Cultural Diversity, Community and Care

Experiences of CALD (Culturally and Linguistically Diverse) Families with Young Children in the City of Ryde

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ABBREVIATIONS

ABA  Australian Breastfeeding Association
ABS  Australian Bureau Statistics
AIFS Australian Institute of Family Studies
AMES Adult Multicultural Education Services
ARC  Australian Research Council
CALD Culturally and Linguistically Diverse
CCA  Christian Community Aid
CBB  Child Care Benefit
CRSI Centre for Research on Social Inclusion
DOCS Department of Community Services
ECHC Early Childhood Health Centre
FDC  Family Day Care
LGA  Local Government Area
LDC  Long Day Care
NESB Non-English Speaking Background
NGO  Non-Government Organisation
NSCCAH Northern Sydney Central Coast Area Health Service
NSW  New South Wales
OCC  Occasional Child Care
PPP  Promising Practice Profiles
QI&AS Quality Improvement and Accreditation System
RNSH  Royal North Shore Hospital
SEIFA Socio-Economic Indexes for Areas (Index of Disadvantage)
UK  United Kingdom

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EXECUTIVE SUMMARY

This research investigates the experiences of Culturally and Linguistically Diverse (CALD) parents of children in the early years (ages 0-3 years) living in the Ryde local government area (LGA) in Sydney, Australia. The use of both formal and informal support networks was explored to gain a holistic understanding of the experience of caring for children. Both of these forms of support are recognised as important for families, particularly during the early years of a child’s life. A key concern was to explore the extent to which migration experiences and cultural/linguistic/religious differences impact on the experience.

This report serves a dual purpose: firstly, it is the project report for the Australian Research Council (ARC) funded research study ‘Cultural Diversity, Community and Family Services: Experiences among Culturally and Linguistically Diverse parents of local early childhood services in Ryde’, and; secondly, it responds to the City of Ryde’s Community Services ‘Child and Family Strategy Engagement Plan’. Recommendations are made for improving service provision and experiences for families with young children in the area.

While this report does provide some theoretical and academic analysis, its main aim is to present research findings and recommendations in plain English. The intended audience of the report is primarily those policy makers, service providers, practitioners and community workers who are involved in the delivery of early childhood and family services. It is intended that this report be used as a resource for understanding the experiences and needs of their client base (that is, parents and families from Australian and CALD backgrounds) and for informing practices and outcomes.

Whilst specific to the context and experiences of the Ryde LGA, the report can also be read more generally to gain an understanding of how families with children in the early years make use of the various services and supports available to them. It therefore has implications, not only at the local level, but nationally and internationally.
Overview of Key Findings

- High levels of satisfaction with the immunisation clinic and local area family and early childhood health services
- Local library branches and the storytimes for toddlers appreciated
- Early Childhood Health Centres (ECHC), nurses and parents’ groups identified as important sources of practical and emotional support
- Criticism that second-time mothers are not encouraged to join ECHC parents’ groups
- Concerns about the ECHC buildings and facilities, and staffing levels
- Praise for other early childhood and family health services including Ryde hospital maternity program and Camellia Cottage
- Provision of long day care services (availability and long waiting lists, high costs, and quality of care) a key concern
- Some parents express an aversion to using formal child care services and/or a preference for family-based care
- The rising cost of living/financial pressures identified as a concern, with paid maternity/parental leave and flexible workplaces needed
- Significant levels of isolation/exclusion, particularly for CALD respondents
- Additional challenges and issues for migrants and CALD communities:
  - Loss of family and friendship support networks
  - Significance of English language skills in knowing about and accessing local services
  - Importance of churches and third sector organisations (or non-government organisations - NGOs)
  - Exclusion/marginalisation from some support networks, but inclusion in other support networks
  - Use of transnational care networks (instead of or in addition to reliance on formal child care services)
CHAPTER I

INTRODUCTION

Aims of the Research

The aim of this research was to explore the experiences of parents of children in the early years living in the Ryde local government area (LGA) in Sydney, Australia. The ‘early years’ are defined as from birth to three years of age. I was interested in the experiences of parents from a variety of Australian-born and non-English speaking migrant backgrounds or, in Australian policy speak, Culturally and Linguistically Diverse (CALD) backgrounds. A key focus was the extent to which migration experiences and cultural/linguistic/religious difference impacts on the experience of caring for young children.

The use of both formal and informal support networks was explored to gain a holistic understanding of the experience of caring for children. Both of these forms of support are recognised as important for families, particularly during the early years of a child’s life, prior to them starting school. Once children start school it is somewhat easier to establish support networks, as this is facilitated by the context of the local school environment where participation, communication and connection are encouraged and supported. However, how do parents, particularly those from CALD backgrounds, establish local support networks prior to this stage, particularly if they have poor English skills and/or lack of opportunity to socialise with other new parents?

Key Research Questions

• What are the issues that CALD (Australian-born and migrant) parents face in caring for their children?

• How do parents make use of the various formal services and informal support resources available to them in an attempt to balance care, family and work/employment responsibilities in contemporary Australia? For migrant parents, how is this care dilemma negotiated in a new and unfamiliar country?

• How do issues of culture come to bear on parenting locally and are there systematic forms of exclusion (and inclusion) present that stem from cultural, language and religious differences?

• What experiences (positive and negative) do parents have in their contact with early childhood services?

• How might services be modified or provided differently to respond to the needs of parents of young children?
Who are CALD Families?

Sawrikar and Katz (2008:3-4) highlight the difficulties of defining CALD and the different uses of the term:

“...the difficulty in defining the term needs to be acknowledged. On the one hand, it is an inclusive term when it is describing Australia’s cultural and linguistic plurality (ABS, 1999) and so refers to all families. However, in research and practice especially, it is mostly used to distinguish the mainstream community from those in which English is not the main language and/or cultural norms and values differ. ‘CALD’ therefore has superseded the term ‘non-English speaking background (NESB) because of its reference to culture as an explanation for why differences between CALD and mainstream communities may occur, and so goes beyond linguistic factors.”

However ‘CALD’ generally refers to those members of the population who originate from countries in which English is not the main language spoken. It thus includes people who are not of English-speaking Anglo-Saxon-Celtic descent or Indigenous Australians. CALD is used in place of other phrases that are seen to be problematic in some way, for example, non-English speaking, migrant, ethnic etc (Watkins and Noble, 2008).

Report Objectives and Intended Audience

This report serves two purposes:

1. The project report for the Australian Research Council (ARC) funded research study 'Cultural Diversity, Community and Family Services: Experiences among Culturally and Linguistically Diverse parents of local early childhood services in Ryde’¹,

2. A response to the City of Ryde’s Community Services Child and Family Strategy Engagement Plan².

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²The report specifically addresses the following questions:

- What are the issues for children and families living in the Ryde LGA?
- What are the issues identified for children and families in the Ryde LGA for CALD communities?
- How can the City of Ryde improve on their services?
- What recommendations can be made for future planning?

The report will also contribute to the ‘Ryde 2030’ project, which will set out goals and strategies for the City of Ryde over the next 20 years.
While this report does provide some theoretical and academic analysis, its approach is to present research findings and recommendations in plain English. The intended audience of the report is primarily those policy makers, community workers, and service providers and practitioners who are involved in the delivery of early childhood and family services. It is intended that this report be used as a resource for understanding the experiences and needs of their client base (that is, parents and families from Australian and CALD backgrounds), and for informing practices and outcomes.

Although specific to the City of Ryde, the research findings and recommendations may be generalisable to other LGAs in Australia and to other English-speaking nations with diverse populations. This research illustrates how service providers and policy makers need to be responsive to the different needs of increasingly diverse populations. This is regarded as especially important in the early childhood and family services field, where it is necessary to ensure that parents are adequately supported in their capacity to raise children as future citizens of a multicultural society.
CHAPTER 2

LITERATURE REVIEW

Care is an essential component of social life, particularly in the early years of childhood. In the modern Australian context, parents must negotiate what could be called a caring dilemma; that is, how to balance child care, career, financial pressures and other responsibilities. Whilst this is not necessarily new (parents of young children have always had to make decisions of how best to care for their children), existing research shows that the care of young children has become a complex phenomenon.

This literature review provides a very brief overview of some of the theoretical and conceptual ideas which have informed the current research. Specifically, it discusses inter-related theory and research on families, children and care; migration, ethnicity and cultural diversity; and social policy and service provision.

The concept of ‘the family’ is now flexible, with the ideal of a ‘traditional’ family in decline. A diversity of living arrangements and family forms are increasingly the norm and (Bittman and Pixley, 1997; de Vaus, 2004; Williams, 2004; Holmes et al. 2007). As Craig et al. (2007) and Pocock (2006) highlight, work-life balance has emerged in recent years as a major social issue. With the large-scale movement of women into the paid workforce over the last five decades, juggling work and family life has become a fundamental concern for social policy makers, employers and individuals. Many workplaces are founded upon a presumed ‘ideal worker’ who is an individual agent (often male) not burdened with domestic responsibilities. Meyers and Gornick (2003, cited in Press, 2006:2) contend that “families with young children are living in a half-changed world, being left to craft private solutions to problems that have high public implications”.

Tronto (1993) asserts that we have to overcome a view of care as a feature of micro personal relations only and acknowledge that care is important at the macro level. The care of children is not merely a private concern; it is an important public issue. Daly (2002: 258) argues that there has been a change in the general climate and economics of caring for children, in that only recently has caring for children come to be seen as a cost to families. Consequently, the priorities around child care services have changed; in most countries provision of child care services for young children is rooted in education. Press (2006) argues that it is critical that parents are supported in the choices they make about how best to care for their children. Adults in children’s lives are better able to nurture children when they are in supportive communities that take the experiences, needs, interests and development of children seriously. However, there are those that argue that it is possible for too much support to be offered. Beck and Beck-Gernsheim (cited in Gatrell, 2005) identify a ‘virus’ of parenting mania in which mothers especially are bombarded and overwhelmed with ‘expert advice’.
McDowell et al. (2005:223) note there is debate about the extent to which child care decisions are the outcome of a distinct set of preferences and choices (see for example the work of Hakim, 2000), or a negotiated response to the opportunities and constraints concerning income, support networks, local services and facilities, policy frameworks, and social and cultural ideologies. Holloway (1998:31) suggests that ‘childcare cultures’ may exist in different locations. The two main components of such cultures are what she terms a ‘moral geography of mothering’, that is, a localised discourse concerned with what is considered right and wrong in the raising of children, and local social organisation of non-parental educational child care provision. Local practices and changing experiences of different forms of provision mean that parents might re-evaluate their decisions over time and alter their choices (McDowell et al., 2005; 2006).

Doucet (2000:168) identifies three interrelated forms of domestic responsibility in households with young children: financial, emotional (identifying and responding to children’s needs) and community-based. Within this framework, community-based responsibility entails inter-familial (inter-household) and inter-institutional responsibility. The responsibility for domestic life and for children involves relationships between households, as well as between the social institutions of families/households, schools, the state and workplaces. This also includes playgroups, community-based parenting networks, mothers’/parents’ groups, informal child care arrangements etc.

Research has found that early intervention strategies in childhood minimise the risk of abuse and neglect and can therefore prevent social problems later in life (see for example Fisher, Thomson and Valentine, 2005). Policies based on early intervention seek to build the capacity of parents and communities in raising children, through the provision of integrated support for parents with children in the early years. Furthermore, research into the brain development of young children highlights the importance of a child’s family and broader social environment in shaping their psychosocial wellbeing (McCain and Mustard, 1999; Perry and Marcellus, 1997). Gabarino (1992) emphasises the importance of well functioning neighbourhoods and communities. Therefore, alongside formal early childhood services, informal networks such as families, friends, neighbours, playgroups and other community relationships are of key importance in raising children.

It follows that the care of children is not just the responsibility of individual parents; extended family, neighbours and communities also play a role in caring for children during the early years. Research by Edwards and Gillies (2005) shows that the ideal of an extended family as providing an unconditional structure of support is rarely born out or appreciated. They also found that friends may take on the attributes of family, offering advice, support and material resources to parents caring for children. Moreover, in research with Latin American migrant women with young children in Canada, Rose, Carraosco and Charboneau (1998) found that nurses, family counsellors and social workers from local community services centres were very important, appreciated not only for the material aid they provided but also for their emotional support and companionship. Chalmers’ (2006) research highlights that informal
networking is vital for women and their children, particularly for women who are not working and who spend most of their time at home with their children. Not only are these groups critical in creating opportunities for women and children to interact and socialise, but these informal networks also play a very large role linking people into more formal networks. Mainstream services can therefore play an important role in reducing migrant disadvantage and marginalisation by creating socially inclusive environments.

Much has been written on the concept of ‘social capital’ (see for example Bourdieu, 1986; Coleman, 1988; Portes, 1998; Putnam, 2000; Productivity Commission, 2003). Essentially, three types of social capital can be distinguished (Putnam, 2000). ‘Bonding’ social capital is used to describe the strong links between familiars, and is often geographically based and very supportive and nurturing for families. Bridging social capital is found in the less intense relationships we have with others who are not part of our more intimate circles. This involves relationships with groups who are not like us or maybe just not known to us. Such relationships might be with different groups within a geographic area, or with groups in different areas but whose interests and activities overlap. ‘Linking’ social capital involves groups interacting with each other and with institutions such as government and other providers of resources (Wise, 2004).

Bourdieu’s (1986) notion of social capital places emphasis on the role of cultural and social capital in social inclusion and exclusion. Therefore, the extent to which individuals and families have access to these forms of capital influences their ability to access and participate in social life and specific social contexts. According to Putnam, social capital is characterised by social networks and the associated norms of reciprocity and trustworthiness. Putnam (2007) argues that immigration and ethnic diversity reduce levels of social solidarity and social capital within neighbourhoods and communities. Based on research in ethnically diverse neighbourhoods in the USA, he suggests that residents of all races tend to ‘hunker down’, that is, they withdraw from participating in their community, leading to lower levels of trust, altruism and cooperation.

Considering this, ‘interethnic social capital’ (Wise, 2004) is an important concept which gives a socio-cultural framework to understanding processes of access and equity among CALD parents in relation to community, early childhood and family services (Wise, 2004; Wise, Fine and Moloney, 2005). A major barrier operating against the social inclusion of CALD families is that of systematic bias and/or racism. Thus successful social inclusion must include working with all citizens to value difference, and not just working on migrants ‘fitting in’ or assimilating. Perceptions of social inclusion are strongly linked to family, friendship, community participation, and belonging, however people from CALD backgrounds aim to belong not only to their communities of residence but also to their home culture. Therefore social inclusion is possible when opportunities are created for migrants to reach out to and engage with the wider community. However, connection and engagement can only occur when appropriate supports are made available to migrants (Sims et al., 2008).
The history of migration to Australia has resulted in one of the most ethnically diverse populations in the world. Each of Australia’s birthplace groups has its own considerable cultural diversity as a result of history, regional differences and population movements. However, the major institutions and the culturally informed ideas which underpin their development remain predominately Anglo-Celtic (Hartley, 1995). These institutions are also premised on an individualistic orientation and understanding of family, while many people from CALD backgrounds come from collectivistic cultures that tend to emphasise family obligations over individual autonomy, and in which the family provides more social support than the state (Berry, 1980 and Triandis, 1990 cited in Sawrikar and Katz, 2008).

Writing in the UK context, Vertovec (2006) proposes the recognition of ‘super-diversity’ in an attempt to overcome this Anglo-Celtic dominance. Super-diversity is characterised by a dynamic interplay of variables among an increased number of new, small and scattered, multiple origin, transnationally connected, socio-economically differentiated and legally stratified immigrants (Vertovec, 2006: 1024). Vertovec argues that what is needed is an understanding of the ‘diversification of diversity’. It is suggested that appreciating the dynamics of super-diversity has significant implications for how policy makers and practitioners in local government, non-government organisations (NGOs) and social services might understand and deal with difference within their populations (Vertovec, 2006: 1050). One of the main challenges for those governing or servicing a super-diverse population is the fact that it is physically and financially impossible to provide ethno-specific services to each cultural/ethnic group. Inclusive strategies and adapting ‘mainstream’ services to meet the needs of CALD communities are therefore very important. Governments and communities must ensure that they are responsive to, and respectful of, the diverse needs of local residents.

Batrouney and Stone (1998) argue that the capacity of migrant families to raise their children in a new environment is challenged by a number of factors, including the absence of extended family, language difficulties and barriers, and adjusting to a new cultural/social context. Yet it could be suggested that there is a tendency to problematise or pathologise the ‘CALD factor’; to view experiences and needs as specific to CALD groups, rather as a potential insight into some of the unspoken or unrecognised experiences and needs of ‘non-CALD’ parents. The concept of ‘culture’ is often deployed in a limited way, focusing on specific cultural groups, the language barriers they face, and how their own cultural practices influence their experience as parents in the local community and of service provision. Chalmers and Allon (2002) describe this as a ‘problem centred approach’, where particular cultural groups are seen to have their own specific problems that need to be addressed. Such an approach places the ‘problem’ with the migrant and views ethno-specific services or responses as a solution. Yet ‘culture’ is something implicit in the practices and assumptions of the ‘mainstream’ community and services. In other words, while CALD communities have cultural practices of their own, they are also members of a wider community with its own set of cultural norms, assumptions, institutions and practices.
CALD families are commonly disadvantaged through being part of a minority group in Australia, their experiences of and prior to migration, the difficulty of learning a new language and social practices, the problems associated with having qualifications recognised and forms of racism they may experience (Sims et al., 2008). Previous research suggests that CALD populations may experience various forms of marginalisation and exclusion in terms of access to services and inclusion in local communities (see for example, Chalmers, 2006; Vogl et al., 2005; Batrouney and Stone, 1998). Yet there is only limited research on the experience of migrant parents in Australia. De Souza (2004), writing in the New Zealand context, observes that little is known about how the transition to parenthood changes following migration for migrant mothers and suggests that there is a need for further research relating to motherhood in a new country. Whilst there has been some international research undertaken, the issues arising within the Australian context are not always interchangeable with international experiences, as factors such as immigration policies, settlement experiences and economic and social policies have a unique impact on both migrant and Australian-born parents Chalmers (2002; 2006).

