Adjusting and redefining priorities:

A grounded theory of everyday parental management in families with young children

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: _____

Dated: _____

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LIST OF ABBREVIATIONS

Abbreviation	Full text
AUT	Auckland University of Technology
AUTEC	Auckland University of Technology Ethics Committee
CBE	childbirth education / educator
DA	dimensional analysis
DHB	District Health Board
GP	general practitioner
GT	grounded theory
HRC	Health Research Council
LMC	lead maternity caregiver
PND	post natal depression
SCGT	social constructivist grounded theory
SI	symbolic interactionism
SUDI	Sudden unexplained death of infant
UNCROC	United Nations Convention on the Rights of the Child
WHO	World Health Organisation

GLOSSARY

Term	Meaning
Aotearoa	(Māori) Name of New Zealand
Pasifika	Pacific Island people
taonga	(Māori) Treasure
tikanga	(Māori) Maori Protocol
Treaty	The Treaty of Waitangi
whānau	(Māori) Extended family

FONTS DESIGNATING THEORETICAL ELEMENTS

Theoretical element	Font	Example
Core process	bold/italics/capitals	***Adjusting and Redefining Priorities***
Overall purpose	bold/capitals/underlined	**Building Family**
Overall outcome	bold/capitals	**Managing the Family**
Phase outcome	bold/sentence case	**Being prepared**
Perspective	italics/lower case	*personal self*
Category	capitals/underlined	Doing the Right Thing
Sub-category	capitals	Redefining Us
Strategies	italics/quotation marks	*"looking after me"*
Concepts	quotation marks	"getting in tune"
Category outcome	italics/underlined/capitals	*Being Responsible*

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Approval number: 08/274

ABSTRACT

"The family" is an institution acknowledged around the world as being the setting where children are born and raised. In Western countries the transition to parenthood and the first three years of a child's life have been identified as critical periods within the lifespan. The contemporary environment in which New Zealand families are raising young children differs from that of past generations. Although much is known about developmental norms and the diagnosis and treatment of physical and emotional problems in families, little is known about how families manage their responsibilities on an everyday basis. This social constructivist grounded theory study (Charmaz, 2006) explored that topic.

Twenty-four parents in Auckland were interviewed about their day-to-day management in families where the eldest child was no more than 3 years old. Constant comparative analysis was used to construct a substantive theory to explain how parents cared for themselves and their young children. A trajectory was conceptualised to demonstrate the moves and shifts participants experienced over time while ***Adjusting and Redefining Priorities*** - the core process constructed in this study to encompass the strategies used by parents.

Four parental perspectives were identified which parents moved between as they responded to the conditions arising both daily and intermittently within their families. The *personal self, parental self, parental unit self,* and *family unit self* were standpoints from which parents interpreted and interacted with the world. Redefining Self, Doing the Right Thing, Working as a Team and Shaping the Family were identified as dimensions of the core process that encapsulate the strategies parents used as they worked towards their purpose of **Building Family**.

Over time, the focus of parents' strategies shifted between a "Preparing" phase, where structures and processes were being set up, and a "Refining" phase, where structures and processes were being fine-tuned to meet the needs of each family's unique circumstances and priorities. The theory of ***Adjusting and Redefining Priorities*** contributes to existing knowledge about families with young children by conceptualising a framework for considering how parents manage their families on a daily basis.

Chapter One: INTRODUCTION

> The sociological imagination enables us to grasp history and biography and the relations between the two in society ... No social study that does not come back to the problems of biography, of history and of their intersections within a society has completed its intellectual journey.
>
> (Mills, 2000, p. 6)

"The family" is an institution acknowledged internationally as the setting where children are born and raised. Societies around the world have established traditions and cultural norms over many generations to guide new parents in the roles and responsibilities of caring for their young children. Yet for the new parents themselves, the personal experience of parenthood begins when their own children are expected and born. This is when their histories and biographies intersect with the social environment in which they are learning to be parents.

Demographic and social trends in New Zealand have had significant influence on the societal perceptions of children and families (McDonald, 1978; Pool, Dharmalingam & Sceats, 2007). Understandings of what it means to be a mother, father, child or family have not remained static. Parents raising children in New Zealand are doing so in conditions which in many cases differ considerably from their own experiences of growing up. Societal assumptions about what parents should be doing, and the support available to assist them, cannot be made on the basis of "what used to be".

The parents in this study were learning "on the job", continuously responding to circumstances which in many cases were new, inconvenient or difficult. They did so in social and personal conditions which continued to change. The challenge they faced was learning to care for their families and themselves in ways which matched their personal worldviews and encompassed the individual circumstances of their families. In doing so they were integrating knowledge and life experience from their own histories and biographies with the reality of parenting in contemporary New Zealand society.

Role of the family

The family is acknowledged as being both the fundamental unit of society (Families Commission, 2008; Folden, 2001; Hodgson & Birks, 2002; Morgan, 2004; United Nations General Assembly, 1989) and the primary agent for sustainable social, economic and cultural development (United Nations General Assembly, 2004). As such, the family merits "the necessary protection and assistance so that it can fully assume its responsibilities within the community" (United Nations General Assembly, 1989, Preamble). Considered to be the "natural environment" for the growth and well-being of children (United Nations General Assembly, 1989) and "a child's first and most crucial environment" (Kiro, 2007, p. 1), the family contributes uniquely to a child's health, socialisation and psychological well-being (Favez et al., 2006). Harvey and Bray (1991) contend that a child's family of origin is the most important social group that will influence that child's development. The outcomes of a child's growth and development within a family have implications for the ways children interact with social units outside the family, for example school and volunteer groups, as well as more formal societal structures such as the law (Ministry of Social Development, 2007). Children thrive best in a family setting which is nurturing, stimulating and safe (Papalia, Olds & Feldman, 2007). Ultimately, children raised in such an environment are well prepared to contribute to the social, economic and cultural facets of society in the future.

Definitions of key concepts

The four key terms used in this study are: family, family unit, parents and young children.

Family

The working definition of "family" which guided the early stages of the study was drawn from Baxter and Braithwaite (2006, p. 3): "a family is a social group of two or more persons, characterised by ongoing interdependence with long-term commitments that stem from blood, law or affection". In a research environment which acknowledges and embraces multiple realities, this definition was broad enough to encompass participants from a range of circumstances where young

children were being raised. Its lack of specificity opened up potential for participants to express how they viewed family.

Family unit

All participants in this study described a two-generation group of "parents and children" as the unit of primary responsibility with regard to caring for their children. Participants with cultural backgrounds which featured strong extended family networks also made this distinction. For this reason "family unit" therefore refers to a two-generation group comprised of parents and their children. References to family members outside that unit are clarified in the text.

Parents

In this thesis "parents" refers to the societal group of adults who have primary, day-to-day responsibility of caring for young children. In Chapters Four to Nine, "parents" refers specifically to the participants in this study so that the focus on people remains prominent. The mothers and fathers who spoke to me gave life to the theoretical concepts that were developed. As such, their voice merits a strong presence. In Chapters Four to Nine the use of "parents" does not imply a generalisation beyond the small group of people who participated in the study.

Young children

For the purposes of the study, "young children" refers to children of no more than 3 years of age. Specifically, I spoke with families whose eldest child was no older than 3. In the design phase of the study, the developing field of neurobiology was a prominent line of academic inquiry receiving much attention in both the professional and popular media. Research indicated that prenatal environments and the first three years of life were foundational to a child's growth, development, health, education and interpersonal relationships over the life span (Shonkoff & Phillips, 2000). I was therefore interested to know how families in New Zealand managed these critical formative years.

Methodology

This research has used social constructivist grounded theory (SCGT) as explained by Charmaz (2006, 2009) to explore how parents with young children

in New Zealand manage their families. Grounded theory (GT) researchers look for processes occurring in a situation with the aim of understanding *what* is happening and *how* people manage in those circumstances. Constructivists view knowledge as being constructed from the ways in which a person perceives and gives meaning to the world (Charmaz, 2009). In particular, SCGT seeks to understand and explain both overt and tacit assumptions which influence the moves and shifts people make as they continuously respond to the social situations in which they are located (Charmaz, 2006, 2009). The socially constructed concept of "family" is highly amenable to being explored in this way since it can be perceived from many viewpoints.

Dimensional analysis (DA) (Bowers & Schatzman, 2009; Schatzman, 1991) has also been used as an analytical tool. DA is philosophically consistent with SCGT and useful for exploring relationships between theoretical components. Perspectives are a prominent feature of DA because the standpoints from which people view the world can influence how they interpret what they experience. DA is explained in Chapter Five, however some perspectives have been used to frame Chapters Two and Three in order to create the context for this study.

Aim of the study

The aim of this study, in the design phase, was to explain the day-to-day processes used by families to address the health and well-being of young children. The question used to guide initial data gathering and analysis was, "How do families with young children manage health and well-being?" Early findings indicated that the focus of day-to-day processes was on managing and building the family. Health and well-being were found to be examples of the many areas being managed in families. This led to a shift in the study focus and a consequent modification of the study aim. The focus on health and well-being shifted to the processes involved in everyday management of families with young children. Concurrently, the focus on young children shifted to the family units in which children were being cared for. Specifically, the focus became the *parental* management of families since only adults were interviewed. The aim of the study therefore shifted to explaining how parents with young children managed their families. As explained in Chapter Four, changes in the focus of

an inquiry are expected in GT studies due to the emergent nature of theory construction.

Purpose of the study

The initial purpose of the study was to construct a substantive theory of how families in New Zealand manage the health and well-being of young children. As an outcome of data gathering and analysis, the purpose eventually encompassed construction of a substantive theory of everyday parental management in families with young children.

Despite extensive research in the fields of foetal and child development, maternity care, peri-natal management and early transition to parenting, little is known about the changing dynamics of the family unit as a whole, the day-to-day management of families with young children or the development of families past the first few months after birth. In studies where these topics have been addressed the focus has often been on families where there is a particular challenge such as low income (Stolzer, 2010), ethnic minority (Litt et al., 2010) or extremes of the parenting age range (Cornelius et al., 2009; Shaw & Giles, 2009). Health-related factors include one or more family members having particular conditions such as prematurity (Eiser, Eiser, Mayhew & Gibson, 2005) or postnatal depression (Milgrom et al., 2011). Often, research conducted in families with young children has a strong focus on mothers and children. Fathers and family units are not so well studied (Hall & Callery, 2003).

This thesis presents the story of 24 people who appear disparate in many ways, but are nevertheless linked by the shared experience of parenting very young children. These parents vary in age, ethnicity, gender, education, income level, employment circumstances, relationship form and health status. They each have different histories and biographies which influence their views on life and interactions in social situations. This diversity has contributed to construction of the theory of ***Adjusting and Redefining Priorities*** that explains how parents in such varied circumstances have learned to care for themselves and their families in the social milieu of Auckland, New Zealand's largest city.

Being drawn to the study

In general, families with young children are well, yet still have a significant interface with the New Zealand health system. Searching the academic literature revealed that research of families with young children was plentiful in circumstances of a social or medical problem for one or more members, but was sparse for those families dealing with just the daily ebb and flow of life. This latter group is particularly suited to being studied with GT methods because they can be used to explore and articulate everyday experiences, bringing them to conscious consideration and revealing their many nuances (Charmaz, 2006). An understanding of how parents with young children in New Zealand manage their families became of increasing interest as I reflected on how much had changed in the years since my own 1960s childhood. Attitudes and resources which existed then are no longer prominent in the 21st century environment in which families are currently raising young children. The cultural mix of New Zealand society, the ways in which health and welfare services are provided and the roles of women in the family and the workforce have changed dramatically. In the face of all that change, no documentation could be found that explained how the core unit of society, the family, was performing the role of raising the next generation.

The author as researcher

SCGT locates the researcher as a subjective member of the research process (Charmaz, 2006). As such, that person is acknowledged as part of the construction process rather than an objective outsider who claims to be completely separate from the people in the substantive area of study. It is therefore important to acknowledge the potential risk of bias on the basis of my previous knowledge and experience.

