Initial submission received 18 August 2005
Supplementary submission attached.

SUBMISSION # 30

1, 3, 9, 13, 19, 21, 27, 38, 39, 44

Paid Work and Family Responsibilities Submission
Sex Discrimination United States
Human Rights and Equal Opportunity Commission

MAIN POINTS

1. Expanding literature on issues related to 'transition to parenthood'
   (see: Beyond Blue, Post Natal Depression Project and attached Bibliography including Department of Family and Community Services, Parenting Information Project)

2. Links between domestic violence and mothering:

   a. increased incidence of domestic violence in pregnancy;
   b. phenomena of 'maternal alienation'

3. Expanding literature on mothering and fathering.

CALL FOR

* A core curriculum for antenatal and parenting classes that includes information, programs and links to relevant services that can assist individuals if they encounter difficulties traversing the kinds of issues identified by 'transition to parenthood';

* Access for new parents to subsidised home help and community nurse visiting programs;

* Changed attitudes towards partnership in marriage and responsibility for child care and support networks;

* Development of national relationship skills/parenting skills programs that are culturally appropriate teaching conflict resolution, stress management and raise awareness of basic human rights in the family;

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STRIKING A BALANCE CONSULTATIONS

Joan Garvan

Firstly congratulations on the study and the consultations!

I argue that the forthcoming report should be expanded to include a chapter on the initial adjustment phase for new parents. If you focus too closely on links between parenting and the workplace you will miss this crucial adjustment period. If issues related to the 'transition to parenthood' persist the affect flows over into all aspects of life including the work and family balance.

There needs to be a core curriculum for antenatal and parenting classes that includes information, strategies and links to relevant services that can assist individuals if they encounter difficulties traversing the kinds of issues identified by 'transition to parenthood' for example:

- **changes to one's identity;**
- **changes to relationships;**
- **negotiating with your partner;**
- **changes to life course;**
- **negotiations regarding the added housework;**
- **drawing the boundaries between the self and the child.**

The reports that came out of the National Agenda on Early Childhood in 2004, and published by the Department of Family and Community Services (including an extensive literature review and the outcome from focus groups from around Australia) identified **'transition to parenthood' amongst seven target areas** for the information needs of parents (see www.facs.gov.au/pip for more information).

The **ACT report on Maternity Services** titled *A pregnant pause: the future of maternity services in the ACT* included in its recommendations: **Recommendation 2, 3.44.** The Committee recommends that the Government, in consultation with relevant stakeholders, develop a core curriculum for antenatal education and that this be offered free of charge to all women at key locations across the ACT.

Lareen Newman is currently completing a PhD study on issues related to conception, pregnancy, birth and early parenting. In her paper presented to the Australian Population Association 12th Biennial Conference in 2004 at the Australian National University **she argued for a diversification of policy to address the socio-psychological and physical costs of parenthood.** Wendy LeBlanc's research with focus groups and individual interviews quantifies the problems. Some of the disturbing findings were:

90% of mothers suffer from exhaustion
85% " " altered relationship to partner – disharmony
82% " " feeling out of control
75% " " isolation
72% " " loneliness

71%	"	"	feeling unable to achieve
71%	"	"	decline in feeling of self-worth
59%	"	"	fear of damaging baby
57%	"	"	loss or confusion over identity
57%	"	"	feeling trapped by motherhood
57%	"	"	grief over loss of pre-mother lifestyle (LeBlanc:1999)

Furthermore, the highly successful work carried out by the **Beyond Blue Project** on Post Natal Depression identified social adjustment issues faced by new parents as a significant contributing factor to depression (Rebecca Reay, Beyond Blue, Canberra).

I argue that the huge amount of literature on mothering and fathering is evidence of a concern in the community. After I became a mother I became a member of the Association for Research on Mothering, York University, Canada, and attended the two conferences held in Australia in 2001 & 2003 (a third is to be held in late September this year at the Queensland University called *Theorising & Representing Maternal Subjectivities,* more information at: http://www.uq.edu.au/mothering/). I have attached a copy of a bibliography on mothering /fathering I put together in 2003 (which is only indicative of the trend). Furthermore, an extensive bibliography on issues related to fathering can be found at: http: //mensbiblio.xyonline.net/ .

In 2002 I was awarded a grant from the Centre for Research for Women, Curtin University to put together an annotated bibliography and issues paper on **links between domestic violence and mothering** titled: *A point of Vulnerability.* The papers have been well received and circulated by the Domestic Violence Clearinghouse in Australia and the CYFERnet internet site in the United States (copy attached). The study identified research showing a significant link between a rise in domestic violence when women become pregnant and a process of 'mother blaming' which had the affect of isolating mothers from their children. Amongst the findings I highlighted statements by both Robyn Seth-Purdie and Professor Ken Halford:

> "**Dr Robyn Seth-Purdie** noted a need for "significant changes in attitudes toward partnership in marriage, responsibility for child-care, and support networks, to take the place of the extended family in relieving the stress of child-care and guarding against the development of chronic abuse". Furthermore, among the strategies suggested to prevent further violence the paper included: the development of a national relationship skills/parenting skills program in a range of culturally appropriate forms, to teach techniques of conflict resolution and stress management, and to raise awareness of basic human rights with the family. The emphasis was reinforced by **Professor W. Kim Halford**, in *Australian couples in millennium three*, a paper prepared for the Department of Family and Commjnity Services, National Families Strategy. Halford recommended the development of skills based relationship education materials and programs that prepare couples for the variety of life transitions including the transition to parenthood."

There are huge personal adjustment issues that most people encounter when they become a first time parent, everyone knows this and yet there has been little research on these topics.

The work primarily carried out in the USA pulls these adjustment issues together under a category that has been named 'transition to parenthood' referring to:

> the personal adjustment issues for women when they become a mother and the personal adjustment issues for men when they become a father such as: changes to one's identity, changes to work and career options, negotiation with one's partner, changes to relationships with partner, friends and family, increased workload at home and identifying the boundaries between child and self.

In 1957 E.E. Le Masters published an article entitled *Parenthood as Crisis* which identified issues related to transition to parenthood but it wasn't until the 1980s that serious work began. **Cowan and Cowan's extensive review of the literature,** which included two German and one English study, found that "the results in all but two reveal an elevated risk for the marriage of couples becoming parents."(Cowan & Cowan 1998).

The primary **research carried out in Australia**, so far, is by Feeney, Hohaus, Noller and Alexander and published in *Becoming families: exploring the bonds between mothers, fathers and their infants*. 'Gender differences in transition to parenthood' has become a focus of my current PhD study. Here below is a preliminary bibliography on the topic of 'transition to parenthood'. I would be happy to update this as my work progresses.

Sincerely, Joan Garvan

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Background

Joan Garvan

Women clearly make substantial sacrifices in order to accommodate the needs of their families indicating great commitment. And yet over the last four years at least three important publications argue that many women experience a range of difficulties when they become mothers (*The Mask of Motherhood & Wifework* by Susan Maushart, *Naked Motherhood* by Wendy LeBlanc). Furthermore, these problems are multiplied by the fact that they are not acknowledged and addressed; firstly by the individual and secondly by society.

In 2001 with a divorce rate at almost 1 in 2, 1 in 5 families being headed by a single parent and with 25-30% of women working part-time over the life of a child, from birth to 15 (with all the shortfalls in pay and conditions) as to accommodate the needs of their families, the problems are clear. **I argue that if you support men and women in their adjustment to parenthood, you support the family**.

Nonie Harris presented a paper to an Australian Institute of Family Studies Conference drawing from research on the coping mechanisms mothers employ in order to accomplish the smooth functioning of child care and work balances and juggling. Harris's theoretical and practical applications arising from her study were:

- Respondent's everyday actions were constituted within a framework of ideologies, particularly the ideology of motherhood. This ideology, identified by feminist researchers, serves to maintain women in isolated family units, assuming the role of primary caretaker of their children. This research makes clear the link between this ideological context and strategy selection. What we do everyday exists in a wider context that cannot be ignored;

- The establishment of support programs for mothers should be planned in a context that acknowledges these ideologies and the messages of their caretakers. Further, as mothers' everyday actions are constituted within these ideological frameworks, programs should be designed to accommodate the resultant way that mothers plan and act out their lives. Programs should also seek to challenge the ideology of motherhood through exposing its agenda and implications;

- Finally in-depth feminist research into the lived experience of mothers can provide depth and texture to their experiences and the ideological contexts of their mothering that more wide ranging research can only hint at.

Rosemary Calder, First Secretary of the Office of the Status of Women said in February, 2001 '... there is a substantial and persistent gap in weekly earnings between men and women. Figures show that in the November quarter 2000 women earned only 67 per cent of average total male earnings. The gap was influenced by issues such as the much greater likelihood that women will work part-time, overtime hours worked each week, the types of jobs performed, differences in levels of educational attainment and the fact that women's working lives are often interrupted by child birth and child rearing.'(Calder:2001). Julie Stephens has raised problems with the debate on child-care and work and the numerous issues that are not discussed including the maternal experience and the needs of babies and young children (Stephens:2000).

Wendy LeBlanc's research with focus groups and individual interviews quantifies the problems. Some of the disturbing findings are:

90% of mothers suffer from exhaustion
85% " " altered relationship to partner – disharmony
82% " " feeling out of control
75% " " isolation
72% " " loneliness
71% " " feeling unable to achieve
71% " " decline in feeling of self-worth
59% " " fear of damaging baby
57% " " loss or confusion over identity
57% " " feeling trapped by motherhood
57% " " grief over loss of pre-mother lifestyle (LeBlanc:1999)

Susan Maushart drew on research from psychologists, sociologists, writers, journalists and social commentators: Harriet Goldhor Lemer, Nina Barrett, Amy Rossiter, Shiela Kitzinger, Betty Friedan, Adrienne Rich, Sara Dowse, Debra Adelaide, Paula Caplan, Dorothy Dinnerstone, Phyllis Chesler, Melissa West, Jessie Bernard and Terri Apter. She argued that women suffer an identity loss that is not easily replaced and that they are 'faking motherhood'. She continued 'The responsibilities and commitments required, on every level, of women who become mothers is enormous and unprecedented ... the non-negotiable terms of a 'biosocial contract' a contract that is binding for life.' (1998:8). Maushart proposed 'the forces that constrain women today are the ones that minimize the difficulties we face, insisting that motherhood is no big deal after all. And that once we muddle through, the world will be waiting to receive us on the other side.' (1988:66).

Le Blanc's research with focus groups and individual interviews quantifies the problems more directly (see attachments).'The truly astonishing shock for independent, self-determining women when they bear their babies is that they awaken to a world where there is such a thing as a female paradigm. Over time, and with disbelief in their hearts and minds, they learn that it is denigrated and devalued. Eventually they begin to realise that the only equality we ever had a hope of attaining was on the male playing field where 'doing' and 'achieving' and earning dollars are the only yardsticks of a successful life. A woman is not considered to have led a meaningful, worthwhile, fulfilling, rewarding or successful life anymore if 'all she ever did' was raise her children well. This is depressing.' (1999:4).

The title of Ken Dempsey's book Inequalities in Marriage Australia and Beyond depicts the theme of his research. Dempsey begins: "Despite the consciousness-raising activities of feminists and the entry of most married women into the paid workforce, the great majority of wives still perform a disproportionate share of the household's unpaid workload". Dempsey found that a large proportion of women were accepting of the expectations of them. He concluded that this acceptance may be a result of one of three factors: 1. a stronger attachment to traditional ideals than egalitarian ones; 2. the greater power of a husband which encourages a wife to be thankful for any contribution he makes; 3. the gaining of highly valued outcomes such as a companionate marriage, or a good father for her children.

He continued though: it needs to be stressed that employed women often pay a high price physically and psychologically for the persistence of an inequitable division of housework. They have higher rates of depressive illness than employed husbands. As found by Hochschild (1989) and Ferree (1990), many employed women are perpetually tired, and often feelings of ambivalence and resentment recur despite the efforts of some women to achieve cognitive consistency by defining the unacceptable as acceptable.

Marilyn Lake, Chair in History, La Trobe University argued that throughout the 20th century women have consistently lobbied for improved social welfare systems (1994). The nurturing role that women as mothers have always carried out places them in a good position to know the needs of our children, or our families and of the aged. If, or when, the social system fails the community it is most often the mothers and then the families who pick up the pieces.

K Reiger, also at La Trobe University, argued that the women's movement in Australia have so far failed to support issues that arise from mothering, seeing the role as traditional and therefore irrelevant to feminism(1999). Julie Stephens reinforced Reiger's critique of the feminist response to mothering. She said Maushart's *Mask of Motherhood* has made a significant contribution to the debate in the 1990s and has brought in the wider issues of the meanings of freedom and truth which are raised by the experience of mothering.

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A point of vulnerability: links between domestic violence and mothering

Report and annotated bibliography

December, 2002

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A point of vulnerability: links between domestic violence and mothering

Once a woman becomes pregnant she is vulnerable. This fact is demonstrated by an increase in the incidence of domestic violence when women become pregnant. In my paper I address a problem identified by domestic violence workers of getting to issues raised by a gender and power imbalance. I argue that the family is a feminist frontier and that future strategies to counter domestic violence include primary prevention work that strengthens women's bargaining power within the home, when they most need it, that is, when they are pregnant and when their children are little. The time is right for action, mothering issues have surfaced publicly and politically. Governments need to foster programs that can better equip couples for the huge transition they go through when they have children.

The current domestic violence agenda: domestic violence and pregnancy

The research demonstrates that once a woman becomes pregnant she enters a different place within the power network. The first major study into the extent of violence against women by the Australian Bureau of Statistics, *Women's safety Australia, 1996*, found that nearly one half of women who had disclosed they had experienced abuse within a relationship, experienced violence during pregnancy; the violence began during pregnancy for one half of this group. Evidence also indicates that homicide was the cause of 5% of deaths during pregnancy and childbirth. A paper by Angela Taft *'Violence against women in pregnancy and after childbirth: current knowledge and issues in health care responses';* 2002, said that between 4 to 8 or 9 in every 100 pregnant women are abused. Though, she added, there are difficulties around disclosure and screening. She also noted the existence of overseas evidence on a link between pregnancy and homicide. Deborah Walsh's paper *Domestic Violence in Pregnancy,* 2000, drew attention to difficulties in determining the frequency of domestic violence in pregnancy due to problems with working definitions and lack of medical screening.

A Partnership against Domestic Violence report in 1999 emphasised:

> "Domestic violence is gendered violence and this needs to be acknowledged and understood ... Seeing domestic violence as gendered violence allows us to begin to ask important questions about the construction of gender; the potential to transform damaging forms of masculinity associated with that violence and

about social and cultural factors which permit men to resort to violence"

The report identified the screening of pregnant women for domestic violence as a recent area of development.

Indicators

Studies in which the links between motherhood and domestic violence were clear include *'Single mothers, social policy and gendered violence'*, 2001, by Elspeth McInnes. Two important sources McInnes drew on were the Australian Bureau of Statistics and a study conducted by the National Council of Single Mothers and their Children, which included interviews with 36 respondents. The 1996 ABS figures showed that 42% of women who had experienced violence by a former partner were pregnant at the time; of these 20% experienced violence for the first time when they were pregnant. Forty-six percent of women who had experienced violence by a former partner had children in their care; furthermore 61% of women who had experienced violence by a current partner during the relationship, had children in their care. She found that violence was a critical factor impacting on the population of single parents in South Australia. The Spark Resource Centre (working with single mothers in South Australia) identified 70 to 80% of their clients as survivors of violence and these families had to deal with a Family Court that granted child access to fathers who were the perpetrators of violence.

Anne Morris in *'Maternal Alienation: the use of mother blaming in abuse'* identified a process which she labeled 'maternal alienation'. She found that in some cases a tactic of mother blaming was used to alter relationships in the family and isolate the mother. Morris concluded that maternal alienation became possible because of a privileging of the male voice and extensive mother blaming within cultural discourses and in families.

In *'Women, murder and male domination: police reports on domestic violence in Chicago and Philadelphia'*, 1992, Noel Cazenave and M. Zahn drew on a study of 83 homicide cases; 42 male and 41 female victims. The authors refer to a quote from Del Martin in *Battered wives* which stated that the ultimate cause of wife beating is sexual inequality. Wife beating will persist as long as there are unequal power relationships between men and women and violence can be used to further tip the scale in favour of male supremacy. Male homicide was a result of self-defence in 18 of the 41 cases and female homicide the result of women attempting to end a relationship in 12 out of the 41 cases. The main findings were that 53 out of 58 of

the cases (91%) were initiated by male physical violence. The researches concluded that many of the murders were gender specific, males tending to be the initial aggressor and female homicide tended to be the result of male offenders' desire for the maintenance of the gender-based status quo. Interestingly, the study did not directly report on whether there were children in the family but all of the specific reports included references to children being present.

Joyce McCarl Nielson set out to test a proposition of Dobash and Dobash *Violence against wives,* 1979, that social isolation is linked to wife abuse. The paper was drawn from two separate studies and she concluded that isolation seemed to both precede and result from battering. The relationship could be explained in two ways - a lack of monitoring relationships (friends and family) and a desire for social control.

Feminist Frontier? - The family

Betty Friedan became world famous with the *Feminine Mystique* in the 1970s. A second important publication of hers is *The Second Stage,* 1981, in which she stated that shifts in the power relations between men and women have taken place but the tradeoffs have not been worked out in the family:

> "Equality in jobs without taking into account family leaves women doubly burdened and equality in the family isn't real for women if it is isolated from economic measures of worth and survival in the world."

Of woman born, 1976, by Adrienne Rich has become a classic in the literature. It is a beautifully written book which sets out to distinguish and describe various aspects of the experience of mothering. The most important contribution made by Rich is the distinction she made between the experience of mothering and the institution of motherhood.

Belinda Probert referred to gender culture and an "ideology of domesticity" in a recent edition of *Australian Feminist Studies* as a way of explaining problems with attaining gender equity. She argued that there is a need for coherent family policies across the portfolios of industrial relations and social security as a way out of an impasse. Furthermore, Joy Puls argued that a trend by policy oriented feminists has uncritically incorporated assumptions about the nuclear family into their policy agenda. They have inadvertently highlighted disadvantages outside the nuclear family in arguing for single mothers and disadvantaged women as opposed to earlier feminist positions which highlighted disadvantages within the family.

