

Brotherhood of St Laurence

UNEQUAL LIVES?

Low income
and the
life chances of
three year olds

Tim Gilley and Janet Taylor



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Brotherhood of St Laurence

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FOREWORD

In most industrialised countries, income inequality has been worsening: a long trend which Australia has not escaped.

Over the 1980s, the incomes of Australian families became less equally distributed. High-income families and working couples without children improved their situation. Those families who slipped back were lower-income, often single-income, couples with children and sole parent families (Saunders 1992, Harding 1993). According to the National Population Council (1991, cited in van der Schoot 1994), 'increasingly, income has been concentrated in Australia in the hands of people with few or no children, while those experiencing financial difficulties are increasingly those with children'.

Amongst families with children, there is another growing divide: between those families with children who have no parent in paid work and those who have two parents in a job.

The combination of these trends may be producing a polarisation in the circumstances and experiences of children as they grow up. Some children will be growing up in families where a high level of income and security prevails; for others, low and insecure incomes are a continuing feature of life. In the long term, this polarisation has the potential to produce markedly unequal life chances for children and to reduce social cohesion. Whether it does depends on whether we, as a community, are able to counteract inequality not only through the tax and social security systems, but through our health, education and community services.

The Brotherhood began the Life Chances Study, of children born in inner urban Melbourne in 1990, in order to examine the impact of income and other factors on the development of children. We hope that the results will help to achieve change that will improve the life chances of all children, especially those who are more vulnerable.

This report deals with the situation of the children when they are around three years old, so the effects of family income and other factors on children's development over time is still largely to be determined. But the findings nevertheless indicate some disturbing elements.

The situation of the families has become more unequal over the two and a half years of the study with more children being in families with income below the Henderson Poverty, a decline in the proportion of medium-income families and an increase in the proportion on higher incomes. Some of the increase in the number of families on higher incomes reflects the return of mothers to work as the children grew from infancy.

The report highlights the possibility that, for a sizeable minority of Australian children, poverty and low income may be a long-term experience. Over one-quarter of the children in our study were in families with incomes below 120 per cent of the relevant Henderson Poverty Line both in 1990 and 1993; three quarters of the families who had such a low income in 1993 also had a low income in 1990. In contrast with higher-income families, those on low incomes were more likely to have only one parent, to come from a Non-English-speaking background, to have parents with limited education, and to have unemployed parents.

Most significant, the report indicates that in some important ways low income is likely to have a relatively detrimental effect on children. It shows that in contrast with families not on low incomes, low-income families were:

- more likely to have mothers rate their children's health as fair, rather than excellent and their child's temperament as difficult, rather than as average;
- more likely to have mothers say that they were having problems managing the child, that they received little or no help from the child's father, and that they were facing multiple stresses such as serious disagreements with their partner, serious financial problems, and serious housing problems; and
- less likely to have mothers who received help from friends and relatives and who were satisfied with their local area as a good place to bring up young children.

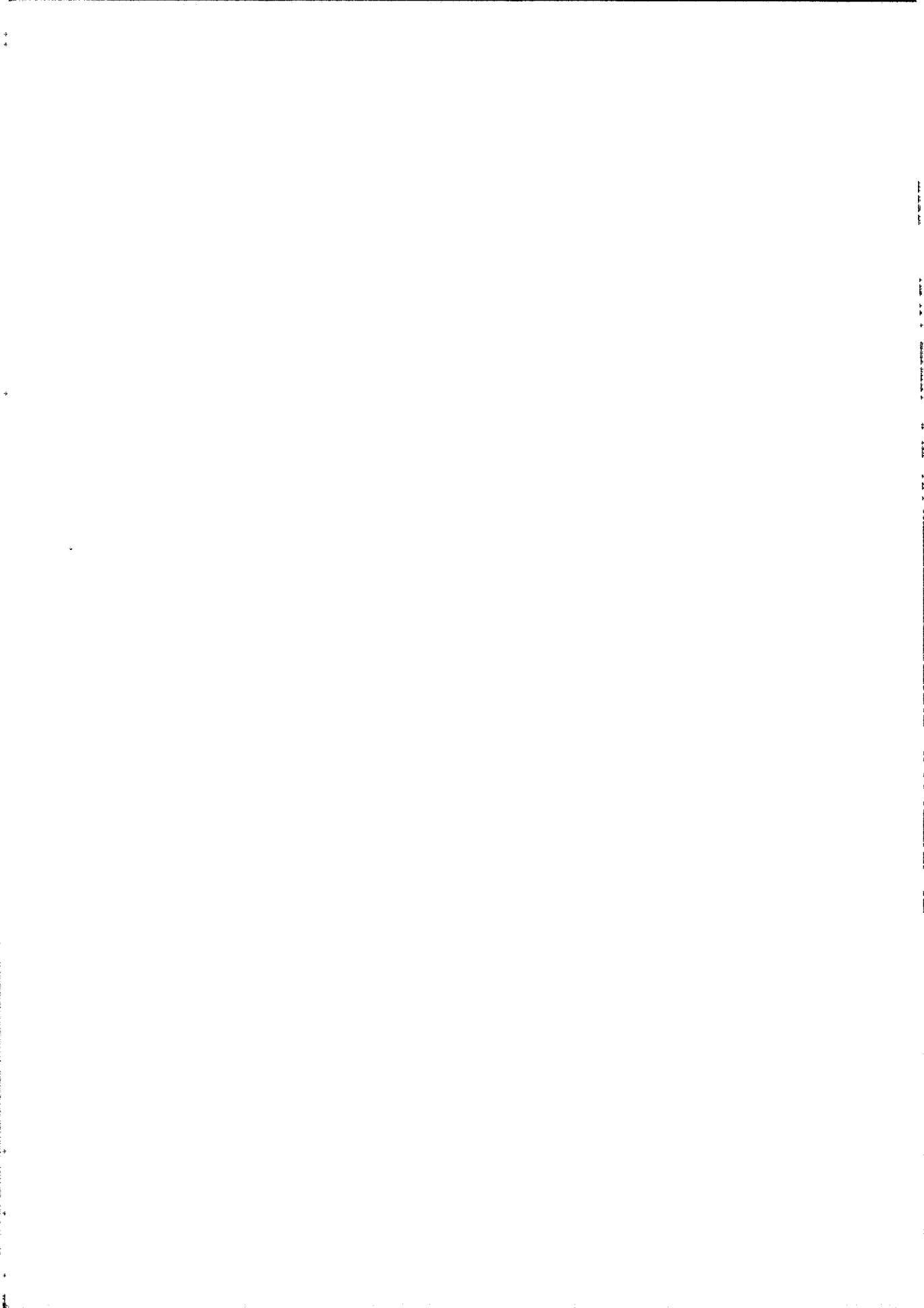
Even at age three, the children of low-income families were being excluded from some forms of participating in the wider world. There was much less use of paid child-care by low-income families (only 38 per cent compared with 80 per cent not low-income) and also less use of playgroups. The parents worried

about the children's future and the effects of low family income on their education and training.

The report points to mothers' appreciation of a range of health and welfare services such as maternal and child health services, hospitals, general practitioners and community health services in assisting with the children's development. In contrast the likely problems with access to quality child-care, kindergartens and schooling may be especially detrimental to the life chances of the children in low income families.

Australia-wide studies show that there is a relationship between low parental income, a relatively low level of educational attainment and unemployment, including long term unemployment (Williams 1987, Crossley 1990). If we wish to have a society with equal life chances for Australian children, this is a correlation which must be broken down. And yet this will not occur if children in low-income families have fewer opportunities to participate fully in child-care, kindergarten and school because of barriers such as cost. Thus, while the report points to many strengths in Australia's service delivery system, it also poses a warning which should be taken seriously.

Alison McClelland
Director
Social Policy and Research



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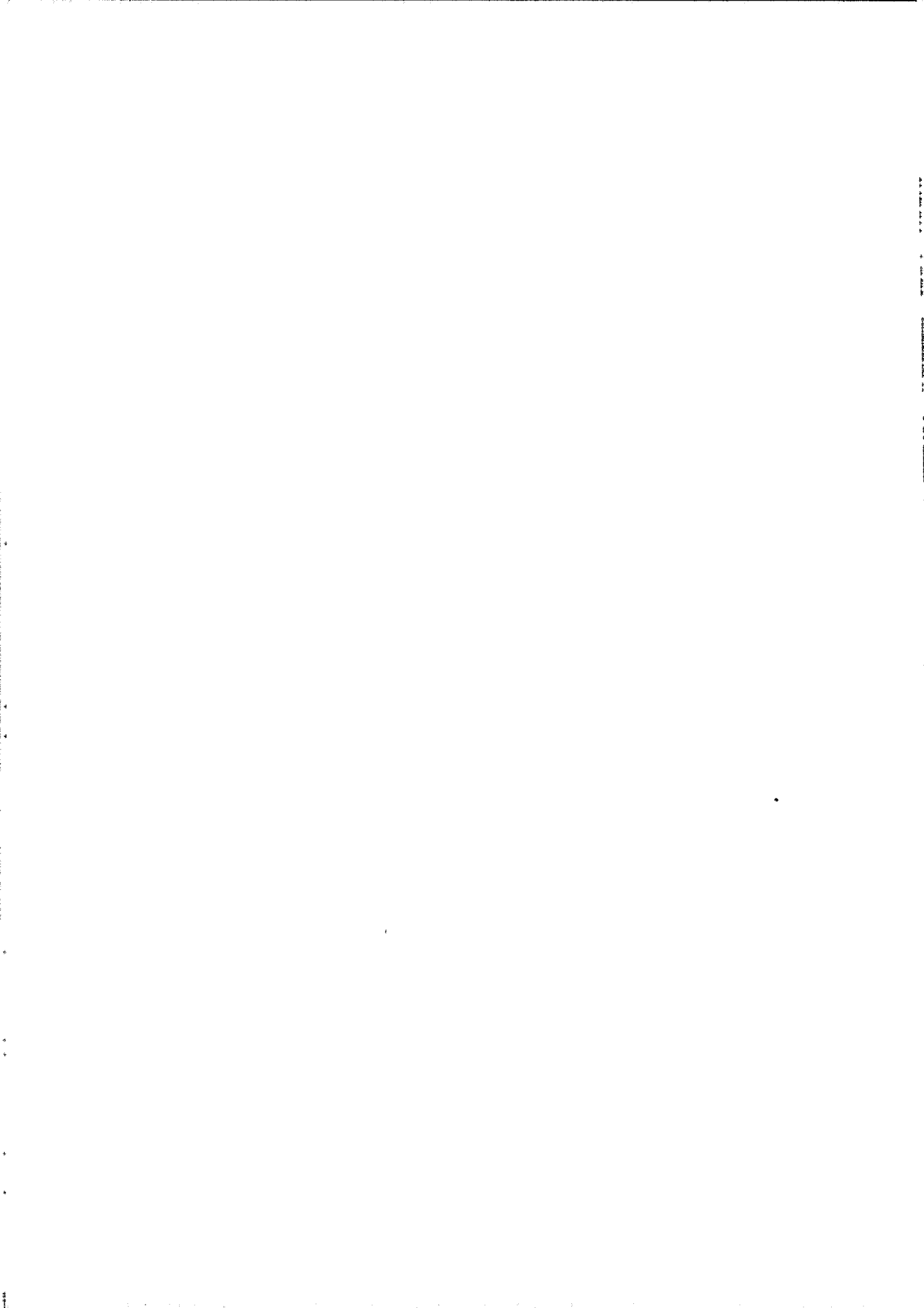
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SUMMARY

The Life Chances Study is a longitudinal study being undertaken by the Brotherhood of St Laurence to explore the impact of low-income and associated disadvantages on the life chances of children.

The specific aims of the Life Chances Study include:

- to examine over an extended period of time the life opportunities and life outcomes of a small group of Australian children, including the influences of social, economic and environmental factors on children's lives;
- to compare the lives of children in families on low-incomes with those in more affluent circumstances;
- to contribute to the development of government and community intervention to improve the lives of Australian children, particularly those in disadvantaged circumstances.

The children of the Life Chances Study were born in 1990 in two adjoining inner Melbourne municipalities. The study commenced with interviews with the mothers of 167 children when the children were about six months old. A second interview was conducted when the children were 18 months old and there was a third interview in 1993 when the children were about two and a half to three years of age. At the third interview the mothers of 161 of the initial 167 children were re-interviewed and the majority (125) of the fathers were also interviewed briefly.

This report describes the situation of the children and their families at the third interview, when the children were aged two and a half to three years of age, and explores changes over time.

The families of the children are very diverse in terms of education, occupation, family size and structure and ethnic background, as well as family in-

come. By the third interview 16 per cent of the children lived in sole parent families and 27 per cent lived in families in which both parents were from non-English-speaking backgrounds (NESB families).

Thirty-five per cent of the children were living in low-income families (families with incomes below 120 per cent of the Henderson poverty line), a slight increase from the 33 per cent on low-incomes at the first interview. Over one-quarter of the children were in low-income families at both interviews. Low family income was strongly associated with sole parenthood, NES background, parents' limited education and unemployment.

At the third interview, according to their mothers, most children (92 per cent) had excellent or good health, although colds and some other infections were common and a few children had serious health and development problems. While in many aspects of their health there was little difference between children in low-income and other families, mothers in low-income families were significantly more likely than mothers in other families to rate their child's health as fair rather than excellent and to rate their child's temperament as more difficult than average. Children in low-income families were less likely to be breastfed and were more likely to have parents who smoked. They were less likely to be able to complete some specified age-appropriate tasks.

Many of the mothers said they were managing well with their child and that they had good support from their partners, relatives and friends. However there were families who were facing financial, health and other stresses which affected the parents' capacity to care for the child. For the low-income families stresses were often associated with unemployment and sole parenthood; for families not on low-incomes there were often stresses for the mother associated with conflict between her employment and caring for the child. Mothers in low-income families were significantly more likely to say they were having problems managing the child; that they received little or no help from the child's father; and that, in the previous 12 months, they had serious disagreements with their partner, serious financial problems, serious housing problems and that their partner's job situation had worsened. Children in low-income families were considerably more likely than those in families not on low-incomes to live in families facing multiple stresses. At the same time, the low-income families were less likely to have help from friends and relatives to support them in times of stress.

Most children (75 per cent) lived in families with at least one parent in paid employment, but 25 per cent lived in families in which no parent was employed — a 4 per cent increase since the first interview. Just under half of all mothers were employed, most commonly part-time. Mothers whose partners were unemployed emphasised the negative impacts of low family income and the adverse psychological effects of unemployment.

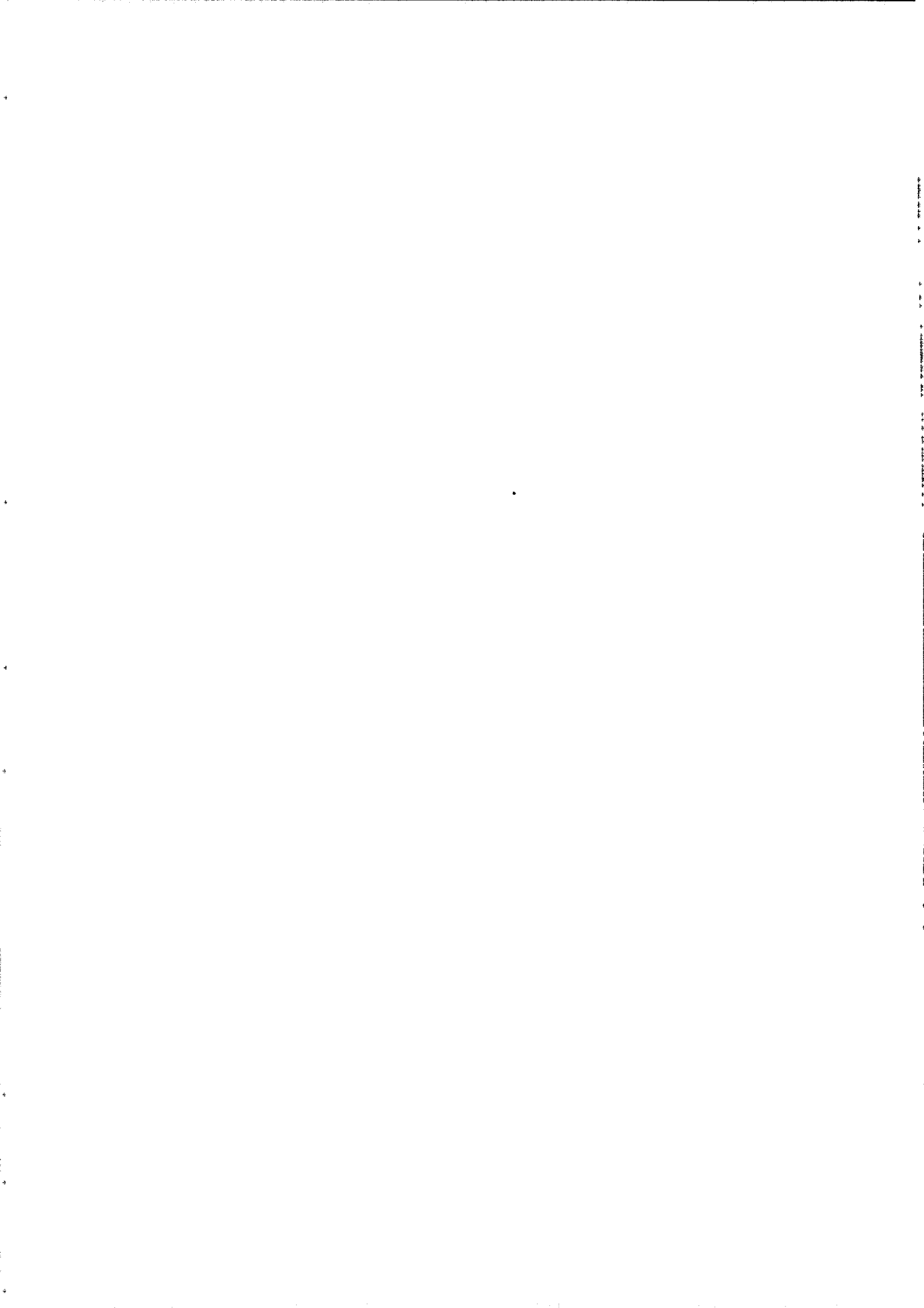
The children lived in diverse housing. About half of the families owned or were purchasing their homes, however most families on low-incomes were in public or private rental housing or shared housing arrangements. About one-third of the low-income families had experienced serious housing problems in the previous 12 months, with the most serious problems being for families in private rental accommodation.

Over half the families had moved since the first interview, with 41 per cent moving outside the original inner area. Families on low-incomes were slightly more likely to have moved than other families. However, they were also more likely to say they wanted to move but could not. Overall, mothers in low-income families were less satisfied with their local area as a place to bring up young children than were mothers in families not on low incomes.

Mothers were generally satisfied with the quality of the services they used for their children despite some criticisms of most services. The services most frequently identified as particularly helpful were the Maternal and Child Health Service and child-care services. Low-income families were less likely to use child-care and other children's services than other families, but were as likely to use most health services for their children. Mothers in low-income families were more likely than other mothers to identify services that they wanted to use for their children but were unable to.

At this stage, because of the young age of the children, the study has not identified a range of clear outcome measures of the effects of low family income on the children's health and behaviour. What it does show, however, is that low-income has a variety of influences on the children and their families. For some children, low family income resulted in their parents finding it difficult to afford such things as clothing, medication or child-care for them. A few had to miss meals because there was no money for food. Financial stress affected family relationships and led to marital conflict in some families and even to marital separation in extreme cases. Low-income interacted with other factors including unemployment and housing difficulties to intensify family stress. Meanwhile, low-income families, who included numbers of sole-parent and NESB families, often had fewer social supports and fewer personal resources in terms of education, employment skills and English to increase family income. It is planned that further studies will explore how these early experiences influence the children's futures.

The findings of this study illustrate some important aspects in our society's failure to provide equality of opportunity for children growing up in low-income families during these early crucial years and reveal a need for policies and services to be responsive to the needs of all low-income families with young children, including NESB and sole-parent families.



INTRODUCTION

CHAPTER 1

This report explores the impact of poverty on the life chances of children in their first three years of life using information from the Life Chances Study, a Brotherhood of St Laurence study of 161 children born in 1990 to families living in two adjoining inner urban areas of Melbourne.

Life chances

If all children born in Australia had similar genetic inheritance and were all brought up in much the same social, economic and physical environments it could presumably be said that their chances or opportunities in life were equal. Clearly, this is not the case. Children are born different in many ways and then exposed to very different environments.

Equality of life chances does not require that all children be the same. The concept suggests equality of opportunity rather than equality of outcomes. It is not in the best interest of either the individual or the society to deny children the opportunity to develop their full potential as citizens.

The concept of life chances of children embodies the full range of influences that affect the opportunities to which children have access — opportunities which in turn influence the kinds of adults they become. Important influences identified in the literature range from factors affecting pregnancy and birth, gender, temperament, health, aspects of family structure, residential location, the quality and accessibility of health, education and community services, to the influence of government policies and the state of the economy on parents' employment and income. There is continuing debate over the relative impact on life chances of genetic inheritance as opposed to environmental influences. An overview of research findings on some of the important influences is provided in Appendix 1.

Poverty and life chances

The influence of low income on life chances is of particular concern for this report. The effects of low family income on children's health and well-being have been the subject of a number of studies (Smith 1982; Trethewey 1989; Edgar, Keane & McDonald 1989; Brownlee & McDonald 1993). There are major differences in opportunities for, for example, a child in a family with both parents with professional qualifications and occupations and family income in excess of \$100 000 per annum compared with a child in a family in which the mother and father did not complete secondary education and whose sole source of income is a Job Search Allowance of \$15 000 per annum. Socioeconomic factors potentially interact with all other influences on children, and have implications for the quality and location of their housing, their health, their self-confidence, and their eventual educational achievement (Davie 1993; Takeuchi, Williams & Adair 1992; Fergusson, Harwood & Lawton 1991).

In a review of literature on the impact of adversity on child health in Australia, Jolly (1990, p.39) concluded:

For the 0-4 age group, the children from deprived backgrounds were less frequently breast-fed and less frequently had full immunisation. The nature of the interaction between mother and infant was noted to be qualitatively and quantitatively different. Poor children were less likely to receive well child care and had less continuity of health care. They were more likely to be premature, of low birth weight and later have an elevated lead level and iron deficiency anaemia. Developmental delay was more common. The mortality rates were higher, as were injury rates, and they were more likely to have sub-optimal growth. SIDS was more frequent and poor children were noted to be hospitalised more frequently. It was also noted that behaviour disorders were more prevalent.

The focus of this study is the impact of low family income on pre-school age children (up to three years of age). This includes both the direct effects and the indirect effects that may flow from living on this level of income. Examples of direct effects are the inability of a family to buy food or to send a child to kindergarten because they cannot afford the fees. An example of an indirect effect is increased stress on parents who cannot afford to pay bills, leading to less attention being given to the needs of their child. The extent to which low family income translates into a range of disadvantages influences whether low income can be equated with poverty — a value-laden term that rightly carries with it the moral imperative for action.

How low income is defined is also of crucial importance. In the debate on this issue it has been argued elsewhere that, in spite of some limitations, the Henderson poverty line remains the most appropriate measure of income poverty in Australia (Carter 1991). Henderson described his poverty line as being

set at an austere or 'low level', with those below it as being 'very poor' and those a little above it as 'rather poor' (Committee of Inquiry into Poverty 1975, p.13). This study uses a definition of low income which encompasses those below 120 per cent of the Henderson poverty line; that is, those who are defined as 'very poor' (below 100 per cent) and also those who are defined as 'rather poor' (below 120 per cent). There is detailed discussion of the distribution of family income in Chapter 3.

Longitudinal studies

Research studies that explore the situation of a group of people at one point of time (cross-sectional studies) may establish associations between, for example, low income and a range of disadvantages. However, they can rarely establish causation. A report from the National Health Strategy (1992) reviewed national research evidence that showed that people on low incomes were more likely to be in poorer health than people on high incomes, but was not able to definitively establish why this was so, at least partly because of the absence of longitudinal studies. Cross-sectional studies usually provide little insight into why some people on low incomes appear to be able to escape the effects of the disadvantages they face.

Studies that track people's changing circumstances over time (longitudinal studies) have been developed to attempt to overcome the limitations of cross-sectional studies. While longitudinal studies suffer their own limitations (Fogelman 1984; Adena 1987), they have produced some extremely important findings. This research was developed in an attempt to understand better the complex causal relationships that could not be explained through cross-sectional studies. The development of the research took into account the general lack of Australian longitudinal studies of young children, despite some important exceptions such as the Brunswick Family Study (Smith & Carmichael 1992) and longitudinal studies of children's temperament (Oberklaid et al. 1985; Prior 1992) and nutrition (Hitchcock et al. 1986). Studies of older children include school-based studies (for example O'Brien 1987) and the Australian Youth Survey. Certainly, there is nothing in Australia on the scale of longitudinal studies of children in Great Britain, where there are three major studies following children born in 1946, 1958 and 1970 to adulthood (Davie 1993). Saunders (1989, p.1) commented on the general lack of longitudinal data in Australia:

One of the most important themes to emerge in social policy in the last decade or so relates to the causes or consequences of events that fundamentally change the prospects and living standards of people. These include, for example, getting married, having children, separating or getting divorced, losing a job, getting a job, getting access to public housing, and so on ... no such longitudinal data are available in Australia.

Some of the most important insights from longitudinal studies of children are reviewed briefly in Appendix 1. Because the locational, cultural and historical contexts have considerable influence on research findings (Wadsworth 1991) and limit the extent to which they can be generalised to any given population, these contexts are indicated in reporting the findings. The increases in poverty and long-term unemployment in Australia and elsewhere since the 1970s provide an important context in which to consider the conclusions of earlier research.

The issues raised by the longitudinal studies include the persistence of low income over time, the extent to which persistent poverty is more detrimental than poverty at one point of time and also the impact of poverty at particular stages in children's lives. There has been considerable debate about the extent to which disadvantage is passed on from one generation to the next. Research has also identified factors that appear to protect vulnerable children.

The Life Chances Study

The Life Chances Study commenced in 1990 in Melbourne, with interviews with the mothers of 167 children born in two inner urban municipalities. This was followed by a telephone interview when the children were about 18 months of age. A third, more extensive interview was conducted with the mothers of 161 of the children when the children were aged between two and a half and three years of age. This was combined with a brief interview with fathers of 125 of the children.

Major reports of the findings of the study to date examine:

- the situation of children of immigrants in the study (Taylor & MacDonald 1992; Taylor & MacDonald 1994; Taylor 1994);
- the use of birthing and early childhood services based on the first interviews with mothers (Gilley 1993a);
- the employment experiences of the parents based on first and second interviews (Gilley 1993b);
- the mothers' experiences of depression after the birth (Gilley 1994a);
- the issues of locational disadvantage and use of services by mothers with very young children in four outer locations, contrasted with the experiences of mothers in inner suburbs in the Life Chances Study (Gilley 1994b).

The broad aims of this longitudinal study of children were developed on the assumption that the research will continue as the children grow up, although the end point is seldom certain in any longitudinal study of children.

Aims of the study

The overall purpose of the Life Chances Study is to conduct longitudinal research on the impact of low income and associated disadvantages on children. Specific aims identified in the initial development of the study included:

- to examine over an extended period of time the life opportunities and life outcomes of a small group of Australian children, including the influences of social, economic and environmental factors on children's lives;
- to compare the lives of children in families on low incomes with those in more affluent circumstances;
- to contribute to the development of government and community intervention to improve the lives of Australian children, particularly those in disadvantaged circumstances.

Research questions

The research questions for this report are more specific and less ambitious than the broader aims of the study, mainly because the young age of the children (three years of age or less) limits the potential outcome measures available to the study. Later reports when the children are older will contribute more to the broader aims. This report is concerned primarily with indicators of family advantage and disadvantage and the links between these and the children's situation to indicate possible future outcomes.

This report explores the situation of children in families on low incomes at the third interview, comparing their situation with that of children in more affluent families. Continuities of advantage and disadvantage between the first and the third interviews are also explored, in order to understand better whether advantages or disadvantages are a temporary or more persistent condition.

This report poses the following questions in relation to children at the third interview, comparing the circumstances of children in low-income families with those in more affluent families:

- What are the children's levels of well-being and health?
- What are the families' experiences of stress and informal supports, and how do these affect their children?
- What are the families' experiences of services, housing, employment, and how do these affect the children?
- What is the impact of low incomes on these children and their families?

Several points need to be made about the context in which this research report explores these questions. The first point is that the life-cycle stage of child-bearing and being responsible for very young children can have profound effects on patterns of income. At the first interview, for example, the income levels of many of the families were at a low point because of the withdrawal of women from the work force following their child's birth. The key issue in women's employment decisions by the third interview continued to be the balancing of family income needs and caring responsibility for young children.

A second point is that the source of data for this research is interviews with mothers, and to a much lesser extent, with fathers. This research thus differs from studies that include external professional assessment of children's health and development, for example the Brunswick Family Study (Carmichael & Williams 1983). Based on parents' reporting, an analysis of links between different aspects of the child's situation is presented as well as the parents' views in their own words.

A third point is that the population of the particular inner area selected for this research has its own distinctive attributes which make it different from the general population particularly the high proportion of low-income, non-English speaking background (NESB) families, the high proportions of both low-income and relatively affluent families, and the high proportion of sole parents. The inner area was deliberately selected because of its diversity but this does limit its representative character to some extent. Although this study follows the children, regardless of where they move, the original choice of location has continuing implications for the nature of the study. Other aspects related to the inner area, such as the high proportion of public rental housing and relative availability of services, may become progressively less important given the high mobility of families.

The format of report

The format of this report reflects the main subject areas in which information has been collected. The emphasis in each chapter is on presenting information collected at the third interview when the children were about three years of age, but reference is also made to information from the first interview to indicate continuities of advantage and disadvantage.

Chapters 2 to 9 report the information collected in the areas of family characteristics, income, child health and development, family stresses and supports, employment, housing, use of services, and mothers' views of their children's life chances. Five children are introduced whose circumstances are used for illustrative purposes throughout these chapters. Chapter 10 returns to the questions raised in this initial chapter and reflects on what the findings have to offer in public debates about maximising the life chances of Australian children. A literature overview and the research methodology are presented in the Appendices.

INTRODUCING THE FAMILIES

CHAPTER 2

Introduction

The children who are the centre of the Life Chances Study were born in 1990 to families living in two inner Melbourne municipalities. The study commenced with interviews with the mothers of the 167 children when the children were about six months old. This chapter introduces the families in 1993 at the third interview when the children were aged two and a half to three years of age. It outlines family characteristics including family structure, family size, ethnic background, educational level and employment of parents and where families live. Other important aspects of the families' lives, including family income, housing and employment, are discussed in more detail in later chapters. This chapter outlines some of the family changes over the three years of the children's lives and introduces five of the children whose families are followed throughout the report.

Five children and their families

To illustrate something of the diversity of the situations of these children, five are briefly introduced here and will be reintroduced in later chapters. Pseudonyms are used, suburbs of residence are not identified and a few family characteristics have been modified to protect confidentiality. They include one child whose family is in the highest income group (Sally); one from a medium-income family (Brett); and because of the focus of the study, three from low-income families (Huong, Ahmet and Cathy). The categories of family income are defined in Chapter 3. Sally is one of the most advantaged children in the study to date in terms of family income, but also in terms of health and family supports, while Cathy is one of the most disadvantaged. The other children come between, with a range of family situations.

Sally is the first child of Australian-born parents in their thirties, both with tertiary qualifications. When Sally was born they lived in a house they owned in the inner suburbs but have since moved to a larger house in a middle suburb. The parents both work as managers, but at the third interview the mother is on paid maternity leave, having recently had a second baby. Sally's mother describes Sally as having excellent health, grasping concepts quickly, being adaptable and easier than average, and says Sally 'settles very easily in new environments and I think that that's attributable to feeling very secure'. Sally attends creche two days a week and on other days her mother likes to provide activities for her at home such as painting. The mother found the recent pregnancy tiring, however she gets a lot of help from Sally's father and grandparents. The father's relationship to Sally is 'very close'. The mother comments that there are a lot of people who are interested in Sally's welfare, both relatives and family friends, 'She is very fortunate'.
(Highest income — annual family income is \$120 000).

Brett is the second child of an Australian-born couple, living in a house they own in the inner suburbs. His father, of Southern European background, is a mechanic who runs his own business. Brett's mother is at home with the children. Brett's mother describes him as 'basically happy and contented' and his health as good, although he has had quite a few infections and she is a little concerned about his speech. He is timid with other children but if he cannot get his own way will hit out at his older brother. There have been a number of family stresses, including the death of grandparents and marital disagreements, and the mother has felt depressed at times with 'no self esteem or drive'. She gets some help with the children from relatives and friends, but her husband works long hours and is not at home a lot. The father has a 'warm' relationship with Brett but because of his long hours sees him 'just a short time of a night time'.
(Medium-income family — annual family income \$31 300).

Huong is the daughter of a Vietnamese couple. Her father has been in Australia about eight years. He sponsored his wife to Australia after she escaped from Vietnam. The mother has been here now about four years and speaks little English. Huong is the first child and they now have a second child and are expecting a third. At the first interview they were living in private rental accommodation in the inner suburbs. At the third interview the family is living in a house they are buying in an outer suburb. Huong's uncles and aunt live with them in a household of seven. The father was unemployed at the first interview, but has now started a small pressing business. Huong's mother has also helped with the work until her current pregnancy. However 'there is less work than before'. The mother describes Huong as easy-going, having a good nature, talking a lot and loving to dress up. Huong's health is good. She speaks Vietnamese only at this stage. The mother reports no stressful events. She receives help from her husband, mother-in-law and sister-in-law. The father's relationship to Huong is 'close' and the

mother describes herself as happy and managing quite well. The father's income is low and the family receive Additional Family Payment.

(Low-income family — annual family income about \$16 500).

Ahmet is the third child of a young Turkish couple who have been in Australia about five years and live in a high-rise public housing estate. The parents both have only primary schooling. The father has had health problems and speaks little English and has not been employed in Australia. The mother is not working. She has had a job since Ahmet's birth but, 'I left, I couldn't cope'. Now she cannot find work. The family's income is from social security payments. Financially 'we just make do' and the mother reports having difficulty in affording clothes and toys for Ahmet. The mother describes Ahmet as having lots of energy and a strong nature and his health as excellent. He attends creche five days a week (the fees are low because of fee relief) and he speaks both Turkish and English. The mother has had major health problems with blackouts and migraines but is better now. She receives some help from one close friend and some from her husband when she is sick but has no relatives in Australia for support.

(Low-income family — annual family income \$20 100).

Cathy is the second child of a young Australian-born mother who separated from Cathy's father soon after her birth. At the first interview the mother and two children were living in a high-rise flat in inner Melbourne and receiving a Sole Parent Pension. The mother has limited education (Year Nine), some literacy problems and little work experience. By six months Cathy had suffered from asthma and had spent 10 days in hospital with bronchitis; she had also spent some time in residential care while her mother was in hospital with pneumonia. At the second interview Cathy was in foster care because of her mother's health problems and unstable housing, the family having left the high-rise estate. At the third interview the mother and two children were living in a room behind a relative's house in an outer suburb, but planning to move. Cathy at the age of three has had considerable health problems (asthma, heart murmur, allergies, accidental poisoning) and has been on medication for hyperactivity. The mother describes Cathy as getting on well and 'pretty happy', but having a more difficult than average temperament: 'She's got to have her own way'. The mother identifies a number of recent stressful events including her own health (she has just been in hospital with asthma), serious disagreements with Cathy's father and with relatives, and financial and housing problems. She says she feels depressed but would not let this affect the children. The mother gets some help from her own father, but nothing from Cathy's father whose relationship to Cathy she says is poor — 'he loves her but ...' He sees Cathy a couple of times a year and, although working, pays no maintenance. Cathy's mother cannot always afford the food she thinks Cathy needs, or medication, clothes, shoes or toys.

(Low-income family — annual family income \$13 300).

The families of the study

The two municipalities of the study were initially selected because of the considerable diversity of their residents. These inner areas have a high proportion of low-income families, but also a higher than average proportion of high-income families and of residents with higher educational qualifications. There is a wide range of ethnic groups, including recently arrived refugees. Families live in diverse housing, ranging from 20-storey high-rise public housing estates to renovated nineteenth-century terrace houses. They live in private rental accommodation, public housing and homes they own or are purchasing. The study was planned as a census of children born in a selected six-month period in each municipality (between March and December 1990) and contact was made with the families through the Maternal and Child Health Service, which is notified of all births in a local area. Overall, 167 children (66 per cent of those born in the two municipalities in the selected months) participated in the study at the first interview. This group is broadly representative of all the children born in these suburbs in terms of the range of family income groups and of parents' ethnic backgrounds (See Appendix 2).

At the third interview the mothers of 161 of the initial 167 children were reinterviewed. This represented a 96 per cent retention rate over approximately two and a half years, in spite of the fact that over half the families (53 per cent) had moved since the first interview. The six families who did not participate in the third interview included some who could not be traced and some refusals, for example a family on the point of returning to Turkey. The families who were thus lost to the study included three Vietnamese, two Turkish and one from the Pacific islands. All six families were on low incomes at the first interview and to this extent the low-income families at the third interview can be seen as being underrepresented. The analysis presented in this report excludes these six families.

