

Playgroups offering health and wellbeing support for families: A systematic review

Abstract

This systematic review explores the health and wellbeing outcomes that families experience as a result of their participation in playgroups that provide health and wellbeing services. A systematic review of peer-reviewed literature resulted in 12 articles for inclusion. A meta-synthesis method, using reciprocal translation was implemented to synthesize findings. Findings suggest that programs support children's social development, transition to school and overall health. For parents, programs provide targeted social and health support, and knowledge sharing and learning opportunities. Future research in this area will benefit from participatory research approaches and exploring how universal approaches to program provision benefit families.

Key words: Integrated practice; health promotion; playgroups; community development; child development

Introduction

Supported and intensive support playgroups take an integrated approach to service delivery, and usually engage disadvantaged families with health and wellbeing support services on-site.¹⁻⁵ These playgroups aim to strengthen parent and child relations and increase families' connections with their community.⁵⁻⁷ Both models often target a variety of groups including those who are culturally and linguistically diverse, living in disadvantaged communities,^{3,5,7} and those considered 'at-risk'.² Intensive support playgroups are distinct as in certain instances they target families who are at risk of homelessness and are living in inadequate housing.^{3,5,8}

Research evaluating early childhood education and care programs directed towards disadvantaged communities is limited^{4,9,10} and this makes it difficult to understand the outcomes of such programs. Similarly, little research explores the health and wellbeing outcomes of supported playgroups.^{4,9} Studies suggest that such programs provide positive outcomes for the children and families they serve.⁴ Considering the challenging nature of parenting, it is also possible that the supported playgroup model may support all parents and families¹¹ regardless of the circumstances. Synthesizing and disseminating key aspects of the facilitation process and barriers and outcomes of such programs can assist other programs that use playgroups to meet their objectives.¹⁰ Thus, this paper provides a systematic review of literature that researches the outcomes and processes of supported playgroups and intensive support playgroups with the families they serve.

Purpose of the review

This is the first systematic review, to the knowledge of the authors, which explores the health and wellbeing outcomes for children and parents participating in supported and intensive support playgroups. The review aimed to answer the following questions: (i) what does the research

(qualitative and quantitative) tell us about the impacts of supported and intensive support playgroups for children and parents? (ii) what unique services and supports do supported and intensive support playgroups offer to their clients? (iii) which groups are being targeted by these playgroup models? (iv) and, what are some of the barriers and key resources, which support successful implementation of both supported and intensive support playgroups? Additionally, the review aimed to identify key metaphors within studies that were not directly related to the main research questions.

Methods for the Review

Search Parameters

The articles included within this review were gathered from a search of the databases CINAHL, MEDLINE, SCOPUS, ProQuest Education Journals, ERIC via ProQuest, and Informat (A+ Education Index). Searches were limited to peer-reviewed literature published throughout 2000-2013, and the following Boolean logic terms were used: (Playgroup* OR 'play group') AND (support* OR wrap* OR 'wrap around' OR 'wrap-around' OR 'intensive support' OR facilitate*) AND (child* OR youth* OR famil* OR parent*). In addition to the articles retrieved during database searches, relevant articles referenced within reviewed sources were included irrespective of year published.

Studies Included

The search provided 590 sources for an initial review. The titles and abstracts of all sources were reviewed and retrieved for further review provided that they focused on a playgroup program that was characterized as a supported playgroup or intensive support playgroup. Additionally, playgroup programs that were described as having a health focus, providing parenting techniques, linking families to community services, and/or working with high needs groups were also included for the second stage review. The first phase provided 33 titles for a further review. Each of these titles were read in depth and studies were included for a further stage provided they investigated the outcomes of a playgroup program or intervention that was described as supported, providing intensive support or had a health and community development focus. Additionally, articles were excluded if they did not

adequately describe the program being delivered or did not directly evaluate the impact of a playgroup. The second review stage provided 11 sources, which have been included in this review. Three articles referenced within reviewed articles were also retrieved, and one of these sources met the review criteria. In total, the search strategy resulted in 12 articles that have been reviewed within this article.