Puls referred to a quote from Rosemary Pringle:

> "feminist theorising of the post -1970s changes in the family is under-developed, and as it stands, risks being absorbed into the neo-conservative agenda which is concerned with the restoration of 'traditional' family values."

We are in a transition phase according to Friedan and some women have been trapped by attempting to be superwomen and trying to do it all. Susan Maushart in her books *The Mask of Motherhood*, 1998, and *Wifework*, 2001, (which are currently moving through book circles throughout Australia), Wendy LeBlanc's *Naked Motherhood*, 1999, and Ann Crittendon's *The Price of Motherhood*, 2001, all speak of a silencing of the issues raised for women when they become mothers. If women/mothers are to have some degree of control and power within the domestic sphere, the issues they face, particularly when they are pregnant or have young children, need to be acknowledged and addressed by society, enabling them to respond more effectively to violence.

In 2001 the Partnership Against Domestic Violence conducted a Meta Evaluation of their Indigenous projects. Aboriginal people and Torres Strait Islanders have chosen the term 'family violence' to describe the incidence within their communities. This choice reflects a strategy proposed by April Few in '*The (un) making of martyrs: Black mothers, daughters and intimate violence*', 1999, talking about Black Americans. She suggested the cycle of violence could be broken by strengthening the established practice of shared mothering in communities thereby providing strategies for resistance for daughters; reclaiming lost power. Few spoke of mothers and othermothers, the centrality of female headed social support networks and collective responsibility in an Afrocentric model.

Two studies which have become classic within the domestic violence literature are: *Violence Against Wives: a case against Patriarchy*, 1979, by Dobash and Dobash and *Women, Violence and Male Power*, 1996, by M. Hester, L. Kelly and J. Radford. The first text identified the birth of a child as a factor that causes a dramatic shift in a marriage and pinpoints 'the sake of the children' as the most common reason given by women for leaving their husbands or staying or returning to them. And the second devotes a chapter to the contradictions of crime control under patriarchy in violence against women and children.

Some important work was carried out by Jan Horsfall and published in *The Presence of the Past*, 1991. She said that after finding in the research victim blaming, mother blaming and partner blaming as explanations for family violence

she determined to investigate the wider social context. The problem of isolation, emotional reliance by men on women, and the primary responsibility for childcare and housework are all issues women must face when they become mothers. Furthermore, the cutting back of the welfare state has had the affect of increasing the load on the family unit and thus the mother. Because of the gendered nature of differences in self expression: emotionally, assertively, sexually and in expectations Horsfall pointed to a need for conflict resolution skills within the home.

A primary concern for Horsfall is the entrenched split between the public and private domains and the segmentation of issues arising out of domestic violence under government departments eg: policing, medical, legal, welfare etc.

Over the last decade mothering/motherhood has increasingly become a focus of research though surprisingly not a lot has been done on domestic violence. Some works that overlap the issues are Evelyn Glenn's *Mothering: Ideology and Experience and Agency*, 1994, the introductory chapter provides an overview and critique of predominant theories on mothering. The text is an edited collection of papers organised around themes:

- Challenging Universalism: diversity in mothering;
- Ideology and the construction of mothering;
- Decomposing Motherhood: fusions and dichotomies;
- The politics of mothering: the dialectics of struggle and agency.

Diane Richardson in *Women, Motherhood and Childrearing*, 1993, provides a historical overview (19th and 20th century) of the key feminist theories and movements and their positions on motherhood. She began with the contemporary experience, then childbearing manuals 1870 - 1950, theories of childrearing since World War 2, reproduction technologies, feminism and motherhood, and feminism and childrearing. Social pressures around the choice about whether or not to become a parent and variations in the experience of being a mother depend on many factors. She believed there is a need for substantial social changes in order for men and women to share responsibility for children. She argued there is a need for government and business to recognise their responsibility to provide childcare. (Even our acclaimed Parliament House in Canberra doesn't have child care facilities.)

Helen Levine and Alma Estable argued in '*The Power Politics of Motherhood: a feminist critique of theory and practice*' that the emphasis on bonding theories and maternal deprivation meant that mothers were being defined by relations of

dependence. They urged a radical reorganisation of the family.

The women's movement and domestic violence - transitions

While Liz Mulder was a Regional Violence Prevention Specialist she gave an insightful speech at the Interdisciplinary Congress on Women in Tromso, Norway in 1999. She raised the problem of a gap between issues raised by gender and power and the strategies set up to address them; for example jailing men and "making women better". She pointed to the problems that are raised through the processes of change. Gillian Walker provided a wonderful analysis of the interaction between the women's movement and the government in *Family Violence and the Women's Movement*. She found there were significant problems in developing programs to address domestic violence. She argued these problems multiplied when one analysed contradictions within the voices of the women's movement as well as contradictions within the state processes. The end result was in Canada, as in Australia, government programs that segmented the issues raised by domestic violence, created divisions among workers and shifted the ground for discussion.

Mulder identified two perspectives that could be applied to preventing violence against women: the first crime prevention and the second health promotion. Under the banner of health promotion Molder further categorised three areas for work: primary, secondary and tertiary prevention and it is primary prevention that works at the community level to challenge the gendered role stereotypes and factors that make it likely to occur. And yet it is at this primary level that programs have fallen by the wayside. Mulder referred to an analysis that described the operations of power not as a monolithic structure but as a network of processes and practices. She urged activists to identify sites for female resistance within these power networks.

Health Promotion

On the basis of the studies cited in *Domestic violence: in search of well-informed policy* (a paper prepared by the Parliamentary Library for general distribution to Senators and Members of the Australian parliament) up to 5% of men and 22% of women may experience spouse assault each year; up to 30% of women and 25% of men may have experienced such assault at some time. Robyn Seth-Purdie noted a need for "significant changes in attitudes toward partnership in marriage, responsibility for child-care, and support networks, to take the place of the extended family in relieving the stress of child-care and guarding against the development of chronic abuse". Furthermore, among the strategies suggested to

prevent further violence the paper included: the development of a national relationship skills/parenting skills program in a range of culturally appropriate forms, to teach techniques of conflict resolution and stress management, and to raise awareness of basic human rights within the family. This emphasis was reinforced by W. Kim Halford, in *Australian couples in millennium three*, a paper prepared for the Department of Family and Community Services, National Families Strategy. Halford recommended the development of skills based relationship education materials and programs that prepare couples for the variety of life transitions including the transition to parenthood.

Health promotion programs could help women develop networks of support and strategies that they can adopt if confronted by domestic violence. Here below are a selection of programs that either directly target women as mothers or incorporates a preventive, educational approach: (more information on either the Domestic Violence Clearinghouse Database www.austdvclearinghouse.unsw.edu.au or in the attached bibliography).

Women's stories of maternal alienation

Getting what you want - a peer guide into healthy relationships & Young mothers for young women peer advocacy program

Queensland health's domestic violence initiative

Hey sister girl, it only takes one step: resources for the Aboriginal community (NSW)

Ngadrii Ngalli way (My mother's way) project

Connections: a group program for children and their mothers who have experienced domestic violence (NSW)

"Have a chat": a support group for women with children who have experienced domestic violence

Family violence prevention program (VIC) Emma House domestic violence service

Women in motion: a group for women who are living in a refuge (NSW)

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Rural responses to Aboriginal family violence

Mt Druitt safe communities project (NSW)

Creating new choices: a violence prevention project for schools (Vic)

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Annotated bibliography

A point of vulnerability: links between domestic violence and mothering

Bastian, Hilda, 1996, 'Domestic violence in pregnancy', Maternity Alliance Newsletter, December

Bastian sighted figures from the first major Australian study into the extent of violence against women. The report found that nearly one half of women who had disclosed they had experienced abuse within a relationship, experienced violence during pregnancy; the violence began when they were pregnant. Evidence has also been found that homicide was the cause of 5% of deaths around pregnancy and childbirth. She sighted problems with disclosure and problems with medical screening.

Cazenave, Noel, Zahn, M., 1992, 'Women murder and male violence', in Intimate Violence: interdisciplinary perspectives, (ed) E. C. Viano, Hemisphere Publishing Corp., Washington

Cazenave and Zahn refer to a quote from Del Martin in *Battered wives* which states that the ultimate cause of wife beating is sexual inequality. "Consequently, wife beating will persist as long as there are unequal power relationships between men and women and violence can be used to further tip the scale in favour of male supremacy." This report is drawn from a study of 83 homicide cases: 42 male victims and 41 female victims. Almost half of the female victims were in economically precarious predicaments (either housewives or unemployed) that might limit their options in escaping from abusive or threatening relationships. Some findings: 53 out of 58 of the cases (91%) were initiated by male physical violence. Male homicide was the result of self-defense in 18 cases out of 41, and female homicide the result of women attempting to end relationships in 12 cases. The researchers concluded that many of the murders were gender specific, males tended to be the initial aggressor and female homicide tended to be the result of male offenders desire for the maintenance of the gender-based states-quo. The paper didn't report directly on the existence of children or not, however, all of the specific examples mentioned children being present.

Crittenden, Ann, 2001, The price of motherhood: why the most important job In the world is still the least valued, Owl books, Henry Holt and Co., New York

Crittenden drew on hundreds of interviews, research in economics, history, child development and family law. She argued that although women have been liberated mothers have not. She adhered to the view that there has been a conspiracy of silence around these issues and examined the dynamic from the home-front, the wider social context and government input through policies and programmes. She presented some measures that could alleviate the problems. Crittenden refered to a study entitled *Kidding ourselves* by Mahoney, that found the presence of one child under the age of twelve increased by 50% the relative probability that a woman will be battered.

Dobash, R. E., Dobash, R., 1979, Violence against wives: a case against patriarchy, The Free Press, New York

This text is referred to often in the literature, it has acted as a watershed, a point of contact in the research. There is a strong historical emphasis, placing the family within a historical context. The authors surveyed theoretical explanations and argued a position within a historical and sociological perspective. Dobash and Dobash identified the birth of a child as a factor that causes a dramatic shift in a marriage and pinpoints 'the sake of the children' as the most common reason given by women for leaving their husbands or staying, or returning to their husbands.

Few, April, 1999, 'The (un) making of martyrs: black mothers, daughters and intimate violence' Mothering and motherhood, Spring/Summer, vol. 1, no. 1. York University, Association for Research on Mothering

Intimate violence is a critical problem in Black communities in the USA, says Few, though, there are difficulties determining the numbers because of a tendency by Black women not to disclose. Given the problems, it is surprising there are not many studies. There is an invisibility of black women which comes out of problems with racism and classism. Mother, daughter relationships are an untapped source, says Few, which could help break the cycle of intimate violence. In Black communities there are mother and othermother relationships. Few says that the strengthening of this shared mothering in communities could provide a strategy for resistance; a way for daughters to reclaim lost power. Few gives some suggestions for policy including a domestic violence handbook for police which would incorporate information on ethnically and culturally diverse families. There is a need for the education of staff in shelters on cultural differences as well as employing staff from a range of ethic communities. Shelters need to integrate

battered women with naturally occurring support relationships. Furthermore, there is a need to integrate prevention programs throughout schools, churches, and community organisations.

Friedan, Betty, 1981, The second stage, Summit books, New York

Friedan identified the family as a new feminist frontier. She says the shifts in the power relations between men and women have taken place but the tradeoffs have not been worked out in the family. There are problems with the solutions being seen as women's benefits such as child care and part-time work. There are class differences in the solutions, access to work, access to childcare and access to home help.

Halford, W. Kim, 2000, Australian couples in millennium three, prepared for the Department of Family and Community Services, National Families Strategy

This is a report on how to enhance the effectiveness of marriage and relationship education in Australia. The report included two major sections. The first is a review of the scientific evidence on the effects of marriage and relationship education. The second is a series of action research proposals for extending the accessibility and effectiveness of marriage and relationship education. The proposals include several collaborative projects between service providers and researchers for the development and evaluation of innovative approaches to marriage and relationship education.

Hester, M., Kelly, L., Radford, J., 1996, Women, violence and male power,

I was unable to access a copy of this text even though it is a classic in the literature.

Horsfall, Jan, 1991, The presence of the past, Allen and Unwin, North Sydney

After finding in the research common references to victim blaming, mother-blaming and partner blaming as explanations for family violence Horsfall determined to investigate the wider social context. She discussed research which looks at the family within the context of a patriarchal society. Horsfall identified an expectation of the wife to be the nurturer of the children and the husband; an emotional reliance by men on women. Problems arise out of the split between the public and private domains, women are isolated in the home with the primary responsibility for childcare and housework. Society has historically condoned violence against women and this continues to be reflected by the media and public

leaders such as judges. The movement for change continually comes against barriers with police, doctors, and the legal profession.

Jamieson, W., Hart, Liz, 1998, 'A handbook for health and social services professionals responding to abuse during pregnancy' National Clearinghouse on Family Violence catalogue, University of New South Wales

This handbook offers an educational resource for health and social service professionals who provide services to pregnant women. It will help professionals identify and respond appropriately to the needs of women who are abused during pregnancy. The handbook gives a thorough overview of the research as well as practical applications. Professionals are encouraged to consider the material in this handbook as a set of suggestions and examples for developing their own specific tools for addressing the problem of abuse during pregnancy.

Leblanc, Wendy, 1999, Naked motherhood, Random House, Milsons Point

Wendy LeBlanc's book is drawn from numerous individual interviews with women and focus group sessions. She organised the findings into stages that women often move through once their babies are born: the first shocks; reality sets in, the changing self-image; the emotional roller-coaster; mother's relationship with her partner; mothers without partners; mothers relationships with the greater world and remarkable rewards. Some figures quoted by Leblanc are: 90% of mothers suffer from exhaustion; 85% suffer altered relationship to partner-disharmony; 82% suffered from feeling out of control; 75% suffer isolation; 72% suffer loneliness; and 71% suffer from a decline in feeling of self-worth. She commented: "The truly astonishing shock for independent, self-determining women when they bear their babies is that they awaken to a world where there is such a thing as a female paradigm.".

Levine, Helen, Estable, Alma, 'The power politics of motherhood: a feminist critique of theory and practice', Occasional Papers, Centre for Social Welfare Studies, Carleton University, Ottawa, Ontario, Canada

This paper is heavily rhetorical. It highlighted the influence of the bonding and attachment theories by Bowlby, Klaus and Kennell which emphasised problems arising for infants through maternal deprivation. These have been a cause for concern for modern day women. Mothers are being defined by relations of dependence. The authors argued for a radical reorganisation of the family.

Maushart, Susan, 1997, The mask of motherhood: how mothering changes everything and why we pretend it doesn't, Vintage, Ramdon House, Milsons Point

The 'mask of motherhood' is, according to Maushart, the semblance of serenity and control that enables women's work to pass unnoticed in the larger drama of human life. Maushart argued that the responsibility and commitment required on every level of women who become mothers is enormous and unprecedented. She continued that this is the non-negotiable terms of a 'bio-social contract'; a contract that is binding for life. The transformation that is made from woman to mother remains one of the best kept secrets of contemporary adult life, shrouded in a conspiracy of silence.

Maushart, Susan, 2001, Wifework: what marriage really means for women, Text Publishing, Melbourne

Maushart raised issues and dilemmas many modern women face within marriages with children. She says "How ever we may feel personally or politically about the matter, the exclusion of offspring from our reckoning of what marriage means represents a daring attempt to cut the institution off at its roots. No wonder it is dying on the vine." Once children come along women perform an astonishing share of the physical, emotional and organisational labour in marriage; this book chronicles how this can, and often does, happen. "If family life is worth saving wifework will have to go" says Maushart.

McCarl, Nielson, J, Endo, R. K., Ellington, B., 1992, 'Social isolation and wife abuse: a research report', in Intimate violence: interdisciplinary perspectives, (ed) E. C. Viano, Hemisphere Publishing Corp.,Washington

This paper, drawn from two separate studies, examined the links between social isolation and wife abuse. It set out to test the proposition of Dobash and Dobash in their work *Violence against wives* that social isolation is linked to wife abuse. They concluded that isolation is related to wife abuse and that isolation seemed to both precede and result from battering. The relationship could be explained in two ways: lack of monitoring relationships and desire for social control.

McInnes, Elspeth, 2001, 'Single mothers, social policy and gendered violence', paper presented to 'Seeking Solutions' domestic violence and sexual assault conference, Gold Coast

McInnes drew primarily from Australian Bureau of Statistics (ABS) figures and a study conducted by the National Council of Single Mothers and their Children

which interviewed 36 respondents. The ABS showed that 42% of women who had experienced violence by a former partner were pregnant at the time; 22% of these experienced violence for the first time when they were pregnant. Plus 46% of women who had experienced violence by a former partner had children in their care. Furthermore, 61% of women who had experienced violence by a current partner during the relationship, had children in their care. The paper concluded that violence against women was found to be a critical factor impacting on the population of single parents. The Spark Resource Centre identified 70-80% of their clients as being survivors of violence. Further information can be found on this topic, PhD thesis, McInnes, E, *Public police and private lives: single mothers, social police and gendered violence*, Flinders University of S.A., thesis collection.

Morris, Ann, 1999, 'Maternal Alienation: the use of mother blaming in abuse', Australian Journal of Primary Health Interchange, La Trobe University, Centre for Applied Social Research, Vol. 5, no. 3

This paper is drawn from a M.A. dissertation by Morris entitled *Uncovering 'Maternal Alienation': a further dimension of violence against women*, unpublished, Department of Social Inquiry, University of Adelaide. Anne Morris identified a process which she labeled 'maternal alienation'. She found that in some cases a tactic of mother blaming was used to alter relationships in the family and isolate the mother. Morris concluded that maternal alienation became possible because of a privileging of the male voice and extensive mother blaming within cultural discourses and in families. The Women's Health Statewide, Northern Metropolitan Community Health Service and University of Adelaide have initiated a 'Maternal Alienation Project' to firstly develop models of good practice for working with mothers and children who have experienced maternal alienation and secondly to develop professional training to implement these models.

Mulder, Liz, 1999, Preventing Violence Against Women, paper presented at the Interdisciplinary Congress on Women, Tromso, Norway

Mulder raised issues of power and gender and inadequate strategies of gaoling men and "making women better". She saw problems with the processes of change and a need for more focus on preventative programmes and community education. Mulder addressed feminist analysis of power and sighted a Foucauldian understanding of power networks and urged analysts to seek out points of weakness, sites for resistance.