Acknowledging researcher assumptions

The assumptions I brought to the research had accumulated from my personal life experience and my professional practice and education. I am a second-generation descendant of Greek immigrants, the mother of two teenage daughters and have been a volunteer in community groups that support families for 17 years. I am also a Registered Nurse with experience in operating rooms

and nursing education, and for 8 years I was a childbirth educator. The practical and theoretical knowledge accumulated from my own history and biography assisted with refining the study focus and assembling a framework to guide the inquiry, but I also needed to remain open to what participants would tell me and where analysis might lead.

Reflexivity is a key strategy of SCGT development, one which "brings the researcher into the process" (Charmaz, 2006, p. 188). Throughout a study it provides a means of scrutinising the ways in which a researcher engages with the research process by exploring personally-held positions and assumptions which may influence decisions that are made. Although this process is largely conducted via memos written by the researcher, an initial interview to identify foundational assumptions assists with clarifying significant areas which could possibly affect how the researcher views and interprets data.

Accordingly, I was interviewed by a senior nursing lecturer at Auckland University of Technology (AUT) in order to explore my thinking about the topic. Issues of note that emerged during that meeting included the social isolation I had experienced as a mother; the tensions between being, concurrently, a researcher, a health-care worker and a parent; the existing discourses of "good" and "bad" parent; and the ongoing public/private conflicts associated with parenting. This last issue in particular highlighted the layers of context within which families operate; reminding me to look beyond what participants might say during interview, to the tacit influences of wider society. This is clearly aligned with SCGT which aims to make explicit any unarticulated meanings and understandings which may be influencing behaviour in a substantive area (Charmaz, 2006).

Significance of the study

Society relies on families to bear and raise children to be the workers and parents of the future. While those expectations may remain consistent throughout the generations, the social conditions in which families are raising their children continue to change (Families Commission, 2008). Social trends in New Zealand have impacted on family size, structure and ways of operating in

recent years. Outcomes of these changes include the increasing likelihood that both parents in a family are working and that young children are regularly cared for by someone from outside their immediate family. Challenges arising from the trend of family-related costs being increasingly transferred from society and the government back to parents are now also being felt, not just by those in lower socioeconomic circumstances, but also by middle income families (Demo & Cox, 2000). This trend has the potential to influence how families manage on an everyday basis. If the health and well-being of families is central to the health and well-being of a nation as claimed by the Families Commission (2008), it is important to gain further understanding of how families are managing to care for their members in the current, dynamic social environment.

A growing gap is acknowledged in New Zealand between information that is available about families and "information required to reflect the often complex realities of contemporary families" (Ministry of Social Development, 2004, p. 124). Little is known about how decisions are made in families and who makes them (Ministry of Social Development, 2004). Constructing a GT using data drawn from New Zealand parents of young children contributes to understanding how contemporary families are being managed on an everyday basis in a social environment which has not previously existed. The theory presented in this study can be used to explain how individual families are managing to care for their members within a social context that provides support to families via government-funded services designed for generic, rather than specific, clients. Diversity of family forms poses challenges to policy-makers and organisations "to target assistance where it is needed and to support families as they raise their children" (Families Commission, 2008, p. 109). Whereas marriage was historically a trigger point for targeting assistance (Pool et al., 2007), it is now suggested that the birth of a child may be a more useful focus (Families Commission, 2008). A GT of the everyday management of families with young children has potential to inform institutions (Ministry of Health, 1998, 2000), health professionals, childbirth educators and organisations who work with families. Parents of young children can also use the theory as a resource to help inform the daily experience of managing their families.

Thesis structure

This chapter has established the foundation from which the thesis will develop. The focus of the study has been explained, stating the purpose and goal it was designed for and the reasons for being drawn to the topic. In accordance with the SCGT subjective positioning of the researcher, the personal and professional experience I bring to the study has been acknowledged. Definitions of key concepts have clarified the use of terms around which this study has been built. SCGT has been introduced as the theoretical approach which guided data gathering and analysis. Finally, the potential significance of the study has been overviewed. This provides reasoned justification for proceeding with this research in order to contribute to what is currently known about the daily management of families with young children.

Chapter Two presents the social context in which parents with young children are managing their families in New Zealand. It links historical influences with contemporary realities and reveals the need for research to explore what it is like for 21st century families to be raising children in circumstances that differ significantly from previous generations. This chapter explores the influences of biculturalism and the diversity of New Zealand's population on raising children.

Chapter Three presents a review of the national and international literature with relevance to how families are managed. A justification for this research is then presented by identifying gaps in what is currently known about the topic to locate an area in which this study can contribute knowledge.

In Chapter Four SCGT as articulated by Charmaz (2006, 2009) is presented. The philosophical underpinnings of the methodology are discussed and the methods associated with this theoretical approach described. This chapter also introduces the parents who participated and explicates the study's ethical approval and considerations as well as participant recruitment and selection.

Chapter Five illustrates SCGT in action. Theoretical principles articulated in Chapter Four are linked with data gathering and analysis conducted for this

study to demonstrate how SCGT was used to construct a substantive theory. The use of DA as an analytical tool is also explained.

Chapters Six to Nine introduce, explain and illustrate the substantive theory constructed from data gathering and analysis. In Chapter Six the elements of the theory are presented to provide a foundation for the theoretical explanation which follows. The commencement of the trajectory that was developed to present the theory is also explained. Chapters Seven to Nine detail the phases of the trajectory and the interaction of theoretical elements within it. These chapters use quotes from parents to give life and grounding to the theoretical principles being explained.

Chapter Ten integrates the material presented throughout the thesis. It locates the research findings within the existing literature and indicates how this study contributes to the gaps in knowledge that were identified in Chapters Two and Three. Implications for the practice of health professionals, childbirth educators and community groups working with expectant and new families are proposed. In addition, this final chapter suggests further lines of inquiry arising from the study, considers limitations of the research and presents a critique of the research process and findings.

Chapter Two: FAMILIES IN THE NEW ZEALAND CONTEXT

Families raising young children in New Zealand are doing so in an environment of growing diversity. This phenomenon has become increasingly dynamic and varied over recent decades in response to prevailing social, economic and political influences at local, national and international levels. Charmaz (2006, p. 10) asserts that "the present arises from the past but is never quite the same". The "present" of New Zealand society in the 21st century is the convergence of multiple historical threads influencing today's New Zealanders who are indeed creating something new. Who we are, the perspectives we hold and the processes we have developed and use to function in society are a product of our individual and collective stories entwined with the history of New Zealand.

This chapter explains the social context in which families are operating in New Zealand. Part of that context is the cultural diversity of the population. Although the parents who participated in this study are not culturally representative of the nation, that element of diversity contributes to the complex social environment these parents and their families are operating in. A section that explains the cultural context of families is therefore included to capture those dimensions of the geographical area where participants were living.

Chapter Two begins with a general overview of New Zealand families to establish a national perspective for this study. Next, the founding document of the country, the Treaty of Waitangi, and bi-culturalism are outlined to facilitate an understanding of the unique framework New Zealand society operates in. Post-colonial immigration and its contribution to New Zealand's current demographic diversity is subsequently discussed, followed by the cultural perspectives on family held by New Zealand's five major population groups – Māori, European, Pasifika (Pacific Island peoples), Asian and Middle Eastern, Latin American and African (MELAA). Government and community support for families with young children is then described and in the final section issues of particular relevance for these families are discussed.

Families in New Zealand – the national picture

Nearly 4.4 million people live in New Zealand. For statistical purposes, families with dependent children[1] are defined as households where a couple or one parent and at least one dependent child under 18 years, usually live together (Statistics New Zealand, 2006a). No distinction is made regarding the sexual orientation of the parents or relationships between family members, therefore national statistics are not gathered, for example, about families parented by same-sex couples, families who are fostering children or families where grandparents care for their grandchildren. Pool et al. (2007, p. 28) discuss the insufficiency of research on the New Zealand family, noting that, "lack of research on how mainstream families play out their lives" has led to New Zealand trailing behind other Western countries with respect to the ways families interact with social, cultural and economic influences. This study of families with young children in New Zealand contributes to filling that gap.

In 2006, two-parent families were the most common family type in New Zealand (41%) (Statistics New Zealand, 2006a). The 2001 census (Statistics New Zealand, 2001) special reports on families showed that, of the two-parent families with dependent children, the majority had two children, closely followed by those with one child. Nationally, families with three or more children were in the minority. One-parent families with dependent children constituted 19% of the total number of families in 2006. Family size for this group in 2001 (Statistics New Zealand, 2001) showed that 50% had one dependent child and 31% included two dependent children. In line with countries such as Australia (Hayes, Weston, Qu & Gray, 2010), numbers of two-parent families in New Zealand have continued to decline since the late 20th century, while numbers of one-parent families have continued to rise. This trend is expected to continue.

Family formation in New Zealand is linked with patterns of marriage and divorce as well as the formation and dissolution of consensual relationships, both formal (civil union) and informal (de facto). Trends are similar to other Western countries where marriage rates are declining and more people are living

[1] Children who are not in fulltime employment, are not parents and are not in a consensual relationship (Statistics New Zealand, 2006a).

together outside of marriage (Pool et al., 2007; Statistics New Zealand, 2005). Tracking the formation and tenure of families is difficult due to the lack of information about informal partnering arrangements within which children may be born or cared for. As noted by Pool et al. (2007), becoming a single parent does not preclude forming a family with another partner at a later time. This is evident in current trends which show that 30% of single mothers with one or two children have re-partnered within two years of separating from a previous relationship (Ministry of Social Development, 2004). Current figures show that the number of babies born to married women is only slightly higher than babies born to women who are unmarried (Statistics New Zealand, 2011a). Furthermore, divorce rates for women show a peak between the ages of 25-40, the age range when the majority of births occur. These trends demonstrate the reality that a large number of parents and children are part of more than one family unit during the timeframe when children are dependent (Ministry of Social Development, 2004). This fluidity in family forms has attendant implications for establishing and maintaining a constant and stable environment that both parents and children can prosper in.

Women aged 30-34 years currently have the highest fertility in New Zealand followed by those aged 25-29 years (Statistics New Zealand, 2011a). These statistics reveal rising maternal age as another social trend in New Zealand which is similar to other Western countries. The median age for women bearing a child is now 30 years (Statistics New Zealand, 2011a) with the median age for a first birth being 28 years. This pattern of delayed childbearing has been termed “demographic squeeze” (Pool et al., 2007) due to the shortened period of time women have available to bear children. There are implications for both the labour market and the family unit due to the realistic prospect that by their late 20s, many women are well-established in employment. Bearing children necessitates time off work which involves decreased income for the family, possible impact on a woman’s career opportunities, and an extended absence from the workplace that has to be covered practically and financially by an employer. Becoming a parent therefore has ramifications at both personal and societal levels. For women in particular, the choice to remain at home with a child or return to work has an impact beyond the confines of the family unit.

Birth rates in New Zealand rose slowly over the past decade but are now declining (Ministry of Social Development, 2010). In the year to September 2011, there were 62,260 live births (Statistics New Zealand, 2011b). However, since the year 2000 the percentage of children aged less than 14 years has dropped from 23% of the total population to 20% and demographic projections suggest that this decreasing trend will continue (Statistics New Zealand, 2002a, 2011b). New Zealand's population is also ageing. In 2010 people aged 65 and over constituted 13% of the total population with a median age of nearly 74. A rising number of that group are aged in their 90s (Statistics New Zealand, 2011b). Since the year 2000 there has been a 26% rise in the numbers of people aged over 65 whereas the number of children has increased by just 1.8%. New Zealand faces a future with a declining population of workers and parents who will be responsible for providing financial and practical assistance for large numbers of people who will be too old or too young to work. It is therefore important to understand more about how these children are currently being raised and prepared for these responsibilities.

Families with dependent children in New Zealand are located in rural and urban locations throughout the country. The majority live in the top half of the North Island with many families being located in the Auckland region. As the primary entry point to New Zealand for foreign immigrants, Auckland is home to a diverse range of ethnic communities. Trends in immigration, especially during the latter part of the 20th century, have introduced complexity to New Zealand society which has both challenged and contributed to the contemporary environment in which families are raising young children. As Pool et al. (2007) observe, examining the ethnic and cultural differences of families in New Zealand is a pre-requisite to understanding how they operate. The next section introduces the five broad population groups which compose New Zealand's current population. This provides a basis for understanding how diverse cultural backgrounds have interacted with New Zealand societal conditions to create the current circumstances which families with young children are experiencing every day. First, however, the Treaty of Waitangi is explained. This document is foundational to the structure of New Zealand society.

