Integration: together in poverty? 65 families in Adelaide

A paper for The Bennelong Society Conference 2002, 'Celebrating Integration'

By Dr Stephanie Jarrett
(field work team leader, *Families With Young Children Project*)

(Note: this paper is to be cited as a 'work-in-progress' paper)

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Abstract
This paper arises from *The Families With Young Children Project*, in which 500 families with young children 0-7 years of age and living in disadvantaged suburbs of Adelaide were interviewed (a) to 'understand the barriers to service delivery perceived by families at risk, and (b) as basis for further development of services, to identify the strengths and resources of these families'. It also explores the level of social capital within the neighbourhoods of these families. Our random method of family recruitment enlisted 65 families with Aboriginal children, including 30 white parents with Aboriginal children. This enables comparative quantitative analysis of project results on the basis of identity.

Results indicate that, overall a high percentage of project families regardless of identity have demographic profiles that present challenges to positive child outcomes (such as early school leaving, low income, high unemployment, teenage parents, high fertility, high mobility). However, both Aboriginal and white parents of Aboriginal children register even higher rates of these challenges. At the same time, there are signs that white parents of Aboriginal children experience different problems from those of Aboriginal parents in their task of parenting their young children. All of these results have implications for policy and service delivery to secure positive child outcomes and positive integration.

Context

This paper arises from *The Families With Young Children Project*. This is an ARC SPIRT-funded, collaborative project between the Flinders University (Associate Professor Phillip Slee and Associate Professor Rosalind Murray-Harvey), the University of South Australia (Helen Cameron), the Department of Human Services (Julia Cranney and Tony Woollacott), and the Women's and Children's Hospital (Associate Professor Peter Baghurst). Research staff are Anne Bolst, Dr. Stephanie Jarrett, Judith Saebel, and PhD research student Miranda Roe.

The Families With Young Children Project 'involv(es) "at risk" and hard to reach families'. It draws together

> 'in one proposal multiple concepts such as individual and families functioning, social capital, coping and resources in the investigation of families. The project's research is 'designed to address to particular needs identified by the industry partners, namely (a) to 'understand the barriers to service delivery perceived by families at risk, and (b) as basis for further development of services, to identify the strengths and resources of these families'... The research is designed to make a significant contribution to current research and debate about families at risk and about how child adjustment is linked to family experiences....Research on these matters is critical, for example, in order to better inform the nature and delivery of services and for the development of early intervention strategies.' (Assoc-Prof. Phillip Slee, Team Leader for *The Families With Young Children Project*, April 2002).

The methodology for this project involved the selection of Adelaide's lowest socio-economic districts with high percentages (~20-35%) of families with children aged between 0-7 years. To recruit families for the project, every house in the selected districts was door-knocked, involving at least 5000 houses to recruit 500 families. Our research involves families with young children living within some of the poorest locations of Australia, with SEIFA indices of Relative Socio-Economic Disadvantage at very low levels of 556-702 (any SEIFA level below 900 is considered 'most disadvantaged': Glover 1999, p.79). 65 (13.1%) of participating families have Aboriginal children, including 30 (almost half) where the interviewed parent (usually the mother) of these children is white. Several other parents verbally informed us of their Aboriginal ancestry, but prefer to identify as white, and so were accordingly recorded as white.

Our Districts, Our Families: We try to cope, but life isn't easy.

It is generally accepted that the more family resources and social capital that families have to draw upon, the better outcomes there are for our children. Governments in Western nations from across the political spectra see that the public sphere needs to play a crucial role in assisting families raise healthy, happy children. However, key analysts are concerned that the well-being of children in Australia and other developed countries may be slipping backwards in physical health, child development, and child emotional well-being. (For example, Zubrick *et al* 1999, p.18; Stanley 'Health Centenary Article' 2001, F. Stanley 'The Science of Raising Children, 2001). Moreover, while the kinds of informal supports, communities and service provision that families and children need have been recognised for decades, implementation failure continues (Don Edgar, 2002).

Higher rates of factors which can make it more challenging for parents as they try to raise healthy, happy children are experienced by the families and districts in our study. These include:

- High levels of teenage pregnancy
- High numbers of children per family
- High numbers of single parent families
- Low levels of home ownership
- Low income levels
- Low employment levels
- Low education levels
- High mobility
- Low community participation rates
- Low levels of trust, particularly beyond the family
- High crime rates

(For a discussion of some factors that so 'challenge' see Parcel and Menaghan, 1993, p.120 and *passim*; McLeod and Shanahan 1996, p.217; Runyan *et al* 1998 p.12; and Zubrick *et al* 1999).

None of these factors is 'prescriptive' for negative child outcomes (see Zubrick *op cit*, pp.21-2). Many families experiencing these factors manage to raise healthy and well-adjusted children. However, as they are associated with troubled child outcomes, an understanding of the family and community strengths that safeguard children in disadvantaged families is a key focus of this study.

It is into such disadvantaged mainstream communities that Aboriginal Australians are integrating. Only about 20% of Aboriginal Australians dwell within remote, discrete, traditional communities. About 40% live within settled rural Australia, and the remaining 30% within Australia's capital cities (ABS 1997, p.7). Within settled rural areas and capital cities, Aboriginal people are concentrated within lower-socio-economic districts. In Adelaide for example, the Aboriginal population is about 1% (1996 figures, ATSIC 2000). In our study in disadvantaged areas, families with Aboriginal children represent 13.1% of our 'randomly' selected families. So Adelaide's Aboriginal families are geographically integrating mostly with white Australians who themselves are experiencing high levels of social and economic disadvantage. In the words of one service provider, these are suburbs where families often help each other 'get by', rather than 'get ahead'. These factors raise several questions:

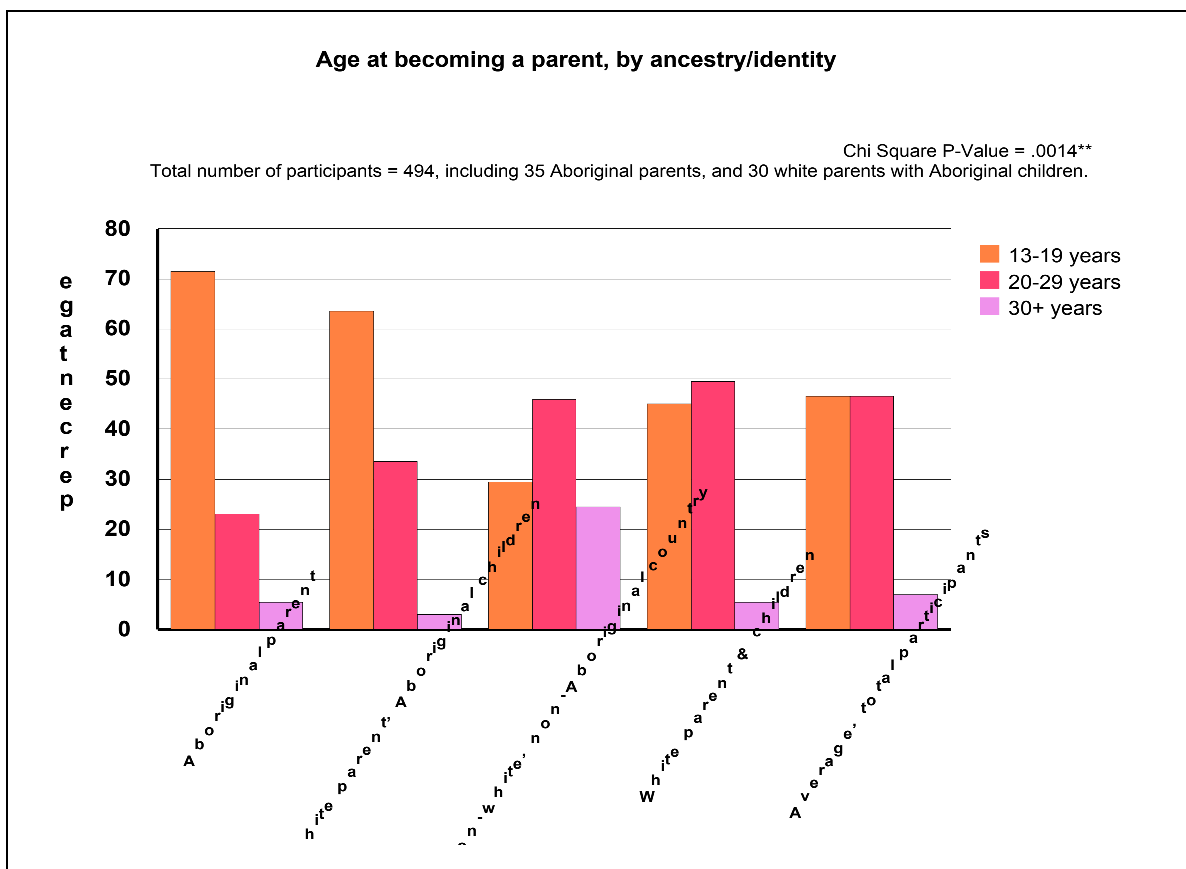
- to what extent are Aboriginal families' dynamics, strengths, and problems much the same as those of non-Aboriginal families in these disadvantaged Adelaide suburbs?
- how do they differ, and perhaps, why so?
- what are the policy or service implications for (1)the same and (2)unique problems, faced by families with Aboriginal children living in disadvantaged areas?
- what are the implications of all these trends for an integration to celebrate?

Data results collected in this survey shed some light on these questions.

Communities of high teenage pregnancy, family size, and single parenthood

Australia is experiencing a declining birthrate through delayed first pregnancy and smaller family size, with the number of offspring per woman at 1.75, below replacement level (ABS, 'Population: Births', 2002). Our districts and families are not reflecting this national trend. Being young, our families are generally in the process of family formation: that is, they have not completed their family size. Nevertheless, the number of children per family is already defying the national trend to smaller families. (We have the impression that after one year since our first interview with them, at least one in ten of our families have a new baby or are expecting another baby.) The average number of children per interviewee household is about 2.35*: well above the national fertility rate. (*note: this figure approximates, but does not equal, the actual number of offspring per interviewee).