The 161 children at the third interview of the study included 90 girls and 71 boys. Because of the presence of three sets of twins, there were 161 children in the study but only 158 families. For ease of reporting the results are reported in terms of the 161 children rather than the 158 families. (For example, when it is reported that 51 per cent of mothers made a particular response, this refers to the mothers of 51 per cent of the children.)

Many of the families had undergone considerable changes in the three years since the children were born. Three fathers had died; at least two fathers had been in jail; three children had been in temporary foster care; and two families had moved overseas permanently. More commonly, families had moved within Melbourne; many had new babies since the first interview; some parents had separated and some had repartnered; some had lost jobs and some had gained paid work. Some of these changes are discussed below.

Family structure

The majority of children (84 per cent) lived in two-parent families at the third interview but 16 per cent were living with just one parent — in all cases their mother. Family characteristics are outlined in Table 2.1.

Table 2.1 Family structure and size

<i>Family structure</i>	<i>First interview</i> %	<i>Third interview</i> %
Sole-parent family	11	16
Two-parent family	89	84
Total	100	100
<i>Number of children</i>		
1	51	29
2	29	46
3	12	11
4	7	12
5	1	2
Total	100	100
(Number of children)	(161)	(161)

There had been an increase in the number of children in sole-parent families since the first interview from 18 to 26. Parents of half of these children (13) had separated between the two interviews while five children's mothers who were formerly sole parents had repartnered since the first interview. There were 13 children whose mothers were sole parents at both interviews.

In summary there were:

- 18 children in sole-parent families at the first interview, of whom
 - 13 were in sole-parent families at the third interview
 - 5 were in two-parent families at the third interview;
- 143 children in two-parent families at the first interview, of whom
 - 13 were in sole-parent families at the third interview
 - 130 were in two-parent families at the third interview.

The sole-parent families ranged from those with young single mothers with their first child to families in which parents had separated and there were four or five children to raise. The amount of contact the children in sole-parent families had with their absent fathers ranged from none to almost daily contact.

Family size

Family life-cycle stage was an important aspect of a family's situation, particularly with the impact of the birth of the first child, but also with that of subsequent births. At the first interview, 51 per cent of the children of the study were the only child in the family. The average number of children per family was 1.8 children. In 53 families (33 per cent) a new baby had been born between the first and third interviews. One of these families had had another baby and then twins so that by the third interview they had four children under the age of three. At the third interview most of the children of the study (71 per cent) had brothers or sisters, while 29 per cent were the only child. The number of children in the families ranged from one to five children, with the average family size being just over two children (see Table 2.1).

The four largest families (those with five children) were all low-income families, living on social security payments or wages from low-paid jobs, with parents from non-English-speaking backgrounds. Two of these families were Hmong refugee families from Laos, who had each had two additional babies since the study child was born in 1990. Two were families with Vietnamese parents, one of whom was a sole parent.

The number of people in the households ranged from two to eight. Most children lived with both parents and siblings. Some children lived in extended families, particularly in some of the NESB families, although some Australian-born sole mothers lived with their mothers or shared accommodation with friends. There were stepchildren present in eight of the families.

Parents' age

The mothers' ages when the study children were born ranged from 18 years to 44 years of age. (There were four mothers under 20 years and 11 mothers in their forties.) The average age of the mothers at the children's birth was 31 years and of the fathers, 34 years. The sole parents on average were slightly younger than the mothers in two-parent families (29 years compared with 31 years). Twenty per cent of mothers were aged 25 or less (37 per cent of sole parents and 18 per cent of mothers in two-parent families).

Ethnic background

The Life Chances Study was commenced in an area with a relatively high concentration of immigrants. This is reflected in the Life Chances Study families. While in Australia overall in 1991 one child in three (33 per cent) had at least one parent born overseas (Taylor & MacDonald 1994), in the Life Chances Study almost half the children (47 per cent) had at least one parent born overseas, with very diverse ethnic backgrounds (see Table 2.2). Some (17 per cent) had one Australian-born parent and one born overseas (some from English-

speaking countries, others from non-English-speaking countries). A few children (2 per cent) had both parents born overseas in English-speaking countries. Over a quarter of the children (27 per cent) had both parents born in a non-English-speaking country. The largest group was of children with both parents born in Vietnam (11 per cent of all children). Other children had parents from a range of non-English-speaking birthplaces in Asia (Laos, China, Hong Kong, Singapore and Malaysia), the Middle East (Turkey, Egypt, Lebanon, Iraq and Syria) and Europe (the former Yugoslavia, Bulgaria and Italy). The families in which *both* parents were born in a non-English-speaking country are referred to in this report as the non-English-speaking background (NESB) families.

Table 2.2 Ethnic background—parents' birthplace

<i>Ethnic background</i>	<i>Number of children</i>	<i>% of children</i>
Both parents Australian-born	86	53
One parent Australian-born		
one NESB	13	8
one ESB	14	9
Both parents NESB	43	27
Other		
both ESB	3	2
one ESB/one NESB	2	1
Total	161	100

The English-speaking background (ESB) parents and those NESB parents married to Australian-born partners had typically been in Australia for much longer than the parents in the NESB families. At the first interview 31 per cent of the mothers and 25 per cent of the fathers in the NESB families had been in Australia for less than three years, and less than five years by the third interview. Of the 43 mothers in the NESB families over half (58 per cent) described themselves as speaking English either not well or not at all.

Some of the NESB parents had arrived in Australia as immigrants and some as refugees or under family reunion schemes, while one family were asylum-seekers with no entitlements as settlers.

Parents' education and occupation

The parents' level of formal education was very diverse (see Table 2.3). One mother had no schooling at all and 15 mothers had only primary schooling. All but one of these mothers were in NESB families. They represented 10 per cent of all the mothers, while 42 per cent had secondary education as their highest level of education, 40 per cent had tertiary education and 8 per cent had a trade qualification. The fathers' levels of education were similar to those of the mothers. Within families, mothers and fathers usually had similar levels of edu-

cation, whether low or high. All the fathers with only primary schooling were in NESB families. Over half the Australian-born fathers (54 per cent) had tertiary education compared with 14 per cent of fathers in the NESB families. The parents' education levels were closely related to both their type of occupation and to whether or not they were employed.

At the first interview when the children were about six months old, 76 per cent of fathers and 32 per cent of mothers were in paid employment. Typically the fathers were in full-time work while the mothers were likely to work part-time (see Table 2.3). At the third interview when the children were two and a half to three years old, the proportion of fathers in employment had decreased to 72 per cent while the proportion of mothers in paid employment had increased to 48 per cent.

Table 2.3 Parents' education and employment

<i>Parents' highest level of education</i>	<i>Father</i> %	<i>Mother</i> %
No school	-	1
Primary	6	9
Secondary	36	42
Tertiary	39	40
Trade	10	8
Not known/missing ^a	9	-
Total	100	100
(Number of children)	(161)	(161)
<i>Parents' employment at first interview</i>		
Fulltime	71	5
Part-time or casual	5	27
Not employed	16	68
Not known/missing ^a	8	-
Total	100	100
<i>Parents' employment at third interview</i>		
Full-time	65	14
Part-time or casual	7	34
Not employed	22	52
Not known/missing ^a	6	-
Total	100	100

a. Information not available for some fathers not living with child.

The occupations of the parents in paid employment included a large number in professions (42 per cent of fathers and 32 per cent of mothers) and smaller numbers in services and sales, administrative and clerical occupations, production and trades. The specific occupations of the mothers ranged from art deal-

ers and doctors to machinists and waiters, and the fathers' employment was similarly varied. Family employment issues are explored further in Chapter 6.

Where the families live

While all the families lived in two inner suburban municipalities at the time of the child's birth, 53 per cent had moved at least once since the first interview and a few had moved many times. Some had moved within the same inner suburbs while others had moved further afield in Melbourne and some as far as Alice Springs, Egypt and Holland. At the time of the third interview, 59 per cent of the children were living in the original two inner suburbs, 35 per cent elsewhere in Melbourne and the remaining children (6 per cent) elsewhere in Victoria, Australia or overseas.

Families' housing tenure at the third interview included home ownership (11 per cent), home purchasing (39 per cent), private rental (14 per cent), public rental (21 per cent) and a variety of sharing and other arrangements (14 per cent). These are considered in detail in Chapter 7.

Characteristics of family types

Two groups of families of particular interest in this study because of their high representation among low-income families are the sole-parent families and the NESB families. The characteristics of these families can be summarised at the third interview as follows:

Sole-parent families (26)

The sole-parent families were most commonly on low incomes (73 per cent), with Australian-born or ESB mothers (65 per cent), with secondary level education (81 per cent) and not in paid employment (65 per cent). The sole-parent families most commonly had moved away from the original study area (65 per cent) and typically had one child (50 per cent).

Two-parent families (135)

In contrast to the sole-parent families the two-parent families were typically not on low incomes (73 per cent), they were mostly families with one or both parents Australian-born or ESB (73 per cent). The most common level of education was tertiary (46 per cent of mothers and 44 per cent of fathers); half (50 per cent) of the mothers were employed and 78 per cent of the fathers. Fifty-three per cent of two-parent families still lived in the original suburbs. They most commonly had two children (50 per cent).

NESB families (43)

The families in which both parents were born in NES countries were most commonly on low incomes (74 per cent). They were mostly two-parent families (79 per cent), with parents who had secondary education (53 per cent of mothers, 56 per cent of fathers) or less. Typically, mothers were not in paid employment (68 per cent) while only half (49 per cent) of the fathers were employed. Seventy per cent of the NESB families lived in the original study suburbs. Family size was spread fairly evenly from one child (28 per cent) to four children (26 per cent).

Families with Australian-born and ESB parents (118)

The families with two Australian-born parents or with at least one Australian or ESB parent were typically not on low incomes (80 per cent). They were mostly two-parent families (86 per cent) with parents with tertiary education (50 per cent of mothers, 52 per cent of fathers). Both parents were likely to be employed (52 per cent of mothers and 80 per cent of fathers). Over half (55 per cent) remained living in the two inner suburbs. Over half had two children (52 per cent).

Summary and discussion

The families of the children of the Life Chances Study represented the diversity of the population of the inner suburbs where the study commenced. These children were born into families with very diverse incomes, occupations, education levels and ethnic backgrounds. They ranged from first children of parents in high-paid professional jobs to children in large refugee families reliant on social security payments.

Many families had undergone considerable changes between the first interview, when the children were about six months old, and the third interview, when they were about three years old. There had been increases in the numbers living in sole-parent families. Changes in parents' employment reflected both the economic recession (more unemployed fathers) and the life-cycle stage of the families (more employed mothers). Many of the families had had additional children since the first interview and many had moved house. All these factors have the potential to influence the children's life chances. Subsequent chapters will explore these factors as well as the influence of family income on the lives of the children.

Introduction

The impact of family income on the children is a major focus of the study. One indication of the increased numbers of Australian children living in low-income households is provided in changes in the number of children living in families dependent on social security pensions and allowances. These increased by over 30 per cent between late 1989 and December 1992, from 727 800 to 949 000 (Gilley 1993b). This has been part of a trend to increased inequality of incomes in Australia and in a number of other OECD countries during the 1980s and early 1990s (Saunders 1992; McClelland 1994a). At the same time it should be noted that the value of social security payments has increased since the late 1980s.

The polarisation of disadvantage and advantage among the Life Chances families in relation to patterns of family employment and consequent income distribution was one of the major issues arising out of one of the study's earlier research reports (Gilley 1993b).

Definition of income levels

The parents were asked to specify their income from all sources. This report groups family income into five categories (as defined in Table 3.1) rather than using the raw income. The income level thresholds vary according to the number of dependants and the labour force status of the 'head' of the family. An example of the income level for one family type is given in brackets for each income category in Table 3.1. The example is for a couple with one child with the household head in the labour force as at March 1993, as interviews were conducted between March and June 1993. The income levels for other family situations are presented in Appendix 3. The income levels apply to the incomes of the children's parents only and may underestimate household income where accommodation is shared, for example with extended family.

For most of the analysis in this report family income is discussed simply in terms of two categories: 'low income' and 'not low income'. Low income is defined as being below 120 per cent of the Henderson poverty line. The Henderson poverty line before housing costs is used with a simplified equivalence scale.

Table 3.1 Levels of family income

Low income

'Very poor'

Below the Henderson poverty line
(below \$16,744 p.a.)^a

'Rather poor'

Above the Henderson poverty line but below 120 per cent of the poverty line
(\$16,744 to \$20,072 p.a.)^a

Not low income

'Medium income'

Above 120 per cent of the Henderson poverty line, but below the cut off point where other income would exclude family from a social security pension
(\$20,072 to \$35,152 p.a.)^a

'Higher income'

Above point where other income would exclude family from a social security pension but below the cut off point for Basic Family Payment'
(\$35,152 to \$64,168 p.a.)^a

'Highest income'

Above cut off point for Basic Family Payment
(Above \$64,168 p.a.)^a

^a Income level threshold for a couple with one child with household head in labour force as at March 1993. Income levels for other family situations are defined in Appendix 3.

Income distribution

The percentage of children in each family income category is presented in Table 3.2. At the third interview 35 per cent of the children were in low-income families and 65 per cent in families whose incomes have been described as 'not low'. The families not on low incomes are spread across a range of medium, higher and highest income categories. For most of the analysis of this report the low-income families are discussed as one category, but it is worth noting that the largest grouping of the low-income families had incomes below the Henderson poverty line.

Data are not readily available on the proportion of Australian families with incomes below 120 per cent of the Henderson poverty line in 1993 to allow for comparison with the Life Chances families. However, an analysis of some 900

families with children under 20 years in the Australian Living Standards Study found approximately 20 per cent of families with incomes below 120 per cent of the Henderson poverty line in middle and outer Melbourne suburbs in the early 1990s (Brownlee & McDonald 1993), a lower level than for the inner urban Life Chances families with very young children.

Table 3.2 Family income level — third interview

<i>Family income level</i>	<i>No. of children</i>	<i>% of children</i>
<i>Low income</i>		
Below poverty line	43	27
Above poverty line but below 120% of line	13	8
<i>Total low income</i>	<i>56</i>	<i>35</i>
<i>Not low income</i>		
Medium income	23	14
Higher income	48	30
Highest income	34	21
<i>Total not low income</i>	<i>105</i>	<i>65</i>
Total	161	100

Sources of family income

Principal sources of family income at the third interview are simplified into three categories in Table 3.3. Some 62 per cent of the families were mainly reliant on earnings through salaries or business income, 27 per cent were reliant on government payments and the remaining 11 per cent were receiving a combination of government payments and earnings. Sources of family income were, however, more complex than this analysis suggests. Among the families in the higher and highest income groups there were examples of additional sources of income from investments, rental properties and inheritances (see the discussion of assets below).

Table 3.3 Sources of family income by family income level — third interview

<i>Principal sources of income</i>	<i>Low income %</i>	<i>Medium income %</i>	<i>Higher income %</i>	<i>Highest income %</i>	<i>Total %</i>
Earnings	9	61	98	100	62
Government payments	70	17	0 ^a	0	27
Earnings & government payments	21	22	2 ^a	0	11
Total	100	100	100	100	100
(Number of children)	(56)	(23)	(48)	(34)	(27)

Note: The Basic Family Payment (the former Family Allowance) is excluded in considering sources of family income on the basis that most families (other than those in the highest income category) were receiving this payment.

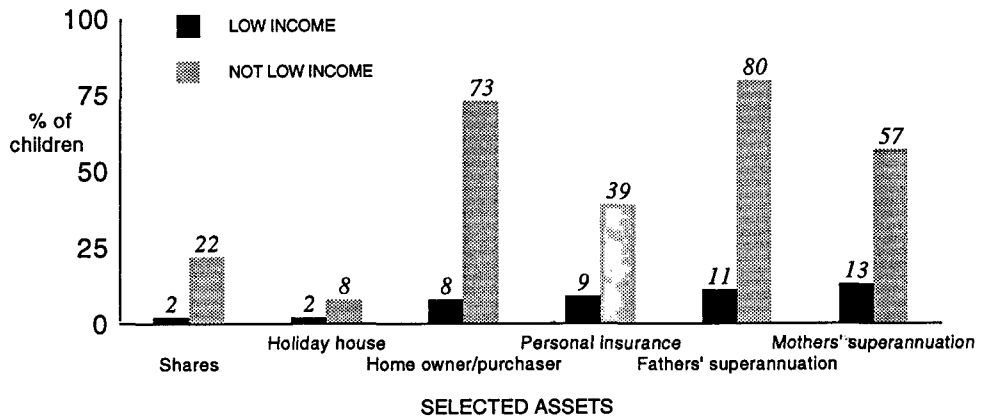
- a This family was in a transitional situation where they were no longer eligible for social security payments.

Major categories of government payments were Sole Parent Pension (20 families), Job Search Allowance/Newstart Allowance (21 families) and Additional Family Payment paid as an income supplement to families receiving low wages (10 families). A small number of families received other payments, including Austudy, Disability Support Pension and the Child Disability Allowance. In addition 23 of the families in private rental accommodation were receiving rent assistance as part of their social security payment.

Most families reliant on government payments as their major source of income had incomes below 120 per cent of the Henderson poverty line. In contrast, most families reliant on earnings were not on low incomes.

Income and assets

Family income level was significantly associated with the possession of selected assets (see Figure 3.1). (As outlined in Appendix 2, an association is described as 'significant' in the text to indicate statistical significance at a level of probability of .05. This is also indicated below the appropriate table. Tables from which figures are derived are presented in Appendix 4). Families not on low incomes were much more likely than those on low incomes to own their own home, to have superannuation, personal insurance or shares. Few families on low incomes had assets. Those with the highest incomes were consistently most likely to possess assets in each category.

Figure 3.1 Selected assets by family income — first interview

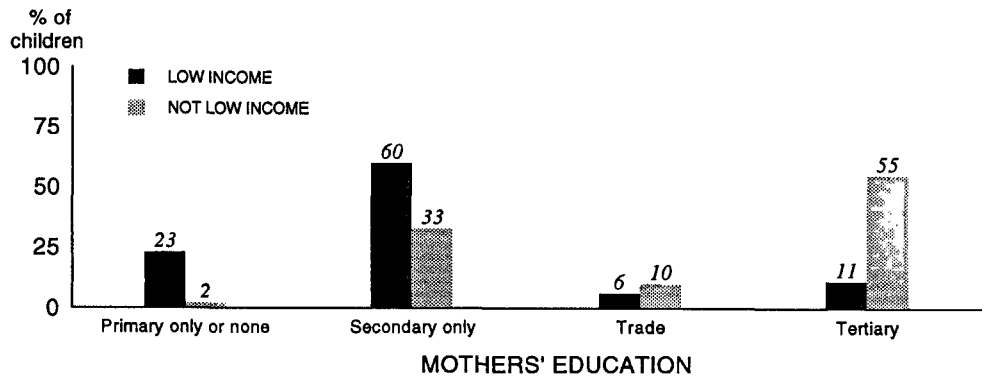
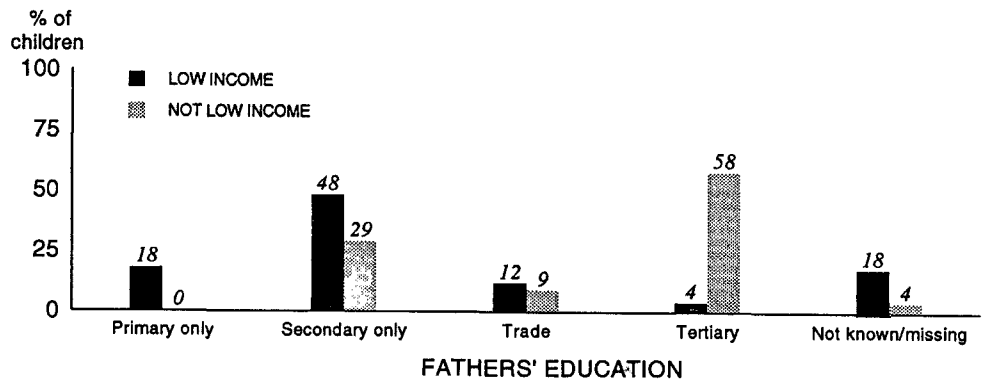
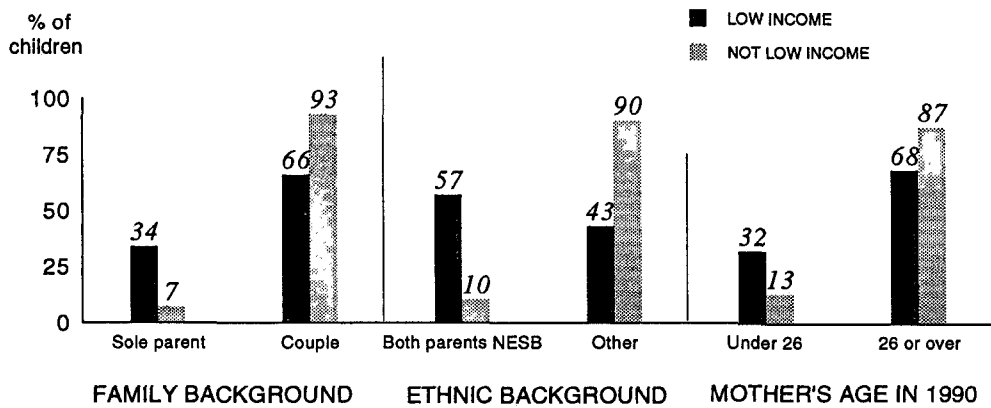
Note: Information on parental assets was collected only at the first interview. This figure uses income levels of families at first interview. Percentages refer to the proportion of low and not low-income families with each particular asset, and therefore do not total 100 per cent.

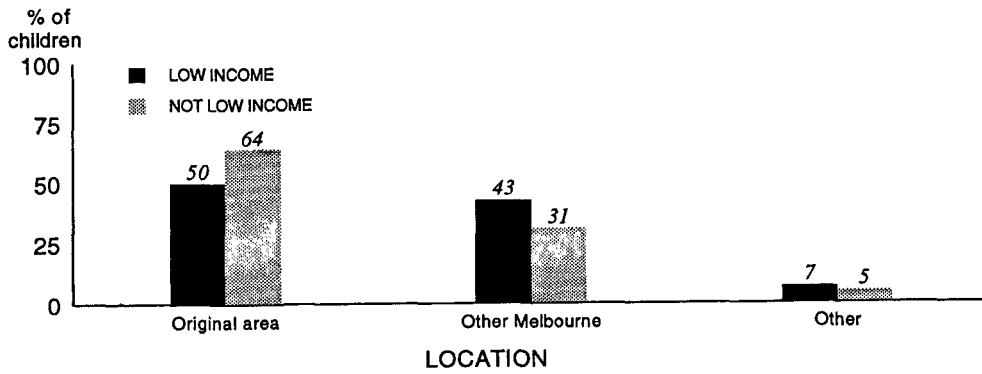
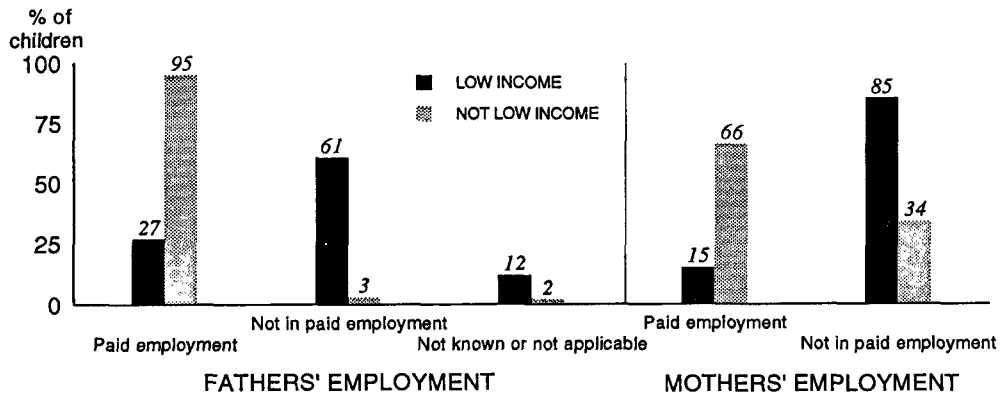
Family characteristics

Family income was also significantly related to a range of other family characteristics (see Figure 3.2). One-third of the children in low-income families lived in sole-parent families. On average, the low-income families had more children than the other families (2.7 compared with 1.8). The study child was the first born in 41 per cent of low-income families and in 55 per cent of families not on low incomes. Over half the low-income families had both parents of NESB (57 per cent) and relatively few had parents in paid employment. The parents in the low-income families typically had much less formal education than the parents in the higher-income families.

Half the low-income families still lived in the original suburbs at the third interview in comparison with 64 per cent of the higher income families. Where they lived within those inner suburbs differed considerably, with the low-income families concentrated in high-rise public housing estates and the higher income families typically buying or owning their homes in the quieter residential areas.

Figure 3.2 Selected family characteristics by family income — third interview





While there was considerable variation in the characteristics of the families in both the low-income and not low-income groups as indicated in Figure 3.2, the most frequent pattern of characteristics for the families can be summarised at the third interview as follows:

The families *not on low incomes* were most commonly two-parent families (93 per cent), with the study child their first child (55 per cent), with one or both parents Australian-born or ESB (90 per cent), with both parents with tertiary-level education (58 per cent of fathers, 55 per cent of mothers), with parents in paid employment (95 per cent of fathers, 66 per cent of mothers), and living in the original study area (64 per cent).

The families *on low incomes* were also most commonly two-parent families (66 per cent) although a large proportion (33 per cent) were sole-parent families. Most commonly the study child was not the first child (59 per cent). Most often they were NESB families, that is, both parents NESB (57 per cent), with parents most likely to have secondary level of education (48 per cent of fathers, 60 per cent of mothers) and not to have paid employment (61 per cent of fathers, 85 per cent of mothers). Half lived in the original study area (50 per cent).

Changes in financial circumstances over time

Overall there was only a slight increase in the proportion of children who were in low-income families between the two interviews, from 33 per cent to 35 per cent of children (Table 3.4). That is a 2 per cent increase over approximately two to three years between 1990 and 1993. However, within that low-income group the proportion of the children in families with incomes below the poverty line increased from 22 per cent to 27 per cent. Unemployment was the main reason given by mothers for the worsening of their financial situation between the interviews.

Among the families not on low incomes there was a considerable decline in families in the medium income groups and an increase in those on higher incomes. This is related in part to the mothers returning to paid employment.

Table 3.4 Family income levels — first and third interviews

<i>Family income</i>	<i>First interview</i> %	<i>Third interview</i> %
<i>Low income</i>		
Below poverty line	22	27
Above poverty line but below 120% of line	11	8
<i>Total low income</i>	33	35
<i>Not low income</i>		
Medium income	33	14
Higher income	17	30
Highest income	17	21
<i>Total not low income</i>	67	65
Total	100	100
(Number of children)	(161)	(161)

The main value of a longitudinal study is that it enables the situation of particular families to be followed over time. While Table 3.4 shows the proportion of families in each income category at two points of time, it provides no indication of which families had a change in income level. This is examined in Table 3.5. Three-quarters of the families on low incomes at the third interview were also on low incomes at the first interview — emphasising the continuity of income poverty in this study. Sixty-one per cent of medium-income families had the same income level at both interviews, while the corresponding figures were 35 per cent for higher income families and 55 per cent for families in the highest income level.

While the majority of the families on low incomes at the third interview (74 per cent) had been on low incomes at the first interview, 20 per cent had dropped from the medium income group, 4 per cent from the higher income group and 2 per cent from the highest income group.

Table 3.5 Changes in family income levels — first interview by third interview

<i>Income at first interview</i>	<i>Income at third interview</i>				<i>Total</i>
	<i>Low income</i>	<i>Medium income</i>	<i>Higher income</i>	<i>Highest income</i>	
	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	
Low income	74	26	10	0	33
Medium income	20	61	43	24	33
Higher income	4	9	35	21	17
Highest income	2	4	12	55	17
Total	100	100	100	100	100
(Number of children)	(56)	(23)	(48)	(34)	(161)

Families on low incomes

Table 3.6 further outlines the situation of low-income families over time. While 33 per cent of all families were on low incomes at the first interview and 35 per cent at the third interview (Table 3.4), 26 per cent of families were on low incomes at both interviews and 42 per cent experienced low incomes at one or both interviews. Between the first and third interviews 7 per cent of families increased their incomes to move out of the low income group, while 9 per cent of families experienced a sufficiently decreased income to bring them into the low-income category.

Table 3.6 Movements in family income

<i>Family income</i>	<i>No. of children</i>	<i>% of children</i>
Low income at both interviews	42	26
Low income at first interview only	11	7
Low income at third interview only	14	9
<i>Low income at one or both interviews</i>	<i>67</i>	<i>42</i>
<i>Not low income at either interview</i>	<i>94</i>	<i>58</i>
Total	161	100

Reasons for changed income levels

While changes of income level were primarily related to changes in employment, there was considerable variation in the situations of the families whose incomes moved them in or out of the low-income group. The reasons that 11 families were on low incomes at the first interview but not at the third interview can be summarised as follows:

- increased paid employment of both parents (3);

- increased paid employment of mothers only (3);
- increased paid employment work of father only (1);
- increased income without changes in employment (2);
- sole parent receiving a pension in her country of birth, rather than an Australian pension (1);
- sole parent repartnered (1).

In six families, mothers had increased their paid employment. These changes ranged from no paid work to part-time (three mothers) or full-time work (two mothers) or from part-time to full-time paid work (one mother). This included one sole-parent family. In four families, fathers had increased their employment: two from no paid work to full-time work, one from no paid work to part-time work, and one from part-time work to full-time work. In another two families income had risen without change in full-time or part-time work from either parent. In another family an overseas pension was paid at a higher rate than an Australian pension, in equivalent Australian dollars. In one family a mother who was a sole parent at the first interview had repartnered with a man in full-time paid work.

The reasons that 14 families were not on low incomes at the first interview but were on low incomes at the third interview were also mainly due to changes in employment, and can be summarised as follows:

- decreased paid employment of fathers only (9);
- decreased paid employment of mothers only (2);
- decreased paid employment of both parents (1);
- change from WorkCare payments to Newstart Allowance (1);
- separation from partner (1).

Of the ten fathers who decreased their employment, eight had lost full-time jobs, one had lost a part-time job and one had had fluctuations in the amount of part-time work. The mothers' decrease in paid work varied. The employment contract of one mother had expired. Another mother had stopped working with the birth of another child. One mother said she could no longer cope with paid work after the death of the child's father. One mother had reduced her part-time work in order to complete a postgraduate course. In one of these families there had been a double loss of employment: mother's part-time paid work and father's full-time job. In one family the father had moved from insur-

ance payments related to work injury (WorkCare) to Newstart payments, which were less. In one family the mother who was no longer working part-time had also separated from her partner who had been employed full-time.

Personal assessments

Mothers were asked to assess whether their financial situation had become better or worse since the second interview (about 12 months previously) and why there was a change. The most common reason given for family finances improving was increased family income from employment. The most common reason mothers gave for their financial situation being worse was decreased income, but other reasons included general increases in their cost of living or changes in circumstances, such as having another child or having to pay increased rent. Two mothers who cited better money management as a reason for improved family finances were both sole parents on low incomes who said they were in control of their own money now they were not living with their former partners. Several comments illustrate the changes. The comments of parents quoted in this report are identified in terms of family income. Sole parents or NESB families are also identified.

One mother whose situation had become worse had separated from her partner:

Before we had our home and his [partner's] wage every week. Now I have to worry about every single detail for my kids and have to buy everything. Even one person working is better than social security. (NESB sole parent on a low income with three children)

Another commented:

Unemployment benefit is not enough, food and other costs have increased. (Low-income sole parent with one child)

In contrast one mother was better off:

Because [partner's] salary increased and I received an inheritance, so that was nice. (Higher income)

Family income over time and selected family characteristics

The relationship between family income at the third interview and a range of family characteristics has already been discussed (see Figure 3.2). In considering the impact of low income over time it is relevant to ask whether the characteristics of families on low incomes at both interviews differ from those on low incomes at one interview only. Parents in families on low incomes at both interviews were significantly more likely to be sole parents, to be from NES backgrounds, and to be younger and have lower levels of education than was the

case for families on low incomes at one interview only, while those not on low incomes at either interview were even less likely to have these characteristics (see Table 3.7). For example, 91 per cent of children in families with low incomes at both interviews had parents with no post-secondary education compared with 68 per cent of children in families with low incomes at one interview and only 31 per cent of children in families not on low incomes at either interview.

Table 3.7 Selected family characteristics by family income over time

<i>Selected family Characteristics</i>	<i>Low income both first and third interviews</i> %	<i>Low income one interview only</i> %	<i>Not low income at either interview</i> %
NESB'	64	36	7*
Mothers under 26 years of age	36	28	11*
Sole parenthood	48	20	6*
Parents with no post-secondary education	91	68	31*
(Number of children)	(42)	(25)	(94)

* $P < .05$

Note: Mothers aged under 26 years in the year of the study child's birth. Sole parenthood is at one or both interviews. Low education is defined as no post-secondary education and thus includes parents with no schooling, primary schooling only, part secondary or completed secondary schooling. In sole-parent families it is based upon mothers' level of education. In two-parent families it includes only those families where neither parent has post-secondary schooling.

The impact of family finances on children

This section examines the impact of family income at the third interview. The family financial situations of the five children introduced in Chapter 2 are presented as illustrations of the range of financial circumstances of the study children. This is followed by mothers' ratings of their financial situation and their identification of the costs for the study children that they found most difficult to meet.

The five families

Sally's family's income is from both parents' wages at the third interview. Sally's mother says the family is better off financially than at the second interview because of the father's job promotion. She describes the family as having enough to get by on with a few extras. There are no costs for Sally they find difficult to meet. (The family's income was at the highest level at both first and third interviews).

Brett's family's income from the father's business is similar to that at the last interview.

They are able to save money and his mother says Brett will be going to a private school. There are no costs they find difficult to meet for Brett at present but the recession has added uncertainty. (Family income was at the higher level at the first interview and at the medium level at the third interview.)

Huong's family income is from the father's pressing business and is at much the

same level as at the last interview. They receive Additional Family Payment of \$60 per week as a low-wage family. They want to save to pay off their house. The mother says they have enough to get by on with a few extras. They do not name costs for Huong that are difficult to meet. (Family income was in the low category at both first and third interviews.)

Ahmet's family continues to receive social security payments so their income remains

much the same. The mother says she has just enough to get by on. She hopes their financial situation will get better 'by the time he's older. I would like to support him better'. She finds it is difficult to afford toys or clothes. (Family income was low at both first and third interviews.)

Cathy's family receives Sole Parent Pension and Rent Assistance. The mother says

she has just enough to get by on but has difficulty buying Cathy's clothes and shoes. She pays relatively low rent for the bungalow, but says when she moves to a house, 'we'll be struggling'. (Family income was low at both first and third interviews.)

Mothers' ratings of financial situation

Mothers were asked to rate their financial situation on a four-point scale according to whether they did not have enough to pay their bills, they just had enough to get by on, whether there was money available for extras, or they were able to save money (see Table 3.8). As would be expected, there was a significant association between family income and mother's rating of the family's financial situation. However, the responses varied with families' different expectations and constraints. For example, one of the highest income families were unable to pay their bills because of difficulties with high mortgage payments and building costs. Twenty per cent of mothers in low-income families said they did not have enough money to pay bills compared with 3 per cent of mothers in the highest income group. In contrast, mothers with incomes in the highest category were the group most likely to say they were able to save money (59 per cent of highest income families), while only one low-income mother indicated that she was able to save money.

**Table 3.8 Mothers' ratings of family's financial situation by family income level
— third interview**

<i>Rating of financial situation</i>	<i>Low income</i> %	<i>Medium income</i> %	<i>Higher income</i> %	<i>Highest income</i> %	<i>Total</i> %
Not enough to pay bills	20	0	6	3	9
Just enough to get by on	53	22	10	3	26
Enough with a few extras	25	48	51	35	38
Able to save money	2	30	33	59	27
Total	100	100	100	100	100*
(Number of children)	(56)	(23)	(48)	(34)	(161)

* $P < .05$

Two illustrations of the impact that family financial problems can have on children are provided below. One mother talked about the effects of arguments over financial problems which led to separation:

It took time away from [child] and preoccupied both of us. It totally consumes you and you get depressed and it's hard to feel good or be motivated to put a lot into your child. (Medium-income sole parent).

Another commented:

Since [partner] returned to study, we have the pressure of not having that income. Living on Austudy we do fight. It causes pressures with no money, it's harder to live ... when I was sick and with the financial situation ... it does affect [daughter]. She knows. You do your best to cover up. (Low income).

Child-related costs most difficult to meet

Mothers of 56 of the children identified costs for their children they found difficult to meet. The main problems were clothing (27 families), child-care (15 families), toys (eight families), food and nutrition (two families), medical expenses (two families) and entertainment expenses (two families). Not surprisingly, it was mothers in families with low incomes who were most likely to respond to this question, with over half the mothers on low incomes (57 per cent) identifying problems. For example, 17 of the 27 mothers who said they felt it was difficult to meet the cost of their children's clothing were on low incomes and all but one of the eight families who found it difficult to buy toys for their children were on low incomes.