The Treaty of Waitangi and bi-culturalism

Bi-culturalism is a distinctive feature of the social context for New Zealand families. This concept is founded on a treaty signed between Māori and British settlers, New Zealand's first two groups of immigrants. An overview of the historical basis of this arrangement contributes to understanding how this country's multicultural population operates within a bi-cultural framework.

Māori are thought to have voyaged to New Zealand from unknown Pacific islands approximately a thousand years ago (King, 2007). A complex and sophisticated communal culture was constructed around kinship and intimate links to the land during the centuries when Māori were the nation's only human inhabitants (Metge, 1976). Children were treasured (Jenkins & Harte, 2010) and raised in an environment which placed extended family and stewardship of land at the cultural centre of their daily lives (Penniman, 1938).

Settlers from the United Kingdom began arriving after 1769 (King, 2007). They brought with them values and social norms arising from the Industrial Revolution. Families were predominantly nuclear in form and societal structures favoured capitalist views which prioritised individuals over benefits to a group.

By 1840 difficulties had arisen related to maintaining social order in the non-Māori population. Whereas Māori had traditional protocols to guide their conduct, there was no similar structure with which to govern other inhabitants. In an effort to address growing tensions between Māori and European settlers, a treaty was signed at Waitangi in 1840 between a number of Māori chiefs and representatives of the British crown (King, 2007; Orange, 1990). Drafted in both Māori and English, the document contains three articles which outline principles of partnership, participation and protection between the parties (Waitangi Tribunal, 2012).

Although the Treaty was intended to protect the interests of both Māori and Europeans, difficulties arose when it became clear that the Treaty partners were not congruent in their understanding of the key concepts. Interpretation and use of the Treaty led to problems and misunderstandings between the parties.

Increasing numbers of British settlers acquired control of natural and societal assets. For Māori, such rapid colonisation placed pressure on their existing social structures and restrictions on access to the natural resources around which their society was built. However, the Treaty remains foundational to governance in New Zealand and is the basis of the country's present bi-cultural status as a nation, the context families with young children are living in.

Provision of government services using a bi-cultural framework does not deny the multicultural diversity of our contemporary society, nor does it limit rights and privileges to residents and citizens who are not Māori or European. This is because the Crown as one of the Treaty partners is a group elected to govern the citizens and represent all non-Māori (Ip & Pang, 2005). Sir Paul Reeves (Reeves, 2010, p. 8), a former New Zealand Governor-General of Māori descent, stated "the unity and connectivity of our nation requires us to prize and embrace diversity". New Zealand does this in such way that biography in the form of today's multicultural population meets history in the form of the Treaty.

Post-colonial immigration

British settlers gradually established governance of New Zealand and controlled immigration patterns for many years (King, 2007). Preference was given to immigrants from the United Kingdom until a need for semi-skilled and unskilled labour after World War II led to Pasifika people arriving in New Zealand to work in the manufacturing industries (Connell & Voigt-Graf, 2006; McCall, 2006; Meleisea & Schoeffel, 1998). High unemployment amongst Pasifika due to the economic decline in the late 1980s led to many of these families existing on limited incomes and living in crowded, poor quality housing (Fairbairn-Dunlop, 2003). Although many Pasifika families still experience these circumstances, there is an increasing Pasifika presence in trades and professions as successive generations have completed their education in New Zealand.

Other immigrant groups of significant size in New Zealand are those of the Chinese and Indian communities and a growing group from the Middle East, Latin America and Africa (MELAA). Patterns of immigration for each of these groups have varied according to the prevalent economic, social and political influences occurring nationally and internationally throughout the 20th century.

Small numbers of Chinese came to New Zealand during the gold rush era in the late 1800s. They were mostly rural peasants in contrast to the largely middle class, educated, skilled and wealthy “new” Chinese (Ip & Pang, 2005) who began arriving in the mid-1980s when New Zealand’s immigration laws changed. Most Indian immigrants originate from three countries. Small numbers from India began arriving during the early 1900s in response to economic struggles and population pressure in their homeland (Leckie, 2007). More arrived when New Zealand’s laws changed to attract skilled workers and business people. For many of the Indian immigrants originating from Fiji and South Africa, political unrest in their home countries is an additional reason for settling in New Zealand. This country has been an attractive option for the Chinese and Indian immigrants due to the lifestyle, freedom and opportunities for business, healthcare and education for their families available here.

MELAA immigrants, predominantly from the Middle East and Africa, are a much smaller but growing group of settlers in New Zealand. Although some come for business and lifestyle opportunities, many are refugees seeking a safe haven from war, civil unrest or discrimination. New Zealand re-settles 750 refugees every year and those numbers increase as former refugees apply to sponsor family members to immigrate here through the family reunification scheme (Immigration New Zealand, 2011). The range of nations represented by this group contributes to the further diversification of New Zealand society.

Although some ethnic communities have been established here for several generations, New Zealand is a new and unfamiliar country for many immigrant families. They are therefore raising young children in a social environment quite different to their own upbringing. Furthermore, they may be doing so without the level of cultural, community and family support available in their home countries. The pan-ethnic nature of settlers within each population group means that they are drawn from a range of countries which vary in languages, customs and cultural perspectives. Families may not necessarily have links in New Zealand with people who come from the same country or area of their homelands. These circumstances raise the possibility that a sense of isolation may be a concern for these families (DeSouza, 2006), especially for parents who are at home fulltime.

Cultural diversity: demographics

Currently, Europeans constitute 77% of New Zealand's population with 84% of them bring born here (Statistics New Zealand, 2006a). The next largest group are Māori (14.6%), followed by Asian (9.2%), Pasifika (6.9%), and MELAA (0.9%).

The European ethnic category encompasses people from Australia, South Africa, North America and across Europe as well as the United Kingdom. When compared with the other population groups, life expectancy is highest for Europeans, the age spread is broader and fertility rates lower. More than 90% of all New Zealanders aged 65 years and over are in this population group. Europeans have the highest median income in the New Zealand population (Statistics New Zealand, 2006b).

European infants and young children are generally more likely to be breastfed (Royal New Zealand Plunket Society, 2010) and regularly attend dental care services (Jamieson & Koopu, 2006, 2007) than other population sectors. They are also less likely to be obese (Ministry of Health, 2008a) or admitted to hospital for respiratory diseases (Grant et al., 2001; Somerville et al., 2007). Sudden unexpected death of infant (SUDI) rates are low for European infants (Child and Youth Mortality Review Committee, 2009) and national vaccination rates are generally higher than for all ethnic groups except Asian children (Ministry of Health, 2009a). Approximately 15% of European children aged from birth to 17 years live in circumstances of material hardship which is determined by factors such as use of worn-out clothing and shoes, delaying medical appointments due to cost, and not being able to sufficiently heat the main rooms of a home (Perry, 2009). This rate compares with 39% for Māori children, 51% for Pasifika children, and 23% for children of other ethnicities.

In 2006, 35.4% of Māori were aged less than 15 years. Trends in birth rates show that Māori begin bearing children earlier than the rest of the population and their fertility rate is higher than that of Europeans and Asians. Life expectancy for Māori is around 8 years less than for non-Māori (Ministry of Social Development, 2010) with only 4.1% of Māori being aged 65 years or

more at the last census (Statistics New Zealand, 2006a). Māori are represented in all income and occupational groups reported by Statistics New Zealand, but they are more likely to receive lower incomes than other ethnic categories (Statistics New Zealand, 2006b). A disproportionate number are also represented negatively in data gathered from health, education, social welfare and justice sources (McCreanor & Nairn, 2002).

Māori infants have higher rates of low birth weight, infant mortality and SUDI compared with other population groups (Māori Health, 2010a). Rates of hospitalisation for unintentional injury of Māori children aged 0–14 years are somewhat higher than the general population, but mortality from unintentional injury is more than three times the rate for non-Māori (Māori Health, 2010b). Internationally this contributes to New Zealand's poor position when considering quality of life indicators for children in this country (United Nations Children's Fund, 2007).

The majority of Asians are Chinese (41.6% of this category) or Indian (29.4%), with only 20% of this ethnic category having been born in New Zealand. Overall, the Asian population group is young and has fertility rates only slightly lower than those for Europeans (Ministry of Social Development, 2010). The two-parent family is the most common type for Asian people in New Zealand, and they are more likely to be in this family form than the rest of the population (Statistics New Zealand, 2002b). Significantly, unemployment rates for Asians are higher than for the total population, incomes are lower and deprivation rates are similar, especially for Chinese who have been in New Zealand less than five years (Ministry of Health, 2006). Consequently, the potential for Asian families to be living in compromised circumstances is considerable and somewhat surprising since many have immigrated with skills and finances.

When compared with the general population, Chinese infants are less likely to have low birth weights while Indian infants are far more likely to have low birth weights (Ministry of Health, 2006). Neonatal and infant mortality is significantly lower amongst the Asian population, and hospitalisation rates for Asian children

are also lower although Indian boys have a higher admission rate for asthma (Ministry of Health, 2006; Scragg, 2010).

Most Pasifika are from Samoa, the Cook Islands and Tonga. Overall, the Pasifika population in New Zealand is young with 37.7% of Pasifika being aged less than 15 years in 2006 (Statistics New Zealand, n.d.). The fertility rate is the highest of the four major population groups. Pasifika in New Zealand are consistently reported to fare poorly in health, socioeconomic and educational outcomes (Borrows, Williams, Schluter, Paterson & Helu, 2011; Paterson, Percival, Butler & Williams, 2004). Many are on low incomes and high rates of chronic conditions such as obesity, diabetes and asthma are prevalent in these communities (Cowley, Paterson & Williams, 2004; Ministry of Health, 2002; Tukuitonga & Finau, 1997). Pasifika children are generally heavier at birth than the rest of the population and continue to show high rates of obesity (Ministry of Health, 2008a), a health indicator placing them at higher risk of chronic disease in later life (Ministry of Health, 2009b). They also have high rates of chronic middle-ear disease which can affect language acquisition, learning and may result in permanent hearing loss (Paterson, Carter et al., 2006, 2007). Children cared for in low-income families are at risk of a range of adverse outcomes related to health and well-being such as SUDI (Fa'alau, Finau, Parks & Abel, 2003; Fuamatu, Finau, Tukuitonga & Finau, 2000; Schluter, Paterson & Percival, 2007) and admission to hospital (Tukuitonga, Bell & Robinson, 2000; Tukuitonga & Finau, 1997). The high numbers of Pasifika people living in overcrowded accommodation also poses health risks to parents and children (Milne & Kearns, 1999; Poland et al., 2007; Schluter, Carter & Kokaua, 2007).

Members comprising the MELAA group are generally young, with Middle Eastern families having a high proportion of children and Latin Americans being mostly in the 20-34 year age range. High unemployment rates and low mean incomes are common across the groups despite a number having similar qualifications to Europeans. Many live in deprived areas and often in crowded accommodation. There are high rates of hospitalisation for respiratory illnesses and secondary mental health issues due to the refugee circumstances of many people in this group. Pregnancy-related complications, sexually-transmitted

diseases and HIV infections are of particular concern within sub-sectors of the group (Perumal, 2010). The potential for isolation to complicate the inherent challenges of caring for young children is enormous for these families, especially when lack of family or community support, mental health issues and difficulties with language are included (DeSouza, 2006). This is of particular concern since Perumal (2010) has shown that MELAA people tend to fear and lack trust in Western models of healthcare.

Population projections based on current trends suggest that the composition of New Zealand's future population will be quite different. A declining European birth rate is expected to result in those aged over 65 years outnumbering children aged 0-14 by 2018. The percentage of Europeans in the population is also expected to decrease to 70%. A projected increase in Asian births by 2026 suggests that this group will constitute 15.8% of the national population which will be only marginally less than the projected Māori percentage of the population at that time (Statistics New Zealand, 2010a). Asians are expected to have the largest relative growth when compared to European, Māori and Pasifika. Numbers of Asian children are expected to double by 2026, constituting 21% of this population group. Increased births within the Pasifika group are expected to result in a 9.6% presence in the total population by 2026 (Statistics New Zealand, 2011b). Such trends occurring over a short time period in a relatively small national population indicate rapidly developing social change within the next generation. It is therefore important to understand how families with young children are being managed in the current social conditions in order to plan ahead for a future which can sustain the society that will be developing.