Chart One*

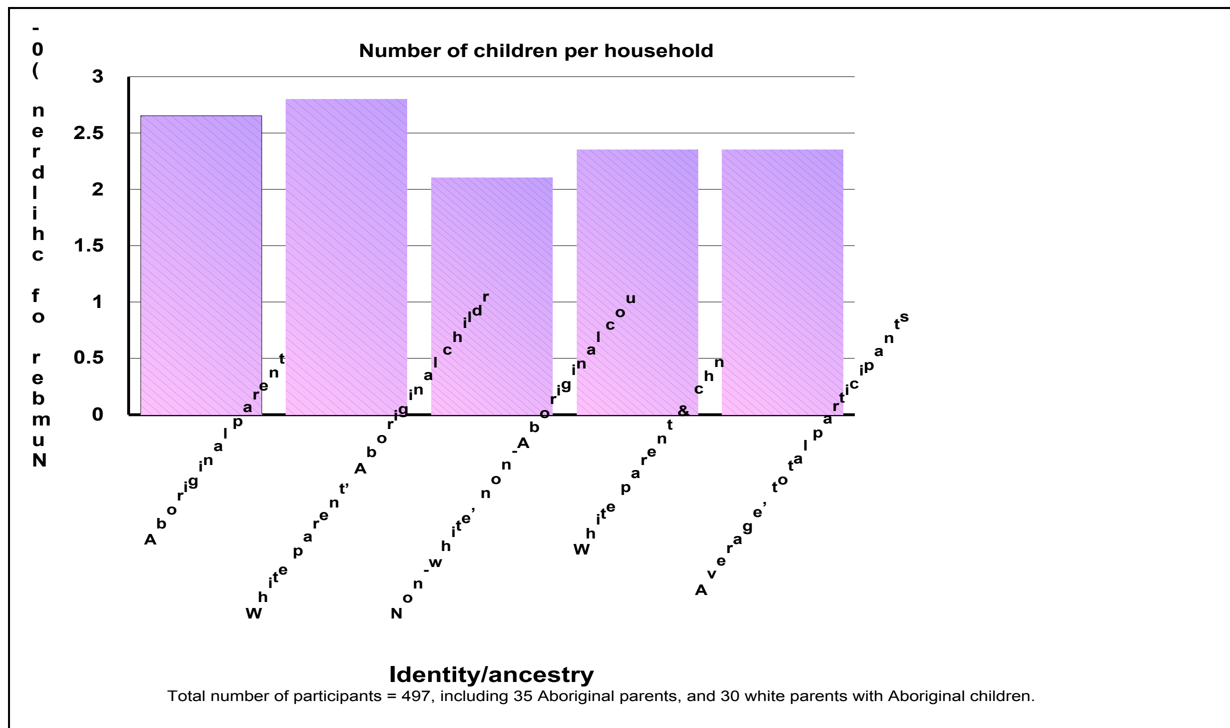


*The 4 identity categories of participants in all charts are (1) Aboriginal parent/caregiver (2) White parent/caregiver with Aboriginal children (3) Parent/caregiver from a non-white, non-Aboriginal country/national background (4) White parent/caregiver with white children.

The age that a woman becomes a mother is strongly associated to the number of children she will have (FaCS, 2001). Hence, teenage pregancy is one factor in this higher fertility rate. There is a national decline in the number of teenage pregnancies. In 1979, 8.2% of all births were to teenage mothers. By 1999, this had declined to 4.7% (ABS, 'Population: Special Article: Teenage Fertility' 2000). 46% of our interviewees became parents while they were still in their teens.

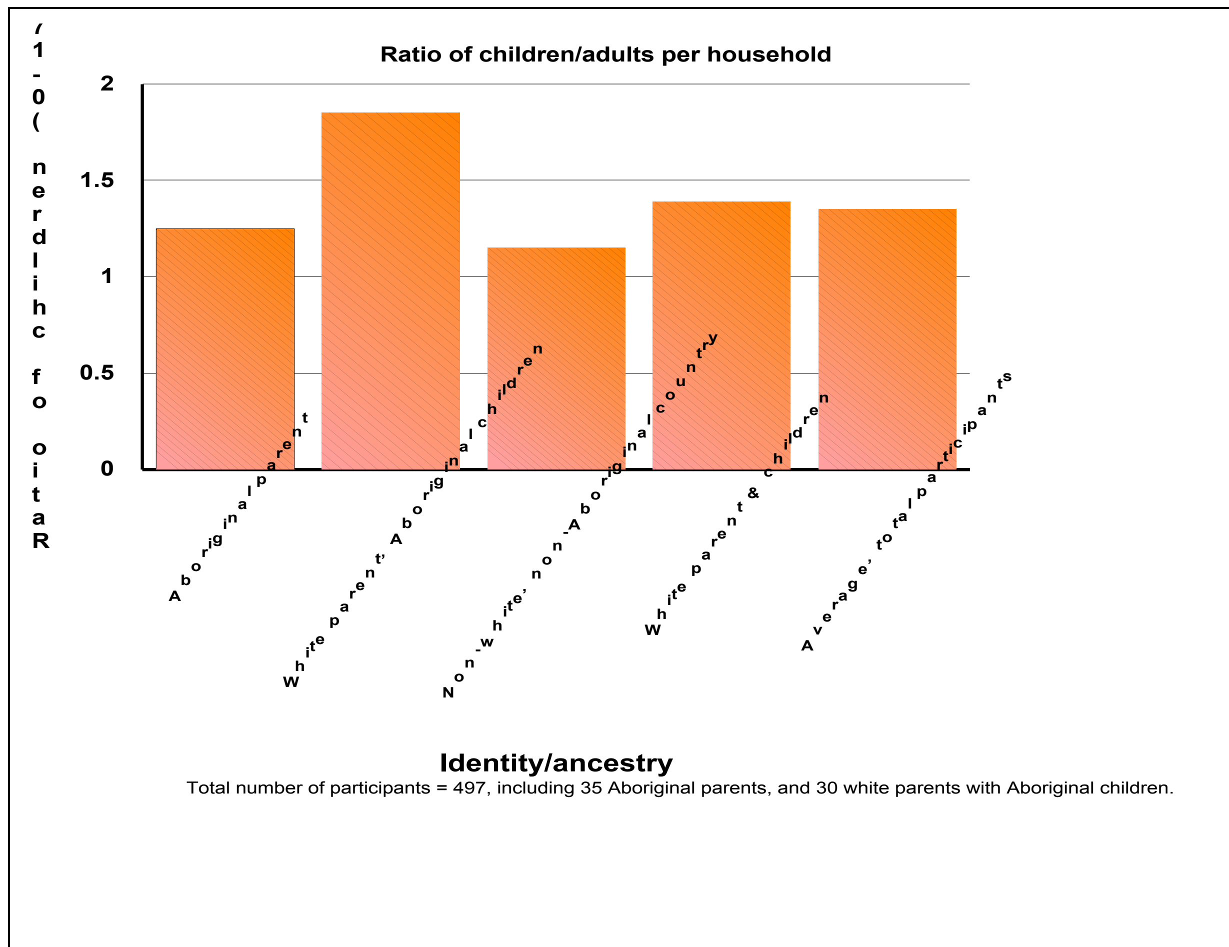
There are statistically significant, differing trends across identities within our sample. In Charts One and Two, note the higher level of teenage pregnancy and children per household among both Aboriginal interviewees: 72% / 2.65; and white interviewees with Aboriginal children: 63% / 2.8.

Chart Two



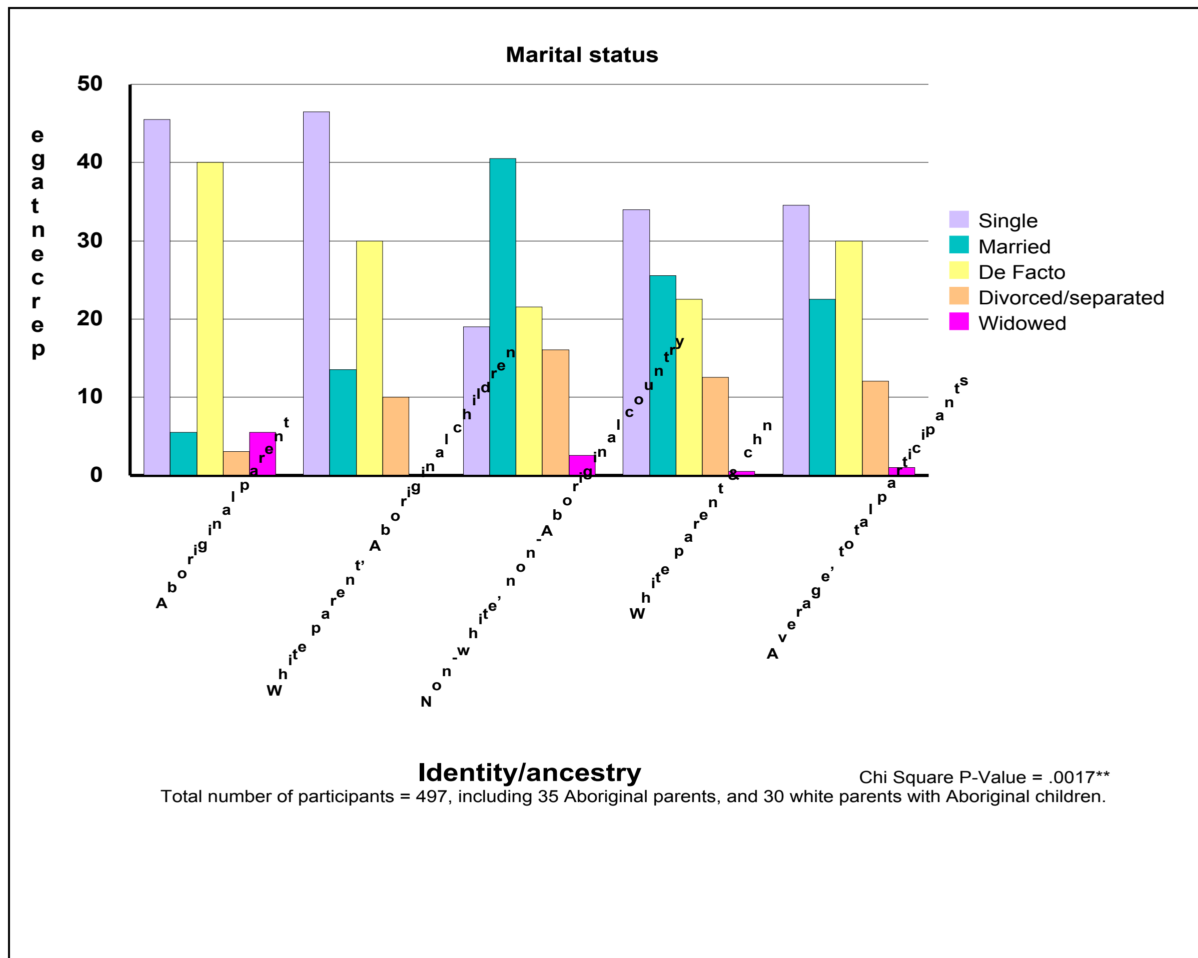
Note the higher number of children and the high child/adult ratio, in the 'white parent (usually mother)-Aboriginal children' family. In our sample, the white parent with Aboriginal children is the most likely of any group to be the only adult in the household. Aboriginal parents also have high numbers of children, but they also have a higher number of adults in the household. While this can have its problems, the burden of child-care is probably less onerous and isolating with more adults around. While some have written of increased education and income levels for Aboriginal people marrying white people (see Birrell and Hirst 2002; and Nader and Waldon 2002) this result alerts us to possible unique problems experienced by an overlooked but growing family group in contemporary Australia: the white, often sole parent with Aboriginal children, possibly more isolated, and often with three or more young ones. Questions concerning why this family group may be more single, isolated, & with more children, and what unique problems and needs this family group may have, is raised here.