As one mother commented:

We do not have money to buy toys, to let her take up piano lessons, to take her places. We only have enough money to feed her. (Low-income, NESB couple with one child)

Problems with child-care costs were distributed more evenly across income groups than other problems. Of the 15 families identifying difficulties with child-care costs, only one-third (five families) were on low incomes and four of the families had incomes in the highest category. This finding was partly a reflection of the fact that families on low incomes were less likely to have any paid child-care than other families in the study; that where they did have care it was less likely to be full-time care; and that federal government subsidies for child-care were arranged in such a way that families with incomes in the highest income categories were (at the time of the research) most likely to have to pay the full fee, with no government subsidies.

The mothers also mentioned costs they found difficult to meet in response to other questions during the interview. For example, 15 mothers said they could not afford their children's medication (see Chapter 8) and some mothers reported that they could not afford food and that their children had missed meals. Mothers' views of the likely effects of family finances on their children's future is discussed in Chapter 9.

Summary and discussion

This chapter defined two major categories of family income — low and not low. The low-income threshold was 120 per cent of the before-housing-costs Henderson poverty line, which is a measure sensitive to household size, household composition and work force participation. Over one-third of the families (35 per cent) were on low incomes at the third interview.

Most low-income families were substantially reliant on social security payments or a combination of social security payments and earnings. Conversely, most families not on low incomes had full-time earnings. Employment provided a pathway out of income poverty for most families with paid work, but not for all. The lack of assets held by low-income families compared with more affluent families emphasised the disparities between the resources available to low-income families and families not on low incomes.

Some of the major characteristics strongly associated with low family income were being a sole parent, having a large family, coming from an NES background and having a low level of education. Many of these characteristics were even more strongly associated with families on low incomes at both interviews, than with families on low incomes at one interview only.

Three-quarters of families on low incomes at the third interview had also been on low incomes at the first interview, indicating the continuity of income poverty. This group formed a sizeable proportion of all the families (26 per cent). The reasons for families' movements in and out of the low-income category were mainly related to increased or decreased paid employment of fathers and mothers. Comments from families about reasons for changes in

financial circumstance also indicate the importance of increased costs of living as well as changes in income received, and the impact of family separation and of having additional children. Mothers' ratings of their financial situation and identification of costs for their child that they found most difficult to meet illustrate the daily struggle to make ends meet experienced by many of the low-income families.

THE CHILDREN'S HEALTH AND DEVELOPMENT

CHAPTER 4

Introduction

Already by three years of age the children of the Life Chances Study had very diverse life experiences in terms of where they had lived, their family structure and relationships, their daily activities (19 per cent were in full-time child-care) and their health and development.

This chapter considers the children's health, nutrition, development and temperament from the accounts given by the mothers in the third interview. It also looks at the children's health over time and at the relationship between their health status and family income.

The children's health

According to their mothers, most of the children were healthy and enjoying life. Some had occasional or mild health problems. A small number had quite severe health and development problems.

When the five children were introduced in Chapter 2 their health was mentioned briefly. This chapter looks a little more closely at what their mothers reported about their health.

Sally's mother describes her as 'a well child' and rates her health as excellent.

■ In the last 12 months Sally has had colds and chest infections which her mother rates as mild. (Highest income)

Brett's mother rates his health as good. She reports in the last 12 months chest

■ infections, vomiting and diarrhoea, skin rashes, eating problems (all of which she rates as moderate) and some mild colds, ear infections and injuries, 'he's fallen over a few times'. (Medium income)

Ahmet's mother says his health is excellent. She mentions mild colds and chickenpox

■ and serious constipation in the last 12 months. (NESB low income)

Huong's health is rated good by her mother. The only problem in the last 12 months has been mild vomiting and diarrhoea. (NESB low income)

Cathy's mother rates her health as good. She reports asthma, constipation and allergies, all of which she rates as serious, and a number of mild infections and an accidental poisoning. She comments:

Cathy's getting on good, real good. She's got a bit of a cough at the moment but she's on antibiotics and cough mixture...She took an overdose [of Phenergan]. She's very hyperactive and the doctor put her on Phenergan at the hospital and I put it up there [on the cupboard] and she got it. See this table was clear and she actually pulled this table over, she grabbed one of the chairs and up she went. She's unbelievable. She can climb...She's got a heart murmur. It was diagnosed when she was eight weeks old when she had bronchitis...but when she took the overdose they diagnosed it again...Apparently they can outgrow it, she's coming along quite well but she has to have regular checkups. (Low-income sole parent)

Health rating

At the third interview almost all the mothers rated their children's health as excellent or good (92 per cent of children), with the remainder describing their children's health as fair (8 per cent). The proportion of mothers describing their children's health as excellent or good was the same as at the first interview (see Table 4.1). At the third interview none of the mothers described their children's health as poor, although three had done so when the children were aged six months.

For the large majority of children (87 per cent), mothers rated their health as good or excellent at both the first and third interviews. Of the 13 children whose health their mothers described as only fair at the third interview, four had their health described as fair or poor at the first interview but nine had had good or excellent health at the first interview.

Table 4.1 Mothers' ratings of child's health

<i>Health</i>	<i>First interview</i> %	<i>Third interview</i> %
Excellent	54	47
Good	38	45
Fair	6	8
Poor	2	-
Total	100	100
(Number of children)	(161)	(161)
<i>Health</i>	<i>At both interviews</i> %	
Excellent or good: both interviews	87	
Excellent or good (first): fair (third)	6	
Fair or poor (first): excellent or good (third)	5	
Fair: both interviews	2	
Total	100	
(Number of children)	(161)	

One indicator of potential health problems is low birth weight (under 2500 grams). There were 17 children (10 per cent) in this category, including five of the six twins (of whom two had very low birth weights — under 1500 grams). Only four of the low birth weight children had been born to low-income families and two to sole parents. At the third interview four of the low birth weight children were described as in only 'fair' health by their mothers. They included two children in low-income NESB families, one of whom had diagnosed developmental delay, and one set of twins in a medium-income Australian family. The twins who had very low birth weights were described by their mother as in excellent health and with no serious health problems at the third interview (a highest income family).

The use of the mothers' ratings of their children's health raises some issues of interpretation. Some mothers described their children's current health as excellent in spite of continuing long-term problems or in spite of recent, but not current, serious health problems.

There was a significant association between health ratings and family income (discussed below), but there was also an association with parent's birth-place. NESB mothers were more likely to rate their children's health as good rather than excellent, while Australian-born and ESB mothers were more likely to rate their children's health as excellent rather than good, irrespective of income level. It is suggested that this relates to language or cultural factors to

some extent, rather than solely to the children's health status, reflecting in some NESB families a reluctance to tempt fate by saying a child's health is excellent.

A mother's rating of her child's health as fair rather than good or excellent was an indication that she was worried about her child's health. Examples of the problems of the 13 children with 'fair' health included asthma, skin problems, ear infections and hearing problems, poor appetite, severe colds, croup, cleft palate and major developmental delay involving learning and walking problems. However, there were other children with apparently similar problems whose health at the time of the interview the mothers described as good or excellent.

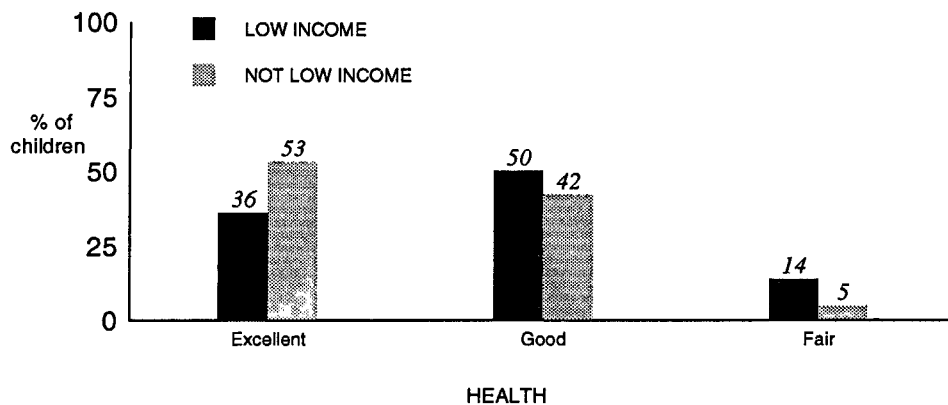
In addition to being asked to rate the children's health, the mothers were asked whether their children had had any health or development problems in the past 12 months. There were 24 children (15 per cent) whom their mothers identified as having had moderate or serious problems in that time.

Another potential indicator of seriousness of health problems was whether the children had been admitted to hospital as in-patients. This was the case for 20 of the children (12 per cent). The most frequent reasons for the children's admissions to hospital were to do with ear infections and hearing (including having small tubes — grommets — fitted) and asthma, but also included tonsillectomy, eye surgery, croup, epilepsy, concussion and accidental poisoning. Many of the children had only a day in hospital but one child had had six admissions totalling 30 days.

There was only one child to whom all three of these indicators of health problems applied (mother's rating of 'fair' health; 'serious' or 'moderate' health problems in the last 12 months; and having been a hospital in-patient).

Health and family income

There was a significant association between mothers' ratings of their children's health and family incomes at the third interview, as shown in Figure 4.1, with children in low-income families being less likely to be described as in excellent health and more likely to be described as in fair health. As mentioned previously, NESB mothers were less likely to rate their child's health as excellent than were other mothers.

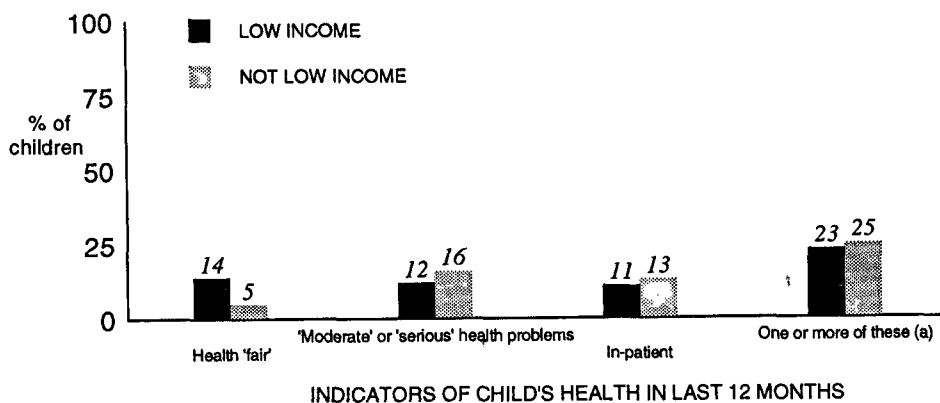
Figure 4.1 Mothers' ratings of child's health by family income — third interview

While there was an association between the mothers' ratings of the children's health as fair and low family income, the numbers making up this relationship were quite small, with eight of the 13 children with fair health being in low-income families. Six of the eight children in low-income families were in NESB families. Three of the 13 children with fair health were in sole-parent families.

There was a slight association between the children's health rating and family income over time. The children who were rated as in excellent or good health at the third interview represented:

- 86 per cent of children whose families were on low incomes at both interviews;
- 92 per cent of children whose families were on low incomes at one interview only;
- 95 per cent of children whose families were not on low incomes at either stage.

There was not a clear association between the other health indicators and family income (see Figure 4.2), with children in low-income families being very slightly less likely than others to have been in-patients or to have had what their mothers rated as serious or moderate health problems in the last 12 months.

Figure 4.2 Indicators of child's health difficulties by family income — third interview

a One or more of 'fair' health, 'moderate' or 'serious' problems and in-patient.

There were also occasional glimpses of the direct impact of children's poor health on family income. For example, one NESB father had left his job because of the frequent need to take his child to hospital, a task the mother with no English and a number of other children could not do alone.

Specific health problems

Mothers were asked to identify whether their children had experienced any of a list of specific health problems in the past 12 months. Figure 4.3 shows the most common ailments for these two to three-year-old children. The most frequent problems were colds or upper respiratory tract infections (80 per cent), vomiting and diarrhoea (60 per cent) and ear infections (40 per cent).

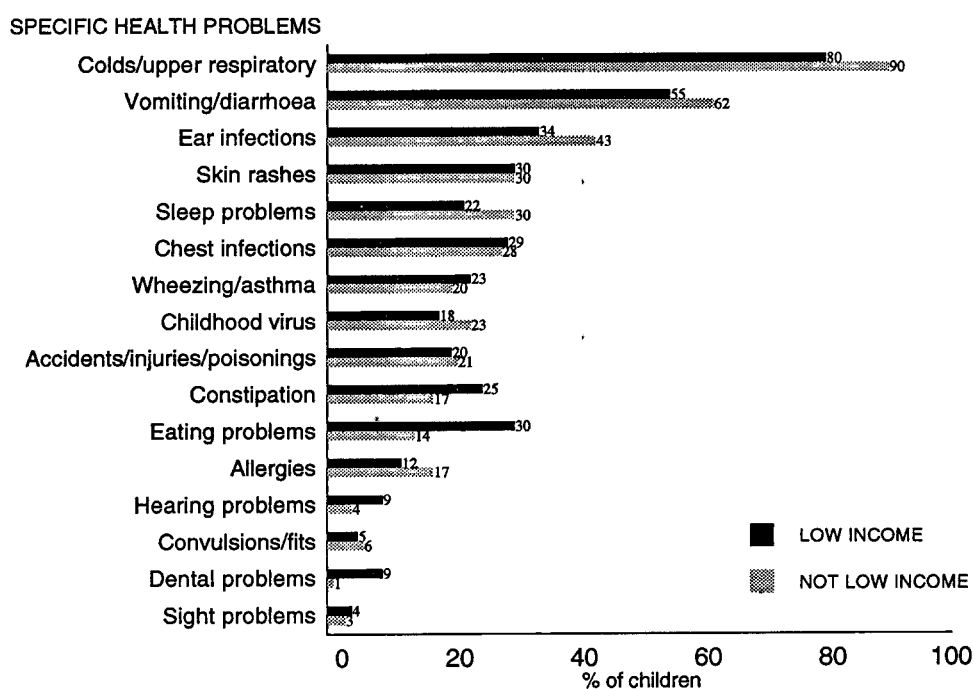
Some health problems in children were reported more frequently among the families not on low incomes (for example colds and upper respiratory tract infections and ear infections), and others in low-income families (for example eating problems and constipation). The only relationship that was statistically significant was the association between eating problems and low family income. When the severity of the problems was taken into account (mother's rating of each problem as mild, moderate or serious), there was also a significant association between constipation (rated moderate or serious) and low family income.

A possible factor in the higher incidence of colds or upper respiratory tract infections and ear infections in children in families not on low incomes is the exposure to infection of children in child-care with other children. A higher proportion of children in paid child-care had these infections compared with children not in paid child-care. (Ninety per cent of children in paid child-care had colds or upper respiratory infections compared with 80 per cent of other children, while 45 per cent of children in paid child-care experienced ear infections compared with 30 per cent of children not in child-care).

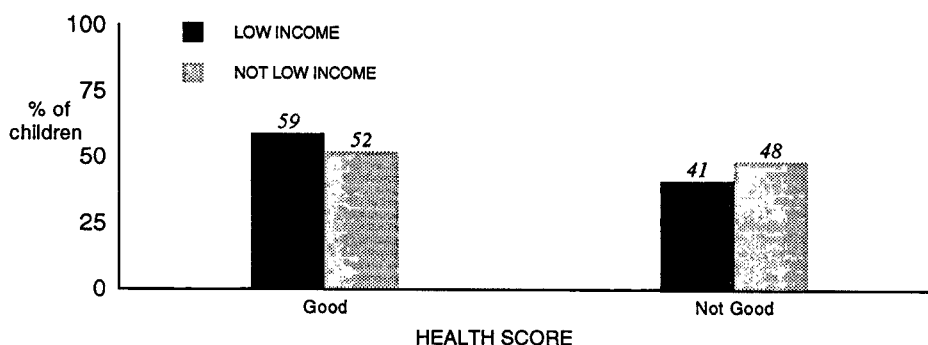
Differences in awareness or interpretation of particular problems could also influence the results. For example, one mother might describe a child who was a 'picky eater' as having eating problems while another mother would not. There were possibly also cultural factors in whether particular eating patterns or constipation were considered health problems. The children's eating problems that were rated as moderate or serious were quite diverse and included the difficulties of a child who had had operations for a cleft palate, the effects of tonsillectomy, the refusal of one child to eat traditional Lebanese vegetables, as well as children who were not 'good eaters'. One mother commented that 'every meal is a battle'.

While mothers in low-income families reported fewer ear infections than mothers in other families, they reported a higher rate of hearing problems. These could possibly have resulted from unrecognised or untreated ear infections.

Figure 4.3 Children's specific health problems by family income — third interview



A health score was created to take into account both the number of health problems and their severity by allocating a value for each occurrence of the 16 specific health problems in Figure 4.4, and weighting each according to whether it was mild, moderate or severe and adding the values. The sample was then divided in half according to health score into a 'good' health group and a 'not good' health group. Figure 4.4 shows there was little relationship between these health scores and family income. However the health score was significantly related to mothers' ratings of the children's health as excellent to fair.

Figure 4.4 Health score by family income — third interview

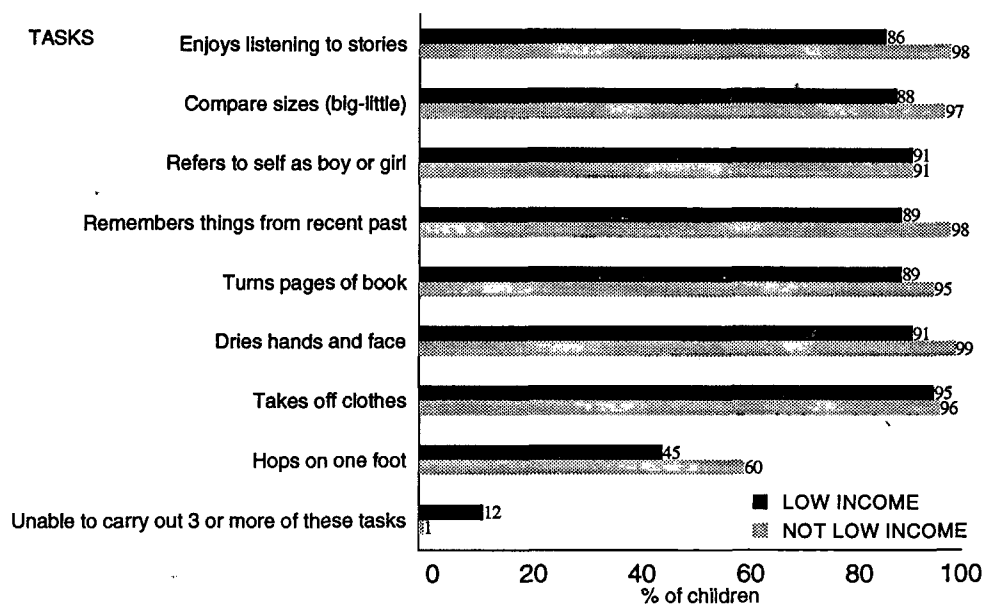
The 10 children who had the highest health score (the most health problems) included five children in low-income families (9 per cent of children in low-income families) and five in families not on low incomes (5 per cent of these children).

Children's development and behaviour

At the first interview no children were identified to the study as having major development problems, but by the third interview two of the children had been diagnosed as having major development delay. Both were in low-income families, one an NESB two-parent family, the other a sole-parent family. The mother of one of these children described his multiple health problems:

His three years of existence has been hell for him, starting off with hearing, ear infection, getting grommets in his ears at the age of one year. Then teething — he always had two teeth not one tooth, always two teeth coming through which caused him pain day after day. Then after his second birthday he was diagnosed as having epilepsy with constant seizures. He's on medication now twice a day. He's been diagnosed through the Children's Hospital as having global developmental delay. He was a late walker, crawler and life's still pretty hard...He's been assessed as being at a one and a half-year-old [level]. Some things 12 months. At the age of one and a half he was still like a little baby. (Low-income sole parent)

The mothers were asked about a number of age-appropriate tasks to give some indication of the developmental stages of the children (see Figure 4.5). The large majority of children were able to carry out seven of the eight tasks in question (the exception being hopping on one foot). A slightly lower majority of children in low-income families were able to carry out each of these tasks than those in other families (with the exception of gender identification). The difference between children in low-income families and others was greatest in enjoying stories, with 86 per cent of children in low-income families enjoying listening to stories compared with 98 per cent of children in more affluent families. (Because of the small number of children unable to carry out most of the tasks statistical tests were not applicable).

Figure 4.5 Selected developmental tasks by family income — third interview

There were eight children (5 per cent) who were rated as unable to carry out three or more of these tasks. Their situations indicated some association with other disadvantage, as seven of these children were in low-income families, four of whom were also in sole-parent families. Four were in NESB families.

Mothers were asked whether their children did some things more quickly or more slowly than other children their age. Most mothers (73 per cent) answered that their children did some things more quickly than other children while 28 per cent said that their children did some things more slowly. (Twenty-two per cent answered yes to both questions.) The mothers in low-income families were somewhat less likely to say their children did things more quickly than others (68 per cent of low-income compared with 75 per cent of not low-income children) and were more likely to say they did not know if this was so (25 per cent compared with 15 per cent), but this difference was not statistically significant.

Language development

The children's increasing language skill was pointed out by many parents as an important development of the previous year. A few mothers expressed some concern that their child's speech was slower than average.

For some children, language learning was made more complex because the language spoken at home was a language other than English. While many of the children were being brought up in English-speaking households, others

were living in households where little or no English was spoken. Thirty per cent of the children were learning to speak a language other than English. There were children learning Vietnamese (12), Cantonese (10), Turkish (six), Hmong (four), Arabic (four), with smaller numbers speaking Greek, Italian, Macedonian, Albanian, Dutch and Syrian.

Many of the children in NESB families at the age of three were learning to speak only their parents' first language, while others, particularly those with older brothers and sisters or in child-care centres, were also learning English. A few of the mothers indicated that their children had some problems with language. Only two mothers indicated problems because of the two languages. One child was having difficulty settling in the child-care centre because he spoke only Cantonese at home; the other child had some confusion having two languages (Arabic and English) spoken at home: 'He speaks both in one sentence'.

A further issue to be explored in the future will be whether the children growing up in non-English speaking households are advantaged or disadvantaged by their bilingual situation.

Temperament

The mothers were asked to describe their child's nature or temperament and they were then asked to rate whether the child's temperament was more difficult than average, average, or easier than average. The following illustrations are drawn from the five children already introduced.

Sally's mother rates her temperament as easier than average:

I think she has a good temperament...She feels comfortable and she settles very easily in new environments and I think that that's attributable to feeling very secure. Because of that she has a temperament which means that she's adaptable. (Highest income)

Brett's temperament is average according to his mother:

Fine, good. If he can't get his own way he'll hit out at his brother. (Medium income)

Ahmet's mother rates his temperament as average and adds:

He has a strong nature. (Low-income NESB)

Huong's mother says her temperament is average:

She has a good nature, talks a lot, loves to dress up. Easy going. (Low-income NESB)

Cathy's mother describes her temperament as more difficult than average 'because of her hyperactivity':

She's got her own personality. She's got to have her own way. If she doesn't get her own way she just chucks a wobbly. She's pretty happy. (Low-income sole parent)

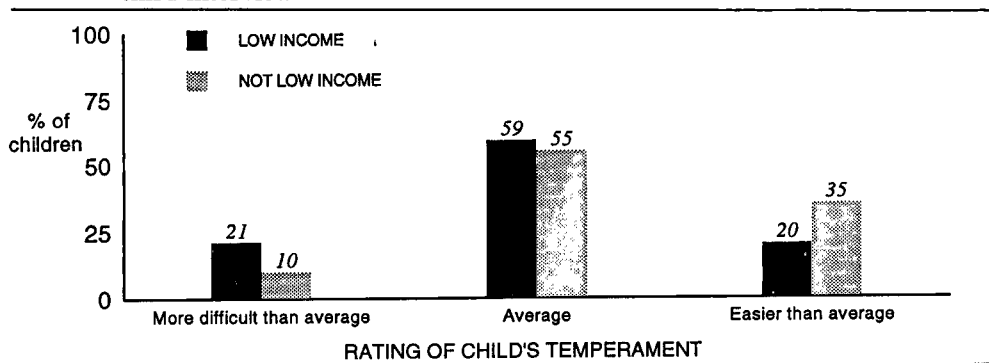
The mothers rated their children's temperaments at the third interview as easier than average (30 per cent), average (56 per cent) or more difficult than average (14 per cent). The ratings indicated that they were finding their two to three-year-olds less easy than they had been as babies when the majority (54 per cent) had been described as easier than average (with 40 per cent average and only 6 per cent as more difficult than average).

Only four children were described as more difficult than average at both interviews. Three of these were in low-income NESB families and the fourth in a high-income family with Australian-born parents. All were in two-parent families. One of the mothers described her son as naughty and aggressive:

He doesn't listen to me and screams very loudly and hits me. I hit his bottom with a stick. I scold him. (Low-income NESB)

There was a significant association between the mother's rating of the child's temperament and family income, with 21 per cent of children in low-income families being described as more difficult than average compared with 10 per cent of children in families not on low incomes. The children in low-income families were also less likely to be described as easier than average (20 per cent compared with 35 per cent in other families) (see Figure 4.6). There was not a strong association between ethnic background and the mother's rating of the child's temperament.

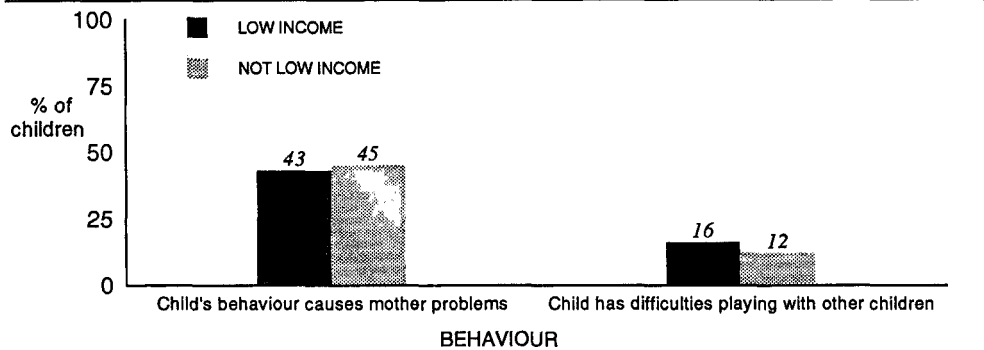
Figure 4.6 Mothers' ratings of child's temperament by family income — third interview



The mothers were also asked a general question about whether their child's behaviour caused them problems, to which 44 per cent replied that it did.

Asked about whether the child had difficulties in playing with other children, only 14 per cent identified difficulties. There was little difference according to family income in the responses to these two questions (see Figure 4.7).

Figure 4.7 Mothers' rating of child's behaviour by family income — third interview



While there are few studies with which the results of this study can be compared directly, one such study is the Australian Temperament Project, a longitudinal study which commenced in 1983 with 2443 infants. The same rating of the child's temperament by the mother has been used in The Life Chances study. The results for when the children were infants were almost identical and were quite similar at the three-year-old follow-up in both studies, but with the Life Chances children being more likely to be rated difficult (14 per cent compared with 8 per cent in the Australian Temperament Project). This analysis was based on unpublished data supplied by the Australian Temperament Project. The Australian Temperament Project found no difference in the mothers' overall ratings of the children's temperament according to socioeconomic class (parental occupation and education) (Prior et al. 1989).

Gender

While their gender will influence the children's health and development as they grow up, at the age of two-and-a-half to three the impact of gender on their health and development was not clear. Mothers rated health as 'fair' for 7 per cent of girls and 10 per cent of boys. In terms of temperament, girls were more likely than boys to be described as easier than average (33 per cent compared with 25 per cent), but they were also more likely to be described as more difficult than average (17 per cent compared with 11 per cent) and less likely to be described as average. Mothers of girls were slightly more likely than mothers of boys to say their child's behaviour caused them problems (48 per cent of girls compared with 39 per cent of boys). An almost identical proportion of girls and boys were in low-income families (34 per cent and 35 per cent respectively). None of these differences was statistically significant.

Health, nutrition and income

In addition to exploring aspects of the children's health and development, the study asked questions about some factors likely to influence children's health, including breastfeeding, parents' smoking and expenditure on food.

Provision of requirements for health

The mothers were asked what they thought was necessary for children's health, whether they could provide this and, if not, what prevented them. Most mothers (94 per cent) said that they could provide what was necessary to keep their children healthy. The few (10) who said they could not provide what was necessary included the mothers of six children in low-income families and four in families not on low incomes. Their comments reflected the wide range of things they saw as necessary for health, such as healthy food, warm clothing, fresh air and exercise, and access to health services. The cost of food was the issue for two of the low-income mothers, not being able to afford clothing for another. Lack of playing space in the high-rise flats was mentioned by two mothers (one low-income, one not); the pollution and dust in the environment was the problem mentioned by the mother of a child with asthma; a mother of twins felt she was having problems learning what food was healthy. A new baby prevented one mother taking her child to the park for exercise and a family who were asylum-seekers felt they could not take their child for health checkups because they were not covered by Medicare.

Breastfeeding

Overall, 80 per cent of the children in the study were breastfed. Children who had not been breastfed were somewhat more likely to be described as in only 'fair' health (15 per cent) than were breastfed children (6 per cent), but this was not a significant association. Breastfeeding was significantly associated with family income, with only 64 per cent of children in low-income families being breastfed in comparison with 88 per cent of those in other families. It was also significantly associated with parents' birthplace. Only 58 per cent of children in NESB families (both parents from a non-English-speaking birthplace) were breastfed.

Children in low-income families and in NESB families who were breastfed were likely to be breastfed for a shorter time than other children. While the average length of breastfeeding overall was 10 months, it was five months for children in NESB low-income families; eight months for children in non-NESB (Australian-born and other immigrant) low-income families; nine months for children in NESB families not on low incomes, and 12 months for children in non-NESB families not on low incomes.

Smoking

One health-related activity over which parents have some control is smoking. Overall, 44 per cent of children lived in households in which parents smoked (62 per cent in low-income families and 34 per cent in families not on low incomes — a statistically significant association). While a similar proportion of children in NESB and non-NESB families had parents who smoked, NESB mothers were much less likely to smoke than Australian-born mothers. There was no clear relationship between parental smoking and mothers' general ratings of the children's health as excellent, good or fair. However, six of the nine children with asthma rated moderate or serious by their mothers had parents who smoked.

Some mothers were very aware of smoking as a health hazard and some were less certain about its effects. Concern about health issues did not necessarily preclude continuing smoking. A number of mothers indicated that they or their partners would avoid smoking near the children and, for example, would only smoke outside. To quote the comments of two mothers who smoked, both of whom themselves had bad asthma:

Well I'm not sure about health things, but I know that I have to leave the windows open. I know it's bad for [child] and it's bad for me. (Low-income sole parent)

Cathy's mother said she didn't think her smoking affected Cathy:

It's supposed to be bad (for asthma) so they say. But then my sister gets asthma and she doesn't smoke. I wish I could give it up. (Low-income sole parent)

Expenditure on food

Table 4.2 shows that the average cost of food for the families in the Life Chances Study was \$133 per week, with groceries the major area of expense. The average expenditure for low-income families was similar to that of other families on some items but overall was somewhat lower (\$125 compared with \$137 per week). However, as the low-income families were on average larger than the other families it is relevant to take family size into account. Doing so accentuates the differences between the two income categories and also highlights the higher costs of larger families (see Table 4.3).

Table 4.2 Average family expenditure on food per week by family income — third interview

<i>Food Type</i>	<i>Low income</i>	<i>Not low income</i>	<i>Total</i>
	\$	\$	\$
Fruit and vegetables	26	30	29
Bread and milk	19	19	19
Meat, fish and chicken	28	28	28
Groceries	40	47	45
Take-away food	11	13	12
Total	124	137	133
(Number of children)	(56)	(105)	(161)

Table 4.3 Total family expenditure on food per week by number of children by family type — third interview

<i>Number of children</i>	<i>Sole parent</i>		<i>Two parent</i>	
	<i>Low income</i>	<i>Not low income</i>	<i>Low income</i>	<i>Not low income</i>
One	\$72	\$116	\$86	\$125
Two	\$106	—	\$124	\$144
Three	\$110	—	\$123	\$135
Four	a	a	\$154	\$158
Five	a	—	\$149	—
(Number of children)	(19)	(7)	(37)	(98)

a Expenses for the three sole parents with four or five children have been omitted from the table because of their small number.

Affording food

Most mothers (95 per cent) said they could afford the foods they thought important for their child, although some qualified their response with comments such as 'generally'. Eight mothers said they could not always afford the important food for their children, three that their children missed meals because of lack of money and seven that they themselves missed meals. This covered a total of 13 children — all in low-income families with the exception of one sole-parent family. The mothers of these children did not relate this to the children's health, as all but one child had good or excellent health according to the mothers. The three children who had missed meals included:

- One of four children in a refugee family in which the father was unemployed. Both mother and children had missed meals. The mother had been to the community health centre to ask for money for food and was very worried about their financial situation. The child had development delay and only fair health. (Low-income NESB)

- One child of four of a sole parent who said she could not always afford the food she wanted to buy for the children (dairy products, meat, fish, fruit, vegetables and cereal) and that both she and the children had missed meals. (Low-income sole parent)
- The only child of a couple living on Austudy as the father was studying. The mother said they had a small budget and could not always afford to buy meat. The child missed meals 'but I'll find something to eat, not what I'd like but she never goes hungry. Her diet is not as varied as I'd like sometimes'. (Low income)

One mother of four children whose husband was unemployed explained her difficulty in buying food:

Financially things have been very difficult since Christmas. I try to have fresh fruit. A relief agency provides canned food. [I can afford] fruit yes, but not vegetables so much. I'm short for meat...Sometimes [child] just doesn't eat very well. (Low income)

She noted that the State Relief Committee provided a highly sugared breakfast cereal but not the more healthy cereal she preferred.

Another commented about affording food:

Sometimes it's been a bit difficult. Just a few times at the end of the week when I'm waiting for the pay to come. We just live from week to week. (Low income, four children, father unemployed)

Summary and discussion

From the mothers' reports most of the children were healthy, developing satisfactorily and had average or easy temperaments. A minority, however, had serious health problems, developmental delay and temperaments their mothers found difficult.

Some of these aspects of the children's functioning were associated with family income while others were not. To summarise some of the factors associated with family income that were statistically significantly:

- Mothers in low-income families were *more* likely than mothers in families not on low incomes to:
 - rate their child's health as fair (rather than good or excellent);
 - describe their child's temperament as more difficult than average.

Conversely they were *less* likely to describe their child's health as excellent or his or her temperament as easier than average.

- In terms of health-related behaviours that can affect the children, the mothers in low-income families were significantly *less* likely to breastfeed and the parents (not necessarily the mother) in low-income families were *more* likely to smoke than in families not on low incomes, suggesting that children in low-income families faced greater health risks, although there were no clear differences in health outcomes at this stage.

The two children with diagnosed developmental delay were both in low-income families. Although the numbers were small, other indicators of developmental delay were found most often in children in low-income families. The developmental indicator of children being unable to carry out three or more specified tasks applied to 12 per cent of children in low-income families but only 1 per cent of those in families not on low income.

Low-income families typically spent less money on food than families not on low incomes and some low-income families reported that they could not afford the food they thought necessary. While only three children were identified by their mothers as missing out on meals because of lack of money, mothers of other children also voiced concern about the quality of food they could provide.

Two factors limit the conclusions that can be drawn from the data presented in this chapter, namely the issue of the mothers' ratings to assess the children's health and the relatively short time-frame of the study to date.

Some of the difficulties of the mothers' ratings of the children's health as excellent, good, fair and poor were raised earlier, particularly that some mothers described their children's health as good or excellent, in spite of also reporting that the children had either numerous or serious health problems. Another aspect of the mothers' ratings relates to an apparent reluctance by some NESB mothers to describe their children's health as excellent compared with Australian-born mothers. However the mothers' ratings of the children's health was significantly associated with the health score constructed from the mothers' reports of the occurrence and severity of a number of specific health problems.

When a range of specific health problems were considered there were some variations associated with family income, with some infections being more likely to be reported among the not on low incomes group (and among those in paid child-care). The only significant associations with family income were for eating problems and constipation, which were more frequent among the children in low-income families.

For some specific health problems there was little or no difference between income groups. For example, the rate of accidents, injuries and poisoning was very similar, although it can be speculated that it is more difficult for low-income families to protect their active two to three-year-olds against some injuries. For example, it could be more difficult for Cathy to be protected from reaching the medication which led to her accidental poisoning than for a child whose family could afford a child-proof medicine cabinet.

At this stage the study does not show clear causal associations between low family income and children's health problems, however factors such as difficulty in affording food indicate risks to the children's health in some families.

The children's use of health services is discussed further in Chapter 8. The implications for children with serious health and development problems of living in families with low incomes will be explored further as the children grow up.

THE FAMILY CONTEXT: CHAPTER 5

STRESSES AND SUPPORTS

Introduction

The families of two to three-year-old children are almost always their most significant social environment. Many children of this age spend little time away from their families, although the majority of the children in the Life Chances Study had some experience of child-care and a few had spent some time away from their families in foster care or residential care.