Nakano Glenn, Evelyn, Chang, Grace, Forcey, Linda, 1994, Mothering: ideology, experience and agency, Routledge, New York

This book provides an important overview and critique of predominant theories on mothering. It is an edited collection of papers organised in themes. The introductory chapter critically reviews the chapters.

Strategic Partners Pty Ltd, Research Center for Gender Studies, University of South Australia, 1999, Current perspectives on domestic violence: a review of national and international literature, Partnership against domestic violence - Meta Evaluation,

This study begins: "Domestic violence is gendered violence and this needs to be acknowledged and understood .... Seeing domestic violence as gendered violence allows us to begin to ask important questions about the construction of gender, the potential to transform damaging forms of masculinity associated with that violence and about social and cultural factors which permit men to resort to violence". The paper provided an overview on the analysis and evaluation of policy, Australian responses, priority themes (which include working with adults to beak patterns of violence and educating against violence). It is noted that the screening of pregnant women for domestic violence has been a recent area of development. National anti-violence campaigns have, to date, carried strong messages such as Zero Tolerance, Break the Silence and Stop violence against women, programmes which have been supplemented by many and varied local educative initiatives although the report highlights a need for evaluative studies on the effectiveness of these approaches.

Probert, Belinda, 2002, 'Grateful slaves or self made women: a matter of choice or policy', Australian Feminist Studies, vol. 17, no. 37

Beninda Probert referred to a "gender culture" and an "ideology of domesticity" as a way of explaining problems in Australia with attaining gender equity. She argued that there is a need for coherent family policies across the portfolios of industrial relations and social security as a way out of an impasse.

Puls, Joy, 2002, 'Poor women and children' Australian Feminist Studies, vol. 17, no. 37

Joy Puls argued that a trend by policy oriented feminists have uncritically incorporated assumptions about the nuclear family into their policy agenda. They have inadvertently highlighted disadvantages outside of the family in arguing for single mothers and disadvantaged women as opposed to earlier feminist movements

that highlighted disadvantages within the family.

Rich, Adrianne, 1976, Of woman born: motherhood as experience and institution, Norton, New York

This is a classic in the literature on motherhood. Adrienne Rich, who is also a poet, beautifully describes how it feels to be a mother within the wider historical and sociological context. The lasting contribution made by Rich is the distinction she made between the experience of mothering and the institution of motherhood.

Richardson, Diane, 1993, Women, motherhood and childrearing, Macmillan, London

Richardson provided an historical overview (19th and 20th century) of the key feminist theories and movements and their positions on motherhood. She began with the contemporary experience, childbearing manuals 1870-1950, theories of childrearing since the second world war, reproduction and technologies feminism and motherhood, feminism and childrearing. This is a very useful source for giving a context to current debates and issues and an inspiration to go back to some of the original works: The feminine mystic, The women's room, Of woman born and Women's estate to name a few. Richardson identified social pressures around the choice about whether or not to become a parent and the variations in the experience of being a mother which is dependent on many factors. There is a need, says Richardson, for both men and women to share responsibility for children, balancing childcare and work along with greater public responsibility for childcare.

Seth-Purdie, Dr Robyn, 1995, Domestic violence: in search of well-informed policy, (Australian) Parliamentary Library, Canberra

This paper reviewed the literature on issues raised by domestic violence, definitions and data. Seth-Purdie focused on: estimating the cost of family violence; Australian community attitudes to the use of violence; and the Australian Bureau of Statistics crime and safety survey. On the basis of the studies cited in this paper, up to 5% of men and 22% of women may experience spouse assault each year; up to 30% of women and 25% of men may have experienced such assault at some time. Seth-Purdie highlighted a need for significant changes in attitudes towards partnership in marriage, responsibility for child-care, and support networks, to take the place of the extended family in relieving the stress of child-care and guarding against the development of chronic abuse. Among the strategies, to reduce the incidence of family violence, suggested in the paper was the development of a national relationship skills/parenting skills program in a range of culturally appropriate forms, to teach techniques of conflict resolution and stress

management, and to raise awareness of basic human rights within the family.

Taft, Angela, 2002, 'Violence against women in pregnancy and after childbirth: current knowledge and issues in health care responses', Domestic and Family Violence Clearinghouse, Issues paper, no. 6

This paper is divided into four sections, the first reviewed the evidence of violence against women in pregnancy and after childbirth which showed that between 4 to 8 or 9 in every 100 pregnant women are abused. The second identified women at risk and the effects and consequences for their health. The third section discussed issues around proposals for a universal screening program and the fourth investigated the preconditions in the Australian health system and its ability to take on new roles.

Walker, Gillian, A., 1990, Family violence and the women's movement: the conceptual politics of struggle, University of Toronto Press, Toronto

This book is based on a PhD study into the processes that took place in the development of policy and practice in the domestic violence movement in Canada. Walker saw a need to analyse the gap between the social movement and the practices of the state, the bureaucratization, the individualization and the professionalization, which created artificial categories; a mass of individuals. She saw the state framing wife battering as a problem of an individuals right to protection. A woman's needs were segmented into the legal, welfare, mental health, and education arenas creating divisions between the workers and the clients. Walker saw problems with definitions and categorizing the issues within the women's movement. She argued that aspects of political change were lost in the process of articulating the issues to government agencies (representatives were professionalised).

Walsh, Deborah, 2000, 'Domestic violence in pregnancy', Domestic Violence and Incest Resource Centre Newsletter, no. 1

Walsh reviewed the literature on domestic violence and pregnancy. She sited figures on the prevalence of domestic violence in pregnancy. While highlighting the difficulties in determining the frequency due to problems with working definitions and lack of medical screening. Walsh is completing a PhD on violence in pregnancy.

Some relevant programs listed on the Australian Domestic & Family Violence Clearinghouse site www.austdvclearinghouse.unsw.edu.au

Women's stories of maternal alienation

In 1998, Northern Women's Community Health Centre, a team within Northern Metropolitan Community Health Service (Adelaide), undertook an action research project in partnership with the University of Adelaide (Women's Studies, Department of Social Inquiry), to explore the effects of male violence and abuse on the relationships between mothers and their children. It was found that is some cases the father/partner used deliberate tactics to divide children from their mothers, and the term 'maternal alienation' was coined to describe these strategies and their effects. By alienating children from mothers the men were able to punish and control the mother, to maintain "ownership" over the children, and to deflect attention away from their own responsibility for violence. Similar tactics were used in both domestic violence and child sexual abuse. There is a need for further work to correlate these abuses so that practitioners do not just consider them in isolation from one another.

This program won an Australian Violence Prevention Award in 2000

Contact: Anne Morris: annemorris@ozemail.com.au

Getting what you want - a peer guide into healthy relationships & Young mothers for young women peer advocacy program

Young mothers for young women (YMYW) is a peer support, education and advocacy network which is run by young women and for young women. The members recognise that peer support, education and advocacy are an important part in preventing violence in relationships - with partners, children, the community and each other. The network grew out of a participative research project exploring the links between gender and violence in the lives of young women.

Winner of the Queensland Domestic Violence Prevention Award 2000

Publications:

Getting what you want: a peer guide into healthy relationships., young mothers for young women, Brisbane, W.M.Y.W., Micah Inc., 1999

Getting what you want: presenters workbook, young mothers for young women, Canberra: Commonwealth of Australia 1999

Available from: jamie.walker@rmsdas.com
Contact: Adele Renwick: ymyw@merivale.org

Queensland health's domestic violence initiative

The Domestic Violence Initiative (DVI), which commenced in late 1998, involves universal, routine screening for domestic violence when women present to public sector antenatal and emergency clinics. The aim is to enhance the capacity of mainstream services to provide more accurate diagnosis and appropriate responses for women who have experienced violence.

Publication:

Initiative to combat the health of domestic violence against women: stage 1: evaluation report, Queensland Health Domestic Violence Initiative, Brisbane, Queensland Health, 2000

See: www.health.qld.gov.au/violence/domestic/dvi.home.htm

Hey sister girl, it only takes one step: resources for the Aboriginal community (NSW)

The 'Hey Sister Girl' pamphlet was developed for and produced by Aboriginal women. This project was jointly undertaken by two Regional Violence Prevention Specialists located in Western Sydney. Consultations with Koori interagencies and Koori women indicated that there was a need for culturally appropriate information on violence against women, particularly on family violence.

Publication:

Hey sister girl you need to read this! Joint project by Illawarra and Southern

NSW Regional Violence Prevention Specialists, Sydney: NSW Attorney General's Department, 1999

Distributor: (02) 6298 9966

Contact Rugmini Venkatraman, phone: (02) 9633 0717

Ngadrii Ngalli way (My mother's way) project

In 2000 the Ngadrii Ngalli way (My mother's way) is a project based at Bourke Family Support Service. The program was formed in 1994 by a group of Aboriginal women elders who commenced a night patrol to pick up children and young people from the streets and take them home. These children and young people were vulnerable to violence from their peers and from others in the community, including their families. Working on a voluntary basis, the women strove to restore pride in traditional values and cultures within the younger generation.

The project received an Australian Institute of Criminology Violence Prevention Award.

Contact: Dot Martin, Bourke Family Support Service, PO Box 735, Bourke NSW 2840

Connections: a group program for children and their mothers who have experienced domestic violence (NSW)

South Western Area Health and LifeCare Domestic Violence and Intervention Services have joined together to provide an innovative new group program, Connections, for mothers together with their children. The group is designed for those who have experienced domestic violence, but who are no longer living in the violent situation. The program addresses the issue of continued damage to the relationship between mothers and their children after living in a domestically violent environment.

Contact: Jan Baldwin, phone: (02) 9708 2088

"Have a chat": a support group for women with children who have experienced domestic violence

"Have-a-chat" is a support group that is flexible and dynamic in its approach. The content of the sessions varies from week to week and is developed to meet the specific needs of the women who become a part of the group. Group members can plan an active role in the shape and feel of the group though the experiences and qualities they bring with them.

Contact: (02) 9646 2770

Family violence prevention program (VIC) Emma House domestic violence service

The family violence prevention program was developed from a one off grant through the Commonwealth Family Violence Prevention Program funding. The Child Issues Outreach worker at Emma House domestic violence service, in Warrnambool Victoria, developed a program designed to address the issues related to the effects of domestic violence on young people and their family: sessions: What is violence?; What are the short and long term effects of a violent relationship? Unequal power relationships.

Contact: Deborah Downes: outreach@standard.net.au phone: (03) 5561 1934

Women in motion: a group for women who are living in a refuge as a result of domestic violence (NSW)

LifeCare: Family and Intervention Services provide training to refuge workers to enable them to conduct Women in Motion – a three week program for women who find themselves in a refuge as a result of domestic violence. Women in Motion operates from a feminist/child protection perspective. The purpose of Women in Motion is to provide a place for women to tell their story, and address the issues they face living in crisis as a result of domestic violence. Some of these issues are: the power imbalance of domestic violence; the cycle of violence; different forms of abuse; why women stay/why women leave; who is responsible for the violence; anger; available resources.

Contact: Jan Baldwin, phone: (02) 9708 2088

Living beyond abuse: an educational/support group for women who have experienced domestic violence (NSW)

LifeCare: Family Intervention Services conducts a nine week education/support program for women who are presently in or who have been in an abusive relationship. This group provides an opportunity for women who want to: improve their self esteem; reduce their self blame; gain a better understanding of themselves and their relationships; meet with other women in a similar situation; gain an increase sense of control over their own life situation; explore available options for deciding the future.

Contact: Jan Baldwin, phone: (02) 9708 2088

Making changes program

The city of Casey is one of the fastest growing municipalities within Australia, with 60 families moving into the area each week. Supporting women who have experienced abuse from an intimate partner constitutes one of the most frequent requests from the community. The Making Changes Program was developed to meet this need and provide crucial support and resourcing to group members who most often constitute isolated, disempowered women from a variety of social and cultural backgrounds. While the majority of women in the program have been abused by a male partner, the group also supports women who have been abused by a female partner. The program offers a structured life skills recovery group, followed by a self-help/support group.

Contact: Southern Health Care Network (Melbourne, Victoria)
www.health.vic.gov.au

Aboriginal and Torres Strait Islander family consultant program

In January 1996 the Family Court employed four Aboriginal Family Consultants within the Family Court Counseling Service in Darwin and Alice Springs. The consultants were selected from local indigenous people and they now work as a two person gender-balanced team in providing assistance to families who are often in heated dispute following family breakdown and separation. The program generally assists Aboriginal and Torres Strait Islander families to access and effectively utilise the dispute resolution services provided by the Family Court in the

Northern Territory.

Contact: Stephen Ralph, phone: (08) 8941 2933

Rural responses to Aboriginal family violence

The last decade has seen a number of productive partnerships develop between Aboriginal communities and the Educational Centre Against Violence (ECAV) in the area of family/domestic violence. The most recent of these is a two-day course entitled Rural Responses to Aboriginal Family Violence. This course recognises that non-Aboriginal workers are often confused and uncertain about the most helpful ways to respond and may be hampered by misconceptions about indigenous communities. Similarly many Aboriginal workers may mistrust existing services for historical or contemporary reasons. The course is innovative in design using the common goal of violence prevention as a means to facilitate cross-cultural understanding.

Contact: (02) 9840 3737

Mt Druitt safe communities project (NSW)

Blacktown City council's Mt Druit Action Plan and Mt Druitt Safety Compact (Draft) community consultations have identified assault, including domestic violence and alcohol issues, as community concerns of high importance. Blacktown city council's safety committee identified domestic violence as an issue requiring action. Statistics from local police highlight the high importance of this priority. Strategies to identify the key issues and mobilise action included domestic violence forums; consultations with Aboriginal women who work in community health organisations; and the formation of domestic violence working groups.

Contact: Diana Aspinall Diana_Aspinall@wsahs.nsw.gov.au (02) 9840 3708

Creating new choices: a violence prevention project for schools (Vic)

Creating new choices addresses all forms of violence, including domestic violence. The model seeks to create a socially just environment for all members of the school community. In striving for this outcome, the project's aim is to engage in a long-term community development approach with two or three schools at any one

time. It encourages the development of strategic partnerships within the community to ensure an integrated interagency approach. Self-expression, self-realization and self-determination are underpinning principles of the project. Accordingly, the project method places control of the project with the school community and relies on a continuing commitment of all parties over a period of time. By offering a long-term relationship, the project worker is able to encourage a school community to work towards the prevention of violence.

Contact: (03) 9429 9266 www.berrystreet.org.au

Australian Population Association

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15-17 September 2004 - Canberra, Australia

Family size and fertility gaps in Australia: the influence of men's and women's experiences of conception, pregnancy, birth and early parenthood

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University of Adelaide

Abstract

Within the low fertility debate in Australia much attention has focused on the limits to fertility posed by financial costs and work-family compatibility. By comparison, the institutional, cultural and gender aspects of the embodied experiences of conception, pregnancy, birth and early parenthood have received little attention in this debate. Although women's rising education and workforce participation rates are often seen as key factors in fertility decline, offering attractive alternatives to motherhood, research suggests that they also undermine levels of knowledge, confidence, interest and support for mothering. Furthermore, almost no link has been made between voluntarily lowered fertility, the social constructions of privatised and intensive parenthood, and medicalised Western maternity institutions.

This paper is based primarily on analysis of in-depth interviews conducted in metropolitan Adelaide in 2003-04 with 38 mothers and 24 fathers from 4 different socio-economic areas and who had 1 to 4+ children. It shows that fertility and family size in this group are as much influenced by the embodied experiences of parenthood as they are by issues of finance and the desire to return to paid work. Important gender differentials exist, with mothers more influenced by physical/emotional factors and fathers more influenced by work/money issues. If birth rates in low fertility countries are to be stabilized or raised, researchers and policymakers must diversify policy to address the influence of the socio-psychological and physical costs of parenthood so that parenting becomes a more desirable and achievable venture for a larger proportion of people.

Paper prepared for the 12th Biennial Conference of the Australian Population Association, 15-17 September 2004, Canberra.

Introduction

Women's rising workforce participation and education rates are often seen as key factors associated with fertility decline and below replacement fertility. In Australia this has led to fertility analysis and policy discussion being focused on what type of economic and work-related policies will best stabilise or raise fertility rates (eg Beazley 1999, Howard 2002, Human Rights & Equal Opportunity Commission 2002, McDonald 2001, 2003, Ruddock 2002). However, against this economic focus the influence of the embodied and socio-psychological experiences of childbearing and childrearing have been minimised, if mentioned at all (see Barnes 2001:24, McDonald 2000a; Government of South Australia, 2004:15; Commonwealth of Australia 2004). This is perhaps surprising considering the amount of sociological and geographical research over the last five decades which suggests that many Western women are having difficulty with the lived experiences of motherhood (eg Friedan 1963, Rich 1976, Dally 1982, Wearing 1984, Dyck 1990, Oakley 1992).

Over the last 100 years the impact of parenting experiences on fertility has remained a vague "sub-narrative" in demography. Indeed, the idea that parenthood itself might be worthy of demographic research has emerged only recently (Livvi Bacci 2001; Hobcraft 2000; Presser 2001), with Presser specifically asking:

> With generally higher education and higher employment status than their mothers, how do women in these [developed] countries feel about the demands of day-to-day childrearing?... The shock most women experience after the birth of their first child ...the demands on one's time ... the sense of personal responsibility ...The increasing pressure to invest in the social and educational activities of children, may well play a significant role in discouraging additional births.
>
> (Presser, 2001:180-181).

Nevertheless, a century ago a New South Wales government inquiry suggested that declining fertility might be linked to an increasing

> unwillingness to submit to the *strain and worry* of children...a desire to avoid *the actual physical discomfort* of gestation, parturition and lactation.
>
> (Legislative Council of New South Wales, 1904, cited in Borrie 1975:176, emphases added).

Furthermore, some of demography's most eminent writers have suggested a relationship between lowered fertility and the physical and socio-psychological impact of parenting, particularly under changing social conditions which lead the burden of childrearing to fall increasingly on the nuclear family, while social and community supports disappear, in part due to more mothers entering the workforce (Landry 1934:75,41; Davis 1955:35; Caldwell & Ruzicka 1978).