Chart Three



Increasing the resultant high child / adult ratio further is the high rate of single parent families in our sample. Nationally, in 2001, 21.6% of all families with children under 15 were sole parent families (ABS *Australian Social Trends 2002- Family - National Summary Tables*). In our total sample, 46.5% were sole parent families, with further slight elevations for families with Aboriginal children.

Chart Four



In sum, factors of teenage pregnancy, large family size, and single parenthood: all factors which can make the task of raising healthy well-adjusted children that much harder, are high among our sample families and districts. These factors are even higher among the families with Aboriginal children in our sample, whether the main caregiver is Aboriginal or white. What are the forces at work within or upon families with Aboriginal children that cause these higher rates, higher even than the already elevated rates of their disadvantaged non-Aboriginal neighbours?

Communities of low income, high unemployment, and early school-leaving

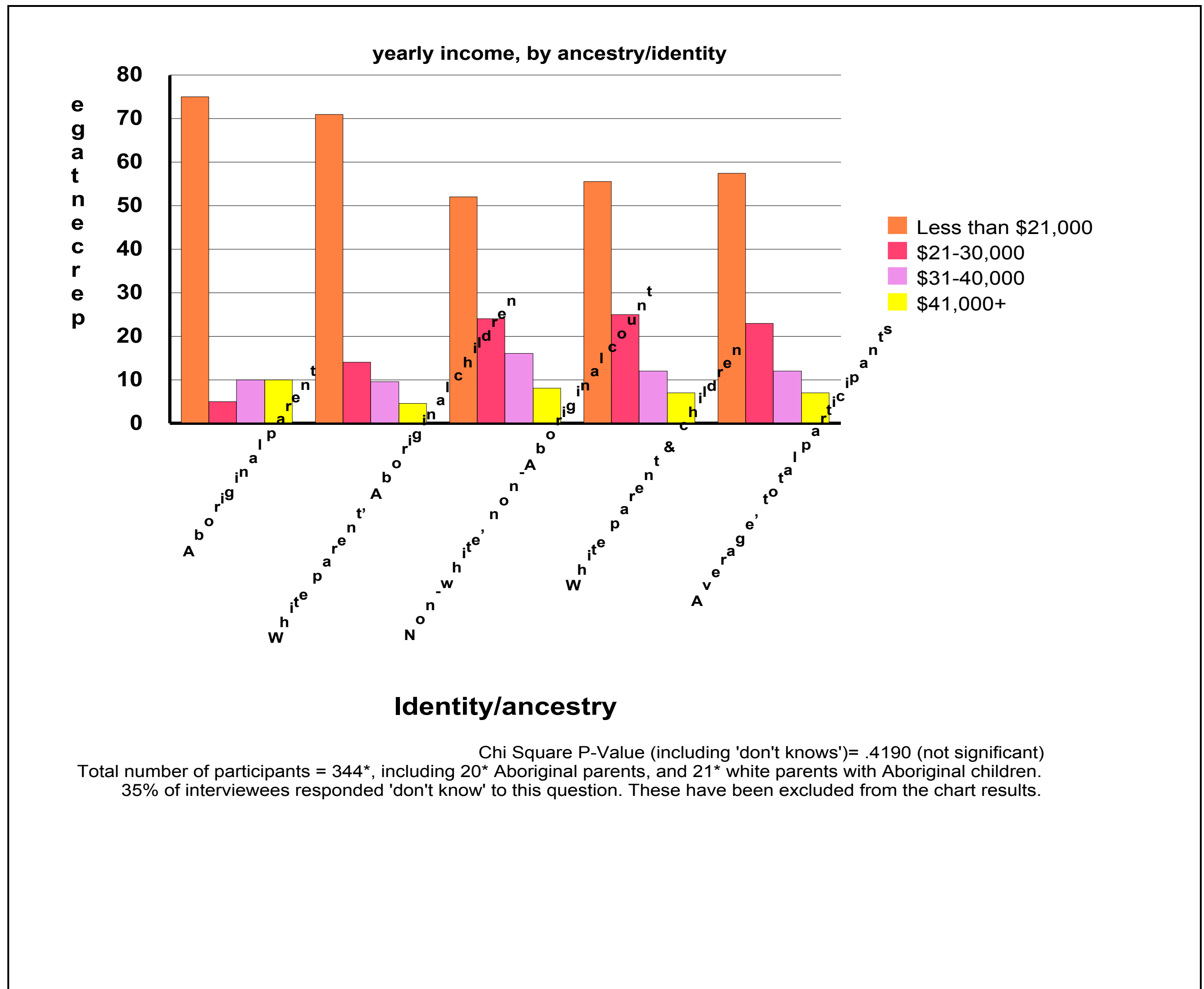
Low income, high unemployment, and low educational attainment can put pressure on the parental health, human resources and social capital that parents need to draw upon when raising young children. (see for example, ABS, 'Income & Welfare' 2002). Hence, they can render families more 'at risk'. Our districts and our families have high rates of all three factors, in summary as follows:

- 80.5% of all our families (not counting the 'don't knows') have an income of less than $31,000. Tthe national average gross income for 1999-2000 = $37,752pa (mean) / $27,976pa (median) (ABS *ibid*)

- 61.5% of our families contain **no** employed householders. The national % of families with children under 15 and no parent working is 17.9% for 2001 (ABS, 'Australian Social Trends 2002- Family - National Summary Tables' 2002).

- 48% of our families reached only Year 10 or below and had no post-school qualifications. This compares to the following year 2000 national figures: ~34% of 15-64 year olds both 'did not complete the highest level of school' and had no 'post-school qualifications' (ABS, 'Education and Training: Educational Attainment' 2002).

Chart Five



While employment status differs little across groups, families with Aboriginal children tend to measure more disadvantage especially regarding education.. Maternal education is an important enhancer of positive child outcomes. In particular, that education levels are low among all groups perhaps excluding non-white, non-Aboriginal families in our sample, and that Aboriginal parents score significantly more poorly regarding educational completion, is thus cause for concern.

Again the questions arise: What are the forces at work within or upon families with Aboriginal children that cause more pronounced troubling rates than the already troubling rates of their disadvantaged non-Aboriginal family neighbours? (And why do non-white, non-Aboriginal families in our sample score better in these factors?)