This chapter looks at the children's parents, and particularly the mothers, as key people in their lives and at how they see themselves as managing with their children. The chapter explores the stresses that are affecting the family and the child and also the informal support available from relatives and friends to help with the child. The relationship of stresses and supports to family income is considered.

The mother's relationship to the child

The mothers' comments through the interviews illustrated both their enjoyment of their young children and also some of the tensions and 'battle of wills' they experienced with them. Mothers were asked what were their favourite activities with their three-year-old children. Mothers readily spoke of the things they enjoyed doing with their children and often mentioned activities such as reading, telling stories, playing games and going out to a park or playground. The responses of the mothers of the children introduced in Chapter 2 illustrate some of the range of activities mothers enjoyed with their children.

Sally's mother explains:

■ We like going shopping together and having morning coffee and cake together when we go shopping. I try to have structured activities with her each day when she's at home...so I like to do those things with her like painting or play dough or cooking. And I also like to sit and watch 'Playschool' with her. (Highest income)

Brett's mother likes:

- Playing ball, taking him to the zoo. [We like to] sit and draw, sing songs and nursery rhymes. (Medium income)

Huong's mother enjoys:

- Reading, singing, telling stories. (Low-income NESB)

Ahmet's mother says:

- We sing songs. (Low-income NESB)

Cathy's mother comments:

- She loves the swings and slides. I do that, I go down the slide with her. Oh, mucking around, playing. (Low-income sole parent)

Many mothers could not name activities they disliked with their children, although some said that they did not like shopping with their three-year-olds, a few found their play too active or noisy, and a few found going to a park or bathing the child a problem because the child would refuse to leave the park or get out of the bath. One mother commented that she disliked going out with her son 'where he might touch things'.

Cathy's mother reported that what she did not like was sleeping with Cathy in the bungalow in which they lived:

- She's constantly hopping in my bed because we're in the one bedroom. (Low-income sole parent).

Mother's managing

At both the first and third interviews the mothers were asked to rate how well they thought they were managing with their children. One-third of the mothers (32 per cent) felt they were managing very well with their children at the third interview, with 59 per cent managing quite well and 9 per cent saying they were having problems managing (see Table 5.1). The mothers seemed somewhat less confident about their managing than at the first interview when their children were about six months old, when over half (55 per cent) said they were managing very well.

Table 5.1 Mothers' ratings of how well managing with child

<i>Managing with child</i>	<i>First interview</i> %	<i>Third interview</i> %
Very well	55	32
Quite well	38	59
Having quite a few problems	7 ^a	9
Total	100	100
(Number of children)	(161)	(161)

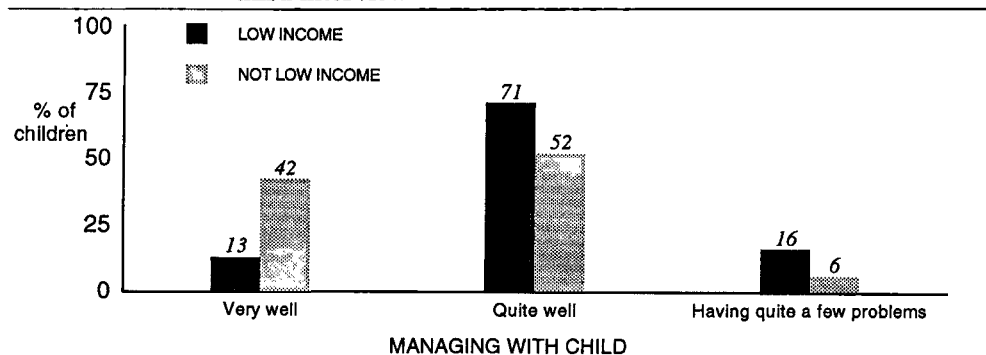
a Includes two mothers saying they were managing poorly.

The factors related to the capacity of mothers to manage their children can include factors related directly to the children, including health and behaviour, those related to the mothers such as their own health (physical and mental), and those related to family interaction and to external stresses and supports.

As mentioned in Chapter 4 almost half of the mothers (44 per cent) reported that their child's behaviour caused them problems. There was little difference in this proportion between the first and third interviews (42 per cent at the first interview) and no difference related to family income.

There was a significant association at both interviews between mothers' ratings of how well they were coping and their income level. Mothers in low-income families were less likely to say they were managing very well and were more likely to say they were having problems (see Figure 5.1). There were six children whose mothers said they were having problems at both interviews and they were all in low-income families.

Figure 5.1 Mothers' rating of how well managing with child by family income — third interview



The mothers who identified themselves as having quite a few problems managing the child at the third interview represent:

- 17 per cent of those families on low incomes at both interviews;
- 8 per cent of those on low incomes at one interview only; and
- 6 per cent of those not on low incomes at either interview.

There was a slight but not significant relationship between being a sole parent and a rating of having problems in managing. There was, however, a significant relationship with ethnic background, with mothers in NESB families being less likely to say they were managing very well than those in other families. Of the nine low-income mothers having problems managing, seven were in NESB families and four were sole parents (two NESB).

Mother's happiness

Mothers were asked to rate their own overall happiness and also were asked whether they had felt low or depressed over the last year. Over two-thirds (68 per cent) of the mothers described themselves as happy or very happy at the third interview, with most of the remaining mothers describing themselves as having mixed feelings. Only four mothers described themselves as unhappy or very unhappy (see Table 5.2). Over time there was some decrease in the likelihood of mothers rating themselves as happy, with 32 per cent saying they had mixed feelings or were unhappy at the third interview compared with 21 per cent at the first interview.

There was a very strong association between mothers' ratings of happiness and family income, with the mothers in low-income families much less likely to describe themselves as very happy or happy. Only 40 per cent of low-income mothers said they were very happy or happy, compared with 84 per cent of mothers in other families (see Figure 5.2). The one mother who described herself as very unhappy was an Asian-born mother with little English and few social supports whose husband was unemployed, alcoholic and violent with both her and her child.

Table 5.2 Mothers' ratings of happiness

Level of happiness	First interview	Third interview
	%	%
Very happy	39	25
Happy	40	43
Mixed feelings	16	29
Unhappy	4	2
Very unhappy	1	1
Total	100	100
(Number of children)	(161)	(161)

Figure 5.2 Mothers' ratings of happiness by family income — third interview

a Mixed feelings includes three mothers who described themselves as unhappy (not low income) and one as very very unhappy (low income).

The mothers' ratings of happiness were significantly associated with whether they were sole parents, with 35 per cent of sole parents describing themselves as happy or very happy compared with 75 per cent of mothers in two-parent families. The mothers' ratings of happiness were also significantly related to ethnic background, with only 51 per cent of mothers in NESB families describing themselves as happy or very happy compared with 75 per cent of mothers in other than NESB families.

Mother's depression

The mothers were asked if they had felt low or depressed in the previous 12 months, and to describe their feelings and what effect these feelings had on their child. Almost two-thirds (63 per cent) of the mothers reported feeling low or depressed in the previous 12 months (see Table 5.3). This was a very similar proportion to the first interview (66 per cent) when they were asked whether they had felt low or depressed since the birth. In marked contrast to the mothers' responses about their happiness, there was no distinction according to family income (see Figure 5.3). While there was a significant relation-

ship between the mothers' ratings of happiness and experience of depression, there were a number of mothers (12 per cent) who said both that they had felt low or depressed in the last 12 months and that they were currently overall very happy. Of the sole parents, 73 per cent had felt low or depressed compared with 61 per cent of mothers in two-parent families. Mothers in NESB families were much less likely to say they had been low or depressed than were other mothers (42 per cent of NESB mothers) although they had also been less likely to describe themselves as happy, indicating the importance of cultural and language issues in interpreting the findings.

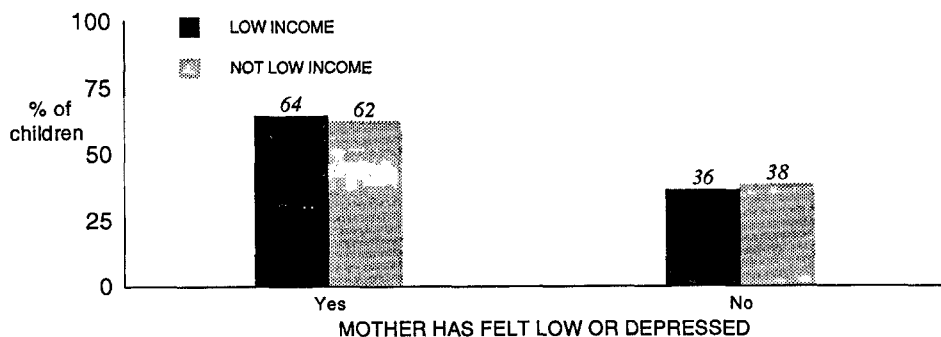
Table 5.3 Mother felt low or depressed

<i>Mother has felt low or depressed</i>	<i>First interview^a</i> %	<i>Third interview^b</i> %
Yes	66	63
No	34	37
Total	100	100
(Number of children)	(161)	(161)

a Mother has felt low or depressed since birth of child.

b Mother has felt low or depressed in last 12 months.

Figure 5.3 Mother felt low or depressed by family income— third interview



The mothers discussed their feeling low or depressed in a range of ways, including feelings of hopelessness, helplessness, irritation and exhaustion:

You just want to crawl into bed put the pillow over your head and lock the rest of the world out. Basically that's how I feel when I get depressed. [Effect on child?] None really...I ask him for a cuddle. (Low-income sole parent)

I just felt I wasn't coping well because of all the things that were happening around me and also I felt I wasn't coping with the family...sometimes I just felt that I wanted to walk out and not come back. (Low income)

Really sad as if there's no-one cares about me. [Effect on child?] I don't give her the attention she demands. (Low-income sole parent)

Just feeling under the weight of all the pressures. Drained, no energy...not getting any sleep. (Higher income)

The feelings varied in intensity from feeling 'just down' to one mother who said she thought of suicide several times. This mother, in a low-income family, saw a therapist but 'cannot afford her at the moment'.

Many mothers related their feeling low or depressed to external factors in their lives. The mothers in low-income families most frequently referred to unhappy relationships with their partners, including some experiencing physical violence, and to financial problems.

You feel like you are shut out from the rest of the world because you can't afford anything. (Low-income NESB)

Sort of stressed out with financial problems. [Effect on child?] Sometimes I'm a bit short with her. (Low income)

Some mothers referred to the stresses of being sole parents. One mother described herself as:

Very depressed to be alone with the children — it's too hard. They need a father. [Effect on child?] Sometimes I'm crying. She gets upset. She tries to cheer me up. (Low-income NESB sole parent)

Social isolation was mentioned by a number of mothers. Some NESB mothers mentioned the lack of family supports in Australia. One Australian-born mother who had recently moved from the inner city to a country town noted:

Since I've been up here I don't know anyone. They look at you, they're stuck-up, not as friendly as I thought country people would be. (Low income)

Some mothers in families not on low incomes also mentioned lack of support as a factor in their feeling low or depressed, but most frequently they mentioned stresses related to their working or studying or moving and trying to deal with time constraints, competing demands and their roles as mothers.

At times you feel very low because you're tired of what you're doing — and I've been working full-time and having [the child] and being pregnant. I got tired at times and felt pretty low. [Effect on child?] Well I think one might get a bit short with him, impatient with him. (Higher income)

When the mothers were asked what effect their feeling low or depressed had on their relationship with their child many (33 mothers) responded that they

thought or hoped there was little or no effect on their child. The next most frequent responses were:

- that they were impatient or short tempered with their child (19);
- that they were less able to give attention to the child (11);
- that their child tried to comfort them (10);
- that the child became upset, frustrated or attention-seeking (5).

This range of responses was fairly similar for mothers in both low-income and other families and is illustrated in some of the quotations above.

There was a significant association between the mothers' ratings of both depression and degree of happiness or unhappiness and the mothers' saying that their child's behaviour caused them problems.

In summary, the large majority of mothers felt they were managing very well or quite well with their children, but mothers in low-income families were significantly more likely to report problems in managing their children. They were also much less likely to describe themselves as happy than mothers in families not on low incomes. Many mothers had felt low or depressed and specified a variety of impacts this had on their children.

The father's relationship to the child

While all the children were living with their mothers at the third interview, 81 per cent were living with their fathers. Twenty-six children were living with mothers who were sole parents and another five with mothers and stepfathers. Three of the children's fathers had died since their birth, including one of a drug overdose and one of diabetes.

The fathers who were interviewed (fathers of 78 per cent of the children) reported a wide range of activities with their children. The fathers were asked to name their three main activities with the study child. The most common activities they mentioned were playing, reading and going to the park. While fathers from both low-income and other families most frequently mentioned playing with their child, the fathers in low-income families were much less likely to mention reading. Only three fathers (9 per cent) of those interviewed from low-income families mentioned reading, compared with 40 per cent of the fathers interviewed in the other income groups. The activities most often reported by the low-income fathers were playing, going to the park, talking and shopping; by the fathers in more affluent families, playing, reading stories, going to the park, feeding and bathing their child. Typical comments included:

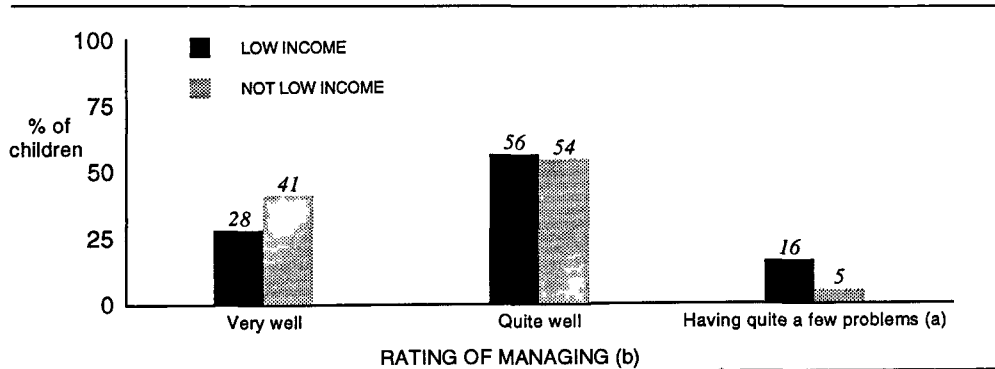
Going shopping, going to the park, playing games. (Low-income NESB)

Reading books. Playing in the park, probably playing in the sand pit. (Higher income)

Father's managing

When asked to rate how well they were managing with their child the fathers' responses followed a generally similar pattern to those of the mothers (see Table 5.1. Thirty-eight per cent of fathers said they were managing very well and 54 per cent quite well, while 8 per cent reported problems in managing. As with the mothers, the fathers in low-income families saw themselves as managing less well than those in other families (see Figure 5.4).

Figure 5.4 Fathers' ratings of how well managing with child by family income — third interview



a Includes seven fathers who said they were having quite a few problems and another three fathers who said they were managing poorly or not at all.

b Only 125 fathers were interviewed.

Father's involvement

Fathers were asked about what level of involvement with their child they would prefer. Over half the fathers (60 per cent) said they would like to be more involved with their child, while the rest felt they had the right amount of involvement.

One of the father's comments indicated some ambivalence:

Sometimes I'd like a little bit more involvement, like a bit more free time with her, but she's a very demanding child and sometimes I'm happy I haven't got too much involvement. (Higher income)

Fathers in low-income families were somewhat less likely to say they wanted more involvement with their child than those in families not on low incomes (53 per cent compared with 62 per cent).

When mothers were asked about the father's involvement with the child, 50 per cent of those who responded described the child's father as extremely involved, 43 per cent as fairly involved and 7 per cent as not involved (see Table 5.4). They reported only slightly more involvement than at the first interview when the child was a baby.

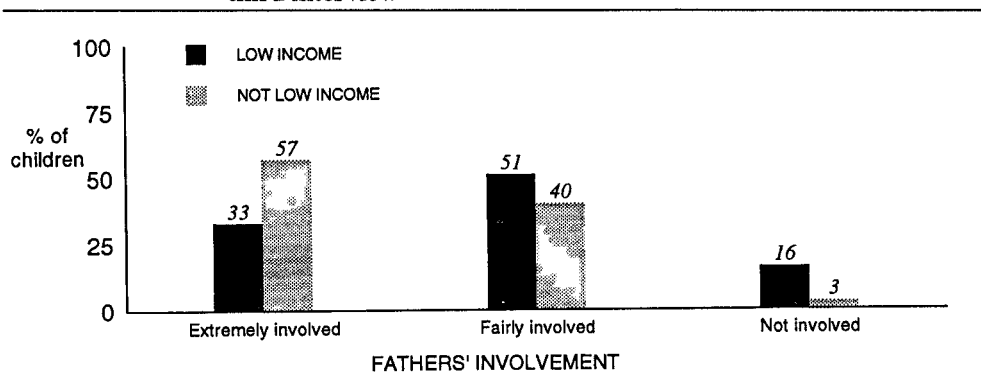
Table 5.4 Mothers' ratings of fathers' involvement with child

<i>Fathers' involvement</i>	<i>First interview</i>	<i>Third interview</i>
	%	%
Extremely involved	46	50
Fairly involved	42	43
Not involved	12	7
Total	100	100
(Number of children) ^a	(145)	(152)

a Some mothers did not answer this question

There was a significant difference in involvement according to family income, with the fathers in low-income families less likely to be extremely involved with their child and more likely to be 'not involved' than the fathers in other families (see Figure 5.5).

Figure 5.5 Mothers' rating of fathers' involvement with child by family income — third interview



The fathers' work situations influenced their contact with their children with some fathers, in both low and high-income families, working very long hours and seeing little of their children. Some of these fathers had little involvement with their children while others tried to have many shared activities in the time available. The fathers who were unemployed had varying degrees of involvement with their children, some sharing many activities and others leaving most child-related activities to the mother. Overall, more fathers who were employed (52 per cent) were described by the mothers as very involved with their children than were fathers who were unemployed (43 per cent).

Some mothers described their partner's relationship with the child as 'fantastic' and 'wonderful'. In contrast, one mother whose partner is 'hardly around' because of his work noted:

He is turning out like his father who was strict and distant too. (Not low income)

Fathers in NESB families were significantly less likely to be described by the mothers as very involved with their children than those in other families (29 per cent compared with 57 per cent) and they were less involved than Australian-born and ESB fathers in either low-income families or families not on low incomes.

There was no significant difference in the fathers' involvement with the children according to whether the children were female or male.

Of the children living with stepfathers, four had stepfathers who were described by their mothers as very involved while one stepfather was fairly involved.

The 21 sole parents (of a total of 26) who responded to this question indicated a diversity of involvement by the children's fathers: five were very involved, eight fairly involved and eight not involved. For the children whose fathers were not living with them, frequency of contact varied greatly. Three children still saw their fathers daily, while some never saw their fathers. Some had regular arrangements, while for others contact was spasmodic or irregular.

Only five of the 26 sole parents reported receiving financial support from the child's father, as did four of the mothers who had repartnered. This reflects in some cases the low incomes of the fathers. Also, one was in jail at the time of the third interview and, as already noted, three fathers had died. The amount received by the sole parents ranged from \$75 per week to the occasional \$10 for an older child. One mother was hoping for future payment:

He will have to pay when it goes through the Child Support Agency. (Sole-parent low income)

In summary, 81 per cent of the children were living with their natural fathers at the third interview. Most fathers said they were managing very well or quite well with their child, but, as with mothers, those in low-income families were likely to report problems managing. While over half the mothers in families not on low incomes described the fathers as being very involved with their children, fathers in low-income families were much less likely to be described as very involved with their children.

Stresses on the families

The mothers were asked at each interview whether they had experienced any of a list of stressful life events in the previous 12 months (see Table 5.5) and

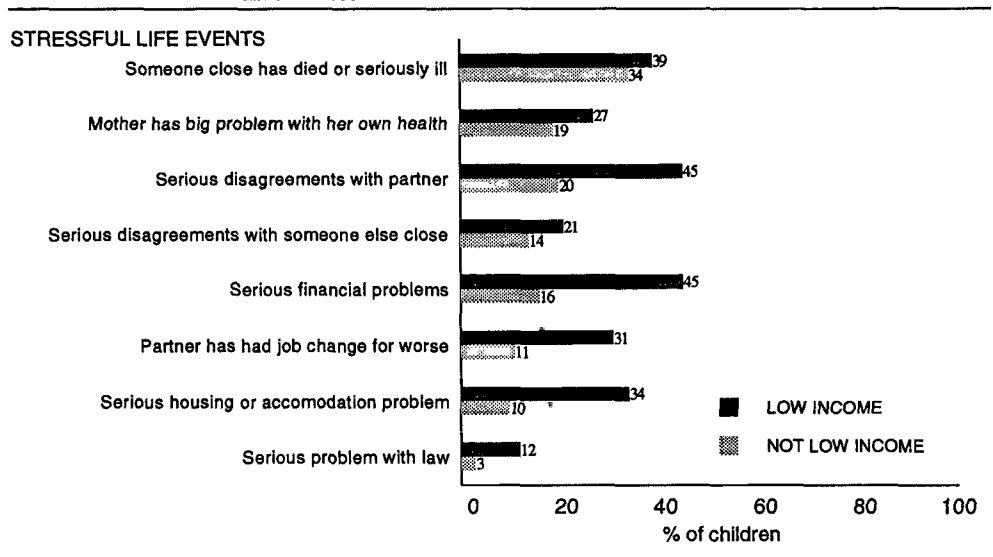
about the effects of these stresses. The most frequently mentioned stress was the death or serious illness of someone close to the mother. This was reported by over a third (36 per cent) of the mothers at the third interview. Next in frequency were serious disagreements with her partner, typically the child's father (29 per cent), and financial problems (26 per cent). There was little difference between the numbers reporting these stressful life events at the third interview and at the first interview.

Table 5.5 Stressful life events in previous 12 months

<i>Stressful life events</i>	<i>First interview</i>	<i>Third interview</i>
	%	%
Someone close died or seriously ill	42	36
Mother has big problem with her own health	19	22
Serious disagreements with partner	28	29
Serious disagreements with someone else close	19	17
Serious financial problems	26	26
Partner has had job change for worse	—	17
Serious housing or accommodation problem	16	19
Serious problem with law	8	6
(Number of children)	(161)	(161)

Figures do not add to 100 as responses could be given to more than one question.

Figure 5.6 Stressful life events in previous 12 months by family income — third interview

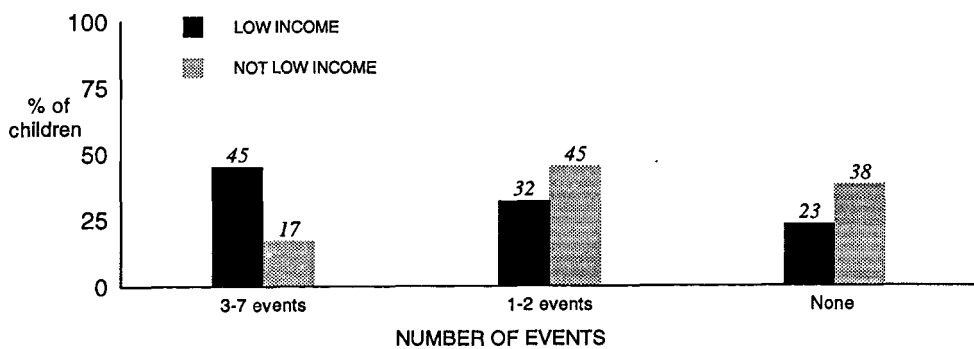


Low-income families were more likely to experience each of these stressful life events than were families not on low incomes (see Figure 5.6). As would be expected, mothers in low-income families were significantly more likely to report serious financial problems (45 per cent compared with 16 per cent of other families). They were also significantly more likely to report serious disagreements with their partner (45 per cent), serious housing problems (34 per cent) and that their partner's job situation had changed for the worse (31 per cent).

The differences between low-income families and other families are accentuated for some of the stressful events when the highest income group is considered separately. For example, among the highest income families only two mothers (6 per cent) reported financial difficulties; while five (15 per cent) reported serious disagreements with their partners.

These stressful life events were not distributed evenly among the families. One-third of mothers (32 per cent) reported none of the eight listed events, while 41 per cent experienced one or two and the remaining 27 per cent experienced three to seven of the events. Once again there was a significant association between the number of stressful events experienced and family income, with 45 per cent of low-income families reporting three or more events compared with 17 per cent of the families not on low incomes (see Figure 5.7). Stressful events were also significantly associated with low income over time, with 48 per cent of families who were on low incomes at both first and third interview reporting three or more stressful events compared with 18 per cent who were not on low incomes at either interview.

Figure 5.7 Number of stressful life events by family income — third interview



The number of stressful events was also significantly associated with the mothers' experiences of feeling low or depressed and with their ratings of themselves as other than happy. There was also an association (but not statistically significant) between the number of stressful events reported and mothers saying they had problems managing with their children. Of the mothers who said

they had problems managing with their children, 43 per cent reported three to seven stressful life events in comparison with only 15 per cent of those managing very well and 30 per cent of those managing quite well.

The mothers were asked if there were events in their lives other than those listed in Table 5.5 that they had found stressful. The events mentioned by the mothers in low-income families were diverse: having a child taken into care; having an abortion; the child's father being in hospital having been stabbed; trying to see children from a previous marriage; the difficulties of trying to move back to Egypt; and for a mother from former Yugoslavia, knowing her brother was fighting in the army in Serbia. The mothers in families not on low income most often mentioned the stresses of having a new baby, of the mother's working, of moving house, and of studying:

Day-to-day stress managing a family and working. You feel you can't do the best at both. It's difficult to be 100 per cent at either. (Highest income)

For a couple of mothers the stress mentioned was the children themselves:

Just children. I get really irritable. I mean...I get so I'm screaming at them and I really hate it. I just get very frustrated with them. (Mother of four children, higher income)

The mothers were asked whether any of the stressful life events they experienced had affected their children. The mothers in low-income families, while reporting more stressful events, were slightly less likely to name these as affecting their children. Thirty-four per cent of mothers in low-income families reported stresses affecting the children compared with 43 per cent of mothers in other families.

The most frequent stresses affecting the children as reported by the mothers in low-income families were from marital disputes, in a few cases including physical violence from their partners. Smaller numbers mentioned the effects of the mother's health problems, housing problems and deaths, in one case from the drug overdose of the child's father.

In families not on low incomes the stresses most frequently named as affecting the children were work-related stresses followed by stresses associated with moving house or renovations, family illness or the arrival of a new baby.

To revisit the families introduced in Chapter 2 in terms of their experiences of stressful life events:

Sally's mother reports none of these stressful life events, although she has found her recent pregnancy stressful with morning sickness, worsened asthma and fatigue. (Highest income)

Brett's mother names three of the stressful events: the family has faced the death of Brett's grandparents, her own health has been stressful and she reports serious disagreements with her partner. (Medium income)

Huong's mother reports no stressful events. (NESB low income)

Ahmet's mother mentions her health problems as the only stressful life event. Her blackouts have affected the children: 'They were scared'. (NESB low income)

Cathy's mother reports five of the eight stressful life events, her sister's and her own health problems, serious disagreements with Cathy's father and with her own grandmother, and financial and housing problems. The disagreements have affected her health. 'It put me in hospital you could say. Like when I get stressed out it brings on my asthma.' (Sole parent low income)

The employment and housing stresses of the families are discussed in Chapters 6 & 7. The stresses of serious marital disagreements are considered further in this chapter as a major part of the children's family context.

Conflict between parents

As already outlined, 40 per cent of mothers in low-income families reported having serious disagreements with their partners in the last 12 months, as did 20 per cent of mothers in more affluent families. There was a significant association between the mothers reporting serious disagreements with their partners and with their saying that they had felt low or depressed in the previous 12 months and also with their describing themselves as less than happy.

Conflict ranged from occasional arguments to violence and had effects ranging from short-lived upset to the parents' separation. One mother reported that her partner had been jailed for some months after one violent argument. For many the stresses were less extreme but nonetheless upsetting.

The effects on the children of their parents' disagreements ranged from being involved in violence and parents separating to having little knowledge of the disputes. Often mothers tried to hide the arguments from the children. Some mothers said that the conflict affected their patience with their children:

I get distressed and I take it out on the kids. [Former partner] is a financial and emotional burden. (Low-income sole parent)

While many of the mothers did not identify the causes of their arguments with their partners, financial problems were the most frequently mentioned specific cause, especially for the mothers in low-income families. Half of the 24

mothers in low-income families mentioned financial stresses and/or those associated with unemployment in relation to conflict with their partners or ex-partners, compared with only two of the 20 mothers not on low incomes.

One mother whose husband was made redundant while she was expecting her fifth child spoke of disagreement with her husband: 'It destroyed me, made me distraught'. Another mother not in the low-income group commented:

It was hard financially. We bought a house and [partner] then lost his job. Financial stress led to stress in our relationship. (Highest income)

For some of the mothers there was a combined stress of their partner's unemployment, drinking and lack of money associated in a few cases also with gambling and with violent arguments. The following comments illustrate some of these conflicts. One mother spoke of her separated husband's gambling and drinking:

He got drunk and came to my house and broke things like the telephone. He hit me if I refused to give him money...The children became scared. (Low-income NESB sole parent)

There was a time when I was always arguing with my husband and it upset me that the kids could see what was happening even though I tried for them not to...The kids did tell him to stop. They saw my husband pull a knife on me. They still miss their father even though they know he did wrong things. (Low-income sole parent)

One of the stressful events about which the mothers were asked was problems with the law. There were relatively few responses but the problems often had considerable impact on the families. They included domestic violence, financial stresses of fines, a father in jail for drug offences and a mother on parole whose partner had recently been released from jail.

Separation of children from their mothers

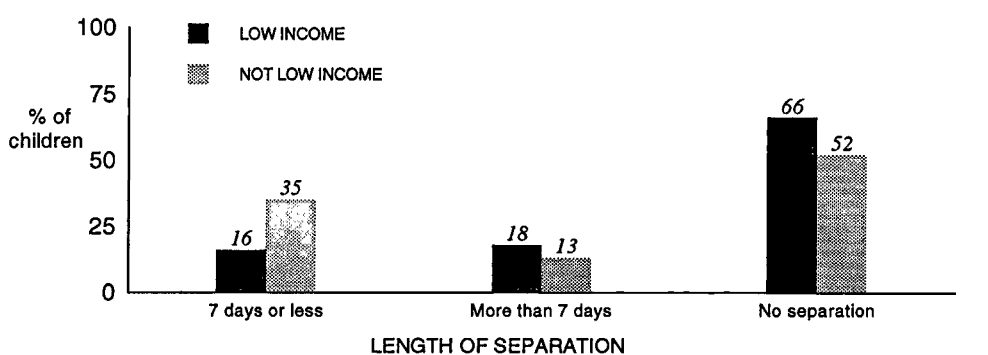
Some 43 per cent of the children had at least a brief separation from their mother (see Figure 5.8). Some of the separations were planned and enjoyed while others were responses to crises. For two-thirds of these children the separations had been for seven days or less. Reasons for the shorter separations included the mother's absence in hospital having a new baby, brief stays of the children with grandparents or other relatives and in some cases hospitalisation of the children. The longer separations included both frequent short periods away such as regular access visits to separated fathers and longer continuous separations.

The reason for the separation often influenced the effects the mothers reported, both on themselves and the children. Typically, the mothers reported

that the separation affected themselves more strongly than it affected their children.

The children in low-income families were less likely to have had separations from their mothers than were children in higher income families. Some 34 per cent of children in low-income families had separations compared with 48 per cent of those in other families. However, the children in low-income families were more likely to have had longer separations, with 18 per cent having had separations of longer than a week compared with 13 per cent of other children.

Figure 5.8 Mother-child separation by family income — third interview



The reasons for the longer separations also differed according to family income group. Most of the 10 low-income families with separations longer than seven days were sole-parent families.

The longer separations in the low-income families included a child whose mother was having housing problems and was staying in her brother's flat where there was no room for her two children. Consequently she had placed them in a children's home for two weeks. She described the effect on herself as 'very stressful' and also:

[The child] was getting a little bit upset and he was saying to the house mother, 'How come my mummy's got somewhere to live and we have to stay here?' (Low-income sole parent)

One child was taken for six weeks by 'the child protection authority' (the State Health and Community Services Department) without the mother's permission:

It devastated me, because I wanted to look after my child. My heart got ripped apart. (Low-income sole parent)

The other longer separations in low-income families included the following:

- One child was in overnight care once or twice a month;
- One child was 'staying in the country with an aunt' as the mother had been finding being with the child very stressful;
- Cathy's mother had a few weeks in hospital;
- One child had lived at her grandmother's house for two months while her mother was coping with new twins.

In only one of the low-income families was the mother really positive about the benefits of the separation. This child stayed every Saturday night with her grandparents and three or four days once a month:

It's good, it's a relief. She loves it so, it's good for both of us. (Low income, unemployed)

Half of the longer separations in the 14 families not on low incomes were because the mother went away on holiday and/or to work, while a smaller number of children stayed regularly with relatives and a few separations were because of hospitalisation. The mothers who reported going away for holidays or work, including interstate or overseas and in one case on a honeymoon, often reported some guilt or that they missed their children 'awfully', but most felt there was little negative effect on the children. Some separations from the mother involved the children going to stay with relatives:

She has one night with her dad every week or fortnight. I would dearly love more separation. She has a ball. She has a lovely time. (Medium-income sole parent)

One mother whose child stayed with relatives from time to time commented:

Especially with the baby and all that, just sometimes you need that break. I missed her a lot but I know she's well cared for. She loved it — no bad effects there. (Higher income)

In the families not on low incomes the separations sometimes reflected family stress as in the case of the hospitalisation of one extremely ill mother and the children (twins) in another family going to overnight respite care.

Family supports

The supports available to the mothers to help them with their children varied greatly in terms of the availability and willingness to help of the children's fathers, grandparents, other relatives and family friends. The experiences of the five families introduced earlier illustrate some of the diversity.

Sally's mother describes both Sally's father and grandparents as 'very supportive and helpful':

[Sally's father's] main support is with the daily routine matters, bathing, reading and taking her to creche and bringing her home and just being around. The sort of support [the grandparents] give is just being available if there's a problem or a crisis, you know, say some babysitting is required or something like that or if there were any sort of financial problem; although we haven't had any I know that there's always that support there. And also just there to talk to if you're having a bad day or you just feel like someone to talk to in the family. They're always just there and always receptive to a phone call. (Highest income)

Brett's mother receives some help with childminding from her mother, sister and girlfriends. She says his father:

Might take the kids off my hands for a couple of hours over the weekend and on odd occasions babysits while I go out. (Medium income)

Huong's mother receives 'emotional support and child-care' from her husband, mother-in-law and sister-in-law. The father helps with caring for Huong, taking her for a walk and feeding her. (Low-income NESB)

Ahmet's mother's only support in Melbourne is from a close friend whom she describes as 'like a sister' and who helps with housework and childminding. Her husband helps with the children and around the house 'when I'm sick'. Her mother and other relatives are in Turkey. (Low-income NESB)

Cathy's mother gets some help from her own father, including minding Cathy. He 'looked after Cathy when I was in hospital...He drinks quite a lot, but he loves the kids.' On previous occasions when she went to hospital the children would go into foster care because of her lack of anyone to look after them. She sometimes gets help from her sister, but none from her mother or from Cathy's father who provides no financial support: 'One minute he was going to pay me maintenance, next minute he wasn't'. (Low-income sole parent)

Overall, 71 per cent of mothers said they received some help in raising their children. This was somewhat fewer than at the first interview when 81 per cent said they received help (see Table 5.6). There were eight mothers (5 per cent) who said they received no help at either stage.

Sole parents were more likely to say they received help than were mothers with partners (85 per cent of sole parents and 69 per cent of mothers with partners), while mothers from NESB families were slightly less likely to say they received help than were other mothers (67 per cent of NESB mothers and 73 per cent of other mothers).

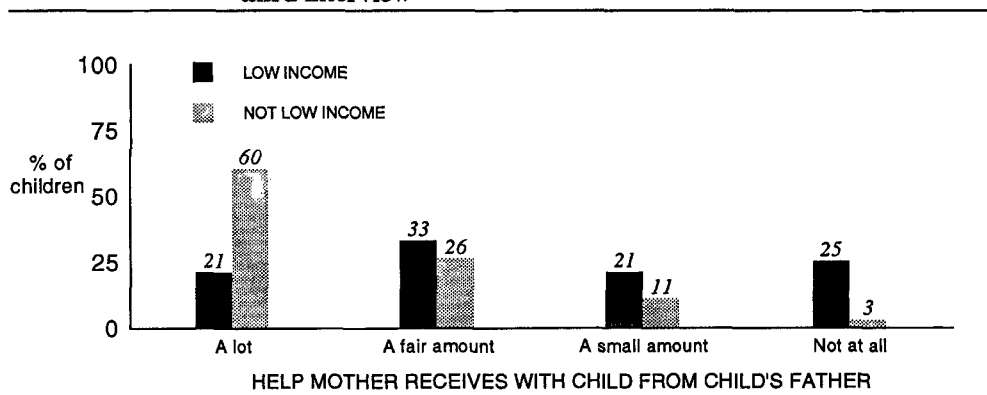
Table 5.6 Help mother receives with child

<i>Mother receives help with child</i>	<i>First interview</i> %	<i>Third interview</i> %
Yes	81	71
No	19	29 ^a
Total	100	100
(Number of children)	(161)	(161)

a Includes 12 non-responses

There was a relatively small difference in the proportion of mothers saying they received help according to income group, with 68 per cent of mothers in low-income families saying they received help and 73 per cent of those in families not on low income. However, when more detailed questions were asked the differences become more obvious (and significant). A specific question about the amount of help received from the child's father indicated that 75 per cent of mothers in low-income families received some help from the father compared with 97 per cent of those in more affluent families. While only 21 per cent of mothers in low-income families said they received a lot of help from the child's father, 60 per cent of other mothers said they received a lot of help (see Figure 5.9). The high proportion of sole parents in the low-income group is one factor in this difference.