Data Analysis

Qualitative studies in this review were analyzed using the meta-synthesis technique. Meta-synthesis is a procedure that aims to identify important aspects of related qualitative studies.¹² The meta-synthesis employed followed the procedure for conducting a meta-ethnography as outlined by Noblit and Hare (1988).¹³ Their pivotal work included a seven step process that has become a guide for conducting meta-synthesis.¹² These seven steps include identifying an intellectual interest; locating relevant studies; reading sources; identifying what aspects of sources relate to one another; translating sources into each other; and, synthesizing translations.¹³ At the end of the fourth stage, a method for translating studies is selected based on how the studies are associated with one another.¹³ The studies in this review were similar and could be aggregated together, and for this reason the reciprocal translation method was used to synthesize findings.

Characteristics of the studies

Table I provides a description of the studies that were included within this review. Nine studies reviewed used qualitative data to explore the outcomes of playgroup programs and factors that impact their service^{9,10,14-20} and three studies utilized both qualitative and quantitative data.²¹⁻²³ Studies included were published in journals that focused on childhood development,^{9,14-16,23} homelessness,^{17,18} language and culture,²² health services,¹⁹ drug and alcohol abuse,^{10,20} and qualitative research.²¹

Findings

The review resulted in three themes which enrich the understanding of supported and intensive support playgroups. The themes generated throughout the data analysis process include targeted services for family support, health and wellbeing benefits for children and families, and participation and facilitation challenges.

Targeted Services

Playgroups have targeted a variety of groups including those from culturally and linguistically diverse backgrounds (CALD) ^{9,15,19,21} and Pacific Islander backgrounds ²²; living in caravan parks ^{14,18} and disadvantaged urban areas ²³; and those at risk of homelessness and facing complex problems ^{14,17,18,23}, including child protection issues ¹⁴ and drug use. ^{10,20,21} The playgroup programs reviewed were similar as they offered targeted services, which met the unique requirements of clients, and this was done to ensure clients' participation and access. Additionally, the effective delivery of programs required a targeted approach, where services offered were specific to unique clients' needs.

Specific to participation, programs have ensured access and client participation by including facilitators and recruiters from a similar background to the participants they aim to serve. ^{9,19,21-23}

Having a member from the community targeted integrally involved with recruitment has proven to be effective in ensuring access to playgroup programs.⁹ Furthermore, including facilitators from a similar background to the clients has also increased clients access to playgroup and affiliated services. ^{9,19} For example, Riggs et al¹⁹ found that a playgroup which employed refugee mentors, supported a culturally inclusive practice that increased participants' access to health services. Similarly, staff with a similar cultural background to participants have suggested that their ability to reflect on their own migration, supported their service delivery, and enabled them to better meet the needs of their clients.⁹

Considering the unique circumstances of clients, and their potential distrust for the system, developing trusting relationships which were non-judgmental have been essential to effective program facilitation. ^{9-11,14,16,18-20,23} Consistent contact between participants and facilitators has worked to establish a rapport and this can result in information sharing which becomes crucial to supporting the needs of playgroup participants. ^{14,18} These trusting relationships can become the key factor to

introducing health and wellbeing services to groups who may not be traditionally accessing services.^{14,18} Furthermore, non-intrusive practices, such as teaching parenting styles through modeling,^{9,11,15} and having specialists visit playgroup settings rather than clients visiting specialists^{10,16} have been highlighted as important for effective program delivery.

Playgroup models connect their clients to social and health services which are specific to their clients' needs and in some cases playgroup staff aid in their interactions with these services.^{10,16-18,20,21,23}

Seibold²¹ evaluated the New Hope Program, a playgroup supporting referred CALD mothers with drug use within their family. The external social services offered by the playgroup were specific to drug use and dependency and focused on connecting clients with effective treatment and support services, as well as health services aimed at child rearing. Similar programs targeting families with illicit drug history have required connecting clients with support services outside of drug use, including domestic violence and abuse, financial aid and legal and housing support.^{10,20} In addition to connecting clients to services, playgroup facilitators have become a reference for clients who were accessing government services¹⁰ and an intermediary between clients and professionals supporting them.^{10,16} The ability for playgroups to link clients to multiple services, and staff's ability to support clients connections to these services has been described as a holistic, 'circle of care' approach, where playgroups become a '... 'one stop shop' type of service delivery, which provide[s] [parents] with [both] emotional and practical support..'.^{11(pp 340)}