Chart Six

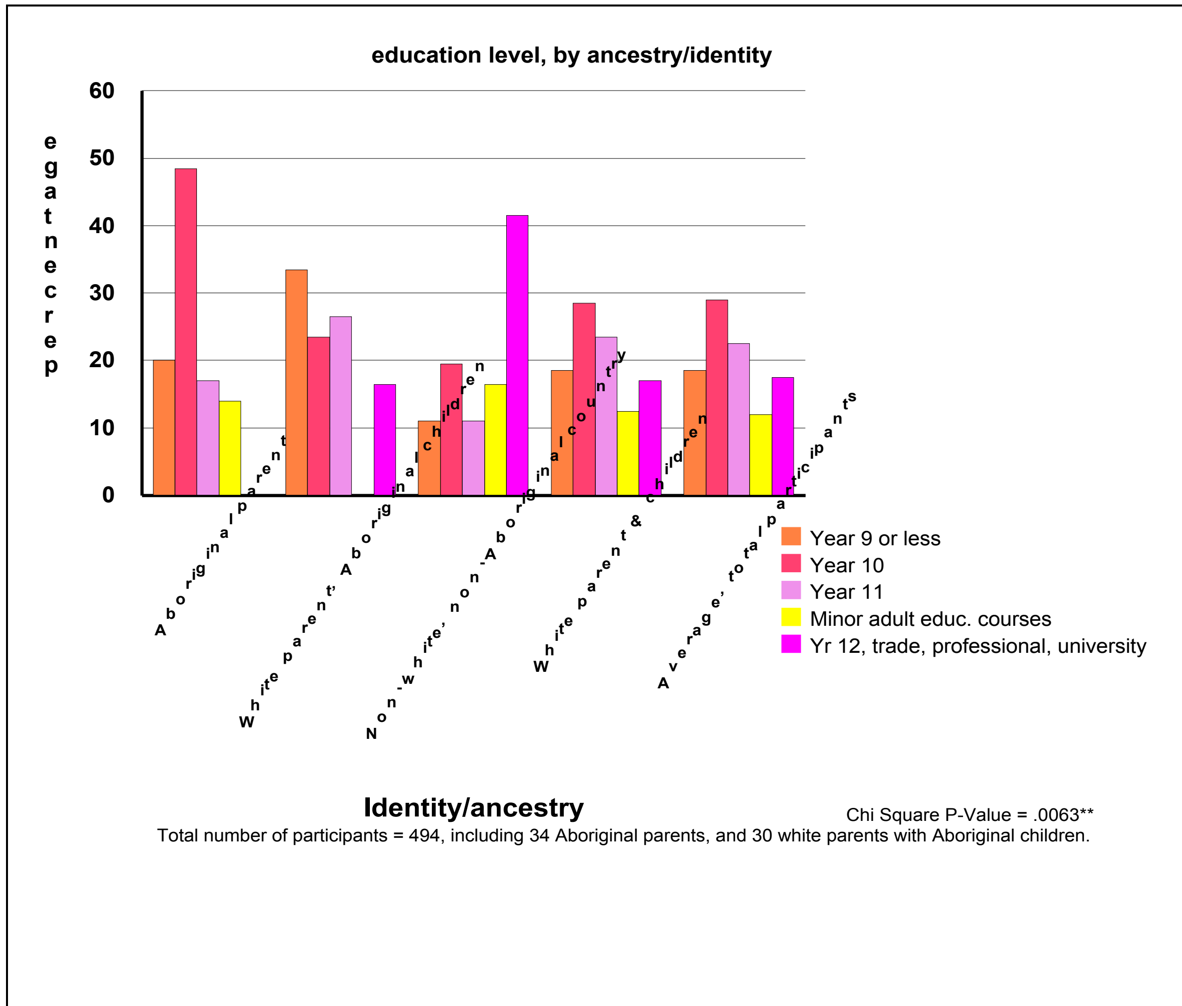
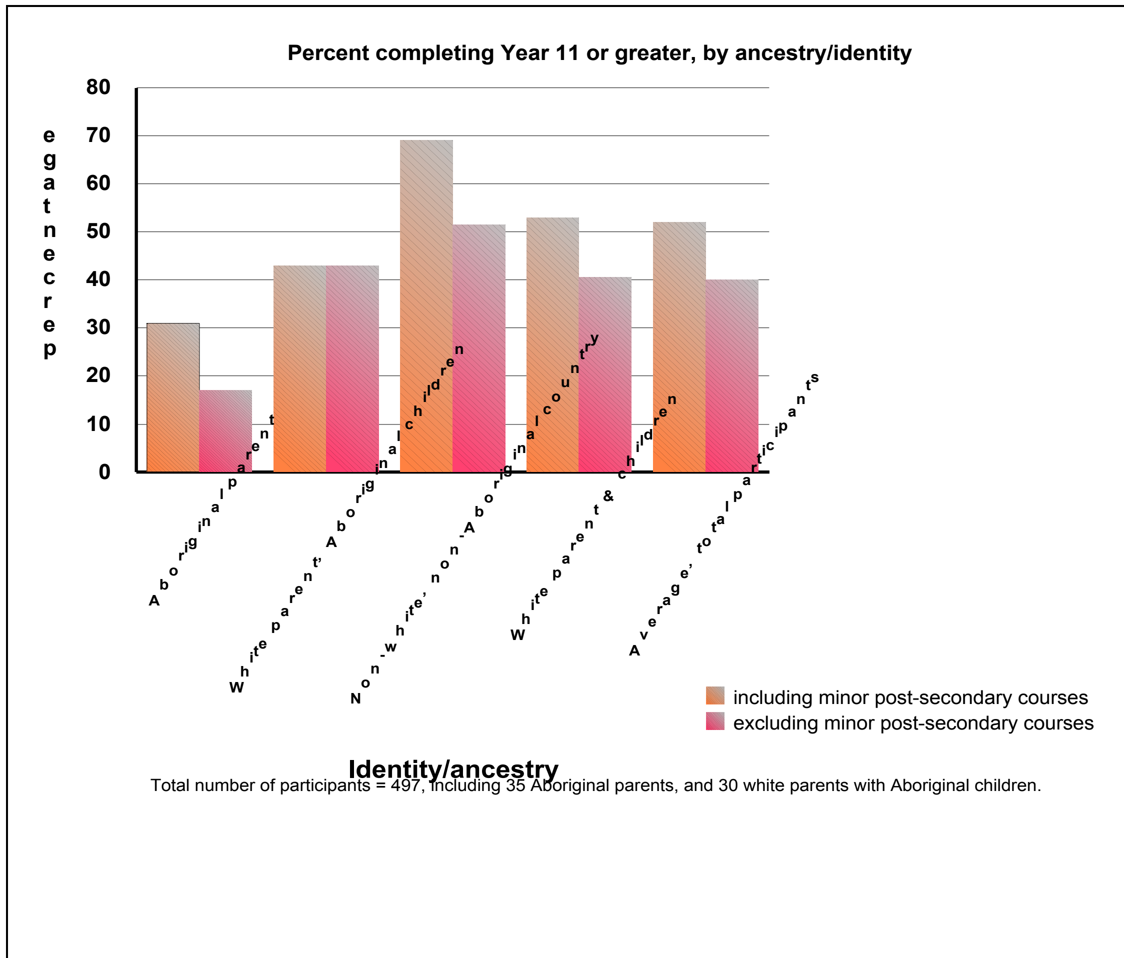


Chart Seven



Communities of high mobility and low home ownership

Children benefit from settling into a community, with the stability of friendships and schooling that this brings. Home ownership tends to enhance this stability. Families in our sample are highly mobile for a range of push-pull reasons including low income thus inability to buy a home, changes in family relationships, safety issues, and possibly the young age of many of these parents. Here are some summary figures:

- only 16.5% of our families own their own homes. Over half are in South Australian Housing Trust homes, and 24.5% are in private rental. This result is to be expected, given that disadvantaged families are concentrated in government housing areas. However, compared to national figures which indicate that government housing reduces the rate of shifting, our families remain highly mobile.

- the average number of shifts per family in our study is between 3-4 times during the last 5 years. Less than 20% had not shifted at all during the last 5 years, and 48.5% have been in the area for only 2 years or less.

Differences in these factors based on identity are not statistically significant. Nevertheless for families with Aboriginal children, the figures do seem higher. While white parents with Aboriginal children registered the same as the sample average for home ownership (16.5%) and a near average for times shifted (3.4 times) for Aboriginal parents it was only 5.5% for home ownership, and 4.8 shifts over the last 5 years. Both Aboriginal parents and white parents register fewer years in the area, with 52% Aboriginal parents, and 63.5% of white parents with Aboriginal children, being in the area for only 2 years or less.

Chart Eight

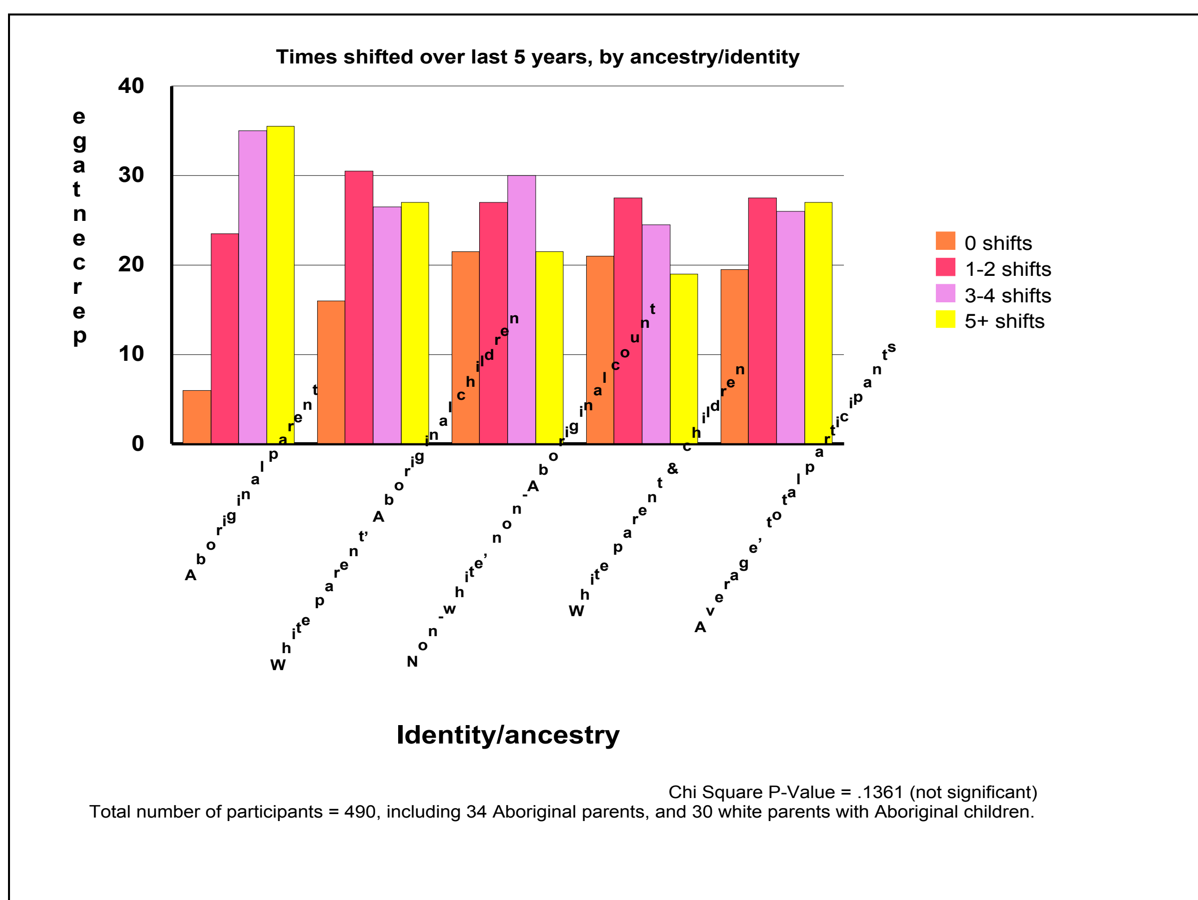
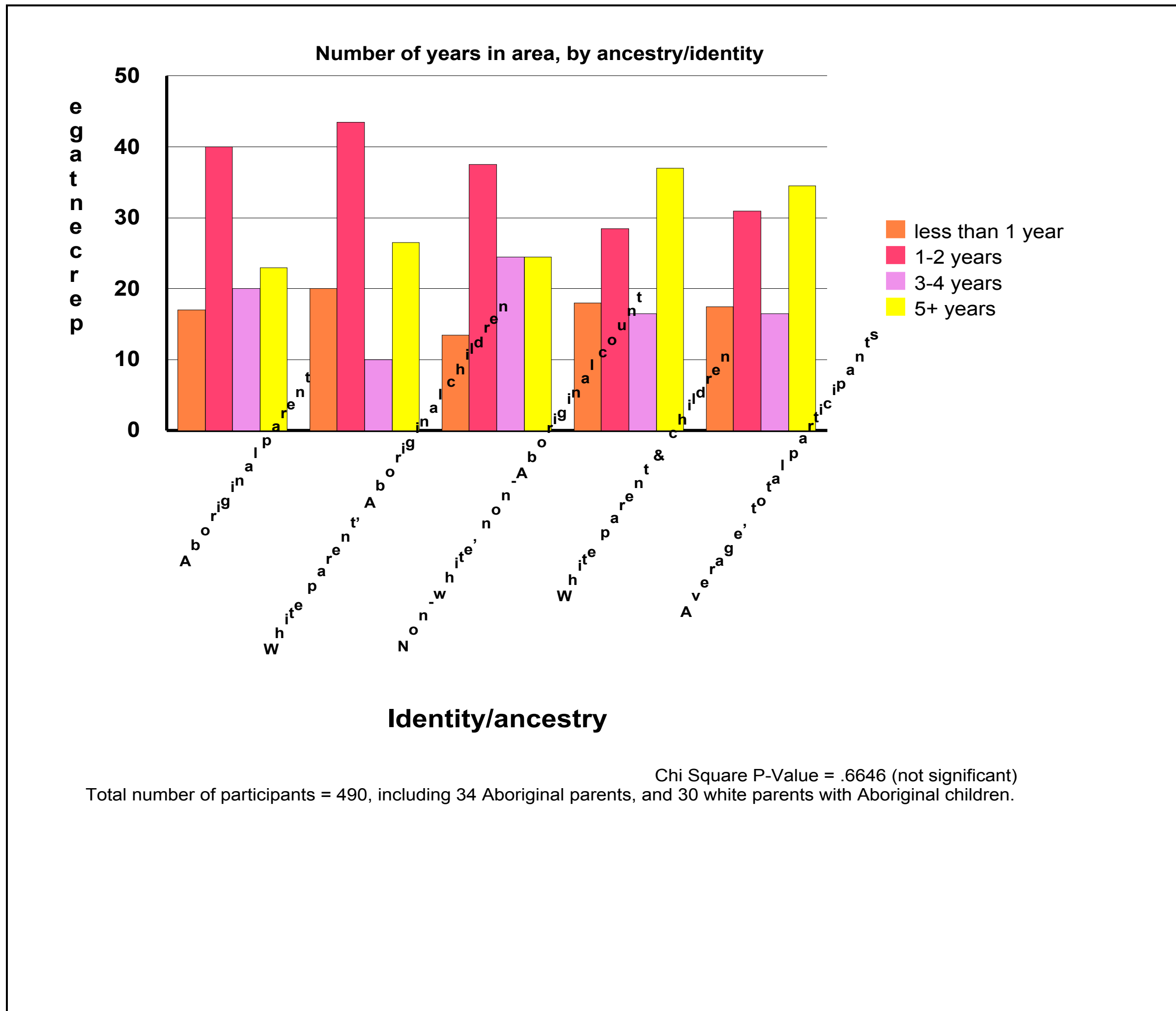