Figure 5.9 Help mother receives with child from child's father by family income
— third interview

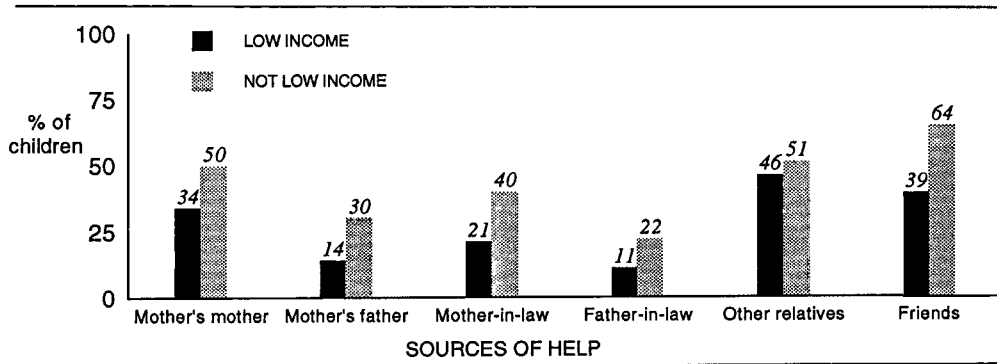


A further factor is ethnic background, with mothers in both low-income and higher income NESB families being less likely to say they were receiving a lot of help from the child's father than Australian-born mothers and those in other immigrant families of the same income level.

While the child's father was the most frequent source of help with the child, many mothers also identified relatives and friends as being available to help with the child. The child's grandparents, particularly the grandmothers, were an important source of help, as were other relatives, particularly the child's aunts and the mother's friends.

The presence of friends and relatives to help was strongly associated with family income, with fewer mothers in low-income families identifying having relatives and friends to help than did other mothers (see Figure 5.10). These differences were significant particularly in the availability of the mother's father and mother-in-law and in the availability of friends.

Figure 5.10 Help mother receives with child from other sources by family income — third interview



The relative lack of help available for low-income families reflects to some extent the number of NESB low-income families. There is some evidence that there are cultural factors involved in some NESB fathers not providing a lot of help with the children. Also, because of their situation as immigrants and refugees, NESB families are less likely to have relatives, particularly the child's grandparents, living in Australia, let alone in Melbourne.

Some NESB families had strong social networks apart from relatives, while others were very isolated, especially those who had few contacts and were also recent arrivals with little or no English. Services such as ethnic women's groups based in community health centres provided an important social support for some of the NESB mothers.

The support networks of some of the sole parents in the study were weakened by their greater likelihood of having moved away from the original area, particularly for some such as Cathy's mother who had moved a number of times.

While there was not a major difference between low income and other families in mothers reporting depression, an analysis of mothers' comments at the first interview showed low-income mothers who experienced depression had

considerably fewer supports to help alleviate their depression than did mothers in more affluent families (Gilley 1994b).

Gender and family context

While the child's gender influenced many aspects of family interaction, gender was not a strong factor in a number of the key family variables explored in this chapter. For example, when mothers rated how well they were managing with their child, mothers of 29 per cent of girls and 35 per cent of boys said they were managing very well, while mothers of 7 per cent of girls and 13 per cent of boys said they were having quite a few problems managing the child. When asked whether their child's behaviour caused them problems the mothers of 52 per cent of the girls and 41 per cent of the boys said that it did.

There was almost no difference between boys and girls in terms of the mother's rating of the father's involvement: fathers of 49 per cent of girls and 50 per cent of boys were very involved, while fathers of 6 per cent of girls and 9 per cent of boys were not involved.

The parents' childhood

Part of the child's family context is formed by the parents' own experiences as children and what they bring from these experiences to bringing up their own children.

The mothers were asked about their own childhoods and 67 per cent rated their childhoods as happy, 11 per cent as unhappy and 22 per cent as in between. The mothers in the low-income families as adults were less likely to have had happy childhoods, with 57 per cent describing their childhood as happy compared with 73 per cent of the mothers in more affluent families. What is unknown at this stage is the extent to which these experiences will affect the study children.

The mothers were asked about whether there were things they liked about the way they themselves had been brought up that they would like to be able to provide to their children. Most mothers (83 per cent) replied yes to this question although significantly fewer low-income mothers answered yes (68 per cent compared with 90 per cent of the mothers in families not on low income). They were also asked whether there were things about how they had been brought up that they would like to avoid for their children. Seventy per cent of mothers said there were again, significantly fewer mothers from families on low incomes made this response (59 per cent of mothers on low incomes compared with 75 per cent of other mothers), reflecting, for some mothers, some difficulty in responding to this question.

The sorts of issues raised are illustrated by the five families introduced earlier.

Sally's mother rates her childhood as between happy and unhappy:

I had a good education. I'd like to provide that for her. I had a home that was fairly harmonious and I'd like her home to be like that. We were financially comfortable...and we had good holidays. [But] there wasn't a lot of discussion about issues and I believe that it can be more beneficial to discuss issues. (Highest income)

Brett's mother also says her childhood was 'in between'. She wants:

to be able to talk to the children, open up and talk about their feelings. Have a close relationship. I didn't have that. (Medium income).

Ahmet's mother remembers a happy childhood:

My dad used to bring me and my brothers treats from the shops. I like to do the same. (Low-income NESB)

Huong's mother also remembers a happy childhood:

I came from a big family. I learn more from my older brothers and sisters than from my parents, they take very good care of their children. (Low-income NESB)

Cathy's mother says her childhood was unhappy. Her parents had divorced and she left home and had her first baby at 17 years of age. What she wants is:

to always be there for Cathy even if she got into trouble. Like whenever I got into trouble my mum just wasn't there. I was mainly on my own as a teenager when I was growing up...I started drinking when I was about 12, 13. ((Low-income sole parent)

Summary and discussion

The data presented in this chapter about the family context of the children of the Life Chances Study indicate that many of the mothers of these two and a half to three-year-olds felt they were managing well with their children and reported that they had good support from their partners, relatives and friends in raising their children.

Nonetheless, there were families who faced financial, health and other stresses, sometimes in association with marital disagreements and lack of social supports, and those mothers found their capacity to care for their children considerably diminished. In a few cases parental conflict had a direct impact on children, including physical violence.

For the low-income families the stresses were often associated with unemployment and sole parenthood, for the families not on low incomes the stresses

affecting the mother were often around the competing demands of her own employment and her child's needs.

The focus of the study is particularly on the role of family income in the life chances of the children. For many of the aspects of the child's family context considered in this chapter there were significant differences between low-income families and families with higher incomes. In summary, there were several factors that showed a statistically significant association with family income:

The mothers in low-income families were *more* likely than mothers in families not on low incomes to say:

- they had quite a few problems managing the child;
- they had mixed feelings (rather than being happy);
- the child's father was not involved with the child;
- they had received no help from the child's father.

Conversely, the mothers in low-income families were *less* likely to say that they were managing the child very well; they were happy or very happy; the child's father was extremely involved with the child; they received a lot of help from the child's father; or that they received help from certain relatives (mother's father, father's mother) or from friends.

The mothers in low-income families were also significantly *more* likely than other mothers to report the following stressful life events in the previous 12 months:

- serious disagreements with their partner;
- serious financial problems;
- serious housing problems;
- the child's father having had a job change for the worse;
- a combination of stressful life events (three or more).

Mothers' reports of feeling low or depressed were *not* significantly associated with family income in spite of the stresses experienced by the mothers in low-income families. This finding, however, is compounded by the relatively low number of NESB mothers reporting depression even though they were less likely to rate themselves as happy than other mothers. This suggests the

importance of cultural and language influences in interpreting the results.

In brief, while many of the families experienced stresses and many of the mothers of these young children had felt low or depressed, the mothers in low-income families reported more stresses and family conflict and reported more difficulty in managing their children. While some mothers felt that they did not allow family stresses to affect their children, other mothers reported the effects of family stresses on the children, ranging from their being victims of violence to their mothers being irritable with them or too exhausted to care for them. Some mothers reported that their young children provided comfort to them if they were distressed.

The mothers in low-income families, while more likely to report financial, housing and other stresses, were less likely to have social support from relatives and friends to meet these stresses and were considerably less likely to receive help from the children's fathers in child-rearing.

While there were low-income families who had strong informal supports and close family relations and who reported none of the stressful life events, the children in low-income families were considerably more likely than those in families not on low incomes to live in families facing multiple stresses with minimal supports.

EMPLOYMENT AND UNEMPLOYMENT

CHAPTER 6

Introduction

The employment situation of parents has major implications for their children. As was discussed in Chapter 3, employment is the major determinant of whether families are living in income poverty and thus of all the effects that flow from this. Both unemployment and employment potentially have positive and negative effects on the quality of family life which have important implications for the children's lives in these crucial early years. For example, lack of employment may be associated with parents having more time with their children, while employment, especially of both parents, may be related to additional family stresses. Alternatively, unemployment may have negative psychological effects.

The employment situation of parents needs to be seen in the context of the original inner urban area of the study, although this context becomes less important in time as more families move elsewhere. The level of unemployment in the original area has been consistently higher than national and state averages for the period since this research began. For example, in the December quarter of 1992 the unemployment rate was 17 per cent, compared with a national average of about 11 per cent. Two important sources of employment for people with low levels of education in this study have had major reductions in their work forces: the textile, clothing and footwear industries and car manufacturing.

The major findings of a study of the employment experiences of the Life Chances families at the first and the second interviews included:

- increasing long-term unemployment for a group of the fathers;
- the lack of employment opportunities for both mothers and fathers with low levels of education and low English ability;
- paid employment for mothers mainly occurring in more affluent two-

- parent families with a male partner already in full-time employment;
- the occurrence of very low paid full-time work (Gilley 1993b).

This chapter examines the employment situation of the parents and explores the impact of parents' employment on the children. The employment situations in the five families introduced in Chapter 2 are provided below as illustrations.

Sally's father is in full-time work and her mother is on 12 months maternity leave (paid for three months). The mother wants to work part-time when her leave is over but feels at present: 'I am contributing more to the growing family than I would be if I was working as well'. Sally's father would eventually like to work part-time, 'it would just free up more time to do other things including family-related things'. He says his job is fairly stressful and requires interstate travel. (Highest income)

Brett's father works very long hours in his own business. His mother is not working but says she would like to work full-time to 'feel secure that I had a wage coming in every week', but says, 'I'm quite happy to stay at home and care for the kids'. She notes her partner does not want her to work and she does not think there is work available. (Medium income)

Huong's father runs a small pressing shop. The mother is not working because she is pregnant and there is less work than before for the pressing business. She would prefer to work part-time but there is 'no work'. Child-care is also a factor. The father prefers full-time work, 'to provide the children a comfortable life'. (Low-income NESB)

Ahmet's parents are not employed. Ahmet's mother would like to work part-time, 'to earn extra money' but can't find a suitable job nearby: 'it's hard, we just make it to the end of the fortnight. Sometimes the kids want things I can't afford'. It is difficult for the father to find work, 'because he doesn't speak English'. He has been unemployed for five years, 'it's hard on him also'. (Low income NESB)

Cathy's mother, a sole parent, is not working or looking for work, 'when she goes to school I will be'. She says she'd prefer full-time work for the money. Cathy's father works but contributes nothing financially. (Low-income sole parent)

Parents' employment situation

The employment situations of fathers and mothers are examined separately and then their combined employment patterns are explored.

Fathers' employment

At the third interview in 1993, 72 per cent of fathers were employed full-time (see Figure 6.1). Most of the fathers not in paid work were looking for paid work. Reasons for not looking for paid work included full-time study, sickness and disability.

Figure 6.1 Fathers' labour market participation by family income — third interview

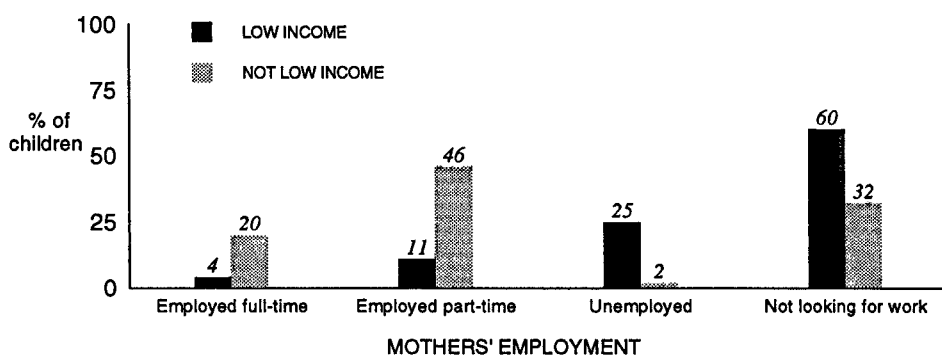


Note: No employment information is provided in this table for the 26 fathers not living with their children.

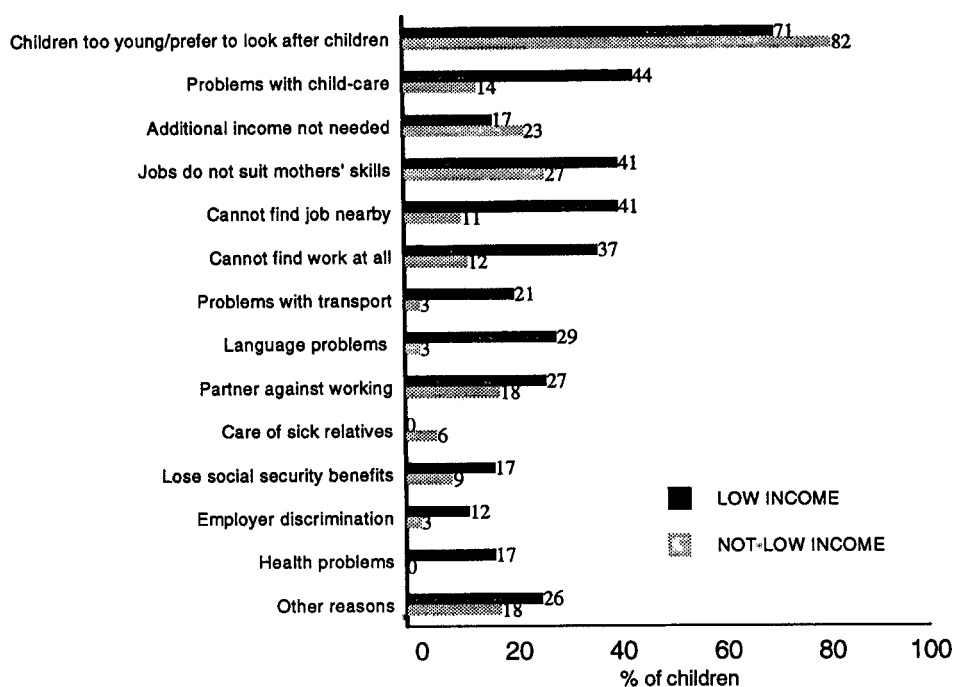
Fifteen of the 28 fathers who were not employed were from NES backgrounds. The length of time fathers were not employed ranged from four weeks to five years. Eighteen of these fathers had had no paid work for 12 months or longer, with 11 having had no paid work for two years or longer.

Mothers' employment

Almost half the mothers (48 per cent) were in paid work (see Figure 6.2), 10 per cent were looking for work, while 42 per cent were not looking for paid work, usually because of their responsibility to care for their young children. Three-quarters of the mothers not in paid employment had had another child since 1990 and therefore had at least two children three years of age and under. In contrast with the fathers' employment, it was more common for employed mothers to be in part-time rather than full-time paid work. While a quarter of mothers in families on low incomes were unemployed and looking for paid work, only two mothers in families not on low incomes were in this situation. Nine of the 14 low-income mothers in this situation were in NESB families and five were sole parents.

Figure 6.2 Mothers' labour market participation by family income — third interview

Mothers who were not employed were asked to indicate whether any of a range of reasons explained why they were not employed (see Figure 6.3). The major reason mothers gave for not being employed was that their children were too young and that they preferred to look after them. Mothers on low incomes were more likely than other mothers to identify child-care problems, not being able to find work nearby, transport problems and language problems as preventing them from working.

Figure 6.3 Reasons mothers not employed by family income — third interview

Note: The percentages relate to those children with mothers not in paid work and not to the whole sample.

Family employment patterns

At the third interview about three-quarters of families had one or both parents in paid work and in the remaining 26 per cent of families there were no (custodial) parents employed (see Table 6.1). The proportions of families in employed and not employed categories were fairly similar in the first interview, with a slight increase in the not employed category among the 161 families by the third interview. The increase in two-parent families with both parents in paid work by the third interview, and the corresponding decrease in two-parent families with one employed parent, was mainly due to increasing numbers of mothers returning to paid work as their children became older.

Table 6.1 Family employment

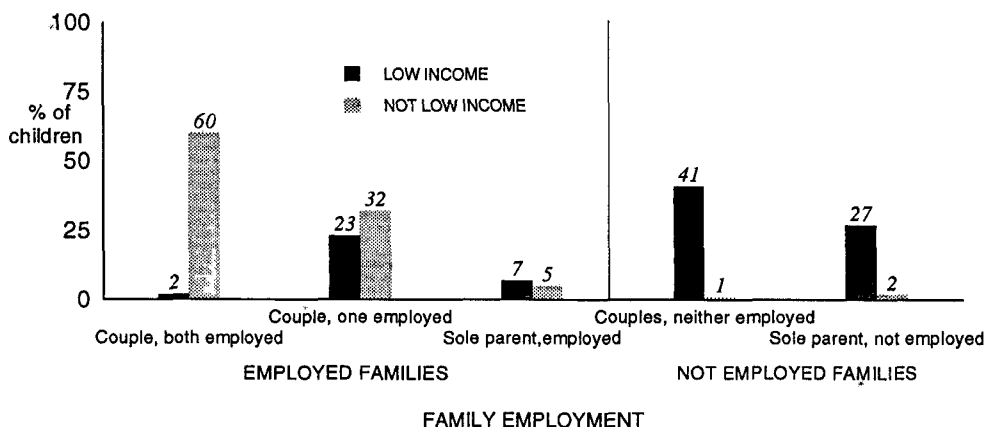
<i>Employment in families</i> ^a	<i>First interview %</i>	<i>Third interview %</i>
<u>Employed families</u>		
Couples, both employed	27	39
Couples, one employed	50	29
Sole parent, employed	2	6
<i>Total employed families</i>	79	74
<u>Not employed families</u>		
Couples, neither employed	12	15
Sole parent, not employed	9	11
<i>Total not employed</i>	21	26
<i>(Total number of children)</i>	<i>(161)</i>	<i>(161)</i>

a Families are characterised as being employed if there is one or both custodial parents in paid work and not employed if there is no parent in paid work. The work force status of non-custodial fathers is not included in this table and this information was also not always available.

Family employment and income

Money is a very important factor in this society. (Vietnamese father with three children)

Family employment and level of income are strongly related, with over two-thirds (68 per cent) of families on low incomes having no employed members. However, about one-third of families (32 per cent) on low income had some paid work (see Figure 6.4). All but three of the families not on low income had one or both parents in employment.

Figure 6.4 Family employment by family income — third interview

When fathers were not in paid work it was usually the situation that mothers were also not in paid work. There were only four families in which the father was unemployed and the mother was in paid work; all these mothers worked part-time and three of the four families were on low incomes.

Twelve of the 18 families on low incomes and in paid work were from NES backgrounds. Twenty of the 38 families not employed and on low incomes were from NES backgrounds. Most of the sole parents were not employed and on low incomes.

Effects of employment and unemployment

The effects of parents' employment and unemployment on the family are discussed below in relation to the employment of both the fathers and the mothers.

Fathers' employment

The mothers were asked about the effects of fathers' employment or unemployment on family life. Some mothers saw the effect as negative (38 per cent), some as positive (19 per cent), a mixture of positive and negative (11 per cent), and a few said there was little or no effect (8 per cent) (see Table 6.2.) The no response category (24 per cent) included the 26 children in sole-parent families and another 13 mothers who did not respond to this question. This included three of the 28 families in which the father was not employed.

Table 6.2 Effects of family employment — third interview

<i>Mothers' response about effects</i>	<i>Father's employment situation</i> %	<i>Mother's employment situation</i> %
Negative	38	42
Positive and negative	11	9
Positive	19	23
Little or no effect	8	16
No response or other	24	10
Total	100	100
(Number of children)	(161)	(161)

Note: Effects of employment situation include effects of both employment and unemployment.

In families in which the father was not employed, mothers most commonly spoke about the negative psychological effects on their partner and the negative impacts on family life of low family income. The following comments are provided as illustrations. Both the mothers' and the fathers' comments are included in response to the same question about the effects of the father's unemployment on family life:

(Mother's comment) Financial hardship. At one stage I wanted to divorce him, I am very upset by him. I had a lot of arguments with him. We argue about money. He has never provided for us. (Father's comment) I want full-time paid work so that I will have a regular income. We're short of money and have some money problems. (Low-income NESB)

(Mother's comment) A drastic effect financially. It creates disturbances, causes stress. We feel hopeless. (Father's comment) It causes arguments, you need time apart. We spend nothing on ourselves. The benefit is spending more time with the children. (Father unemployed for six months)

(Mother's comment) He's always a grouch...he's often in bad moods because he's been looking all day for work and come home without anything. We just don't have the money to spend on things. (Father's comment) If I was a millionaire I wouldn't want to work. Most of the time I'm out trying to provide for them. That's what prevents me seeing the children. (Low-income, father unemployed eight and a half months)

In one extreme case the father's unemployment led to separation:

His unemployment had a big effect. I had to go to relatives to live. He was at home all the time, and we'd argue. (Sole parent with three children, low income)

The most common negative comment from mothers whose partners were in

paid employment was their lack of time with the family and associated family stress (20 per cent of all families). Most of these families were not on low incomes. In one-third of these families, mothers also made comments about the positive financial effects of their partner's work on family finances. Two comments are provided as illustrations:

(Mother's comment) It completely wrecks family life because it's night work. It means he leaves the house at 5 p.m. in the afternoon and does not come home 'till 3, 4, 5, 6 o'clock in the morning...We have no social relationships at all between us. I don't think we've been out together for two years. It's what all shift workers would do, I'd say. (Father's comment) Oh, bad hours, like just at inopportune times I'm not here, like dinner time and bed time. Oh it makes it hard if [spouse] gets home and is a bit stressed out and the kids are going a bit wild, 'coz they might have had a sleep at kinder and they're full of beans. (Higher income, father has two part-time jobs in the music industry)

(Mother's comment) We never know when he will come to a meal, all times of day and night, children never know when he will be at home, he's on call at weekends, but children have grown used to it, and he [partner] does structure in some family time each day. (Father's comment) It puts a lot of stress on my wife, emotionally a single parent although financially not a sole parent. Ideally we would like an equal partnership where we work equal amounts of time and equal amounts of time with the children. (Highest income, father is a doctor)

The most common positive comment on fathers' employment was on the positive impact of family finances (24 per cent of all families).

Mothers' employment

In commenting on their own employment situations, mothers most commonly said the effect was a negative one (42 per cent), although some reported positive effects (23 per cent), no effects (16 per cent) or a mixture of positive and negative (9 per cent). For the remaining 10 per cent there was no response or it was difficult to categorise the comments (see Table 6.2).

In two-parent families where neither parent was employed, the most frequent comments concerned the negative impacts of lack of family income, a view expressed by Ahmet's mother. This continued as a theme in mothers' responses in other two-parent families but became a less frequent comment as family income increased.

The overriding negative comment of all families in which mothers were employed was about the stress the mother's employment placed on family life. Most commonly the comments relate to lack of time with the children, but they also related to negative effects on relationships with partners in two-parent families. Three comments are provided as illustrations:

Major effect in getting everything organised, expressing milk, preparing for tutoring, having to get there and get dressed up and get there on time, and everyone else organised. (Higher income couple with four children, including a seven-month-old baby)

It affects how much sleep I get, how tired I am, how stressed I am, how much time we have to do recreational things together, it affects the house. It affects everything, absolutely everything. (Higher income couple with one child)

Making my life stressful at the moment. It makes me more tired and my relationship with [partner] suffers, not as much time together. (Highest income couple with two children)

Positive comments about not being employed almost invariably related to spending time with young children, a viewpoint expressed by Sally and Brett's mothers. These comments came from mothers both in low-income and not low-income families, but more commonly from those not on low incomes and consequently under less financial stress:

No work at present. I choose to stay at home with them. I get to spend lots of time with the children and it's a positive effect. (Higher income)

An example of a mother's mixed feelings about her employment is as follows:

We have more money. Earning money gives you freedom of choice. I spend less time with my family. You can't have both. (Higher income NESB)

An example of a positive view about part-time work:

It makes me happier, gives me other interests, places greater stress on (partner) to get home early to pick up [son]. We have to be reasonably organised. (Highest income)

Sole parents

While the comments of the sole parents reflect similar themes to those already discussed above, they highlight the negative experiences of being not employed.

Seventeen of the 26 sole parents were not in paid work. Among this group there was an equal division between those who saw negative effects and those who saw no effects. Negative effects were divided between psychological or health consequences and financial consequences. Several comments are provided as illustrations:

Can't find a job, not enough money. (Low-income NESB sole parent with one child)

My health is not good because I do not work. (Low-income NESB sole parent with one child, no English)

I feel hopeless all day doing nothing. I stay at home thinking about problems. I have no experience. I worked once in a factory for a year. (Low-income sole parent with three children)

Seven of the nine sole parents in paid employment said that their employment had negative effects on the family in terms of work being stressful and having less time with their family and problems with child-care. One mother commented that the effect on family life was that they were better off financially, while another said it had no effect. The mothers' comments about the effects of unemployment included 'stressful and less time with the kids', 'work is inflexible and too demanding', 'it's exhausting, there's no time to see the family', and 'sometimes my daughter doesn't like to be looked after'.

Summary and discussion

Employment and income were closely related. Families with no employed adults were almost always on low incomes. Where fathers were unemployed (in two-parent families), mothers were usually also not in paid work. For some families, low wages meant that employment was not a pathway out of income poverty. The major reason mothers gave for not being in paid work was their desire to spend time with their young children. However, mothers in low-income families who wanted paid work often faced substantial obstacles, including lack of child-care, available jobs, skills and language problems.

The major disadvantage for families of mothers and fathers not being in paid work was lack of income and the stresses this placed on family life. Unemployment was also having negative psychological effects on fathers, which in some cases could be seen to be affecting the quality of life of children. The major disadvantage associated with parents having paid work was lack of time for the family, usually expressed as a lack of time with children, but sometimes also affecting the quality of the relationship between parents.

The stresses associated with fathers working long hours and the stresses for mothers of balancing work and family life were important issues for many of the families. The longer term effects of these stresses on children is unclear at this stage of the study. However, given the importance of these early years for children's development, the findings raise concerns about the demands being placed on parents of young children.

HOUSING AND LOCAL NEIGHBOURHOOD

CHAPTER 7

Introduction

The type of housing children live in and the nature of the surrounding local neighbourhood can have significant implications for children's well-being. Housing size, type and condition may all affect the quality of life of children. Local neighbourhoods may vary on a range of factors that affect children, including environmental health risks, the friendliness of neighbours, the closeness of relatives and friends, and the availability of services, public transport and playgrounds.

This chapter examines the housing and location of families as a necessary background to understanding the choices available to families, their experiences of housing problems and their views of housing and location. It explores the connections between housing and location and children's well-being. It compares the housing situation of children in low-income families with those not in low-income families to highlight the different opportunities available to these children.

Original study area

The original catchment area of the study is a densely settled inner urban environment. (At the third interview, 59 per cent of the study children were still living in this inner urban location.) The two main types of accommodation are separate, semi-detached or terrace houses (67 per cent) and flats (23 per cent). The proportion of rented housing (54 per cent) is high compared with the national average of around 24 per cent, and the proportion of home ownership/purchase (42 per cent) is correspondingly low when compared with a national average of about 70 per cent (1991 Census). About two-thirds of rental accommodation in the original study area is in private rental arrangements and about one-third is in public rental housing. The most common form of public housing is 20-storey high-rise flats, with some 'walk-up' flats in three or four storeys and a small number of detached or semi-detached houses (44 per cent).

The five children

The views of the five mothers on housing and local neighbourhood issues in relation to their children's needs are provided as illustrations:

Sally's family recently moved from the inner suburbs to a middle distance suburb. They are home buyers, 'We moved to a bigger house to have more space, more rooms and more play area.' The mother describes the new area as an excellent place to bring up children, with more space and families in the same street with children Sally's age. She says 'there will be better access to schools and kinder and things like that'. It is close to everything except shops. (Highest income — mortgage \$1200 per month)

Brett's family own their home in the inner suburb which the mother describes as an average place to bring up children, 'quite a nice area...the crime rate is high, the facilities are good'. However, the pollution and traffic are disadvantages. They may move further out, 'I like this area but would like a change.' (Medium income — own house)

Huong's family have moved and are buying a house in an outer suburb in an area the mother says is good, 'quiet, more space for my husband's job, near the beach', though it is not close to friends and relatives or public transport. (Low-income NESB — mortgage \$500 per month)

Ahmet's family have lived in their high-rise public housing estate in inner Melbourne for five years. The mother describes the area as average, 'mostly good, a lot of friends but sometimes I'm worried about drugs'. The mother would like to move, 'I would like more fresh air for my health, [but] my husband is used to living here.' (Low-income NESB — \$69 per week rent)

Cathy lives in a bungalow at the back of a relative's house in an outer suburb. They have moved five times since her birth when her mother lived in a high-rise flat in inner Melbourne, and are about to move again. They moved to the bungalow for cost reasons and are moving out to a house shared with a relative because of family disagreements, 'plus it's too small'. Cathy's mother says, 'the high-rise was horrible. You couldn't go down to the park or anything. There were syringes on the ground.' The mother describes the present area as good for bringing up children. 'It's a better neighbourhood and there's just more support.' (Low-income sole parent — \$50 per week rent)

Housing arrangements

Type of accommodation

Houses were the most common type of accommodation for the families at both interviews, with flat accommodation equally divided between high-rise and other flats (see Table 7.1). The main change between the first and the third interviews was a move from flats to houses (19 families). Despite this change, type of housing showed high levels of continuity, with 81 per cent of families living in a house at the third interview having lived in a house at the first interview. Similarly, 86 per cent of those living in a flat at the third interview had been in a flat at the first interview.

Table 7.1 Housing type

<i>Type of residence</i>	<i>First interview %</i>	<i>Third interview %</i>
House	67	78
High-rise flat	17	11
Other flat	16	11
Total	100	100
(Number of children)	(161)	(161)

All of the sixteen families who were living in high-rise flats at both the first and the third interviews were NESB. Twelve had been on low incomes at both interviews and three at one interview only, with the remaining family not on a low income at either interview. A number of young Australian-born mothers, typically sole parents, had moved out of the high-rise flats since the first interview, including Cathy's mother.

Tenure

The most common form of housing tenure at the third interview was home purchase or home ownership (50 per cent), followed by public rental housing (21 per cent) and private rental accommodation (14 per cent) (see Table 7.2.) Twenty-three of the families (14 per cent) were in more complex housing arrangements, with 10 families sharing with relatives, nine living in a house owned by relatives but not sharing with them, two sharing with friends and another two renting privately while renting out their home.

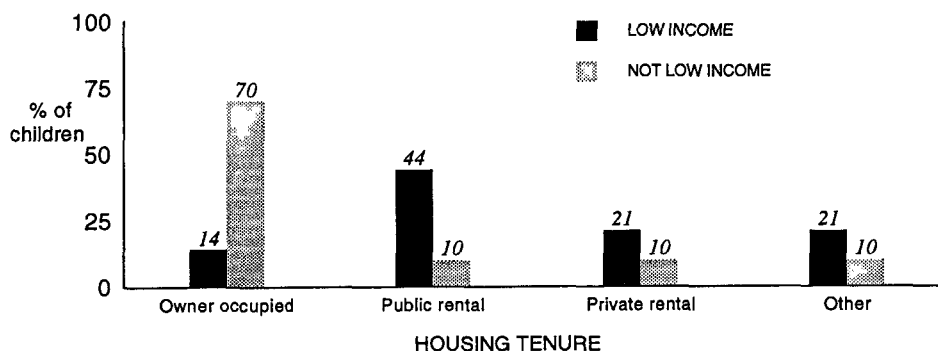
Table 7.2 Housing tenure

<i>Type of tenure</i>	<i>First interview %</i>	<i>Third interview %</i>
Home owner	14	11
Home purchaser	39	39
Public rental	21	22
Private rental	18	14
Share with relatives	3	6
In relative's home (not sharing)	4	6
Sharing with friends	1	1
Buying and other	0	1
Total	100	100
(Number of children)	(161)	(161)

There were very similar proportions of families in each tenure at the first and the third interviews. However, 42 families (26 per cent) did change their tenure. Home purchase/ownership was the most stable tenure, with 90 per cent of the families in this tenure at the first interview remaining in this tenure by the third interview. The same tenure was also reported by 74 per cent of families in public rental housing, 56 per cent of those in private rental housing and 35 per cent of those in other arrangements.

Housing tenure and income

At the third interview, families on low incomes were much more likely to be in rented accommodation than those not on low incomes (see Figure 7.1). Only 14 per cent of families on low incomes (eight families) were purchasing their homes. The likelihood of being a home purchaser/owner increased with family income level.

Figure 7.1 Housing tenure by family income — third interview

Note: 'Owner-occupied' combines the categories of home purchaser and home owner from Table 7.2. The 'other' category combines 'sharing with relatives, sharing with friends', 'in relatives' home (not sharing)' and 'buying and other' from Table 7.2.

Housing costs

A distinction can be made between those families who paid rent or mortgage repayments (83 per cent) and those who did not (17 per cent). Some of the latter families had housing-related costs, council rates and house maintenance costs, however questions were not asked about these costs in this research.

For families with rent or mortgage costs, public rental housing was the least expensive form of housing tenure, with median public rental cost figures of \$75 per week. Increasingly expensive were 'other' arrangements at \$99 per week, private rental at \$140 per week and mortgage repayments at \$162 per week.

Given the constraint that income imposes on housing costs, it is not surprising that families on low incomes tended to have lower housing costs than those not on low incomes, though they generally paid a higher proportion of family income on housing. Also, in public rental housing rent charges increase with family income on a set scale, so that the lower the household income, the lower the rent charged. The median private rental figure for the 21 families on low incomes in this tenure was \$128 per week compared with \$162 for the families in this housing tenure who were not on low incomes. Similarly, the median mortgage repayments for the eight families on low incomes who were buying homes was \$115 per week compared with \$170 for the remaining families buying their homes.

The most commonly occurring situation for the 28 families (17 per cent) with no rent or mortgage payments was home ownership (18 families), followed by sharing with relatives (six families) and living in a house owned by relatives, but not sharing (five families). Only six of the families with no housing costs were on low incomes and none of these were home owners.

Housing problems

The birth of the study child led many families to reconsider the adequacy of their accommodation. In the first interview, 42 per cent of the mothers rated their accommodation as inadequate, with the major problem identified being that it was too small. Families not on low incomes were more likely to identify this as a problem, which reflected to some extent a difference in expectations. The second most commonly identified problem was the lack of a safe outside play area for children, an issue more often identified by families on low incomes.

At both the first and the third interviews mothers were asked whether the family had experienced serious housing problems in the previous 12 months. The responses to this question provided the main source of information on the negative effects of housing on families.

At the third interview, 30 families (19 per cent) said that they had experienced serious housing problems in the previous 12 months. Nineteen of the 30 families were on low incomes. As reported in Chapter 4, low-income families were significantly more likely to experience serious housing problems than those not on low incomes (34 per cent of low-income families compared with 10 per cent of families not on low incomes).

Ten families reported serious housing problems at both the first and the third interviews, with eight of these being on low incomes at both these interviews.

The nature of housing problems at the third interview are discussed below in relation to housing tenure. The families with housing problems included eight in private rental arrangements, eight in public rental housing, six in home purchase arrangements and eight in other housing arrangements.