Recent literature about modern women's experiences with birth and mothering even suggests that a "crisis in motherhood" is underway in the USA, Australia, Britain and Japan (Jolivet 1997, Leblanc 1999, Maushart 1997, Mosse 1993, Wolf 2001). Therefore, while McDonald (2002:4) notes that in Australia

> More highly educated women are more likely not to have a first child and, if they do, to have the first child at a much later age than women with lower levels of education. As more women shift into the higher education category, more women take on these fertility-lowering characteristics and the fertility rate for the society as a whole falls [but] there is more to low fertility than simply a shift in the education distribution of the population ... the other half [of the increase] relates to changes of behaviours within education classes,

this paper suggests that some of the "changes of behaviours" are as much related to "pushes from parenthood" as they are to "pulls from work". Indeed, decreased satisfaction and increased difficulty with mothering are associated with higher education levels (Maushart 1997), professional employment (Hays 1996), and preferences for being in control, being independent and being achievement-oriented, because these cause motherhood to be seen as a threat rather than a challenge (Dimitrovsky 2000). Furthermore, 15% to 25% of Australian mothers suffer postnatal depression, with the odds being higher for mothers having a first child over age 34 and living in metropolitan areas (Astbury et al 1995, Boyce & Condon 2000, Priest et al 2003). Despite this, the potential impacts of these elements on fertility have been largely overlooked, and as Redden highlights:

> The transition to parenthood is a burning issue that rarely gets a mention... [for me] the silence about real motherhood was as shocking as the actual experience... This invisibility allows governments and authorities to intentionally ignore needs and cut back resources... This silence leaves individual women [and men?] struggling to navigate this new territory without a compass, companions or resources.
> (Redden 2000, xi-xv: *Baby Daze: Becoming a Mother and Staying You*)

Theoretical and analytical framework

The current study is informed by institutional, cultural and ideational theories of fertility change. It draws on social construction theory, where human behaviour is seen to be not only structured by the social world in which we live but which we in turn structure (Giddens 1997:6), and that this structuring is also informed by the raw materials afforded by tradition, social institutions, ideologies and ongoing *experience* (Hammel 1990:457, emphases added). Parenting can therefore be seen as more a social construction than a biological given, and the way that adults bear or raise children is seen to be subject to collective definition,

> situated in place and time... [and] integrally interlinked with and shaped by demographic change, historical events and patterns, cultural norms and values, systems of stratification, family developments and arrangements, and shifts in social organisation and structure. Each of these is an outcome of social interaction and is maintained or transformed through collective action.
> (Arendell 1997:4)

Gerson's (1985) psychological developmental approach to explaining women's work/family choices is used to consider how fertility behaviour is shaped by such experiences over the lifecourse. The aim therefore is to investigate the ways in which, and extent to which, fertility and family size are influenced by subjective interpretations of the experiences of conception, pregnancy, birth and early parenthood in contemporary Australian society.

In order to better understand experiences of parenting at the micro-level the study takes an interpretive approach and draws on qualitative methods. In Australia Larson (1997) has criticised the demographic focus on aggregate quantitative data and suggested that a more holistic approach considering local social context might be more fruitful. The need to incorporate qualitative methods to gain a better understanding of the real causes of fertility change has been highlighted in recent years (eg Obermeyer 1997, van Peer 2000) and demographers working in *developing* countries have for a long time found qualitative and micro-level research useful for providing a better understanding of fertility dynamics (eg Axinn, Fricke & Thornton 1991; Caldwell, Hill & Hull 1988; Simmons 1996). The current study therefore uses Census data to investigate broad fertility patterns, with individual survey and interview data used to explore potential meanings behind them.

Data and method

Based on the ABS Social Atlas of Adelaide (Australian Bureau of Statistics 2001) and personal knowledge, areas of metropolitan Adelaide were selected for the study to maximize differences in socio-economic status. Unpublished Census data at census district level for "number of issue" was aggregated to clusters of suburbs to approximate these areas and tabulations were produced by age, education and status. The paper also uses data from the Adelaide "Fertility & Family Size" (FFS) study [1] to elicit the perceptions of parents about influences on their past, current and future fertility behaviour. This involved interviewing families from four different areas (see Appendix 1), with the main selection criterion being family size (a range of 1 to 4+ children) in order to allow a comparison of the experiences of larger and smaller families. So that family size was likely to be a current or recent consideration, the youngest or only child was required to be aged 1 to 6 years. Initial contact was usually with the mother, through personal acquaintances in the early part of the study and then through kindergarten visits, while some snowballing allowed maximum variation, (or dissimilarity) sampling. Additional cases were selected until theoretical saturation [2] was approached.

[1] Conducted as part of the author's PhD, which is in progress.

[2] The stage at which additional interviews offered no new ideas on the themes which had developed to become the focus of questioning (Rubin & Rubin 1995:47).

In-depth interviews were conducted between February 2003 and March 2004 in 39 families (38 mothers, 23 partners/ex-partners, 1 single father – see Appendix 1). Interviewees had a wide range of backgrounds, age, marital/relationship status, work/occupational status, and household arrangements. Ethnic or migrant status was not a factor for selection; 85% of mothers and 72% of the current or most recent partners were Australia/New Zealand born and approximately 40% had one or both parents born overseas. All interviewees spoke good English. Demographic data was elicited via a self-enumerated questionnaire prior to interview, while a semi-structured conversation encouraged exploration of subjective experiences. Individual taped interviews were conducted at a time and place convenient to the interviewee and included ten phone interviews (partly for convenience and safety, but partly because this encouraged more fathers to participate - it did not appear to change the type or quality of information received). Interviews lasted an average of 1½ hours and were conducted, transcribed and analysed by the author. A grounded approach was combined with theoretically-informed analysis to code and categorise data into themes. Whole transcripts were also analysed to interpret the complexity of experiences.

A second and smaller part of the research was a survey of people attending "Preconception Seminars" in Adelaide [3] in 2002. Of the 31 women and 14 men returning forms, 80% intended to start a family within 12 months and the majority were attending to gain some idea of what to expect from pregnancy, birth and parenthood. The vast majority were better educated, better paid, and in higher level occupations than the general Adelaide population. Quantitative data was analysed on SPSS and an analysis and interpretation was also made of qualitative comments on the forms.

Findings

Fertility patterns for Adelaide

The *total fertility rate* (TFR) for South Australia in 2002-03 was 1.69 (ABS 2003). At the 1996 census the State TFR was 1.75 while the TFR for metropolitan Adelaide [4] was lower, at 1.66 (ABS 1996). However,

[3] The marketing department of the private health care organisation Adelaide Community Healthcare Alliance (ACHA) held "preconception seminars" for the public from late 2001. Attendance cost $30 per couple for two 3-hour sessions; over 80 people attended the first seminar. The author was invited to talk on "The costs of children" at seminars in May, August and October 2002. She invited the 108 attendees to complete a take-home questionnaire on fertility and family size; 79 took forms and 45 were returned (42%; 50% completed ACHA evaluation forms). Despite the popularity of the seminars and encouraging feedback, new management in late 2002 took a "strategic decision" to lay off staff and cease the seminars. However, the newest private hospital in the group commenced a shorter one-night (2 ½ hour) "preconception class" in June 2004, open to the general public for the cost of a gold coin donation.

[4] Metropolitan Adelaide as represented by Adelaide Statistical Division, hereafter referred to simply as Adelaide.

the latest available data for *average number of children* for Adelaide (also from the 1996 census [5]), as shown in Table 1, indicates that women who were close to, but not yet at, the age for completed fertility (40-44 years, born 1952-56)[6] had an average family size just below replacement level at 2.0, while for women aged 45+ it was above replacement at 2.5. Table 1 also shows a clear relationship between average number of children, age of mother, and education level in Adelaide. The behaviour of women with basic or no post-school qualifications (68% of all women) kept fertility close to replacement level in the 40-44 year group, with an average family size of 2.11, compared with 1.74 for graduates and 1.55 for postgraduates.

Table 1
Average number of children, education level, Adelaide Statistical Division, 1996 census
Source: Compiled from ABS 1996 Census of Population & Housing, unpublished data.

	Age group						
	15-19	20-24	25-29	30-34	35-39	40-44	45+
Postgraduate	0.00	0.06	0.22	0.76	1.30	1.55	1.88
Bachelor degree	0.00	0.04	0.21	0.89	1.51	1.74	2.03
Undergraduate or associate diploma	0.08	0.08	0.41	1.16	1.73	1.95	2.26
Skilled/basic vocational qualification	0.03	0.15	0.56	1.30	1.82	2.00	2.31
Level of attainment inadequately described	0.00	0.20	0.53	1.21	1.77	1.87	2.20
Level of attainment not stated	0.04	0.24	0.76	1.45	1.89	2.06	2.36
Not applicable: no post school qualification	0.05	0.33	0.91	1.57	1.98	2.11	2.53
Total	0.05	0.25	0.71	1.40	1.85	2.02	2.45

As well as being negatively correlated with education level, average family size in Adelaide at the 1996 census was also negatively correlated with the socio-economic status of areas, as indicated in Table 2. Barnes (2001:8) confirms that Australian women who are disadvantaged in terms of income, education or skills generally have higher fertility levels and Table 3 shows that, while at age 40-44 all areas had women with 0 to 5+ children, nevertheless status area Lowest A had 50% more women with 3 or more children than status area Highest B (37.4% and 24.2% of women respectively). These are important differences

[5] The 1996 census provides the most recently available data on "number of issue" (number of children ever born for each woman). By comparison, the total fertility rate (TFR) is subject to a distortion known as "the tempo effect" when reproductive behaviour is changing rapidly, in particular when childbearing is being delayed to later ages. TFRs can therefore be below the true level until changes stabilise (Bongaarts 2001: 261).

[6] The age group 40-44 years is used to provide an estimate of completed fertility, because the alternative category of "all ages 45 plus" obscures the pattern for 45-49 years. However, interviews suggest 50-54 as a better category for estimating completed fertility, particularly in an era where the decimal points of fertility change are important and increasing numbers of women have their first or subsequent children at age 40 or above.

Table 2
Average number of children, socio-economic area, Adelaide Statistical Division (SD), 1996 census
Source: Compiled from ABS 1996 Census of Population & Housing, unpublished data, except data for Australia which is from McDonald (1998, Table 2).

	Age group						
Socio-economic status area	15-19	20-24	25-29	30-34	35-39	40-44	45+
Lowest A	0.13	0.65	1.28	1.87	2.20	2.30	2.92
Lowest B	0.07	0.42	1.07	1.72	2.12	2.20	2.60
Lower-Medium	0.03	0.18	0.72	1.58	2.02	2.05	2.36
Upper-Medium	0.01	0.06	0.40	1.29	1.80	1.98	2.33
Highest A	0.02	0.09	0.29	1.03	1.63	1.84	2.15
Highest B	0.02	0.06	0.20	0.87	1.28	1.67	2.13
Adelaide SD total	0.05	0.25	0.71	1.41	1.86	2.01	2.45
Australia total	0.05	0.28	0.79	1.53	2.01	2.17	n.a.

Table 3
Family size, Adelaide Statistical Division (SD), women aged 40-44 years, 1996 census
Source: Compiled from ABS Census of Housing & Population 1996, unpublished data, except data for Australia which is from McDonald (1998).

	Percentage						
Socio-economic status area	0 children	1 child	2 children	3 children	4 children	5+ children	Average number children
Lowest A	9.7	11.0	41.9	23.2	8.4	5.8	2.30
Lowest B	7.5	10.9	48.4	23.8	6.9	2.6	2.20
Lower- medium	9.0	13.0	50.0	21.5	5.7	0.9	2.05
Upper-medium	16.3	9.0	46.2	20.8	5.2	2.3	1.98
Highest A	17.1	12.5	45.6	20.1	3.9	0.8	1.84
Highest B	26.3	14.7	34.6	16.2	6.7	1.3	1.67
Adelaide SD total	14.4	12.7	42.9	21.0	6.6	2.4	2.01
Rest of State total	8.8	8.6	39.4	26.3	10.1	3.6	2.26
Australia total	12.8	11.3	38.2	24.6	13.2		n.a.

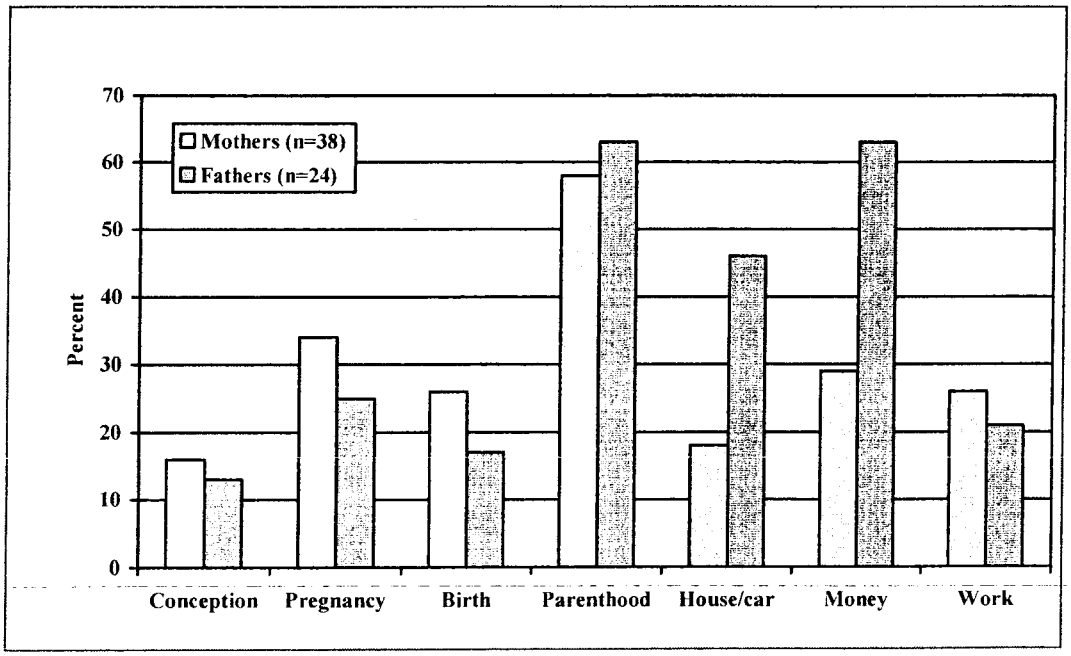
when considering the significant contribution made to the fertility rate by women having 3 or more children (McDonald 2000b). Similarly, there are substantial differences in the proportion with 0 children, which was over 3 times higher in the highest status areas (eg 26.3% in status area Highest B compared with 7.5% in status area Lowest B), although it could be argued that some recuperation could have occurred by the time the women in area Highest B reached menopause. Patterns were similar for the 35-39 year olds. Nevertheless, in the in-depth interviews all mothers in the highest status area happened to have started childbearing at or over age 30 and this later age of commencing childbearing had not prevented some from having 3 or more children.

Better understanding trends and patterns: experiences in "the baby stage"

Mothers and fathers in the FFS study conceptualized the phases of conception, pregnancy, birth and early parenthood as a distinct "baby stage". They talked about when they were "in it", when they "came out of it" and particularly of their feelings about "going through it again". Based on the theoretical and analytical framework outlined earlier, such perceptions of, and reactions to, experiences in "the baby stage" would be expected to be influenced partly by the social construction(s) of parenting in the environment(s) to which the individual or couple have reference. The discussion of such experiences could also be expected to affect the perceptions of other parents and non-parents in space and time, potentially affecting the extent to which they in turn are willing to go through this "gateway" to a first or subsequent child.

While this study cannot be regarded as representative, some simplified tabulations of the interview material provide an indication of the relative importance of key issues. Figure 1 shows that in the in-depth interviews parenthood experiences were the most important factor delaying or preventing further births for mothers (58% cited this) while for fathers they were equally as important as financial considerations (both cited by 63%). Figure 1 also shows other gender differences in that for mothers, pregnancy and birth had

Figure 1
Factors contributing to delay or prevention of further births (past, present, future) for parents
Source: Fertility & Family Size Study, Adelaide 2003-04



as negative an influence on the desire to temporarily or permanently postpone having further children as did issues of finances and the desire to return to work (for money or self-fulfilment). This parallels findings in a large British study where mothers said their family size was limited by concern about pregnancy or birth (31%) and childrearing (35%), while 44% cited financial limitations (Cartwright 1976). Furthermore, the Adelaide fathers tended to see their family size more constrained by financial costs and the limitations of their house and car size than did the mothers. Early Australian research (Callan 1985:73) found similar gender differences. The fact that many fathers ultimately deferred to their female partner's desires, even though the mothers did consider the fathers' desires, suggests that any attempts by policymakers to influence fertility must consider the physical and emotional issues important to women.