Chart Nine



A sense of belonging in a safe and supportive community? Tapping into social capital

A family in itself may have few human and capital resources to draw upon in the task of bringing up children. However, access to neighbourhood or community social capital can offset this, to the benefit of both parents and children. A child's environment has a powerful impact upon child outcome, and when a child is young, family interaction with neighbourhood and community can greatly affect a child's everyday life experiences (Edgar, *op cit*). Hence the amount of social capital that a neighbourhood or community has, and the amount that a family taps into, has a strong impact on child outcomes. In this project's first interview, several questions were posed to gain a measure of families' engagement with neighbourhood social capital. These include questions concerning a sense of safety, participation in group activity, who families turn to most for support and child care, and how much support they feel that they have. (See Stone and Hughes of the Australian Institute of Australian Studies (AIFS), 2001. They write, "The Howard Government's (2000) Stronger Families and Communities Strategy, for example, promotes 'the family', along side 'the community', as traditional institutions which provide the most effective source and form of social support — and relies heavily on the assumption that these institutions strengthen each other: 'It is strong family relationships that are the vital building blocks of strong communities. In turn, it is only strong communities that have the capacity to truly engage families in economic and community life.' Howard and Newman 2000: 2")

While some of the families in our sample register active group participation and strong sense of safety in their neighbourhood, high levels of feeling unsafe and isolated are cause for concern:

- only 22% of families reported their neighbourhood to be 'safe' (17%) or 'very safe' (5%) while 78% reported their neighbourhood to be 'no, not at all safe' (33%) or 'somewhat safe' (45%).
- 35.5% of families reported that 'you can't be too careful when dealing with people in the neighbourhood', with only 8.5% reporting that 'most people' in their neighbourhood could be trusted.
- 62.5% reported that people in their neighbourhood 'kept an eye out for each other's children' only a little or not at all.
- Only 36.5% of families reported feeling that 'many' people supported them as a parent. 6.5% (32 families) reported that they felt 'no-one' supported tham as a parent, and for 27% (134 families) felt support from only 1-2 people.
- 53% of our families reported belonging to no community group at all.

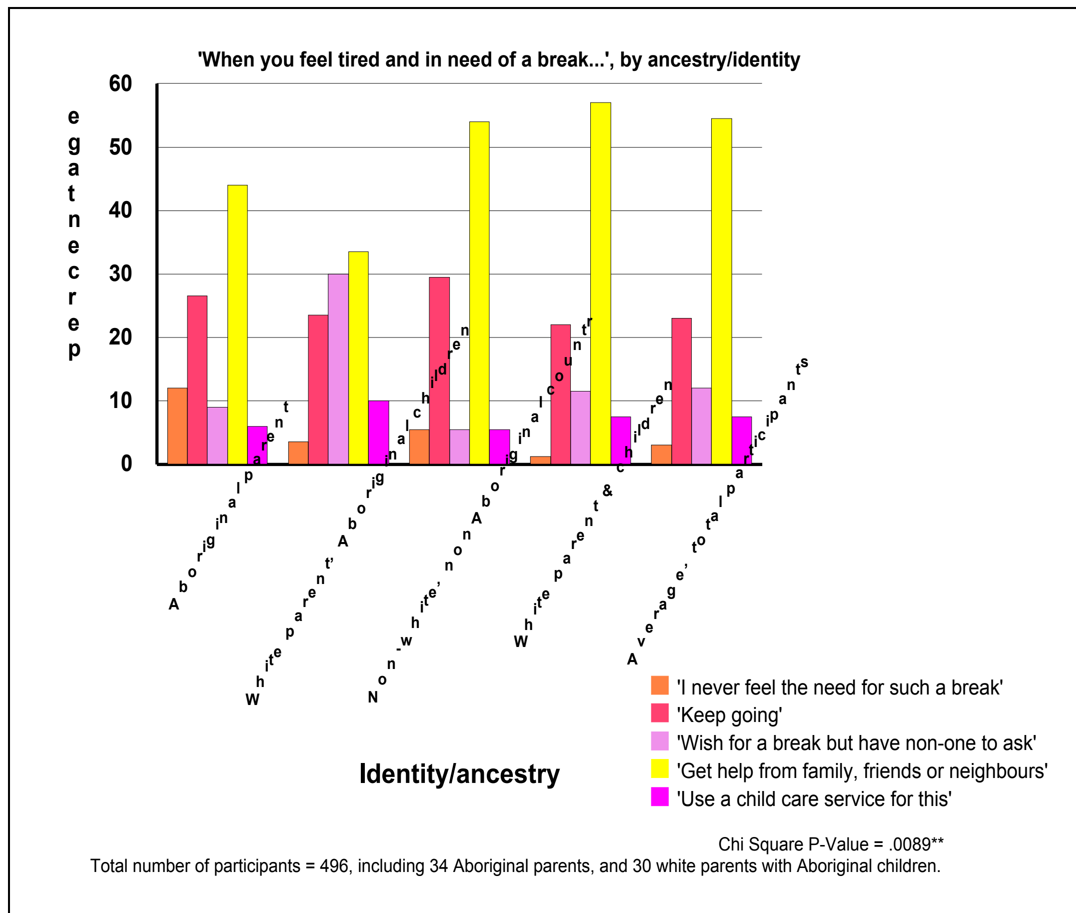
On most of these social capital measures, there were few significant differences based on identity. Aboriginal parents report feeling slightly higher than average levels of neighbourhood safety, trust, and keeping an eye out for each other's children; and close to average levels of group belonging, with 23% of Aboriginal parents reporting the neighbourhood felt 'not at all safe', versus the average 33%. White parents with Aboriginal children were more likely than average to report feeling that their neighbourhood was 'no, not at all safe' (40% vs the average 33%). Thus, a diverging between the Aboriginal and white parents of Aboriginal children in our sample seems present.

Who families classified as their main source of help (family? friends? neighbours? medical services? community services? social services?) also showed no significant differences, with Aboriginal parents close to average regarding 'family' as their main source of help (64.5% vs av. 61%) (53.5%) white parents with Aboriginal children near to average too, with 53.5% nominating 'family' as their main source.

There was a small but statistically significant result for how *much* support parents felt they had. 48.5% of Aboriginal parents (slightly higher than the av. 36.5%) felt that 'many' people are there to support them as a parent, perhaps reflecting the higher number of adults in Aboriginal parents' households. For white parents with Aboriginal children, the result for support from 'many' was the same as the average (36.5%.)

On another statistically significant measure: 'when you feel tired and in need of a break from looking after the children, what do you do?', white parents of Aboriginal children seem the most isolated, with 30% (vs av. 12%) reporting that they 'wish for a break but have no-one to ask'. In some contrast, Aboriginal parents are close to average in their reported needs, with 9% only 'wish(ing) for a break but have no-one to ask', and 11.5% of Aboriginal parents reporting that they 'never feel the need for such a break' (vs av. 3%, and white parents with Aboriginal children 3%).