Private rental accommodation

At the third interview, eight mothers said they had experienced serious housing problems in relation to private rental arrangements, with all but one being on low incomes. Lack of money was a theme in most of the housing problems. Other comments related to overcrowding and sub-standard accommodation. For example:

I got this place last Wednesday. I pay \$120 per week...It's an outside toilet and the kitchen sink isn't in the kitchen it's out near the backdoor. It's a bit cold. It just makes us nearly broke and there's extras...because we had to get a floodlight for out the back for when you want to go to the loo because it's really dark. (Low income)

The major issue for three families in private rental accommodation was insecurity of tenure, which involved both the disruption of having to move and the difficulty of then finding suitable rental accommodation:

We were told we had to leave the house we were renting and we couldn't find a place big enough for the children that we could afford. A lot of the houses that we looked at that we thought we could afford were dumps. We just couldn't live in them. The ones that were expensive, we just couldn't even go look at them once we found out the prices of them...they were out of our range. We had a very difficult time and it got to the stage where we had an eviction notice...and on top of that I was pregnant and he'd [partner] lost his job. (Low-income couple with four children)

I had to get out of my sister's place within a certain time. It was very hard for me being a single parent. Nobody wanted to give me a house. Then I finally found this one and, lucky me, the owner sold it, so I have to be out next month. I'm looking now. At the moment there's a house in Heidelberg and there's another house in Reservoir. I'm still waiting till the end of the month if they're still available. I have to look for something I can afford. Like this one, I pay \$125 a week and I can't go more than that. (Low-income NESB sole parent with two children)

We've been moving all the time, four times in the last five years, looking for cheaper places to live, feeling isolated living here, restricted in where we can go on a discount fare ticket. (Low income)

One family not on a low income had moved back to Melbourne from interstate and had taken four months to find a 'large enough' house in a suitable location. The mother thought the fact that the housing situation made her 'cranky' affected her child.

Public rental housing

Seven of the eight families in public rental housing who identified serious housing problems were on low incomes. Their problems related to overcrowding (two large families), inside maintenance problems, outside maintenance problems, social isolation, threats from neighbours because of the noise the children made, high-rise flat housing being inappropriate for a three-year-old, and for one family, financial problems related to transition from buying a house from the Ministry of Planning and Housing to renting, when they could not afford repayments. One mother who said her housing problems affected her child had a backyard which she described as a 'jungle' which her daughter could not play in because the mother could not afford a mower.

Home purchase

Only one of the six families who were home purchasers and identified a serious housing problem was on a low income. This family had received threats from a neighbour. Of the families not on low income, one family had thought they would lose their home because of problems with their company, but an inheritance retrieved their situation. Two of these families were undertaking house renovations which they thought were having a negative effect on their child. Another family having their house renovated found that their builder had disappeared with their money.

Other housing

Eight families identified serious housing problems in relation to other housing arrangements. Three of these families were on low incomes. The common theme in most of the comments made by mothers related to the stresses associated with sharing and overcrowding. Other problems included being left to pay the bills of another family with whom they had shared.

Three comments are provided as illustrations of the stresses associated with sharing:

It is extremely difficult living their life...[not] to be able to close your door and walk through your house, to have your own rhythm of life. It affects me so much that apart from feeling depressed I feel physically ill at times. (Medium-income NESB sole parent with one child, living with parents)

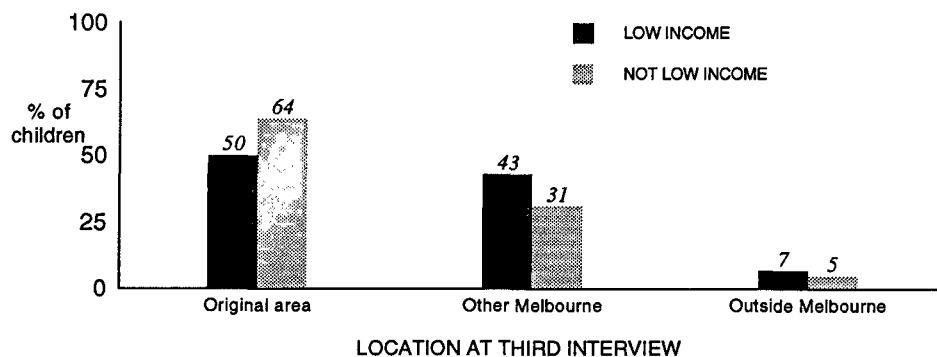
My parents had to sleep on the floor — I had their room with the kids. (Low-income sole parent with three children living with her own parents following a marital separation)

I was in a bungalow paying \$100 per week in one room with a hyperactive child and the people in the front had five kids and they were always fighting...I was really stressed out. (Low-income sole parent with two children)

Housing location and mobility

Over half of the families (53 per cent) had moved between the first and the third interviews. Families on low incomes were slightly more likely to have moved than other families (59 per cent of low-income families compared with 50 per cent of others).

Over three-quarters of the families who had moved since the child's birth were no longer living in the original study area leaving 59 per cent of the families within the original area and 41 per cent outside it (see Figure.7.2). Families on low incomes were slightly more likely to have moved outside the original catchment area than other families. Just under one half (46 per cent) of those families who had moved had done so two or more times, including nine families who had moved four or more times.

Figure 7.2 Location of families by family income — third interview

Note: 'Outside Melbourne' includes Victoria, interstate and overseas locations.

When mothers were asked if they were planning to move within the next five years, 46 per cent indicated that they would be and another 4 per cent were unsure.

Families who wanted to move but could not

Twenty-four mothers (15 per cent) said they wanted to move but were unable to, with half of these mothers being in low-income families. The situation of the 12 low-income families is discussed in detail because this lack of choice may have important short-term and long-term implications for children.

Seven mothers on low incomes who said they wanted to move but could not were in public rental housing. Most were in the inner suburbs and wanted more space and a better environment for their children. For three of these mothers the obstacle was the long public housing waiting time for a transfer from a flat to a house. A fourth mother saw lack of employment opportunities as an obstacle to earning sufficient money to rent privately or purchase a house. Ahmet's mother wanted to move to an area with fresh air to improve her health but her husband wanted to stay because he was used to living where they were. Another mother wanted the opportunity to see what a different area was like, but said she would not move as she was reliant on the local public transport and services. In contrast, one mother had already moved out of the inner city when her child was about six months of age in order to have a bigger house in an outer Melbourne suburb. She wanted to return to the inner city because 'there's everything for the kids', but felt she could not do this because she could not afford to pay higher rent.

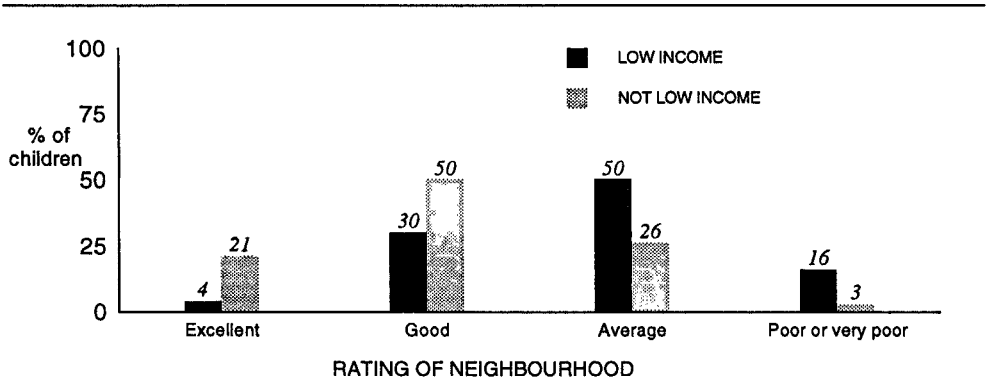
The situations of the other five families on low incomes who wanted to move were varied, though lack of money was the underlying problem in all cases. Three families were sharing with relatives and wanting a place of their own. One was in private rental accommodation and wanted to move to the country, but felt she needed to have a job to go to before she could move. In one family

purchasing their home, the mother wanted to move because the house was 'very run down' but felt they would not be able to afford to move 'for years'.

Satisfaction with local neighbourhood

Over half the mothers (58 per cent) rated their neighbourhood as an excellent or good place to bring up their children. Mothers on low incomes were significantly less likely to rate their local neighbourhood as excellent or good (34 per cent) than mothers not on low incomes (71 per cent) (see Figure 7.3).

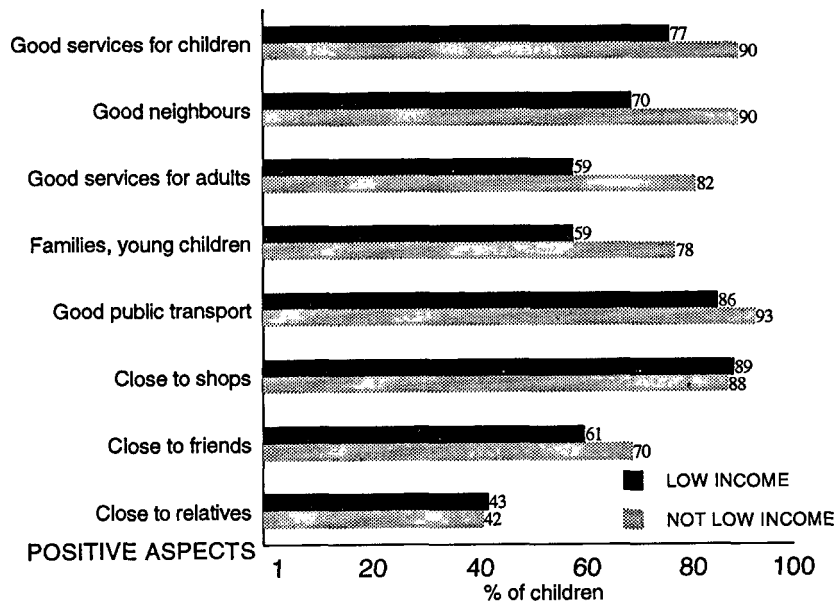
Figure 7.3 Mothers' ratings of current neighbourhood by family income
— third interview



When families moved, they usually went to what mothers considered were better places to bring up children. Of the mothers who moved between the first and third interviews, 77 per cent said their new place of residence was a better place to bring up children. Mothers' assessments of their local neighbourhood were also related to whether or not they were living within the original study catchment area: those living outside it were more likely to give a higher rating to their local neighbourhood as a place to bring up children than those living within it. Thus 71 per cent of those who rated their local neighbourhood as an excellent place to bring up children lived outside the original catchment area, while 82 per cent of those who rated their local area as poor or very poor (12 families) lived inside the original area.

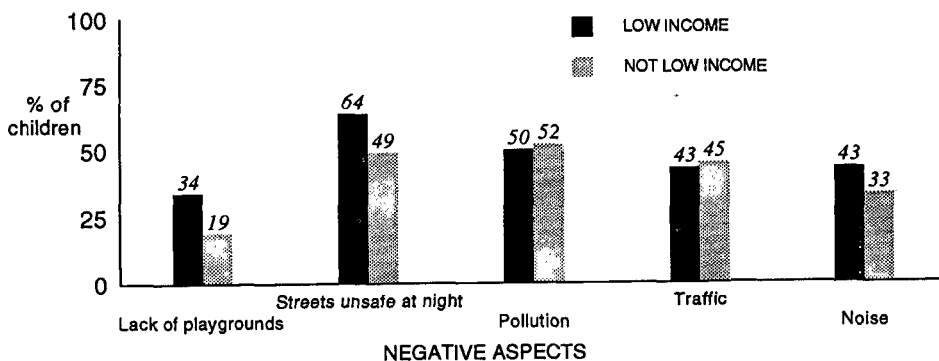
The large majority of mothers identified a number of positive attributes of their local area as a place to bring up children. The most frequently mentioned attribute was closeness to public transport and shops (see Figure 7.4). Mothers in families on low incomes were less likely to identify some of these potentially positive aspects of their local neighbourhood than were mothers in more affluent families. In particular they were less likely to mention good services for children and adults, good neighbours and the presence of other families with young children.

Figure 7.4 Mothers' identification of positive aspects of local neighbourhood by family income — third interview



About half of the mothers identified pollution and the streets being unsafe at night as problems in their local area. Somewhat fewer mothers were concerned about traffic, noise and lack of safe playgrounds for their children. The latter concern was significantly more likely to be voiced by mothers in families on low incomes (see Table 7.5).

Figure 7.5 Mothers' identification of negative aspects of local neighbourhood by family income — third interview



In the inner suburbs high-rise public housing estates provided a very different immediate local environment to the neighbouring streets of terrace houses. The mothers in the 17 families (11 per cent) living in high-rise flats rated their local area as average or poor to very poor as a place to bring up children. The

most frequently expressed concern was the presence of drug addicts (a concern expressed by Ahmet's mother). Mothers also made general comments about not feeling safe in the high-rise estates and were concerned about the impact of this environment on their children.

One of the more detailed comments about a high-rise estate is provided as an illustration:

I don't really approve of the neighbourhood for children. There's a lot of things happening...He [son] mostly plays in the back and people have found used syringes. I'm very worried about that so I try and avoid taking him outside. You can always find drunk people in the lifts and stairways. It's not a very good place to bring up children. (Low-income NESB)

Lack of local playgrounds was an important issue for mothers living in high-rise flats with active three-year-olds and, in many cases, a number of other children.

Other negative comments about the inner urban location related to environmental concerns and not feeling safe, a viewpoint expressed by Brett's mother. Environmental concerns included pollution, traffic and noise levels. Positive comments related to the accessibility of good services and public transport.

The comments of two mothers are provided as illustrations of this tension between the advantages and the disadvantages of inner urban living for families with young children. One is from the perspective of a mother living in the inner area, the other is from a mother in a middle urban suburb:

Community-wise, it's wonderful. It's a very friendly place. I felt supported by these friendships. The drawbacks are traffic, noise and the lead level in the area. (Medium income)

Although [middle-urban location] is a better living suburb, transport is inconvenient here. Community services are not as good as [inner-urban location]...there are no such services, English classes and child-care facilities. (Low-income NESB)

Positive comments on the inner area included:

It's a good place. The things I need are within walking distance, a lot of families with young children. People are not all closed in, in large houses. People tend to get out and walk and go to the parks. It's a very good neighbourhood. (Higher income)

Positive comments from mothers who had moved outside the inner area often emphasised the importance of larger houses, bigger backyards and

quieter areas with less pollution, a viewpoint expressed by Sally's mother. One mother who had moved to a middle urban suburb commented:

There's more parks and gardens, less traffic, services which [previous area] didn't have, choice of better schools, better housing arrangements for [daughter], and more space. (Higher income)

Summary and discussion

Over half the families had moved since their child's birth in 1990 and over 40 per cent had moved outside the original study area. Families on low incomes were slightly more likely to have moved, and to have moved outside the original inner urban area than the more affluent families. However, families on low incomes were twice as likely to say they wanted to move but felt they could not.

A number of families reported having experienced serious housing problems in the previous 12 months. One-third of families on low incomes identified such problems, which were usually related to lack of money. The most serious problems were for families in private rental and shared arrangements. Mothers often indicated that their housing problems had a major impact on the quality of family life. For a small number of families (10) the serious housing problems were ongoing, having been identified at both the first and the third interviews.

Mothers in families on low incomes were less likely than other mothers to rate their local neighbourhood as an excellent or good place to bring up children and more likely to rate it somewhere between average and very poor.

A number of NESB families on low incomes had remained living in the high-rise flats. None of these mothers rated their local areas as excellent or good and some indicated strongly that it was an unsuitable environment in which to bring up children. However, for some of these mothers, positive factors included proximity to friends, relatives, public transport and services and affordable rent.

Overall, low family income placed a major constraint on choice of tenure and local neighbourhood, and thus the opportunity for families to match their housing and local neighbourhood with changing family needs. Families not on low incomes were more able to make and implement decisions about increasing housing size and moving to new suburbs. In contrast, a substantial proportion of families on low incomes faced problems including difficulty in finding housing they could afford, insecurity of tenure, overcrowding and sub-standard accommodation.

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Introduction

The contribution of health and community services to children's life chances is an important but complex issue. The question of the impact of service use on the life chances of children in this report needs to be seen against a background of a general lack of data in Australia about the interaction between service interventions and outcomes. Even when poor access to services may have no measurable short-term effects on children, it may still be important to document as part of a larger pattern of disadvantage.

Another view of the role of services is that they need to be proactive in meeting the additional needs of children from low-income families. For example, when children lack resources in their own home, access to children's services may expose them to important relationships with other children and provide access to opportunities to learn not available in their own homes. Lack of opportunities for preschool NESB children to learn English in their own homes may be offset by attendance at child-care services where English is the main language used.

Although this chapter focuses on the use of services for children rather than services for other family members, such separation should not obscure the strong relationship between family and children's needs. For example the maternal and child health services were viewed by mothers at the first interview as important for both their own and their children's well-being and these two aspects of the service were closely linked (Gilley 1993a, 1994b). A mother whose own needs are being met is more likely to be able to meet her children's needs. Child-care services may meet the needs of both children and parents. Where mothers use child-care in order to undertake paid work, the increased family income may have considerable implications for the child's opportunities in life. Using child-care as 'time out' for mothers under stress may improve the relationship between mother and child.

The original inner urban location of the families can be described as a 'services rich' environment, with a range of health and community services within close proximity to where the families lived. There is also an extensive network of public transport services. However, by the third interview over 40 per cent of the families had moved out of the area and therefore their experiences of using services reported here include a range of localities. Also, a number of services were being reduced in the inner suburbs.

This chapter looks at the services used by children in the previous 12 months under the categories of children's services, health services and other services. Mothers' direct assessments of services are discussed in relation to their responses to a number of questions about individual services and a number of more general questions.

The five children

Some illustrations of the families' use of services is provided in relation to the five families already introduced.

Sally attends a child-care centre two days a week. Her mother says, 'I'm very satisfied with the care in the centre and everything about the centre but I'm dissatisfied with the cost [\$64 for two days]'. A relative also does some babysitting. Sally uses the local library, but has not used a toy library or playgroup. The health services Sally has used in the last 12 months are the maternal and child health centre to check her developmental milestones and the doctor for colds. (Highest income)

Brett has not been to a playgroup, toy library or local library 'because the kids have millions of books'. The only child-care he has received is unpaid, by a relative, and his mother talks of 'the security of my family taking care of my kids'. However, the services the mother would like to use for Brett but has not been able to, are child-care services. She was advised that there were 70 to 80 on the waiting list of a child-care centre. Brett has been to the maternal and child health centre to have his hearing checked, to the doctor with a chest condition and ear infection and has had one visit to the royal Children's Hospital. (Medium income)

Huong's only child-care is a few hours unpaid care by a friend and by relatives. She has not used a library, toy library or playgroup. Huong has been to the maternal and child health centre about every three months, but the mother says she goes 'mostly for the baby'. Huong has been to the doctor twice for a cold. The mother says the maternal and child health service is particularly helpful: 'I feel comfortable and at ease when I come there with the children'. She also says the doctor is easy to communicate with. (Low-income NESB)

Ahmet is in a creche five days a week (at a cost, with fee relief, of \$30 a fortnight).

His mother is very satisfied with the creche 'because he is learning more English. He can communicate much better than his [older] brothers'. Although his mother cannot afford to buy toys much and has applied to a welfare agency for Christmas toys, he has not used a toy library. He uses the local library: 'Ahmet likes books'. Ahmet has not attended the maternal and child health centre since his immunisations were complete as his mother 'didn't need it'. He has seen a doctor at the community health centre a couple of times for constipation. His mother considers the community health centre to be particularly helpful 'in every way'. (Low-income NESB)

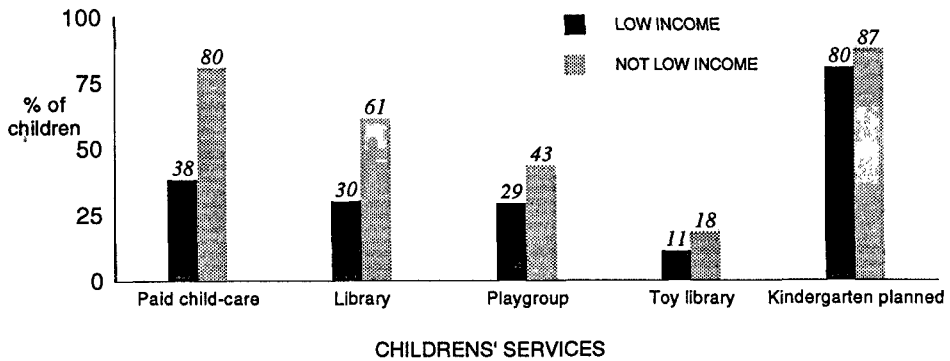
Cathy has not used libraries or playgroups or child-care. The service the mother

has wanted to use for Cathy but has been unable to is child-care, because 'I couldn't afford it'. Cathy's mother, who had used respite care when she was in hospital and had also used foster care services for her children, commented that 'if it wasn't for them, I don't know what I would have done'. However she also reported long waits for foster care. Cathy has not attended a maternal and child health centre since she 'finished her needles' (immunisation), and because her mother says 'I use a hospital'. She has been to the doctor about 12 times in the last year with ear infections and asthma, has been a hospital in-patient overnight and an out-patient three times. She has also seen a dietitian and a counselling service for her hyperactivity, and has stayed in foster care. Her mother reports problems paying for her medication, 'Actually I owe the chemist now'. She also owes money to the Child and Family Unit for the foster care. (Low-income sole parent)

Children's services

Five somewhat diverse services were identified under the heading of children's services: paid child-care, library, toy library, playgroup and kindergarten (see Figure 8.1). Child-care was the most commonly used of these services (65 per cent) and toy libraries the least commonly used (15 per cent). Most mothers planned to send their children to kindergarten (85 per cent), reflecting the fact that it is intended as a service for use by all pre-school age children, usually when they are about four years of age. A small number of mothers also commented on services that provided some form of respite care for children outside the home, either in residential facilities or through fostering out with a host family.

Families on low incomes were considerably less likely to use child-care services and public libraries, and were also less likely to use playgroups and toy libraries (see Figure 8.1).

Figure 8.1 Use of children's services by family income—third interview

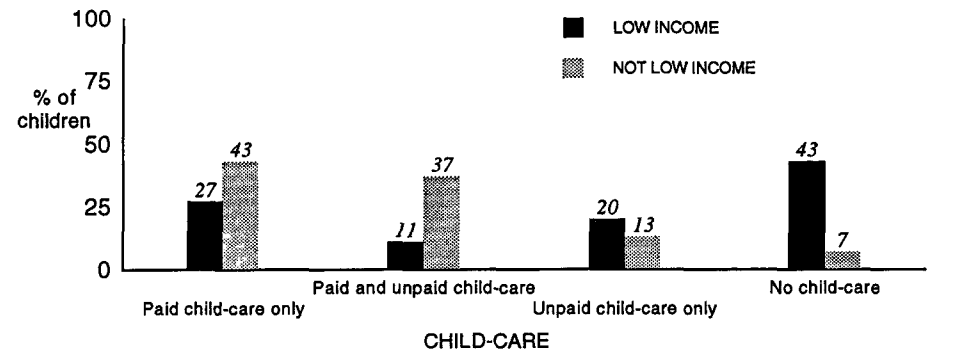
Child-care

The majority of mothers had access to some form of child-care at both interviews (see Table 8.1), either through a child-care service or through informal sources, such as relatives or friends. By the third interview there was a considerable increase in the proportion of families who used some form of child-care. There was also a sizeable minority group who did not use child-care — over one-third of families at the first interview and 16 per cent at the third interview. There were 20 families (12 per cent) who had no child-care at either the first or the third interview.

Table 8.1 Use of child-care

<i>Child-care</i>	<i>First interview</i> %	<i>Third interview</i> %
Used child-care	65	84
Have not used child-care	35	16
Total	100	100
(Number of children)	(161)	(161)

The most common child-care at the third interview was paid child-care (37 per cent), though there were a number of mothers who used both paid and unpaid child-care (28 per cent) or unpaid child-care only (16 per cent) (see Figure 8.2).

Figure 8.2 Paid and unpaid child-care by family income—third interview

The most common type of child-care was child-care centres (38 per cent). This was followed by care by relatives (34 per cent), friends (11 per cent), baby-sitters (10 per cent), family day care (6 per cent), neighbours (6 per cent), nannies (2 per cent) and other arrangements (2 per cent).

Over half the families (56 per cent) identified more than one child-care arrangement, including three families who reported the combined use of a child-care centre, friends, relatives, baby-sitters and a nanny.

Mothers often gave multiple reasons for using child-care. The most common reason given was employment (44 per cent of those with child-care arrangements). This was followed by leisure (39 per cent), shopping (21 per cent), study (6 per cent) and a range of other reasons (23 per cent), such as having a break from the child.

The hours of child-care ranged from a quarter of an hour per week to 60 hours per week, with a number of mothers also having irregular arrangements for which it was not possible to give a usual weekly figure. Thirty-one children (19 per cent) had 35 hours or more of child-care per week. The longer hours of child-care were associated with mothers' employment, while the shorter hours were associated with both mothers' employment and other purposes.

The cost of child-care ranged from no cost to in excess of \$200 per week. The families who had free child-care were being assisted by relatives or friends.

Mothers were generally satisfied with the child-care services they used, with only two mothers saying they were dissatisfied, while another eight mothers said they were both satisfied and dissatisfied. When mothers were asked if any of the services they used had been particularly helpful, child-care and the maternal and child health service were the services that most mothers identified as being particularly helpful.

The mothers who expressed satisfaction with child-care centres were those who saw the centre they used as a caring, safe, stimulating environment for their children. Some mothers, when evaluating the centre, sought feedback from the centre about their child's daily routine. Mothers were unhappy with those carers who were unable to provide them with information about their child's day.

Three illustrations of positive comments are as follows:

The woman who runs it [child-care centre] is particularly good. She can evaluate what parents need. She seems to know if she should tell parents that their child should go home [because of a health problem]. (Low-income sole parent)

The centre provides a clean environment for him [son] to play with other children, and gives me more time to do other things. (Low-income, NESB)

The child's developing well. Interest is being shown in his development [by creche staff], good facilities, value for what we pay, staff friendly and committed. (Highest income)

One mother with a son with substantial developmental delays had some negative experiences of a child-care centre, which her son attends two days per week:

I'm happy in the way he can see other children his age doing things — what they do. Supervision-wise I'm not 100 per cent happy. He's come back with things they can't explain, they don't know what's happened; black eyes or he's fallen over and things, accidents that shouldn't have happened. (Low-income sole parent)

Some mothers used co-operative child-care centre facilities. They often valued the opportunity provided for parental input into the running of the centres, and parents often shared similar philosophical ideas.

Grandparents were highly valued by mothers as child-carers because they provided love and took a personal interest in the family. The informality of this form of child-care was also valued.

Flexibility in child-care arrangements was a major consideration for some of the mothers. Some saw family day care as offering greater flexibility than child-care centres. Several mothers who made use of family day care said they valued the smaller, more personal environment for the younger child. For example, one mother commented:

I use family day care for my sanity. Usually for when I'm employed. I want to keep my place in case I get another job. The kids prefer to be there than at home. The kids love it. The lady's flexible and she loves the kids. (Low-income couple with three children)

Mothers who made use of baby-sitters or nannies valued the provision of care in their own home, which they also saw as reducing the incidence of childhood illness that they would have if they used a child-care centre setting.

The all-important factor reported by mothers in relation to satisfaction with child-care was that the child was happy. This was true for all types of child-care arrangements. For example, one mother said that she was very satisfied with the service because her son 'liked going there'.

Problems with gaining access to child-care services are discussed on pages 00 to 00 in relation to services that mothers had wanted to use but had been unable to.

Child-care and low income

Mothers in low-income families were much more likely to be without child-care (43 per cent) than those in more affluent families (7 per cent). (See Figure 8.2.) Of the 20 mothers with no child-care at both interviews, all but three were on low incomes at the third interview and fourteen had been on low incomes at both interviews.

Playgroups

Playgroups are relatively informal arrangements where small groups of parents (usually mothers) and their young children meet on a regular basis. They often serve the purpose of providing socialisation opportunities for children and informal support for mothers. Some playgroups are auspiced and organised through services, while others are organised by the mothers themselves. Some groups meet in rooms provided by services, while others meet in family homes, sometimes on a rotation basis.

Over one-third of mothers had used playgroups for the study child in the previous 12 months. Over half of these mothers attended playgroup once a week, with a small number of mothers attending more or less frequently. All but two mothers said the playgroup was helpful, with one mother being unsure and another mother having had positive and negative experiences at two different playgroups. Ten mothers identified the playgroup as a particularly helpful service, and no mothers identified it as a particularly unhelpful service. Just under half the mothers using playgroups said there was no cost to attend. The most commonly mentioned cost of these playgroups was \$1 per session. Of the 40 families on low incomes who had not used playgroups, 14 were sole parents and 25 were NESB.

Three comments from mothers in families on low incomes are provided as illustrations of the value that families can receive from participation in playgroups:

She [daughter] gets to play with other children around the same age as her and it's good for me too. It gives me a chance to chat to other adults. (Low income)

It's a good social learning place, with different play experiences and toys, an outside play area. It's good for mums too socially. (Low income)

It is useful for [partner] and I socially. It has introduced us to the church. We meet and share common experiences as parents. It is great for [child's] social skills. (Low income)

The majority of mothers on low incomes had not used playgroups. Access to playgroups can be particularly difficult for non-English-speaking mothers. However some of the Hmong mothers and their children attended a playgroup at the local maternal and child health centre, for which a Hmong-speaking community worker was employed.

Libraries

Public libraries are provided in Victoria on a local municipality basis and are free to users. They normally have books for young children. Many libraries provide books and other materials in languages other than English.

Half the mothers used the library for their children. Mothers in families on low incomes were considerably less likely to use libraries than were other mothers. Fifteen of the low-income families who did not use libraries for their children were sole parents and 24 were NESB.

The reasons for not using libraries varied. Sometimes mothers said this was because they had plenty of books at home. A number of mothers in NESB families said they thought the children were too young to use the library, a sentiment not shared by many other mothers, including some NESB mothers. One sole parent who moved to a new area pointed out her difficulty in providing the necessary identification to become a user of the library.

Toy libraries

Toy libraries provide the opportunity for families with preschool children to gain access to a range of educational toys and also provide opportunities for mothers with young children to meet, thus reducing the problems of social isolation. The main reason for the operation of toy libraries is that educational toys are expensive and beyond the financial reach of many families. Even when families can afford such toys, the short attention span of pre-school age children may mean that purchasing certain toys cannot be justified. Consequently, toy libraries operating on a lending basis, usually charging an annual membership fee, are a way of giving families cheap access to a range of toys. Because they are initiated by local community groups and receive minimal financial support (from state governments and sometimes local councils) the presence

of any toy libraries in any particular area is dependent on local interest. There is a network of toy libraries throughout Melbourne and Victoria, with about 180 toy libraries registered with the Toy Library Association (in 1994). One of the local municipal areas, which at the time of the third interview was the location for 37 per cent of the children, did not have a toy library.

Only 15 per cent of the children used a toy library. Children in the highest income group were more than three times as likely to use this service as other children. Only six children in low-income families used a toy library, with one of these families being a sole parent household and three being NESB. Twelve per cent of families said they could not afford toys for their children, but none of these families used a toy library.

Kindergartens

Most mothers (85 per cent) planned to send their child to kindergarten (see Figure 8.1), with only slight differences between the different income groups. A small number of mothers had already enrolled their children in three-year-old kindergarten. Fee increases resulting from changed Victorian government policy may, however, have a negative impact on the take-up of kindergarten services, though this is unknown at the time of writing this report.

One mother commented:

She will attend kindergarten when she's four. We would like three-year-old kindergarten, but it's too expensive. (Low income)

Health services

The major health services used by children in this study were those provided by general practitioners, chemists, maternal and child health services and hospitals. There was a range of services used less often, including medical specialists and alternative health practitioners. The families' use of health services reflected the direct costs of those services. Health concession cards and private health insurance affected the amount families were likely to have to pay for health care for their children.

Meeting the costs of health services

Health concession cards (typically Pensioner Concession Cards and Health Care Cards) are available to families receiving social security pensions and allowances and to low-wage families receiving Additional Family Payment subject to certain income tests.

Over one-third (37 per cent) of the Life Chances families were health concession card holders, with most of these being on low incomes (see Figure 8.3). The mothers commented on the usefulness of this card for obtaining

prescribed drugs at a reduced cost (usually about \$2.60 per prescription), being more likely to be direct billed by general practitioners, and also as a basis for being eligible for a number of other concessions, such as those available for public transport use.

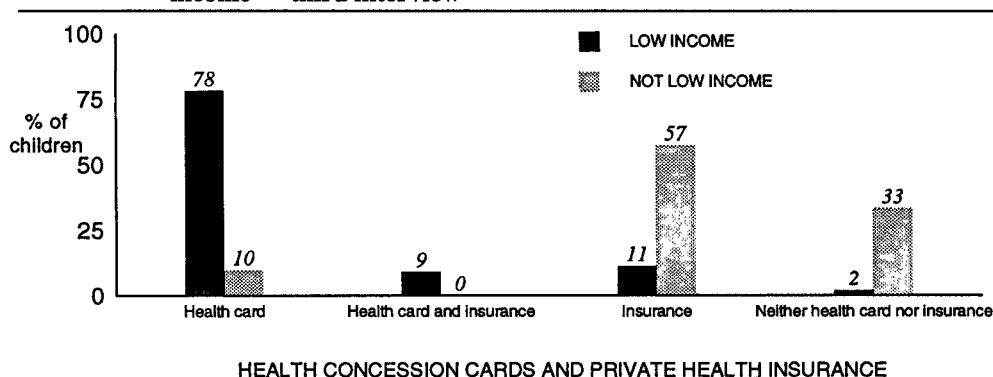
Two mothers' detailed comments are provided below:

It is useful when you've got to buy medicine for four children...Before I had the health care card there have been times when four of them catch colds, one from the other. I'd take them all off to the doctor. The doctor I used to go to you had to pay up front and \$100 would go just seeing the doctor for the four of them and then going to buy medicines. It was just terrible. (Low income)

We use it for doctors' visits, gas and electricity and travel concessions (for partner). It is useful because we have a large family, otherwise we can't afford doctors' fees and medicine costs. (Low-income NESB, couple with four children)

Some 44 per cent of the families were privately insured for health costs (see Figure 8.3). All but seven of the families with private insurance were covered for private hospital costs and over half had insurance for dental costs. (A free preschool dental service is available in a few localities in Victoria but is not universal.) The likelihood of having private insurance increased with income level.

Figure 8.3 Health concession card/private health insurance coverage by family income— third interview



Even with a health concession card families could not always afford medication. The mothers of 15 children (nine per cent) said they could not always afford their child's medication; nine of these families were on low incomes and ten had health cards. The mothers of nine of these children dealt with this problem by using money allocated for other purposes such as buying food or paying bills. Other approaches were to delay buying of the medicine until they could afford it, to use cheaper alternatives, to borrow money, and/or to owe

money to the chemist (Cathy's mother). Two comments are provided as illustrations:

I use money for food to buy medicine. (Low-income NESB, in possession of a health care card)

We have to wait until pay day to buy [medicine]. We would try to borrow money for antibiotics but not for cough mixture. (Medium income, no health care card)

Use of health services

The most commonly used health services for children at the first interview were maternal and child health services, general practitioners and chemists (see Table 8.2). The major change by the third interview was the reduced use of maternal and child health services. The proportion of children treated as hospital in-patients was similar at both interviews, with a slight decrease in hospital out-patient use at the third interview.

Table 8.2 Use of health services for study child in previous 12 months

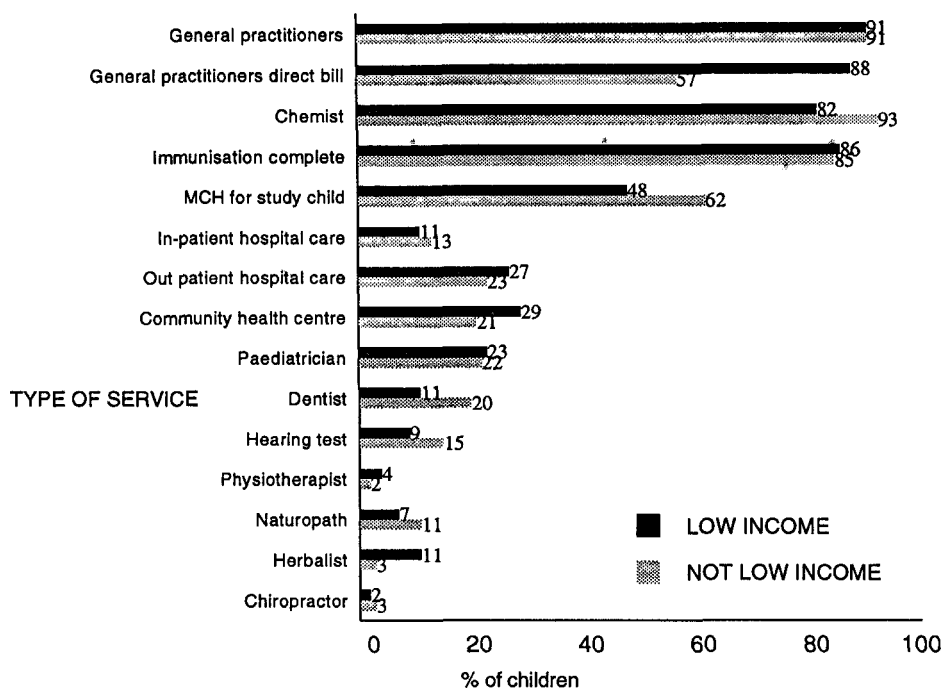
<i>Type of service</i>	<i>First interview</i>	<i>Third interview</i>
	<i>%</i>	<i>%</i>
MCH ^a for study child	99	57
General practitioners	83	91
Chemist	74	89
In-patient hospital care	11	12
Out-patient hospital care	30	24
(Total number of children)	(161)	(161)

a Maternal and Child Health Service

Other health services used for children which mothers identified at the third interview included community health centres, paediatricians, dentists, hearing test services, physiotherapists and what might be described as alternative health services, with naturopaths being the most frequently used (see Figure 8.4).