Although broad population groups can be distinguished within New Zealand, inter-ethnic unions are increasing. In the 2006 census when, for the first time, people were able to record more than one ethnic affiliation, some listed six or more. This not only adds complexity to societal diversity, but at the family level it sets the stage for competing priorities and values having to be considered when children are being raised (Ip, 2008; King, 2007; Leckie, 2007). It cannot be assumed that people will identify strongly with their cultural heritage and

therefore follow traditional patterns in raising their families. What must be considered however is the potential for tensions in families where cultural perspectives may differ with respect to how children should be raised and how parents should perform their roles.

Cultural perspectives on families are presented in the next section to highlight some of the key features which influence how people perceive and interact with these social units. However, it is important to note that in reality, cultural distinctions are rarely clear-cut when considering such concepts. This is particularly the case for families with more than one cultural heritage.

Cultural perspectives of family

A broad distinction can be made between European constructions of family which tend to be focused on individuals, and the more collectivist constructions that prioritise the identity and function of the group over an individual's needs. This perspective is familiar amongst the Māori, Pasifika and Asian groups.

European families in New Zealand tend to be nuclear, a family form which proliferated during industrialisation in the 19th century (Aries, 1962). With child survival rates at an all-time high, maternal age remaining high and birth rates decreasing, children are increasingly viewed as commodities on which parents can focus attention and material wealth (Kağitçibaşi, 2007). This contrasts with 19th century New Zealand when, by law, children were owned by their fathers. Parental roles at that time were clearly defined by society whereby the natural calling of women was to be mothers and efficient managers of their homes while the role of fathers was to provide for the family (Novitz, 1978).

McDonald (1978) traces constructions of the New Zealand child from the "chattel" of Victorian times, to the unit of "social capital" in the early 20th century, followed by the "psychological being" that emerged from the work of Bowlby (1997, 1998a, 1998b) and Spock (1961) and finally to the "child as citizen" of the 1970s. This last construction acknowledges all children as having rights of their own (Richman & Skidmore, 2000), a perspective which has progressed now to those rights being protected by a dedicated Children's Commissioner. Richman and Skidmore further suggest that models of childhood will keep

evolving as maternal ages rise in response to older mothers being more articulate and prepared to support the rights of their children.

Although many non-European population groups in New Zealand are more collectivist in their views of the role and function of families, there is wide variation in cultural perceptions and traditions. Amongst Māori, for example, family structures are complex and not directly comparable to European understandings of family (Cram & Pitama, 1998; Gluckman, 1976). Amongst the various levels of kinship groupings whānau (extended family) is considered to be the basic social unit of Māori society (Pihama, 1998). Concepts of whānau, language (te reo), culture (tikanga) and care of children are intertwined (Drewery & Bird, 2004; Durie, 1985; Jenkins & Harte, 2010; Metge, 1995) and great emphasis is placed on maintaining and handing on these fundamentals of Māori societal structure which provide a sense of identity and culturally-based approaches to manage situations (Cram & Pitama, 1998). Durie (1985, 1998) has conceptualised the Whare Tapa Whā model (literally, "Four walls of a house") to explain the integration of spiritual, mental, physical and extended family dimensions which contribute to Māori perceptions of the world. This model is used to explain how a problem with one wall can affect the others, and conversely that if one wall has a problem, the others can support it.

"Family" is also a core value for many Pasifika cultures (Masoe & Bush, 2009) and is entwined with many of their cultural norms (Cowley-Malcolm, Fairbairn-Dunlop, Paterson, Gao & Williams, 2009; Meleisea & Schoeffel, 1998). In Samoan and Tongan communities, for example, relationships between cultural norms and concepts of health are so strongly linked that deviation from customary practices, such as respect for elders, is considered to lead to poor health (Abel, Park, Tipene-Leach, Finau & Lennan, 2001; Capstick, Norris, Sopoaga & Tobata, 2009; Toafa, Moata'ane & Guthrie, 2001; Vaka, Stewart, Foliaki & Tu'itahi, 2009). It has also been suggested that in some low-income Pasifika families, the collective well-being of the family may take priority over seeking healthcare for a sick child (Dale, O'Brien & St. John, 2011; Kingi, 2008). Pulotu-Endemann (2001) has developed the Fonofale (Samoan house) model to illustrate the connections between physical, spiritual, mental and other pillars

of Pasifika society which are anchored in the floor (the family) and support the roof (culture).

A particular challenge for Pasifika families in New Zealand is finding ways to maintain cultural integrity while concurrently acknowledging that successive generations of their descendants are becoming more aligned with Western ideas of independence, both as individuals and as parents (McCallin, Paterson, Butler & Cowley, 2001; Meleisea & Schoeffel, 1998). Tensions arise for families with young children when older relatives exert pressure on young parents to follow traditional practices, such as early introduction of solid foods for infants, when the young parents are receiving information from health professionals which does not support these ideas (Abel et al., 2001).

Many Asian families also maintain strong links with their extended families. Parenting in Chinese families has links to Confucian values which emphasise respect for parental authority, development of strong morals and the maintenance of harmonious relationships (Costigan & Koryzma, 2011; Lew, 1998). Children in Indian families traditionally grow up in a social environment which includes extended family, friends and neighbours (Tuli & Chaudhary, 2010) although in India, the nuclear family form is becoming more prominent, especially in urban areas. The difficulty for many immigrant Asian families is that the support of grandparents and extended family, which may have been the norm in their home countries, is not available (Leckie, 2007; Wilson, 2005), although in some cases family members come to New Zealand for extended periods to assist. The size of some immigrant communities suggests the potential for networking that can offer support to families with young children.

Government support of families with young children

Families with young children in New Zealand have been a focus at social, political and government levels since the late 1800s. Initially the aims were to address concerns of social order, followed by the need to ensure healthy generations to maintain and develop the colony (Belgrave, 2008; Koopman-Boyden & Scott, 1984). Eventually the focus became an acknowledgement of

the rights of children and families to have the necessary resources to flourish in ways that reflected the diverse needs of an increasingly multicultural society.

Government support of families and children came into sharp focus with the United Nations General Assembly (1989) Convention on the Rights of the Child (UNCROC). As a signatory, New Zealand became obligated to align its policies and legislation to international standards which placed the interests of the child and the family at the centre of decision-making for matters concerning them. As a direct result, the Children, Young Person's and their Families Act (New Zealand Government, 1989) was passed to address the needs of families and children. Since then, the government has acknowledged families as the central focus of providing the care needed by their children. In doing so, the diversity of family forms, cultural perspectives and other beliefs which shape the ways parents care for children can be acknowledged and addressed.

Further legislation has established Commissioners for Children and for Families, both of which are external to government control. As advocates for families and children, these officials oversee the administration of legislation pertinent to their portfolios, contract research, consult with community groups on matters of interest and concern and make recommendations to Parliament on issues arising from societal or legislative concern (Barrington, 2004). Reports and position statements from the commissioners feature prominently in the media and often stimulate debate amongst various sectors of society; however commissioners' recommendations are not binding on the government. Any proposed changes to support and enhance the environment for families and children in New Zealand are therefore not necessarily upheld and implemented by government departments.

Maternity and well-child services

Maternity services are provided via government-funded lead maternity caregivers (LMCs) who can be GPs, obstetricians or autonomously-practising midwives. LMCs, who are mostly midwives, care for women experiencing a normal pregnancy, birth and postnatal phase (New Zealand Government,

2007). Mothers and babies requiring further care due to obstetric complications receive free treatment via the public health service.

The LMC arrangement developed out of consumer pressure for women to have more overt participation in their maternity experience (Dobbie, 1990; Ministry of Health, 2008b; Stojanovic, 2004, 2008). Supporting legislation specifies that pregnancy and birth are normal life events and that the care provided should be "safe, informed by evidence and based on partnership, information, and choice" (New Zealand Government, 2007, p. 1033). Furthermore, women and their families should have "every opportunity" to experience a "fulfilling outcome" of the childbearing experience (New Zealand Government, 2007, p. 1033).

A midwifery practice model that incorporates the Treaty principles (Guilliland & Pairman, 1995; Pairman, 1999) is encapsulated in the Maternity Action Plan (MAP) (Ministry of Health, 2008b). In particular, the MAP emphasises the positioning of pregnant women within a social context that includes her family. Overall, feedback on maternity services has been favourable although some women have reported difficulties in finding an LMC and some also had concerns about leaving hospital before they felt ready to do so (Health Services Consumer Research, 2008). Approximately 7% of babies are born at home in New Zealand, with the remainder born in hospitals or community birthing facilities. Most women stay one or two nights, but around 14% of women return home within 12 hours and are monitored by their LMCs who make home visits.

Approximately six weeks after birth, care of the infant is transferred from the LMC to a government-funded organisation contracted to provide well-child services until the child is 5 years old. The Royal New Zealand Plunket Society – explained on pages 27-28 – provides the majority of these services. However in areas such as Auckland, Māori and Pasifika providers are available for families who prefer a culturally-aligned service (National Women's Health, 2010), and specialist providers are available for families with disabled children. Medical treatment from GPs is free for children under 5 years and vaccinations are free on an approved national schedule that concludes in the teenage years.

Financial assistance

Financial government assistance to families with young children is provided via parental leave legislation which provides income of up to $458.82 per week, before tax, for 14 weeks after the birth of each baby (Inland Revenue, 2011). This is paid to only one parent in a family. Economic support is also offered via the "Working for Families" package of benefits (Ministry of Social Development, 2010) for low and middle income families. These measures are useful for families on low incomes, but the cost of living can remain a struggle for families to manage, especially if they are reduced to one income. A Domestic Purposes Benefit (DPB) is also available for families where a person is caring for dependent relatives, often children, and is therefore unable to work. For sole parents the current payment is $362.82 (Work and Income, 2011). This compares with the minimum wage for adults of $520.00, before tax, for a 40 hour week (Department of Labour, 2011). At the end of 2011, 114,000 working-aged people (aged 18-64 years) received this benefit (Ministry of Social Development, 2011a). As percentages of that total, 62.4% were caring for a child aged under 6 years, 45.9% were aged 25-39 years, 14.8% were aged 20-24 years and 87.7% were female. These figures indicate that the vast majority of DPB recipients are women in the childbearing years who are caring for young children on a significantly low income.

Community support for families with young children

Many community-based services are available to support families with young children. Two prominent organisations were formed in response to community concerns for children and families at particular times in New Zealand's history.

The Royal New Zealand Plunket Society was founded in 1907 by Sir Frederic Truby King (Sullivan, 2007) as a response to high levels of European infant mortality. For decades Plunket advocated a highly authoritarian and rigid approach to childcare (Sullivan, 2007) which valued the scientific knowledge of "experts" over the intuitive, cultural or experiential knowledge of mothers and families (Begg, 1970). Registered nurses trained in Plunket's philosophy and methods monitored growth and development of babies and pre-schoolers and advised parents on the care and handling of young children (Bryder, 2003, p.

75). Plunket still provides these core services, but its philosophy has changed to embrace parents as partners in the provision of care. The organisation is now multi-cultural in its scope and sees over 90% of babies and young children in New Zealand (Royal New Zealand Plunket Society, 2010). In addition to the many well-child clinics positioned in communities around the country, a 24-hour phone service is now offered which parents and caregivers can access to discuss questions or concerns they may have about their children. A number of Family Centres are also available where parents can visit for assistance with feeding and settling babies. Although heavily funded from taxpayer sources, Plunket remains independent from government control and relies on community volunteers to provide support services such as coffee groups and fundraising.

The second community-based organisation with a long history is Parents Centre New Zealand Inc. (2012). It was formed in the 1950s by a group of parents who desired to have some control over their birth experiences and parenting styles (Bryder, 2003; Dobbie, 1990). At this stage, medicine had firm control of maternity and child care. Apart from promoting a more natural approach to labour and birth, Parents Centre was also instrumental in health service developments such as rooming-in of babies with their mothers, unrestricted visiting of parents for children in hospital, and promoting the presence of fathers during labour and birth (Dobbie, 1990). Each of these developments was considered radical at the time, however subsequent research has continuously supported the efficacy of each move in promoting the health and well-being of families and their young children. Parents Centre currently offers antenatal and parenting classes in many communities around the country.

