This latter result is consistent with the bivariate relationship found between parent support group participation and coping. As noted previously, this does not mean that parent support groups are having a negative impact on coping ability. Rather, it is more plausible that women are involved in such groups due to coping difficulties

The results above show that, with the exception of playgroups and global health, participation in parenting groups does not appear to have a major impact on

mothers' health and well-being. The remaining sections discuss the associations (or lack thereof) with the other variables included in the health and well-being models.

Aboriginal Status

The regression models failed to indicate an impact of Aboriginal status on any of the outcome variables. This is less surprising in the case of coping and parenting self-efficacy, given no bivariate relationship was found for the former and only small (but significant) differences for the latter. However, the lack of an association between Aboriginal status and global health is particularly puzzling. It is well known that Aboriginal Australians have much poorer health outcomes than non-Aboriginal Australians (Ross 2006, p. 213), and the bivariate analyses of the LSAC data, showing lower self-assessed health ratings, reaffirmed this for Aboriginal mothers. Controlling for socioeconomic status may account for these differences, as the regression model indicates, and given the well established links between health and socioeconomic inequality. However, the relationship between Aboriginal health and socioeconomic status is complex and difficult to untangle. Research has reported conflicting results. There is other evidence, as for the present research, of a bivariate relationship between self-reported health and income (Ross 2006, p. 220), and the disappearance of this relationship after controlling for other factors (Cunningham et al. 1997). A finding that socioeconomic status partially, but not fully, explains health disparities has also been reported (Booth & Carroll 2005). Conversely, Gray et al. reported no systematic relationship, and that the health disparities between Aboriginal and non-Aboriginal Australians remained when income was taken into account (2002, pp. 32-33).

Findings of uniform poor Aboriginal health, regardless of level of disadvantage can be explained by the Barker hypothesis, which posits that poor health has its origins in foetal and infant life. Thus, given generations of disadvantage, it is arguable that the current generation of Aboriginal people, regardless of level of affluence, is more likely to have been exposed in utero to its health damaging effects (Gray et al. 2002, pp. xvii, 38). However, this does not mean that there is no relationship between Aboriginal disadvantage and health; merely that the full

impact of improvements in the socioeconomic circumstances of Aboriginal peoples may only be manifest in the health of subsequent generations. Indeed, past deprivation is posited as the causal factor of this hypothesis. The question of whether Aboriginal poor health is uniform across all socioeconomic gradients or explained by socioeconomic factors is not central to this thesis. Therefore the remainder of this brief discussion will not attempt to address this question, but rather highlight the complexities surrounding the relationship between health and disadvantage in an Aboriginal context.

Though socioeconomic disadvantage permeates the social determinants of health outlined by Wilkinson and Marmot (2003), which include stress, social exclusion, unemployment, and social support, the relationship between Aboriginal disadvantage and health is complex (Walter 2004, p. 78). Walter argues that not only is the concept of poverty itself a complex, multi-faceted phenomenon that common measures fail to adequately capture, but in the context of Aboriginal Australia this complexity deepens (2004, pp. 78, 80). Aboriginal poverty is not only multi-dimensional, but different to that of other disadvantaged Australians, with Aboriginality itself the central core through which these dimensions are interwoven (Walter 2004, pp. 81-82; Hunter 2004, p. 2; Hunter 1999). Existing theoretical explanations of the interaction between disadvantage and health are inadequate in an Aboriginal context, given the unique and complex nature of Aboriginal deprivation (Walter 2004, p. 82).

There are also a number of methodological issues which add to this complexity. Scarce and poor quality data limit the accuracy and comprehensiveness of the information that can be gleaned about Aboriginal health and disadvantage (Gray et al. 2002, p. 39; Walter 2004, pp. 80-81). Moreover, due to its unique nature, focusing solely on income data is insufficient to gain a comprehensive understanding of Aboriginal destitution. For the purposes of the present research, income has been used as a measure of socioeconomic status, for reasons outlined in the methods chapter. This is not without its problems, but may be particularly problematic for Aboriginal samples for a number of reasons. Income may not be a true reflection of social status for Aboriginal peoples, due to the fact that they suffer social exclusion from mainstream society regardless of income (Gray et al.

2002, p. 38). Non-monetary indicators, such as overcrowding and arrest rates, which are prevalent among Aboriginal households irrespective of income, must also be taken into account (Hunter 1999). There is also evidence of measurement error in Aboriginal incomes, which can change places on the distribution depending on the measure adopted (Gray et al. 2002, p. 39). Finally, in the context of health, there has been some debate in the literature about the appropriateness of self-assessed health as a measure of Aboriginal health status (Gray et al. 2002, p. 31; Wiseman 1999; Sibthorpe et al. 2001).

Socioeconomic Status

Income level predicted both global health and coping ratings. An increase in income category resulted in an increased probability of better global health and coping level (by about 18% and 19% respectively). It appears that income has no impact on mothers' ratings of their own parenting abilities.

As would be expected, given the established relationship between higher socioeconomic status and better health, there was also a strong tendency for respondents with higher education levels to report better health ratings. Thus, an educational qualification beyond highschool increased the probability of higher global health ratings by between 59% and 98%. Most education levels were significantly associated with better coping, but bore no relationship to parenting self-efficacy. The remaining socioeconomic indicator, home ownership, had no association with any of the three outcome variables.

Demographic Variables

Age was not associated with health status, a finding that is perhaps not surprising despite the known association between age and health. The LSAC data largely excludes women who are beyond childbearing age, being concerned with parents of young children. Health is known to decline with age, thus the exclusion of older women probably accounts for this finding. Socioeconomic factors, which are also known to impact on health, may account for any remaining differences.

An increase in age category increased the probability of higher ratings of parenting ability but reduced the probability of coping well. Compared to teenage

mothers, those in their 20s were 44%, those in their 30s were 49% and mothers older than 40 were 49% more likely to rate their parenting self-efficacy higher. Conversely, mothers in their 20s, 30s and above the age of 40 were 40% to 48% less likely to rate their coping level highly.

The relationships between the household composition variables and the three outcome variables were mixed. Relationship status was significantly associated with global health only. Compared to married women, both co-habitation and single parenthood reduced the probability of better health ratings (by 36% and 20% respectively). The probability of both higher coping and parenting self-efficacy ratings slightly reduced with number of children (odds-ratios of 0.906 and 0.915 respectively), but number of children had no relationship to health status.

Work status had no bearing on any outcome variable, with the exception of part-time work on health. Compared to those not in the labour force, part-time workers were about 20% more likely to rate their health better.

Informal Supports

The informal social support variables had a much more consistent relationship to all three health and well-being variables than did formal parenting group supports. We have seen from the bivariate analyses that informal support from friends and family were rated as much more important sources of support than community services. The regression models re-affirm this finding. Respondents who were more closely attached to friends and family rated their health as better, had higher parenting confidence and were coping better. Thus a weaker attachment to family reduced the probability of better health ratings by 16%, parenting self-efficacy by 17% and coping by 11%. Similarly, as attachment to friends weakened, the probability of better health, parenting self-efficacy and coping ratings reduced by between 15% and 17%. All of these results were significant at better than the 1% level.³⁵

³⁵ Table 6.2 shows a negative coefficient and reduced probability odds-ratio as the scales for attachment to friends/family were in reverse order to those for global health, parenting self-efficacy and coping.

The level of informal support variables also demonstrate the importance of support from family and friends for mothers' health and well-being. In comparison to those who said they did get enough help from family and friends, those who either did not get enough or did not get any help were less likely to report high health and coping levels. The probability of higher self-rated health and coping levels reduced for those in these two categories by 39% and 26% respectively. Those who did not get enough help were also less likely to have higher parenting confidence (odds-ratio of 0.794, significant at better than the 1% level). By contrast, mothers who indicated that they did not need any help were more likely to rate their coping level and parenting self-efficacy higher than those who got enough help (by about 24% and 72% respectively).

Summary—Quantitative Results

Overall, playgroup participation is much more prevalent than parent support group use. Though the LSAC Wave 2 parent support group data was not able to be analysed due to a significant change in the question from Wave 1, it appears that this large disparity in usage rates between the two types of parenting group further increases in the second wave. The disparity also remains for Aboriginal and disadvantaged mothers.

There are clear demographic and socioeconomic differences in playgroup and parent support group participation at Wave 1. The bivariate analyses show that very young and older, unemployed, less affluent and mothers of more than one child are less likely to participate in both types of groups. Aboriginal and non-partnered women are less likely to participate in playgroups.

The multivariate analyses tempered the influence of some sociodemographic factors on playgroup and parent support group participation. Age and socioeconomic disparities in parent support group use were no longer as apparent when other factors were controlled for, and unemployment, age and Aboriginal status were no longer significant explanatory variables for playgroup participation. However the multivariate analyses did show that socioeconomic and household composition variables remain predictors of parent group participation. Women with more than one child continued to be less likely to

participate in either type of parenting group and single women remained less likely to be involved in playgroups. Participation in parent support groups was less likely for unemployed women, and higher income and education levels remained significantly associated with playgroup participation.

Participation in playgroups increased across virtually all sociodemographic factors analysed when the study children had reached toddlerhood. This had the effect of nullifying some of the sociodemographic differences in playgroup usage found at Wave 1. This was the case for both socioeconomically disadvantaged and Aboriginal mothers, and indicates that these mothers start participating in playgroups later than non-Aboriginal and more affluent mothers.

Informal support networks have a consistently strong relationship, both to parenting group participation and mothers' health and well-being. They are counted by mothers as much more important sources of support than formal community services. However, there is some evidence that parenting groups can provide substitute support to mothers when support from traditional formal networks is lacking.

Parent group participation had relatively little independent impact on mothers' health and well-being compared to other sociodemographic variables, in particular socioeconomic status and informal supports. Playgroup use was associated with better health ratings and parent support group use with poorer coping levels.

Chapter 7. Qualitative Results and Discussion— Patterns of Parent Group Participation and Access Issues

This is the first of two main discussion chapters, which incorporate and discuss the quantitative and qualitative components of the thesis. This chapter largely pertains to the first of the main research questions, that is, what are the patterns of use of parenting groups among Australian mothers? The results of the analyses of informal supports are firstly discussed. This discussion situates formal parenting services, such as parenting groups, within the larger context of available support sources. Thus it assists in understanding the importance of parenting groups relative to other, informal sources of support. A key finding of the quantitative analyses, the much greater prevalence of playgroup over parent support group involvement among Australian mothers is then discussed. A discussion of the sociodemographic patterns in parenting group participation revealed in the quantitative analyses follows.

The remainder of the chapter is devoted to Aboriginal and disadvantaged mothers, the main focus of this thesis. The patterns of participation among these groups are discussed. Following on from this is a discussion of issues surrounding accessing and engagement with parenting groups. This latter discussion is derived from the qualitative interviews with Aboriginal and disadvantaged women participating in parenting groups.³⁶ It should be reiterated that this research does not aim to compare Aboriginal with non-Aboriginal women. Rather it contrasts the different models of parenting group. The interview responses of Aboriginal and non-Aboriginal participants with respect to accessing parenting groups followed largely similar themes. It was therefore considered that a separation of these data by Aboriginality would be repetitive and negatively impact on the conciseness of the chapter. As a consequence, the combined data is presented.

³⁶ The parent support groups examined for the qualitative component of the research were referred to by facilitators and participants as ‘mums’ groups’. The term ‘mothers’ group’ rather than ‘parent support group’ is therefore used throughout this chapter when presenting and discussing data from participants in these groups.

Informal Supports

A consistent finding throughout the LSAC³⁷ quantitative analyses is the strong influence of informal supports, both in relation to parenting group participation rates and health and well-being. Research assessing informal and formal sources of support has found informal support from family and friends to be much more important to parents than formal services (Miller & Darlington 2002, p. 468). Congruent with this, the comparative analyses of informal supports and formal community services conducted here also showed the former to be much more important sources of support to mothers, regardless of Aboriginal status or level of disadvantage. Both Miller and Darlington (2002, p. 470) and the present research also found that the most common type of support parents relied on formal services for was information support. The quantitative data presented here also show a high level of attachment to informal supports, and a high degree of satisfaction with the support that they provide. This sets the context within which the use and outcomes of parenting groups occurs, and indicates that these groups are unlikely to surpass informal supports in importance to mothers.

With regard to the relationship between informal supports and parenting group participation, the multivariate models showed that the impact of level of attachment to family and friends was ambiguous. Neither showed a relationship to parent support group use, and the slight increase in the probability of playgroup use associated with stronger attachment to friends was reversed (i.e., a slight decrease in the probability of playgroup use) for attachment to family. This latter result is consistent with the notion that playgroups can function as alternative sources of support when family support is lacking. The relationship between stronger attachment to friends and playgroup participation may reflect more socially outgoing mothers' both greater readiness to develop friendship ties and to attend child-related social activities, such as playgroups.

In contrast to the attachment to informal supports variables, degree of help from informal sources showed a very clear relationship to both playgroup and parent support group participation. Compared to women who indicated they got enough

³⁷ Longitudinal Study of Australian Children

help from family and friends, women who had inadequate help were more likely to have attended both types of group, and women who said they did not need any help were less likely to have participated in parenting groups. Together these findings further suggest that playgroups and parent support groups may play an important substitute support role when support from traditional informal networks is wanting. This may be particularly pertinent for disadvantaged mothers, who are more likely to lack quality informal support. This point is highly relevant to the present research, which focuses on Aboriginal and disadvantaged mothers. Consequently it will be returned to throughout this chapter.

Compared to parenting groups, informal supports had a much greater relationship to the health and well-being of the LSAC mothers. Informal support was associated with all three measures of health and well-being included in the multivariate models, specifically better health, coping and parenting-self efficacy. By contrast parenting group use was only associated with better health in the case of playgroups, and parent support groups were associated with poorer coping. We have seen from the literature review that support from informal sources, such as family and friends has a consistently positive impact on psychological adjustment. By contrast, when measured quantitatively the impact of parenting groups on adjustment is ambivalent. Thus the results reported here are congruent with the literature, and further indicate that any impact of participation in parenting groups on mothers is likely to be less than that of their informal support networks. The outcomes of parenting group participation in terms of mothers' health and well-being is discussed in detail in the following chapter.

Prevalence of Playgroup Versus Parent Support Group Participation

The much more prevalent use of playgroups compared to parent support groups nationally is the first striking difference noted from the LSAC results. The first wave of LSAC data show 40% of LSAC mothers had used a playgroup versus 6% reporting use of a parent support group. By the time of Wave 2, playgroup use had increased to 53%. Thus more parents are attending playgroups when their children are 2 to 3 years old and better able to benefit from interacting

and participating in play activities, than when they are infants. These participation rates are considerably higher than either of the previous studies reporting participation rates. One study reported that 32% of families participated in playgroups (Sneddon & Haynes 2003, p. 83). However, this was a case study of playgroups in certain local government areas in Victoria, and thus was not representative. The only available national figures are from a 1999 study, which reported a 15% participation rate (Commonwealth Department of Family and Community Services in Sneddon & Haynes 2003, p. 58). Reasons for this difference are speculative, however Playgroup Australia reports a recent growth in the number of playgroups (2006), thus the increase in participation rates since 1999 may be a reflection of this growth.

Wave 2 parent support group data was not able to be analysed due to a significant change in the question from Wave 1. The Wave 2 survey question asks parents about their use of 'parent support groups/parent helpline'. Thus, information about the use of parent support groups cannot be isolated. However, it could be ascertained from the Wave 2 data that the very low rate of parent support group use certainly did not increase, and most likely decreased, given that the proportion of parents indicating they had used these services combined remained the same.

The analysis by number of children is further evidence of a decline in parent support group use over time. Parent support group participation largely consists of mothers of a single child, and drops significantly with subsequent children. This suggests that involvement in parent support groups largely reflects maternal and child health nurse coordinated first time parent groups. These groups are universally offered to new mothers by state maternal and child health services, and are encouraged to continue meeting independently after an initial number of facilitated meetings. These figures indicate that whilst some of these groups may continue through the birth of a second child, most tend to run their course and eventually lapse.

Another possible explanation for both the low parent support group participation rates and the decrease with number of children (i.e., over time) relates to the

wording and interpretation of the question, which asks whether parents have used (among other services) 'parent support groups'. The question may have been intended to encompass all forms of such groups, but may not be interpreted this way by participants for a number of reasons. Such groups largely consist of mothers and are often referred to as 'mothers' groups', thus some respondents may have interpreted the term 'parent support group' as something different to their mothers' group. Moreover, participation appears to be mostly made up of maternal and child health nurse facilitated parent groups, which are encouraged to continue as informal and independent groups. Thus, they may evolve over time into friendship groups and participants may no longer consider them as a formal parent support group. The literature that assesses such groups indicates that this is what occurs (Gillieatt et al. 1999, pp. 133-4; Knapman 1991, p. 18; Scott et al. 2001, p. 28; Carolan 2004, p. 138). Such interpretations of the question would result in an underestimation of participation rates. More detailed survey options, for example a 'mothers' group' option, may have yielded more accurate data.

Another factor that severely limits any interpretations able to be made about both playgroup and parent support group participation rates is the generalisation of these groups in the LSAC surveys. As demonstrated in the literature, there are many and varied types of both of these groups. In Bourdieuan terms, different groups operate in entirely different fields. Parenting groups occur across all demographic levels, however they must be influenced by the field in which they operate. For example, a support group for Aboriginal mothers is unlikely to be located in an area with a very low Aboriginal population. Similarly, as facilitated playgroups target disadvantaged populations, they are generally located in lower socioeconomic areas, whereas independent, parent run groups may be more highly concentrated in middle-class areas. As a consequence, parent support groups are widely variable in their aims, level of facilitation, structure, content and target groups. Similarly, playgroups can differ in their degrees of facilitation, from fully supported to independent, and be run by different organisations, from government to church and community groups to parents. Thus, the social and demographic characteristics of the mothers attending such groups and their reasons for participation will vary according to these factors.

The generalisation of parenting groups is a pertinent problem for the present research, which is specifically concerned with the ways in which disadvantaged and Aboriginal mothers participate in and benefit from such groups. Moreover, it is primarily concerned with facilitated groups, as distinct from independent, parent run groups. The LSAC survey collects information covering a whole range of areas, and is certainly not solely concerned with parenting groups. Indeed these questions are a tiny, even incidental part of the vast array of child-related social and contextual information included in the data. Development of a dedicated, more detailed survey, which distinguishes between group types may yield more accurate and nuanced data, which can more completely furnish information about parent group participation.

Sociodemographic Patterns in Parenting Group Participation

The Wave 1 LSAC data shows some clear demographic and socioeconomic differences in playgroup and parent support group participation. The bivariate analyses show that very young and older, unemployed, less affluent, lower educated and mothers of more than one child are less likely to participate in both types of groups. Aboriginal and non-partnered women are less likely to participate in playgroups.

The multivariate analyses tempered the influence of some sociodemographic factors on playgroup and parent support group participation. Specifically, age and Aboriginal status no longer predicted parenting group participation when other sociodemographic variables were controlled for. These analyses confirm that, as with any aspect of the social world, outcomes are influenced by many interconnecting influences. Socioeconomic status still predicted participation, particularly in playgroups. Higher income and higher education levels were significantly associated with playgroup participation. Higher education was also associated with parent support group use, albeit to a lesser extent than for playgroups. Unemployed women also remained less likely to participate in parent support groups. Increasing numbers of children decreased the likelihood of participation in both types of parenting group and non-partnered women remained

less likely to participate in playgroups. In addition, as discussed above informal supports were also significantly associated with parenting group use.

The findings relating to playgroup use and both number of children and work status raise more questions than they answer. It is interesting that, in the case of the former, the less children, the greater participation rates. However, interpretation of these results is made difficult by the wording of the question from which they are derived.³⁸ The question asks if the service (i.e., playgroup) has been used '*for the study child*'. Therefore, except for mothers with one child (who must be for whom they are participating), it is impossible to determine how parents with more than one child have interpreted the question. They may be participating in playgroups but for an older child rather than the study child. In this case they may indicate that they *had not* used a playgroup. Or they may attend with both the study child and an older child and consider it to be for both and therefore indicate that they had used a playgroup. Consequently, little can be concluded from these results beyond that mothers with one child participate in playgroups at higher than the national rate. This pattern is explicable. Unlike children who have siblings to play with, an only child may be more likely to be perceived by the parents as needing a structured group within which to play and socialise with other children.

The relationship between work status, which must surely have an impact on participation rates, and playgroup participation also requires further clarification. The Wave 1 results raise more questions than they answer, and must be interpreted with caution, given the likelihood of recent periods of maternity leave skewing the results. At the time of Wave 1 data collection the study children were infants, thus working mothers may have recently returned from maternity leave during the previous 12 months (the period covered by the question). The Wave 1 participation rate of full-time working mothers on a par with that of stay at home mothers may therefore be due to maternity leave allowing the former to attend. However, the multivariate analyses showed that both full-time working mothers and those on maternity leave were in fact less likely to have participated in

³⁸ See Appendix G for full details about the LSAC questions analysed.

playgroups. With regard to full-time working mothers, this result may be more in line with expectations given the time limitations placed on full-time working parents. The impact of maternity leave on playgroup participation remains unclear. It may be that maternity leave affords working mothers the opportunity to attend playgroups, but for other mothers, the recent birth of a baby actually interrupts or forestalls participation.

The Wave 2 bivariate analyses also showed that full-time working mothers were least likely to participate in playgroups. This lends support to the suggestion that the Wave 1 figures were influenced by the recency of the study child's birth, and also that full-time work limits mothers' ability to attend. The Wave 2 result may be a more accurate reflection of this groups' participation rates, given that at the time of Wave 2 data collection most mothers may have returned to their regular work status situation. Nevertheless, 37% of full-time working mothers had participated in playgroups at the time of Wave 2 data collection. Thus it is possible that some working women are able to structure their hours to allow attendance, for example by working from home or doing shift work. Moreover, some mothers may participate in weekend playgroups. These have been suggested as a solution which would allow working mothers to participate (Oke et al. 2007, p. 21). A more detailed survey is necessary to clarify the impact of work status on playgroup participation. Repeat multivariate analysis of the Wave 2 data was not feasible due to time and scope limitations. However, it would be useful to conduct future such analyses, as well as analyses of the Wave 3 LSAC data, which may also shed further light on the relationship between playgroup participation and work status.

Though, as for playgroups, they may still be affected by recent periods of maternity leave, the relationship between parent support group participation and work status results are less puzzling. Working women's participation rates on a par with those of stay at home mothers may again reflect a recent return to work from maternity leave during the period covered by the question. The greater participation by women on maternity leave may reflect participation in maternal and child health first time mothers' groups, which commence soon after the birth

of a first child when mothers are likely to be on maternity leave. It has been suggested above that, based on the analysis by number of children, the LSAC parent support group figures largely reflect involvement in this specific type of group. However, as the LSAC survey does not distinguish between parent support group types, this speculation cannot be confirmed.

Notwithstanding the problems associated with interpretation of the work status data, the LSAC analysis of playgroup and parent support group participation rates indicates that numerous factors influence participation. The opportunity to attend appears to be a factor, for example the time constraints placed on women by employment, having more than one child or being a single parent may limit the opportunity to participate in parenting groups. A need for additional support and guidance also appears to play a part, as evidenced by the greater participation of first time mothers. These factors combine with socioeconomic factors to either limit or increase women's participation in parenting groups.

Preliminary analysis of the Wave 2 LSAC playgroup data was conducted and included here as this wave became available prior to completion of this thesis, however analysis of the Wave 2 parent support group data was not possible due to a significant change in the wording of the question from Wave 1. As discussed above, the Wave 2 LSAC data, which was collected when the study children were toddlers, reveals an increase in playgroup participation. This increase occurred across virtually all sociodemographic factors analysed, nullifying some of the statistically significant bivariate differences found at Wave 1. Specifically, by the time the study children reached toddlerhood, non-partnered women and those with fewer children continued to participate at lower rates. However, there were no longer differences in playgroup participation by age, Aboriginal status or income. This indicates that these factors, rather than influencing playgroup participation per se, influence the timing of commencement of playgroup participation. In other words this result indicates that younger and older, Aboriginal and socioeconomically disadvantaged mothers tend to start participating in playgroups later than do other mothers. However, with respect to Aboriginal mothers, any conclusions should be treated with caution. The

appreciable loss of Aboriginal data due to case deletion of self-complete non-responders limits the generalisability of this result outside this sub-sample. Verification of this finding is necessary with alternative data sources (such as the Longitudinal Study of Indigenous Children).

As previously mentioned, repeat multivariate analyses of the Wave 2 data were beyond the scope of this thesis. Such analyses may shed further light on sociodemographic patterns of playgroup use and how they change over time. Participation in parenting groups by Aboriginal and disadvantaged mothers, which are the main focus of the present research, will be discussed in detail below.

Parenting Group Participation Among Aboriginal and Disadvantaged Mothers

Despite clear differences in Wave 1 participation rates, the association between playgroup use and Aboriginal status disappeared when socioeconomic status and other variables were controlled for. Thus Aboriginal status does not appear to have an independent effect on playgroup use. This unfortunately means that the explanation for the lower Aboriginal participation rates is complex and difficult to tease out. However, it is reasonable to speculate that socioeconomic differences among Aboriginal mothers at least partly explain the disparity in participation rates between Aboriginal and non-Aboriginal mothers. Given that income and education level both have a positive relationship to playgroup participation, the lower Aboriginal attendance at playgroups may be due to lower participation by more disadvantaged Aboriginal mothers. Analyses within Aboriginal status were not possible due to the relatively small Aboriginal sample size. Future research dedicated solely to Aboriginal parenting group participation would be most beneficial in answering questions raised by these LSAC results. Such research would have implications for provision of parenting support services in Aboriginal communities.

As stated above, by the time their children were toddlers, neither Aboriginal nor disadvantaged mothers appeared to participate in playgroups at significantly different rates to more affluent, non-Aboriginal mothers. Though comprehensive,

national figures are scarce, the playgroups literature suggests that disadvantaged and Aboriginal families are less likely to access playgroups (Sneddon & Haynes 2003, pp. 81, 83-84). This is the rationale behind the establishment of supported playgroups. The results reported here indicate that lower participation by disadvantaged and Aboriginal families is not necessarily the case, but rather that these families start participating later than other families. This has implications for service delivery, which will be discussed later. However, as discussed above, the small Aboriginal sub-sample in the LSAC Wave 2 dataset may affect the reliability of this result. Moreover, as stated, the LSAC data does not distinguish between types of playgroup. Therefore it may be that disadvantaged and Aboriginal families participate at lower rates in parent-run playgroups, but at higher rates in supported playgroups. Case study research, which found more parent-run playgroups operating in affluent areas, suggests that this is the case (Sneddon & Haynes 2003, p. 85).

Both the quantitative results presented here and the Australian parent support group literature indicate that the more affluent are more likely to participate in parent support groups. However, the Australian literature consists mainly of studies of maternal and child health first time parents groups. Similarly, though it cannot be stated conclusively, it has been suggested here that the LSAC parent support group data largely reflects involvement in this specific type of group. Given that other parent support groups specifically target at risk parents, including socioeconomically disadvantaged and Aboriginal mothers, it is unlikely that the more affluent would participate in these groups at greater rates. As for playgroups, the LSAC data does not distinguish between parent support group types. Thus more detailed playgroup and parent support group surveys, which do make such distinctions, may yield significantly different and more revealing results.

Though these results indicate that low income and Aboriginal mothers initially used parenting groups at lower rates than more affluent, non-Aboriginal mothers, the large disparity between rates of participation in parent support groups compared to playgroups remained. Participation in parent support groups increased from 4% of the lowest income group up to 7% of the most affluent,

compared to playgroup participation rates of 25% up to 47% respectively. Moreover, playgroup use increased to between 48% and 54% across income levels when the LSAC children had reached toddlerhood. Twenty percent and 44% of Aboriginal mothers used a playgroup at Wave 1 and Wave 2 respectively. By comparison, only 4% of Aboriginal mothers used a parent support group (at Wave 1).

Notwithstanding the above outlined limitations to interpretations of the LSAC results, the large disparity between playgroup and parent support group participation has significant implications for service provision, particularly for at risk groups who are more likely to be in need of additional support. The data indicates that playgroups are much more accessible activities than parent support groups. This supposition is borne out in the interview data with socioeconomically disadvantaged and Aboriginal women. None of the women interviewed were actually seeking out a parent support group. They rather came across it by chance or were referred to it by friends or organisations. Charlotte illustrates this:

I didn't even think of going to a mothers' group or going to a playgroup and that came along and [health centre staff member] said 'we've got this [mothers' group]'. (Charlotte, 22, Aboriginal, partnered, 1 child)

By contrast, of the women attending playgroups, some were actively looking for a group or other activities for their children.