Families on low incomes were as likely as other mothers to use most health services for their children (see Figure 8.4). The exception was dental services, which families not on low income were almost twice as likely to use as those on low incomes. Families on low incomes were considerably more likely to attend general practitioners who direct billed. The proportion of children who, according to their mothers, had completed their immunisation was high for both low-income and not low-income families.

Figure 8.4 Use of health services for child in previous 12 months by family income— third interview



Note: Additional services identified by mothers, but not indicated in the table were ear, nose and throat specialist (three), dermatologist (two), paediatrist (two), physiotherapist (two), eye specialist (one), heart specialist (one), dietician (one), allergist (one), osteopath (one), occupational therapist (one), and acupuncturist (one).

The more commonly used health services are discussed in greater detail below.

General practitioners

General practitioners were the most commonly used health service and had been used by 91 per cent of children in the previous 12 months. Sixty-two per cent of the children had attended a general practitioner up to five times during the previous 12 months, 15 per cent had attended between six and 10 times, and 13 per cent had attended 10 times or more, including three children who had attended more than 20 times.

Mothers in families on low incomes were as likely to use general practitioners for their children as families in other income groups, and there were no clear patterns of frequency of use varying with income level. Most families on low incomes were direct billed by their general practitioner, while over half of the families not on low incomes were also direct billed. There was no statistically significant difference in the proportions of children for whom doctors direct billed according to whether families were living in the original inner location or had moved further out.

Most mothers (86 per cent) said they found general practitioners to be helpful. Only four mothers said they found general practitioners to be unhelpful, while another 16 mothers (11 per cent of respondents) identified both helpful and unhelpful features.

Two positive comments are provided as illustrations:

Yes, the general practitioner is helpful, he's adequate. He manages [child] in a way that does not stress her. He's friendly, he provides prescriptions. (Low-income sole parent)

The doctor put my mind at ease that there wasn't anything really wrong. I was only told to give her Panadol. (Low-income sole parent)

In contrast, one mother said the service was both helpful and unhelpful:

I used the GP for chest colds and viruses. I would have liked a thorough check-up. It's not a full service. (Low-income sole parent)

Chemist

Chemists were the second most commonly used health service (89 per cent). While some mothers commented that they only used the service for having medical prescriptions filled, over half of the mothers who used the chemist also said they used a chemist for advice on their child's health needs. All but five of these mothers said the advice they received was helpful.

Two positive comments are provided as illustrations:

He is a good pharmacist, with advice on vitamins and medicines. He gives me the information I want. (Low-income sole parent)

Advice on how to treat conjunctivitis by bathing the eye, ready to give advice and has good knowledge of children's health problems. (Not low income)

Maternal and Child Health Service

The Maternal and Child Health Service (MCH) is a free service available to all mothers with babies, with the service receiving all birth notifications for families living in the local catchment area. Although the main focus is on families with babies, the service continues to offer support and advice on children's needs up to five years of age. The service operates out of local centres, with five such centres within the initial catchment area of the study.

Over half the mothers used the service for the study child when aged between two and three years. Most of these mothers said they found it to be helpful, with only one mother finding it totally unhelpful (medium income)

and 12 mothers finding it a mixture of helpful and unhelpful (only one of these families was on a low income). The MCH service was identified by 31 per cent of the mothers as a particularly helpful service.

Four positive comments were:

I go there every six months or so, only when I get a reminder from them. She [MCH nurse] makes me think of where she's [child] at, or if I've got any questions. It makes me a bit more observant about her. (Low income)

It is extremely helpful. The sisters have a better understanding of children. They're prepared to explore things, to find the answers. (Low income)

I use it once every two months. It is helpful because the nurses weigh him, know his growth and development, measure his height and for immunisation. (Low-income NESB)

The sister is very nice and she will pick up the children and take them to the play-group. (Low-income NESB, mother with five children under seven years)

In contrast, a mother who had ceased using the service commented:

I didn't feel I needed it any more. I knew what to give her, vegetables etc. I thought some of the advice was a bit old-fashioned. (Low-income sole parent)

Hospital services

Sixty-three of the children (39 per cent) had been treated by a hospital in the previous 12 months. They were twice as likely to use out-patient treatment as in-patient treatment. Of the 20 children who had been admitted as in-patients to hospital, only three had been admitted more than once. The number of days in hospital varied from one to 30, with the children evenly divided between those who had been there for one day only and those who had been admitted for longer periods. Those admitted to hospital for one day included those with minor operations, such as the insertion of small tubes (grommets) into the ear.

The number of occasions children attended as out-patients ranged from one time to 20 times, with the majority of those attending once only. There were no major differences in these patterns of hospital use according to income level.

When asked whether the hospital service had been helpful, over three-quarters (79 per cent) of the 56 mothers who responded to the question said it was helpful, 14 per cent said it had both helpful and unhelpful elements and 7 per cent (four mothers) said it was unhelpful.

Community health centres

Just under a quarter of the children (24 per cent) had attended a community

health centre (see Figure 8.4). About two-thirds of the children attending a centre used the services of a general practitioner, with other services used including playgroups and women's groups. Usage over the previous 12 months ranged from one contact only to weekly attendance. All but five mothers made no payment for the services used, with these five families (not on low incomes) being charged a small fee.

Most mothers who used a community health centre said they thought it was helpful, with only one mother saying it was unhelpful and two mothers identifying helpful and unhelpful elements.

Mothers in families on low incomes were slightly more likely to make use of the service (see Figure 8.4). One mother commented:

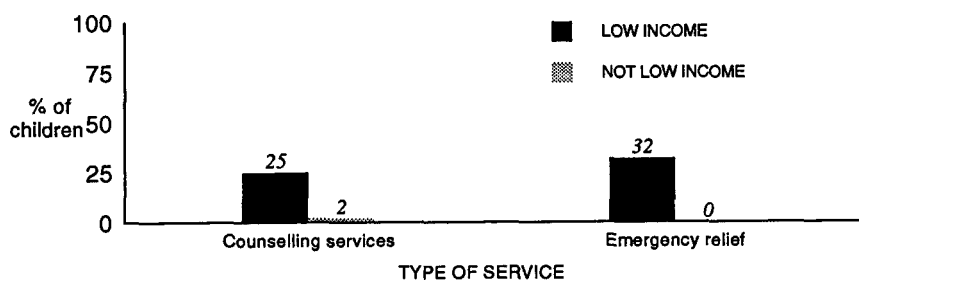
I use it lots, at least once per month. It's always there, available, free and child tolerant. (Low income)

Other services

Two other services that mothers used were counselling (10 per cent) and emergency relief (11 per cent) (see Figure 8.5). Although mothers identified these as services used for their children, the distinction between mothers' and children's needs is less here than with their use of other services.

All the mothers who received emergency relief were on low incomes, as were all but two of the mothers who used counselling services. Eight of the 14 mothers on low incomes who used counselling services also received emergency relief.

Figure 8.5 Use of other services for study child in previous 12 months by family income—third interview



Two comments on the value of counselling are provided as illustrations:

The social worker was very good. She talked with my daughter and me and told me to take a bit more time to play with her and not get upset around the kids. (Low-income couple with three children)

She told me to study English and listened to my family problems. They used an interpreter to communicate with me. I became happier and have someone to depend on. (Low-income NESB sole parent)

On the value of emergency relief assistance, one mother commented:

I was desperate one time. I didn't have any money and needed nappies and food. I didn't want to go to my parents again. I got a \$40 voucher to cover the things I needed. They were very helpful, they came to see me. (Low-income sole parent)

Similarly, another mother in a low income family spoke of going to an emergency relief agency and receiving a 'food voucher for \$25 and a bag of food that got us through a rough patch'.

Overview of services

The mothers' use of services generally indicates that there is good access to a wide range of health services. However, this is less so for those services classed as children's services, especially child-care.

Services that were particularly helpful or unhelpful

Mothers' assessments of individual services were that they were helpful rather than unhelpful. In addition, over three-quarters of the mothers (76 per cent) identified one or more particularly helpful services, while only 9 per cent of mothers identified a particularly unhelpful service. One mother commented on the services she used:

All of them are particularly helpful. They understand the difficulties she [study child] and I face. (Low-income sole parent)

The services most frequently identified by mothers as particularly helpful were:

- Maternal and Child Health Service (31 per cent)
- Child-care (30 per cent)
- General practitioner (13 per cent)
- Community health centre (11 per cent)
- Playgroup (6 per cent)
- Libraries (6 per cent)

Most other services were identified as particularly helpful by a smaller number of mothers. The reporting of services being particularly helpful was not di-

rectly related to the proportion of families using the services. For example, fewer children used MCH and child-care services than used general practitioners and chemist services, yet mothers were more likely to identify these services as particularly helpful.

Mothers in low-income families were as likely as those not on low incomes to indicate that services are particularly helpful. There were, however, some differences according to income. For example, mothers in low-income families were less likely to identify child-care services as particularly helpful, and this did appear to be related to their lower level of use of the services. To illustrate, four mothers not on low incomes identified the child's nanny as particularly helpful; nannies were not used by mothers in families on low incomes. Also, mothers in low-income families were somewhat less likely to identify the MCH service as being particularly helpful (21 per cent of low-income families) than those not on low incomes (38 per cent of not low-income families).

Services identified by some mothers as particularly unhelpful included MCH services (five), general practitioners (five), chemists (three), toy libraries (two) and optometrist (one). All of these criticisms of MCH services came from mothers not on low incomes, as did four of the five criticisms of general practitioners and both criticisms of toy libraries. Five per cent of mothers on low incomes identified particularly unhelpful services compared with 10 per cent of those not on low incomes.

Services mothers were unable to use

Another indicator of some difficulties with access to services, over a quarter of mothers (26 per cent) indicated that there were services that they wanted to use but were unable to (see Table 8.3).

Table 8.3 Services for child that mothers were unable to use by family income — third interview

<i>Number of children Type of service</i>	<i>Low income No.</i>	<i>Not low income No.</i>	<i>Total No.</i>
<i>Child-care related</i>			
Child-care centres	5	10	15
Family Day Care	1	1	2
Respite care	1	2	3
Kindergarten	2	0	2
Foster care	1	0	1
Nanny	0	1	1
<i>Total child-care related</i>	<i>10</i>	<i>14</i>	<i>24</i>
<i>Other services</i>			
Libraries	0	1	1
English classes	1	0	1
Public transport	1	0	1
Swimming	1	0	1
Mother craft group	0	3	3
MCH service	0	2	2
General practitioner	0	1	1
Dental hospital	1	0	1
Naturopath	0	1	1
Housing assistance	2	1	3
Welfare assistance	4	0	4
Financial counselling	1	0	1
Counselling	0	1	1
<i>Total other services</i>	<i>11</i>	<i>10</i>	<i>21</i>
Total of responses ^a	21	24	45
Total number of children	19 ^a	23	42

a The discrepancy between number of responses and number of children was due to three mothers identifying two services they wanted to use but were unable to.

Lack of access to child-care related services was the most commonly identified problem. Over half of the services (24) that mothers said that they were not able to use provided some form of child-care, with the major service being child-care centres.

Reasons cited by mothers for not being able to use the services identified in Table 8.3 were that the service was booked out (14), they could not afford the service (10), there was a lack of information (eight), the time was not right time to use the service (five), they were reluctant to use services (five), and they were not eligible (four). Single responses included that the service was too distant and that it was too difficult to use. Ten of the 14 mothers who said they could not use a service because it was booked out were referring to some form of child-care service.

Four comments on not being able to use child-care services are provided as illustrations:

I wanted occasional child-care. There were priorities for working mothers and mothers with disabilities. (Low-income unemployed couple with two children under three)

He [child] needs to play with children but I cannot afford the child-care or play-groups. (Low-income NESB)

There's a big waiting list for day care. The two younger children miss out on heaps since they're not at the child-care centre. They're not as smart. [Child] has lost interest in things like colours...he'll get it back when he gets to kinder next year. (Low-income couple with four children who had moved out of the inner area)

I haven't wanted to ask anyone because I don't trust others to look after him [son]. (Low-income NESB)

On financial counselling:

I went to the council...asking for advice on money management. They sent me to the wrong place. They did not provide the service I wanted. They only suggested an 'easy way' of paying for electricity. (Low income)

On public transport:

Public transport services are very difficult to use with children. They don't cater for children on trams and buses, particularly with shopping. (Low income)

Mothers in families on low incomes were slightly more likely to identify that there were services they wanted to use but were unable, with 34 per cent of the low-income families indicating this, compared with 22 per cent of families not on low incomes. As discussed earlier, mothers in the low-income group were also most likely to say they could not always afford their child's medication, though there were a small number of mothers not on low-incomes who also identified this as a problem.

Mothers' overall assessments of the quality of services showed little variation with income level. Mothers on low incomes were slightly less likely to identify particularly helpful services, though the differences were not statistically significant. Mothers in the highest income group were more than twice as likely than those in the other income groups to identify particularly unhelpful services.

Summary and discussion

The mothers' comments about their use of health and community services suggest overall that there was good access and satisfaction with a broad range of services. Their comments on what they valued about these services suggest that many of the services are making an important contribution to the health and well-being of their child.

The financial arrangements for most health services, whereby services are provided free or are subject to a rebate system, appear to be successful in giving most families on low incomes good access to basic health services. This is strongly reflected in the similar patterns of usage across all income groups. There were, however, some failures. For example, a number of mothers in low-income families said that they could not afford medication or that they wanted to use services but were unable to for financial reasons.

There was a markedly lower use of a range of children's services by families on low incomes. The most important service in terms of its potential influence on children, was child-care and there was a strong association between the use of this service and the employment of parents. There were 14 mothers with no child-care at both interviews who were on low incomes. Most mothers in all income groups were planning to send their children to kindergarten, with a small number already in attendance. Whether reductions in Victorian state government funding to kindergartens will affect mothers' plans remains to be seen. Public libraries and toy libraries are ways of giving children access to a range of books and toys that they would not normally have. Rather than being used by mothers who could not afford to buy books or toys for their children, they were mostly used by families in the highest income group.

One of the major failings of children's services can be that they do not provide a head start to children from disadvantaged backgrounds. Rather than providing additional opportunities for children from families who lack resources, services were mainly used by children in more affluent families who already had access to broader opportunities.

Introduction

The interviews with the mothers when the children were two and a half to three years old covered a wide range of questions about the children themselves and about the families and their circumstances. The responses to these have been reported in the previous chapters. Mothers were also asked general questions about their views of their children's futures: what things they thought would affect their children's life chances and the future impact of family finances. Mothers' responses to these questions are reported in this chapter.

The responses to these questions of the families of the five children introduced in earlier chapters are as follows:

Sally's mother:

(Life chances) I think education will be very significant, but I also think the family will be very significant. I would like to think that the family life will be the most significant thing. I will strive to provide a home environment which will be a sort of place of security and care, but also a place of stimulation and learning. (Family finances) The level of financial resources will determine, probably most importantly her education. It'll effect where and how she's educated. (Highest income)

Brett's mother:

(Life chances) Family stability is number one as you can get through if you have family support. Also money issues. (Family finances) He'll be going to a private school. (Medium income)

Huong's mother names health as the most important factor that would affect *Huong's* life chances. She also reflects on the problems of bringing up children in Australia:

Parents are busy, most of the time children will be at school and with friends, it will be difficult to control them. (Low-income NESB)

Ahmet's mother:

(Life chances) I hope that the economy gets better so he can work and afford things I couldn't get for him. (Family finances) I hope it gets better by the time he's older. I would like to support him better. (Low-income NESB)

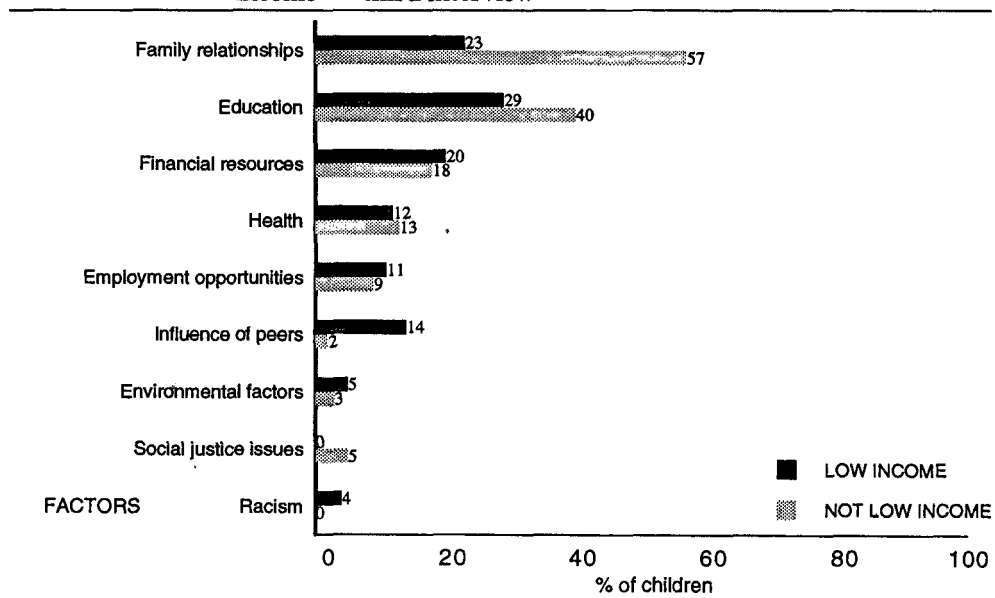
Cathy's mother, when asked what would affect Cathy's life chances, interprets possible influences as negative and answers 'Nothing I hope'. Similarly when asked about the future effect of family finances she hopes there would be no effect:

It shouldn't really because once she goes to school hopefully I'll have a job...It makes you wonder doesn't it? What's in store for them? I don't know what's around the corner, don't know what's going to happen next. (Low-income sole parent)

Mothers' views of children's life chances

The most frequently mentioned factor that mothers foresaw would affect their child's life chances was that of a strong family relationship. Mothers of 45 per cent of the children responded in terms of family relationships. This was followed in terms of frequency by education (36 per cent), financial resources (19 per cent), health (13 per cent) and employment opportunities (10 per cent). Less frequent responses included the influence of peers, environmental factors, social justice issues and racism (see Figure 9.1).

Figure 9.1 Mother's views of factors that will affect child's life chances by family income — third interview



The mothers in low-income families gave generally similar responses to those in more affluent families but there were some major differences. The mothers in families not on low incomes typically mentioned more factors than those in low-income families. A greater proportion of the more affluent mothers mentioned the importance of family relationships and of education, although education was the most frequent response from the mothers in low-income families, followed by family relationships. They were almost equally likely to mention financial resources, health and employment opportunities as important factors. However, mothers in low-income families more frequently identified the influence of peers as a negative factor and two named racism as a negative factor.

Family relationships

Family relationships were mentioned by 23 per cent of mothers in low-income families and 57 per cent of mothers in families not on low incomes. The mothers who identified strong family relationships as having a very significant impact on their child's life chances saw stability in family life as providing a backdrop for opportunities. Setting a good example and providing a happy life were seen by mothers to be very important. One mother said:

I must be good with the children, be with the children — then they will be good
(Low-income NESB)

Another mother responded that:

Family stability is number one, as you can get through life if you have family support. (Medium income)

Many mothers in more affluent families commented on children's self-esteem and how that was developed and nurtured in the family, and how it provided important 'armour' for the 'outside world'. One mother commented:

Self confidence comes from their home life — parents should try to encourage and praise them when they have tried to achieve a goal. (Medium income)

Education

Education was the most frequent response given by mothers in low-income families (29 per cent) and was also a frequent response of the other mothers (40 per cent). Many low-income mothers emphasised the importance of a good education that would provide the necessary grounding for later opportunities and did not specify that they wished their child to have a 'private' or 'state' education. While some low-income mothers emphasised education as of primary importance, they also mentioned financial limitations which could restrict them in providing 'a good education':

When she starts to go to a good school...then we'll have financial problems and that might affect her life... start to worry whether children finish high school or not. (Low-income NESB)

When discussing the 'drain on finances' of sending a child to a Catholic school one mother responded:

So I prefer to find it hard to make ends meet and just know, to me, they're getting the education that I want. (Low income)

More parents who were not on low incomes made the connection between 'financial resources' and 'education' than did the low-income group. As one mother remarked:

If you haven't got money you're not able to educate a kid. (Medium income)

Some parents, both low-income and other, commented on the government cutbacks as detrimental to educational standards. One mother commented:

Bigger classes, harder for teacher and child. If we could we would prefer our children to go to private schools (but we can't). (Medium income)

When mothers in families not on low incomes mentioned 'education' as a contributing factor in their child's life chances, they generally did so in relation to words such as 'opportunities', 'choices' and 'access'. Some mothers in higher income families spoke of 'quality education', which for several mothers was enhanced by the financial resources of the family.

Financial resources

Several mothers commented that financial resources would affect their child's life chances (20 per cent of low-income families and 18 per cent of families not on low incomes). Some associated this with providing a good education. Mothers noted that adequate financial resources could 'buy' commodities such as education. Access to monetary resources was seen as offering security and life choices to both mothers and their children. Without financial security in the future, parents saw their children's life chances as diminished. One low-income mother feared for her daughter's future:

She may not get a good job, a good education because I'm on the pension. (Low-income sole parent)

In contrast, a mother in a higher income family remarked on what she saw as a major benefit: '[We can] afford for me to stay home and look after children'.

Health

Maintaining good health was nominated as a major factor for their child's life chances by both mothers in low-income families and other families (12 per cent and 13 per cent respectively). Most spoke generally about the importance of the child having good health, however one specified the importance of 'healthy parents being able to provide' and another 'access to health care'.

Employment opportunities

Employment opportunities were identified by some mothers (11 per cent in low-income families and 9 per cent in families not on low incomes) as likely to have a major impact on their child's life chances. For low-income mothers there was considerable anxiety about employment within the context of the recession of the early 1990s, although some mothers were optimistic that the economic climate would be more positive when their children are school leavers early next century. These parents could not believe that the current high unemployment would continue. Mothers in families not on low incomes emphasised the need for the recovery of the Australian economy to secure employment for their children:

With recession and unemployment, you begin to think about the future of your child — still think we are in the lucky country...availability of jobs will be a big issue in the future...and that her father stays in employment. (Medium income)

For some mothers, uncertainty about future jobs overshadowed their belief in education as a gateway to opportunity. As one mother commented:

[It's] disheartening for children to go through school and [there] are no jobs there. (Not low income)

Influence of peers

Some mothers were very concerned with the potential bad influence of the child's peers as they grew up. This was most frequent among mothers in low-income families, of whom 14 per cent (eight) mentioned it. Typically, these mothers were from NESB families.

Some feared that their children, when older, would be out of their control, and that their peer group would have a greater influence on the child's life chances than they as parents. Five of the eight mothers also spoke of their concern about drugs in our society, and their fear of these affecting their children. There was an almost fatalistic feeling among some of the mothers:

Fear she will mix with bad company. Fear that she will become a drug addict. (Low-income NESB)

Peer pressure I think — they start at an early age. They don't justify right from wrong any more...that's what I'm really worried about in the 90s — drugs, sex, AIDS. (Low-income NESB)

Among the mothers concerned with the impact of peer group pressure on life chances, there was only one who also mentioned family relationships as important in the life chances of her child. Only two mothers in the higher income families mentioned peer pressure, one of whom noted she wanted her son 'in a good group, not mixed up in drugs'.

Environmental factors, social justice factors and racism

A relatively small number of mothers in both low-income (three mothers) and other families (three) pointed to the importance of environmental factors, including inner city pollution, the nuclear threat and the greenhouse effect.

One parent commented:

More and more in the next 20 years [we] are going to be affected by world problems...the global consequences of the last 50 years' activities are really going to have an effect. This generation is going to have to deal with it. (Not low income).

Another group of responses from a small number of mothers emphasised social justice issues in Australia as influencing their child's life chances. Five mothers (all in the two highest income groups) spoke of issues such as the increasing division between 'haves' and 'have nots' and on the need to maintain Australia's 'social conscience'. One mother mentioned the importance of giving greater emphasis to social issues rather than economic ones. She mentioned that her child's life chances were related to 'the health of the country'. She saw as one of the disadvantages of living in Australia in the 1990s the widening division between the 'haves' and the 'have nots'. Another mother commented on 'the growing separation of haves and the have nots — and that could have a destabilising effect on society'. Her child's life chances would relate to the child's ability to cope with the vexed issues of 'haves' and 'have nots' in our society in the future.

Racism was cited by two mothers (both low-income) as likely to have an impact in the future on their child's life chances. One NESB mother commented, 'Chinese will be discriminated against in finding jobs. Chinese usually work in Chinese restaurants, very few are working in offices'. In reference to her son's Aboriginality, one mother responded, '[He] has to learn he's a blackfella — and that might be hard for him when he starts going to school'.

The impact of family finances on the children's future

Because of the study's concern with issues of family income, all mothers were asked specifically about the impact of family finances on their child's future. A third of the mothers (37 per cent) felt that their family finances would have a positive effect on their child's future, while 18 per cent felt the effect would be negative. The remaining mothers who responded (40 per cent) gave a mixture of positive and negative responses or expressions of hope, sometimes dependent on conditions such as employment being met. Not surprisingly, three-quarters of the mothers who made negative comments were on low incomes, and the likelihood of negative comments decreased with increasing income level. Only 3 per cent of mothers in low-income families made solely positive comments about the likely impact of family finances on the child's future.

The mothers' comments reinforced the importance of the link between family finances, education and the child's life chances reported above. Overwhelmingly, the issue most commonly raised by mothers in relation to the future impact of family finances was their child's education (22 per cent of all mothers). Other issues raised included the impact of finances on the child's overall chances in life (18), housing (six), and on the quality of family relationships (five). Many mothers identified more than one aspect. Comments from mothers in families not on low incomes include:

She [daughter] is in a lucky position. We can afford what she needs, including education. (Highest income)

Well, a big effect I think. In terms of our ability to provide increased space within the house for him to have his own room...we are looking at providing a private education at secondary school. (Highest income)

In contrast are the following comments about the impact of the family financial situation on the child's future from mothers in low-income families:

It's hard to say. She doesn't go without, she gets everything she needs, but her life experiences are limited. We hope this is only short-term. She gets affected when we fight. (Low income)

A grave effect unless [our finances] improve. It affects his quality of life. (Low income).

The way it is at the moment is difficult. It will affect whether we can send her to a private or a public school. (Low income)

A bad effect. I try to provide her with all emotional and spiritual support. (Low-income NESB).

It will have a lot of effect because we can't afford a house. He [son] will have to buy

his own house and everything. It's not like we'd save money to buy things he'll need in the future. (Low income)

Summary and discussion

The major factors the mothers themselves saw as likely to affect their child's life chances included those pertaining directly to the child, in particular the child's health; those relating to the family context — the relationships within the family on the one hand and the family's financial resources on the other, and those factors that were part of the wider world, the major ones of which were education and employment opportunities, environmental factors and those of social justice and peer pressure. While education was seen as partly dependent on the family's financial resources, it was also seen as being beyond the influence of the family.

In turn, employment opportunities were seen as dependent to some extent on educational opportunities but again subject to the wider forces of the economy. The influence of peer pressure was seen in negative terms as acting against the beneficial influence of the family.

Looking into the future for their three-year-old children, the mothers most frequently saw the main influences on their children's life chances as coming from the family itself and from education. Already the mothers have reported a wide diversity of family relationships and their effects on their children. The influence of education will be the subject of future stages of the study.

The families' views of the impact of their financial situations on their children's future ranged from those confident of beneficial effects to those anxious about a range of negative effects on choices and opportunities. The families' financial situations were seen as influencing educational opportunities, but also as interacting with family relationships and stresses and, more generally, quality of life.

Introduction

This report has explored the early experiences of advantage and disadvantage of a group of young children born in 1990 into families from a wide range of socioeconomic and cultural backgrounds. It has documented important aspects of the lives of these children up to three years of age, examining the situation of the families and how their circumstances affect their children. Further studies will explore how these early experiences influence their futures.

Research questions

Four questions were posed in the introductory chapter in relation to the children at the time of the third interview. Each compared the circumstances of children in low-income families with those in more affluent families.

What are the children's levels of well-being and health?

Overall, the children at two and a half to three years had good health on their mothers' ratings. This finding is consistent with that of the Brunswick Family Study which also involved low-income families in a multi-ethnic community and included professional assessment of children's health and growth (Carmichael & Williams 1983; Smith & Carmichael 1992). A minority of children had serious health problems, developmental delay and temperaments their mothers found difficult.

Mothers in low-income families were more likely to give a lower overall rating of their child's health, however there were only limited differences according to income on a variety of health indicators. Mothers in low-income families were more likely to rate their children's temperaments as difficult. The number of children with some indication of developmental delay was small, with all but one of the children being in low-income families.

Three possible health-risk indicators were considered, all of which were more commonly identified in low-income families than other families: children not having been breastfed (or breastfed for shorter periods), parents smoking, and mothers reporting either that their children missed out on meals because of lack of money or that they could not afford the quality of food they wanted to provide for their children.

It is not possible at this stage of the study to show clear causal associations between low family income and children's health problems. This might well reflect the general availability of relatively good food, housing and health services in Australia in contrast to other countries where these links have been very strong. It also reflects the relatively young age of the children. Such associations may take time to develop and follow-up of the children as they grow older should help to clarify this.

What are the families' experiences of stress and informal supports, and how do these affect their children?

Many of the mothers felt they were managing well with their children and reported that they had good support from their partners, relatives and friends in raising their children. Nonetheless, there were families who faced financial, health and other stresses, sometimes in association with marital disagreements and lack of social supports, and those mothers found their capacity to care for their children considerably diminished. In a small number of cases parental conflict had a direct impact on children, including physical violence.

While there were low-income families who had strong informal supports and close family relations and who reported no stressful life events, the children in low-income families as a group were considerably more likely than those on higher incomes to live in families facing multiple stresses with minimal support from relatives, friends and partners. Almost half the mothers in low-income families reported serious disagreements with their partners. Given these differences, it is not surprising that these mothers were more likely to report having mixed feelings about life in general than to report being happy, and that they were more likely to say they had problems in managing their children.

What are the families' experiences of services, housing and employment and how do these affect the children?

Services

Mothers generally had good access to a range of health and children's services, with which they were well satisfied. As 41 per cent of the families had moved out of the original inner area, their assessments related to a range of localities.

The major problem reported by low-income mothers in terms of health services for their children was being able to afford medicines. Children in low-income families were much less likely to participate in a range of services for children, including child-care, playgroups, libraries and toy libraries. Thus they had poorer access to available socialisation and learning opportunities through services than did children in more affluent families. These children were also more likely to be living in families with fewer informal supports and less involvement from fathers. The lack of ready access to child-care also had wide ramifications for low-income parents in relation to employment and training opportunities and 'time out'.

Housing and locality

The families not on low incomes were usually home owners or buyers, while low-income families were more likely to be in private and public rental housing and shared accommodation arrangements. Children in low-income families were more likely to be living in housing and localities that their mothers judged to be unsatisfactory for raising children, and these families lacked the resources to be able to improve their situations. One-third of low-income families reported serious housing problems. The worst housing situations related to private rental and sharing arrangements. While public rental housing, usually in high-rise flats, provided families with some protection against high housing costs, mothers did not consider the flats a good environment in which to raise young children.

Employment

About three-quarters of the families had one or both parents in paid work. Some 60 per cent of unemployed fathers had been unemployed for more than a year. Mothers were increasingly returning to paid work as their children grew older, though this was less likely for those women who had had additional children since the birth of the study child. Mothers with unemployed partners were also usually not in paid employment themselves. While the majority of families on low incomes had no parents in paid work, there were a small number of low-income families in which the father was in full-time work, but receiving very low wages.

The major stresses for families with no paid work related to lack of income and at times also to psychological problems, particularly for fathers. The major stresses for families where members did have paid work related to mothers balancing paid work and family needs and to the absence of fathers who worked long hours or shift work. Both sets of stresses appear to affect the quality of life of children. However, some mothers said that the negative effects of being in paid employment were offset by the advantages of increased financial resources.

What is the impact of low incomes on these children and their families?

The effects on children of growing up in low-income families have been traced in relation to a number of child measures, family measures, use of services, housing and employment. The more dramatic impacts of low income occurred in only a small number of families, for example not being able to afford food for children or having family arguments over money that not only affected children's feelings of security but led to the separation of the parents. The more frequent effects of low income on families included having difficulty affording clothes, toys, medication or child-care; experiencing higher levels of family stress that reduced the quality of care the children received; and having a lack of resources to allow parents to make the choices that they wanted in their children's interests. Low income makes families particularly reliant on government provision, ranging from direct income support to free services to subsidised housing. Yet they exercise little or no control over decisions that affect the quality and accessibility of these provisions.

For many of the low-income families in the study, the disadvantages of low income interacted with other factors such as being a sole parent, lack of English, limited education and lack of social supports to further limit the choices available to the parents and their children. An important distinction can be made between the current effects of low income on children and potential future effects. This was a distinction also in the minds of mothers when they expressed their concerns not only about their current living arrangements but also about what the future held for their children, particularly in terms of their future education.

The longitudinal study — changes over time

While this report has mainly focused on the children at two and a half and three years it has also looked at the children's situation over time. The longitudinal data highlight the changes in the children's lives: 33 per cent of families had had new babies since the study child's birth, 13 mothers had become sole parents (three fathers had died), and five sole parents had repartnered. In the two to three years over half the families had moved to different accommodation — some by choice, some because of economic necessity. The recession of the early 1990s had resulted in more fathers losing employment than gaining it, while, reflecting the fact that the children were growing up, more mothers were in paid employment.

While mother's ratings of their children's health were generally similar at the first and the third interviews, by the third interview they were typically less likely to rate their children as easy to manage and less likely to say they were managing 'very well' with their toddlers than they had when the children were babies.

The number of children living in families on low incomes increased slightly, but a greater number moved in or out of the low-income category, mainly but not only in association with parents' changed employment. However, 26 per cent of children were in families with low incomes at both interviews. These children were more likely than others to be in NESB families, in sole-parent families, in families where parents had no post-secondary education and in families in which the fathers were long-term unemployed. There are early indications that persistent low income may have more adverse effects on the children than temporary low income. There was only a slight association between children's health and low income over time, while there was an indication that mothers in families on persistent low incomes were more likely to report problems managing their children. The study plans to look further at the impact of persistent low income in future follow-up interviews.

The proportion of children in low-income families over the length of the study is higher than the proportion at any one point in time. This is consistent with the findings of other longitudinal studies (Duncan & Rodgers 1988). It can be expected that the proportion of children who will have some experience of income poverty will increase the longer the study continues. This raises the question of when low income at a particular age is a key factor in children's later development, as has been explored in the Brunswick Family Study (Smith & Carmichael 1992).

Implications for the Federal Government and the Victorian State Government

The generalisability of the results of the study needs to be qualified, as the sample had important special characteristics — in particular, geography and stage of life-cycle. The study was commenced in an inner urban locality with a population with a number of differences from the general population, including an over-representation of both low-income and high-income families, higher proportions of public renters and lower proportions of owner occupiers and a high proportion of NESB families. Because the first interview took place in the year of the birth of a child, many families had lower incomes at that interview than would normally be the case as the mothers had withdrawn from the work force. In the two years since that first interview there has been a substantial increase in the incomes of some families as many mothers have returned to paid work. Further, the main source of information was from interviews with the mothers and it is largely their perceptions which have informed the report. Their responses have reflected their diverse social and cultural backgrounds.

The particular strengths of the study include the diversity of its participants, allowing comparisons to be made between low-income and higher income families, and its longitudinal nature, allowing both the causes and impacts of low income to be explored. The wide range of factors the study explores encom-

passes the mothers' views on the important factors in the lives of their young children.

The research findings provide important illustrations of some broader developments in Australian society and the strengths and weaknesses of government policies as they potentially affect young children. These are discussed in relation to employment, income security, housing, health and children's services.

Employment

The employment experiences of families reviewed in this report occurred in the context of the recession and continuing high unemployment levels of the early 1990s. Their experiences and data discussed in more detail in an earlier report of the study (Gilley 1993b), suggest that training and employment policies are still not reaching those who face the greatest barriers to employment: in this study parents with low levels of education and with little or no English. Access to child-care remains a central issue.

The existence of low-paid work, for example in the clothing and hospitality industries, with wages sometimes insufficient to raise a family's income above the poverty line, is a salutary reminder of a trend to greater inequality of earnings of full-time workers both in Australia and overseas (McClelland 1994b). The extent to which deregulation of the employment market, in response to both Victorian government and federal government policy changes, leads to low-paid work becoming more common is a very important issue.

The stresses placed by employment on families with young children reinforce the importance of employers putting family-friendly policies in place. The trend to longer hours of work for fathers is an issue of great importance and industrial relations policies should be geared towards reversing rather than accelerating that trend. The problem of long work hours also applies to the more deregulated parts of the economy, including outwork. It raises the issue of whether greater labour market deregulation will help or hinder parents' capacity to work hours that suit the needs of their families.