Throughout New Zealand, numerous other community-based organisations, often staffed by volunteers, also provide support and advice to families with young children. These include La Leche League (2012) which supports women with breastfeeding and Parent Port (2005) which offers practical support in the home for parents in the Auckland area. For parents and children with health issues, a variety of support groups are available such as CCS Disability Action (2011), Parent and Family Resource Centre (n.d.) and The Asthma Foundation (n.d.). There are also community groups which focus on the needs of families in

specific cultural groups (Aiga Atia'e Pasefika Family Trust, n.d.; Chinese New Settlers Services Trust, 2009; New Zealand African Welfare Service Trust, n.d.; Shakti Community Services Council Inc., 2008) and families with particular characteristics such as single parents and fathers who have limited access to their children. Various community groups offer education in topics which parents may find useful such as sleep training, neuro-development of young children and behaviour management of young children. Although many of these services are provided free of charge and require no referral, finding out about their existence is a potential barrier to some families. Difficulties may also arise regarding transport to some facilities or in the delivery of some services. For example, courses regarding managing sleep or child behaviour may not cater for people who do not have a good understanding of English. Many of these services are also centred in the larger urban areas; therefore families living rurally have less opportunity to draw on this extra support.

Current issues for families with young children

Although social change in New Zealand has led to gains made in areas such as healthcare and involvement of women in the workforce, families still face a number of challenges which influence how they are managing on a daily basis. Recent economic and legislative changes illustrate some of the current sources of tension for families with young children.

Economic challenges

A prominent issue for families with young children in New Zealand is the financial cost of providing necessities such as food, accommodation, clothing and healthcare, as well as any “treats” such as outings or holidays. In 2006 the median annual income for New Zealand families was $59,000 (Statistics New Zealand, 2006b) meaning half of all families were earning less than this. Two-parent families had significantly higher incomes than those with one parent, with 54% of two-parent families earning over $70,000 annually while just 9% of one-parent families were in the same income bracket. When viewed alongside annual incomes for families reported in 2007 (Statistics New Zealand, 2007), two-parent families with one child were spending close to the median income, while two-parent families with two or more children were spending more than

this sum, suggesting that income for families with dependent children had the potential to influence how those families were managed. It also helps to explain the increasing numbers of women from two-parent families in the workforce.

There is also serious concern about the number of children living in poverty. During 2010, Perry (2011) reports that 270,000 children were living in circumstances where household income was less than 60% of the national median, a figure used to indicate poverty. Many of those children are from Māori and Pasifika families or living with sole parents. These social groups are often recognised as being at increased risk of compromised health and well-being. Furthermore, between 1984 and 2010 younger children (11 years and under) were more likely to be living in poverty than older children (The Children's Social Health Monitor, 2011). Rising requests for assistance with food (Ministry of Social Development, 2011b) and the increasing incidence of "Third World" diseases such as rheumatic fever (Dale et al., 2011; Jaine, Baker & Venugopal, 2008; Public Health Advisory Committee, 2010) indicate that many families are struggling to manage the costs of daily living.

A trend associated with increasing numbers of women in the workforce (Statistics New Zealand, 2005) is the rising number of pre-school children attending daycare at commercial or educational facilities such as daycare centres, kindergartens or home-based services. This trend reflects the social change occurring in other Western countries. The greatest increase in early childhood enrolments during the last five years has been amongst children aged less than 2 years (Ministry of Education, 2010; Children's Commissioner, 2009). In 2009, 12.3% of children aged less than 1 year were cared for in this way, as were 44.2% of 1 year olds and 57.1% of 2-year olds (Statistics New Zealand, 2010b). This is a significant number of very young children who are regularly spending time away from a parent in the care of people with whom they have no familial links. Parents have indicated that for under-2 year olds especially, their preferred source of childcare is a family member (McPherson, 2006; Moss, 2008), however for some this is not a viable option. Using non-family childcare is therefore a potential source of extra stress for parents who may already be burdened with the financial responsibilities of caring for their children.

The challenge for parents of young children is whether the income generated from working can be off-set by the cost of childcare. For under-2s in particular, daycare costs are considerable. Sole parents especially may delay a return to work if childcare is unaffordable (McPherson, 2006). New Zealand parents are reported to spend 28% of their income on childcare (Organisation for Economic Co-operation and Development (2010). For families with young children this sum is a substantial portion of their financial resources, which suggests that the decision for more than one parent to work has to be made with great care.

Although some parents are reluctant to use formal childcare, those who need to do so may have difficulty accessing suitable options, especially for under-2s. In some cases no places are available at facilities close to home or work and in others, suitable options are limited for parents such as those living in rural areas or working irregular or non-standard hours (Broome & Kindon, 2008; Moss, 2008). Twenty hours free care per week is available in early childhood education facilities for 3- and 4-year olds (Ministry of Education, 2012). This limits the places available for younger children. Migrant and former refugee families report finding childcare a problem for many of the reasons faced by other families, but their experience is further compounded by a lack of extended family to assist them. Many do not have relatives living in New Zealand and for those who do, their elders may be more dependent on family care rather than being in a position to help (Broome & Kindon, 2008). Limited access to childcare can influence the ability of migrant and refugee parents to work and study, as well as restrict the opportunities their children have to learn English. This has potential impact on how these families settle into New Zealand. For many parents, the stresses imposed by a lack of available childcare to assist them with meeting their responsibilities for work and other activities contributes to the complexity of caring for their young children.

Parents using childcare services appear to access a range of options for the same child (Statistics New Zealand, 2010b). When children are not in formal childcare, grandparents provide most informal care (32.6%), but sometimes other family members (15.3%) or friends and neighbours (6%) may do so (McPherson, 2006). Although grandparent care is the most preferred option,

they may not be available due to their own work responsibilities, poor health or other commitments (Broome & Kindon, 2008; Families Commission, 2008; McPherson, 2006). Families may also not wish to burden grandparents in order to maintain good relationships within the extended family (Stevens, Dickson, Poland & Prasad, 2005). When compared with childcare arrangements of previous generations in New Zealand, there is a marked trend away from regular care at home by a parent, close family member, friend or neighbour. Such forms of support available previously are not so accessible today; therefore parents face the costs and stresses of finding alternative solutions. Even if childcare can be arranged, the circumstances may differ from the option parents would consider ideal.

Some parents in dual-income families arrange their employment schedules to ensure that one person is at home while the other works. Although this might meet the financial needs of a family, such arrangements impact on the amount of time available for the family to spend together. If parents are sleeping, working or tired the development of relationships within the family may be also be affected (McPherson, 2006; Moss, 2008). Shifting patterns of employment in New Zealand reveal that the number of people working non-standard hours is increasing (Bohle et al., 2008) and this has the potential to influence family functioning and management. It is therefore important to determine how families with young children are managing in these circumstances. This is particularly so if, as reported by Pagnan, Lero and MacDermid Wadsworth (2011), parents continue these employment patterns despite the costs outweighing the benefits for individual families. Divorce statistics in New Zealand show that many marriages fail during the years when children are pre-schoolers.

Legislative change - physical discipline of children

A further source of tension for New Zealand families is the use of physical methods to discipline children. At issue is the right of children to be protected from assault in the same way as adults (Children's Commissioner, Policy position statement, n.d.). New Zealand has high rates of child abuse for a developed country (Duncanson, Smith & Davies, 2009) and there have been a number of high-profile cases where children have died from assault by their

parents or caregivers (Children's Commissioner, Executive summary, n.d.; Kiro, 2003). In 2007 a clause pertaining to parental use of "reasonable force" to correct a child was removed from the Crimes Act (New Zealand Government, 1961). Whereas the intent of the Member of Parliament promoting the bill was to keep New Zealand children safe from serious and sometimes fatal abuse, many people perceived it as an "anti-smacking" bill that removed the right they reserved to discipline their children with a smack. Social debate on the issue has continued and while opposition to the amendment remains strong, the government has so far not supported any changes to the existing legislation.

Issues relating to legislative influence on the perceived private domain of the family remain significant. The government is simultaneously promoting self determination and unique values via Whānau Ora[2] (Ministry of Health, 2011) while clearly directing how processes within the realm of the family should be handled. The Crimes Act (New Zealand Government, 1961) amendment has implications for all families which reserve the right to use physical punishment to correct their children. However, families with cultural perspectives that support physical punishment to maintain structural integrity of the social group are particularly affected (Abel et al., 2001; Cowley et al., 2004; Cowley-Malcolm et al., 2009; McCallin et al., 2001; Iusitini, Gao, Sundborn, & Paterson, 2011). The amendment poses difficulties for Pasifika cultures (Schluter, Sundborn, Abbott & Paterson, 2007) where beliefs about health and well-being of individuals and the group are linked to parents' use of physical punishment to prevent illness caused by imbalance between a person's physical, mental and spiritual dimensions. A clash between cultural norms and New Zealand law places these parents in the awkward position of being subject to criminal prosecution by acting in a way that is culturally-appropriate within their traditions.

[2] Literally "a family sense of well-being" (Ministry of Health, 2010). This joint initiative of several government departments centralises state services to families via designated Māori health and welfare providers. Single community-based organisations co-ordinate the various services a family uses in such a way that the family is empowered to achieve the goals they set for themselves. This initiative is available to any New Zealand family who is involved with multiple government service providers.

Conclusion

The social context for New Zealand families with young children is one of diversity, fluidity and demographic change. The current mix of family forms, ethnic groupings, and economic and social conditions which influence how families operate has never existed before and it will continue to change. An ageing population and a declining birth rate indicate a future where fewer workers will be available to financially support a significant sector of society. The future workforce is today's very young children. Many are from families where perspectives related to the family and societal norms differ from the dominant Western models which have guided New Zealand society and government policy for many years. Growing ethnic diversity within families also raises the potential for a merging of cultural perspectives and priorities that will influence social norms and priorities in the future. It is in the nation's interests to support an environment that enables the families raising today's young children to do so in ways that will enable children to fully contribute to society in the years to come.

Economic pressures are of particular concern for families with young children and appear linked to rising numbers of very young children in daycare. Tensions arise for parents who struggle to arrange their work commitments and care for their families in ways which develop and maintain family relationships. These relationships are pivotal to the well-being of all family members and the stability of the family environment. Māori and Pasifika families, in particular, are over-represented in statistics related to poor health, and low incomes, both of which are factors with potential to influence how families are managed. These factors are also present amongst other sectors of society including some immigrant groups and single parents.

This chapter has raised a number of the issues of current relevance to families in New Zealand. Although many of these are acknowledged at the level of government and other institutional organisations, knowledge about how families with young children are managing the daily challenges of raising the next generation of workers and parents is limited. This grounded theory study aims to fill that gap by exploring and explaining how families are doing that work

every day. In the next chapter, existing research on families, young children and early parenthood is examined and a context created for this study of families with young children.

Chapter Three: LITERATURE REVIEW

The challenges of caring for young children in a diverse, dynamic and demanding social environment raise questions about what is currently known about how families are managing that process. Knowledge generated from research of families, young children and early parenthood is used to guide the practice of professionals in health, education and welfare as well as many others who interact with these families. This chapter develops progressively from a broad view of existing knowledge related to early parenting, young children and managing families to a focus on research that shares some similarities to this study.

To begin, the strategies used to locate the literature are outlined to clarify how the material included in this chapter was selected. Next, the research perspectives of bioscience, psychology and contextual frameworks which were prominent during the search phase are briefly outlined and illustrated to acknowledge the extensive contributions they have made to current understandings about families with young children. Following this, research of families and children in New Zealand is presented. In the next section, studies with a specific focus on the day-to-day management in families are critiqued. Finally, the gaps identified in the literature are identified and a justification for this study is presented, along with its anticipated contribution to academic knowledge.

Locating the literature

The literature reviewed has been drawn from a series of database searches supplemented by government documents, books and journal articles accumulated over the study period. Databases utilised to search the literature were CINAHL, SCOPUS, Pro-Quest and Academic Search Premiere. Combinations of key words such as “parent”, “family”, “young child”, “infant”, “managing” and “decision-making” were used. During initial searches “health” and “well-being” were also used as key words, but as the study focus shifted away from these as prominent concepts these terms were no longer included.