The available Australian research suggests that the loss of supportive networks and cultural/religious rituals can result in isolation and postnatal depression for migrant mothers (Ward, 2003; Rice and Naksook, 2003; Lopez Nahas et al., 1999). Liem (1999:158), in her study of Chinese migrant first-time mothers in Australia, notes that there is a “vacuum of practical support” for recently arrived migrants who have lost their social network and who find themselves living in relative isolation, a situation particularly difficult if they are used to an environment of community and where ‘back home’ childrearing is a responsibility shared among members of the extended family and community. Hadley et al. (2006) found that CALD families may not have a good understanding of the early childhood services available to them or how to access these services. This is particularly the case where no similar services exist in the country of origin.

Woolett and Nicholson (1998, cited in De Souza, 2004) argue that the prevailing and dominant beliefs about parenthood come from white, middle class parents, researchers and policy makers rather than from ethnic minority communities. Additionally, Chalmers (2006) notes that whilst Australian communities are multicultural, espoused parenting practices are premised on ‘Anglo-Australian’ values and ideals. Thus, the cultures and structures of institutions and service providers must be challenged, in terms of how these influence the client-provider relationship and how issues of access and equity are framed. Culturally specific or ethno-specific services tend to be most successful when their staff are of the same cultural background as the client group and when they are able to develop extensive networks within the target community. Other programs or services operate with a multicultural focus, servicing a range of cultures. Staff are often members of some of the cultural groups found in the community but not always, and they have additional training to support them in cultural sensitivity. Mainstream (general) services also have the potential to offer inclusive services. This can be successfully achieved through working in partnership with other organisations (ethno-specific and multicultural). The advantages of co-locating such services are increasingly being recognised (Sims et al., 2008).
This chapter provides information about The City of Ryde and discusses previous research undertaken on families in the area.

The Ryde Local Government Area

The Ryde Local Government Area (LGA) occupies an area of approximately forty square kilometres in the central northern part of the Sydney Metropolitan area, twelve kilometres from the Sydney central business district (City of Ryde, 2007). The LGA includes most of the divide between the Parramatta and Lane Cove rivers, with sixteen suburbs within its boundaries\(^3\).

\(^3\) These suburbs are Chatswood West, Denistone, Denistone East, Denistone West, East Ryde, Eastwood, Gladesville, Macquarie Park, Marsfield, Meadowbank, Melrose Park, North Ryde, Putney, Ryde, Tennyson Point, and West Ryde.
Indigenous Australians lived for thousands of years in what is now the City of Ryde. The territory from Sydney Cove to Parramatta, on the northern side of the Parramatta River, is that of the Wallumedegal clan, and has the Aboriginal name Wallumetta, the territory of the Wallumede people. It is likely that the name Wallumedegal or Wallumattagal was derived from wallumai, the snapper fish, combined with matta, a word used to describe a place, usually a water place. Aboriginal people in the Sydney district are clans of larger groups sharing a common language. Three language groups have been identified in the Sydney Region - the Kuringgai (or Guringai), the Dharug (or Dharruk / Dharuk / Darug), and the Dharawal (or Tharawal). The Wallumedegal are within the Dharug speaking area. The first settlement of marines at the Field of Mars in January 1792 began the dispossession of the Wallumedegal (City of Ryde, 2009). According to 2006 census data, the Aboriginal and Torres Strait Islanded population in the Ryde LGA was 268 people, 0.3 percent of the population (ABS, 2007). I acknowledge the original owners of the land.

To an extent the City of Ryde may be viewed as a typical example of suburban Australia, populated by so-called ‘middle Australians’ (Pusey et al., 2003), that is, broadly speaking, the urban middle class. Prior to World War Two (WWII), these suburbs were populated largely by Anglo-Saxon/Celtic Australian, working-middle class families. Significant development occurred during the post-war years, aided by industrial and commercial growth and public housing construction (iD Consulting, 2007). During this time a large number of post-war Southern European migrants settled in the area and today there are still sizable Italian and Greek communities. Although people from various ethnic and cultural backgrounds have lived in the area for decades, it is only during the past twenty years that Ryde has become visibly ethnically and culturally diverse, with significant changes to the urban landscape. During the 2007 Federal election campaign, the area and its culturally diverse residents became well known as a result of being located in the former Prime Minister’s electorate of Bennelong.

<table>
<thead>
<tr>
<th>Population</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>96,765</td>
<td>100</td>
</tr>
<tr>
<td>Australian Born</td>
<td>53,491</td>
<td>55.3</td>
</tr>
<tr>
<td>Total Overseas Born</td>
<td>36,477</td>
<td>37.7</td>
</tr>
<tr>
<td>English Speaking Country</td>
<td>5,902</td>
<td>6.1</td>
</tr>
<tr>
<td>Non-English Speaking Country</td>
<td>30,575</td>
<td>31.6</td>
</tr>
<tr>
<td>Not Stated</td>
<td>6,797</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Table 1: Population of Ryde LGA (ABS, 2007)
In the 2006 census, the residential population for the LGA was close to 97,000 (ABS, 2007), although more recent estimates calculate the population as more than 102,000 (iD Consulting, 2009). The population increased dramatically during the early 1990s, rising from about 90,000 in 1991 to nearly 97,000 in 2006, primarily as a result of urban consolidation and the redevelopment of former industrial sites into housing (iD Consulting, 2007).

According to census data, thirty-seven percent of residents were born overseas (higher than the Sydney average of thirty-three percent). Table 2 details the birthplaces of these residents.

<table>
<thead>
<tr>
<th>Country of Birth (10 highest overseas birthplaces)</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>6,642</td>
<td>6.9</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3,099</td>
<td>3.2</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>2,648</td>
<td>2.7</td>
</tr>
<tr>
<td>Korea, Republic of (South)</td>
<td>2,493</td>
<td>2.6</td>
</tr>
<tr>
<td>India</td>
<td>1,827</td>
<td>1.9</td>
</tr>
<tr>
<td>Italy</td>
<td>1,764</td>
<td>1.8</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1,499</td>
<td>1.5</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1,140</td>
<td>1.2</td>
</tr>
<tr>
<td>Philippines</td>
<td>1,129</td>
<td>1.2</td>
</tr>
<tr>
<td>Iran</td>
<td>950</td>
<td>1.0</td>
</tr>
<tr>
<td>Non-English speaking backgrounds</td>
<td>30,575</td>
<td>31.6</td>
</tr>
<tr>
<td>Main English speaking countries</td>
<td>5,902</td>
<td>6.1</td>
</tr>
<tr>
<td>Total Overseas Born</td>
<td>36,477</td>
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<tr>
<td>Australia</td>
<td>53,491</td>
<td>55.3</td>
</tr>
<tr>
<td>Not Stated</td>
<td>6,797</td>
<td>7.0</td>
</tr>
<tr>
<td>Total</td>
<td>96,765</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2: Overseas Birthplace of Residents (ABS, 2007)
Thirty-six percent of residents speak a language other than English at home, with the most commonly spoken languages in 2006 being Cantonese, Mandarin, Italian and Korean (ABS, 2007). Of the non-English speaking overseas born population, 13.4 percent speak English not well or not at all; 59.2 percent speak English well or very well (ABS, 2007).

<table>
<thead>
<tr>
<th>Top 10 Non-English Languages (persons aged 5 years and over) 2006</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cantonese</td>
<td>6,782</td>
<td>7.0</td>
</tr>
<tr>
<td>Mandarin</td>
<td>5,777</td>
<td>6.0</td>
</tr>
<tr>
<td>Italian</td>
<td>2,926</td>
<td>3.0</td>
</tr>
<tr>
<td>Korean</td>
<td>2,870</td>
<td>3.0</td>
</tr>
<tr>
<td>Armenian</td>
<td>1,917</td>
<td>2.0</td>
</tr>
<tr>
<td>Arabic</td>
<td>1,678</td>
<td>1.7</td>
</tr>
<tr>
<td>Greek</td>
<td>1,287</td>
<td>1.3</td>
</tr>
<tr>
<td>Filipino (Tagalog)</td>
<td>875</td>
<td>0.9</td>
</tr>
<tr>
<td>Persian (Dari)</td>
<td>804</td>
<td>0.8</td>
</tr>
<tr>
<td>Hindi</td>
<td>799</td>
<td>0.8</td>
</tr>
<tr>
<td>Speak English Only</td>
<td>55,991</td>
<td>57.9</td>
</tr>
<tr>
<td>Non-English total</td>
<td>35,146</td>
<td>36.3</td>
</tr>
<tr>
<td>Not Stated</td>
<td>5,626</td>
<td>5.8</td>
</tr>
<tr>
<td>Total</td>
<td>96,763</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Table 3: Main Non-English Languages Spoken by Residents (ABS, 2007)*

Although the City of Ryde has a relatively high proportion of people born overseas and/or from non-English Speaking Backgrounds (NESB), they tend to be concentrated in certain areas, predominantly suburbs in the Western side of the LGA. The five areas with the highest percentages of NESB residents in 2006, as shown in images 2 and 3, were Eastwood (42.9 percent); Marsfield (40.9 percent); Ryde (38.7 percent); Macquarie Park (37.9 percent), and; West Ryde (37.1 percent).
Persons born overseas, the City of Ryde 2006
(as a percentage of total persons excluding overseas visitors)

Map layers
- LGA
- CCD
- Small areas
- Ryde overlay

Legend
- 10% to 29%
- 30% to 39%
- 40% to 44%
- 45% to 54%
- 55% to 73%

People from a Non-English Speaking Background (NESB), the City of Ryde 2006
(As a percentage of total persons excluding overseas visitors)

Map layers
- LGA
- CCD
- Small areas
- Ryde overlay

Legend
- 6% to 20%
- 21% to 31%
- 32% to 39%
- 40% to 49%
- 50% to 72%

Image 2: Location of Overseas Born Residents (iD Consulting/ABS)

Image 3: Location of NESB Residents (iD Consulting/ABS)
A Snapshot of Ryde Residents (2006 census data)

- **Family Type**
  - 32.1% couple family with children under 15
  - 5.3% one parent family with child under 15

- **Housing**
  - 32.9% own home
  - 27.5% purchasing
  - 31.4% renting (including 3.7% public housing)

- **Education**
  - 49.9% hold qualifications
  - 27.5% hold tertiary qualifications (Bachelor degree or above)
  - 37.3% hold no qualifications

- **Religion**
  - 63.2% Christian (including 30.5% Catholic; 14.1% Anglican)
  - 8.6% Non-Christian (including 2.9% Hindu; 1.9% Islam)
  - 17.5% No Religion

- **Employment**
  - **Top Five Industries**
    - 11.2% Professional, Scientific and Technical Services
    - 11.0% Health Care and Social Assistance
    - 10.2% Retail
    - 8.3% Education and Training
    - 7.6% Manufacturing
  - **Top Five Occupations**
    - 29.3% Professionals
    - 17.7% Clerical and Administration
    - 13.7% Managers
    - 11.3% Technicians and Trades
    - 9.0% Sales

- **Income**
  - **Household Income**
    - 30.9% earn a high income (more than $1,700 per week)
    - 17.3% earn a low income (less than $500 per week)
  - **Individual Income**
    - 24.1% earn a high income (more than $1000 per week)
    - 38.7% earn a low income (less than $400 per week)

- **SEIFA Index of Disadvantage** = 1054.4 (mid-range)
It is often assumed the City of Ryde is rather affluent and middle class. Yet as the snapshot in Box 1 demonstrates, the population is not only ethnically, culturally and linguistically diverse; the community is also diverse in terms of social class (using measures such as education, employment and income).

Similarly, the suburbs and neighbourhoods are diverse, with some residents feeling a strong sense of community connectedness and belonging as these research participants illustrate:

“I would not really want to live anywhere else. We could not have better neighbours. Everyone gets on very well but we don’t live in each others pockets.” (Respondent 3, Australian born, English speaking, Denistone resident)

“Putney is a very family friendly suburb. We have great neighbours.” (Respondent 11, New Zealand born, English speaking, Putney resident)

However, others feel somewhat disconnected from their neighbours and the local area:

“(My neighbourhood) is alright - thinking of leaving Sydney…don’t know any neighbours. Recently a neighbour died and no one knew when they’d last seen him. He’d been dead for a week.” (Respondent 75, South African born, English speaking, East Ryde resident)

“I don’t know who’s living same unit, we don’t even talk.” (Respondent 22, Japanese born, English speaking, Ryde resident)

To ascertain residents’ feelings about community belonging, research participants were asked to indicate their level of agreement, using a Likert scale (strongly agree through to strongly disagree; and always through to never), with the following statements:

“I like the neighbourhood that I live in”;
“I know my neighbours and could rely on them in a crisis situation;
“I like the ethnic and cultural diversity of Ryde”; and,
“I feel safe in the area that I live”.

Whilst most research participants like the neighbourhood that they live in, a significant proportion indicated they do not know they neighbours well (see figures 1 and 2). The majority of respondents feel safe in the area most of the time, and appreciate the cultural diversity of the LGA (see figures 3 and 4).
Figure 1: “I like the neighbourhood that I live in”

Figure 2: “I know my neighbours and could rely on them in a crisis situation”
Figure 3: “I like the ethnic and cultural diversity of Ryde”

Figure 4: “I feel safe in the area that I live”
It is interesting to ascertain the sense of local community belonging and neighbourhood connectedness from parents with young children (mothers especially), as this segment of the population is more likely to be involved in the community networks than other demographics (perhaps other than retirees).

“I definitely feel more connected to the community, like, to the place that I live, rather than it just being a place where I sleep and eat and buy my groceries! (laughter) Well, I probably speak to my neighbours more because one thing my next door neighbours there, I think they’re in their seventies, and I never used to speak to them much. And now they always want to know how the baby’s going. And we would speak to them before a bit but yeah I guess because I’m around the home a lot more, I’ve spoken to them more” (Susie, Australian born, English speaking)

It could be argued that parents with young children may spend more time in community spaces (for example parks, shopping malls, libraries) and in the home than they previously would have and thus have a stronger connection to place.

Policy/Service Provision Context

Given the complexity of funding and auspicing arrangements for early childhood and family services, the choices and experiences of local parents are influenced by various levels of policy, government and organisations. The following flow charts outline the policy frameworks that impact on the experience of parenting for local residents. National, state and local government policies and service provision, as well as services provided by non-government organisations, are presented.

Families NSW (known as Families First until 2007) is a NSW Government prevention and early intervention strategy that aims to assist parents in providing their children (ages 0-8 years) a good start in life. The initiative was established in 1998 and was rolled out in the Northern Sydney region in 2002/03 (Families First, 2006). The suite of services coordinated by Families NSW include supported playgroups, parenting programs, universal home visiting, and community capacity building projects. In the Ryde LGA, the various services and projects are auspiced by government and community organisations including Northern Sydney Central Coast Area Health Services (home visiting), Relationships Australia (parenting programs) and Good Beginnings Australia (Ryde Community Hub).
Australian Government
National Agenda for Early Childhood
Stronger Families and Communities Strategy

Child Care Support Program
- Funding for Services
- Quality Improvement and Accreditation System
- Child Care Benefit
- Child Care Tax Rebate

Financial Assistance for Families
- Family Tax Benefit A and B
- Maternity Payment
- Maternity Immunisation Allowance
- Parenting Payment

Figure 5: National Government Framework
Figure 6: State Government Framework
City of Ryde
Local Government

Community Services
- Social Policy and Planning (Social Plans)
- Children and Families Officer
- Immunisation Clinic

Library Services
- Storytime Sessions
- Children’s Corner
- Toy Library

Community Events
- Community Information Expo
- Harmony Festival
- Granny Smith Festival
- Australia Day Festival
- Christmas Carol Nights

Figure 7: Local Government Framework
Non-Government Organisations (NGOs)

Playgroups NSW
West Ryde x3; North Ryde; Top Ryde x3; Denistone East x3; Eastwood; Meadowbank; Marsfield; Putney

North Ryde Community Aid
- Multicultural Mothers’ Group

Christian Community Aid
- Family Day Care
- Migrant Settlement Services
- Social Welfare Services

Australian Breastfeeding Association
- Classes
- Helpline
- Stores

Figure 8: NGO Framework
Previous Research

In addition to the City of Ryde Social Plan 2005 (City of Ryde Community Services Unit 2004a, 2004b, 2005a and 2005b), two key pieces of research have recently been conducted with families and children living in the Ryde LGA. The Ryde-Hunters Hill Families First Sub-Regional Project Report (Bhattacharjee, 2005) identified issues and problems for parents, service providers and community workers in the area, which are summarised below.

<table>
<thead>
<tr>
<th>Research Findings from Families First Ryde-Hunters Hill Report 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reports of some insensitive, judgemental and depersonalised service providers</td>
</tr>
<tr>
<td>• Lack of information and knowledge of services</td>
</tr>
<tr>
<td>• Lack of extended hours/outreach of services</td>
</tr>
<tr>
<td>• Information about services needs to be provided at key stages</td>
</tr>
<tr>
<td>• Challenges for clients include a lack of services and family/social networks, domestic violence, single parenting, mental health and drug/alcohol issues, lack of affordable child care</td>
</tr>
<tr>
<td>• Challenges in developing partnerships with other service providers (communication, time, lack of resources)</td>
</tr>
<tr>
<td>• Lack of affordable child care</td>
</tr>
<tr>
<td>• CALD parents experience difficulty accessing services and information</td>
</tr>
<tr>
<td>• Playgroups and mothers’ groups contribute to development of social capital</td>
</tr>
<tr>
<td>• Need to develop local strategies to prevent social isolation/alienation</td>
</tr>
<tr>
<td>• Access to information and one-to-one support/advice needs to be provided in languages other than English</td>
</tr>
</tbody>
</table>

Box 2: Bhattacharjee, 2005

The second piece of research conducted was funded by Families First, City of Ryde and Macquarie University. Using West Ryde/Meadowbank as a case study, the researchers aimed to identify deficits in community supports; identify the existing social capital and community capacity within the community, and; propose community-oriented strategies for addressing parents’ needs. Recommendation 2D of the resulting ‘Growing Supportive Neighbourhoods Report’ (Vogl et al., 2004) was to ‘carry out in-depth longitudinal studies into the needs and experiences of families with children from Islamic and emerging CALD communities’. The current study is a fulfilment of this recommendation.
CHAPTER 4

METHODOLOGY

To explore the multi-faceted issues associated with the care of young children, this research used a **mixed methods approach**. Data was collected through questionnaires, in-depth interviews and observations. The research was conducted **ethnographically**, that is, it was embedded and grounded within the community, recognising and appreciating the social dynamics of the local population.