I saw a poster up at the library once and I'd been looking for so many things for [son] to do ... so yeah, that's how I heard about it ... so I just rocked up one day and, yeah, I've been going. (Leanne, non-Aboriginal, 22, partnered, 2 children)

I really liked the concept of the playgroup ... just had to find the right day. (Karen, non-Aboriginal, 28, single, 1 child)

Other women were not actively seeking a playgroup, and were not aware of the availability of such services. They only decided to come after hearing about the group from other people or organisations.

Before hearing about this [play]group I didn't think they were around any more. The mothers' group I went to with my first child closed down years ago, and I didn't think to look this time around. (*Teresa, non-Aboriginal, 40, single, 3 children, paraphrased*)

I didn't know about any services ... until I separated from my husband. (*Evie, Aboriginal, 26, single, 1 child*)

In addition to the differences in seeking out a mothers' group versus a playgroup, there were also differences in terms of willingness to attend. None of the women interviewed spoke of reluctance about attending a playgroup. However, in contrast to playgroups, a number of women were initially reluctant to attend a mothers' group. Social anxiety was one reason for this reluctance. Some women were nervous and shy about meeting new people. Overcoming this social reluctance could necessitate considerable persistence from group facilitators in encouraging women to attend. Leanne and Chloe both had to overcome such nervousness about joining the Aboriginal mothers' group:

I had that initial scared, 'oh, I don't know if I can go to that group, I've got to interact with other people' but then once I did it, it's really, really, it helped me out. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

They kept coming and saying 'do you want to come' and stuff but I just kept saying no because I was embarrassed ... I don't know, just meeting new people I guess ... but in the end I just like went there. They picked me up and I just went there. (*Chloe, Aboriginal, 20, partnered, 2 children*)

Skepticism about the benefits of a mothers' group was another reason for initial reluctance to participate. Some women did not at first want to come to a mothers'

group because they did not think it would be any use to them. Belinda thought that she wouldn't like the Aboriginal mothers' group because:

If I hadn't had the baby yet, why did I need to go to a young mums' group? But then once I went I had to keep going because it was really good. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

Jemima, whose friend pressured her into joining a non-Aboriginal young mothers' group, said she:

wasn't interested in going to young mums' [group]—it sounded boring. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

Practical reasons could also pose barriers to attendance, even when outreach methods are employed. For Jemima, pregnancy and having more than one child made the practicalities of attending mothers' group somewhat harder:

I was pregnant [with third child], so I didn't come at first. It was hard because I was pregnant and had no car at the time, so it was hard to get there. I'm a bit lazy [laughs], they can organise taxis but it was still a hassle. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

These differences in terms of more willingness to seek out and attend a playgroup versus a mothers' group align with the quantitative results, which as we have seen show clear differences favouring the former in participation rates. These data combined suggest that playgroups are a more widely known and accepted activity for mothers of young children than mothers' groups, and supports the suggestion by other authors that perceptions of the group play a role in participation rates. Attending a playgroup may be a less threatening activity than a mothers' group because it does not solely focus on the mother, but rather serves her children's needs also (Knapman 1991, p. 18). It may be less socially intimidating to attend a place for your children to play than to be exposed to a group situation in which you are the main focus.

The interview data also reinforce this interpretation. In addition to differences in terms of seeking out and readiness to attend a playgroup versus a mothers' group, there were also clear differences between group types in motivations for and perceived benefits of participation.³⁹ Attending a playgroup for a range of reasons directly relating to their children was a primary motivator for many of the women interviewed. Indeed, women involved in a playgroup spoke of benefits for their children, themselves and also joint benefits. This contrasts with the motivations and advantages of group membership which emerged from the interviews with mothers' group participants, which as we will see below, centred on the women themselves. When talking about motivations for playgroup participation, the women spoke of providing their children with opportunities for social interaction as an important reason for attending playgroup.

I just think it's good for the kids, like that's why I went, you know, just to get [son] out ... for him to socialise, and so that was my main concern. I needed to get him out and for him to interact with other children. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

I started coming to bring [son] here—to prepare him for childcare and kindy and get him interacting with other kids. (*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

We didn't have many kids around who were his age. I wanted him to be able to interact with other children. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

Whilst social interaction for their children was the most common child-related motivation for joining the playgroup, there was evidence that other child-related issues can also prompt joining. Teresa had a specific concern with her daughter that she was looking for help with:

³⁹ The perceived benefits of participation will be discussed in the next chapter.

I started coming to playgroup because my daughter was not drinking and I came to get extra support and help with this problem. (*Teresa, non-Aboriginal, 40, single, 3 children, paraphrased*)

The above data shows that mothers perceive playgroups as activities beneficial for their children. They are primarily motivated by the social advantages play with other children provides. Themes related to children also emerged when the women talked about the benefits of playgroup participation. These themes, which will be discussed in the next chapter, also reiterate the difference in perception between mothers' groups and playgroups.

Child-related advantages, however, were not the only motivations for playgroup involvement. Whilst the playgroup offered women a way to provide their children with social interaction and play activities, it also provided the women themselves with opportunities to reduce isolation and socialise with other mothers. Most women attending playgroups appreciated the dual benefit of getting out of the house and interacting socially with other mothers, whilst also providing their child with developmental play opportunities.

Get out more. Get them [kids] out. (*Chloe, Aboriginal, 20, partnered, 2 children*)

It's good talking to other mums too. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

Better than being stuck at home. (*Mandy, non-Aboriginal, 27, partnered, 2 children*)

It's good to have a bit of a chat with other mums. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

In this respect, playgroup and mothers' group participants were similar. As for the playgroups, the opportunity to make social connections with other mothers and

reduce isolation was a motivator to attend the group for all women interviewed about the mothers' group.

[Aboriginal health centre staff member] introduced me to it and I thought well it would be a good type of ... because I was isolated over there ... thought might as well go and meet other mums and pregnant women. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

[Facilitator] asked me to catch up with other young mums and talk about pregnancy and stuff. I went to meet other young mums and talk about being a first time young mum. (*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

However, in contrast to playgroup participants, there was an absence of discussion about direct benefits for children on the part of women involved in the mothers' group. Rather, all members of the Aboriginal mothers' group spoke of motivations relating to themselves. This was despite the fact that the children did attend group sessions.

The qualitative data from both playgroup and mothers' group participants indicates that each of these groups is perceived differently, with the playgroups seen as activities with both child- and parent-related social advantages, and the mothers' group only the latter. This difference in perception is clearly articulated by Leanne, who attended both the mothers' group and the Aboriginal playgroup:

I've taken the mothers' group as a me, you know, like it's to help me, and it's to help me raise my kids, whereas like I said the playgroup is for my kids. So that's why I chose to get close with some of the girls there [at mothers' group], and we're now friends. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

The lack of a direct focus on children could explain some of the mothers' group participants' initial social reluctance to attend. The perception of a playgroup as

an activity for children can have the effect of shifting the spotlight from the parent, with advantages for them seen as secondary or an added bonus. Again the qualitative data provides support for this assertion. Though most women attending playgroups acknowledged benefits for both themselves and their children, some women prioritised child-related advantages over their own. Though they appreciated the opportunity to socialise, this was not paramount for them. Rather they were more interested in providing opportunities for their children to play and interact.

Maybe a bit of both [socialisation for myself and daughter] I think, I think maybe more for [daughter]. I think it's good for her too, because she's the only child. (*Evie, Aboriginal, 26, single, 1 child*)

Through playgroup, it wasn't a real, for me, it wasn't a bonding issue, like becoming close friends with anybody or whatever, it was more for me to do something with my kids, you know and me spend time with them and play with them, not for me to go and socialise. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

This prioritisation was clearly in favour of the children for most playgroup mothers. However, whilst these data indicate that this is usually the case, it is not so for all women. For Anna, getting out of the house (due to psychological difficulties) and the social aspects were of primary importance. This was to such an extent that she went to playgroup most days, yet only took her son one day per week:

I think mostly its just somewhere to go at the moment ... so I wouldn't have to be home ... if I couldn't be home I'd literally just walk out of the house and just sit in a park or on the side of the road or just wander around all day because I just couldn't go home again, you know I just felt that I couldn't go home because I just couldn't deal with the housework or I couldn't deal with ... being locked up in the house. So I think ... it was just that it was somewhere to go, and maybe make a friend, you know, I

have trouble making friends. (*Anna, non-Aboriginal, 28, partnered, 4 children*)

As suggested in the literature, the way a parenting group is perceived is a factor in determining willingness to join (Potter 1989, p. 10; Knapman 1991, p. 18). Thus the perception of a playgroup primarily as an activity for children, with social and other benefits for parents as secondary, may be a key reason for the more widespread use of playgroups over parent support groups. This has important implications for the delivery of group-based parenting services, particularly for services targeting disadvantaged families. The accrual of social capital is derived from having and maintaining social connections, which as Bourdieu (1986, p. 250) asserts and empirical research supports, is not so straightforward for those without economic capital. Social connections can be made at parenting groups, and it is clear from the interview data presented above that mothers are motivated by opportunities to make such connections. Thus, such groups are potential sites from which social capital can be generated. Of course, for this to happen, parents must participate in such groups. Playgroups, as more accessible, less intimidating and more widely used parenting groups have much greater potential as sites from which social capital benefits can generate. Playgroups and parent support groups are not the same, and as we have seen, are not perceived in the same way. The key difference is that playgroups are both designed and perceived to provide direct benefits to parents and children, whilst parent support groups are designed to provide guidance and support to parents, with benefits to the children being indirect. It is the perception of a playgroup that is its strength in terms of maximising participation rates.

As the literature review shows, though not the same, there can be considerable overlap in the content and structure of different forms of parenting groups. The distinctions can be particularly blurred in the case of facilitated playgroups and parent support groups, which target disadvantaged families. Facilitated groups differ from independent, parent run groups, which bring together parents/mothers for socialisation, mutual support and children's play. Playgroups and parent support groups that target at risk families are both facilitated. The presence of a

facilitator adds an extra support dimension, the purpose of which is to assist at risk parents to build on their parenting skills, provide guidance and advice in a range of areas, and link them with other services (Playgroup Australia 2006; Plowman 2003, p. 2; Lipman et al. 2002, p. 6; Whipple & Wilson 1996, p. 229; Knapman 1991, p. 15; Potter 1989, p. 5). The overlap between supported playgroups and parent support groups was notable in the case of the Aboriginal groups examined here. These groups were run by the same facilitators, and some of the mothers attended both the mothers' group and playgroup. Thus though there were apparent differences in terms of the child- versus mother-related benefits outlined above, they were similar with regard to facilitator support. A combined supported parent group and playgroup can meet the aims of both parent support groups and playgroups (Office for Children Victoria 2005, p. 10). Thus facilitated playgroups can incorporate aspects of both playgroups and parent support groups, thereby combining the child- and parent-related benefits of both and taking advantage of the greater acceptance and accessibility of playgroups.

The qualitative interview data with Aboriginal mothers' group participants will elucidate some aspects of parent support groups that can be particularly advantageous for participants, and therefore be useful to incorporate into facilitated playgroups. These themes will be discussed in the next chapter and will show that the difference in the ways that playgroups and the mothers' group were perceived was not only apparent in motivations for participation, but continued throughout the women's discussions of the benefits of involvement in each of these types of groups. Moreover, the themes emerging from women's discussion of the benefits of the mothers' group had much more far-reaching effects than those of the playgroup. This will make the above point about advantages of combining aspects of both models of parenting group become more apparent.

The interview data discussed above outlines women's reasons for joining parenting groups. In addition to this, the interviews also provided information about the channels through which women initially accessed the groups. The LSAC data reveals much about patterns of use, and shows that, of particular

relevance here, low income and Aboriginal women participate at lower rates and later than more affluent women. Yet, unlike the qualitative data, it provides no information about the ways in which these women hear about and initially connect with the groups. Such information is valuable for service delivery because it can be used to inform and direct recruitment efforts. Thus, before discussing the benefits of parenting group participation, the qualitative data covering access channels to parenting groups among Aboriginal and disadvantaged women will be presented.

Accessing Parenting Groups

This research, not having data from women who do not participate, cannot provide indepth insight into the barriers to parent group participation that women face. However, the qualitative data from participating women presented above can shed a little light on some of the barriers, particularly in relation to participation in mothers' groups. The data show that Aboriginal and disadvantaged mothers may not be in a position to access parenting groups and their potential social capital benefits because they may not be aware such groups exist, they may be too shy to join in, they may not believe in the benefits or they may face practical barriers such as transport. This last barrier has been identified in the literature as a key issue impacting on disadvantaged families' ability to connect with early childhood services and playgroups (Oke et al. 2007, pp. 9, 20). Overcoming such barriers can necessitate considerable outreach efforts on the part of facilitators (Lipman et al. 2002, p. 7; Potter 1989, p. 31; Wayne 1979). Such efforts were observed throughout the participant observation phase of this research project, and included provision of transport (either picking women and children up or providing taxis), phone reminders, home visits and follow-ups with absent women, and provision of meals at group sessions.

Notwithstanding the limited data regarding barriers to participation, the qualitative analyses afford good insight into the ways that women who do participate came to do so. The channels through which the women initially accessed the groups did not differ greatly between the mothers' group and playgroups. This data has therefore been combined and presented together. There

were two broad categories of channels through which women initially accessed the groups, namely formal and informal channels.

Formal Channels

The most common formal referral channel was the Children, Youth and Women's Health Service (CYWHS)⁴⁰. Women were sometimes referred through contact with their CYWHS centre or by their maternal and child health nurse home visitor.⁴¹

My home visiting nurse told me about the playgroup and said we can go next week, so we did. (*Sarah, Aboriginal, 19, partnered, 1 child, paraphrased*)

I had the um, you know the family home visiting, with the Child and Youth Health sister. Yeah, I had a lady coming here until, well just finished when she turned two, so yeah she told us about it originally. (*Karen, non-Aboriginal, 28, single, 1 child*)

That was through the mothers' group [at] Child Youth Health at [location] ... [Facilitator] came down and told us all about it. (*Erica, non-Aboriginal, 28, single, 2 children*)

Women were more commonly referred to a playgroup by CYWHS, with only one woman, Chloe, being referred to the Aboriginal mothers' group by them:

[Facilitator] came in contact with me, I think that was through ... Child Youth Health because one of the Child Youth Health nurses was at [Aboriginal health centre] and she recommended me. (*Chloe, Aboriginal, 20, partnered, 2 children*)

⁴⁰ The Children, Youth and Women's Health Service (CYWHS) is the South Australian state health service provider for children, young people and women. It is often referred to as Child Youth Health (CYH)—a previous name.

⁴¹ CYWHS offer parents of every newborn baby in South Australia a home visit by a Child and family health nurse in the first few weeks of life as part of the government's Universal Contact program. These visits can be extended to a 2 year schedule of visits for families deemed 'at risk'.

Other women heard about the group through alternative formal channels. One Aboriginal woman was put in touch with the playgroup by her older child's school, another was referred antenatally by the Aboriginal pregnancy clinic, one non-Aboriginal woman heard about playgroup through a crèche she was volunteering at, and one saw a notice about the Aboriginal playgroup. Mandy was attending a (non-Aboriginal) young mothers' group (referred by CYWHS) and moved onto the playgroup when she became too old. This is one example of how parent group participation can link women into other services, one benefit of group participation that will be discussed in detail later.

Maternal and child health services, such as the Children, Youth and Women's Health Service (and other state equivalents) are a key initial entry point (Sneddon & Haynes 2003, p. 87). They come into contact with virtually all women soon after the birth of a child and throughout the child's early years and beyond. Thus they are at the front line in terms of service provision to mothers and are in a prime position to link women into other beneficial services. The LSAC quantitative results suggest that maternal and child health services (such as CYWHS and equivalent state counterparts) parent groups are commonly attended by first time mothers. This qualitative data shows that women also connect with playgroups through such services. There is some evidence that women who attend first time mothers' groups are more likely to go on to participate in playgroups (Sneddon & Haynes 2003, p. 82). Whilst first time mothers' groups appear to be predominantly attended by middle-class mothers (Scott et al. 2001, p. 27; Gillieatt et al. 1999, p. 133), this research shows that disadvantaged mothers who do participate in such groups can also go on to participate in playgroups. First time mothers' groups can also merge into independent playgroups over time (Sneddon & Haynes 2003, p. 82). This was not the case for the women interviewed here, however it is clear from these results that maternal and child health services can also be a conduit to supported playgroups for disadvantaged mothers.

A number of the women interviewed were on a prolonged schedule of nurse home visiting, which is offered to South Australian women deemed 'at risk'. The data presented here show that this aspect of maternal and child health services may be a particularly important pathway to playgroup participation for disadvantaged

women, especially given indications in the literature that they may be more likely to access this service than first time mothers' groups (Scott et al. 2001, p. 27).

For the Aboriginal women, the Aboriginal community health centre filled a similar role. Once accessing one service provided by the centre, there was significant cross-over between the various programs as the women then learned about and accessed other groups or services the organisation provides or is associated with. Thus, of the several women participating in both the mothers' group and the playgroup, some initially started at the playgroup and then joined the mothers' group and vice versa.

The health centre also runs a pregnancy clinic, which is a key contact point through which women are exposed to the other services the maternal and child health team at the health centre provides. As for CYWHS, this means that the Aboriginal health workers can also establish a relationship with women early on, as they attend the pregnancy clinic for their antenatal care. As stated, one Aboriginal woman interviewed was referred to the mothers' group through the pregnancy clinic.

Early contact is crucial in light of the LSAC finding that Aboriginal and disadvantaged women start participating in playgroups later than middle-class non-Aboriginal women. As outlined, the analysis of patterns of participation showed that there were significant differences in favour of more affluent and non-Aboriginal women when the LSAC children were infants, which appeared to equalise as the children reached toddlerhood. The social support and parenting literature demonstrates that socioeconomic disadvantage can contribute to parenting stress, and that social support can mitigate its effects (Potter 1989, p. 20; Turner & Noh 1983, p. 2; Seguin et al. 1999, p. 158; Crockenberg 1987, p. 6; Crnic & Greenberg 1987, p. 27; Whipple & Wilson 1996, p. 228). Establishing relationships with formal support networks as early as possible may provide extra buffering against parenting stress to these women whose socioeconomic circumstances put them at increased risk, and who may not have adequate informal social support (Richey et al. 1991, p. 54; Crockenberg 1987, p. 4; Green & Rodgers 2001, p. 425). This would also allow early intervention should any

issues arise. This is particularly important in the early months, which are a crucial time for mothers' well-being (Miller & Sollie 1980, pp. 459-50; Wandersman et al. 1980, p. 332; Cast 2004, p. 55).

Informal Channels

Informal contacts with the mothers' group and playgroups were made through friends and relatives who either used, knew of, or heard about the group. One non-Aboriginal and three Aboriginal women made contact with the group through these channels. The level of influence from informal network members varied. Exposure could occur by sheer chance with no intent to encourage participation on the part of the friend or relative. Charlotte was pregnant when:

My mum had an accident, she basically broke her ankle, and she knew about [Aboriginal health centre] and we went to [Aboriginal health centre] and ... the lady just said 'oh, we're starting a young mums' group' ... would you like to come?' (*Charlotte, Aboriginal, 22, partnered, 1 child*)

Other network members informed the woman about the group or recommended it to them. This was the case for Evie and Belinda:

[Relatives] were actually attending [campus where playgroup was held] and, yeah they just found out about ... the playgroup through there and then [Aboriginal health centre] through there. (*Evie, Aboriginal, 26, single, 1 child*)

[Relative] worked at [Aboriginal health centre] and he said, 'you should meet [mothers' group Facilitator]'. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

Informal network members could also exert pressure to attend. Jemima's friend:

Was going to the young mums' group on the campus and she picked me up and *told* me I was coming. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

Previous research has found a greater prevalence of referrals to playgroups from informal networks in disadvantaged areas than in more affluent areas, though maternal and child health service referrals were also common (Sneddon & Haynes 2003, p. 87). There is also some evidence that Aboriginal families commonly communicate about playgroups through word of mouth within their informal networks (Oke et al. 2007, p. 23). Both of these sources of referral were also most commonly mentioned by the women interviewed here, though maternal and child health service referrals were the most common. These studies combined indicate that Aboriginal and disadvantaged informal networks do play a role in terms of communicating information about parent group services. However, without a representative sample, definitive conclusions cannot be made about the relative importance of informal referrals for disadvantaged and Aboriginal families compared to the more affluent.

These data go a small way to furnishing information about the interaction between informal and formal support systems, in particular group-based parenting supports. Recall that much of the existing literature in this area usually examines this relationship by using existing social support instruments on group participators to assess the impact of the group on their level of social support. This research has shown that the relationship can also work in reverse. That is, informal support networks can influence participation in formal parenting support groups. The LSAC analyses suggest that level of informal support can impact on participation in parenting groups, specifically that a *lack* of support from informal sources predicts parent group use. The qualitative data further show that members of informal support networks can also be the catalyst for participation in parenting groups.

Social capital has been put forward as a way to alleviate disadvantage by facilitating access to opportunities in the wider community. The literature on social capital and disadvantage exposes a flaw in such policies by pointing out

that the resources possessed by individual members of disadvantaged social networks are likely to be similarly limited and therefore of questionable benefit (Wilson 2005). This aligns with Bourdieu's conception of social capital as dependent on and stemming from economic capital, without which capacity to accrue other forms of capital is limited (Bourdieu 1986, p. 250). As a result, networks rich in social capital resources are confined to the more affluent. Whilst this point is certainly not disputed, as always, the social world is full of complexities. This research shows that not only may inadequate informal support actually lead people to connect with alternative support sources, but also that the informal networks of disadvantaged groups are able to offer some social capital benefits, albeit indirectly, in terms of connecting network members with wider community supports and resources.

Putnam's distinction between bridging and bonding social capital also resonates here. Whilst bonding social capital binds together close-knit, intimate networks, bridging social capital expands social networks and facilitates connections beyond immediate family and friendship groups and across diverse social backgrounds (Putnam 2000, pp. 22-23). Both the social capital and the parenting group literature have shown that social networks among disadvantaged groups can be insular. They are therefore more likely to be characterised by bonding social capital. However, Putnam's argument that a network can be a source of both bridging and bonding social capital is demonstrated here (Putnam 2000, p. 23). The women who accessed parenting groups through their family and friendship networks made social connections, not only with other parents who may be similarly socially located, but also with facilitators, whose social backgrounds differed by virtue of their differing class and educational levels. Thus, though their informal networks may be characterised by insularity, as disadvantaged networks tend to be, this data show that they could also be a source of bridging links, leading to an expansion in social networks. The incorporation of connections with others from diverse social and economic positions (facilitators) into this expansion was crucial in terms of the social capital benefits women derived from their membership in parenting groups. This key finding of the present research will be discussed in the following chapter.

Breaks in Participation

Before moving on to a discussion of the benefits, in terms of social capital, that parenting group membership afforded the women, there was one other access related issue that emerged from the interviews and researcher observations.

Firstly, it was noted that whilst some women attended playgroup very regularly, others attended less often. Moreover, some were absent for long periods of time before returning to the group. Therefore, simply hearing about and initially accessing a group does not finalise the accessibility story. Continued accessing of groups could be intermittent and subject to lengthy disruptions. As it was obviously easier to gain interviews with regular attendees than those who only attended occasionally or short term, limited data has been collected regarding reasons that women discontinue or only sporadically attend the playgroup.

However, two interviews were conducted with Aboriginal women who discontinued playgroup attendance for at least a term and then re-commenced coming to the group. From these interviews, the birth of a subsequent child and moving away from the area are two reasons why women stopped coming to the playgroup. This also shows that women do return to the playgroup, even after a sustained absence. Moreover, whilst the birth of a child could prompt a lengthy break in attendance, this was not the case for all women. Other women from both the Aboriginal and non-Aboriginal groups returned to the group soon after birthing. Women from the non-Aboriginal group could also come and go, however, all interviews from both this group and the Aboriginal mothers' group were conducted with women who had regularly attended, and consequently no data is available regarding breaks in attendance from these groups.

Sporadic and lengthy breaks in attendance have implications for service delivery, particularly in terms of the type of group. Recall that playgroups can be independently organised and run by parents, or be supported by qualified group leaders. The latter type usually target disadvantaged families who may not normally participate in independent playgroups (Playgroup Australia 2006).

Supported playgroups can be based on an empowerment model, whereby the aim is to eventually withdraw facilitators, leaving the group to be run by participating parents, or be permanently supported. Similarly, parent support groups can be

fully facilitated or have an initial facilitated period, after which continuation of the group is continued independently. The latter model tends to be adopted by state maternal and child health organisations (Scott et al. 2001, p. 24).

The groups from which the interview data for the present research were obtained were fully supported. This qualitative data shows that mothers can discontinue attendance for long periods of time. A consequence of this may be an increase in the likelihood of a group lapsing, should too many absences occur at once. Even when successfully transitioned to an independent, 'empowered' group, some groups can still be in danger of lapsing without extra support at critical times (Plowman 2003, p. 4). Indeed, whilst far from conclusive, the LSAC data analysis suggests that independent parent support groups do lapse over time. Ongoing support is especially important for groups targeting disadvantaged families, who may be subject to significant life stressors and lack adequate social support. Yet they may also lack the skills necessary to sustain organisation of an independent group (Finch 1983, p. 255). In contrast to independent parenting groups, a fully supported group is not subject to lapsing. Its permanent nature means it is more likely to be fluid in its membership, with new members starting as others leave, rather than a static group which could simply dissolve when the original members no longer attend. A fully supported group has the advantage of always being there when absentees return and thus is better able to provide ongoing support.

Summary

This chapter has discussed the sociodemographic patterns in parent group participation by Australian mothers. In addition, the chapter has enhanced the quantitative information regarding parenting group participation by presenting qualitative data from Aboriginal and disadvantaged women about how and why they came to engage with parenting groups. The qualitative data are congruent with the quantitative finding of much greater participation in playgroups than parent support groups. The data indicate that mothers perceive playgroups, with a focus on child-related benefits, differently to parent support groups, which have a greater focus on mothers. This appears to render playgroups less threatening and more widely accepted and accessible models of parenting group. This has

implications for service delivery in terms of capitalising on the greater and more willing participation in playgroups.

The qualitative analysis revealed that Aboriginal and disadvantaged mothers access parenting groups through both formal and informal channels. Formal referrals predominantly issued from state Child, Youth and Women's Health Service nurses. Early contact with such parenting services, including Aboriginal services, is important, given the quantitative finding that disadvantaged and Aboriginal mothers appear to begin participation in playgroups later than other mothers. Establishing early formal support networks may provide extra buffering against parenting stress to socioeconomically disadvantaged mothers, who are at increased risk, and who may lack adequate informal support. Informal networks can offer indirect bridging social capital by connecting disadvantaged mothers with wider community supports and resources.

Lengthy breaks in participation have implications for the delivery of parenting group services for disadvantaged women. Permanently supported playgroups, as opposed to parent run or transitional groups may protect against groups lapsing due to such breaks, thereby maximising the support they are able to provide.

Chapter 8. Qualitative Results and Discussion— Outcomes of Participation in Parenting Groups

The previous chapter presented a discussion of patterns of participation in parenting groups by Australian mothers, as well as insight into how and why Aboriginal and disadvantaged mothers access parenting groups. An arguably more important question is do they benefit from participation, and if so, in what ways? In other words, what are the outcomes of participation in parenting groups for mothers? This, the second main discussion chapter, is devoted to this question. Understanding access pathways is valuable information which can be used to maximise participation rates. However, there is little point unless significant benefit is derived through participation. The premise that parenting groups, by creating social connections between members, are potential sources of social capital is sound. However, it must also be empirically tested, and the nature of any social capital benefits be understood.

The thesis applies both quantitative and qualitative research methods to this question. The former used multivariate statistical methods in order to tease out the relative indicative impacts of parent group use and various socioeconomic, demographic and social support variables on three measures of parenting health and well-being, specifically global health, coping and parenting self-efficacy. For the qualitative component, the women interviewed were asked about what they found most useful or helpful about participating in the mothers' group and playgroups. Again, the chapter will incorporate the relevant quantitative results with presentation of the qualitative data derived from interviews with Aboriginal and disadvantaged women participating in parenting groups.