Criteria for literature selection included a focus on family (not individual family members) and a focus on young children (not families with older children). When health was used as a key word, the search criteria included a focus on health (not illness). Searching was limited to journal articles published in English after 1999. Despite refining searches to more closely relate the key concepts of my study, the majority of articles identified focused on topics that included children with health difficulties such as cancer (Deatrick et al., 2006; Fletcher, Schneider & Harry, 2010; Thibodeaux & Deatrick, 2007), changing roles of parents (Craig, 2006; Fägerskiöld, 2008; Forste, 2002; Premberg, Hellstrom & Berg, 2008; Seery & Crowley, 2000) and the impact of maternal employment on the child (Cunningham-Burley, Backett-Milburn & Kemmer, 2006; Secret & Peck-Heath, 2004). Very few of these studies related specifically to families with young children and none of the research was conducted in New Zealand.

A search for relevant national and international literature using the aforementioned key words plus “grounded theory” yielded 90 articles. When it became apparent there were few studies which met the specified criteria, the timeframe was extended to include the 1990s. Many of the articles identified by the extended search focused on health difficulties for parents or children. For parents, topics included postnatal depression (PND) (Chen, Wang, Chung, Tseng & Chou, 2006), arthritis (Backman, Smith, Smith, Montie & Suto, 2007), HIV (Ingram & Hutchinson, 2000) and disabilities (Farber, 2000). One article focused on changes in the marital relationship after children were adopted into the family (Mooradian, Timm, Hock & Jackson, 2011). For children, topics included autism (Tsai, Tsai & Lotus Shyu, 2008), heart conditions (Rempel & Harrison, 2007), obesity (McGarvey et al., 2006) and behavioural problems (Kendall, 1998). Very few articles related to young children or, more specifically, families with young children. Only six articles identified GT in the title, three of which were published in the 1990s (Brudenall, 1996, 1997; Kearney, Murphy & Rosenbaum, 1994). Four of the six articles presented on topic areas associated with pregnancy and the perinatal period and all four focused on mothers and health difficulties (Brudenall, 1996; 1997; Kearney et al., 1994; Lee, Long, & Boore, 2009). It also became clear that mention of GT in the articles did not mean that the methodology and methods had been faithfully employed. This

search did not identify any studies which focused on day-to-day management in families with young children over a continuous time frame from pregnancy and then well beyond the first year.

The next step involved integrating suitable articles from the database searches with academic material gathered from other sources. These were collated into a framework to create the research context for the study. Initial review of research related to families with young children revealed several clear perspectives which have been used to explore this substantive area. As a SCGT researcher it is important to acknowledge the multiple realities represented by various standpoints for scientific enquiry (Charmaz, 2006) and to recognise that there are different ways to view and report on topics. Therefore, an overview of the contributions made by research from the perspectives of bioscience, psychology and contextual frameworks has been included to demonstrate how the knowledge generated from these fields can inform what is currently known about how families are managed.

Research perspectives contributing to knowledge about family management

Bioscience

Bioscience research is generally focused on ensuring the physical function of individuals. Findings contribute to knowledge about preventing illness, monitoring for signs of illness and implementing treatment to support a return to good health. The implications for management within families tend to be more implied than overt and often do not directly consider the context within which findings might be recommended. For example, Tadesse, Deribew and Woldie (2009) concluded from their case control study of measles epidemics in Ethiopia that mothers should be educated about ensuring their children completed vaccination schedules. There was no indication of how achieving this goal of the researchers might impact on a family's daily activities.

Psychology

Within the diverse fields of psychology, research of the behavioural and cognitive aspects of human functioning within families has been extensive. The transition to parenthood, early childhood and family dynamics have been

studied extensively (Ceballo, Lansford, Abbey & Stewart, 2004) but tend to focus on individuals within the family (Sprey, 2000) with the aim of "fixing the problem" for the person without necessarily accommodating the wider social context in which any intervention may be applied. For example, Milgrom et al., 2011 compared three different treatment methods for community management of postnatal depression (PND). Intervention focused solely on the mothers and the effectiveness of different counselling strategies. There was no mention of assessing the home environment or other potential factors contributing to a mother's emotional state. Management within the family was not mentioned, even though the presence of a depressed member may have influenced the ways in which families were operating. Systems theory (White & Klein, 2008) and attachment theory (Ainsworth, 1989; Ainsworth & Bowlby, 1991; Bowlby, 1997, 1998a, 1998b) are psychology fields with a particular focus on the family and its component dyads. Again, however, management in the family is not the focus although research recommendations to fix the identified problems, or promote the prioritised behaviour – such as bonding between parent and child – are likely to impact on family functioning.

Combined perspectives

In the last decade, a combined approach between bioscience and psychology has led to research of the links between a person's biological make-up and the social environment. This has particular relevance to the development of young children since the contentious nature/nurture debate has influenced Western and Eastern thought since ancient times (Ridley, 2003; Shonkoff & Phillips, 2000; Steinmetz & Peterson, 2001). The key messages from this research are that the provision of a nurturing and loving environment supports a child's physical, emotional, social and cognitive development (Gerhardt, 2004; Hatkoff, 2007; Newton, 2008; Sunderland, 2006; Waldfogel, 2010). The knowledge being generated about the lifelong impact of the social environment experienced by a child in the first three years of life (National Scientific Council on the Developing Child, 2005, 2010; Shonkoff, Boyce & McEwen, 2009; Shonkoff & Phillips, 2000) has become increasingly influential in both public and health professional domains. In Western countries this has great potential to influence how parents manage their families with young children. Not only is

such information readily accessible in the electronic and popular media, but the messages are also being supported by the health and education providers many families interact with. As with the focus in other bioscience and psychology fields, the research findings in this branch of knowledge generation do not overtly explore family management but they do suggest areas for parents to focus on in order to support the growth and development of their young children. For example the Center on the Developing Child at Harvard University (2011, p. 6) highlights the benefits of “adult support” that is “sensitive” and “responsive” in nature which gives young children opportunities to make choices, direct their own activities and focus attention on tasks. What is not clearly evident from this research is how those strategies are linked to the wider context of the family where other areas such as housing, income and care of other family members are being managed concurrently.

Contextual frameworks

Contextual models provide another perspective for viewing the family and understanding potential influences on family management. Bronfenbrenner’s (1979, 2005) ecological theory conceptualises relationships between the family unit and wider societal structures which explain how social influences might impact on a family, but the theory does not explicate the interactions occurring within a family and is not practical for developing interventions to support families. This model has been used to structure a number of government reports in New Zealand (Public Health Advisory Committee, 2002; Stevens et al., 2005) which makes it useful for planning and assessing policy at national and community levels, but not for exploring and explaining the daily interactions families are engaged in.

The family change theory of Kağitçibaşi (2007) is more focused on the family unit and the shifts in familial behaviour patterns which occur as families experience social change. Such shifts can be in response to changing social circumstances in the environments where families are living, or the shifts that occur when families migrate from their traditional settings. A particular strength of this theory in relation to management of the family is the way it explains the motivations in individualistic family structures, generally nuclear in nature, and

in the collectivist, extended family structures which are familiar amongst many of New Zealand's population groups. Although family change theory does not explain the individual strategies that might be used, it does provide a context to understand how these two broad familial structures operate and some of the priorities which may influence family management. For example, the ways in which children are constructed in their family settings influence the ways they are nurtured towards maturity (Kağitçibaşi, 2007), but constructions of maturity vary between different cultural groups (Drewery & Bird, 2004). Children in Western countries are encouraged towards independence as a sign of maturity, but this is not necessarily how maturity is viewed by families from cultures that value loyalty to a collective notion of the roles and responsibilities of members, and of the socialisation of children (Shonkoff & Phillips, 2000). Variation within contextual perspectives has relevance for families because childrearing in collectivist cultures is focused on "conformity, obedience, security and reliability" (Triandis, 2001, p. 912), while in individualist cultures the focus is on "independence, exploration, creativity and self-reliance". The degree to which parents either conform with or challenge the cultural norms of their existing family structures has implications for the ways they manage their own families and, potentially, their interactions with members of their extended family and cultural communities. These are the social units often relied on for support by families with young children, therefore failure to comply with societal norms may influence the level or quality of support offered to these families.

Integrating existing knowledge with perceptions of how families are managed

Although knowledge generated from the perspectives of bioscience, psychology and contextual frameworks can contribute to understanding some of the influences on how families are managed, it is important to consider the caution required when using research-generated knowledge to interpret behaviour patterns in families. For example, systems theory and attachment theory have contributed to understanding how families operate in Western countries such as the United States and Britain where the frameworks were developed. However, the ethnocentric assumptions underpinning these theories do not account for cultural variations (Parke, 2004). Rothbaum, Rosen, Ujie, and Uchida (2002) (2002) note examples of culturally appropriate family behaviour in Japan, such

as high levels of mother-child interdependence, which may be viewed as "maladaptive" by Western theorists. This has particular relevance for New Zealand's culturally diverse population, especially when organisational planning and delivery of services is considered. Using research which views systems and attachment in families from only a Western perspective may not be effective or meaningful in families with differing cultural norms for these concepts.

This is echoed in New Zealand by Masoe and Bush (2009, p. 150) who observe that Western concepts such as dyads in attachment theory cannot be directly related to the Samoan family setting where, "infants from their first moments are embraced by multiple relationships" within their cultural community. Consequently, when researching amongst multicultural populations, common understandings and prioritising of notions such as "attachment" cannot be assumed. Furthermore, the authors' comments also highlight how examining specific components of a family unit can lead to a fragmented understanding of how a family is operating because the behaviour is being studied in isolation from the family's wider context.

New Zealand research of children and families

The physical and psychological health and development of children born in New Zealand during the 1970s is being researched in two longitudinal studies[3]. Both studies have focused on the children rather than the family context; however data gathered and analysed over an extended timeframe has yielded knowledge about the influence of early childhood environments on long-term health outcomes for mature adults. In particular, the effects of growing up in low socioeconomic circumstances have been linked to a range of adverse health and well-being outcomes in later life such as poor cardiovascular and dental health and an increased likelihood of tobacco, alcohol and drug dependence (Melchior, Moffitt, Milne, Poulton & Caspi, 2007; Poulton et al., 2002). Furthermore, Poulton et al. also report that even when participants were no longer economically disadvantaged in adulthood, their health outcomes were neither mitigated nor reversed. This strongly supports a focus on researching

[3] Dunedin Multi-Disciplinary Health and Development study (DMDHDS) commenced in 1972. Christchurch Health and Development study (CHD) commenced in 1977.

the daily management of families with young children where decision-making has potential lifelong implications for both individuals and wider society.

The findings of Poulton et al. (2002) link with a later study that indicates the recurring nature of socioeconomic disadvantage when parents have a history of conduct disorder. This disorder encompasses a set of behaviours which include defiance, aggression, impulsiveness and cruelty to people or animals (PubMed Health, 2011). Jaffee, Belsky, Harrington, Caspi and Moffitt (2006) reported that parents with conduct disorder were more likely to be socioeconomically disadvantaged which led to temperament problems with their own children and the potential that the new generation would be at risk psychologically and economically in the future.

The influence of parental behavioural and mental health issues has been further explored by studying three generations of families in the Dunedin study. Milne et al. (2009) reported that a family history of depression, anxiety, alcohol abuse or drug abuse was related to diagnosis of these conditions in subsequent generations. Furthermore, the younger family members experienced a greater degree of impairment, more frequent recurrence of the conditions and were more likely to use support services to help them manage the conditions. Previous research of family influence on child health outcomes had also linked childhood family factors such as changes in residence, changes in parental figures, and single-parent families with an increased risk of conviction for violent and non-violent offences (Henry, Caspi & Moffitt, 1996).

The generational impact of impaired health and well-being due to adverse childhood circumstances has implications for society if significant numbers of children develop to be adults who are not able to fully contribute. Children with little in the way of social or health resources have the potential to be caught up in a “rags to rags” cycle (Clark, Kim, Poulton & Milne, 2006, p. 1151) whereby their low expectations of success in the future raise the likelihood of hazardous health behaviours such as smoking and lack of exercise. These have well-documented sequelae for the individuals, but society is also affected due to the costs of healthcare and the reduced pool of productive members.