Targeting services to meet the needs of clients has also meant that services are offered in unique ways. The innovative delivery of services within the playgroup model has meant that families become engaged with health services that they may not have experienced otherwise.^{19,21} Riggs et al¹⁹ describes the *refugee child health nurse model*, a child health nursing strategy employed by a maternal health centre in the Melbourne area which targets CALD groups. The *refugee child health nurse* model differs from a traditional child health nurse as the former includes a liaison worker with the knowledge of the home language of clients within services delivered. The liaison worker works with child health nurse and aids in the communication between the nurse and families utilizing the service.¹⁹ Keeping with the client centered practice has also meant that nurses account for the client's

transportation requirements, and appointment times for clients are scheduled to match public transit times.¹⁹ Similarly, Stuart and Ellis¹⁴ evaluate a mobile playgroup targeting disadvantaged groups at risk of homelessness and find that effective counseling and therapeutic sessions required unique practice. Specifically, clients preferred to interact with their environment and counseling sessions were most effective when in a recreational space like a park, or while in the car.¹⁴ Considering the barriers that prevent certain groups accessing health and wellbeing services, an approach that responds to the specific needs of the clients it aims to serve becomes a strategy to ensure these services are accessed by clients.

Health and Wellbeing Outcomes for Families

Participation in supported and intensive support playgroups has assisted in children's health and wellbeing. Participating in programs has meant that they have consistent visits with health staff, for example child health nurses.¹⁹⁻²¹ Byrne et al²⁰ evaluate a playgroup model that held child health central, and included a child health nurse on staff. Parents involved with this program were characterized as illicit drug users facing complex problems, a group that typically have difficulty accessing health services for themselves and their children.²⁰ Parents recognized that their participation resulted in their children's consistent interaction with a child health nurse, and meant that their children were always up to date with their immunizations. Consistent health checks within playgroups settings also work towards providing preventative health services to children^{10,19,20} and this also supports their health and wellbeing as their healthy development is continuously being monitored.

Participation in playgroups has supported children's social development, and their ability to interact with their peers and adults.^{15,22,23} Children can develop trusting social relationships with adults and young people^{15,22,23} in such settings and have also experienced improvements in their mood and actions at home¹⁵ as a result of their participation. Additionally, Harris et al¹⁷ and Jackson¹⁵ attest that their participation supported their social confidence, and improved their interactions with other

children The socialization that takes place during these playgroups may also support their transition to school. ^{17,20,23} Playgroups have used a dynamic set of activities which engage children, and provide a stimulating learning environment. ^{15,20,22} These activities build specifically on child and parent relationships and are often developed so that both child and parent participate together. ^{20,22}

Parents involved with programs have developed parenting strategies as a result of their participation. ^{15,18,20,21} The playgroup has become a setting for parents and children to interact with one another, and participate in activities together. ^{15,22} This has resulted in better child-parent connections and the increased parents capacity to respond to their children in a calm and effective way, at home and during playgroup sessions. ¹⁵ These parenting strategies have also involved parents developing awareness of the child development process, and reflecting on their parenting abilities and their interactions with their children. ¹⁶ Furthermore, parents have also acknowledged that participation has supported their ability to care for their children, and made them aware of the importance of spending time with their children. ²³

Parents from CALD backgrounds have highlighted that supported playgroups have assisted their integration into their new home country's of life and reduced their social isolation. ^{9,15,16,21} Jackson¹⁵ explored the outcomes of a playgroup directed to CALD refugees who had experienced war-related violence in their home country. Findings from this research included that the playgroup became a community, or family for parents where they were able to reduce their social isolation. Additionally, the playgroup became a space where they were able to interact with families and learn about cultural practices within their new home and the services available to them. ¹⁵ These interactions between families become important, as they encourage knowledge sharing and support parents in the parenting of their children. ^{9,16}