The chapter begins with a discussion of the relationship between playgroup participation and health revealed in the quantitative analysis. The relationship between psychological adjustment and parenting group participation is then discussed. This section argues that, though no quantitative relationship was found between these two factors, the qualitative data provide evidence that parenting

group participation can have positive effects on mothers' psychological well-being. Discussions of the role of parenting groups in extending social networks with peers, and then facilitators follow. It will be argued that the latter, as sources of bridging and linking social capital, are crucial to the generation of quality social capital for mothers attending parenting groups. Following on from this is a discussion of the Aboriginal mothers' group and the significant benefits for participating mothers, in terms of empowerment, derived from their contacts with group facilitators. The final section of the chapter discusses the benefits to Aboriginal women, in terms of establishing and maintaining a connection to culture, of participating in specifically Aboriginal parenting group services.

As for the preceding chapter, it should be noted that much of the data has not been separated by Aboriginality, due to the fact that responses did not differ greatly between Aboriginal and non-Aboriginal interviewees. However, the mothers' group data virtually all derived from participants in an Aboriginal mothers' group. Thus, the section discussing the impact of this group largely pertains to Aboriginal women, with its applicability to other groups also discussed. A further exception to the above combined mode of presentation is the discussion of Aboriginal cultural issues which are specific to the Aboriginal women and has therefore been presented in a separate section.

Playgroups, Global Health and Social Capital

The LSAC⁴² multivariate analyses show that playgroup use appears to have an impact on mothers' health. Specifically, participation in playgroups increases the likelihood of a better self-assessed global health rating. Parent support groups did not show a relationship to global health. Though this is a self-rated health measure, it is commonly used and is a reliable predictor of other, more objective health measures (AIHW 2008, p. 28; Jenkinson et al. 1994). Thus, the impact of playgroup participation on health is likely to be 'real', not just subjective.

Having said this, it must be acknowledged that the causal direction of the correlation between playgroup participation and global health is uncertain. It may

⁴² Longitudinal Study of Australian Children

be that poorer health is impacting on ability/desire to attend groups, rather than group membership positively influencing health. Nevertheless, the latter conclusion is feasible when viewed in the light of other empirical assessments of the relationship between social support/social capital and health, a review of which led Putnam to conclude that the positive influence of social capital is most robust in the health and well-being domain (Putnam 2000, p. 326). As outlined in the discussion of the literature regarding social capital and health, research evidence shows a strong link between social participation and health. The World Health Organisation recognises the health promoting role of community organisations and the social connections they facilitate (Baum et al. 2000, pp. 265-266). Playgroups, which bring together groups of parents in a social environment, are well suited to this role.

Social capital is also one promising strategy in improving health and well-being in disadvantaged communities (Baum et al. 2000, p. 257). The negative impact of socioeconomic disadvantage on health is well established, and is confirmed in the quantitative analyses conducted here. Yet the link between social capital and health persists when socioeconomic status is controlled for (Baum et al. 2000, p. 257; Baum et al. 2000, p. 420).

However, for Aboriginal populations, these links are not so clear. The interaction between Aboriginal health and socioeconomic disadvantage is complicated by the unique and multi-faceted nature of Aboriginal disadvantage, and elucidation of this relationship is plagued by methodological issues.⁴³ What is not in dispute is that Aboriginal peoples are among the most disadvantaged in Australia and suffer significantly poorer health than other Australians (Baum 2002, pp. 247-8). The debate about the applicability of social capital theory in an Aboriginal context has just begun, and its usefulness and relevance is yet to be established. Nevertheless, Baum argues that the theory, and in particular linking social capital, offers potential in terms of suggesting ways in which improvements in Aboriginal health can be achieved (2007, p. 129).

⁴³ See Chapter 6 for a more detailed discussion of this issue.

Despite its promise in the area of health, social capital should not be put forward as a cure-all for poor health, regardless of Aboriginal status, no more than it can be the only answer to disadvantage. There are significant flaws in the notion of social capital as a panacea for disadvantage (Baum et al. 2000, p. 270; Baum 1999, p. 176; Cox 1995, p. 79; Cox & Caldwell 2000, p. 44). Empirical research shows that the more affluent tend to participate in social activities to a greater extent than the working classes (Baum et al. 2000, p. 257; Baum et al. 2000, p. 420; Wilson 2005). Moreover, their activities are more likely to be 'formal' than those of lower socioeconomic status, who tend to gather among their informal networks (Baum et al. 2000, p. 268, Wilson 2005). This leads back to the perennial problem that informal networks of similarly disadvantaged individuals are limited in their social capital resources, and can even cause further immersion in the stress inducing sequelae associated with disadvantage (Green & Rodgers 2001, p. 425; Richey et al. 1991, p. 54; Belle 1990, p. 387; Durden et al. 2007, p. 356; Wahler & Hann 1984, p. 349). As disadvantage is clearly linked with poor health, if social capital cannot eradicate the former, it is equally incapable of single handedly eradicating health inequalities. In support of this argument, the multivariate analyses conducted here show that socioeconomic factors are much more consistent predictors of mothers' health and well-being than parenting group participation. Thus, though participation in parenting groups may be beneficial to the health and well-being of mothers, they are unlikely to overcome the effects of socioeconomic disadvantage. Nevertheless, social capital can be seen as one strategy, among many, to combating poorer health in disadvantaged communities.

For the success of any such strategy to be maximised, for the above reasons, the focus must be on bridging and linking social capital. These forms of social capital expand social networks beyond intimate family and friends, facilitating ties between people from different backgrounds and socioeconomic levels (Putnam 2000, pp. 22-23; Szreter 2002, p. 578; Szreter & Woolcock 2004, p. 655). Formal community based connections can constitute bridging networks because they offer such an expansion of networks. As the LSAC data shows, playgroups are one community activity which do have a good participation rate, which for Aboriginal and disadvantaged mothers is on a par with more affluent mothers

once children reach toddlerhood. Thus for these mothers, playgroups can largely overcome the problem of lack of participation, which is necessary to social capital generation and its consequent health benefits. It could reasonably be argued that, despite this, the problem of limited social capital resources will remain, given that playgroups in disadvantaged areas still bring together groups of similarly disadvantaged families. However, this thesis will argue, on the basis of the qualitative data, that facilitators are the key sources of social capital for disadvantaged families, in both playgroups and parent support groups. We will see that facilitators possess the knowledge, skills and resources that group participants may lack. By virtue of this they constitute both linking and bridging connections that are able to offer different and arguably more superior assistance, and are free from the adverse and negative interactions that may characterise informal networks.

Parenting Groups, Psychological Adjustment and Social Capital

The multivariate analyses did not show a significant relationship between participation in either type of parenting group and parenting self-efficacy. Participation in parent support groups, however, was associated with more difficulty coping. The results of the present study are not directly comparable with the existing literature including assessments of psychological adjustment among parent support group users, due to the use of differing instruments and measures of adjustment. However, they are similar to the existing literature in that they do not show a clear and consistent relationship between psychological adjustment and parent support group participation. In contrast to this, the informal social support and parenting literature demonstrates a clear relationship between the presence of informal social support and better psychological outcomes. The ambiguity in the relationship between parent support group participation and psychological adjustment may be a function of the wide variety of group formats. As stated previously, parent support groups differ widely in their content, aims, structure, duration and target groups, making comparisons difficult. Such inconsistent results have led some authors to conclude that existing adjustment instruments may not be appropriate for capturing the impact of parent support groups on participants (Wandersman et al. 1980, pp. 339-340). It has been

suggested that qualitative methods should be a component of parenting group evaluations (Wandersman et al. 1980, pp. 339-340; Telleen et al. 1989, p. 411). Qualitative data can give insight directly from participants about how parenting group participation helps them, and thus can circumvent the problem of ambiguity in quantitative results.

Though the quantitative analysis conducted for the present research did not detect an impact of parent group participation on either coping or parenting self-efficacy, there was evidence from the qualitative data that participation in playgroups had a positive impact on women's parenting. Not surprisingly, given that social interaction for their children was a primary motivator for playgroup attendance, the women spoke about the positive effect this had on their children. In addition to social development benefits, the women also talked about other child-related advantages. Some were more general issues, such as provision of play and activities, and others related to specific developmental issues that the playgroup had helped with. The subject of this thesis is the outcomes of playgroup participation for mothers rather than on children. However, these data are relevant to mothers, as the health and well-being of their children will surely influence their own.

She's happy playing with other children, especially for her to socialise with other children as well. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

I definitely like seeing [son] get involved with things, like doing lots of activities, like making things and coming home with paintings and drawings. (*Abbey, non-Aboriginal, 25, single, 1 child*)

[Son] is brighter and knows what's around him and the activities are good for him and his learning. (*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

It's good for my kids' development, their skills, eating, playing, socializing ... [Daughter] is now eating better and is growing and gaining

weight. I think the playgroup has helped with this. (*Teresa, non-Aboriginal, 40, single, 3 children, paraphrased*)

Some mothers also contrasted or related the benefits of the playgroup to home. They appreciated what the playgroup had to offer their children in terms of facilities and activities that were not available at home.

There's all this stuff here for him to play with. (*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

He can learn and do activities here that he doesn't have at home because we don't have the same facilities, like outside in the yard. (*Eleanor, non-Aboriginal, 35, partnered, 1 child, paraphrased*)

Whilst direct and measurable improvements in parenting self-efficacy cannot be claimed on the basis of this data, it is reasonable to argue that a mothers feeling that she is providing her child with activities that are enjoyable and good for healthy development would positively affect the way she feels about her parenting. In addition to the direct child-related benefits which may positively impact on parenting self-efficacy, the women also spoke of the ways in which playgroup participation made their parenting job easier. A number of women felt that not only did their child enjoy and benefit from the social contact and playgroup activities, but they attributed positive behavioural changes to it.

It's good to have them do it [play] here so they don't make a mess at home ... they get bored at home and fight and are harder to handle. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

Playgroup has been really good for him. He's more content after playgroup, if he doesn't go he's a lot harder to handle. And if I say 'we're going to playgroup' he behaves better—it's like a treat for him. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

Like sitting down to eat with the other kids—he’s learned this and now he does it at home. Before he would just run around with his food. And he has learned to share toys—before he was ‘mine, mine, mine’ because he’s an only child, he didn’t have to share at home—he plays and interacts more. *(Belinda, Aboriginal, 24, single, 1 child, paraphrased)*

I think it has helped my son learn to not be so rough. Because he’s an only child he doesn’t really know any better. He has a cousin who he’s a bit rough with but he doesn’t understand that he’s being rough. Playing with other children at playgroup has helped him learn to be more careful. *(Sarah, Aboriginal, 19, partnered, 1 child, paraphrased)*

For some women, participation in the playgroup assisted them in learning about how to help their child learn and develop, and gain some understanding of child development. The key source of such information was from facilitators.

The suggestions with learning skills are good too, to understand [son] more and help to play and learn with him. *(Eleanor, non-Aboriginal, 35, partnered, 1 child, paraphrased)*

I enjoyed making the books and recording in it and everything about [daughters] development and stuff and that was interesting. *(Charlotte, Aboriginal, 22, partnered, 1 child)*

Some women also found the playgroup helpful for ideas about learning activities for the children that were transferable to home.

I like learning what [son] likes to play with and games he likes and I know what toys and games to buy him. *(Eleanor, non-Aboriginal, 35, partnered, 1 child, paraphrased)*

They give you, every now and again they'll give you ideas, I guess, what to do at home, like, you know, drawing or something, different things like that ... because sometimes you do, like I know that I used to find it really difficult finding stuff to do at home, you know, and then you'll go out and buy these expensive things because you think 'oh they could get lots out of that', but in reality, you know, simple things make kids happy. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

It has been helpful for me too, by learning how to make things, like the playdough and other activities for my son that are not too expensive. (*Sarah, Aboriginal, 19, partnered, 1 child, paraphrased*)

Though the impact of playgroup participation on child development is not the subject of this thesis, this was a theme that emerged from the interviews with mothers. However, this theme does have relevance to the present research, which is about mothers. It is reasonable to surmise that feeling that they are providing their child with an environment conducive to healthy development will have a positive impact on parental well-being.

The bivariate results presented here show that low income and Aboriginal mothers tend to rate their parenting self-efficacy and level of coping lower than more affluent, non-Aboriginal mothers. All of these themes provide evidence that, despite the failure of quantitative methods to capture a relationship, playgroup participation may have a positive impact on parenting self-efficacy and level of coping for these mothers. As has been shown in other qualitative research with playgroup participants (Oke et al. 2007, p. 13), the women interviewed here valued providing their children with play and social activities and expanding their experiences through the playgroup. In addition, the women gained knowledge of child development and ideas for activities, got assistance with specific developmental issues, shared special time together, and saw positive behavioural changes as a result. These things may all help parents to cope better with the job of parenting young children and make them feel good about the parenting job that they are doing. However, as discussed with regard to the impact of playgroups on

self-assessed health, the multivariate results presented in this thesis show a more consistent relationship between socioeconomic factors and health and well-being. Thus though playgroup participation may have beneficial effects on mothers, as evidenced by the qualitative data, they are unlikely to entirely ameliorate the effects of socioeconomic disadvantage.

Finally, though no quantitative relationship was found between parent group use and parenting self-efficacy, or playgroups and coping, as stated, a negative relationship was found between coping and parent support group participation. This result is explicable. It is unlikely to mean that parent support group use causes coping difficulties. Rather, it is more likely that the causal direction is the reverse, and that such groups are attended by women *because* they are having difficulty coping. There is no distinction between types of parent support groups in the LSAC data, therefore participating respondents are likely to be attending a great variety of groups, some of which specifically target parents needing extra support and who are likely to be having coping problems, such as mothers suffering post natal depression. Moreover, mothers who are having trouble coping may be more likely to stay involved in general support groups that do not specifically target a particular issue or population, owing to the support the group can provide.

Playgroups and Family Social Capital

Joint benefits for both mother and child were another theme that emerged from the playgroup interviews. The groups promoted positive interactions between mother and children. Some mothers saw the playgroup as a special time for bonding with their child and doing activities together.

I think it's nice to be able to get involved with exactly what she's doing. So she might go from the dress-ups to outside and you can be involved, you know help her paint or something. (*Evie, Aboriginal, 26, single, 1 child*)

It's a good time, like playgroup is a good time to bond ... and to go there I know that time is for us, whereas when I'm at home, I've got things to do ... so when I go there I know that time is for us. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

[Playgroup] was more for me to do something with my kids, you know and me spend time with them and play with them ... I just appreciate that they're doing something and they're enjoying it and I can be there to watch them. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

I know it's hard but I'd like to see some of the parents just you know interact a bit more with their kids ... My focus is mainly on [daughter] at the moment. (*Karen, non-Aboriginal, 28, single, 1 child*)

The social capital literature indicates that trusting and supportive family bonds are associated with positive outcomes for children in terms of social and emotional development and educational attainment (Furstenberg & Hughes 1995; Amato 1998; Parcel & Menaghan 1993; Israel et al. 2001). Whilst not entirely ameliorating the effects of socioeconomic disadvantage, these benefits of family social capital are still evident among disadvantaged families (Furstenberg & Hughes 1995, p. 583). The data presented here provide evidence that playgroups may promote such bonds by providing a space in which mothers can focus on and share special time with their children.

The impact of family social capital on parents has not been the subject of research. The present research, whilst not centrally concerned with family social capital, is interested in the ways in which parenting groups can operate as social capital resources for these Aboriginal and disadvantaged women. The main themes emerging out of the qualitative data relate to the expansion of women's networks beyond the family. However, these data constitute evidence that playgroups may also promote the development of family social capital, through the provision of space and time in which mothers and children can develop close, nurturing relationships. No definitive conclusions regarding the impact of family

social capital on parents can be made on the basis of these data. However, it is clear that sharing special time with their child was an important aspect of playgroup participation for some women. It is equally clear from these women's statements that this was a positive aspect of the playgroups for *themselves*, not just their children.

The structured nature of supported playgroups targeting disadvantaged families may also play an important role in the promotion of parent and child bonds. In the playgroups sampled for this research, playgroup facilitators set play activities, in which parents and children participated and shared time together. Moreover, parenting group facilitators can model traits such as respect, understanding, support, warmth and empathy (Barlow et al. 2007, p. 17). This can assist in creating a climate which is conducive to the development of positive family relationships. In the context of playgroups, early childhood qualifications and expertise also enable facilitators to model and promote positive interactions with children. The social support literature demonstrates a positive impact of informal social support on quality of parenting and child outcomes (Turner et al. 1990; Voight et al. 1996; Pascoe et al. 1981; Woody & Woody 2007). This research provides evidence that supported playgroups are a formal support service that can have a similar impact.

Bonded networks can have both positive and negative impacts on members. Close networks among disadvantaged people may be characterised by the latter, due to immersion in the negative sequelae associated with low socioeconomic status (Green & Rodgers 2001, p. 425; Richey et al. 1991, p. 42; Belle 1990, p. 387; Durden et al. 2007, p. 356; Wahler & Hann 1984, p. 349). For Aboriginal peoples, though kinship ties are strong, their combination with severe disadvantage and social exclusion increases the likelihood of damaging effects (Hunter 2000, pp. 24-25). Strategies that encourage and support healthy bonding relationships are likely to promote Aboriginal health and well-being (Baum 2007, p. 122). This research suggests that Aboriginal supported playgroups may be useful as one such strategy.

The family has also been examined for its role in the creation or obstruction of social capital in the wider community (Winter 2000, p. 6; Hughes & Stone 2003; Putnam 1996). The presence of children can simultaneously promote and hinder community involvement. Having children opens up opportunities for child-related community activities such as participation in parenting groups. However, childcare responsibilities also limit non child-related activities, and can render mothers in particular housebound and isolated from community networks (Baum et al. 2000, p. 260; Winter 2000, p. 11; Munch et al. 1997, pp. 514-515). Cox argues that both close family ties, as well as connections to the broader community are important (1995, pp. 31-32). This research indicates that playgroups can foster both. They may promote the development of family social capital, by providing opportunities for parent and child bonding. At the same time, they offer parents community connections, and in particular reduce the isolation of mothers by getting them out of the house and, as will be seen below, connecting socially with other mothers and facilitators.

Parenting Groups, Social Networks and Social Capital

We have seen that the making of social connections with other mothers was a motivation for participation which was common to both playgroups and parent support groups. Thus not surprisingly, having joined the groups, this was also seen as a benefit by members of both group types. Most women attending the playgroups said that they had made friends at the group. Whilst some developed friendships that continued outside of the group, others were content just to see the other women at playgroup each week. During the time I spent participating in the groups, invitations to outside gatherings, such as children's and mothers' birthday parties, as well as arrangements for children's 'playdates' at each others houses were observed.

It was friendly right from the beginning. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

I have made very good friends at playgroup. I meet up with a couple of the women outside of playgroup, or we communicate by phone and text.
(*Teresa, non-Aboriginal, 40, single, 3 children, paraphrased*)

I only see them [other mothers] at group. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

I talk to a lot of them now and I didn't even know any of them. The only ones I knew were [name] and [name]. Everyone else I didn't know and there was a few people there. I talk to them all now. (*Chloe, Aboriginal, 20, partnered, 2 children*)

As for playgroup participants, the making of social connections also proved to be a benefit for the mothers' group participants. All women attending the mothers' group said they made friends at the group, and again, some of these friendships have continued outside of the group sessions.

Well, [name] and I are close, like we're friends and she'll come around to my house. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

I was a bit shy of course, but other than that it wasn't too bad ... In the end I did know a few of them [other mothers] ... The first people I met was [name] and [name] and I'm still friends with them now. (*Chloe, Aboriginal, 20, partnered, 2 children*)

There was some evidence that the development of close friendships depended on long-term group membership. The friendship connections made by Kimberley, who did not attend the mothers' group for long dissolved after she ceased going to the group:

I made some friends there but I've forgotten their names now—they all go and do their own thing now. I only saw them when I went to the group.
(*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

It makes intuitive sense that the establishment of stronger social connections takes time, however, this may also be a function of individual personality types. Some people are more socially outgoing and better able to establish and maintain friendships than others. Abbey, a member of the non-Aboriginal playgroup articulates both the temporal and personality influences on friendship development. Due to issues surrounding her weight, it took her some weeks of participating in the group before she felt comfortable making friends with the other mothers:

I like it too, but with my personal issues I sort of think ... it probably sounds ridiculous, but sometimes I think people are judging me by what I look like, my size sort of thing, but that's just me, that's not them, that's my issue. Yeah, that sort of holds me back from socialising and getting into conversations and things ... I have to say now, today I feel a lot better than the first day I came ... getting used to the people and getting the people around you, instead of standing back and getting to know them I'll just probably start getting into it a bit more. (*Abbey, non-Aboriginal, 25, single, 1 child*)

In addition to fostering healthy child development, a primary aim of playgroups is also to provide socialisation opportunities for parents. Likewise, as well as the provision of guidance, practical assistance and information, a major goal of parent support groups is social participation and support. In line with other research, this data shows that for these Aboriginal and disadvantaged women, the establishment of such social connections did indeed occur. Previous research has found that interaction with other parents at playgroups runs a close second or is even of equal importance to parents as the socialisation and developmental benefits of playgroups for their children (Fields & Clearly-Gilbert 1983, p. 28; Sneddon & Haynes 2003, p. 107; Oke et al. 2007, p. 13). Certainly the mothers here recognised this dual benefit, as shown in the motivation for attendance data in the preceding chapter. However, as was also shown, many prioritised child benefits above their own. Similarly, though quantitative assessments of the impact of

parent support groups on social support produce ambivalent results, the qualitative parent support group literature shows clear and lasting social benefits.

The establishment of social connections between mothers at parenting groups affords the potential for the accrual and exchange of social capital. However, it must be remembered that these connections are made between similarly disadvantaged women. Thus the oft repeated argument that social capital resources are limited among disadvantaged networks applies here. The accrual of social capital benefits depends not only on membership in social groups, but also on the groups possessing sufficient resources that can be exchanged between members as social capital (Bourdieu 1986, p. 249). The social support literature also recognises this important distinction between the presence of a social network and the forms of support it can provide.

Nevertheless, the successful establishment of social connections between mothers indicates a potential for the development of social capital. Whilst group members may be relatively disadvantaged at the population level, their socioeconomic circumstances will not be identical. Within group differences in income, skills, knowledge and educational levels, which can translate into differing social capital resources are likely. Indeed, though formal measures were not taken from interviewees, some knowledge of the women's circumstances, confirming a degree of diversity, was gained through long-term participation in the group. Moreover, we have seen in the preceding chapter that informal family and friendship networks are not completely bereft of the ability to transfer social capital, at least in terms of linking network members to available services. Mothers participating in parenting groups and who are service users could also do the same thing for each other. The social support literature also demonstrates that, despite lifestyles characterised by high stress and inadequate social support, disadvantaged mothers can also benefit psychologically and materially from having social support. Notwithstanding the evidence that interactions between disadvantaged mothers can be dominated by 'war stories', rather than mutual problem solving (Wahler & Hann 1984, p. 349), the benefits of simply having other mothers to talk to and share parenting experiences with should also not be discounted. This advantage was highlighted by Belinda and Kimberley:

It was really good because we got to talk to each other about pregnancy and we were all going through it together. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

It was a good group—I could talk to other mums and ask questions about labour and pregnancy and what it's like and all that. (*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

It is interesting that many of the women interviewed were satisfied to see each other only at group sessions, though I also witnessed the making of social plans beyond this. This could seem like the connections may remain superficial and possibly limit their benefit. However, it is perfectly reasonable and sufficient to see friends on a weekly basis. The LSAC data set includes information regarding extent of contact with friends. An investigation of this data revealed that the greatest proportion (56%) of mothers were in contact with their friends weekly.⁴⁴ Thus, rather than being associated with limited friendship contact, an alternative view is that the groups provide the site at which regular interaction with peers can occur. Evie articulates this:

[See other mothers] mainly at the group, I guess it is once a week so you still see them. (*Evie, Aboriginal, 26, single, 1 child*)

Not surprisingly, given that most women made friendship connections at the group, for the most part, the women in both the Aboriginal and non-Aboriginal playgroups got on well with each other. No open conflict was mentioned or observed. However, in the non-Aboriginal group some undertone of judgment towards certain group members was observed. Two women alluded to this during interviews by referring to 'ferals' as a negative aspect of the group. Thus the group had a class hierarchy within it. Anna felt subject to this class distinction:

⁴⁴ The full result of this analysis is shown at Appendix I.

I have more trouble on Thursday group because there's a lot of parents there that think they're better than other people. (*Anna, non-Aboriginal, 28, partnered, 4 children*)

Despite feeling this way, Anna was no different to the other women in deriving benefit from social interaction. Indeed, getting out of the house and the social aspect were her primary motivators for participating. However, she was aware of some personal social competence issues, which may have impacted on her ability to gel with the group:

I just have a habit of assessing children's behaviour and I think that gets on peoples nerves a lot. (*Anna, non-Aboriginal, 28, partnered, 4 children*)

I've been pulled aside a few times for um, taking too much of the people's time up, the professional people's time up cause I just talk and talk and talk. (*Anna, non-Aboriginal, 28, partnered, 4 children*)

Though this is only one isolated case, it does suggest that perhaps those most disadvantaged can face more challenges in gaining benefit from playgroups socially, even though they may be most in need. Notwithstanding this, positive interactions still far outweighed the negative. No suggestion of conflict or negative judgments towards any members of the Aboriginal groups was observed.

The above data provides evidence that women do make social contacts through membership in parenting groups. These contacts with other mothers are one potential source of social capital. However, the interviews revealed evidence for a much stronger argument that the most valuable social capital benefits associated with Aboriginal and disadvantaged parenting groups comes from a different quarter, namely the group facilitators. There were several themes arising out of the qualitative data that related to the assistance that facilitators provided to group members. These themes will be discussed in the following sections.

Parenting Groups, Facilitators and Social Capital

Both mothers' group and playgroup participants spoke in very positive terms about their relationships with group facilitators. These comments incorporate the Aboriginal health centre facilitators, who are involved in both groups, and the Aboriginal and non-Aboriginal playgroup facilitators. The opportunity to obtain support and professional advice from group facilitators was a benefit for many of the women interviewed. Facilitators were trusted and appreciated for getting to know the women and their children personally, and being readily approachable for support. All women indicated that they felt comfortable talking to facilitators and asking them questions.

They're pretty good. I can ask them questions if I need to. (*Sarah, Aboriginal, 19, partnered, 1 child, paraphrased*)

They're all nice and very understanding and helpful. (*Kimberley, Aboriginal, 26, partnered, 2 children, paraphrased*)

They're good—it's good to know they're there for advice if you need them. (*Jemima, non-Aboriginal, 24, partnered, 3 children, paraphrased*)

Another emergent theme relating primarily to facilitators was the links to other services that women were able to make through their membership in parenting groups. Both the mothers' group and playgroup data show the ways in which the groups have been very successful at linking mothers to other beneficial services. Once an entry point is made, the women are then in an environment where they can learn about, come into contact with, and be referred to other supports and services for themselves and their children. These other services may be linked to or associated with the groups, or be part of separate organisations. Referrals could come from other mothers, but facilitators were the primary sources of information about available services. Even women who had not availed themselves of alternative services still recognised the group and its facilitators as a place from which they could ask about and be referred to other services should the need arise.

They didn't tell me about the services, you know, straight out or whatever, but gradually over time I sort of found out that that person did that and, you know they can help you out if you need to or whatever ... but yeah you slowly gather what's going on and what's happening and, you know, who does what. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

I think that if there's a problem then they do straight away put you onto a service to assist, like [daughter] has been with [facilitator] with speech pathology, she's been with [facilitator] with dietary. (*Evie, Aboriginal, 26, single, 1 child*)

It's got [us] into, like the speech [therapy] and things like that with [son]. (*Erica, non-Aboriginal, 28, single, 2 children*)

For the Aboriginal women, direct contact with presenters at the mothers' group was another way through which links to others services could be forged. Some women named organisations such as Northern Women's Community Health Centre and Shine SA (Sexual Health Information Networking and Education), who were regular presenters at the group, as places they now go to for assistance if needed.

Crossover between mothers' groups and playgroups also occurred among both Aboriginal and non-Aboriginal women. A number of Aboriginal women attended both the Aboriginal playgroup and the mothers' group, having initially connected with one, they also joined the other. Charlotte illustrates this:

Everything that [facilitator] basically started, I went. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

Also for some of the women participating in the Aboriginal groups, initial contact with the groups and the Aboriginal health centre was their first contact with

specifically Aboriginal services. This then opened up access to an array of other Aboriginal services for themselves and their children.

I guess [husband] said, you know, you're an Aboriginal and Aboriginals have a lot of help but you just don't go out there and find it. Which is true, I mean, I never grew up with my Aboriginal family ... I knew there was help but I didn't know what way to go to find it. But when I came across [Aboriginal health centre], they've got a lot of services. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

[Playgroup has helped] for me personally, I think its been a matter of knowing the services that are out there to help me out with my kids, like if, whatever, like I've had lots of help with speech for [son] and that, so that's really, really helped me. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

Some women positively contrasted the structure, advice and links to services provided by the presence of expert facilitators at the playgroups with other groups which lacked these advantages.

