Maternal Humanitarian Entrants “Me Time”: The ways social support works in a facilitated playgroup

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Introduction

The extant literature:

- Post-displacement risk factors upon resettlement for refugees and migrants [isolation, loss of family, PTSD, perinatal mental health issues (PMHI), language barrier] (Murray, Davidson & Schweitzer, 2008).
- Where do women seek support?
- Two pathways:
  - Informal (self-help, websites, playgroup, exercise, help-lines)
  - Formal (GP, medication, hospital services, therapy)

Addressing the gap:

- Playgroup as a form of preventative intervention and a ‘protective factor’ (Jackson, 2006, 2009)
- Divergence from this argument; aligning instead to the earlier work of Sneddon et al., (2003) asserting playgroup to be a ‘buffering factor’
- Resilience instead viewed as the ‘protective factor’
Introduction

- Exploring the experiences of hard to reach population of maternal humanitarian entrants (MHE)
- The shift: Pointing to collaborative, community based support groups (State Perinatal Reference Group & Western Australian Perinatal Mental Health Unit, 2007).
- Recommendation from SPRG (2008) = Need for ‘social club’ with tangible outcomes
- The research was conducted on site at Save the Children Australia (SCA) Challis playgroup, Armadale in Perth, Western Australia.
- Picking up where research left off: The facilitated playgroup addresses the PMHI and has a form of ‘social club’ through its sewing classes. Thus suitable to explore the research objectives.

Research Questions:

Primary- How do MHE ascribe meanings to the ways social support works in a facilitated playgroup context?

Secondary- To what extant can accounts of facilitated playgroup support be explained by Bronfenbrenner’s Ecological Systems Theory?
Research Design

Methodology:

- **Epistemology:** Social Constructionism - explore the ways that the structure of reality exists within a culture, the implications for human experience and the effect of social contexts (Willig, 2008).

- **Postmodern explanation of resilience:** ensuring voice of the minority is heard (Ungar, Clark, Kwong, Makhnach and Cameron, 2005).

- **Theoretical Framework:** Symbolic Interactionism- explore the women’s ‘constructed’ view of their world (Fidishun, 2002).

- **Methodology:** Interpretative Phenomenology- focusing on the cumulative meanings of an individual’s experience (Laverty, 2003).

- **Paradigm:** BEST- (Micro, Meso, Exo, Macro and Chrono systems) (Bronfenbrenner, 1995)

Participants:

- Mothers/Staff/Stakeholders
Research Design

Recruitment:
- Informal visit to Challis playgroup on Term two ‘Open Day’
- Consulting with SCA Co-ordinator, playgroup leader and bi-cultural workers to discuss research design.
- Explanation of research to mothers in attendance, asked for interest

Procedures:
- **Session 1: Focus Group Introductory Interview (FGI).**
  9 Mothers participated
- **Session 2: Case Study Interviews (CSI).**
  5 Mothers volunteered to participate
  Extension of ideographic case study by Eatough and Smith (2006).
- **Session 3: Follow-up Interviews with Staff or Stakeholders (FIS).**
  Triangulation and validation technique amongst the data collection method
  2 Stakeholders and 4 Staff Members interviewed
- **Session 4: Ongoing Observations**
  Continuation of building rapport and conducting observations before, during and after interviews
Findings

Analysis:

- Data for all participants was analysed using Interpretative Phenomenological Analysis

- To address the secondary research question- Supplementary process of data analysis involved the concurrent identification of ecological systems related to BEST to validate the analysis

*Five salient themes emerged from the data:*

1. Isolation
2. Dealing with Issues
3. Parental Focus
4. Accomplishments and Benefits
5. Feelings and Attitudes
Theme: Isolation

A dominant theme amongst all interviews was isolation, providing a contextualisation theme. The impacts culturally reflected the functioning of the macrosystem. The theme supports the findings of Collins, Zimmerman and Howard (2011) of the presence of post-displacement risk factors upon resettlement which impact on the microsystem and immediate interactions with others.

Recurrent descriptions of feeling alone and scared emerged:

“I feel scared, because it’s a new country, I don’t know anyone. So everything was different”.

“I felt alone [pause] but nobody was talking with me. No neighbours and nobody. So I felt very scary”.

SUB-THEMES

- Cultural disparity - differences in collectivist and individualistic orientations/language barrier
- Perinatal mental health issues - risk of issues and strong feelings
- Cultural differences - conceptualisations of perinatal mental health issues
- Stigma - experiencing feelings of shame
Staff and stakeholders reported that the MHE often deny their problems (including perinatal mental health issues) as a mechanism to deviate from discussing issues they face;

“Some wish to talk about it, some don’t wish to talk about it and it’s a high likelihood”.