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Research Methods

- Two years of ethnographic fieldwork; working in the local area and involved in the community
- 373 Questionnaire responses
- In-depth interviews with 24 case study participants
- Participant observations
- Informal discussions with service providers and community workers

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**Box 3: Research Methods**

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**Questionnaire**

During the first phase of the research, a questionnaire (see appendix A) was distributed to parents living in the Ryde LGA with children under three years of age. These questionnaires were distributed by staff at the City of Ryde’s immunisation clinic (which operates two sessions, morning and evening, fortnightly on Tuesdays); Northern Sydney Central Coast Area Health Early Childhood Health Centres (ECHC) in the Ryde LGA (six in total – Top Ryde, West Ryde, North Ryde, Eastwood, Gladesville and Marsfield), and; four local playgroups (two multicultural supported playgroups and two ethno-specific playgroups, namely, Korean, Afghan/Iranian).

The questionnaires were translated into five languages other than English: Chinese, Korean, Arabic, Farsi and Dari. Respondents were able to complete the questionnaire at the service provider and leave in a drop-box or complete in their own time and return to me via reply paid mail. The immunisation clinic and ECHCs distributed questionnaires during a three month period, from February to April 2007. Questionnaires were distributed at the playgroups during 2007 as opportunities for the researcher to attend arose. In total, 373 responses were returned.
The second phase of the research built on the initial insights obtained from the questionnaire, to gain a more subjective understanding of parents’ lived experiences, through the use of case studies. Participants for this component were recruited primarily through an invitation attached to the questionnaire. Three interviewees were recruited through a snowballing technique (that is, were referred to the study by others). From the interested questionnaire respondents I selected twenty-four case study participants to reflect the diversity of family circumstances and CALD backgrounds, including Anglo-Australian born, second-generation children of migrant parents, and recently arrived migrants. The sampling process was purposive rather than random. Therefore the participants are not representative of particular groups, but rather serve to reflect varied and diverse experiences (see appendix C for case study profiles). In-depth semi-structured interviews were conducted with case study participants throughout 2007 and 2008. These interviews were of a relaxed and conversational nature (see appendix D for a detailed interview schedule.) Eight participants were
interviewed only once; all others were interviewed twice. All interviews were conducted in English⁴.

**Observations**

To supplement the information provided by questionnaire respondents and case study parents, I undertook participant and non-participant observations at community playgroups, local parks and shopping malls, libraries and community forums. I also regularly attended the meetings of the Ryde-Hunters Hill Child and Family Interagency, and the Ryde-Hunters Hill Multicultural Network.

**Ethics**

The ethical aspects of the research were approved by the Macquarie University Ethics Review Committee (Human Research). The questionnaire was anonymous - unless respondents completed the invitation to participate further in the research, in which case all information was de-identified during coding and analysis. Information and consent forms were distributed to interview participants prior to interviews. Interviews were conducted in a variety of locations, selected by participants and dependent upon where was convenient and comfortable for each individual. Interview sites included participant’s homes, local parks, and cafes. I audio-recorded and transcribed all interviews with the consent of participants. Participants were given a pseudonym to identify them and for use in the publication of the research (including throughout this report).

**Scope of the Research**

Recruiting through services is a limitation of the study, in that the respondents are apparently already linked into some sort of support network. The voices of those who I particularly wanted to hear from, those who have no or very limited support networks, are an incredibly difficult section of the community to access. This is especially the case for parents who speak very little English. As noted by Sawrikar and Katz (2008:10), CALD families may be reluctant to engage with mainstream services because of a concern that they will not be understood or that they will be stereotyped or judged. Therefore, the question ‘who is not accessing services’ or ‘who receives limited/no support’ must be considered.

Further, only a small number of fathers and single parents completed the questionnaire, thus the views of this section of the population are not adequately represented.

⁴ Interpreters were available, however none of the interview participants felt the need for an interpreter to be present. Some questionnaire respondents indicated that they were willing to be interviewed with the assistance of an interpreter, yet when contact was made (by follow-up letter in their language) they withdrew their interest in participating.
CHAPTER 5

SERVICE PROVISION: AWARENESS, ACCESS AND SATISFACTION

The following two chapters provide a detailed analysis of the research findings in regard to the provision of local services, namely council services, health services, playgroups and parenting programs, and child care services.

Analysis

The quantitative data generated was analysed with the assistance of the SPSS computer package (primarily through frequency counts and cross-tabulations). Qualitative data (open-ended answers and additional comments) was analysed thematically.

I have used the words of questionnaire respondents and case study interviewees abundantly throughout the findings and analysis chapters, as I believe it is important their ‘voices’ are heard. Moreover, their (de-identified) comments present the lived experience of parenting, highlighting the complexities of caring for young children.

Questionnaire results concerning awareness, access/usage and satisfaction with local services were analysed according country of birth (Australia or overseas) and main language spoken at home (English or other). Language spoken, rather than country of birth, was a key factor in differences in access and satisfaction; therefore these statistics are presented alongside overall satisfaction levels.

For reporting purposes, ‘very satisfied’ and ‘satisfied’ are presented together, whilst ‘unsure’ and ‘unsatisfied’ are jointly presented in graph form (see Box 5). Tables detailing the exact distribution (very satisfied, satisfied, unsure and unsatisfied) are also provided as in some instances there are significant differences between very satisfied and satisfied, and unsure and unsatisfied (particularly for child care services).

Box 5: Graph Reporting

| Very Satisfied and Satisfied = SATISFIED |
| Unsure and Unsatisfied = UNSATISFIED |

For those interested in a more detailed analysis of service awareness and satisfaction for specific countries of origin and/or languages spoken please contact the author, Kylie Sait.
What Does ‘Unsure’ Mean?
For some services a number of respondents ticked ‘unsure’. Research (Hochschild, 1981 cited in Zaller and Feldman, 1992) demonstrates that ‘unsure’ in survey/questionnaire responses may indicate either feelings of ambivalence or conflicting opinions/attitudes. It could be that some respondents felt that they had not had enough experience with a service to form a definitive opinion about satisfaction. On the other hand, it may be the case that some respondents did not want to say that they felt dissatisfied with a service, so opted for the unsure category.

Gender Issues
Although initially aimed at exploring the experiences of parents, that is, both mothers and fathers, the focus of my research largely came to be on mothers. Others have noted that when academics and governments talk about ‘parenting’, particularly in relation to young children, they are usually referring to mothers. Despite social, economic and policy changes which have resulted in a less rigid adherence to traditional gender roles (man as breadwinner or economic provider, woman as carer/nurturer), it is still most often the mother who is the primary caregiver for children during the early years. Only five percent of questionnaire respondents were male and two interviews conducted were with fathers.

As Sims et al. (2008) note, single services do not possess the resources to adequately respond to the diverse needs of all CALD communities. Mainstream services have an important role to play in engaging CALD families, however to do that successfully they need to co-operate and work in partnership with ethno-specific and multicultural services. To an extent such cooperation is taking place in the Ryde LGA, however recommendations are made (see chapter nine) to enhance this process.

There were high levels of satisfaction with local early childhood and family services; however there were some significant differences between the responses of Australian-born and CALD respondents. Non-English speaking, overseas born parents were more likely to be less aware of/less satisfied with some services compared to Australian-born, English speaking respondents. Yet during interviews, many migrant participants commented that such services would not be offered ‘back home’ and expressed a sense of gratitude (perhaps due to a lack of expectation or out of politeness).

In contrast, some Australian-born participants were much more likely to complain about service provision. One of the most significant findings from the questionnaire data is the number of respondents who are not using services. This is especially interesting given that the questionnaires were distributed through services. Noteworthy examples (discussed later) are the relatively low numbers of respondents using antenatal services/programs, playgroups and formal child care services.
COUNCIL SERVICES

Immunisation Clinic

“Immunisation clinic by Ryde Council is a real asset to the community. The nurses are friendly and professional. Nice point of entry into Health Service.” (Respondent 324, Australian born, English speaking)

The City of Ryde has been providing an immunisation service to the community for over forty years. The service is available to all children from newborn to five years of age, regardless of place of residence, for a small administration fee of $4 per child. The immunisation clinic (which is held on the second and fourth Tuesday of each month, 9.30-11.30am and 6.30-8.30pm) is located at the Argyle Centre, and is staffed by a team of fully accredited immunisation nurses (City of Ryde, 2009b). Only two percent of questionnaire respondents were not aware of the immunisation service. This high level of awareness may partly be attributed to the fact that nearly forty percent of respondents received their questionnaire at the clinic.

“Ladies at immunisations are fantastic, friendly and understanding.” (Respondent 32, Australian born, English speaking)

Sixty-seven percent of respondents had made use of the service. The clinic is very much appreciated by local parents, with the overwhelming majority of clients satisfied with the service provided. Among the main reasons cited were the friendly and supportive nurses and the convenience of the morning and evening clinics.

Figure 9: Use of the Immunisation Clinic
<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>70.0</td>
<td>77.8</td>
<td>51.6</td>
</tr>
<tr>
<td>Satisfied</td>
<td>25.4</td>
<td>19.6</td>
<td>39.0</td>
</tr>
<tr>
<td>Unsure</td>
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Table 4. Satisfaction with Immunisation Clinic

Figure 10: Satisfaction with the Immunisation Clinic
Local Libraries and Parks
Although there was not a question in the questionnaire about local libraries and parks, many respondents commented on them.

“Living in this area has been thoroughly enjoyable. Many parks are easily accessible and mostly well maintained... The libraries are BRILLIANT; I love storytime and inter-related branches. I love the multiculturalism and friendliness of area!” (Respondent 261, Australian born, English speaking)

Libraries
Public libraries are significant sites of local community. Moreover, they are important places for families with children in the early years, as studies have shown that children who are read to from an early age learn more sounds, develop listening skills, extend their vocabularies and imaginations, and learn to read by themselves more easily (Friends of Libraries Australia, 2009).

Image 4: Library Storytime (Image source: City of Ryde)
Ryde Library has five branches in Eastwood, Gladesville, North Ryde, Ryde and West Ryde. The libraries were praised for the services they provided, particularly the **storytime** sessions for preschoolers. These sessions, aimed at children aged two to five years, are held regularly at each library branch and include stories, videos, poetry, songs and arts and crafts. Chinese bi-lingual storytimes in Cantonese and Mandarin are held at the Eastwood branch (City of Ryde Library Services, 2009). Parents also enjoy the activities at storytime:

“*We go every Tuesday morning to the library (for storytime). I think it is for toddlers...he (son) is too young. But I enjoy to stay there...and then can do some craft. But he just sit there; if I give him the pencil, (laughter) he just eat it!*” (Ling, Chinese migrant, Mandarin speaking)

Many interview participants also discussed the importance of libraries as a **place to make new friends** and as a **resource** of local community information.

“I go to the library. They’ve got a variety of brochures and leaflets there. I pull out all of them and sit and read...there’s a toy library in North Ryde and I want to go and get enrolled in there, so I can pick up some toys for the baby.” (Sarita, Indian migrant, Tamil speaking)

The **accessibility** of some branches was raised as a concern, particularly the current site of Top Ryde branch (although this issue has been addressed in the design of the new library currently under construction at the time of writing).

“*Local library not very child/baby access friendly - Top Ryde – stairs, no ramp or lift. Otherwise friendly and helpful staff.*”

(Respondent 19, Australian born, English speaking)

**Parks**

Parks and playgrounds are more than equipment and physical spaces; they have the potential to be **centres of community activity** where people meet and socialise with others (City of Canada Bay, 2007). They are sites of local connections, providing opportunities for residents to build social capital. Moreover, as many families with young children live in units or duplex housing with no or limited backyard space, parks and playgrounds are very important for providing opportunities for children to play and develop their motor skills during the early years.

During research fieldwork I observed the importance of local parks in encouraging **community connection**. I witnessed informal gatherings of mothers (CALD mothers in particular including Chinese and Indian/South Asian women) in large parks such as Ryde Park, Meadowbank Park and Anzac Park (in West Ryde). Several participants commented that, although they found it difficult to develop relationships with their
neighbours, they had met other parents at their local park, with some establishing strong and supportive friendships as a result.

“…you can go outside in the park and make friends but I don’t have many friends in this building. So I think it’s just modern life now, it’s not good for you to just knock at the door and introduce yourself, just like people are busy. When people meet in the elevator we will just say hello but still you can’t have a full discussion.” (Mei, Chinese migrant, Mandarin speaking)

Several respondents also wrote at length about local parks, addressing safety issues such as a lack of fences/gates and shaded areas. For example:

All of the parks need more shaded areas provided and FENCES with safety gates. It is very hard for me to take my 2 kids to Buffalo Creek Reserve or Yamba Park… when my toddler can run onto the road with ease. Otherwise, these are terrific facilities…The safety of small children really is compromised without gates and fences.” (Respondent 173, Australian born, English speaking)

“No parks in the area have shade over the play areas. No parks have a fenced off area to slow down a child running out to a busy road…It only takes 20 seconds for a 2 year old to run from the slide to the bus stop! You need to be a helicopter parent constantly…” (Respondent 293, Australian born, English speaking)

“I live in Anderson Avenue, Ryde and there are no parks within easy walking distance. There are empty blocks of land that could be turned into parks for the children in this part of Ryde. Would be a huge improvement and great service!” (Respondent 292, Australian born, English speaking)

While the concerns of these parents are valid, it should be noted that these comments were made prior to the upgrade of several parks, such as Ryde Park. Furthermore, compared to other LGAs in the Sydney metropolitan area, the City of Ryde has many hectares of parklands (including those near the Parramatta and Lane Cove River foreshores).
Some respondents also expressed appreciation for the outdoor family activities and festivals provided at various times throughout the year.

“I mean the parks are great in Ryde. You know, in summer we go to Putney Park, you know, it’s great because it’s got the water feature and the kids can play. And we use this park up here on Quarry Road a lot...And I’m hoping now that the park at Top Ryde is being developed, I’m hoping that they’ll put some good play equipment in there...” (Ann, English migrant, English speaking)

“Family days are great. The outdoor concerts at North Ryde Common are excellent. It would be great to have more of these type of events or outdoor activities like the big playday at North Ryde RSL.” (Respondent 163, Australian born, English speaking)

“I like the Granny Smith festival and miss the West Ryde Easter Parade [which has] not run since the centre was redeveloped.” (Respondent 301, Australian born, English speaking)
The West Ryde Easter Parade and Fair (mentioned above) is sponsored by the West Ryde Chamber of Commerce, and is being held once again as of April 2009. Other children/family festivals that take place in the area include the Harmony festival (March), Children’s festival (October), Granny Smith festival (October) and various Christmas Carol evenings (December). Events such as these are important in creating a sense of community spirit and belonging, and in fostering the creation of social capital.
HEALTH SERVICES

Antenatal services
Antenatal classes/courses provide valuable information for parents-to-be. Topics covered generally include what to expect in labour, options for pain relief, pre-natal exercises, and information on topics such as feeding and settling. These also give parents a chance to meet other prospective parents in their area. Courses are provided by many maternity hospitals as well as private companies and individuals (The BubHub, 2009).

Many questionnaire respondents had not participated in antenatal classes (provided by hospitals/maternity wards). A significant percentage of respondents were not even aware that antenatal services were available to them, with 7.6 percent of English speaking and 11.5 percent of NESB respondents not aware of antenatal classes. Only 34.2 percent of respondents (128 people) had used antenatal services. This low number could perhaps be attributed to the fees charged to participate. For example, the seven week ‘Birth and Beyond’ program, facilitated by the Royal North Shore Hospital Childbirth and Early Parenting Education unit, costs $125 for one person or $250 for two people. The one day ‘Birthing Workshop’, run as an alternative to the seven week course, costs $95 for one person or $190 for two people. Also, antenatal classes are generally only for first-time parents, with second-time parents not provided with information or encouraged to attend. Moreover, some recently arrived migrant respondents may have given birth to their child prior to migrating to Australia and therefore not used antenatal services.

![Figure 11: Use of Antenatal Services](image)

For some, participation in antenatal classes enabled them to develop supportive friendships with other mothers who have children of the same age.

“I meet weekly with 2 mums I met in our antenatal classes. This is where I get my best and most meaningful support and our babies are growing up together which is great!” (Respondent 47, Australian born, English speaking)
However, others found that the nature of their pregnancy and birth made the lessons somewhat irrelevant, with such sentiments also shared by some interview participants.

“Antenatal classes could include aftercare of newborn and some first aid. **In the long run classes were not of use to me as I had C-section and they focused more on a natural birth.**” (Respondent 224, Australian born, English speaking)

<table>
<thead>
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<th>Level of Satisfaction</th>
<th>Overall</th>
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<th>Other</th>
</tr>
</thead>
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Table 5. Satisfaction with Antenatal Services

![Figure 12: Satisfaction with Antenatal Services](image-url)
Early Childhood Health Centres

Early Childhood Health Centres (ECHCs) are a free service operated by local area health services and staffed by qualified child and family health nurses. The service is available to parents and caregivers with children aged 0-5 years who live in the local area. ECHCs provide information, advice and support on parenting issues and problems such as feeding, settling and sleeping. A home visit following the birth of a child and regular check-ups are scheduled to monitor children’s growth and development, with specialist referrals provided when necessary. ECHCs also organise parents’ groups which provide education and the opportunity to socialise with other new parents (NSCCAHS, 2006).

All Australian born respondents knew about the ECHCs. Only 2.3 percent of overseas born and 3.9 percent of non-English speaking respondents were not aware of the service. 88% percent of respondents (328 people) had visited a local ECHC.