We've actually tried a couple of playgroups, but for one reason or another I just didn't like them ... I like the one we go to now, it's got a bit more structure and it's more focused, sort of, focused play, do you know what I mean? Like the others you'd go and the kids would just run amok for two hours whilst the parents sat there drinking coffee and that was it. (*Karen, non-Aboriginal, 28, single, 1 child*)

If I had gone to a normal playgroup, which I did try, not a normal playgroup, like just, you know just that are run at kindy's or whatever, I don't think I probably would have found out very much [about services] or whatever. You know, like I say I did try those other ones and they weren't very helpful or friendly. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

This playgroup is not like other groups where it's just mothers talking, but it's actually practical advice and help and programs to help understand child development and learning. (*Eleanor, non-Aboriginal, 35, partnered, 1 child, paraphrased*)

A supported playgroup is facilitated by a paid coordinator, rather than independently run by parents. Supported playgroups usually target disadvantaged and at risk families, who lack the skills or resources to establish and run playgroups themselves. In addition to offering support and social connections between parents, supported playgroups, through their facilitators, offer additional layers of support in the form of information and referrals to other available services.

Though the quantitative LSAC data does not differentiate between playgroup models, the qualitative data collected for the present research comes from participants of supported playgroups that have permanent facilitators. These playgroups are in contrast to the more common 'empowerment' model of supported playgroup, which aims to eventually withdraw support from coordinators, leaving participants to run the group themselves.

The playgroup literature outlines some arguments for and against both the empowerment and fully supported models of supported playgroup. Independent playgroups began as and continue to be a predominantly middle-class activity. For this reason, some of the early literature problematises their transference to the working classes. The efficacy of the strategy, in particular the capacity of disadvantaged families to take on the skills required to run groups, has been doubted due its 'culturally alien' nature (Finch 1983, p. 255). In contrast, there is some evidence of the success of the empowerment strategy for working class groups, though some are still in danger of lapsing at critical times (Plowman 2003, p. 4). Qualitative research with parents participating in supported playgroups also indicates that playgroups may falter in the absence of a leader (Oke et al. 2007, p. 19).

The results of the present research provide evidence in favour of fully supported playgroups for certain groups. The qualitative results show that indeed, participants in the playgroups received benefits much as Playgroup Australia outlines. They made social connections with other mothers, and received advice, information, support and referrals to other services from the qualified facilitators. However, it was the facilitators who were the key source of the benefits the women received through participation in these fully supported playgroups. The data presented here demonstrates that when trusting relationships are built with facilitators, parenting groups have significant potential as sites where social capital can be generated for disadvantaged women. The women interviewed certainly appreciated meeting and chatting to other mothers, but they more explicitly spoke of the advice and assistance they received from facilitators. The women liked the structure of a supported group, they liked the fact that the group was run by facilitators with expertise and knowledge who could provide them with assistance. Other qualitative research has also found that parents participating in supported playgroups appreciate the structure and routine provided by facilitators, and contrast it to the disorganisation of unstructured groups. Gaining referrals to other services has also been highlighted as a benefit of supported playgroups in qualitative research (Oke et al. 2007, pp. 18-19). Moreover, as discussed above, facilitators can promote family social capital through the provision of structured playgroup activities and modeling positive interactions between parents and children.

Factors that may increase the risk of lapsing should support be withdrawn were also evident in the qualitative data. As mentioned, some mothers discontinued attendance for long stretches of time. Such long absences may reduce the sustainability of an independent group should numbers get too low. A fully supported playgroup will always be there when absent women return, as this study shows they certainly do.

The empowerment playgroup model allows for withdrawing of facilitators when participants are self-sufficient at running the group. The basis of such a strategy is that it allows participating parents to become self-reliant, rather than dependent

on ongoing facilitator support. Thus the strategy avoids the ‘unnecessary ‘professionalisation’ of parent support services (Keller 2007). However, playgroup participation is necessarily temporary, ceasing as children make the transition to school. Thus the withdrawal of facilitator support occurs naturally for individual parents. Though a fully supported playgroup may not empower mothers in the sense of fostering an ability to run the group independently, it could be argued that there is equal value in the provision of support and assistance throughout the crucial early years of mothering, until natural attrition occurs. This also allows for a rolling membership, whereby new mothers commence as others leave. Consideration of the costs and benefits of each model of supported playgroup, as well as the needs of the particular target group should be made, within the constraints of available resources, when deciding the most appropriate service model. As will be argued later, the qualitative data from mothers’ group participants presented here provide a basis for an alternative, broader model of empowerment, which could be incorporated into supported playgroups targeting disadvantaged groups.

Supported playgroups have also been criticised as a form of ‘cultural imperialism’, with middle-class values and terms imposed on participants (Finch 1983, pp. 254-5). This does not appear to be an issue in the more recent playgroup literature. Nevertheless, over several months of researcher observation in two such playgroups, this criticism was not found to be the case. The advice, information and recommendations that facilitators provided to participants were based on their knowledge of their particular field of expertise, be it early childhood, speech pathology, occupational therapy or nutrition. Some examples of the topics observed to be discussed between facilitators and mothers include breastfeeding recommendations, dental care, diet and nutrition for children and in pregnancy, reading and language development, sensory development, floor and tummy time and SIDS sleep recommendations. Thus, rather than imposing ‘middle-class values’, facilitators were providing participants with access to information and advice based on established research, which would be recommended to all families, regardless of class. Disadvantaged parents are less likely to possess the education, skills and/or resources to independently research

and access such information. As a consequence they may be excluded from benefiting from global research and recommendations without access to trained experts who are able to present and explain such information. It is acknowledged that education and qualifications are inextricably bound up in class. However, the above point does not debate the class laden nature of expert knowledge, rather that the *dissemination* of recommendations based on that knowledge is not based on class, but universal. It could also be argued that imposition of certain values would be more likely in independent groups of parents where there is less likely to be informed, expert information disseminated in a structured way by qualified facilitators.

Facilitators have been found to be the sustaining force of supported playgroups (Finch 1983, p. 253; Oke et al. 2007, p. 19). This research reinforces such an assertion. The social capital literature gives us insight into the reasons why facilitators of supported playgroups are so crucial to their success. Critiques of social capital as a cure-all for poverty point out that the social networks of the disadvantaged are unable to provide meaningful social capital resources as all network members are similarly disadvantaged. This point has been made several times throughout this discussion. Moreover, bringing together a group of disadvantaged families in a playgroup may just as likely result in maladaptive and detrimental interactions, rather than sharing of useful assistance (Wahler & Hahn 1984, p. 349; Richey et al. 1991, p. 42; Crockenberg 1987, p. 4). It is the facilitators who inject the resources, skills and knowledge, the more 'useable' benefits into the playgroup environment, by virtue of their professional qualifications and expertise. Criticisms of the supported playgroup model are based on the fact that facilitators are middle-class. However, it is the very fact that facilitators are more advantaged that makes them the key social capital generating source.

The passing of social capital benefits from playgroup facilitators to participants constitutes both bridging and linking social capital. In contrast to bonding social capital, which is insular in nature and bonds close-knit groups, bridging networks serve to expand social linkages and broaden horizons (Putnam 2000, pp. 22-23), and linking networks span power, authority and status gradients (Szreter &

Woolcock 2004, p. 655). For disadvantaged groups, who's close social ties lack capacity to provide social capital, bridging and linking social capital have greater potential benefit. Linking social capital is particularly pertinent here. Bourdieu's theory makes it clear that social capital exchanges most commonly work to the benefit of the affluent and powerful, who possess valuable social capital resources (Baum 2007, p. 125). It is difficult for those lacking economic capital, power and status to access these networks (Cornwell & Cornwell 2008, pp. 858-9). In support of this, empirical research has shown that disadvantaged people are less likely to come into contact with high status people through their social networks (Winter 2005). Supported playgroup facilitators represent such access, and thus are one way in which bridging and linking networks can be extended to disadvantaged parents.

Coleman identifies the acquisition of information as an important form of social capital (1988, p. S104). This and other research has found that, though much less important sources of support than informal networks in general, community services are a source of information support for parents (Miller & Darlington 2002, p. 468). Social connections with experts constitute a unique linking social capital resource, a key benefit of which is provision of access to valuable knowledge, information and services that might otherwise be out of reach (Cornwell & Cornwell 2008, pp. 854-856, 869). Karen illustrates the value of having access to qualified facilitators through the playgroup:

I like that it's run by people that actually have some kind of formal training. Just so if you actually need, you know, to know what the truth is about things you can ask them. (*Karen, non-Aboriginal, 28, single, 1 child*)

Expert contacts can be gained through formal, paid consultations or be embedded in existing informal networks, for example when a family member is also an expert (Cornwell & Cornwell 2008, p. 854). There can also be some middle ground between these two channels, when a long-term contractual relationship, particularly one based on personal matters, merges into an informal relationship (Cornwell & Cornwell 2008, p. 857). The advantage of informal ties with experts

is that specialised knowledge is more flexibly and readily accessed, incurs no cost and is grounded in personalised knowledge of the recipient and a relationship characterised by trust (Cornwell & Cornwell 2008, pp. 857-858). Again, in line with Bourdieu's conception of social capital, structural location impacts on the likelihood of making social connections with experts through either channel. Formal, contractual consultations are cost-prohibitive for the socioeconomically disadvantaged. On an informal basis, as discussed above, low status individuals are not easily able to penetrate the networks of the high status and powerful. Experts are likely to be afforded high status positions. Thus the development of informal relationships between experts and disadvantaged individuals is similarly hindered due to the opposing positions they occupy on the status hierarchy (Cornwell & Cornwell 2008, p. 859). In their empirical research, Cornwell and Cornwell found that socioeconomically disadvantaged and minority individuals were less likely to count experts in their social networks and had fewer such contacts than members of the upper-class (2008, p. 869).

A key benefit of the linkages made between participants and facilitators of the parenting groups examined here was the access they afforded to facilitators' expertise and knowledge. These relationships occupied that middle ground between formal and informal ties between experts and laypeople. On the one hand, these contacts occurred within the context of a formal service. However, access to facilitators was regular, readily available and without financial cost. Moreover, the interactions between expert service providers and parenting group participants were based on trust. They also centred on personal child, family and parenting issues and thus were carried out on personal terms. A number of the women interviewed touched on the trusting and personalised aspects of their relationships with facilitators.

The workers there they were really good. They were excellent ... I could ask them anything really ... I could talk to them if I needed to, about anything. (*Chloe, Aboriginal, 20, partnered, 2 children*)

I think very highly of the facilitators. I can ask their advice and they know me very well now so they can see if I'm upset and will talk to me about it. *(Teresa, non-Aboriginal, 40, single, 3 children, paraphrased)*

It's nice to have playgroup facilitators to talk to who can explain and you can talk through problems with. *(Eleanor, non-Aboriginal, 35, partnered, 1 child, paraphrased)*

Evie clearly articulates the trusting nature of her relationship with group facilitators, and the importance of their personal knowledge of her and her child's circumstances to the quality of service they provide:

I think the support they give, I think is good, like ... they offer advice but they don't offer it unless they know a bit about the situation, so they're not like too, you know you get some professionals who sort of offer advice before they even know the child, and I think that's been good ... [Facilitator will] ring you up just to find out how things are going. You do get them ringing you up and it's a more, I find it's a more personal thing because they do see [daughter] playing and they do review [daughter] and you can actually then, it's almost like you've formed a trust with them, then you can tell them things and they help you through things. *(Evie, Aboriginal, 26, single, 1 child)*

Contacts with representatives of formal institutions, including the helping professions, may be characterised by a lack of respect and trust in poor communities, which is not conducive to optimal outcomes (Szreter & Woolcock 2004, p. 655). This lack of trust is especially detrimental to the effectiveness of service provision to Aboriginal peoples. Historical experiences of oppression, institutional control, forced removal of children and persisting racism, have left a legacy of deep distrust towards mainstream institutions and services (Baum 2007, pp. 117-118). Yet for the successful establishment of linking social capital, a transformation must occur in which these interactions become based on trust and mutual respect (Baum 2007, p. 129). These data reveal that a lack of trust and respect was far from the case with regard to provision of these parenting services

to disadvantaged and Aboriginal women. Not only did these groups link the women with higher status experts and the knowledge and information they could bestow, but they did so through the establishment of trusting, personalised relationships.

The above discussion focuses on the advantages of linking expert facilitators with mothers in the context of supported playgroups. The present research also found facilitators play an equally, if not more crucial and paramount role in the benefits to women participating in the mothers' group. These benefits will be discussed in the next section.

Parent Support Groups, Empowerment and Social Capital

We have seen from the above data that both playgroup and mothers' group participants received social capital advantages derived from expert group facilitators, in the form of information, advice and guidance as well as referrals to other beneficial services. For the Aboriginal mothers' group participants, the advantages flowing directly from their contact with facilitators had an even more profound and far-reaching effect. These data again reiterate the absence of direct child-related themes for the mothers' group, in contrast to what was found for the playgroup participants. Rather, just as the mothers' group participants were motivated to join by reasons relating to themselves, the benefits that they spoke of were also to themselves.

A number of organisations were regular presenters or visitors to the group. Northern Women's Community Health Centre staff discussed varying health and practical issues such as breastfeeding, women's health, birthing options and infant care. Children, Youth and Women's Health nurses incorporated well-baby checks and immunisations, and Shine SA (Sexual Health Information Networking and Education) presented sessions on contraception and sexual health issues. In addition, Aboriginal health centre staff conducted regular sessions on nutrition and speech pathology. These sessions were helpful to women in terms of the provision of pregnancy and parenting information, as illustrated by Belinda:

They had presenters talking to us about pregnancy and breastfeeding and stuff. It was really good because I had that background—I was armed. So when I had [the baby] I already had a lot of information so if he was crying they had said it's trial and error, try this, then this, so I had information about what to do. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

These types of practical benefits tended to be discussed by women who, like Belinda, were not long-term members of the group. The more far-reaching impact of the group derived from its focus on the women's personal and financial capacity building. Thus in addition to the above practical guidance, other sessions were oriented towards this capacity building goal. These included sessions geared to assist women establish and work towards educational, career and financial goals. A presenter from Homestart home loans provided information about their Nunga Home Loan Scheme, Centrelink staff discussed entitlements, CDEP Aboriginal driving instructors gave driving lessons, and a representative from Talking Realities provided information about this program.⁴⁵ In addition, ongoing encouragement and support was provided by facilitators with study aspirations, and learning about and applying for other courses and job opportunities. Belinda, as a shorter term member of the group did not choose to avail herself of these opportunities:

Like [facilitator] told me about this course but I didn't do it. I think some of the other mothers were doing it, but I'm not planning to work until he's at least in kindy. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

This contrasts greatly with the benefits of the group spoken about by the long-term members. It was the capacity building sessions that had the greatest impact on these women. All of the long-term members, when asked how the group was most helpful to them, spoke along these lines.

⁴⁵ The Talking Realities program provides TAFE accredited peer education, training and support to young parents. These parents are employed by the program as peer educators to present the Talking Realities presentation to adolescents. The program aims to educate young people about the significant social consequences of early parenthood and increase their capacity to make informed choices regarding parenting (Kovatsseff, N. & Power, T. 2005, *Talking Realities... Young Parenting: A Peer Education Program*, Stronger Families Learning Exchange, Bulletin No. 7).

I got my licence, I got my P's and that was a difficult time because being all the way out there ... and my family being down here, so that was a really big help. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

I've gotten a job out of it, I did courses out of it, that's really helped me. I got a home loan from Nunga Home Loans. If I didn't end up going to group, I don't think it would have been as easy as it was. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

Yeah it's helped me a lot. It's helped me get employment, it's helped me go back to school. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

During the time spent participating in the mothers' group, I witnessed these changes that advanced the women's actual and potential human, cultural and financial capital. Group members commenced and completed educational qualifications in areas such as child care and TAFE accreditation in community work⁴⁶, entered the workforce in these areas, and looked for and purchased their own homes. Moreover, a burgeoning desire to continue studies and further advance career opportunities was witnessed in a number of the women.

These data constitute a clear example of social capital advantages, gained through membership in a parent support group. Again, as discussed above for playgroups, group facilitators were the key sources of such benefits. It was the trusting longer term relationships built up with facilitators, combined with their knowledge and higher status that played a key role in the success of the mothers' group capacity building strategy. Informal social support can also have a positive impact on educational, employment and financial outcomes for disadvantaged mothers (Henly et al. 2005; Gordon et al. 2004; Harknett 2006; Cohen 2002; Hao & Brinton 1997). However, due to network members' likely similar level of disadvantage, their impact in this regard may be limited (Henly et al. 2005, p. 136). In contrast, group facilitators, by virtue of their greater educational

⁴⁶ As part of the Talking Realities program.

qualifications, professional skills and knowledge and the wider array of social contacts this affords them, possess quality resources which they used to confer social capital benefits to the women in the group. This took the form of introducing women to contacts at group sessions, encouraging them to set and work towards goals, using their contacts to connect women with job opportunities and assisting them with applications for both jobs and educational courses. Thus, in contrast to the playgroup, these benefits went beyond parenting advice, guidance and referrals, extending deeper into the women's lives, stimulating a desire for personal and career development and providing or assisting the pathway to it.

As for the playgroups, this form of social capital is an example of bridging and linking social capital. Other authors have emphasised the importance of both of these types of social capital for improving the health, well-being and socioeconomic circumstances of Aboriginal peoples (Hunter 2000, p. 28; Baum 2007, p. 129). Bridging and linking ties expand social networks and thereby have the potential to reduce Aboriginal exclusion from mainstream society. The establishment of social links with more advantaged facilitators afforded the mothers' group participants opportunities to bridge into mainstream educational and employment spheres. The importance of the group as a specifically Aboriginal service should also be noted. As previously stated, Aboriginal peoples harbour a deep distrust of mainstream services due to the oppression, hardship and grief suffered at the hands of non-Aboriginal institutions (Baum 2007, pp. 117-118). By contrast, and as for the playgroups, the relationships between Aboriginal service providers and mothers' group participants were characterised by trust and mutual respect. These educated and highly skilled Aboriginal facilitators also acted as mentors and role models for the women.

For Bourdieu, the value of social (and cultural) capital is its transmissibility into economic capital (1986, p. 252). This transformation can be seen here. The social capital gained through facilitators has been transformed by the women into cultural capital and ultimately economic capital through the gaining of qualifications which enhanced and improved job prospects. Thus, access to quality social capital has provided the women with opportunities to change their

position in the social structure. Despite the reciprocal influence of each form of capital on the others, Bourdieu stresses that economic capital is the core form of capital, which the other forms of capital are dependent on. Social capital is transferable into, and increases access to other forms of capital, however it is more accessible to those with economic capital (1986, pp. 250-252). Though quality sources of social capital may be limited for those lower down the social order, this research shows that there are ways through which they can access such capital, transform it into economic capital and thereby improve their life trajectories. For disadvantaged parents, membership in a parent support group, with access to facilitators who are specifically focused on capacity building, is one such way that the usual dependence on economic capital for other forms of capital can be circumvented.

Notwithstanding this, on the basis of this evidence, it will not be argued, as has been elsewhere, that social capital is the magic pill that will cure social disadvantage by bridging people to affluence (Wilson 2005). The evidence shows that social capital can provide this bridge, but through community services and programs that provide access to those with quality social capital resources within the context of trusting, respectful relationships, not through social networks in general. This strategy is useful on a small scale at the individual and small group level but cannot solely and wholly alleviate social disadvantage. Thus, in agreement with Baum, though social networks may assist in gaining access to jobs, housing and education, they are not a substitute for them (1999, p. 176).

The setting, achieving and furthering of goals in terms of training and employment went beyond improving the women's economic prospects, or external worlds. It also positively affected their internal selves. Personal growth was fostered not only through practical assistance with qualifications and employment, but also through sessions covering emotional issues such as self-esteem, dealing with domestic violence and relationships. The social support and parenting literature has demonstrated some positive links between self-efficacy and social support for disadvantaged mothers (Harknett 2006, p. 187; Green & Rodgers 2001, p. 436). There is some evidence of a reciprocal relationship between social support and self-efficacy, whereby each promotes the other. This

has led to the suggestion that services for disadvantaged mothers that promote both social connections and self-efficacy can be particularly beneficial, both in terms of social support and fostering independence (Green & Rodgers 2002, p. 436). The mothers' group examined here represents an example of this type of service. The tangible social support provided by the group, combined with internal strategies had a clear impact on the women's sense of mastery, self-confidence and identities.

I think it's given me a lot of self-esteem and self-confidence. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

[Talking Realities] ... came out and spoke to us, that's how I went to them. I wasn't going to do it, because I was scared but it's not that scary it's just a confidence thing ... doing Talking Realities, you do build your confidence up. (*Chloe, Aboriginal, 20, partnered, 2 children*)

Chloe is a particularly good example of this metamorphosis, both in terms of self-belief, study and career aspirations and burgeoning independence. At the beginning of my time with the mothers' group, Chloe could be described as shy and lacking social and personal confidence. It had taken facilitators a lot of persuading to get her to join the group due to this shyness. By the time I left the field, she was well into studies to complete her secondary schooling and had completed the Talking Realities TAFE qualification and become a peer educator. This involved visiting secondary schools and other relevant arenas to give presentations to groups of young people about the realities of young parenthood. She also had aspirations to study to become a teacher.

Bourdieu's notions of field and habitus resonate here. Recall that, for Bourdieu, habitus is a world view that is both shaped and limited by the structural location in which it is formed (Bourdieu 1977, p. 95). Thus both habitus and social location determine the fields one has access to and one's location within the structure of those fields. Moreover habitus, being developed through exposure to and internalisation of the conditions inherent in the social location, is reconciled to that location. This results in an acceptance of one's social conditions such that

the limits imposed by them are both objectively and self-imposed (Bourdieu 1984, p. 471). Disadvantaged groups are marginalised and excluded from numerous fields in the social, economic, educational and political arenas. For Aboriginal Australians, this social exclusion is even more profound. The matching of habitus with external social structures makes them complicit in their own exclusion and without conscious awareness of these structural boundaries, which are consequently not questioned nor looked beyond (1984, p. 471).

Despite the above, Bourdieu and others argue that habitus can change over time and with changing circumstances (Harker 1984, p. 120). This stands to reason, given that habitus is formed within the social context, that is, one's social location and the fields one interacts with. Thus a change in that context could result in the habitus adjusting to the new circumstances. A change in habitus and an awakening consciousness of what was previously beyond the range of possibilities for these women, by virtue of their structural location and motherhood roles, can be seen in this data. This began through their contact with facilitators, who helped to open their eyes to wider possibilities, and developed further as they embarked on educational and career pathways. Thus the group was crucial in exposing them to different work and educational fields, which initiated a progressive change in habitus and a desire to forge both their subjective and objective limits. Leanne articulates this change in habitus particularly well:

It's just helped me to see that I don't need to be a good parent and just be home. I can go out and work and still study and get my education ... it's helped me in that sense to get me out of that head space that if I'm to be a good mum I need to be at home, so yeah, it helped me sort of to ... not give up on my dreams as well. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

She goes on to reiterate this theme and to attribute the change in habitus brought about in her and her peers to the mothers' group and the internal (emotions, self-esteem) and external (educational and career goals) fronts on which these changes were brought about:

That's really been helpful for us, sort of, touching on the emotional side, and then sort of going onto the rest like employment and that. Like the way it was structured it was good ... No doubt, a lot of the girls that go there, I mean, not to stereotype but you know us being young mums, you know, we must have gone through something, you know, to make us not think 'oh we can't be good enough', you know, we can only be mums sort of thing, and so yeah, I think the way it was structured in that sort of sense, you know, sort of emotional stuff first and then it was more what our dreams were. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

Prior to joining the mothers' group, Leanne identified solely as a mother. To properly fulfill the motherhood role meant, to her, exclusion of all other identities and aspirations. This understanding of what it means to be a 'good mum' is located within the habitus. That is, it arises out of a particular socioeconomic context. Ethnographic research has indicated that there are differences between lower and upper/middle-class mothers in terms of roles and identity, with the former identifying solely as mothers and the latter juggling their motherhood roles with educational and career roles (Warin et al. 2008).

Leanne's habitus, bound up with her social location, blocked the emergence of any aspirations beyond motherhood and thus limited her to this role. It was not that she simply chose not to pursue other goals, but her habitus did not allow her to see them as an option. In Bourdieu's terms, she was limited by her social circumstances, but had 'forgotten' those limits (1984, p. 471). The mothers' group helped to get her 'out of that head space'. It was the impetus for both a revelation of the limits and the ambition to surpass them. Leanne no longer believed that motherhood should be her only role, and a 'narrower' habitus broadened to include educational, career and financial goals.

It must be stressed here that the above is in no way meant to be an argument that motherhood is inferior to either a good education or labour force participation. Rather, it is to show how disadvantaged mothers can become aware of all of their options and have the opportunity to choose those that they wish to pursue. This choice may be to concentrate on motherhood or to include other goals in

conjunction with their motherhood role. As Bourdieu's theory argues and this and other research supports, in contrast to more affluent women, this awareness may not come automatically to women who are socioeconomically disadvantaged (Warin et al. 2008).

Finally, the point has been made in the previous chapter, that the incorporation of the positive aspects of parent support groups (such as this mothers' group) and supported playgroups can maximise the benefits of both. This mothers' group data, combined with that of the playgroup provide support for a rethinking of the way playgroup services are delivered to disadvantaged families. Both types of groups provide advantages in the areas of social participation and facilitator support. However, the groups differ in terms of the child-related benefits attributed to the playgroups and the more far-reaching effects that can impact on the broader life trajectories of mothers' group members. The key advantage of playgroups is their higher participation rate, even among disadvantaged and Aboriginal women (albeit later than for other women). Thus a playgroup that incorporates some aspects of the personal and capacity building elements seen in this mothers' group has the potential to expose more women to these possibilities. However, care must be taken with this strategy to ensure the higher participation rates associated with playgroups are maintained. This and other research shows that the perception of the group is important and impacts on willingness to participate (Potter 1989, p. 10; Knapman 1991, p. 18). Thus steps must be taken to ensure that such a group is not simply perceived as a mothers'/parent support group, with a primary focus on parents as opposed to children. This may result in participation rates on par with that of parent support groups rather than playgroups. One way to prevent this may be to set up the group as a supported playgroup, with a parallel capacity building and empowerment program, of which the women can be made aware and freely choose to avail themselves. Such a strategy can legitimise women's attendance for the sake of their children, rather than their own (Knapman 1991, p. 18). As demonstrated here, long-term attendance and the development of trusting relationships with facilitators over time should increase the likelihood of eventual participation in the empowerment component of the program.

As stated, the term ‘empowerment’ generally used with regard to supported playgroups refers to the eventual withdrawal of facilitators, leaving group members ‘empowered’ to run the group independently. Capacity building for parents is thus a recognised priority in this transitional model, which has been adopted by the national Supported Playgroup Program (Keller 2007). Such a strategy as suggested here extends the meaning of empowerment and capacity building to include broader aspects of women’s lives, with potentially more far-reaching effects. The impact of these effects can go beyond the women themselves, and extend into their families and wider communities. The education of women is associated with more nurturing family environments, better child health and greater investment in the education of the next generation (Schultz 1993, pp. 68-78).

Both Coleman and Bourdieu make this link between family social capital and children’s educational outcomes. These theorists recognise that the transmission of cultural and human capital from parents to children depends firstly on the parents possessing such capital, but stress the importance of social capital within the family, defined as time spent with the children, for successful transmission. Bourdieu specifically refers to the value of the mothers’ time spent in ensuring this transmission (1986, p. 253). Empirical research confirms the influence of both mothers’ educational level and strong family bonds on the life trajectories of the next generation, in particular by ensuring their education (Furstenberg & Hughes 1995; Israel et al. 2001). A mother’s educational aspirations for her children, themselves influenced by her own education, are also associated with children’s educational attainment (Coleman 1988, pp. S111-113; Furstenberg & Hughes 1995, p. 587; Israel et al. 2001, p. 61).

Thus, the empowerment of the women interviewed here, brought about through their involvement in the mothers’ group, can have far-reaching effects on the women themselves, their families and wider communities. This represents an example of the ‘public good’ aspect of social capital, described by Coleman and Putnam. Both theorists argue that the benefits of social capital are not limited to the individuals who are party to an exchange, but can have wider community benefits (Coleman 1990, pp. 315-316; Putnam 2000, p. 20).