1. Conception: emotional reactions and fertility "overshoots"

Conception issues were not significant in preventing further births for most parents, who had found it relatively easy to conceive. However, parents did perceive that approximately 28% of the children in the study families (27/97) were "fertility overshoots", born after the family size was considered complete by one or both partners (including at 0 children for some). Reasons for overshooting included contraceptive failure, assumed infertility, misunderstanding/miscalculation of the "safe period" or the contraceptive effects of breastfeeding, or personal reasons for avoiding what might have been more effective methods for some (ie the contraceptive pill, condoms or IUDs). This figure mirrors recent US estimates of around 30% unintended pregnancies (Frejka & Kingkade 2003). Considering the ever-increasing developments in medical technology, such a relatively high level of excess births in Adelaide could suggest a "fertility bust" waiting to happen. Abortion was used in only two situations, with others discovering their "accident" when they felt it was "too late" for an abortion (at 3 or 4 months gestation). In some cases having one "accident" led to a desire for more children, even though childlessness was originally planned:

> I never really thought about it [having children]... Our lives were too complex even for it to come up in conversation... The career did get in the way but only in that you had to be there 100% of the time... He [child] was a surprise (laughs)... I was on the Pill when I conceived him, so he wasn't planned at all... I can only remember missing the end or beginning of the cycle. But we were very happy... I was pregnant [again] last year ... that was a conscious decision... had a miscarriage... It's the same as before, che sera sera, if there's another one that's fine, if there isn't, well he's plenty.
>
> (Senior medical specialist, mid-40s, mother of 4 year old)

Compared with 16% of the mothers, over a third of the fathers (38%) felt that they already had a "fertility overshoot" and would have happily stopped at a lower family size (including zero):

> I wasn't really that keen to have the first. I mean I wasn't really that keen to have the second but... [wife wanted it].
>
> (Engineer, early 30s, father of 2)

Indeed, in 23% of cases (9/39) surgical sterilisation had "completed" the family; in one other vasectomy was being considered. Others were uncertain whether further conception would be possible even if desired, while some of the six single parents said they were unlikely to conceive again because their previous relationship experiences had undermined their trust in the opposite sex. Five of the 39 families (13%) had accessed assisted reproductive technologies (IVF, GIFT or fertility drugs) and for a few this was an inhibitor to having more children, partly due to the emotional experiences:

> I was 25 when we started trying to have kids... after about a year of trying... we went to the doctor and she referred us to Repromed, the IVF... We just didn't realise how involved... it's REALLY... it was really STRESSFUL and I just really admire people that can do it more than once... I just don't want to spend the next 12 or 15 years obsessed with IVF and then have it not work... I don't think I could cope with [having IVF] on top of everything else now... I'm very involved with the Kindy, with [son] and work, and the house... plus we'd have to get him looked after when we were both going... like we can't take him to the appointments, there's all that issue as well. (Clerical worker, early 30s, mother of 4 year old)

Two couples had an emotional dilemma about using frozen embryos, which actually increased the mothers' desires for more children, but not the fathers':

> [Assisted conception is] an emotional rollercoaster but I was lucky...didn't have lots of disappointments... We've got a bit of a dilemma...we now still have 4 frozen embryos... It's a horrible issue, I can't deal with it at all, I don't know what to do with them... I've got 4 potential children sitting in the freezer... and we don't talk about it... He won't discuss it, cos he doesn't want [a 4th child].
>
> (Midwife, early 30s, mother of 3)

Assisted conception accounted for only 1.9% of all births in Australia in 2000-2001 (Australian Institute of Health & Welfare 2000), although the rate could rise as women leave childbearing to later ages where natural fertility decreases. As such, the emotional inhibitors may become more significant in future. Contrary to expectation, those with larger families had not necessarily had an easier time conceiving. Three families (with 3, 4 and 7 children) had experienced periods of infertility (up to 6 years between children), or had conceived naturally (and sometimes "accidentally") despite receiving assisted conception treatment.

2. Pregnancy: nausea, body image and physical conditions

Pregnancy-related risk aversion contributed to reduced fertility for 34% of mothers and focussed on issues of nausea, body image, physical pain and medical conditions. The most common issue was the desire to avoid further unpleasant experiences with pregnancy nausea ("morning sickness"), which in some cases clashed with the desire to work:

> I don't want any more [children]... I REALLY didn't like being pregnant... That put me off...sick as a dog for the first couple of months...middle 3 months I was puking, last couple of months just hot and heavy and I couldn't work. Cos I'm a bit of a workaholic, I was bored and just wanted to get it over and done with!
>
> (Shop assistant, age 30, mother of 4 year old)

This negative influence on fertility sometimes increased with parity, as mothers contemplated how to cope with existing children faced with, potentially, months of feeling unwell:

> I don't really want to have to go through morning sickness with 3 young kids, and the stresses, it makes it harder. Morning sickness when I just had one was easy, but morning sickness with 2 [to look after] was a LOT more strain. I don't think I'd be able to do that.
>
> (Trainee hairdresser, early 20s, pregnant with 3rd)

Issues of body image and self also inhibited the desire for more children. One 20-year old unemployed shop assistant who had a 1 year old child was definite about wanting a second child but was delaying while she enjoyed "having my body to myself" again. Some of the mothers with larger families expressed less concern about the impact on their body, although sometimes this had become an issue with increasing parity or age. Several mothers felt that having children at or over age 35 took a greater toll on the body and was a contributing reason not to have another child, as illustrated in the words of one senior manager who had the first of her two children at 38:

> I don't want any more (smiles)... I just think I'm too old (laughs). You wake up in the morning and you've got aches and pains and you think oh no! (laughs). [Husband] would probably go for a 3rd, but he doesn't have to be pregnant... I was just continually worn out (laughs). I just look at those women who are pregnant and think "Oh, the end result's great but just getting there isn't much fun". I didn't really enjoy being pregnant. The first baby was fine but the second you're just that little bit older and you've got another one running around. Just getting tired and feeling cumbersome and big and you know, all that sort of stuff. I would probably do it again if I was younger and my husband really wanted to have a 3rd but he's not that fussed.
>
> (Senior manager, early 40s, mother of 2)

Mothers in higher level careers, or who wanted to returned to work within 6 months after birth, were perhaps more concerned about the effect on their body. Feeling physically unattractive after weight gain during pregnancy and motherhood could reduce their confidence at work, and negatively affect their desire to have another child. One mother had originally wanted a larger family but now considered that:

> Maybe I'm getting too old. Do I really want to have to try and lose all that weight afterwards, and hanging around with your boobs hanging out [breastfeeding]...[When I went back to work] I wasn't selling very much, I wasn't very successful, so I kept thinking... I was heavier than I used to be so I didn't feel I could dress really nicely cos I had all these daggy big clothes, so that had A LOT to do with it, and I wasn't my sprightly bright self that I used to be before I had kids... I've got my person back now and I'm really quite happy and that's why our marriage is going so much better. (Ex-sales manager, late 30s, mother of 2)

Although embodied experiences can shape future fertility intentions through the subjective interpretations and reactions of the individual, they also partly reflect culture-specific trends and ideologies which sometimes clash with personal experiences of motherhood and cause self-criticism. An insurance supervisor, a graduate who had her first child at 29, explained how she found the transition to motherhood

difficult because, being the first of her friendship group to have a baby, she felt little prepared for what she experienced as the realities of motherhood:

> I had unrealistic expectations... the media had influenced me a lot... I was quite thin before I had [baby] and for the first time in my life I put on lots of weight, I couldn't fit into any clothes but the media portrays mothers that one minute are pregnant, the next minute look fine. And none of my friends had had a pregnancy previously.... So I was this fat frumpy person in a messy house with a screaming baby.
>
> (Insurance supervisor, early 30s, mother of 1 year old)

For some parents physical pain and medical aspects of pregnancy were an issue preventing further children over which they (and policymakers) could have little control. Pain from back and neck ache, or stretched and bruised stomach muscles associated with past pregnancies, inhibited the desire for more children for several mothers. Three had received medical advice against having further pregnancies (after 1, 2 and 2 children) due to physical or medical problems. Another mother who always wanted seven children felt she would probably in reality now have only two or three, partly because of finances and house size but also partly due to the emotional impact of going into labour only 2/3 of the way through her first pregnancy. She felt this was a common reaction for people having preterm babies:

> Being in neonates so long, I know that there's still a group of 7 of us [who had premature babies] and I know that 4 out of the 7 don't want to have any more [than the one child]. They're not willing to go through that again. It's just too much emotionally. We always wanted more than one so we're willing to take the risk.
>
> (Aged carer, early 30s, expecting 2nd child)

This may become more of an issue in future as preterm (<37 weeks) birth rates rise (The Advertiser, 2003). For others, the actual experience of the birth itself was an inhibiting factor, as will now be discussed.

3. Birth: physical pain and mental trauma

Reactions to the idea of "going through birth again" contributed to temporary or permanent postponement of further children for 26% of mothers and 17% of fathers. Some of those who were not dissuaded had focused only on the end product of a baby, while others had only vague memories due to the influence of medication. Some simply said their births were "fine" or "sort of OK" without elaborating. The issue was only pursued if it was mentioned as impacting on family size. Births which were "thrilling", "marvellous" or "wonderful" were mentioned by only 3 women out of the 38 (8%) and the fact that this appeared to be an unusual experience was highlighted by one mother who said:

> [The birth] was just like they tell you at the antenatal classes, right to like clock-work. It was excellent. **In fact I actually enjoyed it and people think it's quite strange.** I said I'd do it any day. I didn't like being pregnant at all but I did like the birth.... Like I say, I'd do it EVERY day, I thought it was just wonderful! I didn't find it a problem at all.
>
> (Model/retail manager, late 30s, mother of 2)

By comparison, 10 mothers (26%) talked in detail about births which were "horrific", "horrible", "foul", "traumatic" or "shocking". Many were first births, perceived negatively due to unwanted or painful medical interventions (eg caesarean, episiotomy, forceps), "uncaring" care (lacking emotion, concern and understanding), and treatment from many "strangers" (unknown health professionals). Such experiences could contribute to the temporary or permanent postponement of further births:

> I want to have number 2, it's just a matter of when... the thought of going through the birth again and having a horrible experience with a patronising obstetrician turns me right off... just scares me to death... Forceps had to be done, so epidural had to be done, episiotomy gets done at the same time and luckily I didn't see any of that, but my husband said the doctor wasn't very careful with me, just go in, chop chop, without any delicacy about it at all. So I wasn't happy with those three interventions... and the lack of support. I had NO support and care from my obstetrician. When I think back to how much I paid him, how patronising, he never answered my questions... He would give me little glib answers and you know "he's an expert, he knows best"... I want to do some research, which I haven't got round to doing yet, but I ... need to build up knowledge again, to feel comfortable about having a different birth experience. (Allied health professional, early 30s, mother of 1)

In the early weeks physical pain from breastfeeding (with bleeding or cracked nipples) or recovering from birth (with episiotomy or caesarean scars) also led to some mothers feeling that they could not "go through it all again". In some cases pain after the birth was more of a problem than the birth itself:

> It's not so much then [the birth] it's like afterwards, cos I got a really bad haematoma bruise on the outside like on the walls of my [facial gesture "you know" - vagina]...where I must have been sitting ...we were in hospital for a week because of that...[it took] 6 weeks to heal, and then about 3 months after that before it actually stopped being painful during sex!!... I had a vision of trying to get him out [pushing for 2 hours] and I just don't think that I could go through that again, and the bruising afterwards.
>
> (Cleaner/receptionist, late 30s, mother of 1)

The proportion of Adelaide women describing traumatic experiences is similar to that in recent medical studies which find that a third of Australian and British women suffer acute trauma symptoms after birth (Creedy, Shochet & Horsfall 2000; Murphy et al 2003) while 30% of Australian mothers are dissatisfied with their birth experience (Priest et al 2003). In fact, three years after birth almost half the women in one British study stated that they "could not go through childbirth again"(42% who had emergency caesareans and 51% who had forceps/ventouse: Bahl, Strachan & Murphy 2004:2), while 5 years later 25% were still frightened after such deliveries and 10% were frightened after normal vaginal births (Jolly, Walker & Bhabra 1999:231). This ignores the fact that caesareans also increase involuntary infertility (Bahl et al 2004; Jolly et al 1999). With Australia's intervention rates higher than most comparable countries (Senate Community Affairs Reference Committee 1999: Section 5.1), South Australia's caesarean rate approaching 30% (Department of Human Services 2002), and the rate for first-time privately insured mothers aged 35+ reaching 44% (AIHW 2000), one would have to agree with Bahl et al (2004:2) that traumatic birth experiences and rising caesarean rates do not augur well for future fertility outcomes.

A high level of concern about birth was also evident in the Preconception Survey. Although the sample size for this survey was small (31 women, 14 men), and those attending particularly wanted to know more about parenthood, it does suggest that birth can be a mental barrier for some would-be parents, with 77% of the professional women and 41% of the clerical/sales/service women concerned about coping with birth. As one wrote:

> [One of the three biggest issues I'm thinking about is] how painful it would be giving birth ...I overcame the fear of having a baby, giving birth, but then fell pregnant immediately. Now all the fear is back again.
> (Secretary, mid-30s, Preconception seminar)

Importantly, 30% of these women said they were more likely to have a baby after the seminars because their anxieties had been addressed; for the professional/ managerial women the level was higher at 46%, although this had been the group with more concerns originally.

Men's experiences of birth can also contribute to lowered fertility. Witnessing forceps births, episiotomies and emergency caesareans appeared to have as much impact on some of the Adelaide fathers as on the mothers. One mother said that her husband "was really traumatised" by her labour and emergency caesarean and that, in the two years since, he had never discussed it. When asked about the birth during his own interview, the father explained how it coloured his feelings about having more children:

> The birth experience was fairly traumatic. It put us off a bit (laughs), thinking you have to go through that again... We've been a bit reassured by the fact that there was a suggestion after [son] was born that we might be able to have... an elective caesarean might be a reasonable option, which would take away a lot of that anxiety I think. So I think we saw a way round that probably. And I guess as the time passes, and it's further away, you forget about it a bit.
> (Medical specialist, early 30s, father of 2 year old)

Several fathers who had witnessed such births appeared to have had difficulty becoming involved with their new baby, which in turn undermined their support for the mother and affected her coping ability.

4. Early parenthood: ways of "doing" parenting that impact on fertility

The most influential of the "baby stage" experiences on reducing family size outcomes was that of parenthood in the first 12 months after birth, as shown in Figure 1. This was mainly due to its continuous, extended and often intense nature. Several parents said the stress of such experiences had led to relationship breakdown, separation or divorce either for themselves or others they knew. Aspects of parenthood had, or would in future, cause the temporary or permanent postponement of further children for 58% of mothers and 63% of fathers. This was more of an issue for mothers in considerations of going beyond 1 or 3

children, and for fathers in going beyond 3 (see Figures 2 and 3). The main issues involved limits to resources of time, self, and physical or mental energy, and the desire to avoid the restrictions and chaos which some people associated with babies, young children or larger families. Three key factors contributing to undesirable impacts were:

1. **Exhaustion and limits to physical/mental coping resources:** often increasing with parity unless coping mechanisms or attitudes changed with experience;

2. **Lack of babycare knowledge and parenting "intensively":** particularly with first babies. Trying to learn about babycare (feeding/sleeping/settling) without help or experience;

3. **Isolation, lack of mental stimulation, little time for self:** being left alone for long hours, missing paid work, having little/no outside support or contact, boredom with domestic work.

Such issues contributed to mothers in particular experiencing anything from mild tiredness, through severe exhaustion (13% of mothers interviewed), to symptoms of postnatal depression (21%). Around 18% of the fathers also had difficulty coping with birth experiences, sleep deprivation, being at home, or their partner's depression. These issues will now be discussed in more detail.

Exhaustion and limits to physical/mental coping resources

Exhaustion in "the baby stage" was often greatest with a first baby, especially if the exhaustion was unexpected. Sleep deprivation was the most common contributing factor. Disturbed and broken sleep could lead to a desire to delay or not have more children, even for those who thought they coped quite well:

> You sort of get an idealised idea that you could pretty much carry on doing things as you did before, and for some people they seem to be able to do that, particularly if they [babies] are good sleepers and they have a good routine, or just go-with-the-flow type babies. Whereas for whatever reason [our 1st child] wasn't like that at all – no sleep, continual crying, getting up ten times a night and trying to go to work [by day, for me]... Before [1st child] started sleeping through the night, which wasn't until she was about 3, we couldn't have thought about another... And I cope with sleep deprivation reasonably well.
>
> (Senior medical specialist, early 40s, father of 4)

Those with larger families had not necessarily had children who slept better, but they did sometimes have different ways of coping. One mother of 5+ children (including a 1 ½, 3 and 5 year old) whose children had *not* slept particularly well, had managed to minimise her tiredness:

> [Having children] WASN'T harder than I thought. I didn't have a picture that it would be an easy thing... I have always had an hour's rest in the middle of the day, ever since [1st] was born and I suppose that's a bit of "Oh I've put the children down to sleep and I'll just have a bit of a sleep myself" or I'll sit up and read. And I mean, sometimes it's just not practical, but I get very tired if I don't have that. That really makes me able to cope a lot better. (Receptionist, early 40s, mother of 5+ children aged 20 to 1 year)

Figure 2
Mothers: factors contributing to delay or prevention of further births, by current parity
Source: Fertility & Family Size study, Adelaide 2003-04

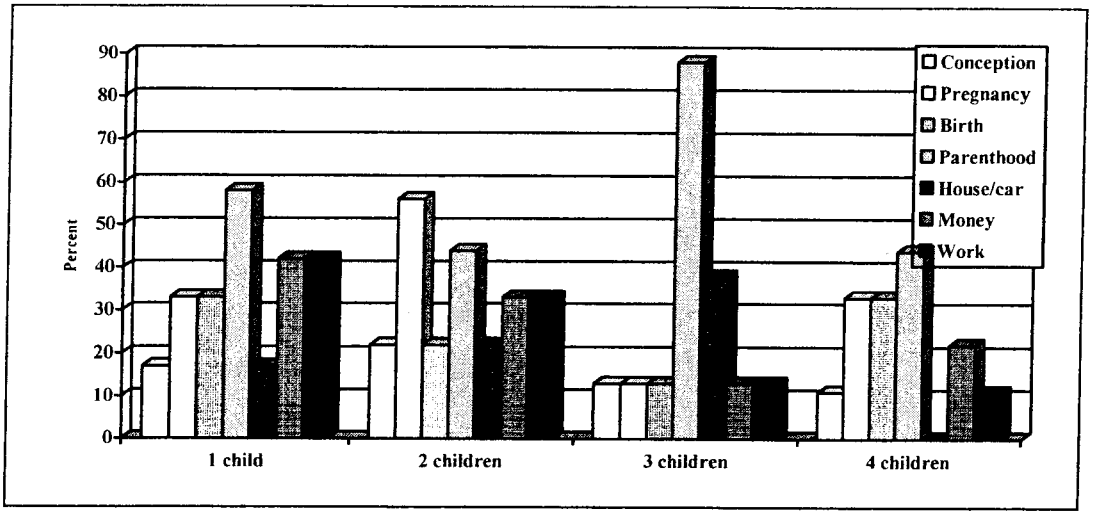
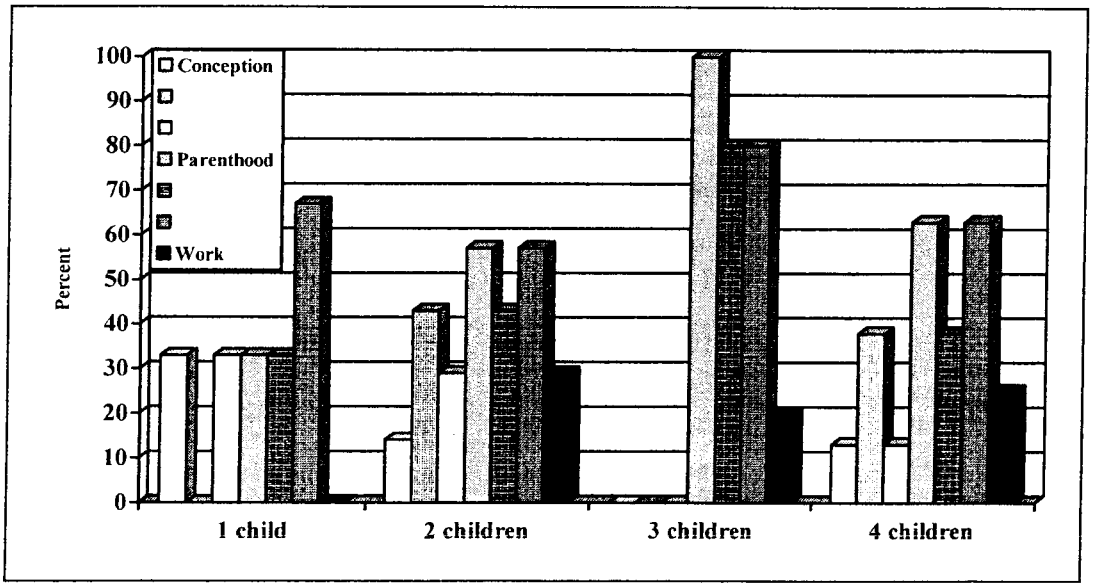


Figure 3
Fathers: factors contributing to delay or prevention of further births, by current parity
Source: Fertility & Family Size study, Adelaide 2003-04



In her study of Australian middle class first-time mothers Leblanc (1999) found that 90% were exhausted in the first 12 months and 84% had interrupted sleep, which together had a severe impact on the ability to cope for 63%. The Adelaide FFS study showed that the impact of exhaustion on limiting family size could be even greater for those who had little outside help, or those with special circumstances such as twins, children born less than 2 years apart, children with medical conditions (eg asthma) or disabilities, or children born prematurely. As one mother of twins commented, "people who have twins first up very rarely go on to have more" because of the mental and physical stresses of trying to cope.