ECHCs in the Ryde LGA were acknowledged by many respondents and interview participants to be a great resource for the community and a valuable source of support for parents, mothers especially.

“Early childhood centre has been fantastic as they introduced me to a network of mothers.” (Respondent 8, Chinese migrant, English speaking)

In addition to praising the service as a whole, research participants identified individual ECHC nurses as a significant source of practical and emotional support. The way some CALD participants spoke of the nurse was as somewhat of a substitute for the family support they would receive in their homeland.

“Early childhood nurse is there every time I need her.” (Respondent 2, Indian migrant, Hindi speaking)
“The nurse, she is very, very good…treat us very good. She gave us suggestion on how to feed the baby. And also she really, I find, she really cares about us. She asks my husband how about his job hunting, how about his business.” (Mei, Chinese migrant, Mandarin speaking)

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
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<tr>
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Table 6. Satisfaction with ECHC

Figure 14: Satisfaction with ECHC
Despite the overwhelming support for the ECHCs, many commented that the service could be improved, particularly in terms of the building and facilities (which are determined by the council). Funding for additional staff and resources was also raised as a concern.

“The early childcare centre at Gladesville could do with some renovations to make it a nicer environment.” (Respondent 53, Australian born, English speaking)

“Not satisfied with ECHC however people good and knowledgeable. Locations very restrictive in terms of hours (e.g. Gladesville and Hunters Hill) and facilities (e.g. not enough chairs, rain comes in, not air-conditioned/heated).” (Respondent 144, German migrant, English speaking)

“[Early] childhood centre needs a bit more lighting and a bit more space. I think. Because when we used to go there with the mothers group, thirty prams in that little room, it was like ‘oh my god!’ So they need a few more, sort of, communal rooms, for meetings and seminars and things like that. I think that would be good. That would be good for them when the mothers get together. And even the foyer, make that a bit bigger and stuff.” (Silvie, Australian born, English speaking)

“More staff at ECHC – long wait even with appointment, and no one answers call when you ring – sometimes I would like reassurance/ask question but I don’t ring because I know it would go to answering machine.” (Respondent 122, Chinese migrant, English speaking)

Concerns over support, or lack thereof, for breastfeeding was also discussed, with some indicating that they had to seek out support from other organisations such as Tresillian Family Care Centres and the Australian Breastfeeding Association (ABA).

“Clinic sisters should support parents decisions on breastfeeding, rather than forcing on formula-feeding from newborn…We had to go to Tresillian to obtain further assistance.” (Respondent 73, Migrant, Mandarin speaking)

“More specific support needed through ECHC to support breastfeeding. I only got the help I needed through the ABA.” (Respondent 171, Australian born, English speaking)
Early Childhood Health Nurse Home Visit

Universal Health Home Visiting is a Families First (now Families NSW) initiative in which every family is offered a home visit by a Child and Family Health nurse within the first two weeks following the birth of a child. The program aims to link families to the early childhood health services and provide early support to families through practical supports with parenting concerns such as feeding and settling, and broader support to connect families with other services in the community. It is based on a 'strengths based approach', focusing on the abilities and capabilities of the parent, rather than an expert model (of nurses) as was previously the norm (Families First, 2006; Wilson, 2009).

“That was good, yeah…she came here…and weighed [my daughter] and measured her and talked to me about, you know, parenting and postnatal depression, which was all quite good. It seemed a little bit probably overwhelming at that stage because I was really tired but it was invaluable. And it’s really good that they come to you and reassure you with the information that they gave.”

(Silvie, Australian born, English speaking)

Nearly 18 percent of respondents had not received a home visit; 2.1 percent were not aware of the universal service. However it must be taken into consideration that the Families NSW home visiting scheme was still in the early roll-out stages of delivery when questionnaires were completed. Therefore, it is likely that those with older children (two-three years) may not have received a home visit. This may account for the parents who did not know about or did not receive a home visit from an early childhood nurse.

Figure 15: Use of ECHC Home Visit

49
“That [home visit] was good. Yeah, that was really good actually that she came out here to see me because I was just all over the place and I was still in my pajamas when she turned up! And so it was great, cause I don’t know how I would’ve made an appointment on time.” (Susie, Australian born, English speaking)

Many interview participants discussed the importance of the home visit, appreciating the value of the nurse coming to their own home as well as the support and information provided.

“Yeah, I thought that [home visit] was really good. Especially when you’ve got a new baby, it’s quite difficult to get out of the house initially, so it’s good to have someone come to your home and have a chat in a more informal setting... I feel very comfortable going up to the clinic now.” (Ann, English migrant, English Speaking)

“So some lady came to my home, and she measured her height and her weight. So it was incredible! I never think about it because in Korea we do it in the hospital only. But somebody came to my house and they helped me so that’s very good” (Soon-Yi, Korean migrant, Korean speaking)

For those who had participated in the home visiting scheme, the vast majority were satisfied with the service provided.

<table>
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<th>English</th>
<th>Other</th>
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Table 7. Satisfaction with Home Visit
Figure 16: Satisfaction with ECHC Home Visit
Early Childhood Health Centre Parents’ Groups

As previously mentioned, ECHCs organise parents’ groups for new parents to learn about their baby and parenting, and to socialise with others going through a similar life stage. **52.4 percent of respondents had participated in an ECHC parents’ group.** However, there were quite significant differences in the levels of awareness of the ECHC parents’ groups between English speaking and non-English speaking respondents. Sixteen percent of overseas born respondents were unaware of the groups, compared to only 5 percent of Australian born respondents. Similarly, **16 percent of respondents whose main language spoken at home is not English were not aware, compared to 6.6 percent of respondents whose main language is English.**

![Figure 17: Use of ECHC Parents’ Groups](image)

The parents’ groups are very important for some parents for a variety of reasons. For some, the groups are a place to learn parenting skills and to receive reassurance.

“Mothers group – provide a place for children to get together so that they don’t feel lonely and can also learn some knowledge.” (Respondent 275, Chinese migrant, Mandarin speaking)

“Mothers group has been wonderful. As well as emotionally supportive it’s been terrific knowing other mother’s whose babies are of the same age group as my own.” (Respondent 264, Australian born, English speaking)

For others, they provide a comfortable and supportive environment, particularly for those without family nearby.

“Meeting other mothers was a great experience. It was very supportive group and me regular breaks from home. It was very nice experience as I don’t have family around.” (Respondent 62, Indian migrant, Hindi speaking)
“So that’s literally one of the highlights of my week — the highlight of my week; that I’m going to mothers group! And he [son] enjoys mothers group as well because he loves women! [laughter]…But it’s a good thing for me.” (Layla, Pakistani migrant, English speaking)

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall %</th>
<th>English %</th>
<th>Other %</th>
</tr>
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Table 8. Satisfaction with ECHC Parents’ Groups

Figure 18: Satisfaction with ECHC Parents’ Groups
However, some respondents expressed concern that only ‘new’, that is, first-time, mothers were encouraged to participate in the groups. There is an underlying assumption that second-time parents are well-connected and have existing social networks, yet this is not always the case. For those who are not new parents/mothers, yet are new to the area (that is, they have recently migrated to or moved into the area), the opportunity to meet other parents with children of similar ages is not provided.

“I was not given any information about joining a mother’s group and would have liked to have joined one with my new daughter even though she is my second child.” (Respondent 269, English migrant, English speaking)

“Parents of 2nd 3rd etc children are not treated as well as 1st time mothers at baby clinic. Upsetting as this is the 1st time you have parented this child. Keep this in mind.” (Respondent 26, Australian born, English speaking)

Moreover, there is an assumed cultural knowledge underlying parents’/mothers’ groups. Not all CALD parents would have this knowledge, or any prior experience with such a concept, particularly if they come from a collectivist cultural background where the support needed is provided by their extended family. Hence, there is a need to educate parents about what the groups are and why they are valuable.
Other Child and Family Health Services

Many questionnaire respondents commented on the importance of additional early childhood and family health services (other than those explicitly addressed in the questionnaire).

The Ryde Hospital (a public hospital) was praised for its maternity program.

"(The) midwife at Ryde hospital maternity program was wonderful, strong connection and excellent support. Experience with both kids at Ryde was excellent." (Respondent 32, Australian born, English speaking)

"I have had a very enjoyable time becoming a new mother...We also had a wonderful midwife from Ryde Hospital who was excellent and helped a lot and made us very comfortable.” (Respondent 57, Australian born, English speaking)

In 2004, the Northern Sydney Area Health Services (now NSCCAH, which also encompasses the central coast region of New South Wales) undertook a major review of the maternity services offered at Ryde Hospital. It was decided, due to a decline in the number of births at the hospital over recent years, that the service was no longer sustainable. Rather than close the unit completely, a group of midwives, doctors and consumers established the Ryde Midwifery Group Practice, based at Ryde Hospital. This practice allows women to give birth assisted by a midwife in a low risk setting. Medical back-up, supervision and emergencies are provided by the Royal North Shore Hospital. In a formal evaluation of the service conducted in late 2005, women who birthed at Ryde were very satisfied with the service (Erofeyeff, 2008). Some respondents in my research indicated that, although they would have liked to give birth at Ryde Hospital, they were unable to do so due to the risky or complicated nature of their pregnancy and birthing experience.

"It is disappointing that Ryde hospital can’t deal with babies in emergency (we were sent to RNSH).” (Respondent 34, Australian born, English speaking)

Camellia Cottage was also commended by respondents. This is a family care service associated with Ryde Hospital that services families living in the Ryde and Hunters Hill LGAs. GPs and ECHCs refer parents to the service to assist them with problems associated with babies and toddlers including sleeping, feeding and other behavioural difficulties. Post-natal counselling and education is also provided (Harragon, 2005).

“Camellia Cottage settling class was great. One on one care made all the difference to come up with settling techniques for our son.” (Respondent 313, Australian born, English speaking)
Some suggested that more funding should be available to Camellia Cottage to enable greater accessibility to the service.

"More funding to places like Camellia Cottage – trying to teach bubs under 6 months to sleep in stinking heat without air con is just prehistoric and so unfair. Tresillian and Karitane (6) have a 4 month waiting list, so basically useless for most problems. **Camellia Cottage the only one who could urgently help us.**" (Respondent 219, Australian born, English speaking)

"Making Camellia Cottage **settling classes available to all children from 6 weeks of age.** It made a big difference to our family to get coaching in this area." (Respondent 313, Australian born, English speaking)

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* Tresillian operates four Family Care Centres in Sydney, with the centre closest to the Ryde LGA being located in Willoughby. The centres are funded by the NSW Department of Health and cater for families with a baby or young child who need guidance on parenting issues such as breastfeeding, settling and sleep, and post-natal depression. A range of services are provided including a twenty-four hour telephone advice line, outreach home visiting, day stays and education seminars (Tresillian, 2009). Karitane is a privately funded parenting support organisation also offering family care centre services (Karitane, 2009).
Playgroups

Playgroups are designed to enable parents/carers to attend, with their child/ren, for regular and informal gatherings. The playgroups are run by parents who establish, supervise and equip the groups. There is usually a joining fee, followed by a daily or weekly fee (City of Ryde, 2009a). Most playgroups operating in this way are members of the Playgroups Association of NSW.

Supported and ethno-specific playgroups have also been established in the area. These are operated under the auspice of organisations such as Good Beginnings and Relationships Australia as part of the Families NSW program. For example, the Ryde Community Hub (only recently established in July 2008) operates three supported playgroups, including one for young parents. Supported playgroups aim to connect parents with their community and learn about their child’s development. Families NSW supported playgroups are informal sessions for parents to meet and share their experiences of parenting and for children to socialise, play and learn in a structured and positive environment. They are run by a trained early childhood coordinator, who also assists the group by offering practical parenting support and advice (Families NSW, 2009).

There are approximately fifteen playgroups operating within the Ryde LGA. Many parents have found local playgroups a source of support and new friendships. For some they are particularly important social events for both their children and themselves.

“She [daughter] really likes the playgroup….she remembers the name of the friends and she learns how to play, how to share, so I think it’s very important. This playgroup is for Korean mums…So I can share the information with other Korean mums and I can express my feelings or my suffering to raising children. So it feels good for me. And that playgroup is very good, good for providing some group seminar or information and good opportunity for mums.” (Soon-Yi, Korean migrant, Korean speaking)

Figure 19: Use of Playgroups
Only 36.6 percent of respondents had participated in a playgroup (see figure 19). This was interesting given that several ethno-specific playgroups were used as questionnaire distribution sites. Overall, CALD respondents were less aware of playgroups than Australian born/English speakers. 4.1 percent of those born overseas were not aware of local playgroups (compared to only one percent of Australian born respondents), and 6.9 percent of respondents who mainly spoke a language other than English at home were not aware (again, compared to only one percent of respondents whose main language is English).

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
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Table 9: Satisfaction with Playgroups

Overall Satisfaction

Unsure/Not Satisfied

Very Satisfied/Satisfied

Main Language Spoken: English

Main Language Spoken: Other

Figure 20: Satisfaction with Playgroups
Other Support Groups

In addition to the ECHC parents’ groups, other organisations operate parents’/mothers’ groups and programs in the local area. For example:

- North Ryde Community Aid and Information Centre run a multicultural mothers’ group, which advertises itself as a small and friendly social group for multicultural mothers with young children. Mothers from a variety of backgrounds (including Australian born) attend the two hour session each week.

- Ryde Family Support Service operates a number of support groups for parents, including a young mother’s playgroup (for mothers who are under 25 years and have pre-school aged children); a single parent support group, and; a grandparents’ carers support group (Ryde Family Support Service, 2009)

- The Ryde Hunters Hill CALD Parenting Project commenced in mid-September 2006 and is funded by Families NSW. Under the auspice of Relationships Australia, the project aims to improve the well-being of families from CALD backgrounds by providing support through parenting programs and access to support services (Squires, 2006). To date, the program has established parenting programs (and playgroups) for the Korean, Afghani, Iranian and Mandarin-speaking Chinese communities

- Churches and ethno-specific organisations also operate various parenting courses (such as ‘Triple P’ and ‘Toddlers: Terrible or Terrific’) in the local community (see Gray, 2007a for an extensive list of programs offered)

Generally, parenting programs operate from a ‘strengths-based’ perspective and seek to acknowledge the existing skills of the mothers, fathers, carers and grandparents in their approach to parenting, while providing additional skills to build on this knowledge base in an external educational format with a trained facilitator (Gray, 2007b).

The questionnaire asked respondents about their satisfaction with ‘other parents’ groups’ (that is, any group except the ECHC operated groups). For this question there were relative high numbers of respondents who were not aware of such services. 11.9 percent of English speaking and 20 percent of non-English speaking respondents did not know about other parent support groups in the local area. Only 18.4 percent of respondents had participated in such a group/program, with most of these people satisfied with the services provided (and with no difference between Australian born and migrant respondents).

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>13.6</td>
<td>11.8</td>
<td>16.0</td>
</tr>
<tr>
<td>Satisfied</td>
<td>42.4</td>
<td>47.0</td>
<td>36.0</td>
</tr>
<tr>
<td>Unsure</td>
<td>40.6</td>
<td>35.3</td>
<td>48.0</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>3.4</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td>Total (N=69)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 10. Satisfaction with Other Parents’ Groups
Although only five percent of questionnaire respondents were male, there are full-time stay-at-home fathers in the area whose needs are not being adequately addressed. Although parents’ groups cater for both mothers and fathers, the groups are predominantly women. This respondent suggests that a fathers’ group would be a valuable opportunity to socialise with other primary-carer fathers.

“Father support or network group for at home dads. This could extend to a social group activity.” (Respondent 338, Australian born, English speaking)

The West Ryde Wombats playgroup recently established a Saturday morning playgroup for fathers. However an evening or weekend groups would also be valuable for working mothers who wish to participate in a playgroup. Playgroups are generally for toddlers, rather than infants, and are targeted towards non-working mothers. Many mothers of children aged two years or older are, for various reasons, not able to, or do not want to, stay at home full-time, and to return to work. Yet they may like to participate in a playgroup with other mothers to develop friendships for themselves as well as their children.
On the other hand, some stay-at-home mothers also want opportunities to socialise which are not focused solely on children or on their role as a mother.

> “They were OK; very laidback people, nice people to talk to (at playgroup). But I was looking for something different. I didn’t just want to go and talk about babies. I wanted to talk about something else. But they tend to talk only about babies... It was all baby, baby, baby... and, you know, I want to get away from that.” (Muteteli, African migrant, English speaking)

Some participants spoke about how they felt excluded when they did go along to a playgroup or a mothers group. As is the case in social groups, there is a tendency for tight-knit cliques to develop which may purposely or inadvertently exclude outsiders.

> “I went once to a playgroup with (eldest son)... I was looked at and I was judged as a very young mother, and I never went back. That didn’t turn out very well... because they were all mid twenties, late twenties, I was nineteen. Oh yeah, I still remember... I mean, I still hear friends saying they get together with their playgroup mums and this, that and the other. And I think ‘Oh, well, it never happened, I missed out.’... So I didn’t, I would have like to but doesn’t matter. What’s done is done.” (Miriam, Australian born, English speaking)

Other parents just felt that they lack a common bond with other members of the group and therefore exclude themselves.