This research demonstrates that parenting groups with a capacity building focus are a promising strategy for improving the life chances of disadvantaged mothers and subsequent generations. However, this again is not likely to be feasible as a universal strategy for overcoming poverty. The resources required are likely to be prohibitive. Moreover, in a tautological problem, Aboriginal disadvantage and social exclusion severely limit access to education, resulting in a likely insufficient supply of Aboriginal mentors to fill the role of encouraging and supporting the educational attainment of disadvantaged Aboriginal mothers. Finally, family social capital may be an independent predictor of educational achievements in children of disadvantaged mothers, however its effects do not completely override socioeconomic disadvantage (Furstenberg & Huges 1995, p. 583). Nonetheless, this should not diminish the value of parenting groups as a strategy that can produce real improvements on a smaller scale, among an array of programs designed to address Aboriginal disadvantage.

The data presented in this section was from an Aboriginal young mothers' group. Thus it clearly shows the significant benefits that an empowerment program can bestow on young Aboriginal women. It is highly possible that such programs can be of similar benefit to other disadvantaged mothers. Indeed, one of the success stories of the group examined here was not herself Aboriginal (her partner and children were). However, further research is necessary to establish the value of group-based capacity building programs for older and non-Aboriginal mothers.

Aboriginal Parenting Groups, Cultural Connection and Social Capital

Participating in specifically Aboriginal support services was a very important way for some of the Aboriginal women to connect with their Aboriginal culture and to provide their children with that cultural connection. For Charlotte, joining the mothers' group was a way of getting herself involved in her Aboriginal culture:

I guess it lured me closer because it was an Aboriginal mothers' group. It was a good thing, like because I haven't grown up with my Aboriginal

family, I thought maybe it would get me back in touch with my
Aboriginality. (*Charlotte, Aboriginal, 22, partnered, 1 child*)

For playgroup participants, providing a cultural connection for their children was important. This reiterates the theme running throughout the qualitative data that parent support groups were participated in for the benefits they provided to the women, whilst playgroups had an equal if not greater focus on children.

I thought wow, this is a good chance for [son] to just interact and also because its part of his culture ... I just want my kids to know that's part of them ... its really important for me ... I want them to really embrace it, that's what they are. (*Leanne, non-Aboriginal, 22, partnered, 2 children*)

It was the [Aboriginal] heritage as well. I mean other children who are Aboriginal, so that was good for [daughter] to have that. (*Evie, Aboriginal, 26, single, 1 child*)

[Facilitator's] got me into the Nunga playgroup ... Their father is of Aboriginal descent and I do want them to know their cultural sides. (*Teresa, non-Aboriginal, 40, single, 3 children, paraphrased*)

Whilst connection to culture was an important aspect of the parenting groups for a number of women using Aboriginal services, in some cases it was not a key issue. However, these women still participated in and were satisfied with the Aboriginal groups.

It's good that they're helping Aboriginal people out because they need the support and stuff, but ... it doesn't bother me, like I don't go around saying that I'm Aboriginal. (*Chloe, Aboriginal, 20, partnered, 2 children*)

It was important [that it was an Aboriginal playgroup], but a regular one would also have been okay. It's just that I felt more comfortable about coming here because I knew other mothers here already. (*Sarah, Aboriginal, 19, partnered, 1 child, paraphrased*)

It's not a big issue for me. I know it's important to some women but I was going to both [Aboriginal groups and general groups], and I looked forward to both—both were good. (*Belinda, Aboriginal, 24, single, 1 child, paraphrased*)

The small literature on social capital as it pertains to Aboriginal Australians indicates that many experience a tension between bonding and bridging social capital. Successful bridging into mainstream social spaces can have a detrimental effect on cultural ties and relationships within Aboriginal communities (Brough et al. 2006, pp. 404-406). On the other hand, strong bonding social capital within Aboriginal communities cannot assist in accessing mainstream networks (Brough et al. 2006, p. 396; Hunter 2000, p. 25; Hunter 2004, p. 3).

We have seen from the above section that membership in the Aboriginal mothers' group afforded the women opportunities to bridge into mainstream educational and employment fields. The group thus constituted both bridging and linking social capital flowing from group facilitators. However, the entering into mainstream social spaces did not appear to invoke this tension between bridging and bonding social capital for the women interviewed. All women viewed their educational and career goals and achievements in a positive light and none spoke of this being detrimental to their Aboriginal identity and connection to culture. Indeed, as evidenced by Charlotte, the mothers' group actually provided her with a connection to her Aboriginal culture. She saw it as a way to reconnect with her Aboriginal identity. Women attending the playgroups (two of whom were not themselves Aboriginal) were less concerned with their own cultural ties than with their children's. Playgroups did not have the same focus on bridging into mainstream social spaces, although as we have seen they were still characterised by both bonding and bridging social capital.

These results do not necessarily mean that the tension described by Brough et al. (2006) was not there. There are some methodological issues that may have inhibited indepth discussions surrounding cultural issues. The interview process itself and the particular questions asked may not have been conducive to tapping

into this issue. The interviews were designed to gain information about the impact of the groups on participants. There was not a specific focus on the impact of gaining access to mainstream, non-Aboriginal fields. It is also acknowledged that the Aboriginal status of the interviewer (in this case non-Aboriginal) can play a role in interviewee responses.

There is also considerable diversity among Aboriginal Australians and Aboriginal identities (Brough et al. 2006, p. 407; Baum 2007, p. 122). This means that the types and impact of social capital across different locations and communities is likely to be equally diverse (Baum 2007, p. 122). 'Geographical place, at the level of the town, the region, the sector of the city or the community, is central to the conditions and milieus in which [Aboriginal] lives are lived' (Walter 2008, p. 1). Thus though both Brough et al. (2006) and the present research focus on urban Aboriginal people, it does not necessarily follow that their experiences will be the same. Moreover, it is clear from the above data and from participant observation that the women interviewed had differing levels of cultural involvement, and placed differing importance on it. For some women, their Aboriginal identity was not paramount. Others already had strong cultural ties outside of the groups. Thus the groups, for them, did not have, nor did they need to have a role in this regard.

However, it may be that this tension was simply not felt by the women interviewed. It remains to be seen whether long term exposure to educational institutions and mainstream career paths will have the effect of weakening or severing Aboriginal mothers' group members' cultural ties. Nevertheless, the group itself, by simultaneously allowing both bridging and bonding social capital, may have been the reason why this tension was eluded. The group certainly had an emphasis on bridging social capital, but, being an Aboriginal group also promoted bonding with culture. The women were able to pursue mainstream goals, and were actively encouraged to by the Aboriginal facilitators. This was done from a social space within which the women could interact with Aboriginal peers and facilitators and remain connected with their Aboriginal culture. Similarly, the playgroups also provided an Aboriginal space for families to connect, whilst at the same time enabling access to mainstream information and services.

This demonstrates that specifically Aboriginal services and programs, run by Aboriginal providers wherever possible, far from perpetuating Aboriginal isolation, can simultaneously assist with the maintenance of links to culture and the creation of bridging links to mainstream society. This may serve to alleviate the tension, felt by some Aboriginal people, between their mainstream and Aboriginal communities.

Conclusion

This chapter has combined the quantitative and qualitative components of the research in a discussion of the outcomes of parenting group participation for mothers. These are discussed with particular regard to Aboriginal and disadvantaged mothers, and with reference to social capital as a theoretical framework. Though they are unlikely to entirely ameliorate the effects of socioeconomic disadvantage, both the qualitative and quantitative results provide evidence that parenting groups can positively impact mothers' health and psychological well-being, and promote family social capital and peer connections. Aboriginal parenting groups can simultaneously promote both bridging social capital and cultural bonding.

The overall finding of this chapter is that both playgroups and parent support groups have clear potential as social capital resources for Aboriginal and disadvantaged mothers, with the key sources of social capital being group facilitators. Unlike peers, who may be similarly disadvantaged and therefore offer limited social capital, trusted facilitators, by virtue of their knowledge and expertise, constitute sources of crucial bridging and linking social capital. This finding adds weight to the argument made in the previous chapter in favour of fully supported playgroups, as opposed to the 'empowerment' model in which facilitator support is eventually withdrawn.

Parenting groups with a capacity building focus are a promising strategy for improving the life chances of disadvantaged mothers. The qualitative data provide support for a rethinking of the way playgroup services are delivered to

disadvantaged families. A parenting group model incorporating positive aspects of playgroups and parent support groups can capitalise both on the strengths of playgroups, in terms of greater participation, and parent support groups, in terms of personal growth and capacity building.

The concluding chapter of the thesis includes a summary of the key conclusions of both main discussion chapters, as well as the limitations of the research and directions for future research.

Chapter 9. Summary and Conclusions

The broad aim of this thesis was to examine the ways in which parenting groups operate as supportive resources for mothers. The thesis used social capital as a theoretical framework. Towards this aim, two main research questions were examined: which mothers use parenting groups; and what are the outcomes of participation in parenting groups for mothers? The answers to these questions can provide valuable information about the effectiveness of parenting support services and ways in which they can be improved. The thesis addressed these questions on a national scale, using data from the Longitudinal Study of Australian Children (LSAC) to compile figures on both patterns of parenting group participation and their indicative impact on the health and well-being of Australian mothers. In addition the thesis also focused on the use and outcomes of parenting groups for Aboriginal and disadvantaged mothers.

The main findings of the study are summarised below. These begin with a note on quantitative versus qualitative methodologies both in the context of evaluating parenting group services and in addressing gender, race and class based critiques of social capital theory. The remaining findings are interlinked, and relate to the prevalence of parenting group use, the importance of group facilitators as sources of linking social capital, and the implications of both of these for the provision of quality parenting support services. The conclusions relating to Aboriginal mothers specifically will also be summarised. The final sections of this concluding chapter will outline the limitations of the research, as well as suggestions and implications for future research in this area.

Quantitative versus Qualitative Methodologies

This research project employed a mixed method design, capitalising on the data condensing advantages of quantitative methods as well as the contextual sensitivity of qualitative methods. Whilst quantitative methods are extremely useful for providing information about national patterns of parenting group participation, they are of limited use in assessments of the impact of participation on mothers' health and well-being. This is testament to both the strength and

necessity of qualitative methods for this purpose. This research supports the argument in the literature that global, quantitative assessments of social support and psychological well-being are not adequate assessment tools in terms of the outcomes of parenting group participation, as they largely fail to tap into the impact of the groups themselves (Wandersman et al. 1980, pp. 339-340; Telleen et al. 1989, p. 411). Of the three measures of health and well-being used here, a positive association was found only between playgroup participation and global health, a relationship that accords with other research evidence of strong links between health and social participation. This contrasts markedly with informal supports, which were clearly related not only to better health, but also coping and parenting self-efficacy. However, qualitative data was here able to demonstrate that, with regard to Aboriginal and disadvantaged mothers, both playgroups and parent support groups can have a positive impact on parents' psychological well-being. Parenting groups offered social support from peers and facilitators, assisted mothers to foster the healthy development of their children and promoted close family bonds. Thus qualitative methods, which can furnish information about the specific impact of parenting groups, and which, crucially, are not divorced from context are important for research assessing the nature of support provided by such groups.

Social capital theory has been criticised for failing to engage with issues of race, gender and class (Bezanson 2006, p. 428; Navarro 2002, p. 430; Adkins 2005, p. 198). This obscures the different ways in which social capital operates in different contexts and for different groups. Contextual analyses of social capital are necessary to embed social capital in the social and economic conditions in which it operates (Molyneux 2002; Kovalainen 2004; Bezanson 2006). Whilst the large number of quantitative measures of social capital serves to promote race, gender and class blindness, qualitative methods are particularly suited to contextual examination (Bezanson 2006, p. 430-432; Baum 2007, p. 120). The present research does not dispute these critiques, and addresses them by including a significant qualitative component. This provides a contextual examination of the operation of social capital for Aboriginal and disadvantaged mothers in the context of parenting groups.

Prevalence of Playgroup versus Parent Support Group Participation

The much greater prevalence of playgroup over parent support group participation is an important consideration in terms of the delivery of family support services. Playgroups appear to be much more accepted and accessible forms of group parenting supports. The qualitative data presented here suggest that this may be due to the perception of the group. Both playgroups and parent support groups were beneficial to women in terms of forging social connections with peers. However, the key factor differentiating playgroups and parent support groups in terms of women's motivations for and perceived benefits of participation is that the former offer developmental benefits for children, such as socialisation, play and assistance with specific developmental issues. Such child-related benefits were not evident in the interviews with mothers attending parent support groups. Rather, these highlighted parental considerations in the decision to join and the benefits of participation. Moreover, the trepidation about joining a parent support group that some women spoke of was absent from the playgroup interviews. An important and preliminary step in the provision of effective support services for parents is that the service be accessible, non-threatening and readily participated in. The high uptake rate of playgroups is thus highly valuable in terms of the provision of quality parent support services.

This greater participation rate also means that playgroups represent a valuable opportunity for engaging and supporting disadvantaged mothers and their families. Low income and Aboriginal mothers initially attend playgroups at lower rates than other Australian mothers. Indeed, when children are infants, socioeconomic status is an independent predictor of playgroup participation. However, this research indicates that by the time children are toddlers, participation in playgroups increases overall, and participation rates among low income and Aboriginal mothers are on par with national rates. This suggests that Aboriginal and disadvantaged mothers don't in fact participate in playgroups at lower rates, but *begin participating later* than other mothers. Further assessment, using a larger Aboriginal sample may attenuate this finding, given the small Aboriginal sub-sample for the LSAC Wave 2 self-complete survey. Thus

verification of this finding with respect to Aboriginal mothers is necessary before generalisable conclusions can be made. Notwithstanding this, in the context of parenting groups, playgroup participation is clearly higher than that of parent support groups, which appears to wane over time, rather than increase. Given the high rate of attendance, particularly in parents of toddlers (even among disadvantaged mothers), playgroups in particular have promise as an accessible, non-threatening way to connect disadvantaged and Aboriginal women with other women and also, as will be discussed below, with group facilitators.

The suggested relative lateness in commencement of playgroup involvement by Aboriginal and disadvantaged mothers also has implications for service delivery. It is well established that socioeconomic disadvantage is associated with both greater social problems and a lack of social support. Moreover, the transition to parenthood can be a time of significant stress and upheaval. Efforts to engage disadvantaged mothers with playgroups earlier, in their children's infancy rather than toddlerhood may therefore be beneficial. This research has shown that playgroups can be a useful source of social support and social capital for disadvantaged mothers. Earlier commencement would add an extra layer of support at this crucial time, particularly for mothers whose informal social networks are unable to provide adequate support. It may also facilitate early intervention should problems arise. State maternal and child health organisations and, for Aboriginal mothers, Aboriginal community health centres, who often have early contact with new mothers are key channels through which earlier engagement could be achieved. Informal social networks, which can also influence uptake of family support services, are also possible channels through which early engagement with parenting groups may occur.

The Social Capital Value of Parenting Group Facilitators

It is clear from the qualitative data presented here that both playgroups and parent support groups enable Aboriginal and disadvantaged mothers to make peer connections. Thus they are a potential source of social support. However, facilitators proved to be the key source of social support for mothers. Facilitators, by virtue of their skills, knowledge and expertise are able to offer guidance,

information and support to parenting group members, as well as connect them with other services they may benefit from. Thus they are able to provide disadvantaged mothers with information and knowledge which they may not have the skills to access independently. For this reason relationships with facilitators are arguably more influential and the key strength of parenting groups in terms of support than relationships with other mothers. Facilitator support has unique benefits for disadvantaged mothers due to the likely limitations in support available from other, informal sources.

Bourdieu illustrates how the exchange of social capital most commonly benefits the affluent, as it is they who possess valuable resources. It is on this basis that social capital as a panacea for socioeconomic disadvantage, based on Putnam's normative conception, is critiqued. Disadvantaged social networks can be detrimental to or provide limited social capital, as all network members are similarly disadvantaged. Putnam's theory obscures the structural nature of social capital and its distribution which is highlighted by Bourdieu. However, whilst providing a satisfactory and necessary account of how access to social capital is constrained by the social structure, Bourdieu does not offer insight into how these constraints can be overcome. This is why bridging and, more importantly linking social capital are crucial. Both serve to extend social networks beyond close-knit ties to encompass members from differing social backgrounds, and in the case of linking social capital, from different spheres of the social hierarchy.

Socioeconomic disadvantage poses barriers to such expansion in social networks, and in particular penetration into higher status networks. The building of trusting relationships with parenting group facilitators offers disadvantaged mothers the opportunity to expand their social contacts beyond peers and access higher status, more resource rich bridging and linking networks. Moreover, this research demonstrates that this is done within the context of trusting relationships, which is a crucial element of both social capital and effective service delivery.

Facilitators also play a part in the promotion of family social capital. They do this by providing structured activities in which parents and children participate together, as well as modeling and promoting positive interactions with children.

Thus parenting groups, largely through the presence of facilitators, constitute sources of both bridging and linking social capital, as well as bonding social capital in the context of family relationships. The important role that facilitators play in terms of imparting social capital benefits to mothers participating in parenting groups is the basis for the next two main conclusions, outlined below.

In Support of Supported Playgroups

As stated above, trusting relationships with facilitators are the key source of the social capital benefits derived by disadvantaged women attending playgroups. This finding attests to the value of fully supported playgroups for certain groups. The more common model of supported playgroup in Australia is the ‘empowerment’ model, in which facilitator support is eventually withdrawn. This study has shown that for some groups, there may be greater value in providing ongoing support. The empowerment model has a capacity building aim, in which group members eventually run the group independently. This aim may not be present in the fully supported model, in which facilitator support is permanent. However, playgroup involvement is naturally of limited duration (usually until children begin kindergarten or pre-school). Thus facilitator support will necessarily cease as natural attrition occurs, regardless of playgroup model. In light of the benefits of facilitator support demonstrated in this thesis there is arguably equal or greater value in providing ongoing facilitator support for this short time-span.

Not only can fully supported playgroups provide valuable social capital for mothers in the form of support, guidance and information, but they also have other advantages that can serve to maximise the support available to disadvantaged women through playgroups. Ongoing facilitation protects against the lapsing of groups and allows for a fluid membership in which new mothers can commence as others move on. Permanently supported playgroups also remain as a source of support that mothers can return to after long breaks in attendance, as this research illustrates.

This argument for fully supported playgroups in no way discounts the importance of empowerment. Indeed, this research has clearly shown the significant effects that a capacity building program targeting disadvantaged mothers can have. The costs and benefits of each model of supported playgroup should be weighed, within the constraints of available resources, when deciding which might be the most appropriate for a particular target group. However, ongoing support and empowerment need not be treated as mutually exclusive. The success of a broader approach to empowerment demonstrated by this research, which examines both playgroups and parent support groups, has shown some ways in which empowerment in this broader sense may be incorporated into a parenting group model which combines the strengths of each type of group.

Playgroups as Parent Support Groups

This research has shown the profound effects on mothers of an Aboriginal parent support group which had a strong focus on capacity building. Again, these results were clearly dependent on mothers' close, trusting relationships with group facilitators, and demonstrate that the social capital potential of contact with facilitators can go far beyond simple provision of information and advice. Facilitators used their knowledge, experience and contacts to encourage and assist aspirations beyond motherhood. Thus they constituted a rich and unique source of linking social capital, unlocking pathways to accumulation of human and financial capital in the form of educational qualifications and career paths. The key to this was the opening up of previously unrealised desires for growth and achievement in these areas. Thus the research bore witness, in Bourdieuan terms, to a changing habitus in participating mothers, from one which was blindly accepting of one's social position and narrow view of motherhood, to one which incorporated broadening ambitions in other fields and social spheres. Such empowerment of these mothers can have far-reaching flow on effects. The gaining of an education, qualifications, employment and better financial prospects, not only improve mothers' health and well-being, but these benefits can be passed onto their families and communities.

The success of this group shows the potential of parent support groups to empower and have a positive impact on the life trajectories of disadvantaged women. However, a significant flaw in the employment of such a strategy is the very low participation rate in parent support groups. One way to address this is to capitalise on the greater accessibility of playgroups by combining the strengths of each group type. As discussed above, the perception of playgroups as beneficial for children as well as parents appears to result in much higher participation rates. Supported playgroups that run a parallel empowerment program for mothers may serve to legitimise mothers' participation for the sake of their children, thereby bringing the more far-reaching benefits of such a program to a greater number of disadvantaged mothers. However, care must be taken not to sabotage the acceptability and higher uptake of playgroups by essentially rendering them a parent support group. Long term playgroup attendance and the development of solid relationships with facilitators over time should increase the likelihood of natural progression into the capacity building component of such a program.

Aboriginal Mothers

The dearth of research examining parenting groups for Aboriginal families represents a significant gap in the Australian literature. This research has examined both playgroups and parent support groups in an Aboriginal context and has clearly shown the positive impacts on Aboriginal mothers of participation in such groups. Aboriginal mothers benefit from parenting group participation in much the same way as non-Aboriginal mothers. Parenting groups can extend social networks with peers and facilitators, provide social capital in the form of information, guidance, advice, and referrals to services, and foster strong family bonds. The Aboriginal parent support group in particular promoted bridging and linking social capital, resulting in burgeoning desires for personal development and access to mainstream educational and employment fields.

The Aboriginal component of this research examined specifically Aboriginal parenting groups, as opposed to Aboriginal women attending regular groups. Participation in these Aboriginal services was also beneficial for Aboriginal women in terms of assisting them to establish and maintain a connection to their

Aboriginal culture, and to ensure that their children had such a connection. For Aboriginal people, bridging and linking social capital can extend social networks into social spheres outside of their cultural group. Whilst these forms of social capital are necessary to improving the socioeconomic circumstances of Aboriginal people (Hunter 2000, p. 28; Baum 2007, p. 129), some writers have argued that this may be detrimental to the bonding social capital within Aboriginal communities (Brough et al. 2006). For the Aboriginal women participating in this study, parenting groups were spaces within which cultural ties could be nurtured, and also importantly forged social links with Aboriginal facilitators who acted as role models. These facilitators also encouraged personal growth leading to accessing of mainstream educational and employment arenas. Thus involvement in Aboriginal parenting groups, in particular parent support groups, allowed both bridging and bonding social capital. They were not detrimental to cultural ties, but rather promoted them, whilst simultaneously promoting the extension of links into mainstream social spheres.

Limitations and Future Research

As for any research, this study has a number of both theoretical and methodological limitations. This discussion of limitations begins with both the quantitative and qualitative methodological limitations, and their implications for future research. Future directions for parenting group research in an Aboriginal context are also suggested, as well as the implications of conducting Aboriginal research by non-Aboriginal researchers. Finally, a possible theoretical limitation relating to the notion of reciprocity in social capital is outlined and discussed.

Methodological Limitations—Quantitative

Though the LSAC provides valuable and previously unavailable information about patterns of parenting group participation, it makes no distinction between group types. As shown in this thesis there is wide variation in parenting group models, aims, duration, content and structure. A key factor is whether groups are run by parents or trained facilitators. This distinction is important, particularly when examining parenting groups for disadvantaged families. Facilitated groups, such as supported playgroups generally target disadvantaged families, and may be

quite different from independent, parent run groups. The generalisation of parenting group types by the Longitudinal Study of Australian Children limits the information that may be gleaned from this data about both playgroup and parent support group participation.

A survey which distinguishes between group types would better illuminate patterns of participation, and may reveal vastly different participation rates between group types and across socioeconomic levels. For parent support groups, distinctions between universally offered maternal and child health facilitated parent support groups (which usually continue to meet independently) and other specifically targeted groups, would be useful, as would distinctions between fully supported, temporarily supported and community playgroups. Encompassing the different terms used to describe parenting groups, in particular the term ‘mothers’ group’ should also increase the accuracy of participation rate figures by ensuring that all participating parents are captured, regardless of the terminology used to describe their group. Furthermore, a dedicated survey will overcome the problem encountered here, associated with secondary analysis of a survey in which a particular child, rather than the mother or family, was the sampling unit. The LSAC playgroup question referred only to the study child, resulting in possible under-reporting of playgroup involvement. More refined, targeted information may be highly useful in terms of the delivery of quality parenting support services, and enable better targeting of such services.

Preliminary analyses of the Wave 2 LSAC data were conducted and included here as this wave became available prior to completion of this thesis. Repeat multivariate analysis of the Wave 2 data was not feasible due to time and scope limitations. However, it would be useful to conduct future analyses of the second and subsequent waves, which would shed further light on parent group participation, its predictors, outcomes and changes over time. Multivariate analyses of the Wave 2 data may be particularly illuminating with regards to playgroup participation, given that playgroup use was universally much more prevalent than in Wave 1.

Work status, which must surely have an impact on participation rates, is a further area which multivariate analysis of subsequent waves of data could clarify. Little meaningful information could be gleaned from the Wave 1 work status results, which raised more questions than they answered. This was due to factors such as the likelihood of recent periods of maternity leave skewing the results. This should not be such an issue at the time of Wave 2 and beyond, when most mothers are likely to have returned to their regular work status situation.

Methodological Limitations—Qualitative

Whilst the data pertaining to parenting groups in the LSAC is too general, it could be argued that the qualitative component of this thesis is too specific. This thesis supports the argument that qualitative methods are important in assessments of the impact of parenting groups. The strength of qualitative methods is that they are better able than global quantitative surveys to tap into the specific support that individual groups provide. However, such an approach may also be charged with parochialism. This very contextual specificity is also a weakness as the results may not apply to other, differing groups. Whilst the necessity of testing the applicability of results in other contexts is acknowledged, this does not negate the argument that insights from qualitative research into specific groups such as this can provide valuable information about the ways in which parenting groups can support families.

This thesis has further argued that playgroups with ongoing facilitator support may have merits equal to those of the transitional model in which facilitator support is eventually withdrawn. Further research into both models would be useful, including information about lapsing of groups, examination of the characteristics of groups that contribute to their lapsing, any sociodemographic differences in participating families, and the long term impacts of participation in each model. Such information would assist in assessing the specific advantages of each model, and identifying which model would be most suited to a given target group.

The qualitative component of this study sampled Aboriginal and non-Aboriginal mothers participating in parenting groups in a socioeconomically disadvantaged area. Though these populations were the main focus, the research may have benefited from a number of possible comparative samples. Firstly, a comparison with middle-class women would have provided insights into the differences between disadvantaged and more affluent women in the ways in which they connect with and derive benefit from groups. However, whilst it may have been interesting, such a comparison would not necessarily be of practical use in terms of understanding and bettering support services for disadvantaged families.

Secondly, the qualitative examination of the parent support group conducted here demonstrated the success of a parent support group incorporating an empowerment program for young Aboriginal women. It has been argued here that wider use of such programs may be beneficial for other disadvantaged mothers. The inclusion of a non-Aboriginal mothers' group in the qualitative component of this research may have gone some way to assessing the validity of this argument. This research provides some indication that an empowerment strategy for non-Aboriginal women may yield similar results, given that not all of the women participating in the Aboriginal parent support group were themselves Aboriginal. However further research is needed to comprehensively assess the efficacy of such a strategy when applied to other target groups.

Finally, comparison groups of Aboriginal and disadvantaged women who did not participate in parenting groups would have been useful. This would have afforded greater information about the barriers to participation and the reasons why women fail to engage with parenting groups. As all women sampled here were willingly participating in groups, their responses all relate to the positive aspects of group participation. Thus the research provides no insights into any negative perceptions that some non-participating mothers may have about parenting groups. However, a non-participating comparison is easier designed than carried out. Accessing a sample of women not involved in parenting groups presents practical challenges as there is no group or organisation through which they can be recruited. Early plans to compare parenting groups with another common model of parent support

service, home visiting, were abandoned as attempts to recruit participants through a home visiting service were not fruitful. Moreover, it is entirely possible that mothers receiving home visiting services may also have been involved in parenting groups.

The non-inclusion of potentially useful comparative samples was in part due to the evolving nature of the research project, a consequence of which was limited scope for prior planning of suitable comparison groups. However, this methodology was necessary to some extent, particularly with regard to the Aboriginal component of the research. In order to carry out research that will be beneficial to the community, it was important to first get out into the community in order to identify needs, and what projects may be most beneficial and suitable to undertake. Thus the research process has started before a defined research plan is in place. Moreover, the considerable time and effort expended participating in groups and building relationships with participants, whilst necessary and greatly enhanced the thesis, severely limited the number of groups that could be involved.

Finally, though demonstrating promising outcomes of parenting group participation on Aboriginal and disadvantaged mothers, this research was conducted with mothers currently involved in groups. The long term impacts of parenting group participation on mothers' health, well-being, life trajectories, social networks and social capital are as yet unknown. This is particularly pertinent for Aboriginal mothers. In contrast to the non-Aboriginal population, improvements in material well-being for Aboriginal people are not necessarily sustained throughout the life-course (Walter 2004, p. 81). Future research examining the long term outcomes of parenting group participation, as well as the ways in which these in turn impact mothers' families and communities, would also be enlightening.