“We just say deal with it and you just suffer for it!”

However, a sense of trust was emphasised to be important, especially in strengthening mesosystem links between home and playgroup;

“It’s only two things; if they have someone they trust, you know like maybe case worker or maybe in the community someone they trust, they can talk to. If not, they just keep it.”

**SUB-THEMES**
- Cultural identification- mothers experiencing similar circumstances to each other
- Forms of support- socio-emotional/practical
Relational and social aspects within the playgroup were described positively by mothers. Care-giving within the playgroup was a priority which allowed the mothers time for themselves;

“For so many playgroups we have to be there for the child. But at this playgroup I can be away from my child. It is completely different type of playgroup. It is multicultural.”

In demonstrating the effects of a solid mesosystem interaction between the mothers themselves and the playgroup the women identified comfort in knowledge that playgroup staff were there for their child. Therefore, the MHE felt at ease to participate in all playgroup had to offer;

“They just look after my baby and I can just talk to my friend and just sit down and have a cup of coffee and just sit down at the playgroup, or I can come to the life skill classes and learn what I wanted to learn, so that’s a different thing rather than staying home and being isolated”.

SUB-THEMES
- Service provision- flexible and consistent playgroup program
- Creating inclusion- sense of belonging and equality facilitated
- Emergent relationships- friendships and sense of family fostered
The mothers ascribed meaning to the role of weekly sewing classes, which they thoroughly enjoyed and looked forward to at playgroup. This could be explained by the role of the mesosystem at work;

“So we are enjoying when we come to this program. Thank you for arrangement for making to us to know different kinds of stuff you know like sewing. So, really I’m very joy with the sewing. I couldn’t sew before, so when I came to this program I’ve learnt a lot of things like sewing kids clothes, other clothes, everything. So, I would like to say thank you for (Sewing Teacher) because she is a good teacher. She is teaching us a lot of things. So I’m very excited. I’m in love with sewing. Now I sew a lot of things, wherever I can”.

The staff reciprocated this notion in commenting on the mothers sense of accomplishment with their sewing skills and that sewing itself encompasses therapeutic value;

“They’re joyful, they’re proud, they feel a sense of achievement [pause] The opportunity when they’re busy doing something and not really realising that then they’re talking at the same time; the therapeutic value of that is important”.

**SUB-THEME**
- Improved skill-set - learning and proficiency of English language skills
Prominent positive feelings and attitudes including happiness, excitement and gratitude were conveyed from the mothers when describing what playgroup means to them. In doing so the women conveyed the effect of the chronosystem over time and fluid representations of resilience;

“So I was very excited and happy. I have got happiness when I came here. So really, now is very [pause] I have a big change is the thing. So I feel good now”.

“Even I can’t wait until you know [pause] the next Thursdays come, I can’t wait! I am very excited! And inside my, you know in my heart, I feel very happy, something you know”.

“I can learn everything and I see so many things and I want to learn whatever I can learn and take whatever I can take from this playgroup. I’m so grateful that I’m in this playgroup and thanks to the staff who always translate for me and help me with everything at playgroup [pause] I want to say lots of things from my heart but all I can say is thank you so much for everything to everybody”.

**SUB-THEME**

- Sans Playgroup- a sense of missing out and adverse impacts if playgroup did not exist
Conclusions

- Overall the findings demonstrated ways that social support works within a facilitated playgroup context
- The role of playgroup as a buffering factor was illustrated through the themes of dealing with issues, parental focus and accomplishments and benefits of playgroup
- The ascribed meanings could be explained further with the contributions of BEST
- Qualities and processes of playgroup evidenced its instrumental role as an informal support service
- The power of playgroup cannot be underestimated; demonstrated through the theme of feelings and attitudes
- Concurrent evidence from feelings and attitudes described evidence of how playgroup contributes to and builds resilience, despite the presence of risk factors
- Informal support is dynamic
Conclusions

- **Rigour of the method:** Case study interviews gave the MHE (a hard to reach population) a chance for their voice to provide understandings of the role of playgroup. Provided the researcher a deep one-on-one interaction to yield rich understandings.

- **Implications:** A catalyst to MHE eventually seeking formal supports is the influence of social capital amongst informal supports including playgroup.

- **Limitations:** There is an inability of the research to generalise the findings due to the small sample size; the experiences of the mothers’ at Challis playgroup cannot be generalised to the experiences of all MHE.

- **Future Research:** In-depth evaluation of the key processes and qualities of excellent social support would add to the dearth in the research of this field. Examination of the role of resilience established through informal support would also be enriching.
References