Chart Ten



The 'identity picture' of our survey reflects a complex interpretive situation here. Aboriginal parents report a slightly higher sense of general safety and support, but regarding specific sources of help or advice or child care for their children, register only around average reliance on family. Moreover, only one Aboriginal parent in the survey turned to friends or neighbours for help and advice for parenting. Results for white parents of Aboriginal children signal that they have slightly lower sense of safety in their neighbourhood, and feel less informal support, particularly for child care. At the same time, white parents with Aboriginal children access family, friends *and* neighbours for support and advice regarding problems with their children at a greater rate than Aboriginal parents. Why does this all mean?

Notwithstanding the Aboriginal parents' expressions of feeling safe in the neighbourhood, could the more focussed (albeit not higher) reliance on family among Aboriginal parents signal lower levels of connectedness to community beyond the family, and a sense or experience of alienation or abandonment by one's community, government, and nation? It was quite common for families across all identity groups in our survey to report reliance primarily on family because in their words 'I only trust family', particularly with the children. Do families thus emerge as the main source of help by default because beyond family, there's too few people or too few services trustworthy or accessible enough to turn to? At the same time, expressions trust in family are also a positive endorsement and reflect a high input of extended family members, particularly by the children's grandmothers, across all identity groups. (for a discussion on the 'lack of a direct, strong relationship found between trust and reciprocity in families and communities', see Stone and Hughes, *op cit*).

The next section points to further clues and quandaries here.

Parental concerns and patterns of help-seeking for children’s health, development, and behaviour: different perceptions, or different realities?

Interview One of the project’s research focuses on parental concerns and patterns of help-seeking for children’s health, development, and behaviour. Results are extensive and complex.To provide an accessible picture here, general patterns of significance for identity are documented from the following two general sets of questions:

1. do you have any concerns for your young children’s physical health, development, and/or behaviour?
2. in the last 12 months, who from how often, and for what reason, have you sought help or advice for your young children’s physical health, development, and behaviour, and how helpful was that person or service?

1. Parental concerns for their young children’s physical health, development, and behaviour.

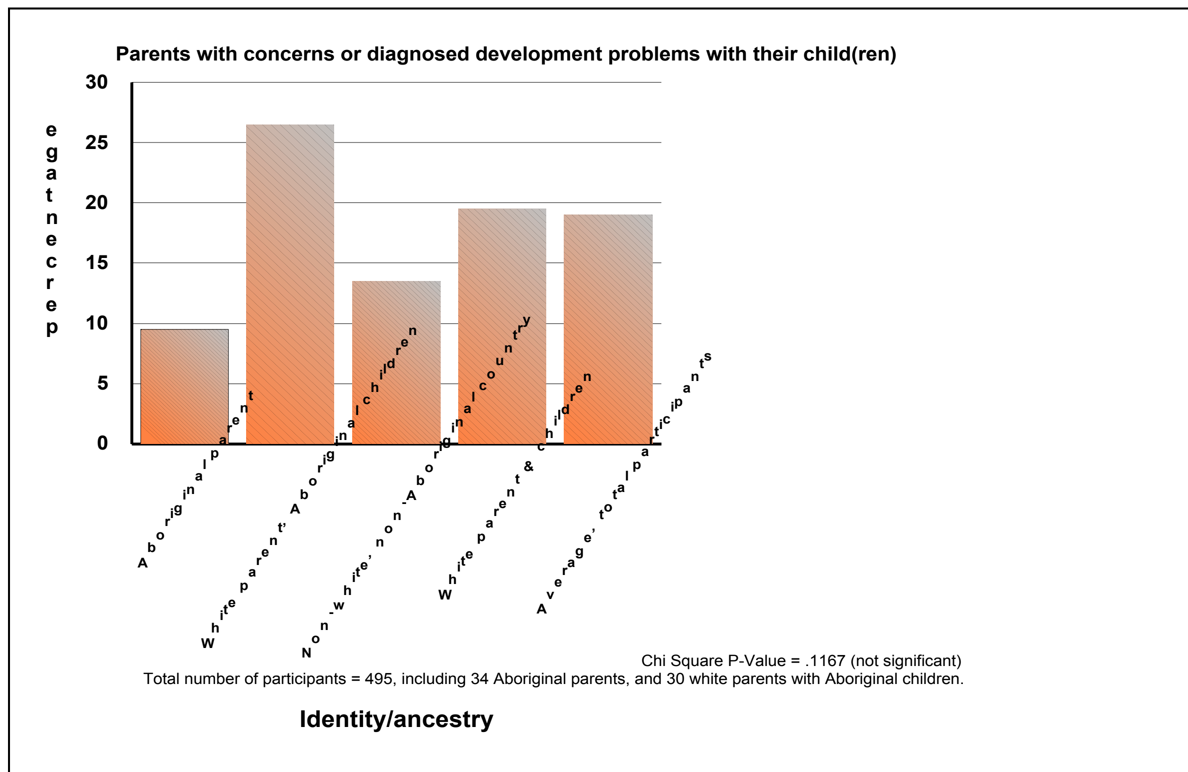
Parents in our sample were asked the three following questions:

- Have any of your young children (0-7 years) been diagnosed with a physical problem or illness, or have an ongoing physical problem or illness that you are concerned about?
- Have any of your young children (0-7 years) been diagnosed with a developmental or disability problem, or have a developmental or disability problem that you are concerned about?
- Have any of your young children (0-7 years) been diagnosed with a behavioural or emotional problem, or have a a behavioural or emotional problem that you are concerned about?

For physical health, there was no statistically significant difference between identity groups, with both Aboriginal parents and white parents with Aboriginal children close to average, viz 61.5% Aboriginal parents, 60% white parents with Aboriginal children, and 59.5% average, registering ‘0’ for diagnosis or parent concern here.

For child development problems, the result was also ‘not significant’ regarding group identity. Nevertheless, a divergence between Aboriginal and white parents of Aboriginal children seems noteworthy. For here, white parents with Aboriginal children register most problems or concerns with their children’s development, being 3 times (27%) the rate of Aboriginal parents (9%) who of all identity groups registered least problems with child development.

Chart Eleven



For child behavioural and emotional problems, there was little divergence between Aboriginal parents (29.5% registering diagnosed problem or parent concern), and white parents of Aboriginal children (26.5% registering diagnosed problem or parent concern), both slightly higher than the average level of 22.5%.

2. Seeking help and advice for children's physical health, development, and behaviour

Child physical health

Sources of help and advice are placed in three categories:

- informal including family, friends, neighbours;
- community support including school, playgroups, parent groups, neighbourhood houses and similar; and
- health services including doctors, hospitals, Child and Youth Health, and similar.

For help and advice on physical health, there were few clear identity differences in terms of the number of visits, from whom they sought help or advice, and how helpful families found the services. This is an interesting result in itself. It indicates for instance that in these disadvantaged suburbs of Adelaide, Aboriginal and white parents of Aboriginal children have similar service use patterns for children's physical health help/advice as families with non-Aboriginal children, and express in most cases high satisfaction with this help. For instance, 82% of Aboriginal parents, and 78% of white parents with Aboriginal children who visited a local doctor for their children's physical health found the service helpful-very helpful, with the average overall result being 85%. Is this a positive sign for integration? There are nevertheless some differences worth noting, particularly regarding informal sources of help. Detailed results include:

Family (excl. partner*) as source of help/advice for child physical health, and % helpful-very helpful (h-vh):

Aboriginal parent: 60.5% use; 95% h-vh
White parent with Aboriginal children: 63.5% use; 79% h-vh
Average: 57.5% use; 93% h-vh

(*Field observations suggest that a significant number of parents who discussed their children's health, development or behaviour with their partner took it so much as a 'given' that they didn't think it worth reporting; or did not quite see it as help or advice, but as sharing the problem together. Hence, those that registered no partner help or advice, could in fact be getting equal or higher levels than those who reported getting such help or advice. Calculations incl.uding partners are available)

Friends as source of help/advice for child physical health, and % helpful-very helpful (h-vh):

Aboriginal parent: 0 use
White parent with Aboriginal children: 20% use; 80% h-vh
Average: 16% use; 83% h-vh

Neighbours as source of help/advice for child physical health, and % helpful-very helpful (h-vh):

Aboriginal parent: 3% use; 100% h
White parent with Aboriginal children: 10% use; 100% h-vh
Average: 6.5% use; 88% h-vh

Community support as source of help/advice for child physical health, and how helpful:

Aboriginal parent: 9% use; 100% vh
White parent with Aboriginal children: 13.5% use; 75% h-vh
Average: 17% use; 86% h-vh

Local doctors as source of help/advice for child physical health, and % helpful-very helpful (h-vh):

Aboriginal parent: 82.5% use; 82% h-vh
White parent with Aboriginal children: 77% use; 75% h-vh
Average: 84.5% use; 85% h-vh

Child&Youth Health(CYH), Parent Helpline(PHL), Aboriginal health services (AHS) as sources of help/advice for child physical health, and % helpful-very helpful (h-vh):

Aboriginal parent: 29.5% use (18% CYH, PHL / 11.5% AHS); 100*% h-vh
White parent with Aboriginal children: 16.5% use (13% CYH, PHL / 3.5%AHS); 75%*h-vh Average: 24% use; 82%* h-vh
(*h-vh here is for total use of these services, viz. for child physical health + development + behaviour/emotional)

Hospitals as source of help/advice for child physical health, and % helpful-very helpful (h-vh):

Aboriginal parent: 41% use; 93% h-vh
White parent with Aboriginal children: 47% use; 85.5% h-vh
Average: 40% use; 70% h-vh .

For all groups, family and the local doctor are the main source of help and advice for child physical health. Note the lower use of community support, friends and neighbours (social capital) by Aboriginal parents. These results do not provide reasons for this, but they do raise the question of why Aboriginal parents are less likely to seek help or advice from friends, neighbours, and community groups regarding their children's physical health.

Child Development

For child development and disability, fewer parents of any identity sought any form of informal help or advice. By far the majority of families using this help found informal and community sources of help to be 'helpful' or 'very helpful'.

- Both Aboriginal and white parents of Aboriginal children at 26.5%, were close to the average rate (29.5%) of seeking family help or advice for child development.

- Rates for seeking help or advice from friends or neighbours is again very low: 3% for Aboriginal parents, 10% for white parents with Aboriginal children, and 11.5% average.