Aboriginal Parenting Group Research

The inclusion of an Aboriginal component in this research addressed a significant gap in the parenting group literature. However, this area would greatly benefit from further, dedicated Aboriginal research. This study found that though

Aboriginal mothers initially participate in playgroups at lower rates than other Australian mothers, Aboriginal status alone is not an independent predictor of parenting group use. It was surmised that socioeconomic status may better explain parenting group use among Aboriginal mothers. However, assessment of this supposition was not possible due to the small size of the Aboriginal sample in the LSAC. Moreover, the limited Aboriginal sample size also prevented quantitative assessment of the outcomes of parenting group involvement for Aboriginal mothers specifically, and limited the reliability of at least some of the results. Dedicated Aboriginal research could clarify patterns of use in the Aboriginal population, as well as further illuminate the ways in which Aboriginal families engage with and benefit from parenting group services. Such research may have important implications for the provision of support services for Aboriginal families. Analysis of the parenting group data from the LSAC, which was not available at the time the analyses for this thesis were undertaken, would be a useful starting point. Though it will be subject to the same limitations regarding the generalisation of parenting groups outlined above, it will nevertheless go some way to answering some of the questions raised by the present research.

The involvement of Aboriginal researchers in any future study of group-based parent supports for Aboriginal families is also important. The severe limitation on resources available to a lone PhD candidate meant that this was not possible for the present study. The appropriateness of this project for a non-Aboriginal researcher was considered, and it was planned and conducted with its potential benefit to the community a guiding priority. An evaluation of the Aboriginal health centre's maternal and child health services was incorporated into the research process as the main tangible benefit to the community. In addition, a high degree of transparency about the research process was maintained, a prolonged rapport building process undertaken, and Aboriginal health workers were involved in the research. Nevertheless, it must be acknowledged that the research is likely to have been entirely different had it been controlled and conducted by Aboriginal researchers. Aboriginal control over research agendas is crucial to ensure that research is beneficial to Aboriginal peoples (Wills 1999, p. 60)

Theoretical Limitations

A possible theoretical criticism of the present research relates to the notion of reciprocity in social capital theory. For both Coleman and Putnam, trust and reciprocity are central elements of social capital. Indeed, in Putnam's definition in particular, norms of trust and reciprocity *are* social capital (2000, p. 19).

Reciprocity is also implied in Bourdieu's conception of social capital as pooled group resources. This thesis has argued that facilitators were the source of the most valuable social capital resources derived from parenting groups. Though the research demonstrated inherent trust in these relationships, it could be argued that a norm of reciprocity was not present. The social capital benefits flowed one way: from facilitators to participating mothers. These disadvantaged mothers neither could, nor would be expected to reciprocate in the same way. Facilitators of course benefited from parenting group involvement through financial remuneration and presumably job satisfaction, but these benefits did not issue from participating mothers. However, this point does not disqualify social capital as an appropriate framework within which to examine parenting groups as social capital resources. Coleman and Putnam both allow that the beneficent properties of social capital do not solely result from direct exchanges. The former asserts that social relationships that are useful for the provision of information, such as those between parenting group facilitators and mothers, need not confer reciprocal obligations (1988, p. S104). Moreover, Putnam and Coleman's notions of 'generalised reciprocity' and social capital as a 'public good' posit that social capital exchanges need not be directly reciprocal and that benefits can accrue to the wider community (Coleman 1990, pp. 315-6; Putnam 2000, pp. 20-21). Indeed, this is fundamental to Putnam's thesis: whole societies do better if they are abundant in social capital.

The concept of linking social capital also implies that the conferring of social capital benefits can be one way. As outlined in the theory chapter, linking networks traverse power and status boundaries. Thus they entail concern from the powerful towards the powerless (Baum 2007, p. 115). This thesis has repeatedly reiterated the flaw in social capital theory as the answer to social disadvantage:

the socially disadvantaged simply do not have many resources to pool. This is why linking social capital is important if the theory is to be useful in addressing disadvantage, as pointed out by Baum in the context of Aboriginal health inequalities (2007, p. 129). Linking networks allow for the extension of social capital benefits to the less advantaged, for the greater good. This was clearly demonstrated here. The support, guidance and assistance from trusted expert facilitators promoted both the strengthening of family relationships and mothers' personal development, which can in turn have flow on benefits for their communities.

Concluding Comments

This thesis has demonstrated that parenting groups can constitute a profitable source of social capital for Aboriginal and disadvantaged mothers, with facilitators being the key source of social capital. The potential of parenting groups as forms of quality support services for mothers may be maximised by combining the strengths of supported playgroups and parent support groups in a single model. The benefits gained by mothers through parenting group participation may have flow on effects for their families and communities. However, parenting groups should not be put forward as a panacea for disadvantage and its sequelae, any more than should social capital theory in general. Despite extending crucial bridging and linking networks to disadvantaged mothers, and despite the potential for flow on advantages in the community, such groups still largely operate on an individual small scale level. Neither social capital nor parenting groups as sources of social capital can single-handedly alleviate disadvantage, as they do not address the structural forces that create and maintain socioeconomic inequities. Moreover, parenting groups as sources of support are unlikely to surpass informal networks in importance, notwithstanding the limitations to the quality of support such networks are able to provide to disadvantaged mothers. Nevertheless, these caveats do not negate the value of parenting groups as support services that can make a substantial difference in individual women's lives.

APPENDIX A

Memorandum of Agreement

Memorandum of Agreement

Between: Wendy Shulver (the researcher)

And: [Aboriginal Community Health Centre]

Period of Agreement: 17 October 2005 to 31 December 2007

Research Project: Examining the sociocultural issues impacting on Aboriginal mothers and the ways in which supports and services can be improved, including a sub-project evaluating the [Health Centre] Pregnancy Clinic, Young Nunga Mums' Group and Nunga Playgroup

Points of Agreement

1. [Health Centre] supports the researcher conducting the above research collaboratively with [Health Centre], towards completion of a Doctor of Philosophy in sociology at Flinders University.
2. [Health Centre] agrees to identify at least one member of staff to be on an advisory group which will provide advice and guidance to the researcher throughout the research project.
3. The researcher will communicate with [Health Centre] about the progress and results of the research on an ongoing basis throughout the research process. The nature and frequency of such communications will be the subject of ongoing discussions.
4. [Health Centre] will assist the researcher with recruitment of participants in the research. The method/s for contacting potential participants will be the subject of ongoing discussions.
5. The researcher will maintain the anonymity and confidentiality of all information provided by participants in the research. No person other than the researcher, her supervisors and her interview transcriber will have access to the data without participants' permission. Data tapes and transcripts that are not destroyed on completion of the project at the participants request will be securely stored at Flinders University for a period of 5 years, in accordance with standard practice.
6. [Health Centre] will provide the researcher with de-identified quantitative data from the pregnancy clinic, mothers' group and playgroup records, for analysis as part of the evaluation sub-project.

7. [Health Centre] agrees to the researcher using the research data, including the evaluation sub-project data, in her PhD thesis and other publications. The researcher will present and discuss with [Health Centre] any aspect of the evaluation project which she intends to include in her thesis or other publication, prior to its inclusion. [Health Centre] will have the right to remove or restrict the inclusion of any information or data resulting from the evaluation project which is deemed sensitive. Should [Health Centre] decide to remove or restrict any such information, they will discuss the reasons for the decision with the researcher and work with the researcher to come to an agreement about what can be published.
8. The researcher will acknowledge the contribution of [Health Centre] staff and management in any publication relating to the research. The researcher will also acknowledge ownership of the cultural and intellectual property rights of Aboriginal participants in the researcher's thesis and any reports or publications resulting from the research.
9. The researcher will provide a draft evaluation report regarding the pregnancy clinic, mothers' group and playgroup programs to [Health Centre]. [Health Centre] will have the opportunity to provide the researcher with feedback on the draft report, within an agreed time frame, prior to submission of the final report to [Health Centre] and [Regional Health Service].
10. [Health Centre] agrees to the evaluation report being distributed to other services that may benefit from it. The report will not be provided to any other service without the approval of [Health Centre].
11. Should any additional issues be identified during the research period by [Health Centre] staff or the researcher, [Health Centre] staff and the researcher will work together to resolve them.

We the undersigned agree to the issues outlined in this memorandum.

Wendy Shulver

PhD Student
Flinders University

Date

[Name]

Manager
[Health Centre]

APPENDIX B

Letter of Introduction—Aboriginal Participants



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

Department of Sociology
Faculty of Social Sciences

GPO Box 2100
Adelaide 5001
Australia

Telephone: (+61 8) 8201 2026
Fax: (+61 8) 8201 3521
Email: Sociology@flinders.edu.au

This letter is to introduce Wendy Shulver who is a PhD student in the Department of Sociology at Flinders University. She will show you her student card, which has a photograph, as proof of identity.

She is working on research about services for Aboriginal women and their children. She is hoping that her research will help to improve care, services and support for Aboriginal mothers.

Wendy is doing this research for her PhD thesis. As part of her research, Wendy will also be conducting an evaluation of the [Aboriginal Health Centre] Pregnancy Clinic, Mums' Group and Playgroup. The main aim of this project is to find out about the impact of these services on women, their families and communities.

Wendy would be very grateful if you would volunteer to spare the time to help her with her PhD research, the evaluation project, or both, by talking to her about your views and experiences as a mother. You can talk to her for as long or short a time as you like, but probably no more than one to two hours would be necessary.

If you have any questions about Wendy's research, please feel free to contact me. You can write to me at the address above, telephone me on 8201 2382 or email me at maria.zadoroznyj@flinders.edu.au.

Thank you very much for your help.

Yours sincerely,

Dr Maria Zadoroznyj
Department of Sociology
Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. The Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.au.

APPENDIX C

Letter of Introduction—non-Aboriginal Participants



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

Department of Sociology
Faculty of Social Sciences

GPO Box 2100
Adelaide 5001
Australia

Telephone: (+61 8) 8201 2026
Fax: (+61 8) 8201 3521
Email: Sociology@flinders.edu.au

This letter is to introduce Wendy Shulver who is a PhD student in the Department of Sociology at Flinders University. She will show you her student card, which has a photograph, as proof of identity.

She is working on research about services for women and their children. She is hoping that her research will help to improve care, services and support for mothers. Wendy is doing this research for her PhD thesis.

Wendy would be very grateful if you would volunteer to spare the time to help her with her PhD research by talking to her about your views and experiences as a mother. You can talk to her for as long or short a time as you like, but probably no more than one to two hours would be necessary.

If you have any questions about Wendy's research, please feel free to contact me. You can write to me at the address above, telephone me on 8201 2382 or email me at maria.zadoroznyj@flinders.edu.au.

Thank you very much for your help.

Yours sincerely,

Dr Maria Zadoroznyj
Department of Sociology
Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. The Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.au.

APPENDIX D

Information Sheet—Aboriginal Participants

Participant Information Sheet

Thank you for participating in my research on support and services for Aboriginal mothers, and/or the evaluation of the [Aboriginal Health Centre] Pregnancy Clinic, Mums' Group and Playgroup.

After going through this information sheet, I will ask you to sign a form saying that you give your consent to be part of the research. If you have any questions or concerns please feel free to ask about them before you sign the consent form.

I will then ask you some interview questions about your views and experiences as a mother. You can talk to me for as long or short a time as you like. Anything that you talk to me about will be strictly confidential and you will not be identifiable in any thesis or report that I write about this research. If you change your mind about participating in the research, you are entirely free to stop your participation at any time. Also, you do not have to answer any questions you don't want to answer, or talk about anything you don't want to talk about.

I would like to make a tape recording of the interview to help me in preparing my thesis or reports, and I may ask an assistant to transcribe the recording of your interview onto paper. This person will also be told to keep the information confidential and not to reveal your name or identity. No-one else will be able to listen to the recording without your permission. If you prefer that the interview not be recorded, I will ask your permission to take notes instead.

If you would like me to show you a copy of any part of your interview that I plan to use in my thesis or other reports, before giving me permission to use it, please indicate this on the consent form.

APPENDIX E

Information Sheet—non-Aboriginal Participants

Participant Information Sheet

Thank you for participating in my research on support and services for mothers.

After going through this information sheet, I will ask you to sign a form saying that you give your consent to be part of the research. If you have any questions or concerns please feel free to ask about them before you sign the consent form.

I will then ask you some interview questions about your views and experiences as a mother. You can talk to me for as long or short a time as you like. Anything that you talk to me about will be strictly confidential and you will not be identifiable in any thesis or report that I write about this research. If you change your mind about participating in the research, you are entirely free to stop your participation at any time. Also, you do not have to answer any questions you don't want to answer, or talk about anything you don't want to talk about.

I would like to make a tape recording of the interview to help me in preparing my thesis or reports, and I may ask an assistant to transcribe the recording of your interview onto paper. This person will also be told to keep the information confidential and not to reveal your name or identity. No-one else will be able to listen to the recording without your permission. If you prefer that the interview not be recorded, I will ask your permission to take notes instead.

If you would like me to show you a copy of any part of your interview that I plan to use in my thesis or other reports, before giving me permission to use it, please indicate this on the consent form.

APPENDIX F
Consent Form

CONSENT FORM FOR PARTICIPATION IN RESEARCH

I

being over the age of 18 years hereby consent to participate as requested in the Letter of Introduction and Information Sheet for the research project on care, services and support for mothers.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree/do not agree to my information and participation being recorded on tape.
4. I agree to the researcher taking notes about my information.
5. I am aware that I should retain a copy of the Letter of Introduction, Information Sheet and Consent Form for future reference.

6. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.
 - I may ask that the recording be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
7. I do/do not wish to view a transcript of any part of my participation intended for inclusion in reports or publications prior to its inclusion.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

8. I, the participant whose signature appears below, have read a transcript of my participation and agree to its use by the researcher as explained.

Participant's signature.....Date.....

APPENDIX G

Longitudinal Study of Australian Children Survey Items

Table G1. LSAC Demographic Variables

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Aboriginal Status	Parent 1 Interview	B1CA13P1	Is [Parent 1] of Aboriginal or Torres Strait Islander Origin?	No; Yes, Aboriginal; Yes, T/Strait Islander; Yes, both	Aboriginal; Non-Aboriginal
Socioeconomic Status (Income)	Parent 1 Interview	B1CK20	Before income tax is taken out, what is your present yearly income (for you and partner combined)?	\$2400 or more per week; \$2200-\$2399 per week; \$2000-\$2199 per week; \$1500-\$1999 per week; \$1000-\$1499 per week; \$800-\$999 per week; \$700-\$799 per week; \$600-\$699 per week; \$500-\$599 per week; \$400-\$499 per week; \$300-\$399 per week; \$200-\$299 per week; \$100-\$199 per week; \$50-\$99 per week; \$1-\$49 per week; Nil income; Negative income (loss); Don't know; Refused	\$2000 or more per week; \$1500-\$1999 per week; \$1000-\$1499 per week; \$500-\$999 per week; \$0-\$499 per week

(Continued)

Table G1. *Continued*

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Age	Parent 1 Interview	B1CA4P1	What was [Parent 1's] age last birthday?	Age in years	15-19 years; 20-29 years; 30-39 years; 40+ years
Relationship status	Derived	ARELSTAT	N/A	No relationship; Dating; Co-habiting; Married	N/A
Number of children	Derived	ANSIB	N/A	Number of siblings of study child in household	1 child; 2 children; 3 children; 4 children; 5 children 5 or more children ^a
Presence of an older sibling	Derived	AOSIB	N/A	No; Yes	N/A

(Continued)

Table G1. *Continued*

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Work status	Derived	AWORKA	N/A	Working full-time; Working part-time/missing hours; On maternity leave; Unemployed and looking for work; Not in the labour force	N/A
Home ownership	Parent 1 Interview	B1CL4	Is this (house/flat/unit)...	Being paid off by you (and/or your partner); Owned outright by you (and/or your partner); Rented by you (and/or your partner); Being purchased under a rent/buy scheme by you (and/or your partner); Occupied under a life tenure scheme; None of these; Don't know	Owned/paying off; Rented; Other

(Continued)

Table G1. *Continued*

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Education level	Parent 1 Interview	B1CH3A (secondary schooling);	What was the highest year of primary or secondary school completed?	Year 12 or equivalent; Year 11 or equivalent; Year 10 or equivalent; Year 9 or equivalent; Year 8 or below; Never attended school; Still at school; Don't know Refused	Year 8 or below; Year 9; Year 10; Year 11; Year 12 Certificate/other; Diploma; Bachelor; Graduate Diploma/certificate; Postgraduate
		B1CH5A (highest qualification)	What is the level of the highest qualification that [Parent 1] completed?	Postgraduate degree; Graduate diploma/certificate; Bachelor degree; Advanced diploma/diploma; Certificate; Other; Don't know	
SEIFA category	Linked from ABS	ASEIFAAD	N/A	SEIFA Indices: 810 to 1230 at intervals of 10	810-960; 970-1030; 1040-1230

^a0 siblings indicates 1 child in the home (study child), 1 sibling indicates 2 children (study child plus one sibling), 2 siblings indicates 3 children (study child plus 2 siblings) and so on.

Table G2. LSAC Service Use Variables

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Playgroup use	Parent 1 self-complete	B1PB29	Now thinking about community services you might have used or needed. In the last 12 months, have you used any of these services for the study child?	Playgroup or parent-child group ^a No; Yes	N/A
Playgroup use	Parent 1 self-complete	B1PB30	In the last 12 months, have there been any of these services that this child has needed but could not get?	Playgroup or parent-child group ^a No; Yes	N/A
Parent support group use	Parent 1 self-complete	B1PB32	In the last 12 months, have you or your family used any of these services?	Parent support groups ^b No; Yes	N/A

(Continued)

Table G2. *Continued*

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Parent support group use	Parent 1 self-complete	B1PB33	In the last 12 months, have there been any of these services that you have needed but could not get?	Parent support groups ^b No; Yes	N/A
Sources of support—parenting information	Parent 1 Interview	B1CG1	(Apart from your partner) What are your 3 most important sources of information about parenting or caring for child?	Family members not living with you; Friends; Government, community or welfare organisations ^c	N/A
Sources of support—practical help	Parent 1 Interview	B1CG2	What are your 3 most important sources of practical help (such as gardening, house maintenance, sick care, help with children, moving house and so on)?	Family members not living with you; Friends; Government, community or welfare organisations ^c	N/A

(Continued)

Table G2. *Continued*

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Sources of support—emotional support	Parent 1 Interview	B1CG3	What are your 3 most important sources of emotional support or advice (such as sharing feelings, advice on dealing with problems and so on)?	Family members not living with you; Friends; Government, community or welfare organisations ^c	N/A
Sources of support—financial assistance	Parent 1 Interview	B1CG4	What are your 3 most important sources of financial assistance or advice (such as loans, gifts, help paying bills, financial advice and so on)?	Family members not living with you; Friends; Government, community or welfare organisations ^c	N/A

^aOther response categories, not analysed: Maternal and child health centre/phone help; Maternal and child health nurse visits; Paediatrician; Other specialist; Hospital emergency ward; Hospital outpatients clinic; GPs; Other medical or dental services; Other child specific services (specify); None of the above.

^bOther response categories, not analysed: Parent line/help line; Parenting education courses or programs; Relationships Australia; Other counseling services; Bulk-billing GP services; Antenatal classes or health services; Drug or alcohol services; Adult mental health services; Migrant or ethnic resources services; Housing services; Employment services; Disability services; Charities (e.g., Salvation Army); Australian Breastfeeding Association; Church or religious groups; Other medical or dental services; Centrelink or Family Assistance Office; Other family support services (specify); None of the above.

^cOther sources, not analysed: Neighbours; Priests or religious leaders; Teachers; Doctors; Other professionals; Telephone services; Books, newspapers or magazines; Television or videos; Internet; Other family members living with you (not partner); Other; No one; Do not need.

Table G3. LSAC Health and Well-Being Variables

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Self-assessment of global health	Parent 1 self-complete	B1PD1	In general, would you say your own health is:	Excellent; Very good; Good; Fair; Poor	N/A
Parenting self-efficacy	Parent 1 Interview	B1CF1	Overall, as a parent, do you feel that you are:	Not very good at being a parent; A person who has some trouble being a parent; An average parent; A better than average parent; A very good parent	N/A
Level of coping	Parent 1 self-complete	B1PD40	How well do you think you are coping?	Not at all; A little; Fairly well; Very well; Extremely well	N/A

Table G4. LSAC Informal Support Variables

Variable	LSAC Survey Instrument	LSAC Variable Name	Question	Original Response Categories	Transformation
Level of help received from family and friends	Parent 1 self-complete	B1PB19	Overall, how do you feel about the amount of support or help you get from family and friends living elsewhere?	1 - I get enough help; 2 - I don't get enough help; 3 - I don't get any help at all; 4 - I don't need any help	N/A
Attachment to family	Parent 1 self-complete	B1PB13	Thinking about your friends, how do these descriptions fit for you? I feel closely attached to my friends.	Likert Scale: 1 = Totally agree, 5 = Totally disagree, No family	N/A
Attachment to friends	Parent 1 self-complete	B1PB16	How well do you think you are coping?	Likert Scale: 1 = Totally agree, 5 = Totally disagree, No friends	N/A

APPENDIX H

Analyses of sources of support by Aboriginal and socioeconomic status

Important Sources of Support by Aboriginal Status

Figures H1 to H3 show the importance ratings of informal and formal sources of support by Aboriginal status. As for the entire LSAC sample, the support received from informal sources was of much greater importance, and family was a more important informal source of support than friends. This was true regardless of support type and Aboriginal status.

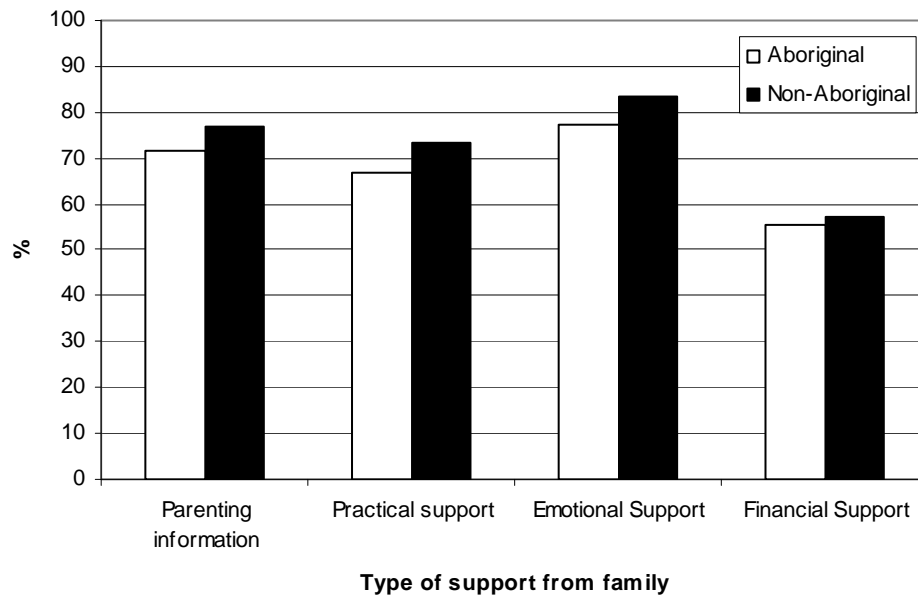


Figure H1. Family as important sources of support by Aboriginal status

Aboriginal participants rated family support as slightly less important for all types of support, than did non-Aboriginal participants. This difference was only significant for emotional support, for which 83% of non-Aboriginal participants rated family as important, versus 77% of Aboriginal participants, $\chi^2 (1, n = 5035) = 4.8, p < .05$.

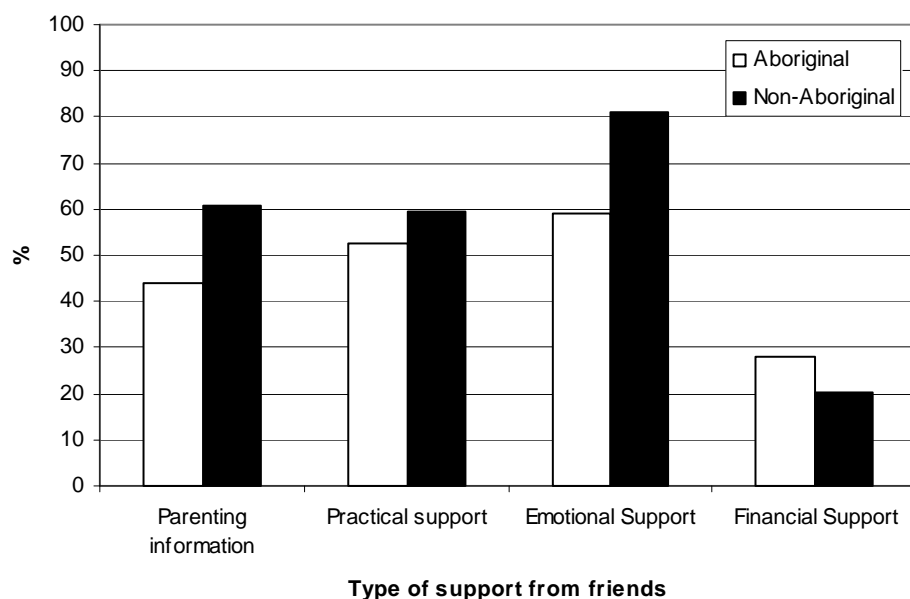


Figure H2. Friends as important sources of support by Aboriginal status

There was greater variation between Aboriginal and non-Aboriginal respondents with regard to support from friends. The results suggest that Aboriginal participants received less support from friends for most types of support than non-Aboriginal participants, with the exception of financial support. The only difference that was not significant was for practical support, but this approached significance at $p = .06$. Sixty one percent of non-Aboriginal and 44% of Aboriginal respondents rated friends as important sources of parenting information, $\chi^2 (1, n = 5035) = 19.198, p < .001$. Emotional support from friends was of greatest importance, but more so for non-Aboriginal participants, with 81% of the latter compared to 59% of Aboriginal participants rating this as important, $\chi^2 (1, n = 5035) = 51.304, p < .001$. Financial assistance was the only support type for which informal supports were rated as more important for Aboriginal than non-Aboriginal participants. Twenty eight percent of the former and 20% of the latter rated friends as important sources of financial support, $\chi^2 (1, n = 5035) = 5.798, p < .05$.

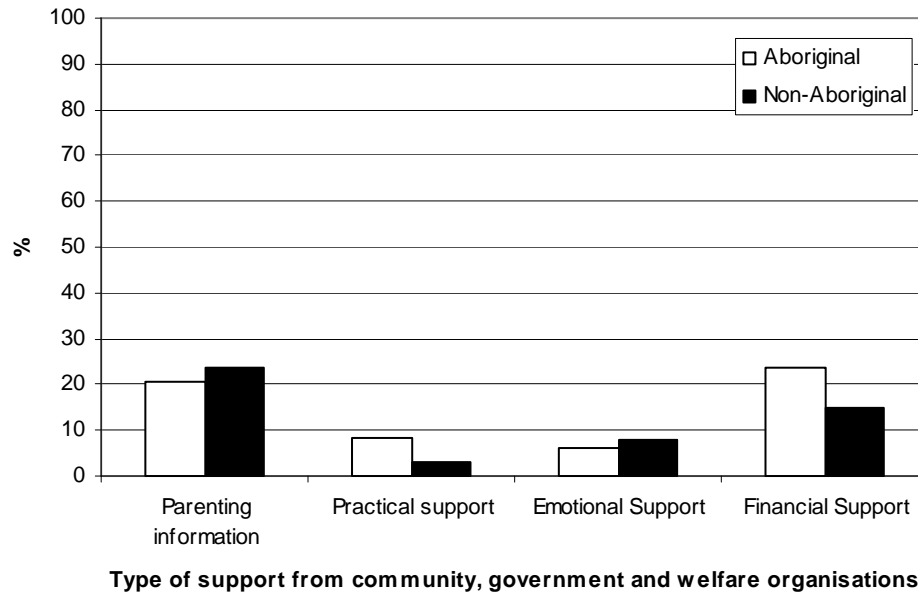


Figure H3. Government, community and welfare organisations as important sources of support by Aboriginal status

As stated, compared to informal support from family and friends, formal support services were not an important source of any type of support. These organisations were most commonly sources of parenting information (for 24% of non-Aboriginal and 21% of Aboriginal participants) and financial support (15% non-Aboriginal and 24% Aboriginal). There were significant differences between Aboriginal and non-Aboriginal respondents for practical and financial support only. Formal support services were significantly more important as a source of practical help for Aboriginal women. Eight percent of Aboriginal participants said that these organisations were an important source of practical help compared to 3% of non-Aboriginal respondents, $\chi^2 (1, n = 5033) = 13.983, p < .001$. These organisations were an important source of financial support for significantly more Aboriginal (24%) than non-Aboriginal (15%) participants, $\chi^2 (1, n = 5034) = 8.752, p < .01$.