Participation and facilitation challenges

Families facing unique circumstances, which are often targeted as clients of supported and intensive support playgroup programs, have been characterized as groups that are difficult to reach.⁹ The literature highlighted a variety of factors acting as barriers to family participation in playgroups. Some

factors included lack of trust in social programs and systems^{9,18,20}; social isolation^{9,14,21}; transport issues^{9,19,20} gender roles at home^{9,18}; and dedicating time to critical living factors.^{9,19} For example in their evaluation of a supported playgroup offered to persons from non-English speaking backgrounds Warr et al⁹ found that some participants had multiple barriers which prevented their attendance. Some of these factors included a general distrust of the system, due to language differences, the attitudes of personnel at organizations and the bureaucratic process. Additionally, parents cited that they were not participating in programs such as playgroups as their main priorities surrounded housing and access to food.⁹ It is clear that the life circumstances of potential participants may prevent their participation in such services.

Playgroup workers undertake a variety of roles while supporting a variety of groups with complex needs and this becomes a challenge to the effective service delivery or programs. Specifically, many practitioners find that in their work they perform multiple roles, and at times these roles can be difficult to manage.^{10,16} For example, playgroup staff have highlighted the difficulties supporting the combination of child interaction with adults, as well as parent interactions with each other and playgroup staff.¹⁶ Staff have also reported that it is difficult to support the developmental needs of both older and younger children simultaneously during sessions.¹⁸ Additionally, practitioners face high demands within their work, and this is also challenging for ensuring effective practice.^{18,19} High demands are particularly prevalent with health staff, for example nurses, who find themselves referring children and families to a wide variety of services¹⁰ and at times have a full schedule which prevents them from providing services to all persons requiring support.¹⁹

With the exception of one study¹⁶, the clients targeted for playgroup programs reviewed have been families facing distinct and similar circumstances. In certain instances, playgroups that target specific groups can have adverse impacts for the families and the community they serve.^{10,20} This can be particularly so for families who have experience of illicit drug use. Byrne et al²⁰ detail that families participating in a playgroups offered to illicit drug users felt that their involvement as a specific group made them identifiable and this could potentially stigmatize them within their community.

Additionally, families suggested that the targeted approach prevented their engagement with the wider community and resulted in their further socialization with persons involved with illicit drug use. This became problematic for participants who wished to do things differently in their life and stay away from drug users.

Finally, developing and working with trust in playgroup settings has been characterized as a phenomena that takes time and requires balance. In their review of a playgroup that involved illicit drug users, Byrne et al²⁰ found that trust was integral to ensuring family participation, and that participation was impacted by staff turnover. Further, rebuilding trust between facilitators and participants was described as a lengthy process that requires significant commitment by both groups.

²⁰ The process of building trust becomes especially challenging given the multiple roles that facilitators face, and the fact that in certain circumstances facilitators take part in activities that support the development of trust during unpaid hours.⁹ Additionally, specific to trust being a factor which requires balance, practitioners have highlighted the importance of negotiating trust with intervention.¹⁶ Specifically, this involves being able to provide intervention services without losing the trust of the client. This can be especially important when dealing with groups which may be involved with illegal activities.¹⁰

Discussion

Studies included within this review have limitations that impact the strength of the findings. In certain instances researchers have had difficulty collecting data. For example, researchers have attempted to conduct research in settings with participants who prefer not to share information^{10,20} and this makes it difficult to establish the outcomes of such programs for these participants. Further, program facilitators have a difficult practice, which is demanding, and data collection takes their time away from supporting clients,²³ and may adversely impact the culture that their program is aiming to encourage.²⁰ Finally, some of the studies included within this review were not clear in their data collection,^{14,17,18} or analysis methods,^{14,15,17,20,23} and this also impacts the strength of their findings.

Supported playgroup programs often work in centers where a variety of health and wellbeing services are offered, and in some instances it is difficult to establish what outcomes are directly related to playgroup participation. Two studies included within this review, evaluated of a set of services which aimed to support child and family health and wellbeing for CALD and multicultural groups.^{19,23} The programs addressed within the studies included playgroup models which integrate health and wellbeing within their service provision. Interview data that informed the findings of these studies focused on individual aspects of programs, for example the playgroups, and the set of programs in general. Considering the broad scope of these programs, in some instances it is difficult to address the impact that playgroups directly had on their clients.