> “I’m not with a mothers group or anything, actually I was with a mothers group... They were all a bit older than me, the mothers... they’re really nice ladies... but I think we just didn’t have that much in common. Like they were all quite, oh one was a lawyer and one was a doctor, and their husbands were all staying home with the baby because the mum’s were going back to work and I thought ‘that’s so not where were at’... So, you know, they still email around some times and I would like to, and I always say I will... it never seems to be convenient... A lot of them had gone back to work so they could only do very specific days and times and the one that was young and I really liked, she moved to Melbourne, so we didn’t really see her again, so we just stopped going very slowly” (Sara, Australian born, English speaking)

> “I’m going to be really, really honest. We went to a mothers’ group once (with a friend)... and the people there, I didn’t find them really warm or welcoming. So we both decided we’re not going back. I don’t know what it was, I just didn’t feel comfortable... And I think from just observing the whole group, we didn’t click...” (Muteteli, African born, English speaking)
Chapter 5: Key Findings

- **Council Services**
  - Immunisation Clinic: 67 percent of respondents had made use of the service, with the overwhelming majority of clients satisfied with the service
  - Libraries: storytimes as place to socialise for both children and parents; branches important sources of community information
  - Parks and Playgrounds: sites of community connection and social capital

- **Health Services**
  - Antenatal Services: only 34 percent of respondents had participated in antenatal classes/courses; almost 12 percent of CALD parents not aware of these services
  - Early Childhood Health Centres: almost 88 percent of respondents had visited an ECHC; nurses valuable source of support; criticism of ECHC buildings and facilities
  - Home Visiting Scheme: 18 percent of respondents had not received a visit; majority of users satisfied with service; appreciation for nurses coming to home in early weeks
  - ECHC Parents’ Groups: just over half of respondents had participated in group; 16 percent of CALD respondents not aware of groups; support for some without family support; concerns that only ‘new’ mothers invited to join; assumed cultural knowledge – need for education
  - Other Child and Family Health Services: praise for Ryde Hospital and Camellia Cottage

- **Playgroups and Other Support Services**: approximately 37 percent of respondents had participated in a playgroup; only 18 percent had participated in other parents’ groups; such groups provide valuable practical and emotional support for some parents; need social groups for fathers and working mothers; issues identified in regards to inclusion and exclusion
CHAPTER 6

CHILD CARE CONCERNS

In Australia, 52 percent of women with children under school age (youngest child 0-4 years) were participating in the labour force in 2006 (ABS, 2007). As table 4 shows, 64 percent (almost two-thirds) of questionnaire respondents were participating in some form of paid employment (or were on leave from work). Consequently the need for child care, provided either formally by dedicated services, or informally by family/friends, is a significant issue for families. Families tend to mix their children’s care arrangements across different types of services, or between formal and informal care arrangements, in a ‘patchwork’ fashion (Goodfellow, 2007).

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Paid Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time work</td>
<td>36</td>
<td>9.9</td>
</tr>
<tr>
<td>Part-time work</td>
<td>54</td>
<td>14.9</td>
</tr>
<tr>
<td>Casual work</td>
<td>19</td>
<td>5.2</td>
</tr>
<tr>
<td>Self-employed</td>
<td>14</td>
<td>3.9</td>
</tr>
<tr>
<td>Maternity/parental leave</td>
<td>109</td>
<td>30.1</td>
</tr>
<tr>
<td><strong>Not Employed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
<td>12</td>
<td>3.3</td>
</tr>
<tr>
<td>Unemployed, not looking for work</td>
<td>20</td>
<td>5.5</td>
</tr>
<tr>
<td>Full-time home duties</td>
<td>92</td>
<td>25.4</td>
</tr>
<tr>
<td>Studying</td>
<td>6</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Table 11: Employment Status of Respondents

The types of child care services available in the Ryde LGA include not-for profit community and for-profit private long day care centres (LDC); occasional child care services (OCC); and, family day care (FDC).

LDC centres are primarily designed for use by working parents. They are required by State regulations to be open a minimum of forty-eight weeks per year and for more than eight hours per day. State and Federal Government legal requirements govern and regulate LDC centres. There are approximately forty LDC centres and preschools operating in the Ryde LGA.

OCC is a flexible centred-based form of child care. They cater for children aged 0-6 years for short periods of time when parents attend doctors appointments, go shopping, participate in business activities etc. There are three OCC centres in the LGA in Gladesville, Eastwood and Top Ryde.
FDC is a home-based alternative to centre-based care for children aged 0-5 years, provided by registered carers in their own home. In the Ryde LGA, FDC is coordinated by Christian Community Aid (CCA) who screens all caregivers and ensures their home environments meet Local and State Government regulations.

<table>
<thead>
<tr>
<th>Type of Child Care</th>
<th>Long Day Care</th>
<th>Family Day Care</th>
<th>Occasional Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider/s</td>
<td>- Community centres</td>
<td>Christian Community Aid (CCA)</td>
<td>- Community centres</td>
</tr>
<tr>
<td></td>
<td>- For-profit providers</td>
<td></td>
<td>- For-profit providers</td>
</tr>
<tr>
<td>Funding/Regulation</td>
<td>Federal</td>
<td>Local</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>State</td>
<td>State</td>
<td>Federal</td>
</tr>
</tbody>
</table>

Table 12: Local Child Care Provision

Parents using accredited child care services are eligible to receive Child Care Benefit (CCB) from the Family Assistance Office. All LDC and FDC centres that offer CCB must be accredited by the National Childcare Accreditation Council’s Quality Improvement and Accreditation System (QI&AS) which regulates the quality of care, education, health and hygiene standards (City of Ryde, 2009).

Image 8: Building Blocks of Child Care (Image source: www.columbianacountyjfs.org)
There were some significant differences in awareness among respondents of the three types of child care (see figure 23). More CALD respondents were less aware of and also less satisfied with services: for example, almost 10 percent of non-English speaking respondents were unaware that LDC services were available.

Overall, relatively small numbers of respondents (39 percent) had made use of formal child care services: 25.9 percent had used LDC; 16.6 percent had used FDC; and 15.5 percent had used OCC.

**Figure 23: Use of Formal Child Care Services**
### Table 13. Satisfaction with Long Day Care Services

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>23.8</td>
<td>39.2</td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td>40.5</td>
<td>29.5</td>
<td>57.6</td>
</tr>
<tr>
<td>Unsure</td>
<td>21.4</td>
<td>13.7</td>
<td>33.3</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>14.3</td>
<td>17.6</td>
<td>9.1</td>
</tr>
<tr>
<td>Total (N=97)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Overall Satisfaction with Long Day Care Services (N=97)**

- **Very Satisfied/Satisfied**: 
  - Main Language Spoken: English
  - Main Language Spoken: Other

- **Unsure/Not Satisfied**: 
  - Main Language Spoken: English
  - Main Language Spoken: Other

**Figure 24: Satisfaction with Long Day Care Services**
### Table 14. Satisfaction with Family Day Care

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>15.7</td>
<td>26.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Satisfied</td>
<td>39.2</td>
<td>38.5</td>
<td>40.0</td>
</tr>
<tr>
<td>Unsure</td>
<td>39.2</td>
<td>34.6</td>
<td>44.0</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>5.9</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>Total (N=62)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Overall Satisfaction with Family Day Care

![Pie Chart](image)

**Main Language Spoken: English**

![Pie Chart](image)

**Main Language Spoken: Other**

![Pie Chart](image)

Figure 1 Satisfaction with Family Day Care
### Table 15. Satisfaction with Occasional Child Care

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Overall</th>
<th>English</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>16.0</td>
<td>26.9</td>
<td>4.2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>28.0</td>
<td>23.1</td>
<td>33.3</td>
</tr>
<tr>
<td>Unsure</td>
<td>44.0</td>
<td>42.3</td>
<td>45.8</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>12.0</td>
<td>7.7</td>
<td>16.7</td>
</tr>
<tr>
<td>Total (N=58)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### Overall Satisfaction with Occasional Child Care

![Pie chart of overall satisfaction]

**Figure 26: Satisfaction with Occasional Child Care Services**
Given that child care involves the negotiation of what can be highly emotive issues such as finding appropriate quality care, managing the work/life balance, and leaving young children with a stranger, it is often a contentious and value driven issue (Vincent, Ball and Kemp, 2004: 235). It appears that, for some people, the questionnaire was an opportunity to vent and express their frustrations about child care provision. Issues concerning quality, availability and cost were all raised by respondents.

Concern over the quality of child care services, particularly LDC centres, was raised by some respondents.

“Ryde council should provide not for profit LDC as most private LDC’s are appalling (my child/ren have both been lucky enough to get into not for profit centre provided by other organisations),” (Respondent 26, Australian born, English speaking)

“There seems to be very little choice in long day care for the 0-3 old age group.” (Respondent 320, Australian born, English speaking)

“I’ve heard that some child care centers have lack of vacancies and people have to wait for a long time in order to send their kids there. I’ve also heard that child care centre, which is quite near to my house, is very old and not good.” (Respondent 275, Chinese migrant, Mandarin speaking)

Others were frustrated by a lack of vacancies and lengthy waiting lists for places (a problem that is experienced Australia-wide with demand for child care places outweighing supply).

[Suggestion for improving services] “A coordinating body to enroll children in daycare and preschool – enrolling my 2 year old in preschool was a logistics nightmare…and no guarantee that you will get a place! It’s frightening to think that we have too many children and not enough places. I was advised to enroll my son in 4 schools in our area and did so. Previously when enrolling him into a daycare I made 15 calls and only one had a place and it was not a good centre – we pulled him out, he was miserable.” (Respondent 173, Australian born, English speaking)

“Although I haven’t used child care yet, I am finding it very hard to find a place even after being on waiting list for 18 months.” (Respondent 54, Australian born, English speaking)
“Currently I am very frustrated for my job. I want to go back to work as full-time but I don’t know what to do with my son. I visited all day care centres around my suburb and also booked family day care...But no positive response yet.” (Respondent 123, Chinese migrant, Mandarin speaking)

As the comments below demonstrate, some parents experienced difficulties accessing information about child care services. It was suggested by some respondents that the council provide a list of accredited child care providers on their website. This information (as well as information about many other community services) is provided in the Online Community Information Directory linked to the City of Ryde Community Services unit website. However comments such as the ones below suggest that this site is not accessible or easy to find. A number of people also suggested that the process be streamlined somewhat, with a centralised waiting list and/or enrolling organisation for child care (and preschool).

“I’ve applied to day care centers and family day care for my 6 month old son. But all of them put me in waiting list. I hope somebody can help me with that... I had no resources to find the information, including Ryde council website. I hope ECHC or Ryde council website can have such kind of information which normally are very helpful for parents” (Respondent 123, Chinese migrant, Mandarin speaking)

“The family day care center needs to inform its services and program more broadly to the public and to work with the public to provide easier access to its services. Now the waiting list is too long.” (Respondent 283, Korean migrant, Korean speaking)

“Keep councils website up to date with contact details for all long day care centres in LGA.” (Respondent 232, Australian born, English speaking)

The high cost of child care is a considerable concern for local parents.

“We would like to use the services of the occasional child care center but the cost of childcare makes it difficult for anyone to use it.” (Respondent 60, Indian migrant, Tamil speaking)

“When we need baby sitter or child care it’s always too expensive and unaffordable. So wherever I go I have to take my children with me, sometimes that’s very hard when I’m sick.” (Respondent 22, Japanese migrant, English speaking)
In the interviews, several parents spoke about the difficulties associated with high child care costs, including dilemmas over whether it was worth returning to work given that a large percentage of their wage would be lost in paying for care. For example:

“I’d like to [return to work] now. But unfortunately you need to weigh up the options... if I was to go back to work tomorrow I’d lose a percentage of it to the day care. I’d obviously have to put them into day care five days a week and that would be all three of them, so you’ve got to times that by maximum rate say $150 or $160 a day times five, you’ve really got to be on good money. That’s just the child care...I know a couple of women who have got the au pair, oh yeah that’s the way to go... where they come to learn English and live with the family... Like one of them in particular, I think she said she pays hers $150 but she lives at their house and she eats their food, but then she does the laundry and she does the nannying. And I was like, $150, like I’d be happy...Of course if you met the right person, like you’re not just gonna leave your kid with anyone. But yeah, no, that’s the go. But that’s not practical for everyone. [laughter] Like, we can’t even fit ourselves in our house, how the hell would we fit another person who wants their own space completely, so anyway, I can keep dreaming!” (Miriam, Australian born, English speaking)

As previously noted, only 39 percent of respondents had used formal child care services (see figure 23). Yet 64 percent were participating in some form of paid employment (see table 4). The relatively low number of respondents who had made use of formal child care services, combined with the number who are employed, may suggest a preference for informal care (provided by family and/or friends) or shared caring arrangements between mother and father. Yet this is only speculative and worthy of further investigation.

Some expressed somewhat of an aversion to using formal child care services, preferring not to return to work or to rely on family members to provide care if needed.

“If my mum wasn’t here I don’t know, I don’t think I would be quite happy to return to work because I just don’t like the idea of putting my children into child care. [And why is that?] I wouldn’t mind so much now. As soon as they can speak and relate to you, that’s OK. But I wouldn’t feel happy putting a baby in because they can’t tell you what’s happened at day care, so you know, my daughter she would come home and she would say if someone had been mean to her or if someone had done something or if she felt uncomfortable, but a baby can’t do that.” (Ann, English migrant English speaking)
Grandparents were used by several participants in the provision of child care. As noted by Goodfellow and Laverty (2003), while many grandparents choose to care for their young grandchildren while parents work, others may feel obligated to provide such care. Moreover, demographic changes (that is, more mothers participating in the workforce) mean that there will be greater demand for grandparents to provide care for young children; yet with older people remaining in the workforce longer the supply may not be readily available.

Others, who did choose to return to work, spoke about the guilt they initially felt in returning to work and leaving their children with care providers.

“And I felt really guilty putting him in [LDC] at first because he didn’t like it as well. And there are some kids who go and they’re stunned mullets and they just sit there the whole day and you can tell they’re bewildered…[my son] cried a lot… in the beginning and so I did feel pretty guilty…I tried to transition him a lot…we’d stay there a couple of hours and he was right with that, he was fine with mummy being there, but as soon as mummy left…that’s when the sort of problems would start…he went through a bit of separation anxiety for a while…But he’s getting better now, and he cuddles the staff now, they say…and I’m a bit paranoid, I call up three times a day… But I don’t know why I feel guilty because I think child care is such a great place for them and this is a great centre…. ”(Sara, Australian born, English speaking)

“When I was considering going back to work, I found it quite confronting to think about having a child in day care at such a young age. So he was about eleven months when I went back to work. So, I knew I was going back to work but the thought processes before I actually got there were quite, you know, I had a bit of turmoil. So, I suppose I realised that I was thinking back to my childhood and I thought that my values were that I should be staying at home and that it was a little bit selfish to go back to work, on my part, that I needed to be at home all the time with my son… so what I’m saying I guess is that, yes, that the way I was raised was great and I had a mum who wanted to be at home all the time but I didn’t really want to do that…I think that it’s a really good balance, and I’m really happy where he is being cared for, the day care centre.”(Joanna, Australian born, English speaking)

Several participants expressed a preference for small child care centres or family day care, which somewhat replicate a home environment and ensure that their child has continuity of care.
“Yeah, see the thing is with the long day care, there’s one here very close to home, but some of my friends said that the carers there are on casual so they keep changing and rotating every now and then so the person who you see in the morning is not going to be there in the afternoon, you know, following up, catching up with them is hard. And somehow I didn’t want to send her for a long day care at such an early stage. And the family day care seemed to work...and it’s cheaper too...and it’s more like a one-to-one relationship, you know. Even for her, because the kids there are only four or five whereas the long day care, there might be more number of carers but there are twenty five kids.” (Sarita, Indian Migrant, Tamil speaking)

“Originally I had him in an occasional child care centre when I first went back to work cause they [LDC] didn’t have a place for him. And the occasional care centre was really good... It’s a really small centre, there’s only thirteen kids there. And they just seemed to love him! And yeah, like I really felt like he was looked after and whenever I went there he seemed really happy to be there. And like, I’d go to pick him up and he just wouldn’t even care that I’d come to pick him up. He was too interested in playing!” (Susie, Australian born, English speaking)

Choosing to use community-based care, rather than a private for-profit centre, also helped to put some parents’ minds at ease. For example:

“It’s community based which was really important to me. I kind of see a community based centre like public education, you know. I think that child care is our right, not a privilege, and good quality child care is, I believe, one where the money goes into the centre. Our centre at the moment is not even making any profit, they’re making a loss, but they always have two extra staff people on than they need to which is really important. You know, I don’t care about what kind of toys he’s playing with and everything’s brand new, I don’t care about that, it’s not about that. It’s about his socialising and you know, making his own fun. There are great things there anyway but when I walked in I didn’t even know what kind of things he would be playing with; that wasn’t important. The staff are fabulous and yeah I’m really thankful that it is community based... The staff turnover is very, very low at this centre and that’s quite rare in private centres from what the studies that I’ve kind of heard about. I feel really lucky. I do” (Joanna, Australian born, English speaking)
Unemployed/stay-at-home parents also make use child care services for personal reasons, whilst recognizing the **benefits of care** for the **social development** of children.

> “Many reasons [for daughter being in child care], *for social skills, for English learning*, and I think I don’t have enough, I’m not sure if I can manage with two kids from day to night so if my daughter can manage in day care then I have more time to take care of the younger one and my daughter will not be so jealous of the little one…So I think it a good way if she has the chance to meet more children in day care…” (Mei, Chinese migrant, Mandarin speaking)

Chapters five and six have reported on the significant service provision issues for parents with young children in the Ryde LGA. In chapter seven, the focus shifts to examining other important social issues for parents.

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**Chapter 6: Key Findings**

- **64 percent** (almost two-thirds) of questionnaire respondents were participating in some form of paid employment; yet only **39 percent** using formal child care services… Does this indicate an aversion to formal services, a preference for care provided informal by family/friends or the existence of alternative care such that formal care is not required?

- Concerns raised over **quality of care** provided by LDC centres

- Frustration with a lack of vacancies and **long waiting lists** for child care places

- Difficulties experienced in **accessing information** about child care services

- Concerns of the **high costs** of child care

- ‘**Mother guilt**’ felt by some in putting young children into formal care

- Some prefer **small centres or family day care** to ensure continuity of care in home-like environment

- Use of **community-based** (not-for-profit), rather than private (for-profit) centres

- **Social benefits of child care** for both children and parents recognised

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Box 7: Chapter 6 Summary
CHAPTER 7

THE EXPERIENCE OF PARENTING

This chapter explores some of the significant social issues identified and discussed by parents.