Income security

In addition to unemployment and low wages, sole parenthood was a major factor in families being on low incomes. Social security payments appear to have provided a basic level of support for all the families on low incomes (with the exception of one family of asylum-seekers). However, the small number of sole parents with access to maintenance payments from the children's fathers suggests that while overall the introduction of the Child Support Scheme has improved levels of maintenance and the coverage of maintenance payments, it has made little difference to the income levels of many children in the sole parent families in the study. This appeared to be at least partly due to the low

income of some absent fathers.

The Brotherhood of St Laurence has argued for improved income support for sole-parent families and has emphasised the importance of the Child Support Scheme (Brotherhood of St Laurence 1994). The inability of families to raise their incomes above poverty level of through a combination of work and welfare highlights the continuing inadequacies current policies, despite the gains associated with the introduction of income support to low-wage families. The financial problems of families and the need to access emergency financial support suggest that payments are for some families still inadequate to provide for basic necessities.

Housing

The housing experiences of the low-income families highlight several issues in relation to government policies. The underlying problem is lack of choice of type and location of housing which is related to what families can afford to pay. The worst housing experiences were in private rental arrangements. Problems of sub-standard housing and lack of security of tenure suggest the limitations of regulatory measures (through the *Residential Tenancies Act 1980*) for ensuring that private rental housing meets the needs of low-income families. Greater provision of public rental housing to offset long waiting periods (both a state and federal responsibility), especially the provision of houses rather than high-rise flats, would allow families on low incomes the opportunity to move to their preferred accommodation type and locality. Within the artificially created communities of the high-rise estates, more work is needed to provide a safe and friendly living environment for families with young children. Recent cuts to funding for tenancy workers is likely to hamper this.

Services

The funding of health services through Medicare provided children in low-income families with generally good access to health services. Dental services, which were not covered by Medicare at the time of this research, were less likely to be used by children in low-income families.

Access to child-care is strongly linked to employment and is provided on a user-pays basis (notwithstanding subsidies for low-income families). One child-care service run by a voluntary welfare agency in the original study area has to meet up to three-quarters of its own costs for the very reason that it provides child-care and family support to low-income families not in employment (Gilley 1993a). Broader concerns have recently been raised about the lack of flexibility of child-care services to respond to family needs.

Follow-up studies of children in disadvantaged circumstances in the Head Start programs in the United States have provided strong evidence of the

potential of early intervention in offsetting the negative effects of early disadvantage (Washington & Oyemade 1987; Thornburg 1992). The experiences of children in low-income families in this study suggest the need for such programs especially within the context of lack of use of child-care centres, libraries and playgroups which promote pre-literacy activities.

At the state level there have been a number of major changes in service provision, the effects of which had not been felt at the time the third interviews with parents were undertaken. Community health centres in the study areas have had their budgets halved. The changes to the Maternal and Child Health Service, through the Healthy Futures Program (Health and Community Services 1993), appear likely to reduce access to the service for low-income families, as the service focuses on a limited number of appointments linked to stages in the child's development. As the service most valued by mothers at the first interview and as one of the two services most valued (with child-care) at the third interview, this is a major concern, particularly as it was valued for its accessibility (Gilley 1993a, 1994b).

In the provision of services the challenge raised by the experiences of families in this study is how to ensure that services are truly accessible and responsive to the needs of children in low-income families, including NESB and sole-parent families. Needs that should be addressed by services include:

- child-care/early intervention programs where parents are not in paid work;
- programs to involve children in playgroups, libraries and toy libraries;
- ensuring that maternal and child health services retain their flexibility to support mothers with young children during times of high need;
- continued funding for community health centres to provide support programs for low-income families, particularly for NESB families.

Concluding comment

It seems that for these children born in Australia in the 1990s the indirect effects of low incomes are likely to be the critical factors affecting their development rather than the direct effects of low income such as lack of food and shelter which characterise absolute poverty. This report, which has explored the impact of low incomes on a small group of children up to three years of age, has documented their experiences of relative poverty. These experiences already seem to be having a negative influence on a number of these children, and should be a major cause for community concern.

In comparison with children in more affluent families, children in low-income families have greater health risks, although at this stage their health status is not clearly worse. They have less access to children's services and they have parents who are under greater stresses, with greater housing problems, higher unemployment and less access to well-paid jobs. Many families on low incomes who find life a daily financial struggle are anxious about their ability to provide for their children's future. These findings of the disadvantages experienced by children in their early years raise major concerns given the potential long-term adverse effects of early disadvantage (Werner & Smith 1989; Pilling 1990).

In saying that the life chances of the children in low-income families are generally not as good as those in more affluent families, it is not suggested that some children in low-income families are not as healthy, happy, and loved as other children. Nor is it suggested that children in some of the very affluent families are not subject to health problems and family stresses. Rather, it is emphasised that the weight of evidence from this study is that a child born into a family on a low income has considerably higher chances of facing a range of negative situations.

One potential protective factor considered in this study for children's well-being, about which government has a high degree of influence, is access to high-quality services. It is of great importance that services are responsive to the needs of particular low-income groups, including NESB families and sole parents. Since the time when this information was collected there have been some major reductions in state government services in Victoria. While all the implications of these are not clear, it may be that children born after 1990 will not have the same quality of services that were available to the study children. A major issue for the study children in the near future will be their access to kindergarten services, followed in the succeeding years by the quality of state education services, on which most children in low-income families will rely. Reductions in funding to both kindergartens and state education raise major concerns about the quality and availability of these services.

A further issue is employment. Continuing high unemployment would place major constraints on the incomes available to the parents of the study children. Even if high employment growth became a reality, it is not at all clear that jobs would be available to most of the parents with low levels of education and/or little or no English, and whether levels of remuneration in the lowest paid jobs would allow family incomes to rise above 120 per cent of the Henderson poverty line. It is planned to return to these issues in the next follow-up of the Life Chances Study families.

The findings of this study illustrate some important failings in our ability to provide equality of opportunity for children growing up in low-income families during these early crucial years. The question we must ask ourselves as a society is, 'Can we afford the long-term consequences of our failure to take adequate action now on this issue ?'.

RESEARCH LITERATURE

APPENDIX 1

Influences on life chances and longitudinal studies of children

The concept of life chances and the rationale for undertaking a longitudinal study are introduced in Chapter 1. This Appendix outlines some of the research findings which have informed the development of the Life Chances Study.

Influences on life chances

Some influences on the life chances of children start with the pregnancy itself. For example, smoking by mothers during pregnancy has been associated with low birthweight and associated foetal health problems (Bell & Lumley 1989) and to longer term health and development problems (Davie 1993); drug abuse by mothers during pregnancy has become a major cause of health problems in newly born babies in New York (Bateman 1990); and the level of antenatal care and advice can influence maternal health during pregnancy and child health at birth (Klein 1990; Olds 1990). Low infant birth weights have been identified as a determinant of infant mortality (Klein 1990) and have been associated with a range of future health and development problems (Committee to Study the Prevention of Low Birthweight 1985). Some children are born with major physical and intellectual disabilities. Breastfeeding has been identified as a protective factor in child health and development (Health Department Victoria 1990).

There is a continuing debate about the relative importance of genetic inheritance versus environmental influences (Emde et al. 1992), with many aspects of the relative influences of 'nature versus nurture' still unsettled. A child's gender will be a major factor in determining his or her life chances (Wickham 1986; Daly 1989; National Women's Consultative Council 1990). A child's temperament is seen by some as an important influence on how a child interacts with his or her environment (Oberklaid et al. 1985).

Aspects of family structure can have major effects on child development. There are factors such as family size, where the child fits in the birth order, and whether there are one or two parents as carers (Balson 1989). The quality of nuclear family relationships is also important: the relationship between mother and child, between father and child, between siblings and between parents (Ochiltree 1984; Headey, Habich & Krause 1990; McCubbin & Thompson 1987). The informal support networks available to nuclear families are known to influence the opportunities available for children (Richards & Salmon 1984; d'Abbs 1992).

The influence of location on life chances has been acknowledged (Walmsley 1980), as has the quality of local neighbourhoods as places to bring up children (Burns & Homel 1984). Local neighbourhoods can vary widely on a broad range of attributes, from the quality of housing and the availability of safe playing areas for children, to the levels of pollution and the range of community facilities (National Housing Strategy 1992).

The quality and accessibility of health, education and community services is another important influence on children (Harris 1990). The effects on children's development of the use of child-care services has been the subject of community concern and debate, with some seeing child-care as having a negative influence, though the benefits of quality child-care are being increasingly accepted (Ochiltree 1994). Others have seen early childhood services such as child-care as an important way of providing a head start to children from disadvantaged backgrounds (Washington & Oyemade 1987; Thornburg 1992).

Broader structural issues have considerable implications for individual children and their families. Government policies and the state of the economy will influence whether some parents are employed or unemployed (Committee on Employment Opportunities 1993; Green 1993). The level of social security payments will have major effects on the standard of living of those who have no other income. The extent to which families on low incomes have to pay for services in areas such as education or health has major implications for their living standards and for the adequacy of social security payments or low wages.

Some research findings of longitudinal studies of children

One of the important findings of longitudinal studies relates to the persistence of low income. Evidence from cross-sectional studies in the United States, Germany and a number of other OECD countries in the 1970s and 1980s suggested a permanent group of about 10 per cent of the population as being on low incomes. However, longitudinal studies in the United States (Duncan 1984) and more recently in Germany (Headey, Habich & Krause 1990) suggested a much smaller proportion of the population (2 to 3 per cent) as persistently on low incomes and a much larger group (up to 25 per cent) who experienced being on low incomes at one point of time. More recent data from the United

States' study (Duncan & Rodgers 1988) based on a national sample of 1075 children tracked over a 15-year period (1968 to 1982) concluded that nearly half the children in the United States found themselves in vulnerable economic circumstances at least once during their childhood, with one in three experiencing poverty for at least one year and one in 20 being in poverty for 10 or more years. Persistent low income, even as measured at only two points of time, was shown to have considerably more detrimental effects than being on a low income at only one point of time (Takeuchi 1991).

In a Melbourne longitudinal study of 272 children born in 1978, Smith and Carmichael (1992) reported, among other things, a significant increase in the proportion of children living in poverty over an 11-year period and, that by age 11, children in poorer families scored significantly below children in more affluent families on reading skills and measures of intellectual ability.

There has been considerable controversy and debate over the extent to which disadvantage is passed on from one generation to the next. This has included the view that there is a cycle of deprivation in which parental inadequacies result in their children being unable to benefit from education and work opportunities (Lowe & Tasker 1986, p.70). However, in a review of research on inter-generational continuities and discontinuities of disadvantage, Rutter and Madge (1976) concluded that only some forms of disadvantage are strong over two generations and even these are generally weak over three generations. When there is continuity between the disadvantaged situation of parents and their children this is sometimes linked to broader structural issues. For example, children of unemployed parents may be more likely to face unemployment themselves, but this may be linked to living in an area with low employment prospects or to structural barriers to educational attainment rather than to the characteristics of their parents.

Broom et al. (1980) examined the relative importance of inheritance versus personal achievement on length of schooling, in an Australian survey undertaken in 1973 (a period of high employment) involving nearly five thousand men and women. They concluded that family background explains about a quarter of the variation in the years of schooling, and not even the most generous allowance for measurement error or omission of relevant family background characteristics would increase this estimate to more than half. They state that the weight of evidence for Australia falls at least as heavily on the side of openness in the change of status across generations as it does on rigidity.

An important British research finding was the long-lasting impact on children of disadvantage experienced in their early years, even when that disadvantage did not persist in later years (Rutter 1980; Pilling 1990). In a study of 158 children in Canada, Biemiller (1986) found that tests of children's abilities and self-confidence as early as kindergarten were a good predictor of similar

ratings at grade four, emphasising again that the patterns of advantage and disadvantage were at least partly established in the early years of a child's life.

A longitudinal study of 643 Hawaiian children born on the island of Kawai in 1955 further concluded that male children were more susceptible than female children to the effects of disadvantage in their early years, while female children were more vulnerable during adolescent years (Werner & Smith 1989), a finding consistent with those of Pilling (1990), involving a sub-sample of 100 children from the British National Childhood Development Study.

A longitudinal Canadian study (Flint et al. 1974) followed the fortunes of 86 children who had spent up to the first three years of their lives in an institution in circumstances where they were deprived of love and attention, with care being largely limited to their physical needs. The findings suggest that even extreme emotional deprivation in these early years was potentially reversible given the right kind of intervention. A system of intensive one-to-one parenting with volunteers (all women), followed by sensitive adopting-out arrangements into caring homes, was able to overcome many, though not all, of these early disadvantages by the time the children had reached late teenagehood.

In attempting to account for the fact that some children who appear to be vulnerable in their early years live healthy and happy lives, some researchers have attempted to identify protective factors that counteract these disadvantages. These are extremely important in considering what forms of intervention are likely to be effective with very disadvantaged children. Some examples are provided below.

In the study of Hawaiian children mentioned above it was concluded that one of the key protective influences was the presence of strong informal networks (Werner & Smith 1989). The Dunedin longitudinal study in New Zealand identified the quality of child-rearing as an important protective factor (Reid 1993). Quinton and Rutter (1988, p.205) reported in a British study of parenting breakdown that it was common for parents with serious parenting problems to have had serious parenting problems in their own childhood, but that a supportive spouse with no childhood history of parenting problems was a 'powerful ameliorating factor'.

There has been considerable controversy and debate over whether children in sole-parent families fare worse than those in intact two-parent families (Bagnall 1994) over and above the material disadvantage that is often associated with sole parenthood (Funder et al. 1993). In a small British study of sole-parent families, Wilkinson (1986, p.163) identified the existence of a close confiding relationship between mother and daughter as a protective factor against other adverse circumstances associated with families with absent fathers.

Introduction

This study was planned as a longitudinal study of children. The first stage involved an interview with the mothers of 167 children born in two local council areas in inner urban Melbourne in the 10-month period from March to December 1990. These interviews were conducted when the children were about six months of age. A short second interview by telephone was undertaken when the children were about 18 months of age. A third interview with mothers was completed in 1993, when the children were between two and a half and three years of age. At the same time a short interview was conducted with most (125) fathers.

Selection

The initial identification of the children and contact with the families was through the Maternal and Child Health Service. This service is auspiced through local councils in Victoria, and is partly funded by the State Government. Each maternal and child health centre receives birth notifications of all babies born to mothers resident in the local catchment area of the service.

Maternal and child health nurses approached all mothers with babies born in the selected months and asked them to take part in the study. At the same time they gave each mother a letter which explained the purpose of the study and requested their participation. When the mothers were from a non-English-speaking background the letter was provided in their own language. The sample loss from refusals or being unable to contact mothers was 34 per cent across the two local areas. The sample loss included mothers who left the area when the child was very young. From the information available, the families lost to the study included a range of both low-income and higher income families and both Australian-born and NESB families. Because of the difficulties of involving NESB families in one of the areas an additional six children of NESB parents were involved from the other study area. Overall, the families participating in the study are seen as representative of the population from which

they were drawn in terms of socio-economic status and ethnic background.

Fieldwork

Some important aspects of the fieldwork were:

- For the main non-English language groups (Vietnamese, Chinese and Hmong), interviews were undertaken by bilingual interviewers. Interpreters were used for a small number of interviews with other NESB parents.
- Where possible the same interviewer has conducted all the interviews with a given family.
- Interviewees were offered \$30 for taking part in the first interview, no payment for the second interview and \$35 for the third interview.

The first and third interviews were face-to-face interviews (typically of one and a half hours). The second interviews were conducted by telephone where possible. Interviewees were not offered payment for these interviews as the interviews were relatively short (about 10 to 20 minutes).

Sample loss

There was a sample loss between the first and second interviews of seven families, a 4 per cent loss. However, one of these mothers was interviewed at the third interview, making a sample loss of six families. All six were on low incomes and were NESB. These six families were excluded from analysis in this research report on the basis that they were not involved in the third interview.

Maintaining contact with families

Contact with families has been maintained by:

- asking mothers in the interview to advise the researchers of any change of address;
- sending letters to explain progress in the study to mothers, and following up any letters returned 'address unknown';
- asking the study's participants for the name/address/phone number of two close relatives or friends who the researcher could contact if contact was lost with participants.

Method of analysis

The interview schedule provided a mix of open and closed questions providing both quantitative and qualitative data. Quantitative data was analysed using SPSS (Statistical Package for Social Sciences). When an association is described as 'significant' in the text this indicates statistical significance at a level of probability of .05 using Chi-Square. Significant results are indicated below the appropriate tables.

Longitudinal studies

There are a number of methodological issues related to longitudinal studies that warrant some comment.

Generally the factors that influence whether a longitudinal study proceeds to its original goal reflects the complexities and difficulties of these kinds of studies. First, longitudinal studies are expensive in comparison to cross-sectional studies and their continuation often depends on finance being available from more than one source. Second, the institution(s) sponsoring the research require a strong commitment in allocating resources and finding external sources of funding. A third factor is the success of the study in maintaining contact with research participants and maintaining their willingness to continue to take part in the research. This point is particularly important in this study for two reasons: it is a small study so even the loss of a small number of participants reduces its usefulness, and as a study on the impacts of poverty it is extremely important to retain the participation of children in families on low incomes, yet it is almost invariably participants in lower socio-economic groups who are the first to 'drop out' of longitudinal studies, leaving the study with an increasingly 'middle class' bias.

INCOME LEVELS

APPENDIX 3

The income levels used to allocate Life Chances families to the income groups at the third interview (1993) are presented in Table A1. The criteria for the levels of income are outlined in Table 3.1. In brief the 'low-income' families are those with family incomes below the Henderson poverty line plus 20 per cent, while the families 'not on low incomes' are those with incomes above this level.

Table A1 Income levels: Australia, March quarter 1993

Income unit	Henderson poverty line ^a	Henderson poverty line +20% ^a	Social Security ^b	Basic Family Payment ^c
	\$/week	\$/week	\$/week	\$/week
Head in work force				
Couple with 1 child	322.00	386.00	676.00	1234.00
Couple with 2 children	376.00	451.00	750.00	1296.00
Couple with 3 children	430.00	516.00	824.00	1357.00
Couple with 4 children	483.00	579.00	900.00	1419.00
Couple with 5 children	537.00	644.00	976.00	1481.00
Single parent with 1 child	257.00	308.00	464.00	1234.00
Single parent with 2 children	311.00	373.00	538.00	1296.00
Single parent with 3 children	365.00	438.00	612.00	1357.00
Single parent with 4 children	419.00	503.00	686.00	1419.00
Single parent with 5 children	473.00	567.00	760.00	1481.00
Head not in work force				
Couple with 1 child	284.00	340.00	676.00	1234.00
Couple with 2 children	338.00	406.00	750.00	1296.00
Couple with 3 children	392.00	470.00	824.00	1357.00
Couple with 4 children	446.00	535.00	900.00	1419.00
Couple with 5 children	500.00	600.00	976.00	1481.00
Single parent with 1 child	219.00	263.00	464.00	1234.00
Single parent with 2 children	273.00	328.00	538.00	1296.00
Single parent with 3 children	327.00	392.00	612.00	1357.00
Single parent with 4 children	381.00	457.00	686.00	1419.00
Single parent with 5 children	435.00	522.00	760.00	1481.00

Sources: Institute of Applied Economic and Social Research; Department of Social Security.

- a The Henderson poverty line is adjusted according to movements in household disposable income per head. It refers to income after tax and is the before-housing costs version.
- b Point above which other income excludes family from social security pension payment.
- c Point above which income excludes family from Basic Family Payment.

TABLES FROM WHICH FIGURES DERIVED

APPENDIX 4

The tables from which the charts in the text have been produced are presented below for information. Statistical significance is indicated at a level of probability of .05 as $P < .05$. The number given to each table is that of the figure in the report.

Figure 3.1 Selected assets by family income — first interview

<i>Selected Assets</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Shares	2	22	16
Holiday house	2	8	6
Home owner/purchaser	8	73	52*
Personal insurance	9	39	29*
Fathers' superannuation	11	80	57*
Mothers' superannuation	13	57	43*
(Total number of children)	(56)	(105)	(161)

* $P < .05$

Note: Information on parental assets was collected only at the first interview. This figure uses income levels of families at first interview. Percentages refer to the proportion of low and not low-income families with each particular asset, and therefore do not total 100 per cent

Figure 3.2 Selected characteristics of families by family income — third interview

<i>Family type</i>	<i>Low income</i> %	<i>Not low income</i> %
Sole parent	34	7
Couple	66	93
Total	100	100*

<i>Ethnic background</i>	<i>Low income</i> %	<i>Not low income</i> %
Both parents NESB	57	10
Other	43	90
Total	100	100*

<i>Mothers' age in 1990</i>	<i>Low income</i> %	<i>Not low income</i> %
Under 26 years of age	32	13
26 years of age or over	68	87
Total	100	100*

<i>Fathers' education</i>	<i>Low income</i> %	<i>Not low income</i> %
Primary	18	-
Secondary	48	29
Trade	12	9
Tertiary	4	58
Not known/missing	18	4
Total	100	100*

<i>Mothers' education</i>	<i>Low income</i> %	<i>Not low income</i> %
Primary or none	23	2
Secondary	60	33
Trade	6	10
Tertiary	11	55
Total	100	100*

<i>Fathers' employment</i>	<i>Low income</i> %	<i>Not low income</i> %
Paid employment	27	95
Not in paid employment	61	3
Not known or not applicable	12	2
Total	100	100*

<i>Mothers' employment</i>	<i>Low income</i> %	<i>Not low income</i> %
Paid employment	15	66
Not in paid employment	85	34
Total	100	100*

<i>Location</i>	<i>Low income</i> %	<i>Not low income</i> %
Original area	50	64
Other Melbourne	43	31
Other	7	5
Total	100	100

(Number of children) (56) (105)

* P < .05

Figure 4.1 Mothers' ratings of child's health by family income — third interview

<i>Health</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Excellent	36	53	47
Good	50	42	45
Fair	14	5	8
Total	100	100	100*

(Number of children) (56) (105) (161)

* P < .05

Figure 4.2 Indicators of child's health difficulties by family income — third interview

<i>Indicators of child's health</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Health 'fair'	14	5	8
'Moderate' or 'serious'			
health problem in last 12 months	12	16	15
In-patient in last 12 months	11	13	12
One or more of the above	23	25	24
(Number of children)	(56)	(105)	(161)

Figure 4.3 Children's specific health problems by family income — third interview

<i>Specific health problems</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Colds/upper respiratory	80	90	87
Vomiting/diarrhoea	55	62	60
Ear infections	34	43	40
Skin rashes	30	30	30
Sleep problems	22	30	30
Chest infections	29	28	28
Wheezing/asthma	23	20	21
Childhood virus	18	23	21
Accidents/injuries/poisoning	20	21	20
Constipation	25	17	20
Eating problems	30	14	20*
Allergies	12	17	16
Hearing problems	9	4	6
Convulsions/fits	5	6	6
Dental problems	9	1	4
Sight problems	4	3	3
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 4.4 Health score by family income — third interview

<i>Health score</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Good	59	52	55
Not good	41	48	45
Total	100	100	100
(Number of children)	(56)	(105)	(161)

Figure 4.5 Selected developmental tasks by family income — third interview

	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Enjoys listening to stories	86	98	94
Compare sizes (big–little)	88	97	94
Refers to self as boy or girl	91	91	91
Remembers things from recent past	89	98	95
Turns pages of book	89	95	93
Dries hands and face	91	99	96
Takes off clothes	95	96	96
Hops on one foot	45	60	55
Unable to carry out 3 or more of these tasks	12	1	5
(Number of children)	(56)	(105)	(161)

Figure 4.6 Mothers' ratings of child's temperament by family income — third interview

<i>Rating of child's temperament</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
More difficult than average	21	10	14
Average	59	55	56
Easier than average	20	35	30
Total	100	100	100*
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 4.7 Mothers' ratings of child's behaviour by family income — third interview

<i>Behaviour</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Child's behaviour causes mother problems	43	45	44
Child has some difficulties in playing with other children	16	12	14
(Number of children)	(56)	(105)	(161)

Figure 5.1 Mothers' ratings of how well managing with child by family income — third interview

<i>Managing with child</i>	<i>Low income</i> %	<i>Not low income</i> %
Very well	13	42
Quite well	71	52
Having quite a few problems	16	6
	100	100*
(Number of children)	(56)	(105)

* P < .05

Figure 5.2 Mothers' ratings of happiness by family income — third interview

	<i>Low income</i> %	<i>Not low income</i> %
Very happy	4	37
Happy	36	47
Mixed feelings ^a	60	16
Total	100	100*
(Number of children)	(56)	(105)

* P < .05

a Mixed feelings includes three mothers who described themselves as unhappy (not low income) and one as very unhappy (low-income).

Figure 5.3 Mother felt low or depressed by family income — third interview

<i>Mother has felt low or depressed</i>	<i>Low income</i> %	<i>Not low income</i> %
Yes	64	62
No	36	38
Total	100	100
(Number of children)	(56)	(105)

Figure 5.4 Fathers' ratings of how well managing with child by family income — third interview

<i>Rating of managing</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Very well	28	41	38
Quite well	56	54	54
Having quite a few problems ^a	16	5	8
	100	100	100
(Number of children)	(32)	(93)	(125) ^b

a Includes seven fathers who said they were having quite a few problems and another three fathers who said they were managing poorly or not at all.

b Only 125 fathers were interviewed.

Figure 5.5 Mothers' ratings of fathers' involvement with child by family income — third interview

<i>Fathers' involvement</i>	<i>Low income</i> %	<i>Not low income</i> %
Extremely involved	33	57
Fairly involved	51	40
Not involved	16	3
Total	100	100*
(Number of children)	(51)	(101)

* $P < .05$

Figure 5.6 Stressful life events in previous 12 months by family income — third interview

<i>Stressful life events</i>	<i>Low income</i> %	<i>Not low income</i> %
Someone close died or seriously ill	39	34
Mother has big problem with her own health	27	19
Serious disagreements with partner	45	20*
Serious disagreements with someone else close	21	14
Serious financial problems	45	16*
Partner has had job change for worse	31	11*
Serious housing or accommodation problem	34	10*
Serious problem with law	12	3
(Number of children)	(56)	(105)

* $P < .05$

Figure 5.7 Number of stressful life events by family income — third interview

<i>Number of events</i>	<i>Low income</i> %	<i>Not low income</i> %
3 to 7 events	45	17
1 or 2	32	45
None	23	38
Total	100	100*
(Number of children) ^a	(53)	(104)

* P < .05.

a Missing data in four cases.

Figure 5.8 Mother-child separation by family income — third interview

<i>Length of separation</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Seven days or less	16	35	28
More than seven days	18	13	15
No separation	66	52	57
Total	100	100	100*
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 5.9 Help mother receives with child from child's father by family income — third interview

<i>Help mother receives with child from child's father</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
A lot	21	60	47
A fair amount	33	26	28
A small amount	21	11	14
Not at all	25	3	11
Total	100	100	100
(Number of children)	(56)	(105)	(161)

Figure 5.10 Help mother receives with child from other sources by family income — third interview

<i>Sources of help</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Mother's mother	34	50	44
Mother's father	14	30	25*
Mother-in-law	21	40	33*
Father-in-law	11	22	18
Other relatives	46	51	50
Friends	39	64	55*
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 6.1 Fathers' labour market participation by family income — third interview

<i>Fathers' employment</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Employed full-time	22	90	72
Employed part-time	8	8	8
Unemployed	59	0	16
Not looking for work	11	2	4
Total	100	100	100*
(Number of children)	(37)	(98)	(135) ^a

* P < .05

a No employment information is provided in this table for the 26 fathers not living with their children.

Figure 6.2 Mothers' labour market participation by family income — third interview

<i>Mothers' employment</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Employed full-time	4	20	14
Employed part-time	11	46	34
Unemployed	25	2	10
Not looking for work	60	32	42
Total	100	100	100*
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 6.3 Reasons mothers not employed by family income — third interview

	<i>Low-income</i> %	<i>Not low-income</i> %	<i>Total</i> %
Children too young/prefer to look after children	71	82	76
Problems with child-care	44	14	24*
Additional income not needed	17	23	20
Jobs do not suit mothers' skills	41	27	6
Cannot find job nearby	41	11	28*
Cannot find work at all	37	12	26*
Problems with transport	21	3	3*
Language problems	29	3	17*
Partner against working	27	18	23
Care of sick relatives	0	6	3
Lose social security benefits	17	9	13
Employer discrimination	12	3	8
Health problems	17	0	9
Other reasons	26	18	22
(Number of children)	(42)	(34)	(76)

* P < .05

Note: The percentages relate to those children with mothers not in paid work and not to the whole sample.

Figure 6.4 Family employment by family income — third interview

	<i>Low-income</i> %	<i>Not low-income</i> %	<i>Total</i> %
<i>Employed families</i>			
Couple, both employed	2	60	39
Couple, one employed	23	32	29
Sole parent, employed	7	5	6
<i>Not employed families</i>			
Couples, neither employed	41	1	15
Sole parent, not employed	27	2	11
Total	100	100	100*
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 7.1 Housing tenure by family income — third interview

<i>Housing tenure</i> %	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i>
Owner occupied	14	70	50
Public rental	44	10	22
Private rental	21	10	14
Other	21	10	14
Total	100	100	100*
(Number of children)	(56)	(105)	(161)

* P < .05

Note: 'Owner-occupied' combines the categories of home purchaser and home owner from Table 7.2. The 'other' category combines 'sharing with relatives, sharing with friends', 'in relative's home (not sharing)' and 'buying and other' from Table 7.2.

Figure 7.2 Location of families by family income — third interview

<i>Location at third interview</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Original area	50	64	59
Other Melbourne	43	31	35
Outside Melbourne	7	5	6
Total	100	100	100
(Number of children)	(56)	(105)	(161)

Note: 'Outside Melbourne' includes Victoria, interstate and overseas locations.

Figure 7.3 Mothers' ratings of current neighbourhood by family income — third interview

<i>Rating of neighbourhood</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Excellent	4	21	15
Good	30	50	43
Average	50	26	34
Poor or very poor	16	3	8
Total	100	100	100*
(Total number of children)	(56)	(104)	(160) ^a

* P < .05

a No rating provided by one research participant.

Figure 7.4 Mothers' identification of positive aspects of local neighbourhood by family income — third interview

<i>Positive aspects</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Good services for children	77	90	86*
Good neighbours	70	90	83*
Good services for adults	59	82	74*
Families, young children	59	78	71*
Good public transport	86	93	91
Close to shops	89	88	88
Close to friends	61	70	66
Close to relatives	43	42	42
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 7.5 Mothers' identification of negative aspects of local neighbourhood by family income — third interview

<i>Negative aspects</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Lack of playgrounds for children	34	19	24*
Streets unsafe at night	64	49	54
Pollution	50	52	51
Traffic	43	45	44
Noise	43	33	36
(Number of children)	(55)	(105)	(161)

* P < .05

Figure 8.1 Use of children's services by family income — third interview.

<i>Children's services</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Paid child-care	38	80	65*
Library	30	61	50*
Playgroup	29	43	38
Toy library	11	18	16
Kindergarten planned	80	87	85
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 8.2 Paid and unpaid child-care by family income — third interview

<i>Child-care</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Paid child-care only	27	43	37
Paid and unpaid child-care	11	37	28
Unpaid child-care only	20	13	16
No child-care	43	7	19
Total	100	100	100*
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 8.3 Health concession card/private health insurance coverage by family income — third interview

<i>Health concession card and private health insurance</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Health concession card	78	10	34
Health concession card and private insurance	9	0	3
Private insurance	11	57	41
Neither health concession card nor private insurance	2	33	22
(Number of children)	(56)	(105)	(161)

* P < .05

Figure 8.4 Use of health services for child in previous 12 months by family income — third interview

<i>Type of service</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
General practitioners	91	91	91
General practitioners direct bill ^a	88	57	70*
Chemist	82	93	89
Immunisation complete	86	85	85
MCH for study child ^b	48	62	57
In-patient hospital care	11	13	12
Out-patient hospital care	27	23	24
Community health centre	29	21	24
Paediatrician	23	22	22
Dentist	11	20	17
Hearing test	9	15	13
Physiotherapist	4	2	2
Naturopath	7	11	10
Herbalist	11	3	6
Chiropractor	2	3	2
(Total number of children)	(56)	(105)	(161)

* P < .05

a Includes four families in the direct-billed category who also used a general practitioner who did not direct bill.

b Excludes mothers who used service for subsequently born children, but not for study child.

Note: Additional services identified by mothers, but not indicated in the table were ear, nose and throat specialist (three), dermatologist (two), paediatrician (two), physiotherapist (two), eye specialist (one), heart specialist (one), dietitian (one), allergist (one), osteopath (one), occupational therapist (one), and acupuncturist. (one).

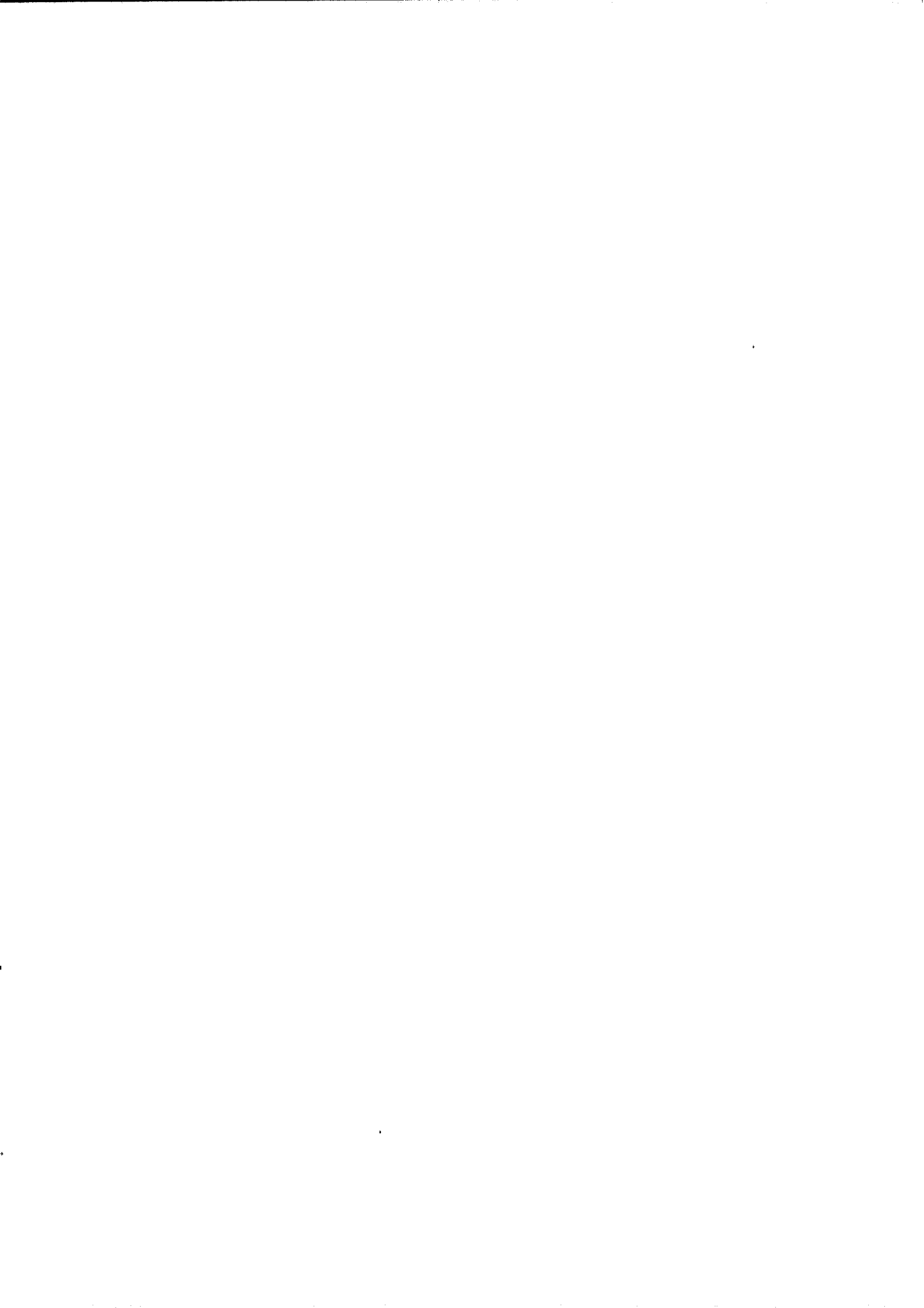
Figure 8.5 Use of other services for study child in previous 12 months by family income — third interview

<i>Type of service</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Counselling services	25	2	10
Emergency relief	32	0	11
(Total number of children)	(56)	(105)	(161)

Figure 9.1 Mothers' views of factors that will affect child's life chances by family income — third interview

<i>Factors</i>	<i>Low income</i> %	<i>Not low income</i> %	<i>Total</i> %
Family relationships	23	57	45
Education	29	40	36
Financial resources	20	18	19
Health	12	13	13
Employment opportunities	11	9	10
Influence of peers	14	2	6
Environmental factors	5	3	4
Social justice issues	-	5	3
Racism	4	-	1
(Total number of children)	(56)	(105)	(161)

Note: More than one response could be given to the question



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