Outside of family, these results suggest that Aboriginal parents have different patterns of support sources. They tend to rely less on friends for support, but to a greater extent on formal services for financial and practical assistance than do non-Aboriginal parents.

Important Sources of Support by Socioeconomic Status

Figures H4 to H6 show how the four types of support were rated by participants of different socioeconomic status, for family, friends and formal supports. As for the previous analyses, informal support from family and friends were more important sources of all types of support regardless of income level. However, there were some significant differences between income categories.

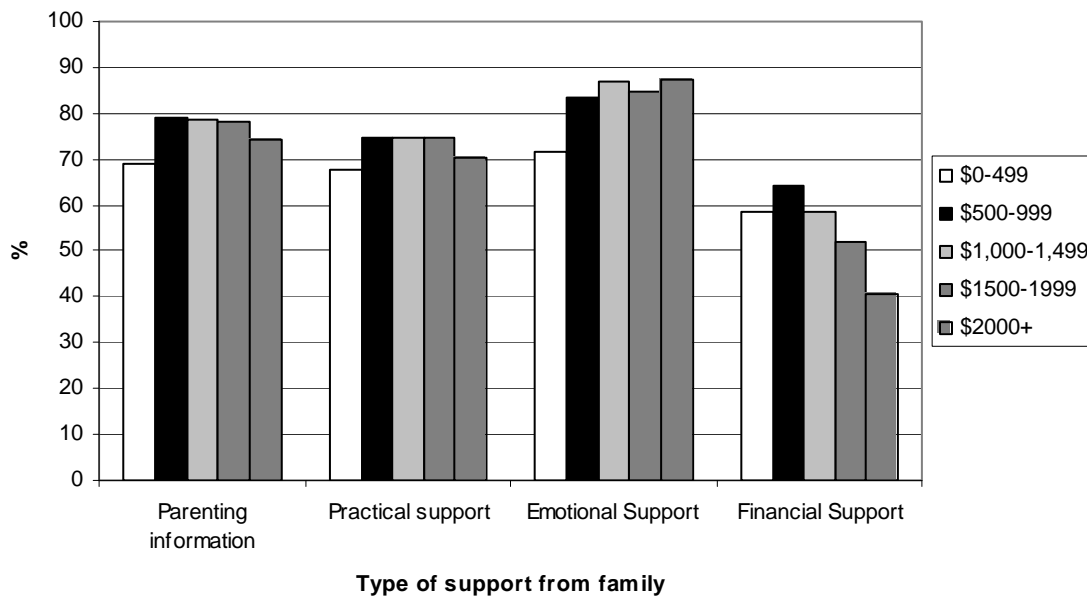


Figure H4. Family as important sources of support by weekly income

Support from family shows a curvilinear pattern for some support types when analysed by income level. This indicates that lower and higher income parents rely less on family for parenting information and practical support than do middle income parents. These differences were significant for both parenting information, $\chi^2(4, n = 4750) = 31.1, p < .001$ and practical help, $\chi^2(4, n = 4751) = 16.1, p < .01$. Reliance on family for emotional support significantly increased with income, $\chi^2(4, n = 4751) = 88.8, p < .001$. Not surprisingly, the reverse was true for financial assistance from family, which generally decreased with income level, $\chi^2(4, n = 4749) = 110.9, p < .001$.

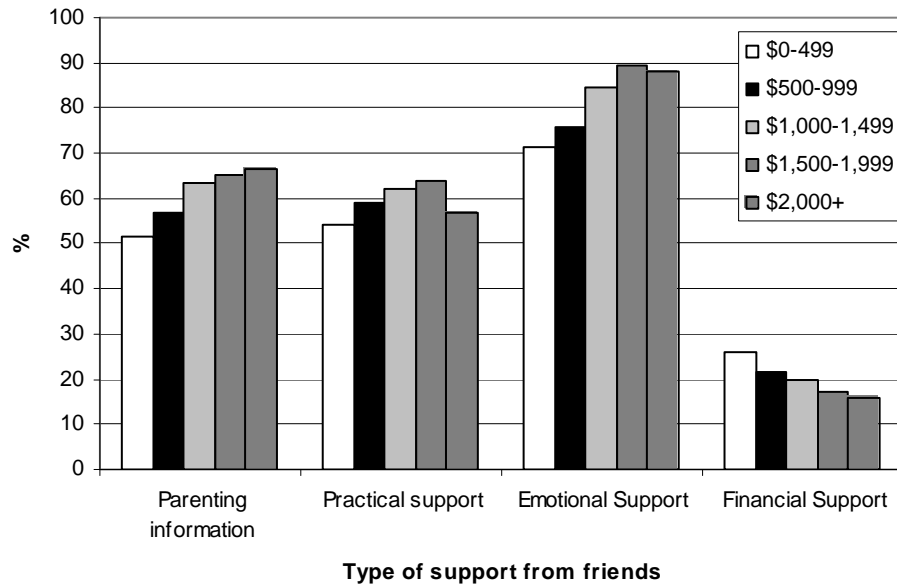


Figure H5. Friends as important sources of support by weekly income

Practical support from friends showed the same curvilinear pattern as for family, with significant drop-offs in the importance of practical help from friends for both the lowest and highest income categories, $\chi^2(4, n = 4751) = 18.7, p < .001$. In contrast to the support from family graph, the value of parenting information from friends did not drop off at the highest income level, but rather continued to increase with income, $\chi^2(4, n = 4752) = 52.4, p < .001$. Emotional support also tended to increase with income, $\chi^2(4, n = 4750) = 126.9, p < .001$. The importance of financial assistance from friends was overall less than from family but, as would be expected, also decreased with income, $\chi^2(4, n = 4750) = 25.5, p < .001$.

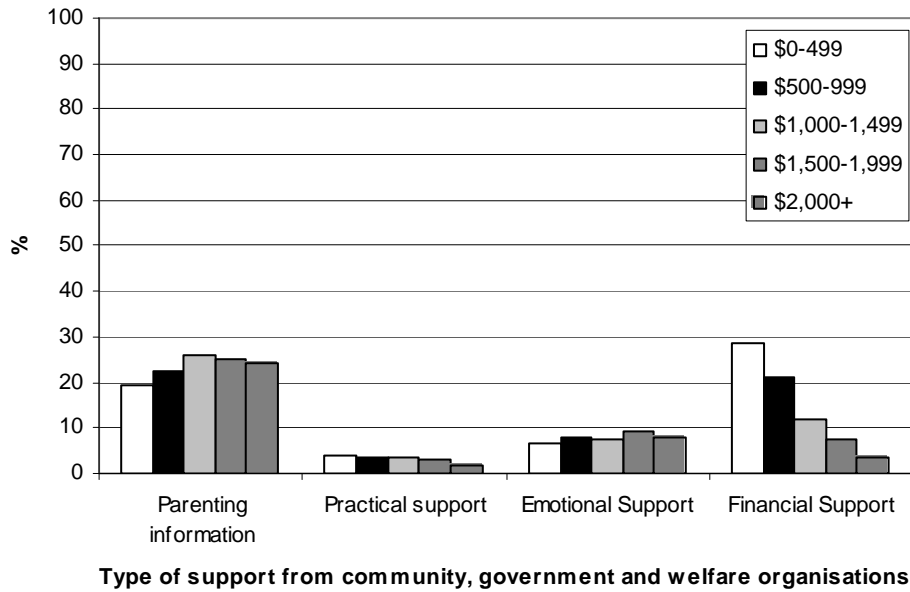


Figure H6. Government, community and welfare organisations as important sources of support by weekly income

Once again, the finding of much lower importance of support from formal support services remains when the data is analysed by income. The value of practical and emotional support was very low, at less than 10% for all income levels, with no significant differences. The slight rise with income in importance of parenting information was statistically significant, $\chi^2(4, n = 4751) = 13.2, p < .01$. Financial support from government, community and welfare organizations was clearly more important to those on a lower income, and showed a strong negative correlation with income, $\chi^2(4, n = 4749) = 236.9, p < .001$.

Informal Supports by Aboriginal and Socioeconomic Status

Figure H7 shows perceived level of help from family and friends by Aboriginal status. There were no significant differences between Aboriginal and non-Aboriginal mothers in the level of help they received from these sources.

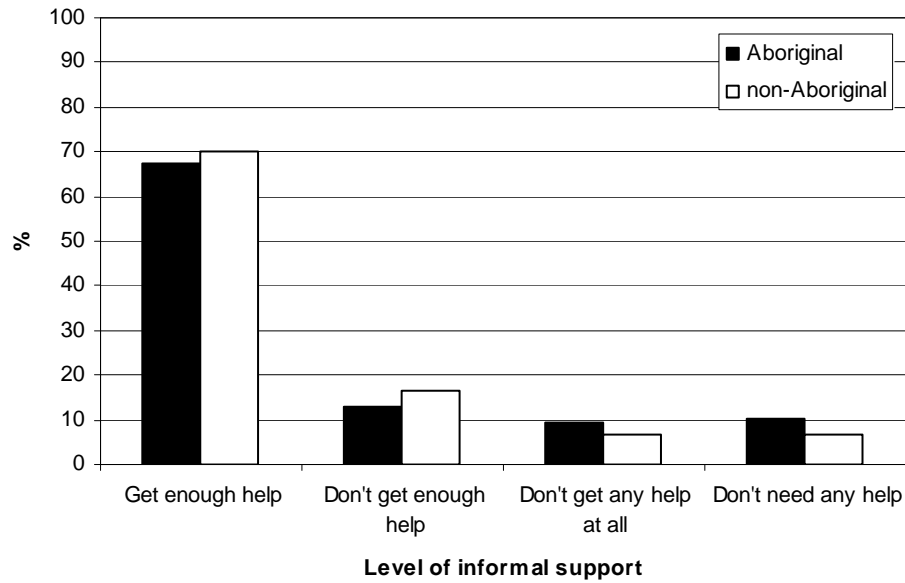


Figure H7. Level of help received from family and friends by Aboriginal status

There were significant income differences in level of perceived help from informal sources, however Figure H8 shows that they were not large. All income levels were generally satisfied with the level of help they were getting (range from 65% to 74%). Women in the highest and lowest income categories were slightly less likely to indicate that they received enough help. Women earning the highest income were more likely to say they did not get enough help than women on lower incomes, $\chi^2 (12, n = 3981) = 33.9, p < .001$.

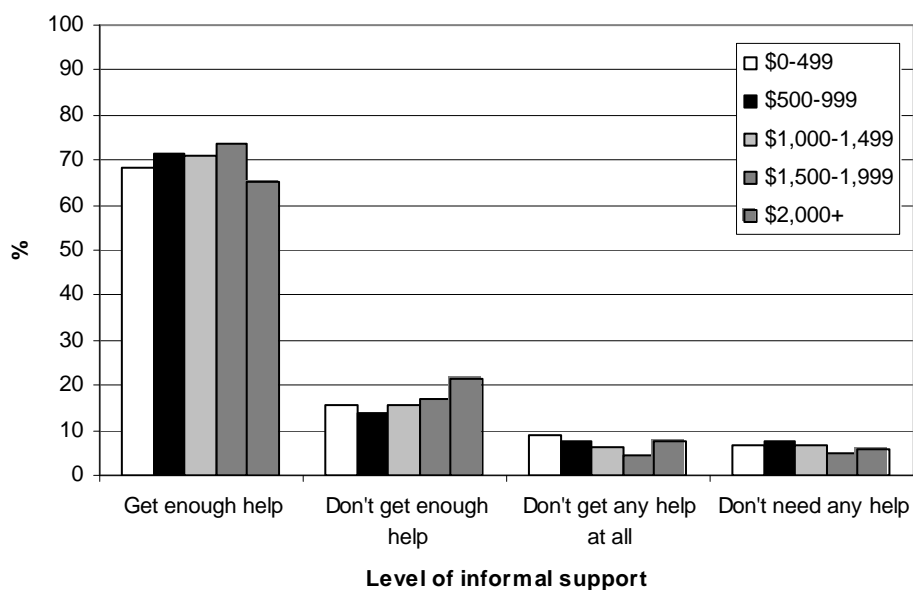


Figure H8. Level of help received from family and friends by weekly income

Attachment to Informal Supports by Aboriginal Status

There were significant differences between Aboriginal and non-Aboriginal mothers in the attachment they felt towards informal supports. Most women, regardless of Aboriginal status felt closely attached to both family and friends, with a stronger attachment to the former. However, Figures H9 and H10 show that Aboriginal mothers feel slightly less attached to family than non-Aboriginal mothers, $\chi^2(5, n = 4173) = 19.7, p < .001$. Attachment to friends is less clear. Although a greater proportion of Aboriginal women totally agreed with the statement 'I feel closely attached to my friends', a greater proportion of non-Aboriginal women tended to agree with the statement (74% rating 1 or 2 on the scale) than Aboriginal women (64% rating 1 or 2), $\chi^2(5, n = 4174) = 44.5, p < .001$.

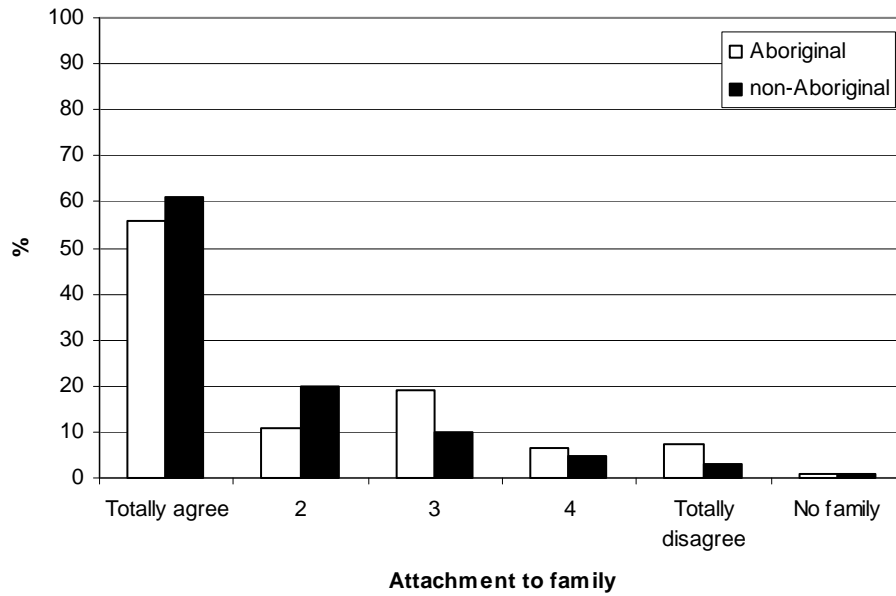


Figure H9. Attachment to family by Aboriginal status

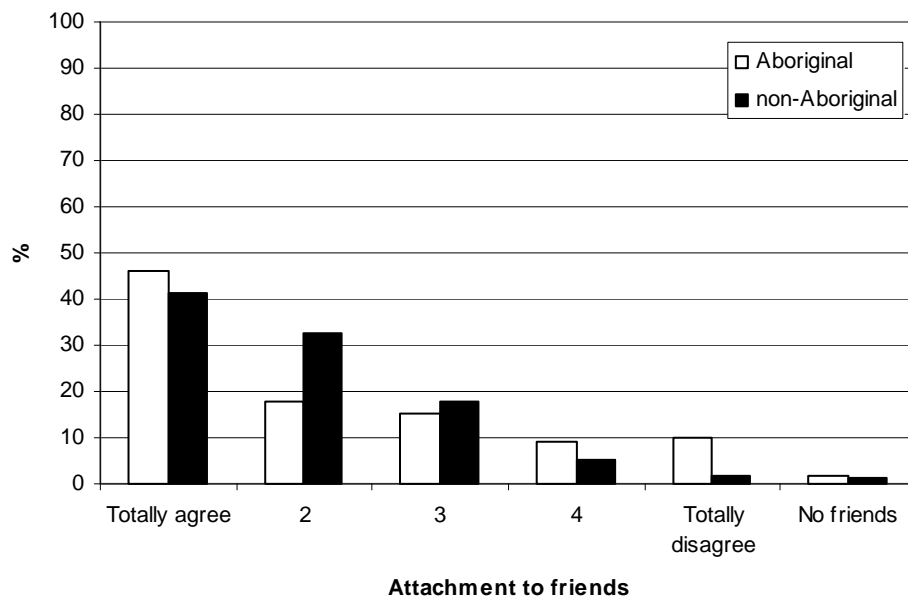


Figure H10. Attachment to friends by Aboriginal status

Attachment to Informal Supports by Socioeconomic Status

As for the sample overall, most mothers felt very attached to their families. Figure H11 shows that those on lower incomes rated their attachment to family slightly lower than higher incomes, $\chi^2(20, n = 3977) = 80.5, p < .001$. This difference,

though statistically significant, was not great. Income differences in attachment to friends were also statistically significant, but again not large and with no obviously discernible pattern, $\chi^2(20, n = 3980) = 126.7, p < .001$ (Figure H12).

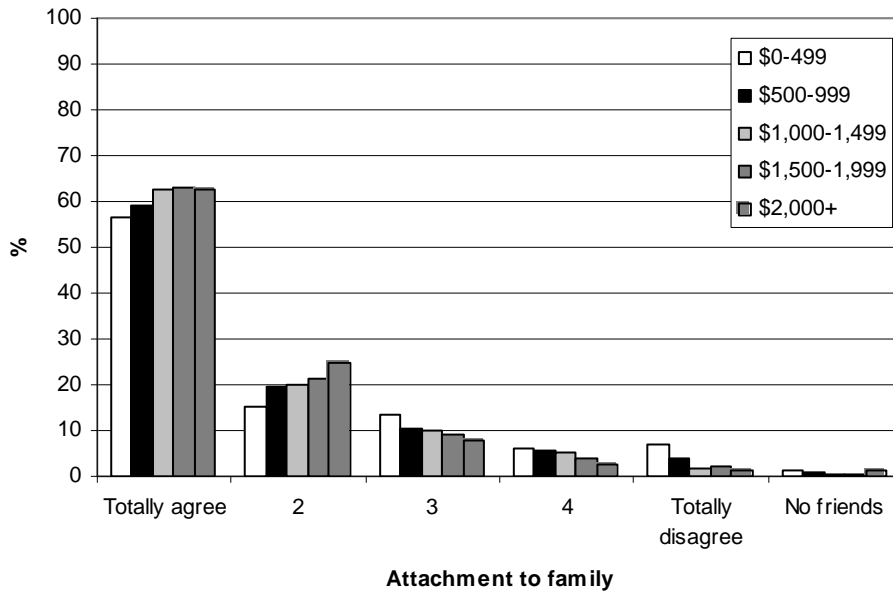


Figure H11. Attachment to family by weekly income

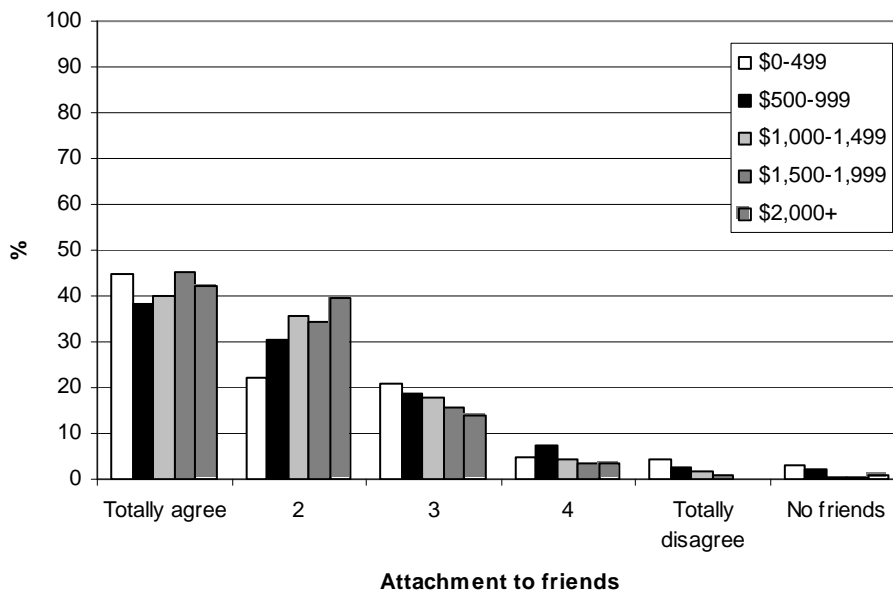


Figure H12. Attachment to friends by weekly income

APPENDIX I

Analyses of contact with informal supports

Figure I1 shows the frequency of contact which the LSAC mothers had with various members of their informal support networks. With the exception of ‘other family’, weekly contact was most common for all categories. Fifty six percent of mothers indicated that they saw their friends on a weekly basis, 51% saw their parents weekly, 43% saw their in-laws weekly, and 44% and 43% had weekly contact with their siblings and in-laws respectively.

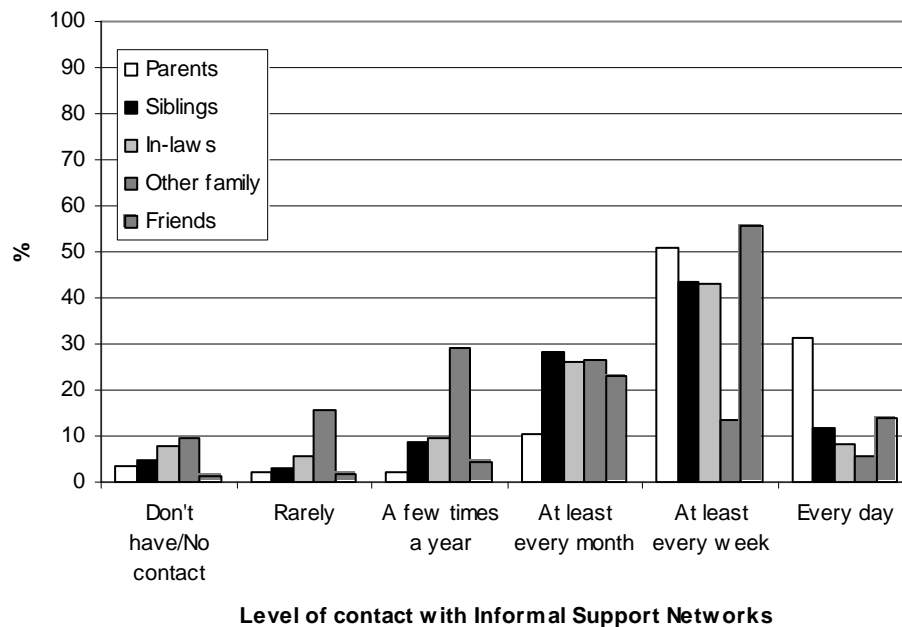


Figure I1. Frequency of contact with informal support networks

REFERENCES

- Adkins, L. 2005, 'Social capital: the anatomy of a troubled concept', *Feminist Theory*, vol. 6, no. 2, pp. 195-211.
- Amery, R. 1995, 'It's ours to keep and call our own: reclamation of the Nunga languages in the Adelaide region, South Australia', *International Journal of the Sociology of Language*, vol. 113, no. 1, pp. 63-82.
- Australian Bureau of Statistics 2006, *2004-05 National Health Survey: Summary of Results, Australia*, ABS cat. no. 4364.0, ABS, Canberra.
- 2007, *Births*, cat. no. 3301.0, ABS, Canberra.
- Australian Institute of Family Studies 2005, *LSAC Data User Guide - Version 1.3*, AIFS, Melbourne.
- Australian Institute of Health and Welfare 2007, *Aboriginal and Torres Strait Islander Health Performance Framework, 2006*, AIHW cat. no. IHW 20, AIHW, Canberra.
- 2008, *Australia's Health 2008*, AIHW cat. no. AUS 99, AIHW, Canberra.
- Australian Research Council 1999, *Research of Interest to Aboriginal and Torres Strait Islander Peoples*, Commissioned Report no. 59, Commonwealth of Australia, Canberra.
- Baker, J. & Adhikari, P. 2007, *Socio-economic Indexes for Individuals and Families*, ABS cat. no. 1352.0.55.086, ABS, Canberra.
- Barlow, J., Coren, E. & Stewart-Brown, S.S.B. 2007, *Parent training programs for improving maternal psychosocial health (review)*, The Cochrane Library, Issue 4, The Cochrane Collaboration, John Wiley & Sons.
- Baum, F. 1999, 'The role of social capital in health promotion: Australian perspectives', *Health Promotion Journal of Australia*, vol. 9, no. 3, pp. 171-178.
- 2002, *The New Public Health*, Oxford University Press, South Melbourne, Victoria.
- 2007, 'Social capital', in *Social Determinants of Indigenous Health*, eds. B. Carson, T. Dunbar, R.D. Chenhall, R. Bailie, Allen & Unwin, Crows Nest, NSW.
- Baum, F., Parker, C., Modra, C., Murray, C. & Bush, R. 2000 'Families, social capital and health' in L. Winter, ed., *Social Capital and Public Policy in Australia*, Australian Institute of Family Studies, Melbourne.

- Baum, F.E., Bush, R.A., Modra, C.C., Murray, C.J., Cox, E.M., Alexander, K.M. & Potter, R.C. 2000, 'Epidemiology of participation: an Australian community study', *Journal of Epidemiology and Community Health*, vol. 54, no. 6, pp. 414-423.
- Beck, C.T. 1996, 'A meta-analysis of predictors of postpartum depression', *Nursing Research*, vol. 45, no. 5, pp. 297-303.
- Béhague, D.P., Kanhanou, L.G., Filippi, V., Légonou, S. & Ronsmans, C. 2008 'Pierre Bourdieu and transformative agency: a study of how patients in Benin negotiate blame and accountability in the context of severe obstetric events', *Sociology of Health and Illness*, vol. 30, no. 4, pp. 489-510.
- Belle, D. 1990 'Poverty and women's mental health', *American Psychologist*, vol. 45, no. 3, pp. 385-389.
- Berg, B.L. 2009, *Qualitative Research Methods for the Social Sciences*, 7th edn, Allyn & Bacon, Boston.
- Berkman, L.F., Glass, T., Brissette, I. & Seeman, T.E. 2000, 'From social integration to health: Durkheim in the new millenium', *Social Science and Medicine*, vol. 51, pp. 843-857.
- Bezanson, K. 2006, 'Gender and the limits of social capital', *Canadian Review of Sociology*, vol. 43, no. 4, pp. 427-443.
- Birkel, R. & Repucci, N.D. 1983, 'Social networks, information seeking, and the utilization of services', *American Journal of Community Psychology*, vol. 11, no. 2, pp. 185-285.
- Blainey, G. 1994, *A Shorter History of Australia*, Random House, Milsons Point, NSW.
- Booth, A. & Carroll, N. 2005, *The Health Status of Indigenous and Non-Indigenous Australians*, Centre for Economic Policy Research, Discussion Paper No. 486, Australian National University, Canberra.
- Bourdieu, P. 1977, *Outline of a Theory of Practice*, Cambridge University Press, Cambridge.
- 1984, *Distinction: A Social Critique of the Judgement of Taste*, Routledge & Kegan Paul, London.
- 1986, 'The forms of capital', in *Handbook of Theory and Research for the Sociology of Education*, ed. J.G. Richardson, Greenwood Press, New York.
- 1993, *Sociology in Question*, Sage, London.
- Bourdieu, P. & Wacquant, L.J.D. 1992 *An Invitation to Reflexive Sociology*, The University of Chicago Press, Chicago.