Parenting as Rewarding and Challenging

“Being a parent is demanding and a 24 hour a day job but it is without doubt the most rewarding job I have ever had.”
(Respondent 3, Australian born, English speaking)

In the interviews and the additional comments given in response to the questionnaire, many parents spoke of the joys and rewards of parenting. For example:

“Being a parent has been wonderful. It is hard work and you are not always prepared for the sleep deprivation etc. I think the support I received and am continuing to receive has been good. The GP and the early childhood centre were helpful for me at the beginning when my son was younger. I think the hardest part of being a new parent is just the unknown. Not knowing if you are doing a good job.”
(Respondent 185, Australian born, English speaking)

Whilst acknowledging the difficulties associated with the parenting role, particularly the transitional period and initial adjustment of becoming a parent, overall there was a consensus that it is a significant and satisfying stage of the life course.

“It’s a huge adjustment from working and having an open social life to being a parent. The minimal sleep is exhausting but will improve over time. It’s wonderful looking at your child’s face and having the abundance of love for them. I look forward to growing with my child!!! My husband and my relationship has just risen to another level which is wonderful to share with him.”
(Respondent 138, Australian born, English speaking)

“I became a mother for the first time two years ago. About two years after my first child was born, another new life was born, which brought happiness as well as worries. Sometimes I feel very tired. However, when I can see them growing up healthily, I feel everything is worth it.”
(Respondent 278, Chinese migrant, Cantonese speaking)
At the same time, the following statement from one respondent accurately summarises many of the challenges that parents identified, including sleep deprivation, safety concerns in the community, financial and employment pressures, child care arrangements, and negotiating the work/life balance.

"Seeing my children grow and develop has been a special and amazing experience. My children have taught me a lot about myself; parenting has been a steep learning curve. What has been difficult for me is the lack of sleep. However, as my children grow I sense that even though they can become involved in a lot of activities offered by the local community, safety is becoming more of a concern. I grew up playing outside all the time. I can't say I would allow my 5 ½ yr old to do the same. This is difficult because it's important for their development. The neighbourhood watch and any other safety initiatives would be most welcome. Also the demanding lives we lead places families under more pressure. More part-time or other flexible work arrangements from local employers would be great: especially for parents who have to find care…" (Respondent 332, Australian born, English speaking)

The rising cost of living, including of the price of food, housing and transport, is a concern for parents raising young children in the current economic climate. This is a major consideration when making decisions concerning employment (for example, whether and when to return to work after paid or unpaid maternity/parental leave) and child care arrangements (cost of formal service provision, type of care used, reliance on relatives and/or friends).

"You know, I really feel for those mums who have to go back full time and they don't want to. I mean, I'm sure there's a couple who want to, but the ones who don't to, I really feel for them. So I'm very lucky that I don't, you know so we choose to live on one wage, pretty modestly, and I choose to be home." (Sara, Australian born, English speaking)

For this parent, the additional financial pressure of a third child meant significant lifestyle changes.

"Financially it is a strain – I have 3 children. 1-2 children were fine, third complicates our juggling and commitments and restricts our lifestyle tremendously." (Respondent 267, Australian born, English speaking)

Frustrations over the lack of a government paid parental leave scheme were also raised. Such schemes are important as they enable parents to spend time with their children during what is recognised as one of the most significant stages of childhood development, the early years. Australia is one of only two developed that does not have
universal paid leave (National Foundation for Australian Women, 2009; GetUp!, 2009).

“Going onto to one income has meant we don’t have most of the luxuries we used to have (e.g. want something buy it or eat out whenever we want) but I have found I don’t really miss these things as much as I thought I would. Having said that paid maternity leave for more than 6 weeks would be a great support.”

(Respondent 3, Australian born, English speaking)

The need for workplace flexibility was also raised by some interview participants, as a way of enabling parents to balance work and family life. For example:

“I think what’s important, and I’ve talked about this with a lot of my friends, just the flexibility that mums need when they’re raising children, if they want to do some work. Being able to be offered that flexibility because they can give their time and their work but it has to be on their terms. That sounds quite ‘me, me, me’ but it’s because of the fact that they’re so unpredictable…It’s flexibility that you need and still in the work environment, you know, it’s still the nine to five culture, where, you know you’ve got to be at work at eight and leave work at six, so you know, child care centres work like that but, you know, but at the end of the day, the working day I think needs to be made more flexible in terms of working different hours.”

(Silvie, Australian born, English speaking)

Despite the contemporary jargon of ‘work-life balance’, many workplaces continue to operate based on an out-dated ideal of a full-time (male) worker without domestic and family responsibilities (Craig et al., 2007). Pocock (2003) characterises this as a ‘work/life collision’. Yet some were fortunate to have such flexibility and leave provisions from their employer.

And did you take maternity leave initially?

“Yes, and I’m still partially on maternity leave and I can stay on that way until I actually goes to school under our award…it’s a wonderful benefit to have.”

(Joanna, Australian born, English speaking)
Nonetheless, many participants were eager to return to work. Several participants spoke about how they missed the social element of the workplace and how they felt bored and unstimulated staying at home to care for their children on a full-time basis. They felt that it was best for both themselves and their children if they returned to employment in some capacity, whether on a full-time, part-time or casual basis. Others were concerned by the fact that, by taking too much time out of the workforce, they may lose the position and status that they had worked hard for.

“It does help a lot financially for me to go back (to work) those two days, that was the initial consideration. But I think that’s why I have a bit of problem in thinking that it’s selfish to go back cause it is also because I wanted to go back. And thankfully my husband was really supportive about that, like, he knows that I need it and he knows how hard I’ve worked to get where I am. And I think if I didn’t go back, there’s that whole issue of re-entering the workforce, or losing your position, you know, all that kind of stuff. I kind of had to go back for that reason.” (Joanna, Australian born, English speaking)

On the other hand, there were other parents who relished the opportunity to be a full-time stay-at-home parent.

“I don’t want to go back to work at all! Ideally I’d like to stay home until he’s at school… I love it (being at home with son) Love it! I absolutely feel like I’m in my element finally. I feel like this is what I was meant to do, which is really good. And it’s really lovely…It just feels really natural, really comfortable. This is what I should be doing. It feels really nice…A lot of ladies at the mothers’ group think I’m insane but I’m really enjoying it!” (Jane, Australian born, English speaking)

Parents also identified as critical the need to have access to helpful advice and information resources, particularly in the first few months of a child’s life.

“It is so very important for new parents to be made aware/find out for themselves/know where to find resources to help them. I often felt almost depressed in the second 6 months of my baby’s life and thankfully knew about resources in the community.” (Respondent 31, Australian born, English speaking)

However, it is important that information about services is provided in stages. Several participants commented on how they felt somewhat bombarded with an overwhelming amount of information in the form of pamphlets, websites and booklets in the first few months of their child’s life. Unable to process this abundance of information, some told me how they were given so much that they filed it away in a drawer and then did not look at it again. If the distribution of such material was staggered throughout the course of the early years, it would perhaps be more valuable to parents.
Isolation and Loneliness

One of the recurring themes throughout the research was a feeling of isolation and/or loneliness. Several participants wrote or spoke about feeling stuck at home or feeling excluded from previous social, friendship and employment networks.

The questionnaire asked parents to indicate their response to the statement, “I feel socially isolated or excluded from the local community”, using a Likert scale of always, often, sometimes, rarely or never. Analysis of the responses to this question, using sometimes, often and always, as a measure of feeling isolated/excluded, found that overall more than one quarter of respondents (27 percent) felt isolated/excluded.

Moreover, CALD respondents were more likely to report such feelings. For those who were born overseas, 35.5 percent felt isolated sometimes or more (compared to 20.4 percent of Australian born respondents). For those whose main language spoken at home is not English, 39.6 percent of respondents felt isolated sometimes or more (compared to 22.2 percent of those whose main language is English). This suggests a significant correlation between feeling isolated, lonely, marginalised and/or excluded, and CALD status.

Figure 27: Percentage of respondents who feel isolated/excluded

“I would have liked to have met other new mothers to increase my social life and perhaps meet new friends and also have some support, even if it was just to talk and discuss concerns/issues re my new baby.” (Respondent 181, Australian born, English speaking)
“Often my husband travels for work so I rely on friends and my eldest son (13 years) for support. I occasionally feel isolated from the outside world and ‘locked-in’ the house.” (Respondent 215, Australian born, English speaking)

For some, the **transition from full-time employee to full-time stay-at-home parent** was a contributing factor to feeling excluded or alone.

“Sometimes I think if I can’t find a job I would be lucky because I have a lot of time, plenty of time to take care of kids. But for myself, if I think more for myself, I think it’s better for me to work because I don’t want to stay at home for several years.” (Do you think you would get bored at home?) “Yes! Yes. Yes. Because if you’re working you have colleagues and you keep in touch with the whole society. If you stay at home, especially for me, I don’t have a lot of friends, so I would feel very lonely in this new country, it’s not good for me.” (Mei, Chinese migrant, Mandarin speaking)

“I thought it was just me [who felt isolated] because I’ve always been, you know, the bread provider and always busy… and as soon as I told someone I felt quite better, less isolated. But basically it comes down to it, it’s up to you to get yourself out of it. So that’s what I do. I get out. Even if you just go for a walk down the park… I really want to go out and see one of my mates and have a beer. But they work during the day and at night time you’ve got too many things to do, you know, I’ve got house duties to do. So you’re lifestyle changes quite a lot.” (Peter, Australian born, English speaking)

There is a vast literature on the impact of modern society on levels of **connectedness**. Much of this argues that the liberation from space and placed-based communities may lead to less meaningful face-to-face interactions, a breakdown in trust, growing social isolation, the elimination of collective responsibility and the impersonalisation of modern life (Clark, 2007:27). Whilst I would suggest that some social theorists extend the ‘decline of community’ arguments too far, such conditions, combined with the **mobility** of young families, especially migrant families, may account for the relatively large number of respondents who indicated that they sometimes feel isolated or excluded from the local community and **lack a sense of belonging**.
This chapter has examined some of the key issues and concerns for parents with young children living in the Ryde LGA, including the rewards and challenges of being a parent, and the relative high incidence feelings of isolation and loneliness. Chapter eight addresses the additional challenges faced by recently arrived migrants and CALD families in the Ryde LGA.
CHAPTER 8

ISSUES FOR CALD FAMILIES

Service Provision Issues
As identified in chapters five and six, parents from CALD backgrounds may experience difficulties in accessing local early childhood and family services. These issues are summarised below in Box 9.

- Non-English speaking, overseas born (CALD) parents were less likely to be aware of/satisfied with some services compared to Australian-born, English speaking respondents
- Almost 12 percent of CALD respondents not aware of antenatal classes
- 16 percent of overseas born/non-English speaking respondents unaware of the ECHC parents’ groups
- 7 percent of CALD respondents not aware of playgroups
- There is an assumed cultural knowledge about support/social groups and services which CALD parents may not possess

- Contradictions...
  - Despite being less aware of and less satisfied with service provision in the questionnaire responses, during interviews many CALD participants commented that such services would not be offered ‘back home’ and expressed a sense of gratitude (perhaps due to a lack of expectation or out of politeness)
  - CALD questionnaire respondents were also more likely to select ‘satisfied’ (rather than ‘very satisfied’) and ‘unsure’ (rather than ‘not satisfied’). As discussed in chapter 5, ‘unsure’ may indicate ambivalence; or conflicting opinions/attitudes; or lack of experience with service to form an opinion; or not wanting to indicate dissatisfaction (for a variety of reasons)

Box 9. CALD Service Issues
Challenges

As highlighted in the literature review (chapter two), there may be additional challenges for parents (mothers) who are recently arrived migrants. The process of migration and settlement is a life-changing and often stressful period. Migrants are confronted with learning a new language, finding meaningful employment, and negotiating different cultural practices. It is also likely that they will have lost valuable social support networks, leaving behind family, friends and community. Migrants who are parents not only have to deal with their own adjustment, but also have to support their young children.

For migrant parents living in Ryde, the main challenges identified were language barriers; feeling isolated/lonely; a lack of family support; employment challenges (including having qualifications recognised and finding suitable employment); and, issues around marginalisation and exclusion.

Language barriers

Low English proficiency is a major barrier. Typically migrants with limited English skills are less likely to participate in the ‘community’ or to access services (Sims et al., 2008).

“Sometimes when I feel my English is not good enough then I feel excluded.” (Respondent 344, Chinese migrant, Mandarin speaking)

Many migrants also find the ‘Aussie’ accent and slang of Australian English speakers difficult to understand. It is unlike the formal English learnt in language classes in the home country or even in Australia.

“And I think first I needed an interpreter because when I first arrived here I find the Aussie English is difficult for me to understand because I'm not good enough to listen. But after several months the nurse said it's not necessary for me to have an interpreter, she said my English is improving... So it's very, very good for government to give us this interpreter things and they can translate all of the languages. I think it is very helpful... I think for me if I can discuss with people face to face it is more easier because if I can't understand I can ask 'pardon' or people to explain in different words. But if I listen on the telephone, on a phone call, some people speak very fast and they think I'm local, then I have to explain “English is not my mother tongue”. But generally people are nice, they will explain again…” (Mei, Chinese migrant, Mandarin speaking)
One of the key challenges for recently arrived migrants from NESB countries is learning English. Unfortunately, due to a lack of time, seeking employment and /or a lack of child care, many parents (particularly mothers) may not complete the 500 hours of English classes available to them through AMES.

“I think my English is improving but not improve very fast because I don’t have full time to learn English. But I have short course in TAFE but finally I quit because I really find myself don’t have enough time.” (Mei, Chinese migrant, Mandarin speaking)

“I already had been studying English in Korea over fifteen years…I was very stressful for raising children, very stressful. So I was very upset and stressful. So my husband decided to let her go to childcare and then I started little bit English class... So, I did two terms of English class at TAFE. Because I was English student, haven’t got vacancy at childcare at TAFE. It was very hard, you know. So I was AMEP student I didn’t pay my fee of the study but I paid more money, I paid for her (child care).” (Soon-Yi, Korean migrant, Korean speaking)

“My mother will be looking after her for about five months then my mother goes back, I will send her to a child care centre, I am looking for the child care centre now…I go to the internet to find information and go to the library for community information...Maybe if I work, maybe full time, part time or casual, it doesn’t matter...I think if I want to live here, then the first step is to improve my English, then I will find a job I can improve my English as soon as possible.” (Wan-Li, Chinese migrant, Cantonese speaking)

Feelings of isolation and loneliness
As discussed in the previous chapter, CALD respondents were more likely to report feelings of isolation and/or exclusion.

“I’m from overseas, so I find myself alone here.” (Respondent 98, Mexican migrant, Spanish speaking)

As mentioned in the previous chapter, 35 percent of overseas born and almost 40 percent of NESB respondents reported feelings of isolation and/or exclusion.
Lack of family support
In the act of migration, migrants may lose valuable support networks. This is perhaps felt more acutely by those from collectivistic cultural backgrounds in which family and community relationships are a pivotal source of practical and emotional support.

“In the act of migration, migrants may lose valuable support networks. This is perhaps felt more acutely by those from collectivistic cultural backgrounds in which family and community relationships are a pivotal source of practical and emotional support.” (Respondent 175, Chinese migrant, Cantonese speaking)

Recognition of Qualifications
Often, previous qualifications and skills of migrants are not recognised. The subsequent lack of professional employment opportunities can result in increased levels of stress and tension in CALD families.

“We migrated to Australia three years ago with no family or friends hence nobody to support us. We are slowly networking but getting friend to help is very difficult.” (Respondent 60, Indian migrant, Tamil speaking)

“In some instances, they may re-train (as in the case below) or take up employment which does not match their level of qualification.

“I worked as a doctor in China. If I want to be a doctor again I have to pass the English test, so in AMES I did the child care course.” (Wan-Li, Chinese migrant, Cantonese speaking)
Marginalisation
Despite their best efforts, some parents have had difficulty in finding culturally relevant and sensitive support, leading to feelings of exclusion and/or marginalisation. This parent felt unwelcome at a mainstream ‘Aussie’ playgroup:

“We hope there would be a culture-based parents’ group or playgroup for families who speaks another language other than English. We once visited a local playgroup and found the Aussie parents not very welcoming. Same with the ‘Aussie’ supervision of the day for that playgroup. We felt isolated.” (Respondent 73, Chinese migrant, Mandarin speaking)

For this respondent, a lack culturally appropriate child care is a concern.

“Not enough long day care facility around the area. More Korean staff (well trained) required understandings about different culture is required by staff i.e. food, relationship between parents and children etc.” (Respondent 362, Korean migrant, Korean speaking)

However, others were able to find care that is appropriate.

“I mostly speak to (my daughter) in Tamil, that’s my mother tongue…but she understands English very well as well because that’s what they speak at the day care. But the carer, she speaks Tamil, the carer she is from Sri Lanka, she speaks our language, which is good…I had asked for a specific carer because one of my friends just said that carer was really good. But then the placement centre, they said ‘oh that carer is very busy, do you mind being put with a different carer?’ …And then it so happened that this carer knew Tamil which is really good.” (Sarita, Indian migrant, Tamil speaking)

Whilst there are many ethno-specific services in the area (for example, Chinese, Korean, Afghan/Iranian), the respondent quoted below highlights the lack of services specifically for people from Indian and South Asian backgrounds. In conducting the research, I also found this population difficult to access due to a lack of services and ‘gatekeepers’.

“…if we could have more Indian services as I am still trying to find more people from my origin.” (Respondent 2, Indian migrant, Hindi speaking)
In other instances, CALD parents may exclude themselves from ‘mainstream’ services to attend ethno-specific formal or informal groups.

“I just went there once (to mothers group). They suggested I join but I want to stay in a mothers group where I can make some Chinese friends as well...I believe most of them (in the group) are migrants but from European countries. There were no Chinese people except for me.” (Ling, Chinese migrant, Mandarin speaking)

It is often assumed that migrants have access to supportive ethnic community supports, yet this is not always the case. Not only may they feel marginalised by the ‘mainstream’ community, they may also feel excluded from an ethnic/religious community or lack a strong sense of belonging to that community.

So do you feel that there is a strong Chinese community around you?