Coping alone was another issue which contributed to exhaustion. For some mothers this resulted from a partner who was very focussed on paid work and working long hours. Whilst Hakim (2003) considers the impact of women's lifestyle preferences on fertility, in the Adelaide interviews fathers' work-home attitudes also indirectly affected fertility by influencing the amount of physical and mental resources which they contributed to parenting. Very work-centred fathers tended to have a less supportive attitude than fathers who were also in full-time paid work but who were more home-centred (exhibited in limiting working hours and participating in house- and childcare whenever they were home). Interestingly, almost half the fathers in the highest status area were "too busy" to be interviewed (5 out of 11), compared with only 1 of the 9 fathers in the lowest status area. To this extent, lower levels of fertility in higher socio-economic groups might be partially related to higher levels of father work-centredness. This loss of resources occurs perhaps more for professional couples if, on the birth of a child, the father continues his focus on work while the mother transfers her focus to the new child:

> This is what has struck me. Socially, politically, he's very egalitarian, we have similar views. But when it comes to childrearing and domestic labour he's very old-fashioned... My husband's not into the domestic stuff. That hasn't altered despite efforts on my part... With his work there's projects, they have a deadline, so you have to put 200% in, which is what he does. To work part-time, jobs just don't work that way in his industry... My husband would see that I got help from his mother. Well, we went over to his parents for a meal one night a week. To me that's not really support. I didn't get washing done, I didn't get meals cooked, I still had to get the house clean. I got everything done like I would if you hadn't had the baby... I'll try and educate my son (laughs) to be handy in the domestic way, to be respectful with women... I think I'll be more conscious than my parents were, and a lot of parents in their generation, to not reinforce traditional gender roles and expectations. (Allied health professional, mid-30s, mother of 2 year old)

These views reinforced observations that fathers who were involved in housework and childcaring tended to be those who had been exposed to less traditional gender roles earlier in life. They may have left home and had to cope domestically earlier in adulthood, had a single father raising them, had an "involved" father, or a father who was emotionally supportive of their mother. In this respect, the issue of raising gender equity in the home may not be easily addressed by short-term policy. It also overlooks the fact that the physical and emotional burden would still be on the nuclear family, where one partner is often away in

paid work for at least 9 hours per day. In many cases what is really needed is additional resources from outside the couple so that issues do not compound to affect fertility, as they did for this university-educated mother who said:

> I thought 4 [children] was attainable [but] after the experience of number one I just think we thought it would be too hard. Motherhood's MUCH more difficult than I could have thought possible and I just don't think I'd manage with 4. I knew it would be hard work but I thought it would be fun... To actually go through those first years [again] I don't know if we'd cope, if our marriage would cope. It was huge... He wanted feeding ALL the time, 2-hourly, but I didn't expect it... The thing I WASN'T prepared for was the loneliness. You're just stuck at home, just feeding, and all night too just sitting up on your own. It was horrendous. I couldn't put him down, he'd scream, it drove me INSANE... My husband wanted his 8 hours sleep. On the weekends he didn't help either. He didn't want to be doing that [and] I guess I wanted to be able to do the job myself to be a good mother...[So] the baby was ALL my responsibility and [husband] really didn't want anything to do with me for the first maybe 6 months. He was busy at work but I think he created the busy-ness a bit as well as an escape... There was a REAL lack of support in the early months and I was quite shocked... I thought you're leaving me responsible for this 4 week old baby and I have no idea how to do this.
>
> (Insurance supervisor, early 30s, mother of 1)

Lack of babycare knowledge and "intensive" parenting

This woman highlights a second major factor causing coping difficulties, particularly in the first transition to parenthood, which is the amount of babycare knowledge possessed by the individual or couple, or the amount of help available to learn this. Since coping with, or avoiding, exhaustion was a key issue, many parents felt that a crucial issue was the need to have knowledge of how to handle a baby's sleeping, feeding and crying. However, as Dunham et al (1991:134) point out "in our [Western] culture, inexperienced mothers can feel a little confused about how to look after babies [because] a link is missing in the chain by which the tried and tested cultural lore of childcare is passed down".

Some parents who had particular difficulties mentioned their perfectionism, the need for achievement, the desire to control, and their feelings of being uncomfortable around non-verbal babies. A company director explained that although she had coped with 16 staff at work where "you could plan your day", just coping with one baby was frustrating because of the unpredictability, lack of control and lack of training. Consequently she had decided:

> When I was going through the hell of the first 2 years...I went to my obstetrician and said 'Tie the tubes. I don't want to risk another pregnancy. I'm not having any more children. I couldn't COPE'... [although now] I KNOW I would be heaps better number 2 around [second time], it would just be so EASY because you'd know not to worry about the things that you worried about and you'd know if you want to go to the toilet and they cried, 'Well it's OK, it won't kill you, I'll be back in a minute!'.
>
> (Company director, early 40s, mother of 6 year old)

In such circumstances, problems sometimes arose from the transferral of attributes which were beneficial in the workplace but less compatible with childrearing, such as the desire to control, manage, and be

independent. This supports Dimitrovsky's (2000) findings that control-focussed, independent women adjust less well to first-time motherhood. Exhibiting these traits may therefore be linked to lower fertility if they cause difficult experiences. Such traits may also be responsible for the adoption of what Hays (1996) identifies as the ideology of "intensive mothering" (requiring large inputs of time, energy and resources) amongst women in professional-class employment. This can also have a deleterious effect on fertility due to the exhaustion it causes, as in the case of one teacher:

> My mother BEGGED me to have the children [but] I wanted to do it myself. I felt exhausted... I think it was the constantness of it. You have to talk to children...always keeping them occupied, doing activities, reading activity books... And always cooking fresh food... I started reading up and that suggests that you DON'T give them a lot of crappy, processed foods, so we were always doing the fruit, the veggies, the right nutritional balance...I wish I was just one of these mums that just popped them out and then they played all day and you hardly spoke to them and you served them up baked beans for dinner...Because I was so tired for such a long time, I couldn't even think of sex! (laughs), let alone more kids, and that lasted... until [2nd child] was 5.
> (High school teacher, late 30s, mother of 2)

The more "extensive" mothering style which this woman believed would be less stressful, and might have enabled her to have a 3rd child, was also linked to family size by a single mother with 5+ children. Now in her 40s, this farm labourer compared the smaller and larger families she knew, saying:

> From what I'm experiencing with couples that have only got 2 kids and don't want no more... they just can't cope. The kids do silly little things and they're stressing about it.... I've got heaps of girlfriends...half of them they just cannot cope with children (laughs)! If you let everything they [kids] do stress you out, well I'd be in a mental home by now. (Farm labourer, early 40s, mother of 5+)

These negative impacts were often reduced for parents who had some "24-7" experience of babies before having their own. Others had happily received a large amount of help or had good role models, both of which increased their ability to cope well:

> The mothering side of it I find really easy. My sister had her first baby when she was 15... I was around but I never actually lived with them... It was just all natural to us. I did a lot of babysitting when I was younger, I used to look after my next-door-neighbour's kids all the time... Then I had another friend... She's got [a large blended family] and she was fantastic. She'd ring me and say how are you going. And she could tell by the tone of my voice that I wasn't OK. She'd come over and grab her [the baby and the bottles] and come back the next day... I learnt a lot through her, like not fussing, not stressing, just pick her up and wrap her up and just throw her on the lounge, she'll be fine, leave her there. (Hairdresser, early 30s, single mother of 1)

Some parents clearly felt that had they received such personalised on-going help to learn how to cope, they would probably have had an easier time with parenthood. They often realised in retrospect that experience improved coping ability, and a recurrent theme was the concept of "coping better next time". However, learning "by trial and error" often exhausted people and could delay further children. At a time when the median age of childbearing continues to rise, any such delays take people closer to age-related infertility.

Isolation, lack of mental stimulation, little time for self

Isolation and boredom with domestic work were major problems related to being home for some, which could compound the issues of exhaustion and confusion. They were highlighted in particular by one of the three fathers (a high school principal, electrician and storeman) who had parented full-time for a while:

> [I was home] for one period of 10 months...[Wife] studying for a long time and then wanting to start her career, and me NOT particularly enjoying my job and buying a house that needed to be renovated... [1st child] was at school and it was about 5 months before [2nd child went to Kindy]... Isolation was my biggest problem. [Wife] and I used to spend a lot of time together and being at work I was used to being around people... Both the neighbours are gone during the day... The women [at school] seemed to have sort of a social thing happening, but the blokes do what they've got to do and go home... Pretty terrible really. It was just too boring. There was just too many really boring chores. It was just dull really. So I have a whole different perspective of what it's like for housewives... It just seemed to get duller and duller to the point where "I have to do something else or I'm going to go mad"... Males I've talked to, in the pub, the usual response is "rather you than me" which makes me think a lot of men would be reluctant from the start to be in that situation [home with children].
>
> (Former storeman, late 30s, father of 2)

The fact that such isolation and boredom with domestic work were likely to prevent fathers from taking a more serious role in parenting was echoed by many fathers who said they could not envisage ever staying home "doing nothing" [ie only domestic work] and would have to "do something" for mental stimulation, even if only unpaid volunteer work. The link between diminished mental well-being and isolation and boredom in "the baby stage" was both expressed by parents who had experienced this and acknowledged as a distinct possibility by others. It was highlighted in comments such as "my sanity goes somewhere else", "your brain after you have a baby is like pickled octopus ... you can't think, you can't function", "we're lucky we didn't end up in Glenside [mental institution] and "I was using my brain again, rather than 'bottles, nappies, formula, housework'". One of the mothers saw paid work as her break from domesticity, "an outing for me" and the time she got to do something she enjoyed. Being in a position to make comparisons between "pulls from work" and "pushes from parenthood" could be instrumental in the desire to have no more children, and as one high school teacher with three children commented: "it starts to be a bit boring, just this focus on kids and toddlers... At the moment I'm really happy when I'm NOT at home with them!". By comparison, two mothers with larger families had coped by specifically not expecting any time to themselves, feeling that it was "unwise to crave something which you really can't get". They reflected the more traditional view of the self-sacrificing mother which others had not adopted:

> I didn't think it would be as hard as what it is. Just the constant demand on your time, on your personal space and everything basically that was once all YOURS, is always shared forever. It's not like "I think I might put that back, I don't want to do it any more"... That's the first thing you ever do that you can't change... I was always one of those people who wanted children, at least 2 probably [but] if I knew what I know now...that it's just constant hard work and it never stops! (laughs)... maybe, if I hadn't fallen accidentally pregnant with [3rd], I probably would have only had 2. (Sales assistant, mid-30s, single mother of 3)

5. The impact on fertility of parenting under different circumstances

The extent to which the issues discussed so far are the result of particular social constructions of parenting was observed by several parents. Cultural differences in parenting intensity, and the potential impact on coping ability and hence on fertility, were mentioned by an Asian-born mother who had immigrated only 9 months prior to interview:

> When I was growing up... We never had a nuclear family, there was always somebody – uncles, aunts – staying with us, somebody entertaining us. Coming here [to Australia] **it's become very hard for us because we have to manage the kids and the house**... I don't have time for my children... It's very difficult [here] because [back home] **we always had help**... I had a full-time maid to look after the kids... she played with one while I could look after the other one... and then we had a maid coming in cleaning the house, and we had a maid coming in cooking. Everybody can't afford 3 maids, they can afford only one maid [but] everybody has one. Sometimes people go "Oh no, my maid hasn't come and I have to do this work, how am I going to cope with it". It's like a big thing to just clean your vessels and glass, and then you go out and eat because you don't want to cook, you are so tired. (Accountant, mid-30s, mother of 2)

Some parents did discuss "outsourcing" and a few already had a paid cleaner. However, many were reluctant to have "strangers" in their home caring for their children but would have welcomed more support for cooking, cleaning and "time out", and subsidies for childcare outside the home.

Generational differences in parenting styles, and the impact on family size, were also noted in several interviews. Parenting and being at home full-time are thought to have become harder compared with previous generations (Alexander 2001, Grose 1992) and one father, himself from a 4-child family, pointed to the potential impact of this on fertility when he said that:

> I guess my friends seem to be thinking of having smaller families than generations previously. And I think there's more expectation that you'll be more hands-on with your children... People talk about their grandparents... they generally had bigger families and would just let them loose and entertain themselves once they're school age, go off and play for the day and don't see them again until tea time. And you also probably didn't have to take them to all these various groups and lessons. (Medical specialist, early 30s, father of 1)

The interviews also demonstrated that if people can find ways of having what they interpret as better experiences in "the baby stage" this can lead to higher fertility. As this mother explained:

> I've always loved little babies [but] after our first one I remember thinking I don't know if I could do this again. I found the whole change of lifestyle very very difficult for quite a few months... and in retrospect I probably had postnatal depression which I never really sought professional help for... It was a VERY difficult birth... I was totally unsupported... a different doctor each time... a HUGE episiotomy... NO-ONE spoke to me about breastfeeding, NO-ONE showed me how to do it... [and] she was a VERY unsettled baby... The 2nd experience was wonderful... the whole childbirth, the whole mothering... almost healing of that 1st one. And I'm SO glad I went on to have that 2nd baby, otherwise [I would have had that bad experience] of me as a mother. I planned for it to be very different...I think back on it and it just THRILLS me...I was much more looked after... made me think I want another one [3rd child]. (Primary teacher, early 40s, mother of 4)

The balance of negative and positive experiences was important in decisions about how many times to "go through the baby stage again". In this respect, any delays to having further children can negatively impact on fertility if they take people beyond "the point of no return". Parents seemed to reach a personal coping limit, and this mother spoke for many when she said:

> Now that we ARE going forward...Well, we're pretty much... no formulas, no nappies, no bibs, it's like "Kids, jump in the car and away we go". **I don't think I could go back to that now.** I couldn't do it. Life's going too easy, **the hard part's over**... I haven't got my lifestyle back, because it's me WITH TWO, but it's certainly far more flexible... If I could have a nanny that could come and help for 5 hours a day, help do some housework, or even a cleaner to come and do those chores I'd have another 2 [children]... if someone's doing all that extra work for you, why wouldn't I. (Model/retail manager, late 30s, mother of 2)

However, people's assessment of the physical and emotional impact of parenthood was also subject to social constructions of what might be called "parity-progression hurdles". Along with issues of financial cost and limitations to house and car size, these help explain the family size distribution shown in Table 3 (page 8), where the 2-child family dominates. For many, having the first child was a major adjustment and this was instrumental for some in their decision to not have more children. However, going on to two children was often seen as straightforward and/or desirable, particularly to avoid an only child (which was generally unpopular because people felt that children needed at least one sibling, and that only children were "spoilt" or lonely). The hurdle was higher in moving on to three children, as noted by one 20-year old shop assistant who said three or four children would be "just a lot to handle":

> I think 2's a good number... I've got 2 brothers and a sister [but] for me that was too many. I just thought 2 was good, it was easier for me to handle.

Even parents of larger families had often experienced "a quantum leap" going from two to three children. Indeed, one mother had been wary because "everyone with 3 said don't do it". A prime concern was the dilution of resources (time, love, money, space) as family size increased, which was seen to increase the stress on everyone. Having three children in Adelaide could mean "a full house, a full car", and along with feelings that "nothing's designed for four children" and that having four children was "crazy", "too chaotic" and only for "the brave", may help explain why few (9% average) 40-44 year old Adelaide women in 1996 had 4 or more children. However, some of those with larger families saw gains, rather than losses, as family size increased. Some also felt that the impact on coping resources was not equal at all parities, with one father of 5 (a managing director) reflecting that "Once you get past 3 it just cruises". Another agreed:

> The second one gets easier because the first one is already there. See, the first child... you're it. They have to play with you, and you're their attention, their everything. When the second comes around, the first one can entertain the second one. And etcetera. We found going from a 3-child family to a 4-child family was a big jump... It was just a lot more work *[Interviewer: And from 4 to 5?]* It didn't really seem to make a lot of difference. (Church minister, early 40s, father of 5+)

Implications

The Adelaide FFS study suggests that there is room for policymakers to lower parity-progression hurdles by replacing or reconstituting the social knowledge and social resources or supports for parenting so that people have more positive perceptions and experiences of parenthood. Positive experiences not only have a beneficial flow-on to family size for the individual, but also filter out to the wider society, affecting perceptions of how desirable and achievable parenting (and parenting larger families) is in contemporary society. Three main issues merit attention.