Conversely, parenting that is generally warm, sensitive and stimulating has also been found to be generationally linked. Belsky, Jaffee, Sligo, Woodward and Silva (2005) analysed video recordings of parents who were members of the Dunedin study cohort and their children interacting in a laboratory setting. A correlation was found between the parents' experience of a cohesive, positive and low conflict childhood environment and the warm and sensitive ways in which they interacted with their own children. Evidence of generational influences on parenting indicates the need for research to understand how parents are managing their families in the current societal conditions. The potential benefits to children, their families and wider society could include encouragement of parenting practices which contribute positively to a child's development, and support for parents raised in adverse circumstances to learn about practices which may enhance the development of their children.

In other New Zealand research, Abel et al. (2001) compared the infant care practices of primary caregivers from collectivist Māori and Pasifika cultures and the more individualistic European community. Data from a series of focus groups revealed that Island-raised parents relied on their family to provide support and advice and traditional protocols for infant care were observed. European parents were more likely to rely on professional advice, be less closely linked with their families and favour a biomedical perspective on health-related matters. Māori and New Zealand-raised Pasifika parents made an effort to integrate both Western and traditional practices into their care of infants. The diversity in parenting practices indicated by this study highlights the need to look beyond Western constructs related to families with young children in order for societal and professional groups to understand and support them.

Further knowledge about how Pasifika families are raising their children in New Zealand is being enhanced by the longitudinal Pacific Islands Families (PIF) study (Paterson, Tukuitonga et al., 2006). Cowley-Malcolm et al. (2009) interviewed mothers of 12-month-old infants about their childcare practices. Although participants represented a wide range of Pacific nations, clear differences were reported between Samoan and Tongan mothers. Samoan mothers were more likely to be nurturing, less likely to use harsh discipline and

less likely to experience post-natal depression than Tongan mothers. However, the authors also noted that patterns of immigration may account for some of their findings since the Samoan community has been established in New Zealand for several generations and may have adapted to more Western approaches to interacting with children. Tongan immigration is more recent and potentially childcare practices are therefore more aligned with traditional practices such as the physical discipline of children.

Cowley-Malcolm et al. (2009) also report that across the entire participant group, Pasifika mothers who managed to maintain their cultural integrity while also integrating with New Zealand society disciplined less and nurtured more. Iusitini et al.'s (2011) study of Pasifika fathers of 12-month-old infants also reported that the degree to which fathers integrated into New Zealand society had an influence on their parenting practices. Those who retained their cultural traditions were less likely to be nurturing. These findings emphasise the importance for researchers and professionals of paying attention to the specific circumstances of a family rather than working with assumptions about the generalised cultural group.

Summary

The sections on research perspectives and the New Zealand literature have reviewed some of the general contributions to knowledge about families and young children. These include influences on family management, contextual constructions of family, components of family management and outcomes of family management. In the next section the studies presented have a specific focus on early parenting, day-to-day family management, families with young children or various combinations of these topics. These studies share some similarities to this research and are therefore closely examined for the gaps that this study can fill.

Families: daily management and young children

Non-grounded theory studies

A literature review by Swedish authors Nyström and Öhrling (2004) used thematic analysis to examine 33 studies published between 1992 and 2002 that

relate to parental experiences in the first year after birth. Participants were mostly Caucasian first-time parents and predominantly mothers, although one study included midwives and another public health nurses. Each article reported the perspectives of mothers and fathers separately. Mothers were found to be satisfied and confident in their roles, but also reported feeling overwhelmed and drained, having little time for themselves. Fathers reported feeling confident as both fathers and partners but also felt strained by the new demands of parenthood. Categories from the analysis were drawn together in a "unifying theme" of "living in a new and overwhelming world".

This review highlighted the enormous range of experiences inherent in new parenthood and the differences in how mothers and fathers perceived this phase in their lives. The focus of these studies however is very much on the parents as individuals rather than how their perceptions influence the ways in which they interact to manage their families on a daily basis. Nyström and Öhrling (2004) highlight the paradox of fathers being expected by society to contribute equally to parenting while still maintaining an economic role in providing for the family. Links between some of their posited ideas appear tenuous however. For example they suggest that difficulties for fathers may be due to mothers feeling fatigued and experiencing strain but offer no evidence to support this. The authors' suggestion about nurses being in the position of supporting and empowering parents possibly reflect how well-child services are provided in Sweden where the authors are situated. In New Zealand, nurses are not central in providing this type of support although they may be able to make some contribution to helping parents develop in their roles. Parenting support is more likely to be provided by family, friends and voluntary or community-based groups. Therefore, Nyström and Öhrling's (2004, p. 328) promotion of nurses as "creating opportunities for parents to discuss and reflect upon parenthood as a part of child health care programs" is not as relevant to the New Zealand context as it may be in other parts of the world.

In Northern Ireland, "Thriving and surviving" was the core theme of the mid-range theory of "postpartum parent development" (Christie, Poulton & Bunting, 2007). The authors used thematic analysis to identify the core theme and the

contributing themes of “baby nurture”, “life changes” and “coping and adapting resources”. Participants were recruited by health visitors and included first-time parents and those with more than one child from families “for whom there were no outstanding professional concerns about family well-being” (p. 40). Data was drawn from focus groups and in-depth interviews of postpartum individuals and couples, up to 16 weeks after birth, to identify parental perceptions of the postpartum family experience. The researchers sought information about parents’ experiences in the early weeks after birth, including any difficulties they encountered and any factors which parents found supportive. Assessment of well-being was therefore determined from the perspective of health professionals using unspecified criteria rather than the families themselves.

With a focus on themes rather than actions, Christie et al.’s (2007) study was largely descriptive. Even though the theme of coping and adapting resources suggested that some strategies might be included, the authors discerned “no consistent pattern” (p. 45) was occurring in their sub-theme of “within family management”. Findings such as “feelings of parental responsibility” (p. 46) and “balancing family and workload/time demands” (p. 46) certainly identify issues that concern parents with very young children. The authors also noted that there were “varied accounts of what individual parents perceived as problems” (p. 46), which is an outcome consistent with the motivation for the study. It was conducted in order to use parents’ experiences in the defining of family-centred care so that the role of health visitors could be clarified during postpartum visits. Problems identified by parents were used to inform the directing of care by professionals with a view to contributing to inter-professional management of postpartum families. It is unknown whether such management was envisaged to continue past the early weeks after birth and therefore whether the findings had relevance for ongoing care of families with young children. The degree to which parents were involved in directing the care they received is also unknown.

A nursing theory that conceptualises management within a family is the Family Management Style Framework (FMS) (Knafl, Breitmayer, Gallo & Zoeller, 1996; Knafl & Deatrick, 2003, 2006). Although this research focused on families with a chronically ill child, the five management styles identified by the authors –

thriving, accommodating, enduring, struggling and floundering – have potential to contribute to understanding how other families might manage in different situations. Data from qualitative interviews with 63 families was coded for themes which were located on a continuum between families being positive and working together and families where confusion and conflict dominated family life. It was found that "thriving" and "floundering" were the two most stable forms of family management over the space of a year, and that movement between the other three was reasonably common. The scope of change for all members in families with young children is such that the framework may be useful for health professionals working with families in the early days of parenting or at some later stage where parents are finding it hard to manage difficulties that have arisen.

One setting where the FMS framework has been used effectively is the family management of breastfeeding low birth weight infants. Krouse (2002) identified "facilitating", "maintaining" and "obstructing" as three different approaches families used when breastfeeding such babies. Her findings expanded on the influence of family on infant feeding to explaining the processes and underpinning perspectives of parents managing the process. Research to explore how these family management approaches may influence other aspects of family life offers the opportunity to identify factors which parents and health professionals can use to enhance management skills within families. Such research may also be useful for recognising potential areas of difficulty that could be addressed before problems escalate.

Development of the FMS did not use GT methodology, however the inclusion of "definitions" of a situation, management goals and consequences shows similarities to some of the GT methods explained and illustrated in Chapter Four and Five. These FMS studies (Knafl et al., 1996; Knafl & Deatrick, 2003, 2006; Krouse, 2002) have each been created around a specific issue in a family rather than explaining how the family operates on a daily basis to meet the needs of all its members and the unit as a whole. With the focus on a specific issue, it is unknown if or how the definitions, management goals and consequences influence other aspects of the family's daily experience. Potentially, some of

these may be working well and could be used to enhance general family management. Conversely, those constructs may be having adverse effects elsewhere in the family which may need to be addressed. A theory of everyday family management would provide a framework within which these existing constructs could be located as a contribution to supporting families which are facing both intermittent and long-term challenges.

In Australia, Roden (2003) studied the health behaviours parents practised with their pre-school children aged 3½-4 years. Parents were recruited from daycare centres and kindergartens in one high income and one low income suburb in Sydney. The sample group, comprised of 11 couples and three single mothers, varied in age, ethnicity, education level and income. They were interviewed to elicit meanings of health and ways of maintaining health in their families. Roden used constant comparative analysis to search for "underlying meaning" (p. 28) in the data. The three themes identified were: "educating about family health", "the dynamic, multidimensional nature of teaching health behaviour" and the "intergenerational theme". Findings included the prominent role of mothers as initiators of health practices in their children, and the identification of two ways in which families with young children addressed health: health promotion and illness prevention.

Each of Roden's (2003) findings have potential value in contributing to understanding of this dimension of the everyday management of families with young children, especially since a number of clear strategies were identified which parents used to instil health practices. These included answering questions immediately, talking honestly with children, and equipping them with life skills such as road-safety training. However, the study does not address the broader areas of family functioning beyond a focus on child health.

Although Roden (2003) has added useful knowledge to what is known about health promotion and illness prevention in families, the methodology used is eclectic due to the concurrent use of GT methods, a phenomenological perspective, and thematic analysis, as well as a comparative sample. GT and phenomenology are not philosophically compatible (Polit & Hungler, 1999) and

their initial sampling strategies do not involve recruiting a comparative sample. The combined presence of these two research approaches in the analysing and reporting of data in this study appears to account for the mix of themes, strategies and descriptive categories Roden uses to theoretically explain her findings. Such an approach does not give a clear indication of whether the author was aiming to develop a theory of action (GT) or an explanation of the essence and meaning of parental experience (phenomenology). The theory she presents cannot be clearly linked to either of the research approaches.

Grounded theory studies

In Australia, a GT study of first-time mothers with babies aged from 2 to 26 weeks was reported in two separate articles. Rogan, Schmied, Barclay, Everitt and Wyllie (1997) published the literature review and explained the analytical process used to develop the substantive theory of "Becoming a mother". Barclay, Everitt, Rogan, Schmied and Wyllie (1997) reported and discussed the findings of the study.

Fifty-five participants were recruited from groups who were meeting at early childhood centres in Sydney**.** Data from nine focus groups was analysed using Strauss and Corbin's (1990) GT methods to develop a theory which explains how women transition to motherhood. Rogan et al. (1997) conceptualised a process of change through which women progress, starting from a sense of "this is not my life any more" to being "in a certain tune" whereby they "are able to 'tune in' to their babies as they work out how to 'become mothers'" (Barclay et al., 1997, p. 726). The core category of "Becoming a mother" is the unifying process which links six categories in the transition to motherhood: "realising", "readiness", "drained", "aloneness", "loss", and "working it out". These were reported to be influenced by "previous experience of infants, social support and the baby's behaviour" (Rogan et al., 1997, p. 878).

In concluding the presentation of their findings, the authors encouraged health workers to look beyond the physical care of new mothers and consider the social context in which they were operating. Barclay et al. (1997, p. 727) specifically mention that a "sufficient focus on family formation" is needed in

order for women to be supported in the transition to motherhood. The authors' focus however is very much on the women rather than the comprehensive context of the families or their circumstances. Interactions with partners are described only in terms of being helpful or unhelpful and contact with family is related to the amount of support new mothers received. Rogan et al.'s (1997) study was carefully conducted and reported which makes its contribution to knowledge clear and useful, but it is limited in scope. An understanding of the practicalities involved in women making the transition to motherhood would benefit from exploring their wider social contexts which may include partners, children, extended family, and social networks. The strategies used when interacting with these various social groups has not been made clear.