An average of 32% of families used community support for child development help and advice. Aboriginal parents had a use rate of 21%, while white parents with Aboriginal children had near average use of 33%.

Use of formal health services for child development also seems not high.

- 11.5% of Aboriginal and 16.5% of white parents with Aboriginal children used C&YH, Parent Helpline, or an Aboriginal health service for help or advice on child development. This compares with 9% average rate. Satisfaction with these services seems especially high for Aboriginal parents (100% h-vh).

- Aboriginal parents (at 17.5%) and white parents with Aboriginal children (15.5%) also measured close to average (14.5%) in their use of doctors for child development or disability. Satisfaction levels differed little as well. Aboriginal parents: 83.5% = h-vh; white parents with Aboriginal children 75% = h-vh; average 82% = h-vh.
- Regarding the use of hospitals and other specialised formal health services for child development problems, identity differences register as nearly significant, with Aboriginal parents at 11.5%, diverging from white parents with Aboriginal children (23.5%), and the average being 16%. Again, satisfaction rates are high, with Aboriginal parents registering a satisfaction rate at 100% h-vh; white parents with Aboriginal children: 85.5% = h-vh; average 82% = h-vh.

The possible noteworthy identity difference in these figures is that white parents with Aboriginal children sought help or advice for child development from a specialised health service at double the rate as for Aboriginal parents (the result for non-white, non-Aboriginal parents is also low here). This may reflect the higher rate of diagnosed child development problems or parent concern among white parents with Aboriginal children. Again, results do not provide reasons for this, but they do raise the question of why white parents with Aboriginal children in our sample seek more child development help or advice from formal health services.

Child Behavioural and Emotional Problems

Parents in our survey sought informal advice for child behaviour and emotional problems at higher rates than for child development.

- Aboriginal parents (38.5%), and white parents of Aboriginal children (43.5%) were close to the average rate of 41.5% for asking relatives for help or advice on child behavioural or emotional problems. Aboriginal parents were more likely to call on such help only a few times a year, while white parents with Aboriginal children were more likely to seek this help more than monthly. 100% of Aboriginal parents, and 77% of white parents with Aboriginal children, found this help h-vh. (average = 86%)

- No Aboriginal parents reported seeking help or advice for child behaviour and emotional problems from friends or neighbours, while 11.5% of white parents with Aboriginal children sought such advice (average = 20%)

- In sum over a 12 month period, 41% of Aboriginal families reported calling on help or advice for child behavioural or emotional problems from family, friends, or neighbours, and 100% of this help/advice came from family. This compares with 50% of white parents with Aboriginal children of which 57.5% was family help/advice; and the average 47.5%, of which 68% was family help/advice.

Overall, use of community support by families for child behavioural and emotional problems occurred at a similar rate to developmental issues. Aboriginal use of community support (23.5%) for advice on child behavioural and emotional problems was similar to the average (29%) and white parents with Aboriginal children rate of 30%. Satisfaction rates seem lower here, with no more than 62.5% Aboriginal families finding this community support h-vh.

Use of formal health services for child behavioural /emotional issues was generally low for all identity groups:

- Use of the specialised child or Aboriginal services for child behavioural or emotional issues was 9% for Aboriginal parents, 6.5% by white parents of Aboriginal children, the overall average being 6%. Satisfaction with these services seems especially high for Aboriginal parents (100% h-vh).

- Similar low levels were recorded for local doctors as source of help and advice here: 9% for Aboriginal parents, 10% for white parents with Aboriginal children, and 11% being the overall average. Satisfaction with doctor's help/advice here was overall down for all groups (Aboriginal parents = 67% h-vh; white parents with Aboriginal children = 67% h-vh; and overall average 73% h-vh).

- Use of various other specialist services such as hospitals, specialists, Child and Adolescent Mental Health Services (CAMHS) and social workers for child behavioural and emotional problems is very similar across identities, at 14.5% for Aboriginal parents, 13.5% for white parents with Aboriginal children, and the overall average at 14%. However, there is a statistically significant difference (Chi Sq. P-Value = .0044**) between identity groups in the satisfaction rate here: Aboriginal parents h-vh = 80%; white parents with Aboriginal children h-vh = 50%; overall average h-vh = 72%.

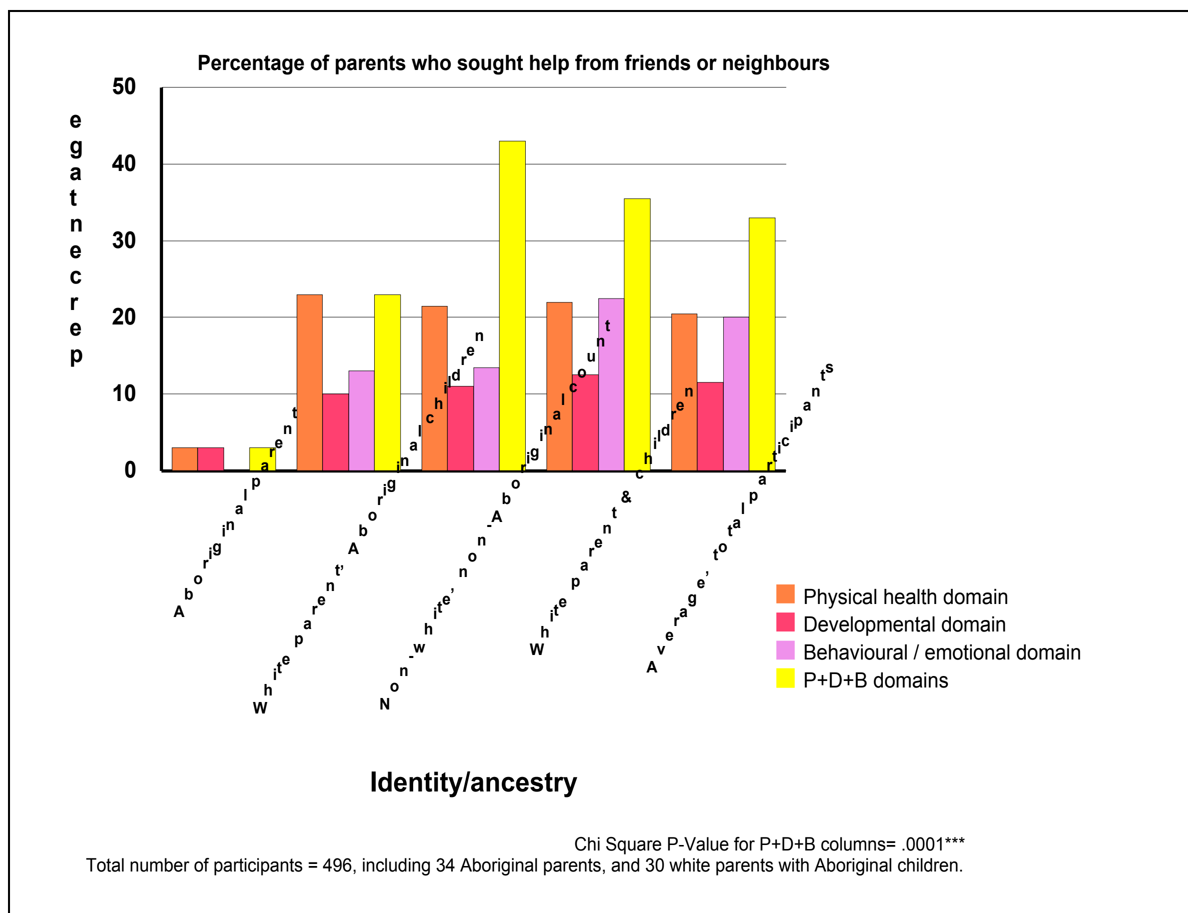
The ‘big picture’ of help for families: what are the similarities and differences telling us?

These results present a important ‘big picture’ regarding where families of differing identities register similar or divergent patterns of seeking help and advice for their children.

Family &/or friends &/or neighbours as source of help and advice for child physical, development, and behavioural or emotional problems

When family is included, differences are slight (see Chart 13). Aboriginal use of this form of help is 70.5%, white parents with Aboriginal children 80%, and the overall average is 82%. However, this means that nearly 30% of Aboriginal parents reported to never use informal help or advice for their children’s physical health, development, and behaviour. The average overall level of 18% who never do is troubling enough. When informal help or advice outside family is considered - that is, from friends &/or neighbours - identity differences become pronounced and statistically significant. Only one Aboriginal family reported to turn to friends or neighbours for such help or advice.

Chart Twelve



Community support as source of help/advice for child physical, development, and behavioural or emotional problems

This registered differences across identities, with Aboriginal use of this form of help lower at 35.5%, than white parents with Aboriginal children (56.5%) and the overall average (48%), as illustrated in Chart 13.

Formal health services as source of help/advice for child physical, development, and behavioural or emotional problems

This registered a similar, very high level of use across identities, with Aboriginal use of some source of formal help at 100%, white parents with Aboriginal children (97%) and the overall average (95.5%) (Chart 13).