Implications for Research and Practice

All studies included within this review use qualitative methods to explore the outcomes of playgroup programs for families, and factors that impact their service. With the exception of one study¹⁵ which included a group discussion with children as data, studies have answered research questions through the perspectives of parents, program facilitators and affiliated staff. Additionally, data has included observations of children and parents during playgroup sessions. Considering the focus on child health and wellbeing within such playgroup programs, it is important to include young people's perspective in future evaluations that investigate the outcomes of playgroup programs. This supports the UN Convention on the Rights of the Child by considering children's perspective on issues that concern them.^{24,25} This is important as in many instances young people have different perspectives on their health and wellbeing than adults.²⁴ Including children's perspectives during evaluation may work to inform the types of playgroup programs delivered to them, and understand what aspects of programs support their health and wellbeing.

The data included within this review focused on short-term outcomes and generally supported that programs provide positive health and wellbeing outcomes for the children and families they serve. Specifically, in the short-term, children participating in programs develop social skills and confidence

and maintain healthy development. For parents, playgroups become an opportunity to connect with health and social services that they may have not accessed otherwise. Additionally, their participation provides parents with opportunities for community building, and knowledge sharing and learning opportunities. Given the short-term focus of research in the area, it is difficult to suggest how such programs may impact participants in the long-term. Future research may benefit by exploring how programs may have impacted children throughout their transition during the initial years of school. Additionally, research may explore how knowledge gained throughout the playgroup space impacts parents parenting throughout their child's development.

In certain instances, playgroup programs that focus on a specific set of clients with unique, similar circumstances, may not be effectively meeting all the health and wellbeing needs of the families they serve. This has been a theme highlighted in the review, specifically concerning families with illicit drug use.^{10,20} Future playgroup programs that target such groups may benefit from a universal approach, where ‘..services and supports are aimed at the general population and are accessible to all..’.^{26(pp19)} The universal approach to service delivery may support the health and wellbeing of those facing unique circumstances and ‘...provide a non-stigmatized entry point to more intensive support for families with additional needs’.^{26(pp12)} Through the universal approach, targeted services become available as children and family needs require specialized services. In light of the limited research in this area, it is important that future research explores how universal early childhood development and health and wellbeing programs support the health and wellbeing of groups facing unique circumstances.

Finally, given the difficulties around collecting data, specifically the unwillingness of some groups to share information, and the potential for data gathering procedures to undermine the focus of the playgroups, alternative research methodologies may better support research goals. Specifically, participatory action research (PAR) methodologies, which include participants actively in the research and change process²⁷ may prove better to evaluate such programs. This method is well suited to research with groups who are marginalized and targeted by supported and intensive supported

playgroup approaches as it actively aims to reduce the power differential present between the researcher and participant.²⁷ Additionally, this method may support participants sharing of information as the data gathered and the process by which it is gathered is in a way that is familiar to those involved.²⁷ The PAR approach to research is especially suited for research involving supported and intensive supported playgroups as the approach, as well as playgroups models, aim to empower communities involved.

Conclusion

This systematic review highlighted the health and wellbeing outcomes experienced by participants of supported and intensive supported playgroups. It also provided insight on the participation barriers, and facilitation challenges that supported and intensive support playgroup models face. The review clarified that the targeted approach of supported and intensive support playgroup programs, where services are offered to distinct groups facing unique circumstances, encourages participant health and wellbeing outcomes, as well as supports their access to such services. This targeted approach, which requires staff to maintain multiple roles while working in a challenging environment creates difficulties for program facilitation, and can potentially impact the effectiveness of the services being offered. Additionally, in certain instances, the targeted approach may work to further stigmatize specific groups, and prevent their integration into their wider community. For these groups a universal approach may prove a better method for service delivery, where families engage with their wider community.

Developing a better understanding of the factors that contribute to successful programs, and the outcomes faced by program participants, will benefit from methodologies which keep participants centrally involved in the research process. Furthermore, to develop a comprehensive understanding of the program benefits, evaluations should begin to account for young participant perspectives, and the perspectives of all participants in the long-term. Finally, to understand the best method to engage and integrate families facing unique circumstances, research should evaluate playgroup models that

employ a universal approach. The data gathered throughout this process may support and inform the practice of other early childhood development and family wellbeing programs that serve a variety of groups.