- Broad, L.P. & Butterworth, N.T., 1974, *The Playgroup Handbook*, Souvenir Press, London.
- Bronfenbrenner, U. 1979, *The Ecology of Human Development*, Harvard University Press, Cambridge, Massachusetts.
- Brough, M., Bond, C., Hunt, J., Jenkins, D., Shannon, C. & Schubert, L. 2006, 'Social capital meets identity: Aboriginality in an urban setting', *Journal of Sociology*, vol. 42, no. 4, pp. 396-411.
- Brough, M., Henderson, G., Foster, R. & Douglas, H. 2004, 'Social capital and Aboriginal and Torres Strait Islander health: problems and possibilities' in *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health*, July 2004, Adelaide, pp. 191-207.
- Butlin, N.G. 1983, *Our Original Aggression: Aboriginal Populations of Southeastern Australia, 1788-1850*, George Allen & Unwin, Sydney.
- Carolan, M. 2004, 'Maternal and child health nurses: a vital link to the community for primiparae over the age of 35', *Contemporary Nurse*, vol. 18, pp. 133-142.
- Cast, A. 2004, 'Well-being and the transition to parenthood: an identity theory approach', *Sociological Perspectives*, vol. 47, no. 1, pp. 55-78.
- Chan, Y.C. 1994, 'Parenting stress and social support of mothers who physically abuse their children in Hong Kong', *Child Abuse and Neglect*, vol. 18, no. 3, pp. 261-269.
- Charmaz, K. 2006, *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*, Sage, London.
- Cohen, L. & Manion, L. 2000, *Research methods in education*, 5th edn., Routledge, New York.
- Cohen, P.N. 2002 'Extended households at work: living arrangements and inequality in single mothers' employment', *Sociological Forum*, vol. 17, no. 3, pp. 445-463.
- Cohen, S. & Wills, T.A. 1985 'Stress, social support and the buffering hypothesis', *Psychological Bulletin*, vol. 98, no. 2, pp. 310-357.
- Coleman, J.S. 1988, 'Social capital in the creation of human capital', *The American Journal of Sociology*, vol. 94, supplement, pp. S95-S120.
- 1990, *Foundations of Social Theory*, Harvard University Press, Cambridge, Massachusetts.
- Coohey, C. 1996, 'Child maltreatment: testing the social isolation hypothesis', *Child Abuse and Neglect*, vol. 20, no. 3, pp. 241-254.

- Cooperative Research Centre for Aboriginal Health 2006, *Social Determinants of Health Program Statement*, available:
<http://www.crcah.org.au/research/downloads/SDOH-Program-Statement-14March2006.pdf>.
- Coory, M. 1995, 'An investigation into the disparity between Australian Aboriginal and Caucasian perinatal mortality rates', *Annals of Epidemiology*, vol. 5, no. 5, pp. 393-399.
- Cornwell, E.Y. & Cornwell, B. 'Access to expertise as a form of social capital: an examination of race- and class-based disparities in network ties to experts', *Sociological Perspectives*, vol. 51, no. 4, pp. 853-876.
- Costello, P. 2003, *Building Social Capital*, Address to the Sydney Institute, Parliament House Sydney (online), available:
www.treasurer.gov.au/tsr/content/speeches/2003/008.asp.
- Cox, E. & Caldwell, P. 2000, 'Making policy social', in *Social Capital and Public Policy in Australia*, ed. I. Winter, Australian Institute of Family Studies, Melbourne, pp. 43-73.
- Cox, E. 1995, *A Truly Civil Society*, ABC Books, Sydney.
- Crnic, K. & Greenberg, M. 1987, 'Maternal stress, social support, and coping: influences on the early mother-infant relationship', in *Research on Support for Parents and Infants in the Postnatal Period*, ed. C. Zachariah Boukydis, Ablex Publishing Corporation, Norwood, New Jersey.
- Crockenberg, S. 1987, 'Support for adolescent mothers during the postnatal period: theory and research', in *Research on Support for Parents and Infants in the Postnatal Period*, ed. C. Zachariah Boukydis, Ablex Publishing Corporation, Norwood, New Jersey.
- Cunningham, J., Sibthorpe, B. & Anderson, I. 1997, *Self-Assessed Health Status, Indigenous Australians 1994*, Australian Bureau of Statistics Occasional Paper 4707, Australian Bureau of Statistics, National Centre for Epidemiology and Population Health.
- Davis, R. 1988, 'Learning from working class women', *Community Development Journal*, vol. 23, pp. 110-116.
- De Vaus, D. 2002, *Surveys in Social Research*, Allen & Unwin, St Leonards, NSW.
- Department of Health and Ageing 2006, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006*, AHMAC, Canberra.
- Dey, I. 1993, *Qualitative Data Analysis: A User Friendly Guide for Social Scientists*, Routledge, London.

- Durden, E.D., Hill, T.D. & Angel, R.J. 2007 'Social demands, social supports, and psychological distress among low-income women', *Journal of Social and Personal Relationships*, vol. 24, no. 3, pp. 343-361.
- Edwards, J., Cheers, B., & Graham, L. 2003, 'Social change and social capital in Australia: a solution for contemporary problems?', *Health Sociology Review*, vol. 12, pp. 68-85.
- Fairchild, M.W. 1995, 'Women with postpartum psychiatric illness: a professionally facilitated support group', *Social Work With Groups*, vol. 18, pp. 41-53.
- Fields, B. & Clearly-Gilbert, C. 1983, 'A naturalistic study of parent-child and parent-parent behaviour in nine playgroups', *Australian Journal of Early Childhood*, vol. 8, pp. 23-28.
- Finch, J. 1983, 'Can skills be shared? Pre-school playgroups in 'disadvantaged' areas', *Community Development Journal*, vol. 18, pp. 251-256.
- Furstenberg, F.F. & Hughes, M.E. 1995, 'Social capital and successful development among at-risk youth', *Journal of Marriage and the Family*, vol. 57, no. 3, pp. 580-592.
- Gillieatt, S., Ferroni, P. & Moore, J. 1999, 'The difference between sanity and the other: a study of postnatal support groups for first-time mothering', *Birth Issues*, vol. 8, pp. 131-137.
- Gjerdingen, D.K., Froberg, D.G. & Fontaine, P. 1991, 'The effects of social support on women's health during pregnancy, labour and delivery, and the postpartum period', *Family Medicine*, vol. 23, no. 5, pp. 370-375.
- Gladow, N.W. & Ray, M.P. 1986 'The impact of informal support systems on the well-being of low income single parents', *Family Relations*, vol. 35, no. 1, pp. 113-123.
- Gleeson, D. 1999, 'Social capital theory: implications for public health', *Health Promotion Journal of Australia*, vol. 9, no. 3, pp. 183-187.
- Glover, J., Hetzel, D., Glover, L., Page, A. & Leahy, K. 2005, *Central Northern Adelaide Health Service: A Social Health Atlas*, The University of Adelaide, Adelaide.
- Glover, J., Hetzel, D., Glover, L., Tennant, S. & Page, A. 2006, *A Social Health Atlas of South Australia*, 3rd edn., The University of Adelaide, Adelaide.
- Gordon, R.A., Chase-Lansdale, P.L. & Brooks-Gunn, J. 2004, 'Extended households and the life course of young mothers: understanding the associations using a sample of mothers with premature, low birthweight babies', *Child Development*, vol. 75, no. 4, pp. 1013-1038.

- Gray, M.C., Hunter, B.H. & Taylor, J. 2002, *Health Expenditure, Income and Health Status Among Indigenous and Other Australians*, Research Monograph No. 21 Centre for Aboriginal Economic Policy Research, The Australian National University, Canberra.
- Green, B.L. & Rodgers, A. 2001, 'Determinants of social support among low-income mothers: a longitudinal analysis', *American Journal of Community Psychology*, vol. 29, no. 3, pp. 419-441.
- Greene, W.H. 2003, *Econometric Analysis*, 5th edn., Prentice Hall, New Jersey.
- Gujarati, D.N. 1988, *Basic Econometrics*, 2nd edn., McGraw-Hill, New York.
- Hall, L. 2004, 'Sitting down in the square: an Indigenous presence in an Australian city', *Humanities Research*, vol. 11, no. 1, pp. 54-77.
- Hao, L. & Brinton, M.C. 1997, 'Productive activities and support systems of single mothers', *The American Journal of Sociology*, vol. 102, no. 5, pp. 1305-1344.
- Harker, R.K. 1984, 'On reproduction, habitus and education', *British Journal of Sociology of Education*, vo. 5, no. 2, pp. 117-127.
- Harknett, K. 2006, 'The relationship between private safety nets and economic outcomes among single mothers', *Journal of Marriage and Family*, vol. 68, no. 1, pp. 172-191.
- Henly, J.R. 1997, 'The complexity of support: the impact of family structure and provisional support on African American and White adolescent mothers' well-being', *American Journal of Community Psychology*, vol. 25, no. 5, pp. 629-655.
- Henly, J.R., Danziger, S.K. & Offer, S. 2005, 'The contribution of social support to the material well-being of low-income families', *Journal of Marriage and Family*, vol. 67, no. 1, pp. 122-140.
- Henry, J., Dunbar, T., Arnott, A., Scrimgeour, M. & Murakami-Gold, L. 2004, *Indigenous Research Reform Agenda: A Review of the Literature*, Links Monograph Series No. 5, Cooperative Research Centre for Aboriginal and Tropical Health, Casuarina, NT.
- House, J.S., Umberson, D. & Landis, K.R. 1988, 'Structures and processes of social support', *Annual Review of Sociology*, vol. 14, pp. 293-318.
- Howell, E.A., Mora, P. & Leventhal, H. 2006, 'Correlates of early postpartum depressive symptoms', *Maternal and Child Health Journal*, vol. 10, no. 2, pp. 149-157.
- Hughes, J. & Stone, W. 2003, *Family Change and Community Life: Exploring the Links*, Research Paper No. 32, AIFS, Melbourne.

- Human Rights and Equal Opportunity Commission 1997, *Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, HREOC, Sydney.
- Humphery, K. 2001, 'Dirty questions: Indigenous health and Western research', *Australian and New Zealand Journal of Public Health*, vol. 25, no. 3, pp. 197-202.
- Hunt, J. 2003, Trying to make a difference: improving pregnancy outcomes, care and services for Australian Indigenous women, PhD thesis, La Trobe University.
- Hunter, B.H. 1999, *Three Nations, Not One: Indigenous and Other Australian Poverty*, Working Paper no. 1, Centre for Aboriginal Economic Policy Research, Australian National University, Canberra.
- 2000, *Social Exclusion, Social Capital, and Indigenous Australians: Measuring the Social Costs of Unemployment*, Discussion Paper No. 204, Centre for Aboriginal Economic Policy Research, The Australian National University.
- 2004, *Taming the Social Capital Hydra? Indigenous Poverty, Social Capital and Measurement*, Discussion Paper No. 261, Centre for Aboriginal Economic Policy Research, The Australia National University.
- Hupcey, J.E. 1998, 'Clarifying the social support theory-research linkage', *Journal of Advanced Nursing*, vol. 27, no. 6, pp. 1231-1241.
- Israel, G.D., Beaulieu, L.J. & Hartless, G. 2001, 'The influence of family and community social capital on educational achievement', *Rural Sociology*, vol. 66, no. 1, pp. 43-68.
- Jackson, A.P. 1998 'The role of social support in parenting for low-income, single, black mothers', *Social Service Review*, September 1998, pp. 365-378.
- Jenkinson, C., Wright, L. & Coulter, L. 1994, 'Criterion validity and reliability of the SF-36 in a population sample', *Quality of Life Research*, vol 3, no. 7, pp. 7-12.
- Keller, J. 2007, *From Early Intervention to Community Connection: Supported Playgroups - Nurturing Children, Strengthening Families, Building Community*, Playgroup Australia.
- Kennedy, P. 1992, *A Guide to Econometrics*, 3rd edn., The MIT Press, Cambridge, Massachusetts.

- Knapman, C. 1991, *Promoting Dependence or Independence? Early Childhood Centres and the Mothers' Group Strategy*, Women's Health Studies Discussion Papers and Research Reports No. 8, Cumberland Centre for Women's Health Studies, Cumberland College of Health Sciences, The University of Sydney, Sydney.
- Koeske, G.F. & Koeske, R.D. 1990, 'The buffering effect of social support on parental stress', *American Journal of Orthopsychiatry*, vol. 60, no. 3, pp. 440-441.
- Kovalainen, A. 2004, 'Rethinking the revival of social capital and trust in social theory: possibilities for feminist analysis', in *Engendering the Social: Feminist Encounters with Sociological Theory*, eds. B.L. Marshall & A. Witz, Open University Press, Berkshire, pp. 155-170.
- Kruske, S., Schmied, V., Sutton, I. & O'Hare, J. 2004, 'Mothers experiences of facilitated peer support groups and individual child health nursing support: a comparative evaluation', *Journal of Perinatal Education*, vol. 13, no. 3, pp. 31-38.
- Latham, M. 2000, 'If only men were angels: social capital and the Third Way', in *Social Capital and Public Policy in Australia*, ed. I. Winter, Australian Institute of Family Studies, Melbourne, pp. 192-224.
- Lin, N. 2000, 'Inequality in social capital', *Contemporary Sociology*, vol. 29, no. 6, pp. 785-795.
- Lipman, E.L., Secord, M. & Boyle, M.H. 2002, 'Moving from the clinic to the community: the Alone Mothers Together program', *Canadian Child Psychiatry Review*, vol. 11, pp. 5-8.
- Macintyre, S. 1999, *A Concise History of Australia*, Cambridge University Press, Cambridge.
- Manderson, L., Kelaher, M., Williams, G. & Shannon, C. 1998, 'The politics of community: negotiation and consultation in research on women's health', *Human Organization*, vol. 57, no. 2, pp. 222-229.
- Mattingley, C. & Hampton, K. 1988, *Survival in Our Own Land: 'Aboriginal' Experiences in 'South Australia' Since 1836*, Wakefield Press, Adelaide.
- Mauthner, N.S. 1995, 'Postnatal depression: the significance of social contacts between mothers', *Women's Studies International Forum*, vol. 18, no. 3, pp. 311-323.
- Mickelson, K.D. & Kubzansky, L.D. 2003, 'Social distribution of social support: the mediating role of life events', *American Journal of Community Psychology*, vol. 32, nos. 3-4, pp. 265-281.
- Miles, M.C. & Huberman, A.M. 1994, *Qualitative Data Analysis: An Expanded Sourcebook*, 2nd edn., Sage Publications, Thousand Oaks.

- Miller P. & Rainow S. 1997, 'Don't forget the plumber: research in remote Aboriginal communities', *Australian Journal of Public Health*, vol. 21, no. 1, pp. 96-97.
- Miller, B.C. & Sollie, D.L. 1980, 'Normal stresses during the transition to parenthood', *Family Relations*, vol. 29, no. 4, pp. 459-465.
- Miller, R.J. & Darlington, Y. 2002, 'Who supports? The providers of social support to dual-parent families caring for young children', *Journal of Community Psychology*, vol. 30, no. 5, pp. 461-473.
- Molyneux, M. 2002, 'Gender and the silences of social capital: lessons from Latin America', *Development and Change*, vol. 33, no. 2, pp. 167-188.
- Moreton-Robinson, A. 2000, *Talkin' Up To the White Woman: Indigenous Women and Feminism*, University of Queensland Press, Queensland.
- Morwood, H.M.C. 1988, 'Playgroup as a family support activity', *Proceedings of the 18th National Australian Early Childhood Association Conference*, 4-8 September, Canberra, Australian Early Childhood Association.
- Munch, A., McPherson, J.M. & Smith-Lovin, L. 1997, 'Gender, children and social contact: the effects of childrearing for men and women', *American Sociological Review*, vol. 62, no. 4, pp. 509-520.
- National Health and Medical Research Council 2003, *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, Commonwealth of Australia, Canberra.
- Navarro, V. 2002, 'A critique of social capital', *International Journal of Health Services*, vol. 32, no. 3, pp. 423-432.
- Neuman, W.L. 2006, *Social Research Methods: Qualitative and Quantitative Approaches*, 6th edn., Pearson, Boston.
- NSW Department of Health 2004, *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, NSW Department of Health, Sydney.
- Oakley, A. 1983, 'Social consequences of obstetric technology: the importance of measuring 'soft outcomes'', *Birth*, vol. 10, pp. 99-108.
- Oakley, A., Rigby, A.S. & Hickey, D. 1994a 'Life stress, support and class inequality', *European Journal of Public Health*, vol. 4, no. 2, pp. 81-91.
- 1994b 'Love or money? Social support, class inequality and the health of women and children', *European Journal of Public Health*, vol. 4, no. 4, pp. 265-273.

- Office for Children Victoria 2005, *Supported Parent Groups and Playgroups, Program Guidelines and Funding Submission Details 2005*, Office for Children, Victorian Department of Human Services, Melbourne.
- Oke, N., Stanley, J. & Theobald, J. 2007, *The Inclusive Role of Playgroups in Greater Dandenong*, Brotherhood of St Laurence, Fitzroy.
- Olson, M., Cutler, A. & Legault, F. 1991, 'Bittersweet: a postpartum depression support group', *Canadian Journal of Public Health*, vol. 82, pp. 135-136.
- Onyx, J. & Bullen, P. 2000, 'Measuring social capital in five communities', *The Journal of Applied Behavioral Science*, vol. 36, no. 1, pp. 23-42.
- Parcel, T.L. & Menaghan, E.G. 1993, 'Family social capital and children's behavior problems', *Social Psychology Quarterly*, vol. 56, no. 2, pp. 120-135.
- Pascoe, J.M., Loda, F.A., Jeffries, V. & Earp, J. 1981, 'The association between mothers' social support and provision of stimulation to their children', *Developmental and Behavioral Pediatrics*, vol. 2, no. 1, pp. 15-19.
- Playgroup Associations in Australia 1979, *Fun at Playgroup: A Book About Playgroups in Australia*, Playgroups Associations in Australia, South Australia.
- Playgroup Australia (online) 2006, available:
<http://www.playgroupaustralia.com.au>.
- Plowman, K. 2003, 'Supporting families with high needs to access family services', *Australian Early Childhood Association Biennial Conference*, 10-13 July, Hobart.
- Portes, A. 1998, 'Social capital: its origins and applications in modern sociology', *Annual Review of Sociology*, vol. 24, no. 1, pp. 1-15.
- Potter, S. 1989, *An Independent Enquiry/Evaluation into Connections Between Social Isolation and Motherhood, and the Effectiveness of a Mothers' Group from the Perspective of Eight Group Members*, Southern Family Life, Sandringham, Victoria.
- Powell, J. & Dugdale, A.E. 1999, 'Obstetric outcomes in an Aboriginal community: a comparison with the surrounding rural area', *Australian Journal of Rural Health*, vol. 7, pp. 13-17.
- Putnam, R.D. 1993, *Making Democracy Work: Civic Traditions in Modern Italy*, Princeton University Press, Princeton.
- 1995, 'Bowling alone: America's declining social capital', *Journal of Democracy*, vol. 6, no. 1, pp. 65-78.

- 1996, 'The strange disappearance of civic America', *Policy*, Autumn, pp. 3-15.
- 2000, *Bowling Alone: the Collapse and Revival of American Community*, Simon & Schuster, New York.
- Radey, M. 2008, 'The influence of social supports on employment for hispanic, black and white unmarried mothers', *Journal of Family and Economic Issues*, vol. 29, pp. 445-460.
- Ramanathan, R. 1989, *Introductory Econometrics with Applications*, Harcourt Brace Jovanovich, San Diego.
- Redmond, G. 2000, *Children in Large Families: Disadvantaged or Just Different?*, Luxembourg Income Study Working Paper No. 225, Social Policy Research Centre, The University of New South Wales.
- Reynolds, H. 1999, *Why Weren't We Told?*, Penguin, Ringwood, Victoria.
- Richards, L. 2005, *Handling Qualitative Data: A Practical Guide*, Sage, London.
- Richey, C.A., Lovell, M.L. & Reid, K. 1991, 'Interpersonal skill training to enhance social support among women at risk for child maltreatment', *Children and Youth Services Review*, vol. 13, pp. 41-59.
- Rigney, L. 1999, 'Internalization of an Indigenous anticolonialist cultural critique of research methodologies: a guide to Indigenist research methodology and its principles', *Wicazo Sa Review*, vol. 14, no. 12, pp. 109-113.
- Ross, R. 2006, 'Health' in Hunter, B.H. (ed.), *Assessing the Evidence on Indigenous Socioeconomic Outcome: A Focus on the 2002 NATSISS*, Research Monograph No. 26, Centre for Aboriginal Economic Policy Research, The Australian National University, Canberra.
- Rousham, E.K. & Gracey, M. 2002, 'Factors affecting birthweight of rural Australian Aborigines', *Annals of Human Biology*, vol. 29, no. 4, pp. 363-372.
- Sanson, A., Nicholson, J., Ungerer, J., Zubrick, S., Wilson, K., Ainley, J., Berthelsen, D., Bittman, M., Broom, D., Harrison, L., Rodgers, B., Sawyer, M., Silburn, S., Strazdins, L., Vimpani, G. & Wake, M. 2002, *Introducing the Longitudinal Study of Australian Children*, LSAC Discussion Paper no. 1, AIFS, Melbourne.
- Sarason, I.G. & Sarason, B.R. 2009, 'Social support: mapping the construct', *Journal of Social and Personal Relationships*, vol. 26, no. 1, pp. 113-120.
- Schafer, J.L. & Graham, J.W. 2002, 'Missing data: our view of the state of the art', *Psychological Methods*, vol. 7, no. 2, pp. 147-177.

- Schultz, T.P. 1993, 'Returns to women's education', in *Women's Education in Developing Countries*, eds. E.M. King & M.A. Hill, John Hopkins University Press, Baltimore.
- Scott, D., Brady, S. & Glynn, P. 2001, 'New mothers groups as a social network intervention: consumer and child health nurse perspectives', *Australian Journal of Advanced Nursing*, vol. 18, no. 4, pp. 23-29.
- Seguin, L., Potvin, L., St-Denis, M. & Loiselle, J. 1999, 'Depressive symptoms in the late postpartum among low socioeconomic status women', *Birth*, vol. 26, no. 3, pp. 157-163.
- Shulver, W. 2003, *Intercountry adoption: decision processes of prospective parents*, Honours thesis, Flinders University of South Australia.
- Sibthorpe, B., Anderson, I. & Cunningham, J. 2001, 'Self-assessed health among Indigenous Australians: how valid is a global question?', *American Journal of Public Health*, vol. 91, no. 10, pp. 1160-1163.
- Silver, E.J., Heneghan, A.M., Bauman, L.J. & Stein, R.E.K. 2006, 'The relationship of depressive symptoms to parenting competence and social support in inner-city mothers of young children', *Maternal and Child Health Journal*, vol. 10, no. 1, pp. 105-112.
- Simons, R.L., Beaman, J., Conger, R.D. & Chao, W. 1993, 'Stress, support and antisocial behavior trait as determinants of emotional well-being and parenting practices among single mothers', *Journal of Marriage and the Family*, vol. 55, pp. 385-398.
- Sneddon, J. & Haynes, K. 2003, *Early Intervention Parenting Project: Improving Access to Playgroups for all Families Project*, Centre for Community Child Health, Royal Children's Hospital, Melbourne.
- Soloff, C., Lawrence, D. & Johnstone, R. 2005, *Sample Design*, LSAC Technical Paper No. 1, Australian Institute of Family Studies, Melbourne.
- Strauss, A. 1987, *Qualitative Analysis for Social Scientists*, Cambridge University Press, Cambridge.
- Strauss, A. & Corbin, J. 1990, *Basics of Qualitative Research*, Sage, Newbury Park, California.
- Szreter, S. 2002, 'The state of social capital: bringing back in power, politics and history', *Theory and Society*, vol. 31, pp. 573-621.
- Szreter, S. & Woolcock, M. 2004, 'Health by association? Social capital, social theory and the political economy of public health', *International Journal of Epidemiology*, v. 33, pp. 650-667.
- Tashakkori, A. & Teddlie, C. 1998, *Mixed Methodology: Combining Qualitative and Quantitative Approaches*, Sage Publications, Thousand Oaks.

- Tatz, C. 1999, *Genocide in Australia*, Research Discussion Paper n. 8, Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra.
- Teddlie, C., & Tashakkori, A. 2009, *Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences*, Sage, California.
- Telleen, S., Herzog, A. & Kilbane, T.L. 1989, 'Impact of a family support program on mothers' social support and parenting stress', *American Journal of Orthopsychiatry*, vol. 59, pp. 410-419.
- Tuhiwai Smith, L. 1999, *Decolonizing methodologies, Research and Indigeneous Peoples*, Zed Books, London.
- Turner, R.J. & Noh, S. 1983, 'Class and psychological vulnerability among women: the significance of social support and personal control', *Journal of Health and Social Behavior*, vol. 24, no. 1, pp. 2-15.
- Turner, R.J., Grindstaff, C.F. & Phillips, N. 1990, 'Social support and outcome in teenage pregnancy', *Journal of Health and Social Behavior*, vol. 31, no. 1, pp. 43-57.
- Vangelisti, A.L. 2009, 'Challenges in conceptualizing social support', *Journal of Social and Personal Relationships*, vol. 26, no. 1, pp. 39-51.
- Voight, J.D., Hans, S.L. & Bernstein, V.J. 1996, 'Support networks of adolescent mothers: effects on parenting experience and behavior', *Infant Mental Health Journal*, vol. 17, no. 1, pp. 58-73.
- Wahler, R.G. & Hann, D.M. 1984, 'The communication patterns of troubled mothers: in search of a keystone in generalization of parenting skills', *Education and Treatment of Children*, vol. 7, no. 4, pp. 335-350.
- Walter, M. 2004, 'Aboriginality, poverty and health—exploring the connections', in *Beyond Bandaid: Exploring the Underlying Social Determinants of Aboriginal Health*, July 2004, Adelaide, pp. 77-90.
- 2008 'Lives of Diversity: Indigenous Australia', *Occasional Paper 4 Census Series #2*, pp. 1-32, The Academy of the Social Sciences in Australia, Canberra.
- 2009, 'An economy of poverty? Power and the domain of Aboriginality', *International Journal of Critical Indigenous Studies*, vol. 2, no. 1, pp. 2-14.
- Wandersman, L., Wandersman, A. & Kahn, S. 1980, 'Social support in the transition to parenthood', *Journal of Community Psychology*, vol. 8, no. 4, pp. 332-342.

- Wandersman, L.P. 1987, 'Parent-infant support groups: matching programs to needs and strengths of families', in *Research on Support for Parents and Infants in the Postnatal Period*, ed. C. Zachariah Boukydis, Ablex Publishing Corporation, Norwood, New Jersey.
- Warin, M., Turner, K., Moore, V. & Davies, M. 2008, 'Bodies, mothers and identities: rethinking obesity and the BMI', *Sociology of Health and Illness*, vol. 30, no. 1, pp. 97-111.
- Watson, N. (ed.) 2009, *HILDA User Manual - Release 7*, Melbourne Institute of Applied Economic and Social Research, University of Melbourne.
- Wayne, J.L. 1979, 'A group work model to reach isolated mothers: preventing child abuse', *Social Work with Groups*, vol. 2, no. 1, pp. 7-18.
- Western, J., McMillan, J. & Durrington, D. 1998, *Differential Access to Higher Education: The Measurement of Socioeconomic Status, Rurality and Isolation*, Commonwealth Department of Employment, Education and Youth Affairs, Canberra.
- Whipple, E.E. & Wilson, S.R. 1996, 'Evaluation of a parent education and support program for families at risk of physical child abuse', *Families in Society: The Journal of Contemporary Human Services*, vol. 77, no. 4, pp. 227-240.
- Wilkinson, R. & Marmot, M. (eds.) 2003, *The Solid Facts: Social Determinants of Health*, 2nd edn., World Health Organization, Copenhagen.
- Williams, P. 2005, What is social support? A grounded theory of social interaction in the context of the new family, PhD thesis, University of Adelaide.
- Williams, P., Barclay, L. & Schmied, V. 2004, 'Defining social support in context: a necessary step in improving research, intervention and practice', *Qualitative Health Research*, vol. 14, no. 7, pp. 942-960.
- Williams, S.J. 1995, 'Theorising class, health and lifestyles: can Bourdieu help us?', *Sociology of Health and Illness*, vol. 17, no. 5, pp. 577-604.
- Wills, P.J. 1999, *The Virtuous Cycle - Working Together for Health and Medical Research*, final report of the Health and Medical Research Strategic Review, Commonwealth Department of Health and Aged Care, AGPS, Canberra.
- Wilson, L. 2005, 'Social Exclusion and Social Capital in Northern Adelaide: the Role of Social Networks in Reproducing Social Inequality', *Social Change in the 21st Century Conference*, Centre for Social Change Research, Queensland University of Technology.
- Winn, M. & Porcher, M.A. 1971, *The Playgroup Book*, Fontana Collins, Glasgow.

Winter, I. 2000, *Towards a Theorised Understanding of Family Life and Social Capital*, Australian Institute of Family Studies Working Paper No. 21, AIFS, Melbourne.

Wiseman, V.L. 1999, 'Culture, self-rated health and resource allocation decision making', *Health Care Analysis*, vol. 7, pp. 207-223.

Woody, D. & Woody, D.J. 2007, 'The significance of social support on parenting among a group of single, low-income African American mothers', *Journal of Human Behavior in the Social Environment*, vol. 15, no. 2, pp. 183-198.