Summary Results: Informal + community + formal health services as source of help/advice for child physical, development, and behavioural or emotional problems

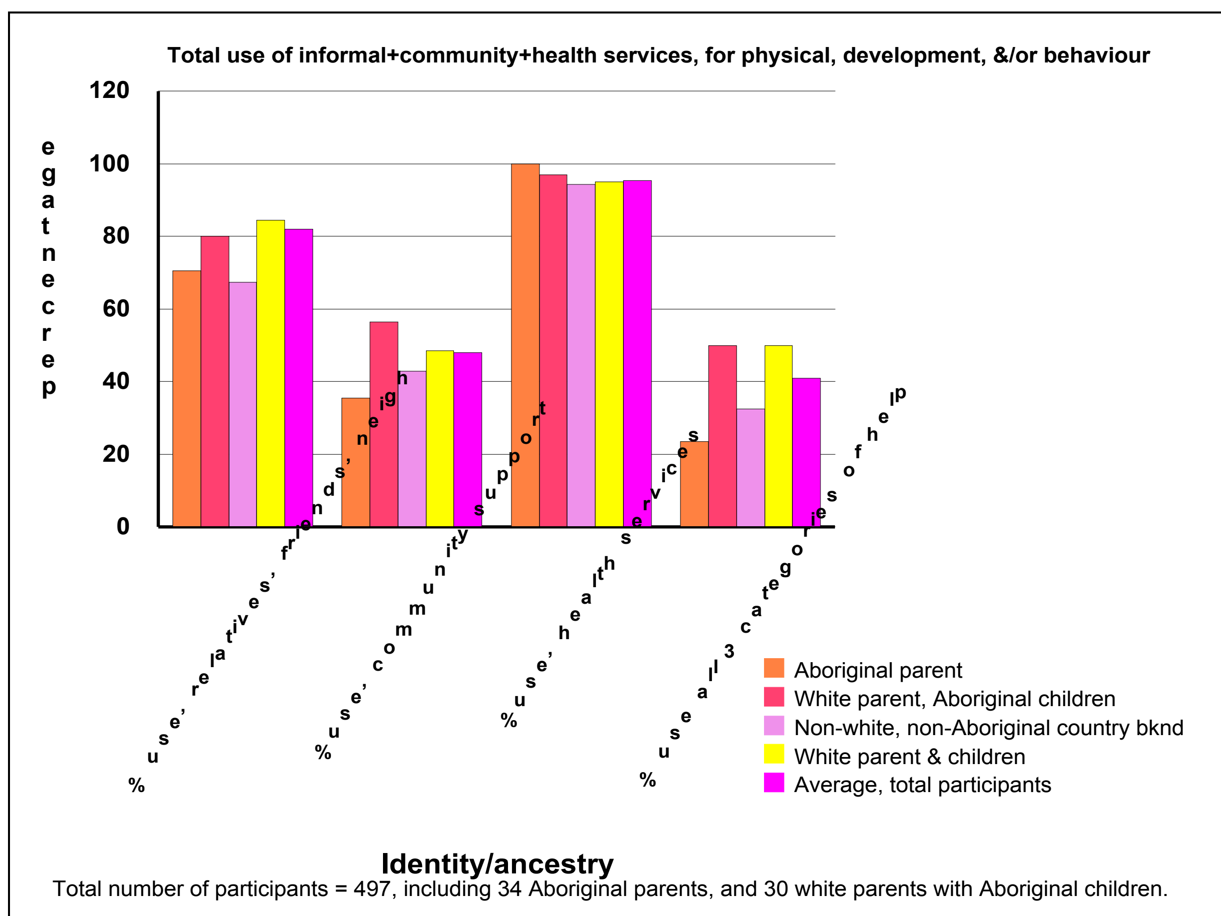
This looks at how families of different identities use no help, or help from one, two, or all three categories of support (informal, community, formal). Results are as follows:

Aboriginal parents:
0 used no help at all
17.5% used one category of help
59% used two categories
23.5% used all 3 categories

White parents with Aboriginal children:
3.5% used no help at all
10% used one category of help
36.5% used two categories
50% used all 3 categories

Overall average:
1.5% used no help at all
14.5% used one category of helpd
43% used two categories
41% used all 3 categories

Chart Thirteen



Total number of participants = 497, including 34 Aboriginal parents, and 30 white parents with Aboriginal children.

Discussion

These quantitative results provide us with information rather than explanations about identity differences relating to family strengths, needs and supports. Nevertheless, important questions regarding Aboriginal families' and children's comparative well-being, and about the particular importance of accessible supports and services for these families, are raised by these results.

In our sample, Aboriginal children are more likely to live in families that experience higher measures of disadvantage than non-Aboriginal children living in the same, poor districts. Given that the internal family resources that these families can draw upon are thus more stretched, it is reasonable to surmise that social capital and access to service supports beyond family are even more crucial for families with Aboriginal children, to ensure good child outcomes. However, there are signs that this is not happening as much as it should.

Aboriginal people across settled Australia are forming families together with white people at a high rate, with figures indicating that about 2/3 of Aboriginal children now born to an Aboriginal and non-Aboriginal parent (Rothwell 2002). This is integration of a very high degree. The pattern of Aboriginal-white family formation in our sample is no exception to this, and there are some Aboriginal caregivers of white children in these districts as well. However, in a puzzling, marked contrast to the high rate of family formation between young Aboriginal men and women, Aboriginal parents seem rarely to tap into the informal community beyond family (viz. friends and neighbours) for help or advice for their children. Hence, either neighbourhood social capital is just not made available for Aboriginal parents, or for some reason, Aboriginal parents feel reluctant to tap into it. Both possibilities suggest some level of racial distance on the neighbourhood level. The extent that Aboriginal parents tap into community support is also reduced.

Given the probable higher importance of social capital to Aboriginal families for good child outcomes, this lack of social capital for Aboriginal families is cause for concern (see Zubrick *et al* 1999, p.24). The level of concern is even greater when the national situation of Aboriginal child well-being is factored in. National statistics indicate that Aboriginal children are overall more vulnerable to 'ill-health and reduced well-being' than non-Aboriginal children (Australian Institute of Health and Welfare (AIHW) 2002, p.258; cf. ABS & AIHW 2001). National figures on child neglect also point to higher levels among Aboriginal children: likely to be at least partly associated with the poorer resource base of many Aboriginal families (For example, Family and Children's Services (WA) 1996; Robertson 1999, pp. 101-2; Department of Human Services (DHS) 2001 *Statistical Profile...* pp. 23-28; DHS 2001 *Social Welfare...,* p. 19 and Appendix 11, Table One.)

It is difficult to gauge from the survey data alone whether young Aboriginal children are experiencing different levels or kinds of problems from the other young children in our sample. Aboriginal parents in our survey tend to report similar or lower levels of diagnosed problems or concerns with their children. This could be a sign that Aboriginal parents in our sample indeed have children with fewer problems than their disadavantaged white neighbours. Aboriginal parents do utilise the formal forms of support such as doctors, hospitals, and C&YH, at rates close to the average, and with overall equal to higher levels of satisfaction with both mainstream and Aboriginal services. A few Aboriginal parents in our sample live near and utilise Aboriginal-targeted services which practiced preventative health care, including weekly home visits by a doctor for general health checks of young Aboriginal children. Our survey results, including the high satisfaction rate that Aboriginal express for services generally, could in part be a sign that this and other service interventions are improving Aboriginal child outcomes, and reducing Aboriginal parent concern by enhancing parental confidence in their children's well-being.

On the other hand, some service provisions to Aboriginal people in our survey localities may be reducing Aboriginal parents' opportunities to gauge how their children compare to mainstream 'yardsticks' of child health, development, and behaviour. An unknown but significant number of Aboriginal children in our survey utilised an Aboriginal bus service for kindy and school. This would tend to reduce Aboriginal parent informal or incidental contact with school staff and other parents. Indeed, service providers in other localities have informed the author about their concern over the lack of informal contact opportunities between Aboriginal parents and school staff due to such bussing. Our survey results indicate that while seeking help or advice from community support including schools, kindys and child care is not high across all identity groups, it is even lower among Aboriginal parents. This, along with the reported lack of seeking help or advice from neighbours and friends, paints a picture of Aboriginal family isolation from the surrounding informal mainstream environment on an everyday level. It is reasonable to wonder if and how this affects the yardsticks that Aboriginal parents have to gauge their children's well-being. It is also reasonable to

ask whether Aboriginal parents reportage of less problems, particularly with child development, stems from a resultant lack of opportunities to compare their children with others, and the lack of informal, regular teacher chats that update how their children are performing and behaving at school.

While the specialised service provision to Aboriginal families may in part compensate for these problems, there are nascent signs within our survey areas that differential services to Aboriginal people can cause resentment among disadvantaged white neighbours, possibly further reducing the availability of neighbourhood social capital to Aboriginal families. In other parts of Australia, it has been found that even communities with high levels of social capital can have comparatively low scores for diversity and tolerance (Bullen and Onyx 1999, p.15). The implication of this possibility is that, given the vulnerabilty of disadvantaged Aboriginal families and their already compromised access to social capital, any service provision to help Aboriginal families and children living amongst disadvantaged non-Aboriginal families needs to ensure that it enhances rather than compromises race relations between these Aboriginal and non-Aboriginal families.

Survey results provide us with perhaps even more questions and less answers regarding the particular problems facing white parents with Aboriginal children in our sample. In particular:

- why do white parents with Aboriginal children have a higher child/adult ratio than other groups in our sample?
- use of informal help by white parents for their Aboriginal children is not low, and they certainly report turning to friends and neighbours for help or advice regarding their children, much more than do Aboriginal parents. So why is it that more white parents with Aboriginal children express that they when they need a break 'they have no-one to ask', and express at a higher rate that their neighbourhood is not safe, than any other group?
- is this in part, an outcome of the fact that white parents with Aboriginal children experience the highest child/adult ratio in our sample, hence parenting is that much more demanding, stressful, or isolating?
- why do white parents with Aboriginal children seem to have more development problems with their children, and seek more help from specialised sources for child development?
- why do they express higher levels of dissatisfaction with formal help, particularly regarding formal mainstream help for child behavioural or emotional problems? White parents with Aboriginal children in our sample have similar access to Aboriginal-targeted services for their children. While the number of white families who used Aboriginal-targeted educational services for their children is unknown, only two such families reported using an Aboriginal health service for their children. However, both reported high levels of satisfaction with these services. So the question seems to become: why this higher level of dissatisfaction with mainstream service responses among white parents with Aboriginal children? It is also noted that white parents with Aboriginal children reported slightly more often that medical services were their main source of help: 23.5%, compared to Aboriginal parents: 17.5%; and average 16%. Could it be that these white parents are expressing an anxiety that their Aboriginal children are more 'at risk' for some reason, and if so, why?

The use level and degree of satisfaction by Aboriginal parents of formal mainstream services for their children is a good sign of integration. Perhaps the main challenge for integration before we celebrate is this. These are very disadvantaged suburbs, and in general, we as a nation are not addressing the problem of the increasing number of children whose life outcomes are placed at some risk due to such disadvantage. While we need to understand and address the causes of the greater challenges faced by Aboriginal and white parents with Aboriginal children, we also need to develop inclusive responses that foster neighbourliness. To optimise child outcomes, we need to foster a greater sense of interconnectedness, neighbourliness and commonality between families of all identities in these suburbs, to really get these communities' social capital flowing. This is because interestingly, while Aboriginal and white people are forming families together, it appears that they are not there enough for each other yet on the neighbourhood level. For the sake of the children, we need a bit more integration yet before we celebrate.

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