The need to provide more support at the preconception stage

The FFS study suggests that the provision of "training and development" before people begin the "parenting job", along with "on-the-job training and mentoring", would not only ease the transition to parenthood for many, but might also reduce the drive to parent intensively. Several parents commented on the need to build knowledge resources through personal contact with "real" parents and babies, rather than through books or the media. The idea that preconception seminars may help do this is shown by the fact that 30% of the preconception women were more likely to have a baby after attending the seminars because their anxiety levels were lowered through this type of personal contact. This is significant since, according to Marten (2002:107), "fertility behaviour depends more on interaction with people who can provide emotional and other types of support, rather than just ideas and information".

The need to provide more support from pregnancy to early parenthood

Secondly, the findings also support the medical and sociological literature which points to parents having difficult pregnancy and birth experiences and problems with early parenthood, and it shows that these can negatively affect fertility desires. Medical studies into pregnancy nausea might find ways of removing this hurdle for some mothers, while a review of maternity care systems could ensure that men and women have high levels of confidence and support during pregnancy and birth and at least for the first 6-8 weeks of new parenthood. The FFS study shows that those with higher levels of coping ability are more likely to achieve their desired family size, or at least have two children. Parents also want additional care to be provided personally and in the home environment, particularly in families with more than one child. The South Australian government recently announced the (re)introduction of a Universal Home Visiting Program where new mothers receive one maternity nurse visit in the first 2 weeks after birth (Department of Human Services, 2003). However, interviews suggest that this one visit will miss those whose difficulties develop later, and that without personal knowledge of the family before the birth the visiting nurse may be unable to

detect emerging problems. Therefore governments could consider extending to all Australian women the one-on-one continuous midwifery care and mothercarer services which have so far been introduced only in restricted geographic or socio-economic groups to improve maternity outcomes in line with World Health Organisation best practice guidelines (WHO 1997). Extending Meals-on-Wheels services or other community-run services to new mothers might also reduce their social isolation and domestic burden.

The need to change the social construction of parenting to reduce the burden on parents

Finally, the study suggests the need to change a culture which supports the often unsustainable ideologies of privatised and intensive parenting. Parents need to be able to accept or ask for help, and others need to be encouraged to offer more help. This is perhaps more needed for women who transfer their desire for independence at work into their motherhood role and then suffer problems from trying to cope alone. Cross-cultural observations of parenthood often remark on the 6-week "confinement" period for new mothers in many non-Western cultures (Dunham et al 1991:124, Kitzinger 1994:139) where they expect to be dependent and cared for, be given time to adjust mentally and physically to a new baby, and be taught babycare if necessary, while others handle the practical household chores or care for other children. Such a community-based extension to the support systems for childbearing and childrearing could go a long way to reducing the levels of exhaustion, isolation and low confidence faced by individual and couple parents, which not only reduce the quality of life for adults and children, but which also negatively affect fertility.

Conclusion

This paper has taken the theoretical position that parenting is a social construction, and that the way parenting is currently constructed in certain groups within Australia contributes to a negative impact on fertility levels. Although for many parents fertility and family size are influenced by a complex interplay of factors, the paper demonstrates that the physical and emotional experiences of the individual and/or couple in "the baby stage" of parenthood can be as influential on fertility and family size as issues of work-family compatibility, the desire to return to work, and financial costs. To a large extent the dominance of negative experiences over positive ones is seen to stem from decreased levels of social knowledge and social support for parenting, resulting from the loss of extended family and community without suitable replacements. Women's higher education and workforce participation rates may undermine the opportunities for many to access parenting knowledge and support, contributing to more difficulties with mothering and hence to reduced fertility levels, perhaps more so for better-educated women. While gender, socio-economic and parity-specific differentials suggest a need for diversified policy approaches to stabilise or raise fertility, there is also a need to acknowledge that some inhibitors are medically-based or emotionally-based and

possibly beyond the influence of policy. This paper has focused mainly on experiences which contribute to family sizes being lower than they might otherwise have been, but it is clear that if experiences are perceived as predominantly positive then people are more likely to achieve any desired family size or to have at least two children, if not to consider going beyond this. If Australians can have, or perceive that it is possible to have, better experiences of parenthood this may help create a society in which parenting, and parenting larger families, is more widely constructed as desirable and achievable:

> People tend to talk about the negative things I think, and as someone who doesn't have children and who was a bit scared, that's what you pick up on, the bad things, rather than the good things...[But] after the 1st, I thought this baby thing is actually a lot more fun than I thought it would be, it was easier, it was a good experience and then I thought I would like to have 3 [children], before that I thought 2.
>
> (Allied health professional, mid-30s, mother expecting 3rd child)

Appendix 1 - Characteristics of socio-economic areas and interviewees

Areas in the statistical tables and those from which parents were interviewed exhibited the following socio-economic characteristics: (according to ABS 2001, real estate price guides).

Areas of the highest status. Large percentages of people with: household incomes three or more times the average household income for Adelaide ($100,000 pa or higher); university degrees or post-graduate specialisation, usually in professional occupations; high levels of home ownership and houses in the highest price bracket.

Interviewees: Mothers 11, fathers 6 (5 fathers too busy or "too private" to be interviewed)

Area of higher-medium status: Large percentages of people with household incomes 1 ½ to 2 ½ times the average for Adelaide, with post-school qualifications and often in professional, administrative or technical occupations; high levels of home ownership but houses in a medium price bracket.

Interviewees: Mothers 11, fathers 7 (4 fathers were too busy or too private for interview) Mothers interviewed tended to be more highly educated than their male partners. Males had usually worked their way up to status in a paid work.

Area of lower-medium status: Large percentages of people with household incomes around the average; people with either no qualifications, school qualifications, or trade qualifications, usually in clerical, service or trades occupations; with some representation of single parent households. High percentages of households with newer home loans.

Interviewees: Mothers 7, fathers 3 (1 father not interested, 2 ex-partners out of contact). Note: no more mothers were sought once themes/background characteristics emerged as a cross-over between those from adjacent status areas.

Areas of the lowest status: Large percentages of people with household incomes below the average and/or on government payments (around $20,000); people with no qualifications, school-only qualifications or trade qualifications; representation of single parent households and the unemployed; higher levels of rented properties.

Interviewees: Mothers 10, fathers 6 (11 families – 2 male ex-partners not contactable, 1 shy; 1 mother not interested)

Characteristics of mothers interviewed

	Status of area			
	Lowest	Lower-medium	Upper-medium	Highest
Range of age at first birth (yrs)	19-36	20-34	21-41	26-40
Average age at first birth (yrs)	25.2	25.4	31.0	31.9
Mothers' parity range (no.children)	1 to 7	1 to 7	1 to 5	1 to 5
% had 1 child	40% (4)	14% (1)	27% (3)	27% (3)
% had 2 children	10% (1)	29% (2)	27% (3)	36% (4)
% had 3 children	30% (3)	29% (2)	18% (2)	9% (1)
% had 4+ children	20% (2)	29% (2)	27% (3)	27% (3)

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30th August, 2005

Paid Work and Family Responsibilities Submissions
Sex Discrimination Unit,
Human Rights and Equal Opportunity Commission
GPO Box 5218, Sydney NSW 2001

Dear friends,

Re: addition to submission by Joan Garvan to the 'Striking a Balance' Inquiry

In mid-August I attended a HREOC consultation held in Canberra for the Striking a Balance Inquiry and at the time I handed in my submission to the inquiry.

Enclosed here you will find two further items to be enclosed (if you could please put them together with the original submission).

In my submission I recommended that a core-curriculum be developed for Antenatal and Parenting classes that includes information, programs, and links to services on adjustment to parenting (transition to parenthood) issues. The first item enclosed is an article by Dr Tim Moore, Senior Research Fellow, Centre for Community Child Health at the Royal Children's Hospital in Melbourne which is discussing issues related to the development of a core curriculum to work effectively with young children and families.

The second item is drawn from a bibliography on mothering and fathering which provides an overview of the extensive range of texts that have surfaced, primarily on being a mother, but also some on being a father.

Please let me know if you require any further information.

Thanking you, Joan Garvan

J Garvan

What do we need to know to work effectively with young children and families? Towards a core curriculum

Tim Moore

Centre for Community Child Health,
Royal Children's Hospital, Melbourne, Victoria

9th Australian Institute of Family Studies Conference
Melbourne, February 2005

There is common agreement among service providers and governments in many states and countries that our systems of child and family support services no longer meet the needs of young children and families as effectively as they once did. There is a growing understanding of the reasons why this is so and an emerging consensus that the services need to be reconfigured so as to meet the needs of young children and their families more effectively. To achieve better outcomes, it is proposed that services must become better integrated – that we need 'joined up solutions for joined up problems'. For this to occur, the professionals and services involved need to share a common core of knowledge, skills and values – a 'core curriculum'.

This presentation reports on the key findings of a national survey of the knowledge base and training needs of those working with young children and their families. A review of the literature review was conducted to identify what the core curriculum should comprise – this includes knowledge of the key principles of child development and the factors that effect the capacity of families to raise their children as they would like, and skills and values in how to work with children, families and communities, and how to work effectively with other professionals and services. The survey showed that no single profession had all the knowledge, skills and values needed to work effectively with young children and their families, although all professions had some of them. While knowledge can be learned at an undergraduate level through lectures, skills and values need to be taught on the job through supervision, mentoring, and ongoing training. The survey showed that supervision and mentoring were very inconsistently available across the professions working with young children and families, and that the ongoing training was conducted in professional 'silos' with few opportunities for multidisciplinary or cross-sectoral training.

The implications of these findings are discussed, and a new initiative to address the common training needs of those working with young children and their families is described. This consists of a series of CD ROM-based training modules for interdisciplinary groups. Finally, other actions still needed to address the training needs for the early childhood and family support sector are outlined.

Core Curriculum

Background

There are a number of reasons why the services that support young children and their families need to be reconfigured. In our work at the Centre for Community Child Health, we have identified four main reasons why we need to rethink the way we support families with young children:

- ***Changes in families and family circumstances.*** Over the past few decades, families have become more diverse in their structure and cultural background. As a result, there are more families with multiple needs, and, overall, parenting young children has become a more complex and more stressful business for many families.
- ***Difficulties that services are having in meeting all the needs of all families.*** As a result of changes in families and family circumstances (as well as other economic, demographic and social factors), early childhood and family support services are having increasing difficulty meeting the needs of all young children and their families effectively.
- ***Concerns about poor developmental outcomes.*** Across a wide range health and well-being indicators, the rates of poor developmental outcomes for adolescents and young adults have risen or are unacceptably high.
- ***Recent findings from developmental research.*** Evidence about the nature and importance of development during the early years continues to accumulate.

When considered together, these four factors present a compelling argument for reviewing the way that we provide services to young children and their families.

What form should this change take? We believe that there are three main ways in which change is needed: we need better integrated communities, better integrated services, and improved forms of dialogue between communities and services.

- ***Better integrated communities.*** As a result of the pervasive economic, social and demographic changes that have occurred over the past few decades, there has been a partial erosion of traditional family and neighbourhood support networks. This has left a greater proportion of parents of young children with relatively poor social support networks and therefore more vulnerable. The evidence strongly suggests that one way in which we could address this problem is by providing families of young children with multiple opportunities to meet other families of young children.
- ***Better integrated services.*** In the light of the difficulties that services have in meeting all the needs of all families effectively, the service system needs to become better integrated, so as to be able to meet the multiple needs of services in a more seamless way. We need to turn the system around so that it puts the customer first, tailoring our services to the needs and circumstances of families rather than the needs of professional and bureaucracies.
- ***Improved forms of dialogue between communities and services.*** For the service system to become more responsive to the emerging needs of young children and families, we need better ways of communicating, more constant feedback. This needs to occur at all levels, involving service providers in their dealings with

individual families, agencies with their client groups, and service systems with whole communities.

One of the conditions that need to be met for services to be better integrated is that the professionals / services involved should share a common core of knowledge, skills and values. This need for a core curriculum was the focus of a project recently undertaken by the Centre for Community Child Health on behalf of the Australian Council for Children and Parenting.

ACCAP Capacity Building Project

Aware of strong new evidence of the importance of the early years of childhood development for later learning and well-being, the Australian Council for Children and Parenting (ACCAP) became interested in establishing a program to maximise the knowledge and awareness among professionals and volunteers who work with or support young children. To lay the foundation for such a program, ACCAP contracted the Centre for Community Child Health to undertake a project that was designed to inform the development of a Capacity Building Program for professionals, practitioners and volunteers who work with or support young children (0-3 years) and their families across the nation.

The Project included the following components:

- a review of the literature on general training issues and on the essential core knowledge and skills needed by all workers in order to work effectively with families
- consultations with peak professional and training organisations
- a national survey of tertiary institutions involved in training professionals who work with young children and / or their families
- focus groups with representative early childhood practitioners
- an analysis of the relevant sections of the National Competencies framework

The identification of training needs for those working with children from culturally and linguistically diverse (CALD) backgrounds was subcontracted to the Victorian Co-operative on Children's Services for Ethnic Groups (VICSEG). The Secretariat of National Aboriginal and Islander Child Care (SNAICC) was subcontracted to determine training needs of those working with young Indigenous children and their families.

The data collection phase of the project was conducted during 2002, and the final report completed in 2003.

Results of literature review: *The concept of a core curriculum*

Those who work with young children and families come from a wide variety of professions and backgrounds, ranging from volunteers and paraprofessionals to paediatricians and psychologists. Since they are all working in one way or another with

young children and families, there is a strong argument that they should all share the same core knowledge and skills (Thorp and McCollum, 1988, 1994).

A helpful framework for conceptualising the relationship between the core knowledge and skills needed by those who work with young children and their families, and the discipline-specific knowledge they also need, has been developed by Thorp and McCollum (1988). They suggest that that, for each discipline or professional group, there are three levels of knowledge and skills

- ***Level 1: General discipline-specific knowledge and skills***

  This is the knowledge and skills acquired by professionals during their basic undergraduate training. It usually covers the general discipline-specific knowledge (eg. in nursing, social work) and strategies for working with people of all ages.

- ***Level 2: Particular discipline-specific infancy knowledge and skills***

  When a person with a particular professional background specialises in working with young children and families, they then need to master the specific application of their discipline to this age group. Some disciplines do this through post-graduate courses (eg. which is how doctors become paediatricians and nurses become child health nurses), but for many disciplines, there are no such courses.

- ***Level 3: General infancy knowledge and skills***

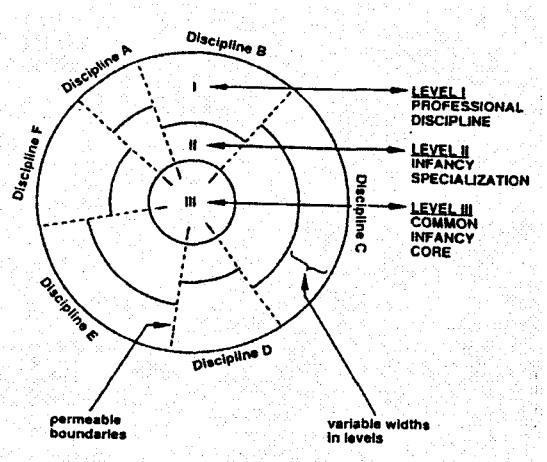
  This is the core inter-disciplinary curriculum that all those working with young children and families need.

The general forms of training needed for each level is shown in the following table:

TYPES OF KNOWLEDGE AND SKILLS	FORM OF TRAINING
Level 1: General discipline-specific knowledge and skills	• Membership of professional association • Ongoing discipline-specific professional development
Level 2: Discipline-specific infancy knowledge and skills	• Knowledge of discipline-specific aspects of child development and family functioning • Skills in delivering discipline-specific interventions to young children and families
Level 3: General infancy knowledge and skills – *core inter-disciplinary curriculum*	• Knowledge of early childhood development • Knowledge of factors that help or hinder healthy child development and family functioning • Skills in developing partnerships with parents • Skills in delivering family-centred services • Skills in interdisciplinary teamwork

The overall framework is depicted in the following diagram:

A model for conceptualisation training of early childhood specialists from different disciplines
(from Thorp and McCollum, 1988)



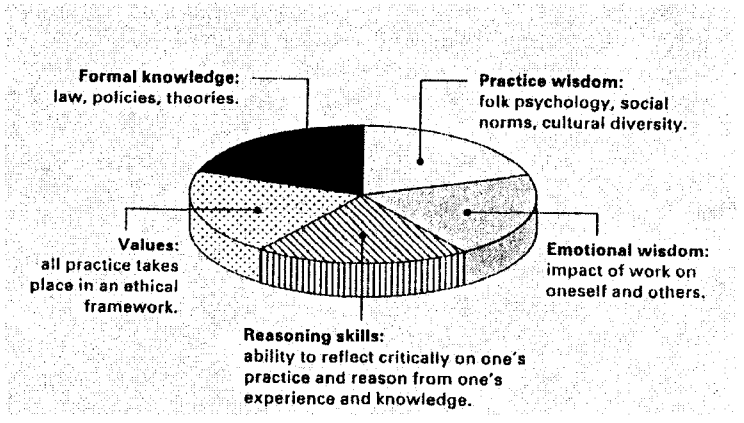
As this model shows, the boundaries between professions are permeable to a greater or lesser extent, indicating that allied disciplines (eg. medicine and nursing, social work and psychology) often share some knowledge and skills. The model also shows that the relative size of the different knowledge levels may differ from discipline to discipline. Thus, the preservice training for some disciplines may only deal cursorily with the needs of infants and their families, while undergraduate courses in other disciplines may cover this phase of development more thoroughly, either as part of the core course or through electives.

In some cases, the distinction between the three knowledge levels is blurred or does not apply at all for those professionals whose core training is in early childhood – namely, early childhood educators and carers. However, even for this important group, there is no guarantee that they are taught all the knowledge and skills that are now needed to work effectively with young children and their families.