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TABLE I

| Reference | Study Aim Programme | Population | Methodology | Analysis | Findings |
|------------------------------|--|--|---|---|---|
| Banwell et al ¹⁰ | <p>Exploring the issues and dilemmas faced by a playgroup-place clinic providing support for drug abusing parents</p> <p>Two playgroups which offer health and advocacy services to children and families. Playgroups are staffed by a co-ordinator, two workers (one being a peer-educator), two community nurses and a women's health nurse fortnightly.</p> | Families with drug using parents. | Four months of participant observation, and interviews with 21 mothers (22 – 42 years, mean age – 30), 9 fathers (25 – 49 years, mean age 34), and 10 past and present staff. In addition 8 interviews with program staff working with child protection or drug treatment services. | No description of data analysis in this paper | Issues with providing services to such groups include, balancing trust and intervention, balancing accessibility, flexibility, and child development and adult education; utilising a suitable, affordable location; collaborating with other services; supporting staff; obtaining funding; |
| Byrne et al ²⁰ | <p>Exploring parents opinions about a playgroup program,</p> <p>A playgroups with a health focus, targeted towards illicit drug users.</p> | Children and families participating in the playgroup. Parents are described as illicit drug users. | Mothers (n=14) and fathers (n=1) were interviewed about the program. | No information on data analysis | The program supported children health and wellbeing outcomes, and provided positive activities and healthy meals for them. The program also supported parents' health and wellbeing, by offering them education seminars, access to services, and provided them a support space where they could develop their parenting skills. |
| Freiberg et al ²³ | <p>Investigating whether or not innovative programs engage with disadvantaged families</p> <p><i>A Family Independence Program (FIP) included facilitated playgroups.</i></p> | Diverse families from a disadvantaged areas in Queensland. | Quasi-experimental design using qualitative and quantitative data. Case studies developed throughout interviews. | No Description | <p>'At-risk' families engaged with the service and programs aimed to meet their needs.</p> <p>Facilitators of programs developed trust with families involved and were able to identify stressors that the community faces.</p> <p>One case study exemplified the playgroup outcomes and this included that both children and parents participating became more socially confident.</p> |
| Harris et al ¹⁷ | <p>A report on a playgroup intervention for families at risk of homelessness.</p> <p>The Anchor Building Brighter Beginnings Playgroup</p> | New mothers (n=18) and their children (n=27) who are at risk of homelessness. | No Description | No Description | Discussions with parents have provided a variety of outcomes including, development of parenting skills, and community connections to health and welfare services for parents and opportunities for children to socialise and prepare for further education. |

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| Jackson¹⁵ | <p>Investigated whether a supportive playgroup worked as a protective environment for refugee families that faced with issues of trauma. This paper also investigated the ability of a supported playgroup to meet the needs of the families served.</p> | <p>Five refugee families who had faced war-related violence and trauma.</p> | <p>Particularistic case study, under an ecological framework. Twelve families in total agreed to participate in the research. Semi-structured interviews conducted with adults (n=5), and facilitators (n=2) and children within a group interview (n=9). Also observations during the playgroups and semi-structured interviews were also included.</p> | <p>No description</p> | <p>Eight themes emerged from the data and they included that being involved within the playgroup allowed to children developed better social skills and behaviours at home and within playgroup; limited separation anxiety being faced by children involved; aided children in school transition; aided parents developed better parenting strategies; allowed social connections developed amongst parents which also involved knowledge sharing and resources; children to receive social and educational benefits;</p> |
| Jackson¹⁶ | <p>Investigated what parents characterised as support arising within the supported playgroups they participated in.</p> <p>Three supported playgroups in Western Sydney.</p> | <p>Children and families from a variety of cultural and economic backgrounds.</p> | <p>Qualitative multi-case study methodology – adaptive multi-ethological framework. Three focus group discussions with parents (n=13). Semi-structured interviews took place with parents (n=6) and facilitators (n=2).</p> | <p>Data analysis informed by ecological theory. Analysis on NVivo software and included constant reflection on transcription, audio records, and field notes. An additional peer coded the information for reliability.</p> | <p>Eight types of support were identified by playgroup participants and they included, ‘..friendship and social network support; relational support; peer support; emotional support; parenting role support; information and resource support; ‘circle of care’ support; and multidisciplinary support’ (p.30).</p> |