“I can’t say it’s very strong because most of the people are quite busy and because China is very big country so we came from part of China so that means maybe we are all Chinese people but still there are difference between us. But I think it is good that you have different people support you, help you. For me I have Chinese young mothers and they discuss with me about the children things. So I think you can’t say it’s very strong but it’s very helpful. I think if you say something is very strong it means you get together everyday. But it’s not like that.” (Mei, Chinese migrant, Mandarin speaking)
Resourcefulness

Whilst it is certainly the case that parents who are recently arrived migrants face additional challenges, the participants in my research were highly resourceful, seeking out information and opportunities to meet new people. For example, one interview participant even partly attributed her family’s conversion to Christianity to the ‘family’ support her friends from church provided.

“…We’ve got a big family here, because there’s a lot of people in the church. So there’s several reasons for us to be a Christian.” 
(Mei, Chinese migrant, Mandarin speaking)

Another participant attended a local Baptist church despite the fact that they are not religious and “don’t really believe”. Yet it is at the church that they have been able to make friends and re/create a sense of family. For some, religion and church attendance can make the settlement process less daunting.

My elder brother and younger brother were involved at (a Korean) church so…as migrants we just travel to Australia, so at the moment we just decided to go to that church. (So, was the church important in helping you find friends in Australia?) Ah, yeah I think so. I agree… So, after that we more happy. We still have some communication problems. We couldn’t completely understand the sermon. Sometimes understand some part, but sometimes really hard, but yes, it’s very good for me. (Soon-Yi, Korean migrant, Korean speaking)

The following also illustrates the extent to which third sector organisations are used as a source of support for some migrant parents.

“Sometimes in the playgroup they have two persons in charge of the playgroup. One can speak Mandarin, and one doesn’t. The speaker of English is child care worker. If they can speak Mandarin or Cantonese it is better the communication for the parents.”
(Wan-Li, Chinese migrant, Cantonese speaking)

Playgroup attendance is also an important way of making friends and creating a sense of belonging, as the following example illustrates.
"I went to the park and some older Chinese lady, they look after their grandson and granddaughter, and so I play with them, and then one day one older lady she told me that the public school has a playgroup, so I went there…so when I been there after a few weeks, another older lady told me another playgroup in the church, then I go to playgroup in the church! [laughter] So now four days she's in playgroup… I feel people can talk, because before if I'm not happy, not too many people can talk. Now, if I feel not good, I can talk to them. And sometimes they give me some advice or something, I feel it's good.” (Yin, Chinese migrant, Mandarin speaking)

The notion of the ‘expert migrant’, who is capable of adapting to the demands and changing circumstances of the migration setting (Zontini, 2004:1141) is pertinent here. Parents who are so-called ‘expert migrants’ are perhaps more resourceful, adaptive and able to generate and maintain sources of support. Indeed, my research highlights that many migrant parents, mothers in particular, are highly resourceful and motivated, which perhaps is the result of dealing with the everyday challenges of navigating new social, cultural and political situations. Australian born parents can learn from the resourcefulness of CALD parents in seeking out information and resources rather than expecting it to be forthcoming.

Rather than passive victims as sometimes presented in the literature, my research highlights that many migrant parents, mothers in particular, are highly resourceful and motivated. I am not denying the fact that there are significant and unique challenges confronting parents from migrant backgrounds, who may be learning a new language, trying to find meaningful employment and negotiate a different set of cultural practices. Rather, I am suggesting that they are perhaps more adept at dealing with these difficulties, given their migrant experience. Some Australian-born participants are rather quick to complain when help or support is not forthcoming, and express an attitude of expectation. Migrant parents, on the other hand, generally express a lack of expectation and convey gratitude for any support that is offered. Furthermore, overall they are more willing to seek out and request support if needed (rather than simply expect that it will be offered). Moreover, it would seem that, in some instances, being a migrant actually enables inclusion in particular support networks, for example, as in the case above, meeting Chinese grandmothers and being welcomed into a group.
**Transnational Care**

Given the multicultural nature of Australian society, many parents are also involved in ‘transnational caring’ networks, relying on visits to and from, and communication with, relatives and other supports overseas. Baldassar, Baldock and Wilding (2007: 3) define transnational caregivers as “people who live across and care across national borders”, and transnational caregiving as “the exchange of care and support across distance and national borders”. Similarly, Williams (2001) writes of ‘diasporas of care’ that develop with migration of families across continents and patterns of familial obligations and care. Several research participants made use of transnational caregiving networks, relying on family overseas to assist in the caring of their young children (either in addition to or instead of child care services).

Given the vast size of Australia, it is important to recognise that it is not only migrant families who may be geographically dispersed and separated by long distances. Sydney-based residents with family interstate (or in regional or rural New South Wales) are also involved in distant care networks. However, geographic distance, national borders and the processes of migration do impact on care exchanges in a number of unique and important ways.

Return visits back to the ‘home’ country are significant opportunities for transnational care (emotional support, in particular) to take place.

> “They [Australian-born women in her mothers’ group] have families and other friends and what not. But since I don’t it does make me feel very isolated. And I guess one of the reasons I’m really looking forward to going to the UK is my family is there. I really need that, I need that.” (Layla, Pakistani migrant, English speaking)

Other participants expressed similar sentiments about the importance of visits ‘home’ to their extended family and community. Such visits are especially significant following the birth of a child, with parents eager for their relatives to meet the newest member of the family. Further, it is also important for parents that their children have contact with the home country in an effort to establish and retain family and cultural connections.

Where possible, migrant parents may bring relatives (parents and parents-in-laws primarily) to Australia for several months following the birth of a child or to care for children whilst parents work. Sponsoring visas for children’s grandparents to visit for the express purpose of providing care is a popular option for some migrants. Zontini (2004) describes this situation as ‘importing’ grandparents to take up family care and domestic tasks. In other cases, if it is a culturally appropriate option, parents may also either leave children in the homeland or send them back to be cared for by relatives.
Yet, for some parents, immigration procedures and visa regulations act as barriers to the provision of transnational care.

"I have 2 kids …It is extremely difficult coping with the workload…had to stop working after babies born. I managed on my own without any support other than from my husband …Raising kids must be the most difficult thing in the world…I tried to bring my aunty from Sri Lanka to help me out with my 2nd baby. Visit rejected twice. If visa procedures are not so strict it could be helpful to people.” (Respondent 74, Sri Lankan migrant, Sinhalese speaking)

For some, it is relatively easy to obtain Australian visas for parents and other family members to help them care for their young children. However, for others, there are severe restrictions imposed by Australian and international immigration and refugee policies (especially restrictions for those from 'high-risk' countries).

“They wouldn’t give him [brother] a visa to come here on my wedding day and now cause we can’t take her [daughter] there when she’s young because of the diseases and stuff. So we tried to get him a visa and they refused him a visa…to come and see my baby!” (Muteteli, African migrant, English speaking)

These cases demonstrate the extent to which migration and visa status is significant in enabling (or disabling) transnational care visits. For skilled migrants, the process is relatively easy; however, for migrants in other categories, including refugee/humanitarian entrants from war-torn or unstable nations, visa regulations and structural barriers beyond their control hinder the process. Financial considerations are also important, with those with a certain level of economic security in a much better
position to both sponsor relatives to visit Australia and make return visits to their homeland.

Although such transnational caregiving practices are private decisions, it is still a relevant issue for local council and service providers. They can assist CALD residents by providing immigration and visa advice (or referrals to specialist services); provide support groups for visiting grandparent carers; and, intervene early so parents are not forced to be separated from their children (for example, by advocating for child care affordability and workplace flexibility).

Chapter 8: Key Findings

- **Service Provision Issues**
  - Less aware of some services
  - Lower levels of satisfaction with some services

- **Additional Challenges for CALD parents**
  - Language barriers
  - Finding suitable employment
  - Negotiating new cultural practices
  - A lack of family support
  - Sense of marginalisation
  - Exclusion from ‘mainstream’ services/groups
  - Lack of ethno-specific services for some CALD communities
  - Need for culturally appropriate child care provision

- **Resourcefulness of CALD parents**
  - Use of third sector supports including religion and playgroups
  - Ability to seek out support when needed

- **Transnational Caregiving Practices**
  - Visits to family
  - ‘Importing grandparents’ to provide care
  - Leaving or returning children to homeland to be cared for
  - Barriers to transnational care

Box 10. Chapter 8 Summary
CHAPTER 9

CONCLUSIONS AND RECOMMENDATIONS

SUMMARY OF KEY FINDINGS

Service Provision
On the whole, research participants were quite satisfied with the provision and delivery of local early childhood and family services. There was overwhelming support for and satisfaction with the council operated immunisation clinic and its staff. The library branches and storytimes for toddlers are also very much appreciated.

There were generally high levels of satisfaction with local area family and early childhood health services. The ECHC nurses and parents’ groups were identified as important sources of practical and emotional support for local parents (especially new mothers). However, several respondents expressed frustration that second-time mothers were not encouraged to participate in ECHC parents’ groups.

Concerns were raised about the adequacy of the ECHCs facilities and infrastructure. Insufficient space for meetings/seminars and the state of the buildings were concerning for parents. Several suggested that additional funding for ECHCs needs to be made available, in order to improve facilities and increase staffing levels. There was high praise for other health related services including the Ryde Hospital maternity program and Camellia Cottage.

Child Care Issues
The provision of long day care services was a source of key concern for many parents in the area, including those who have yet to use such services. The availability of places and the existence of long waiting lists mirror the Australia-wide issue of demand outweighing supply for long day care places. The high costs of formally provided care are concerning, particularly in the current economic climate. Concerns were also expressed over the quality of care provided. Feelings of guilt were felt by some parents in regard to putting children into child care upon their return to work. Others expressed somewhat of an aversion to using long day care services, with a preference for family day care or informal care arrangements.
The Experience of Parenting

Whilst acknowledging the joys of being a parent, participants commented on the challenges and difficulties associated with the role. The rising cost of living and financial pressures associated with raising a family were identified as concerns. Paid maternity/parental leave and flexible workplaces are needed to enable parents balance work and family. The research suggests that isolation is a major issue for some parents (with CALD parents more likely to report feelings of isolation and/exclusion). However, playgroups and parents/mothers groups’ were identified as valuable social resources and sources of support in overcoming such feelings.

Issues for CALD Families

The transition to parenthood can be daunting, yet this may be ever more so when one is also in the process of settling into a new country and culture. The loss of family and friendship support networks is an additional challenge for migrant parents. While Australian-born parents may also not have access to family support networks, the sense of dislocation felt by some migrants may make it more difficult to establish replacement support. Moreover, they may feel marginalised and excluded from formal and informal support networks. On the other hand, the migration experience provides opportunities for inclusion in other networks that are not generally available to Australian-born parents (recall, for example, the experience of being welcomed and supported by the Chinese grandmothers). This research found that a number of coping strategies were employed by migrant parents in the Ryde area. For example, religion and other third sector organisations played an important role in establishing a sense of local belonging. Transnational care networks were also used in caring for young children, instead of, or in addition to, a reliance on formal child care services.
RECOMMENDATIONS

The research suggests that, on the whole, most policy makers and services providers that cater for children and families in the Ryde LGA are doing their best to ensure that the diverse needs of all families and their children are considered. Moreover, most attempt to provide services in a respectful manner which is culturally sensitive and appropriate. However, policies and services can still be improved upon to enhance the parenting and caring experience of all residents (Australian-born, second-generation and recently arrived migrant) with children in the early years.

It must be acknowledged that it may not be possible to fully implement some of the recommendations below, due to a lack of/limited funding and resources. However, where possible, it is suggested that the following recommendations be implemented to meet the needs of families with young children in the area.

Given the complexity of funding and provision arrangements for early childhood and family services, many of these recommendations are not targeted towards any particular service or organisation (for example, City of Ryde Council; NSCCAHS; Families NSW; non-government organisations). Rather, what is recommended here is a holistic approach through innovative collaborations and partnerships, and the co-location of integrated services, to ensure positive outcomes for families and children in Ryde. Therefore, where possible, examples of novel program models are provided.

************

I. Early Childhood and Family Health Services

I.1 Refurbish the ECHC buildings and facilities, particularly the Gladesville location (purpose-built facilities are under construction in West Ryde and Top Ryde)

I.2 Greater promotion of the value of antenatal courses, and reduce the costs to parents, with a view to increasing uptake of services

I.3 Review staffing levels of ECHCs and, if possible, increase the number of nurses at each centre. Nurses are currently under-resourced, and required to carry out both clinic and home visiting appointments

I.4 Increase the availability of services such as Camellia Cottage and Tresillian
2. Child Care Provision

2.1 Provide an easily accessible list of accredited child care providers in the Ryde LGA

2.2 Review the development of a centralised waiting list for child care places (this issue was previously tabled in the Ryde-Hunters Hill Child and Family Interagency, and it was determined that providers were not in favour of adopting such a scheme)

2.3 Advocate for more child care places to be made available in the LGA, either through the establishment of new child care centres or the expansion of existing centres

2.4 Support the advocacy of a universal paid parental leave scheme

3. Parents’ Groups and Playgroups

3.1 Establish or provide support for the establishment of a local support/social group for stay-at-home fathers

3.2 Provide increased support for second-time mothers, including inclusion in parents’ groups

3.3 Establish a playgroup for working mothers to attend in evenings or on weekends (as existing supports cater for non-working mothers)

3.4 Support group for grandparent carers, especially those who are visiting from overseas

3.5 Educate parents on the value and benefits of parents’ groups and playgroups, particularly parents from CALD backgrounds who may have not have the assumed cultural knowledge of the concept
4. Isolation and Marginalisation

4.1 Help parents understand the importance of being linked into formal and informal support networks early (for example, through antenatal classes or parents’ groups). Some parents who feel isolated and/or marginalised may slip through the gaps, so to speak. Services (mainstream, multicultural and ethno-specific) must work in partnership to assist their clients in developing social networks within the community.

4.2 Develop strategies to assist parents with overcoming isolation and encourage parents to socialise and maintain regular activities.

4.3 Develop innovative strategies to build interethnic social capital and supportive neighbourhood/community relationships. For example, local events and initiatives, including strategies to enhance intercultural relationships and informal contact; intercultural neighbouring; intercultural trust and learning.

4.4 Provide sufficient support to the third sector/non-government organisations as they support parents to develop networks and social capital.

4.5 Continue the upgrade of local parks and playgrounds and develop a parks/playground strategy to address the concerns of parents and to build community capacity.

Example: The City of Canada Bay Council has developed a ‘Let’s Play: Playground Strategy’, to guide the provision and management of playgrounds and increase the potential of playgrounds as a means of strengthening connections within the local community. Canada Bay Council regards playgrounds as opportunities to promote community connections and interactions. As meeting spaces, parks and playgrounds assist in building social networks (social capital) and overcoming social isolation. Moreover, through signage and notice boards within playgrounds, they can function as community resource points, facilitating the provision of relevant information for families and children (City of Canada Bay, 2007).

4.6 Provide mobile playgroups that visit local parks.

Examples: Ashfield’s ‘Big Red Bug’; Marrickville’s ‘Magic Yellow Bus’.

The Red Bug playgroup is an initiative sponsored by Ashfield Council. It is held in the grounds of Ashfield Park each Monday during school term from 10am to 11.30am. The service is available to all parents, grandparents and carers of children aged 0-6 years. For many families, the Red Bug offers an informal point of contact for a range of council services such as library
storytime and environmental information. At each session, the Infants’ Home Child and Family Services provides age appropriate books, toys, arts and crafts, puzzles, games and activities for preschool aged children. A variety of information on health and children’s services in the area is made available to parents. The Children’s Services librarian also visits the group once a month and runs a storytime (Ashfield Council, 2009).

The Magic Yellow Bus is funded by the Department of Community Services and managed by Marrickville Council. It is a free activities and information service for children aged six weeks to twelve years and their parents/carers. It is a mobile playgroup which operates 50 weeks of the year, and visits local parks each weekday. The Magic Yellow Bus is also available for hire by community organisations at special events (Marrickville Council, 2009)

5. Information and Resources

5.1 Promote the availability and increase the accessibility of the Online Community Information Directory, as it seems that some parents either do not know about or have difficulty accessing this directory:


5.2 Redesign the City of Ryde Community Services unit website to facilitate clearer access/links to the service directory

5.3 Ensure that information and resources are available in the main community languages and/or that access to translation and interpreting services are clearly displayed. Plain language in both verbal and written communication is also essential

5.4 Greater promotion of the Strengthening Families Resourcing Parents website www.resourcingparents.com to empower parents in seeking out information and resources

This website was launched in 2003, initially servicing just the Inner Western suburbs of Sydney. Since then it has grown to encompass the rest of Sydney. The focus of the website is to provide support and assistance to the parents and carers of children aged 0-18. It performs two main functions: events listing (of various parenting-related events on in Sydney), and; funding (to encourage and assist not-for-profit agencies to deliver parenting information, support and education initiatives to families who have children 0-8 years). The website is sponsored by The South East Sydney Parenting Coordination Project, Strengthening Families Resourcing Parents Inner West Small Grant Scheme and The Northern Sydney Localised Parenting Program Coordination Project (Strengthening Families Resourcing Parents. 2008/2009)
5.5 Provide **free information seminars** for parents

Example: In September 2007, the City of Ryde facilitated seminars including 'Understanding and Supporting Your Child’s Development' for parents/carers of children aged 0-2 years. These informative seminars were well attended.

5.6 Develop a local **resource for service providers** highlighting evaluated examples and models of best practice in the Ryde LGA


6. **CALD Parents and Families**

6.1 Conduct **community consultations** with parents of Indian/South Asian backgrounds (Hindi and Tamil speaking communities) to determine whether ethno-specific services are required. Dependent upon the results of community consultation, **provide ethno-specific services** (playgroup, parenting program etc) for parents of Indian/South Asian background

6.2 Ensure that service staff (council, health, child care, and NGO employees) are aware of the experiences, challenges and concerns of CALD families and receive training in cultural competency (that is, cultural sensitivity and awareness of CALD and 'mainstream' culture)

6.3 Extend the bi-lingual storytimes to other language groups

Example: Through the 'Bilingual Storytimes in the Community' project, the Hume City Council in Victoria provides outreach literacy development for children of isolated CALD families. These storytimes are not held in the library but in other community spaces, including playgroups and women's groups. They provide storytimes in the top five language groups in the LGA. Children are able to maintain a connection to their parents’ home language and parents develop their English skills and increase their social connectedness to the local community. These storytimes also establish links with the library, which many previously did not access (AIFS, 2008a)
6.4 Provision of services for under-represented CALD groups and ensure that ‘mainstream’ services are inclusive of CALD communities. Small and emerging communities are less resourced and generally overlooked by policy makers and service providers in the planning and allocation of funding. An inclusive resource centre could assist in facilitating greater access to early childhood and parenting initiatives for migrant/CALD parents and families.