Content of the core curriculum

Various ways of categorising the knowledge and skills needed by those who work with young children and their families have been proposed. One such analysis (Munro, 2002) classifies the range of knowledge and skills used by professionals such as social workers into five major categories:

- ***Formal knowledge.*** This is the kind of knowledge provided by training courses, and covers practical knowledge of the laws, regulations, policies and procedures, as well as theoretical knowledge of child development, family functioning, and methods of intervention.
- ***Practice wisdom.*** This involves the personal theories (folk or 'lay' psychology) that everyone develops to make sense of their own and others' behaviour, as well as social norms that govern people's behaviour.
- ***Emotional wisdom.*** This is the emotional impact that work has on oneself and others.
- ***Values.*** All aspects of work take place in an ethical framework.
- ***Reasoning skills.*** This is the ability to reflect critically upon one's practice and to reason from experience and knowledge.



For the purposes of the ACCAP Project, we collapsed these into three elements:

- ***Knowledge*** – of the key principles of child development and the factors that effect the capacity of families to raise their children as they would like

- ***Skills*** – in how to work with children, families and communities, and how to work effectively with other professionals and services
- ***Values*** – regarding children, families and communities

The literature review focused on identifying the key knowledge and skill areas that such a curriculum would cover, and identified nine knowledge areas and seven skills areas.

The ***nine knowledge areas*** proposed are as follows:

- Understanding the core principles of child development and the key developmental tasks faced by young children and their implications for practice
- Understanding the cumulative effects of multiple risk and protective factors and the developmental implications of the balance between them
- Understanding what conditions and experiences are known to have adverse effects on prenatal and early child development
- Understanding what conditions and experiences are known to have positive effects on prenatal and early child development
- Understanding the factors that support or undermine the capacity of families to rear young children adequately
- Understanding the features of the family's immediate environment that are important for family functioning and young children's development and well-being
- Understanding what features and qualities of communities help or hinder families in their capacity to raise young children adequately
- Recognising the core needs that all children and families have in common, and how to provide inclusive child and family services
- Understanding the particular backgrounds, experiences and needs of children and families in exceptional circumstances or with additional needs

In addition to the above knowledge areas, it is proposed that the core curriculum for those working with young children and families include the following ***seven skill areas***:

- Understanding the features of effective evidence-based service delivery and being able to deliver such services
- Recognising the importance of coordinated service delivery to families and possessing the skills of interdisciplinary teamwork and interagency collaboration
- Possessing the skills to work effectively with infants and toddlers, and to help them master the key developmental tasks they face
- Knowing how to identify emerging child needs early, and how to address them
- Knowing how to manage children's health needs, eating behaviours, and exercise needs appropriately
- Knowing how to provide environments and relationships that are safe for young children

- Possessing the skills to work effectively with parents and families

The literature also indicated that effective practitioners not only need certain knowledge and skills, but also require certain values. The importance of values in the human services has been stressed by numerous experienced practitioners as well as by researchers (eg. Bruder, 2000; Freud, 2001; McWilliam, 1993). For example, in discussing the nature of psychotherapy, Sophie Freud (2001) argues that it is

> '... not primarily a technical enterprise but, above all, a moral, socio-political and value-driven endeavour. ...Therapy is made up of methods, theories, and values, and our methods and theories are only disguised values.' (p. 335)

Thus, she suggests that our theories are simply social values that find expression through psychological theories.

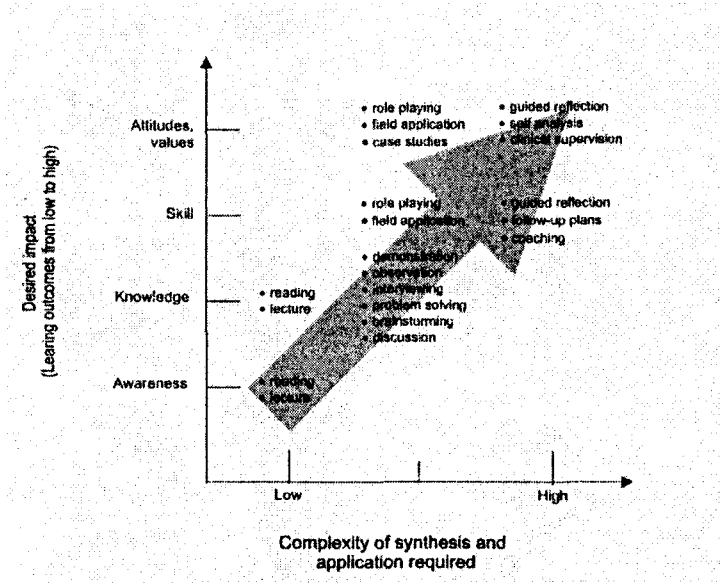
Even if one does not fully accept this view, it is clear that values and attitudes are critical elements in effective service delivery. As McWilliam (1993) has stressed, effective work with families involves understanding one's own values:

> 'The field of early intervention is only beginning to acknowledge and understand how interventionists' personal beliefs about services and their own values about children's and families' needs may prevent them from understanding what families want and, thus, may reduce the effectiveness of services. Every family involved in early intervention services has a different set of values and beliefs that deviates to some extent from the values of the professionals who are responsible for providing services. Discovering what a family's values are is only part of the challenge in achieving quality. Perhaps the greatest challenge to professionals is understanding their own values.'

As Bruder (2000) points out in discussing family-centred practice, attitudes are the hardest things to teach and change:

> 'Attitudes don't just permeate individuals, but they are embraced and reflected by agencies, organizations, communities, and constituents of communities such as those conducting research, training and service delivery. If one part of a system does not demonstrate family-centered attitudes, it is hard for the others in a system to override the damage this causes.'

McCollum and Catlett (1997) have developed a model showing the different types and intensity of learnings that are needed in order to acquire knowledge, skills and values (see next page). As shown in this graph, basic awareness and knowledge of an issue can be gained with the least effort and time, and may be acquired through reading or attending lectures. Mastering skills takes more time and effort, as well as a wider range of teaching strategies, including modelling, coaching and role playing. Acquiring attitudes and values takes the longest of all, and depends upon practical field experience, ongoing reflection and clinical supervision.



A model for matching training approach to desired training outcomes and complexity of application.

(McCollum and Catlett, 1997, adapted from Harris, 1980)

What is clear from McCollum and Catlett's model is that pre-service training is usually most effective at transmitting knowledge, can also provide a grounding in basic skills, but may be least effective at the transmitting the key attitudes and values that practitioners need to work with children and families. In order to consolidate and expand skills, and especially to acquire the necessary attitudes and values, professionals need ongoing professional development and appropriate supervision and support.

Results of literature review: *Training and professional development*

The literature on preservice training and professional development for professionals working with young children and their families was also reviewed. Whilst it was generally recognised that different training requirements exist for different professional groups, the

review identified a range of training needs common to all professionals working with young children and their families. These include

- training in communication and counselling skills,
- family-centred practice,
- cross-cultural competence,
- interdisciplinary teamwork,
- inter-agency collaboration,
- inclusive practices and use of natural learning environments.

The review also looked at what is known about effective pre-service and professional development training. Three main features of effective pre-service training were identified:

- interdisciplinary training in common knowledge and skill areas,
- using parents as trainers in how to work with parents and families, and
- basing training on adult learning principles.

The features of effective professional development and ongoing support programs include

- the availability of various forms of supervision and on-the-job training,
- cultivation of reflective practitioners and reflective work cultures, and
- the provision of training for managers (in staff support, team building and change management).

The National Competencies framework was also analysed. National Competencies have been developed in different service sectors to provide consistency in training across a range of jobs. They form part of the Australian Qualifications Framework (AQF). Each service sector has its own qualifications framework under the AQF. An analysis of these was undertaken based on relevant documents and interviews with senior managers from two organisations, one being a national industry training advisory body covering community services and health industries and the other responsible for the implementation of competencies in Victoria. The existing National Competencies (1999) were also mapped against the core knowledge and skill content areas identified in the literature review.

When compared with the training provided by universities (where there is no standardised undergraduate curriculum or training), the framework and idea behind the National Competencies of setting a national training standard has considerable merit. However, the content currently covered does not appear to be comprehensive enough to fully prepare workers to meet the needs of young children and families effectively. Content areas for which no competencies were listed included environmental conditions and experiences known to positively or adversely affect pre-natal and early child

development, and factors that support or undermine the ability of families to rear children adequately.

Discussion and conclusions

- The general idea of a core curriculum for early childhood workers was welcomed by all individuals and organisations consulted during the course of this Project. This model is already partly reflected in the National Competencies framework.
- The survey showed that no single profession had all the knowledge, skills and values needed to work effectively with young children and their families, although all professions had some
- There was agreement that knowledge of the core competencies and skills was patchy across the early childhood sector, and needed to become more consistent. Current knowledge of child development is more about stages of development rather than the factors that affect development.
- None of the individuals or organisations consulted had any quarrels with the core knowledge and skills as identified in the literature review. When the professionals and associations were asked to identify areas of knowledge and skills where additional training was needed, they were always consistent with the findings of the literature review
- There is a wide range of in-service training opportunities currently available to early childhood workers. However, these are not well integrated or easily accessible to all workers.
- Training tends to be done within professional or workforce 'silos', with much wasteful duplication as a result. There is clearly scope for a much greater degree of interdisciplinary and cross-sectoral training. This would have the dual advantage of being more economical, as well as helping ensure more of a shared knowledge base and philosophy among all those working with young children and their families.
- In-service training should be based on adult learning principles, which means acknowledging and building on people's existing knowledge, skills and experience.
- The availability of supervision and mentoring were very inconsistently available across the professions working with young children and families. Some professional disciplines (eg. psychology and social work) and some services (eg. family support, mental health) have well-established induction procedures and supervisory practices, while others (eg. child care, early childhood education) have little or none. Where such on-the-job support and supervision is lacking, the consolidation of skills and values that are essential to effective practice are inevitably compromised.
- There is a need for greater variety in the types of training modalities used. To meet the needs of rural workers in particular, a range of training options is needed,

including more use of new technologies such as videoconferencing, interactive web technology, and CD ROM training packages.

- The literature review indicated that greater use could and should be made of parents as trainers of professionals in some courses and in-service programs. Although this point rarely arose in the consultations and focus groups, this is likely to be because the sector has had so little experience of parents in such a role. It is an option definitely worth exploring further.
- The pre-service training provided by universities is felt to be somewhat variable and ad hoc, and in may cases fails to equip people adequately for work with young children and families. To some extent, this is not the fault of the universities, since undergraduate courses cannot teach students all the skills they need to be effective practitioners – these must be learned or consolidated on the job. However, there is a consensus that universities could do a better job of equipping graduates with more relevant knowledge and skills.
- The respective roles of the Commonwealth and the states regarding pre-service and in-service training is unclear, and this contributes to the current fragmentation of training in the early childhood sector.
- Finally, there is a general sense that more and more parents themselves appear to be lacking the knowledge and confidence to raise their children effectively. In addition to considering how best to equip professionals with the knowledge and skills they need to work with young children and their families, we also need to consider how to raise the general public understanding of the needs of young children and how to support parents of young children more effectively.

Training modules

As a result of this survey, CCCH has developed a series of CD ROM-based training modules designed to address the common training needs of those working with young children and their families. Funded by the R.E. Ross Trust, these cover the following topics:

- Core module: Understanding child development and family functioning
- Module 1A: Introduction to family-centred practice
- Module 1B: Identifying and responding to child and family needs
- Module 2A: Community centred practice
- Module 3A: What works: effective service delivery & collaboration
- Module 3B: Diversity and inclusive practices

Key features of the modules:

- Designed for an interdisciplinary group

- Integrated – designed as a complete set
- 3 hour modules
- CD ROM containing PowerPoint presentation, embedded video clips, background speaker notes, printable handouts and reading lists
- Train-the-trainer approach
- Integrated content across all modules

Training available from CCCH

- For details of the training modules, see the CCCH website – www.rch.org.au/ccch – and follow the links to *Training*, then *The Early Years - Refocusing Community-based Services*
- Alternatively, go straight to *The Early Years* page at http://www.rch.org.au/ccch/training/index.cfm?doc_id=7072
- The training calendar can be downloaded from http://www.rch.org.au/emplibrary/ccch/CCCH_Train_Calendar.pdf

Issues still to be addressed

- ***We need to develop a comprehensive cross-sectoral and interdisciplinary approach to the provision of both pre-service and professional development training.*** We need to explore common training needs across disciplines and agencies.
- ***We need to integrate pre-service training programs on the one hand and professional development and support programs on the other.*** These need to address the same core knowledge and skills areas.
- ***We need to develop a more comprehensive approach to teaching specific core skills*** such as family-centred practice, community-centred practice, core helping skills. The development of professional development modules based on the core curriculum identified in the ACCAP project is only a small start. The modules themselves are only for half-day sessions, and are introductions to the knowledge and skill areas, and are therefore no substitute for more intensive skill-based training (eg. Davis, Day and Bidmead, 2002).
- ***We need to provide all professionals who work with young children and their families with opportunities for ongoing on-the-job supervision and mentoring.***
- ***We need to continue to develop training materials using a greater range of training methodologies, particularly for the benefit of rural workers.***
- ***Pre-service and professional development programs need to incorporate the key features of effective training*** identified in the Capacity Building Project – including parents as trainers, and adult learning principles

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www.ecconnections.com.au

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The Birth

By Mary Dilworth

It is the only day
it is time out of time light out of light
the pattern (clenched hands knuckles tight)

It is the work day
all that waxes and wanes
is formed is movement is flow
is beauty
fine hair line moist hair hugging-
flowers of toes

It is the only day
traces of the vein pulse-
thrust-
the first cry

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"The newborn dance

There is a dance that appears out of nowhere, steps we don't know we know until using them to calm our baby. This dance is something we learned in our sleep, from our own hearts, from our parents, going back and back through all of our ancestors. Men & women do the same

dance, and acquire it without a thought. Graceful, eccentric, this wavelike sway is a skilled graciousness of the entire body. Parents possess and lose it after the first fleeting months, but that's all right because already it has been passed on - the knowledge lodged deep within the comforted baby."

(From *The Blue Jay's Dance*, by Louise Erdrich)

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"A history from the point of view of mothers and children is a rarity. And this one is rich, far-reaching, and fierce, as well as clever and accessible. From the Ancient Goddess to the Holy Virgin to the Devouring Mother to the Doctor Spock mother and now the Activist Mother, we discover, despite the myths, that she was the childbearer and rearer and was usually good enough not to have suffered the slings and arrows of misogyny."

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"To love without conditions

Bit by bit I discover new ways of loving. How can I truly love my children if at the same time I wish they were different? Emilio pesters his brother. He pinches his cheek, pushes him, pokes him. Jonathan usually takes it all in his stride, even laughs. Sometimes, however he cries. It is a situation to be handled with tact. I do not want to humiliate Emilio, jealous of his new little brother, who arrived only a few months ago. I tell him, 'Dear Emilio, I love you very much, but you must stop tormenting Jonathan'. Emilio looks at me, smiles, then says, 'I knew you would say "but".'"

(From: *The Gifts of Parenting*, Piero Ferrucci)

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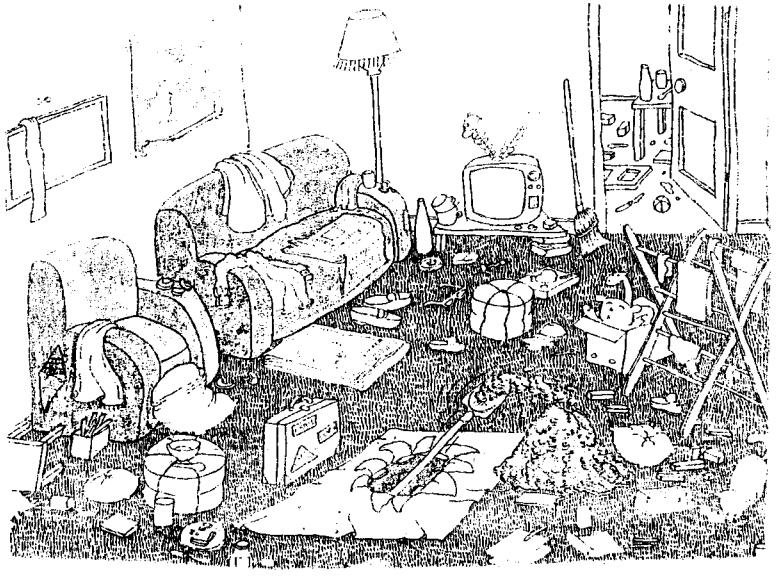

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"If the new father feels bewildered ... let him take comfort from the fact that whatever he does in any fathering situation has a fifty per cent chance of being right."

Bill Cosby

"One does not love one's children just because they are one's children but because of the friendship formed while raising them."

Gabriel Garcia Marzuez

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"I would advise any father to establish his own way of communicating directly with his children, not just through their mother."

Daniel Petre, *Father and Child*

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I'm pregnant now what - pregnancy & motherhood, available in the Family Planning library, Canberra, by Audio Visual Services, Westmead Hospital for the Social Work Department

I am offering sessions titled: 'Entering Motherland' based on an introduction to the literature but can be broadened out into a discussion format. If you'd like further information contact
Joan Garvan, garocon@pcug.org.au
Phone: 6161 6068

Movies

Fran, Australina, 1985, Director: Glenda Hambly,DRAMA

Made for each other, 1939, Director: John Cromwell

Me, myself & I, Director: Pip Karmel,FANTASY/DRAMA

Hightide, 1987, Director: Gillian Armstrong

Ordinary people, 1980, Director: Robert Redford

Stella Dallas, 1937, Director: King Vidor

The good mother, 1988, Director: Leonard Nimoy

Fong sai yuk, 1993, China, ACTION,Dir: Corey Yuen

Once were warriors, 1994, DRAMAD: Lee Tamahoir

A question of silence, 1982, Netherlands, DRAMA, Director: Marleen Gorris

Rabbit proof fence, 2001, Australian, DRAMA Director: Phillip Noyce

Together, 2001, Sweden, COMEDY, Dir: L. Moodysson

The anniversary, 1968, Dir: Roy Ward Baker, DRAMA (Bette Davis)