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| Morgan & Chodkiewicz²² | <p>Investigate the experiences of Maori and Tongan families as their children will be entering the school system. Evaluate supported-playgroup models with a focus on home language use.</p> <p>Informal support-playgroups with home language development/bilingual program, preservation or maintenance focus</p> | <p>30 families from Pacific Islander, Tongan or Maori backgrounds (from three sites) living in the south-eastern metropolitan Sydney, Australia..</p> | <p>Using both qualitative and quantitative data. Interpretive data included playgroup observations and interviews with community workers, playgroup facilitators, literacy specialists and mothers.</p> <p>Quantitative data included attendance rates, demographic information about families and literacy levels reported during school.</p> | <p>Compilation, grounded coding and re-coding. Dialogic component analysis of interviews. Multimodal theory and systemic functional linguistics analysis.</p> | <p>Findings focus on the engagement families and carers within playgroups; participation of families and children in activities; home literacy; encouraging factors of home language use and factors that cause limitation and challenge to families.</p> |
| Riggs et al¹⁹ | <p>Investigate mothers experiences using Maternal Child Health (MCH) services in Melbourne</p> <p>MCH services in Melbourne, which include Supported Playgroups</p> | <p>Mothers (n=87) of refugee, migrant or CALD backgrounds</p> | <p>Qualitative design informed by a socioecological model</p> <p>Seven focus groups, with mothers</p> <p>Five interviews and four focus groups with service providers and bi-cultural workers (n=18)</p> | <p>Focus group were digitally recorded, and the English content was transcribed.</p> <p>A single researcher coded the data and developed themes, and a segment of transcriptions were analysed by two additional researchers. In times when interpreting became difficult, all three researchers worked towards a consensus.</p> | <p>Outcomes of the playgroup included, referring individuals to maternal health services.</p> |

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| Seibold²¹ | Evaluate 'Hy Vong Moy' (New Hope) program A playgroup and education support program. The 'Raising Hope Parents Playgroup'; which met monthly. | Young Australian Vietnamese women (n=6) | Participatory research approach which was constructivist. Evaluation was based on questionnaires, a case worker's journal, diaries and a focus group interview. | Survey data were analysed. Additionally, focus groups analysed against key questions and caseworker and investigator's journal analysed using content analysis. | Outcomes included introducing mothers to parenting techniques, develop friendships, and them learning about Australian culture. |
| Stuart & Ellis¹⁴ | Describe the principles, barriers and outcomes of Playscheme based on 23 years of experience. Family support program included within 'Playscheme' - weekly free two hour supported playgroups | Caravan 108 families in 2003. | No description | No description | Outcomes include, linking families with services, providing counsel to participants and aiding individuals identify areas that prevent positive parenting. |
| Tulloh¹⁸ | Explore the difficulties experienced by families living in caravan parks and identify programs which can respond to the difficulties. Family Caravan Parks Pilot Project (SA) | Caravan park residents | Action research | No description | Playgroups connected families to services, and supported parents to develop parenting strategies |
| Warr et al⁹ | Investigated a supported playgroup initiative with families from non-English speaking backgrounds Supported playgroups developed through the Hume Communities for Children collaboration | Families from non-English speaking backgrounds in Hume, Victoria | Qualitative study Semi-structured interviews with playgroup co-ordinators (n=3), parent- facilitators (n=7), community worker facilitators (n=4) | 'Interviews were transcribed and coded for content and themes' (p.43) | Barriers for family playgroup participation including social isolation, gender roles, and distrust of the system. Positive factors including facilitating culture specific playgroups, and using diversity within the space to encourage a broad range of backgrounds Outcomes for children and families included development of parenting techniques, and an understanding of the parenting system |