Example: The Interactive Parents’ Support Service at Holroyd Parramatta Migrant Services. Rather than a ‘top-down’ approach, the programs offered by this service are facilitated by local community members, in a community capacity building approach. In addition to parenting support, the service provides opportunities to participate in recreational activities. It also plays an important role in linking CALD families into ‘mainstream’ services and programs.

6.5 Establish a local ‘learn English together’ initiative for CALD parents and their children. One of the key challenges migrant parents face are barriers due to limited English and lack of opportunities to attend English classes/lessons.

Example: The ‘Sunshine Learning Together’ is a dual generation learning program for parents who want to learn English and who have preschool aged children. The program is run by the St Vincent de Paul Society in partnership with the Victorian Cooperative on Children’s Services in Ethnic Groups, Uniting Care Sunshine Mission and Adult Multicultural Education Services (AMES). There are three components to the program: culturally appropriate early learning and activities for 0-5 year olds; simultaneous English language tuition for mothers; and a follow-on parent-child program attended by both mothers and children (AIFS, 2008c).

See www.svdp-vic.org.au for further details

6.6 For those CALD parents without family support nearby (and also Australian-born parents in need of support) a Family Mentoring Program could be implemented. Such a program could assist in empowering parents with skills and the confidence to use local services and establish support networks. However it would have to be mindful and respectful of cultural and religious difference in a supportive rather than prescriptive model.

Examples: SuperGrands and Migrant Bridges

Supergrands’ was established by Communities@Work in the ACT to meet the needs of young parents and families. It is a volunteer one-to-one mentoring program in which mature volunteers support parents in developing parenting skills. Initially aimed at addressing the needs of young parents, the program also includes a number of refugee and migrant participants (AIFS, 2008d).

See http://www.commsatwork.org

‘Migrant Bridges’ is a program designed to assist migrant families to gain an understanding of Australian society and culture and to gain confidence in
participating in their community. It is operated by the Salvation Army and the Boroondara City Council in Victoria, through funding from the Department of Immigration and Citizenship (DIAC) Living in Harmony program. The project aims to build understanding and awareness of migrant communities and families in the area, through linking them up with established, local ‘buddy’ families and individuals (Curran, 2009).

The **Ryde Community Grants Program** priorities for 2011 could include funding for programs to implement these recommendations, particularly in regard to support groups for stay-at-home fathers, full-time working mothers, visiting grandparent carers, and the provision of mobile playgroups. The Community Grants provide opportunities for support to services, individuals or community groups to undertake new approaches to community development initiatives that enhance well being, participation and access to services and opportunities (City of Ryde, 2009). **Families NSW project funding** may also be made available to implement new projects, programs and services.

However, it is crucial that funding be available for an adequate amount of time to fully plan and implement new programs and services, so as to ensure the best outcomes are achieved for families and children.

Internal or external **evaluation** of pilot/new programs would also be valuable to ascertain what is working well and what could be improved for the target client group.

*********

7. **Recommendations for Future Research**

Given the scope of this study, certain issues arose which were not able to be adequately investigated. However it would be valuable (both from a social policy and sociological perspective) to explore further:

7.1 The needs of **fathers** (Australian born and recently arrived migrants), particularly full-time stay-at-home fathers

7.2 The additional challenges faced by **single parents**

7.3 The issues for **low-income families** (particularly as this segment of the population may increase due the to rising cost of living and redundancies associated with the 2008-09 economic/financial crisis)

7.4 The **small and emerging communities** in the LGA (targeted research on the needs of specific groups)

7.5 **Cross-cultural parenting** (many research participants are in cross-cultural/mixed raced couples and several made mention of the potential challenges of raising a mixed child and how they might deal with this)
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6. Australian Institute of Family Studies (2008d) SuperGrands, Promising Practice Profiles, Communities and Families Clearinghouse Australia


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84. Tresillian Family Care Centres: http://www.tresillian.net/ Accessed 01-02-09


Hello. My name is Kylie Sait. I am a PhD candidate from the Centre for Research on Social Inclusion (CSRI) at Macquarie University. I am conducting research on the experiences of parents living in the Ryde local government area during the early years of their child’s life. I am particularly interested in gaining an understanding of the experiences of parents from non-English speaking backgrounds who have migrated to Australia compared to Australian-born English speaking parents. This questionnaire asks questions about your experiences with local family and early childhood services; your support networks; and living in the local community.

Instructions:
Please answer questions by placing a tick in the appropriate box and/or writing your answers in the spaces provided. Your responses will remain anonymous. This questionnaire should take approximately 10-20 minutes to complete. Please place your completed questionnaire in the box provided.

Thank you for your time.
Your participation is greatly appreciated.

This project is supported by an Australian Research Council (ARC) Linkage Project Grant between Macquarie University and Ryde City Council (LP0667890).
Where did you receive this questionnaire?
Ryde Immunisation Clinic

Early Childhood Health Centre
  Eastwood
  Gladesville
  Marsfield
  North Ryde
  Top Ryde
  West Ryde

Community Organisation
  Please specify__________________________________________

Which suburb do you live in?
Chatswood West
Denistone
Denistone East
Denistone West
East Ryde
Eastwood
Gladesville
Macquarie Park
Marsfield
Meadowbank
Melrose Park
North Ryde
Putney
Ryde
Tennyson Point
West Ryde
Other, please specify_________

How long have you lived in the Ryde local government area?
Less than six months
Less than one year
One to two years
Less than five years
Less than ten years
More than ten years
More than fifteen years
More than twenty years

What is the main reason you choose to live in the Ryde local government area?
Local service provision

Please tick a box to indicate your level of satisfaction with each of the following family and early childhood services.
(Very satisfied, satisfied, unsure, not satisfied, have not used or not aware of)

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsure</th>
<th>Not Satisfied</th>
<th>Have Not Used</th>
<th>Not Aware Of</th>
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<tbody>
<tr>
<td>Antenatal Classes</td>
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<tr>
<td>Early Childhood Health Centre (ECHC)</td>
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<tr>
<td>Home visit from ECHC nurse</td>
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<tr>
<td>Immunisation Clinic</td>
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<tr>
<td>ECHC Parents’ Group</td>
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<tr>
<td>Other Parents’ Groups</td>
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<tr>
<td>Playgroups</td>
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<tr>
<td>Long Day Care services</td>
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<tr>
<td>Family Day Care</td>
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<tr>
<td>Occasional Child care services</td>
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</table>

Please list any suggestions you have to improve local family and early childhood services.
Who helps you?
This question is to find out who helps you and supports you as a new parent. Examples of support include parenting advice, emotional support, financial support, babysitting, transport, shopping, cleaning etc. Tick all that apply and explain the types of support provided to you (including how often support is provided, if possible. For example, daily, once a week, as required, ongoing/continuous etc)

Spouse/Partner
Types of support:

Parents
Types of support:

Partners’ Parents

Parents

Partners’ Siblings

Types of support:

Other family members
Please specify their relation to you: __________________________
Types of support:

Friends
Types of support:

Neighbours
Types of support:
Community Organisations, please specify

Types of support: ____________________

Professional Supports, please specify

(For example, GP, early childhood nurse, counselling services etc)

Types of support: ____________________

Other, please specify

Types of support: ____________________

I do not receive any help or support

Please comment: ____________________
Community
These questions are about living in the Ryde local government area.
Please tick a box to indicate your response to each of the following statements.
(Strongly Agree, Agree, Unsure, Disagree, Strongly Disagree OR Always, Often,
Sometimes, Rarely, Never). Please comment on your answer.

I like the neighbourhood that I live in.
Strongly agree □ Agree □ Unsure □ Disagree □ Strongly Disagree □
Comments:

I know my neighbours and could rely on them in a crisis situation.
Strongly agree □ Agree □ Unsure □ Disagree □ Strongly Disagree □
Comments:

I have supportive friends who live nearby.
Strongly agree □ Agree □ Unsure □ Disagree □ Strongly Disagree □
Comments:

I like the ethnic and cultural diversity of Ryde.
Strongly agree □ Agree □ Unsure □ Disagree □ Strongly Disagree □
Comments:

I feel socially isolated or excluded from the local community.
Always □ Often □ Sometimes □ Rarely □ Never □
Comments:

I feel safe in the area that I live in.
Always □ Often □ Sometimes □ Rarely □ Never □
Comments:

I participate in local community activities.
Always □ Often □ Sometimes □ Rarely □ Never □
Comments:
What local community activities do you currently participate in?
Tick all that apply and list the specific types of activities and how often you participate (for example, daily, weekly, monthly, irregularly etc).

Leisure/sporting activities

Religious activities

Cultural activities

Volunteer activities

Other, please specify

Please use this space to make any comments about your experiences as a new parent.
(For example, what has been enjoyable, what has been difficult, what support you would like to receive etc.)
Please tell me a little bit about yourself…

Are you male or female?
Male □ Female □

In which year were you born?

In which country were you born?

If you were not born in Australia, what year did you arrive in Australia?

What was your migration status?
Family reunion □ Employer sponsored skilled □
Skilled independent □ Temporary skilled (Visa 457) □
Special migration □ Humanitarian □
Temporary protection visa □ Other, please specify □

What languages, other than English, do you speak?

What is the main language you speak at home?

How well do you speak English?
Very well □ Well □
Not well □ Not at all □

What is your ethnic ancestry?

What is your religion?
Catholic □ Anglican (Church of England) □
Uniting Church □ Presbyterian □
Greek Orthodox □ Baptist □
Lutheran □ Islam □
Buddhism □ Hinduism □
Judaism □ No religion □
Other, please specify □

What is your marital status?
Married □ De-facto relationship □
Single □ Same sex relationship □
Divorced □ Separated □
Widowed □ Other, please specify □
**How many children do you have?**

**How old are your children?**

**What is your (and your partner’s, if applicable) current employment status?**

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Your Partner</th>
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<tbody>
<tr>
<td>Full-time work</td>
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<tr>
<td>Part-time work</td>
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<td>Casual work</td>
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<tr>
<td>Self-employed</td>
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<td>Unemployed, looking for work</td>
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<td></td>
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<tr>
<td>Unemployed, not looking for work</td>
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<tr>
<td>Full-time home duties</td>
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<tr>
<td>Maternity/parental leave</td>
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<tr>
<td>Other, please specify</td>
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</table>

**What is your (and your partner’s, if applicable) occupation? (Or previous occupation if not currently working?)**

**You**

**Your Partner**

**What is the highest level of education you have completed?**

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<thead>
<tr>
<th></th>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not go to school</td>
<td></td>
<td></td>
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<tr>
<td>Year 10 or equivalent</td>
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<tr>
<td>Certificate I</td>
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<tr>
<td>Certificate III/Trade Certificate</td>
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<tr>
<td>Diploma/Associate Diploma</td>
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<tr>
<td>Bachelor Degree</td>
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<tr>
<td>Other, please specify</td>
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</table>

**What type of house do you live in?**

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<thead>
<tr>
<th></th>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free standing house</td>
<td></td>
<td></td>
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<tr>
<td>Duplex</td>
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<tr>
<td>Other, please specify</td>
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</table>

**What is your current household arrangement?**

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in own home</td>
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<td></td>
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<tr>
<td>Living in public housing</td>
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<tr>
<td>Living with friends</td>
<td></td>
<td></td>
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<tr>
<td>Other, please specify</td>
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</table>

**How many people live in your household?**

**What is the main form of transport you use?**

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Your Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car- as driver</td>
<td></td>
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<tr>
<td>Public transport</td>
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<tr>
<td>Taxi</td>
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<tr>
<td>Other, please specify</td>
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</tbody>
</table>
Thank you for taking the time to complete the questionnaire.

You are invited to participate further in this research by sharing your experiences of parenting throughout the early years of your child’s life.

If you are interested in participating please fill out the expression of interest form below and place in the box provided.

If you are selected, I will contact you to arrange an interview time. I will meet with you several times over two years. You will be encouraged to keep a diary of your experiences and when we meet share your thoughts in a friendly and relaxed environment.

For more information please contact:

**Kylie Sait**
Centre for Research on Social Inclusion (CRSI)
Macquarie University
Telephone: xxxx
Email: kylie.sait@scmp.mq.edu.au

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I would like to participate in the Cultural Diversity, Community and Caring Project.

NAME:

ETHNIC ANCESTRY:

MAIN LANGUAGE/S SPOKEN AT HOME:

INTERPRETER REQUIRED: Yes ☐ No ☐

CONTACT DETAILS: (Please tick your preferred method of contact)

☐ Telephone number:

☐ Mobile number:

☐ Email address:

☐ Postal address:
Appendix B. Respondent demographic information

<table>
<thead>
<tr>
<th>Distribution Sites</th>
<th>Response Rate</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryde Immunisation</td>
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</tr>
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<td>Gladesville ECHC</td>
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</tr>
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<td>North Ryde ECHC</td>
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</tr>
<tr>
<td>Top Ryde ECHC</td>
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<tr>
<td>West Ryde ECHC</td>
<td>30</td>
<td>Male</td>
</tr>
<tr>
<td>Playgroups</td>
<td>10</td>
<td>Male</td>
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</tbody>
</table>

Response Rate from Distribution Sites

Gender

Female

Male
Place of Birth

Place of Birth - Overseas Non-English Speaking Countries
Appendix C. Case Study Profiles

N= 24

Gender
Male = 2; Female= 22

Age Range
23- mid 40s (average age 31-33)

Marital Status
All married, except one de-facto couple

Employment Status
Varied throughout research period for most (full-time home; maternity leave; full-time work; part-time work; looking for work etc)

Educational Level
18 tertiary educated; 8 with postgraduate qualifications

Religious Affiliations
Christian: 3 (Baptist; Assembly of God)
Catholic: 7 (6 non-practising)
Islamic: 3
Hindu: 1
Pagan: 1
Buddhist: 2
No Religion: 7

Main Language Spoken at Home
11 participants speak a language other than English

Ethnicity
Anglo-Celtic Australian = 6
Second-generation (Italian, Polish, Lebanese, Arabic) = 4
Migrant (China, Korea, India, East Africa, Pakistan, Iran, Afghanistan, UK) = 14
    Migration status: 7 Skilled; 6 Spousal/Family Reunion; 1 Humanitarian

Children
Number of children: One – 15; Two – 6; Three – 1; Five – 1
Average number of children = one
Two participants became pregnant with second child during research period
Age of oldest child (at first research contact): 3 months – 11 years old; majority had children aged 3 months – 2 years old
Appendix D. Semi-structured interview schedule

Family

1. Could you tell me about your family?
   Who do you consider to be your family?
   If married, how long have you been married?
   Was it a conscious decision to have children?

2. Could you tell me briefly about your own childhood and upbringing?
   In what ways do you think the way your parents raised you will impact or is impacting on how you raise your own children?

3. What is your cultural/ethnic/religious background?
   Do you consider this a significant part of who you are and how you live your life/raise your family?

4. What cultural/religious activities do you consider important for your child’s wellbeing and happiness?
   What else do you consider to be essential for your child?
   What are your expectations/hopes for your child?

5. How long have you been living in the Ryde LGA and why did you decide to live here? (refer to questionnaire response)
   Could you tell me a bit more about why you live here and the circumstances that led you here?

Daily Life

6. Could you describe a typical day for you to me?
   What do you do, where do you go, who do you see…
   If I was to follow you around on an average day, what would I see?

7. Could you tell me about your child care arrangements?
   Who is the primary care-giver for your child?
   Who else takes care of your child regularly?
   Do family members and friends help you care?
   Are you using or are you considering using child care services?

8. Working arrangements – if not working are you planning to return to work full time or part time?
   What factors influences these decisions?

9. How have you adjusted to your role as a parent?
   How have you been feeling?
Support

10. Would you say you have close supportive friends in your local community?
   How did you meet these friends – are they people you have met since becoming a parent, through work, school friends… How do they help you in your role as a parent?

11. Who do you rely on in difficult times? (for example, if you needed a babysitter at short notice) If you had to make an important decisions regarding parenting/your child who are where would you look to for guidance? What is it about those people that would make you turn to them?

12. Who do you see more often since you’ve become a parent?
   Who do you see less often?

Community

13. Do you participate in local community activities? (for example, leisure, volunteer, support programs)
   If yes, what and where do you get information from? Are these general community activities or ethno-specific or religious-specific activities? If no, why is this – lack of time, not aware of activities?

14. Are you involved in any mothers’ groups or parenting groups?
   Could you tell me about them? How important are they to you?

15. Do you ever feel isolated or left out?
   Can you explain how and what makes you feel that way?
   If no, why don’t you – what makes you feel included/contributes to a sense of belonging?

16. Do you associate with parents from various CALD backgrounds?
   Would you like to?
   If yes, what are some of the positive/negative experiences that you have had?

Service Provision

17. What early childhood and family services do you use? Where are these services based?

18. How/where do you get information about the local services available to you?

19. Have you experienced any difficulty accessing services?
   If yes, what sort of problems have you encountered?

20. Can you describe some of the positive/negative experiences that you have had with using family/early childhood services in the Ryde LGA? How have these experiences made you feel?

21. Do you think that service provision could be improved? If yes, how?
For CALD participants

22. How long have you and your family lived in Australia and under what circumstances did you arrive?

23. Do you think that people in the Ryde area are treated equally and fairly regardless of CALD background?

24. Have you experienced or witnessed racism in the community? Could you give any examples of this…?

25. Have you experienced or witnessed racism in your dealings with service providers?

26. In your dealings with service providers, do you feel confident and in control of the situation? For example, are you able to communicate effectively in terms of understanding language and asking questions?

27. If you require the assistance of an interpreter or translated materials, is this readily available and accessible?

Is there anything else that we haven’t talked about that you think is important for people to know about?