Another Australian GT study of families with young children was conducted by Flowers (2004) who researched beyond the experience of first-time mothers to explore the day-to-day processes used by "low risk" or "competent" families beyond the neonatal period. This means that participant families did not have concurrent difficulties such as long-term health problems to be managing along with the developing experience of parenthood, which in turn means Flowers' study has relevance to this research. Participants from 16 families were recruited from postnatal wards and were interviewed in their homes at three-monthly intervals over one year. Eight of the families included first-time parents. Using Glaserian (Glaser & Strauss, 1967) GT methods and dimensional analysis (Schatzman, 1991), Flowers (2004) developed a substantive theory of "balancing". This sought to explain how parents addressed the health and well-being of individuals and the family unit in a context where separate needs were identified for children, parents and the family. Parents were reported to use the balancing process in a feedback loop of three stages – "anticipating", "responding" and "confirming" – to avoid or minimise unmet needs which, "could threaten individual and the family well-being and subsequently disrupt the family" (p. 12).

The balancing process described how parents made the most of their available resources. "Anticipating" involved determining and making decisions about how child, parent and family needs would be met in the present and the future.

Strategies in the “responding” stage focused on protecting and promoting well-being and preparing for both expected and unexpected situations such as episodes of illness. The “confirming” stage is where parents reviewed how needs were being addressed. Effective strategies such as “co-ordinating”, “compromising” and “sharing the load” (Flowers, 2004, p. 13) to help structure and organise the family were a source of encouragement for parents to continue with those activities. When goals were not being met in certain areas, a return to earlier stages was initiated so that parents could determine strategies more suited to their family’s needs.

The findings of Flowers’ study have practical applications for health professionals interacting with families as they integrate new babies into their daily lives. Particular strengths of the research were the participation of couples rather than just mothers; the inclusion of families with more than one child; the focus on health; and the gathering of data over a year which enabled shifts and changes within the family to be identified. A useful contribution to knowledge was the conceptualising of three parental perspectives that influenced the balancing strategies used. A child-centred approach involved activities being arranged around the child; a parent-centred approach involved the baby being fitted into the parents’ schedule; and a family-centred approach meant that family time was a priority and the baby fitted into that. Four states of balance in the family were also identified which give insight into the level of effort parents expend when they perceive their families to be either in or out of balance.

Flowers’ (2004) theoretical elements illuminate areas within healthy families where information and support from health professionals may be useful as families adjust to the challenges that occur in the year after birth. However, methodologically Flowers’ (2004) use of Glaserian GT and dimensional analysis (DA) raises some issues about the analytical methods used to examine data and construct theory in this study. Flowers does not explain how she reconciled the use of the two different approaches in her theoretical development.

GT research conducted in Canada and England explored how dual-income families with pre-school children managed the concurrent realms of work and

family life. The study was reported in two phases. Hall and Callery (2003) presented the original study, using the personal and family trajectories conceptualised by the authors to explain how participant families operated. Hall (2007) conducted secondary analysis of the data in order to identify the strategies used to balance the trajectories on an everyday basis.

"Balancing personal and family trajectories" is the substantive theory developed by Hall and Callery (2003). The participant group in their study was comprised of 14 British couples and 15 Canadian couples who were interviewed and observed in their homes and workplaces. Families had between one and three children whose average age was 2.6 years. The authors conceptualised three interrelated processes of "balancing personal and family trajectories", "individualisation" and "globalisation" to explain how families maintained and restored balance to promote the health and happiness of individual family members and the unit as a whole.

Personal trajectories, composed of an individual's values and expectations, were reported to shape a person's goals. These trajectories could either be in harmony with those of other family members or in conflict, an outcome which led to personal feelings of unhappiness and poor health. Family trajectories, composed of goals including health, safety and achievement of potential for the unit, contributed to a sense of balance in the family if parents considered that the trajectory was progressing. If this was the case, family life was experienced as happy, healthy and fulfilling. If imbalance was perceived, conflict and disruption became apparent. Strategies to restore balance were more effective when couples were aware of their differences and communicated well as they assessed goals, negotiated compromises and set priorities for their families.

The inclusion of personal values and goals in a family setting is a particular strength of Hall and Callery (2003) which contributes to knowledge with findings that can be drawn on by health professionals when interacting with families. In contrast to systems and developmental theory, "balancing personal and family trajectories" locates the family in the dynamic social context where they operate on a daily basis. While the strategies are well presented and explained, what is

not clarified is how the strategies were developed by parents, or how strategies shifted and changed over time as knowledge and experience was accumulated.

Hall (2007) developed the sub-category of “imposing order” that contributed to the core category of “Balancing personal and family trajectories” in the original study. She reported that finite resources of time and energy were managed by setting priorities to achieve the goals of families. Six over-arching strategies were identified: organising and planning, setting standards, setting limits, establishing routines, purchasing services and technology and delegating tasks. Parents assessed each set of strategies on the basis of costs and benefits in order to determine the appropriateness and effectiveness of those activities in maintaining order in the family.

Hall (2007) identified three different patterns of “imposing order”. Families who imposed minimal order reported chaotic lives and expended considerable time and energy in managing their families. High expenditure of time and energy was also experienced in families where maximum order was imposed because rigidity and structure were not conducive to managing unforeseen events. Families who imposed moderate levels of order expended less energy and time in managing their families because structure and flexibility contributed to addressing both daily and unexpected events.

Hall’s (2007) secondary analysis highlights and clarifies the daily activities of families who are balancing work and family lives. The ongoing assessment of effectiveness using costs and benefits to determine progress contributes a valuable tool to considering family life in a range of family settings beyond the dual-earner focus of the study. The evolving nature of the strategies imparts a dynamic quality to the theory that suggests it can continue to explain how families manage in different conditions. In doing so, “imposing order” complements and extends the original study. It also provides a complex framework which can be used by health workers and others to assess, assist and support families in their daily management activities.

Hall's (2007) study is thorough and detailed. Conceptualisations are well-explained and relationships between theoretical elements demonstrate clear and logical links. However, two methodological issues were not clearly accounted for. First, symbolic interactionism (explained in Chapter Four) was identified as an underpinning perspective at the beginning of the secondary analysis even though this is not consistent with a Glaserian approach to GT (Glaser, 2005). Secondly, the phenomenological perspective of Hartrick (1995) was also made explicit. Although the rationale for choosing to incorporate Hartrick's model of family nursing is explained, the starting point for GT research does not incorporate an existing model such as Hartrick's (Glaser, 2005). Instead, data analysis is used to construct theory from what is discussed during interviews and observed in the substantive field.

Summary

The findings of the studies reviewed in this section create a useful context in which to locate this research. Insight has been given into the daily experience of families in the early weeks after birth and up until the first year, as well as knowledge regarding management within families and health behaviours in families with pre-schoolers. GT methods and methodology have been used to some extent in most of them to explain strategies used by parents in the daily management of families, and to place families in the wider social circumstances where they are daily interacting with others and being influenced by societal norms and expectations.

The unifying characteristic of all these studies is that they were designed and conducted with the aim of informing the practice of health professionals. Researchers explored the experience of health rather than illness or difficulty in their participant families. Such a focus does not necessarily suggest the need for involvement of health professionals. Findings indicated that many parents had developed effective strategies to manage some of the activities in their families but there is no mention of using this information to inform, empower or encourage parents. None of the studies included the prenatal experience of parents in their theoretical models and only Flowers (2004) explored beyond the postnatal period to determine how families with a new baby managed in the

long term after birth. Hall and Callery (2003) did consider families with pre-schoolers, but the focus was on dual-earner families rather than families in general. Although elements of each of the above studies contribute in some way to this study, none involved the timeframe being explored and none were conducted in New Zealand with its unique multicultural environment.

Gaps in the literature and justification

Knowledge from across the scientific spectrum has contributed to current understandings of the family. It is clear that much is already known about many components of family life for those who have young children, but less is known about how families are managed on an everyday basis. This is especially so with regard to research of the critical early years in families when children's growth and development has such a profound impact on the rest of their lives. Children are located in families with a range of differing worldviews which shape decision-making, but little is known about how those decisions are made or the conditions that may affect them. Much of this information remains tacit.

Daly (2003) draws attention to the "negative spaces" in everyday life. These are the unnoticed, taken-for-granted aspects of life such as beliefs, values and intuition that influence how people interact in the social world. She proposes three reasons to consider negative spaces when studying families. First, family theory has moved away from what families actually "do" and therefore needs to be more "grounded". Second, she considers that making theory more "reflective of everyday reality" contributes to practical and meaningful applications of such work. Third, Daly contends that "by foregrounding the processes, negotiations, and shared meanings in families, rather than focusing on individuals within families or aggregate patterns in family behaviour, we can centralize the dynamics of "'family' in our family theory" (Daly, 2003, p. 773). These observations align closely with the methodological aims of SCGT. In particular, they relate to Charmaz's (2006) encouragement to make the tacit overt and to acknowledge the pragmatic foundations of SCGT which prioritise practical and meaningful application of knowledge (Shalin, 1986).

Across the range of literature reviewed in this chapter, no study has been located which explains the patterns of behaviour and processes related to management of families with young children beyond the first year. Seeking out these patterns and processes is what GT has to offer the wider body of knowledge. Although some GTs were located which had a focus on families or young children, in most cases they dealt only with mothers or only the perinatal period. Furthermore, the studies were focused primarily on informing the practice of health professionals rather than contributing to knowledge which could be of direct and practical use to families.

In New Zealand, gaps in family research have been identified at public-policy level which this study can help to fill (Ministry of Social Development, 2004). These gaps include areas of family functioning such as establishment and maintenance of identity and values, patterns of engagement with kinship networks, and patterns of engagement with the wider community. Children and their families are another identified area in which more knowledge is needed, specifically parenting practices such as parental style and discipline, normative family transitions such as the birth of children, and non-normative transitions such as separation. It has also been acknowledged at policy level that theoretical frameworks for studying families are underdeveloped and that there is a need for research which "seeks to answer questions about families as families, not individuals or households as the primary focus" (Ministry of Social Development, 2004, p. 135).

In order to provide effective and meaningful support to families it is important to develop theory which embraces diversity in order to capture the experience of people with differing worldviews. Such a contribution would provide all those working with families with young children, and the families, a means of understanding the daily experience with a view to developing supportive strategies. Potentially, these strategies could be useful for expectant and new parents to help guide them through the early years of parenting, and they could also be useful for assisting families who are struggling.

This study differs from previous research because 1) it is exploring well beyond the perinatal phase; 2) it is not focused on any particular problem and 3) it aims to construct theory that will have practical uses for all those who work with families with young children and for the families themselves. Consequently, the focus is not exclusively on informing the practice of health professionals. The study has been designed to seek the patterns of behaviour occurring as a diverse range of families with young children are managed on a day-to-day basis. It does so by giving parents the opportunity to voice in their own words how they view their experiences and how they respond to the situations in which they find themselves.

Conclusion

Families, early parenting and young children have been the focus of considerable research attention across the range of scientific enquiry. Much is known about physical and psychological health, child development and early parenting but little is known about how all of those elements interact to comprise the daily experience of families with young children. That is the environment which parents are managing.

The provision of a stable and nurturing environment in which young children can grow and develop has clear benefits for both individuals and society, but that environment is created by the group of people forming the family unit: each one of them has needs to be addressed. The many different ways of managing a family are guided and influenced by each family's history and biography and by the layers of society in which they are embedded. As the fundamental units of society (Families Commission, 2008; Folden, 2001; Hodgson & Birks, 2002; Morgan, 2004; United Nations General Assembly, 1989) and the "natural environment" for the growth and well-being of children (United Nations General Assembly, 1989) it is therefore important to know how families develop and maintain an environment in which members are cared for. In order to support families in those roles there are benefits to knowing what is working well, so that others can learn from that knowledge. It is also important to know where the difficulties occur so that families can be helped through them. Furthermore, there is a need for a theoretical framework that is flexible enough to address the

needs of an individual family unit, yet also structured enough that it can be used to develop policy and guide service provision to families.

This review of the literature has identified clear gaps which a theory explaining the daily management in families with young children can contribute to filling. Existing studies have not demonstrated how the strategies used by parents are developed from the timeframe prior to pregnancy and then throughout the first critical years of a child's development. Nor have the shifts and changes which occur as a normal part of experience in these early years been explained. It is these two aspects of life in families with young children, therefore, that are explored by this study. In the next chapter SCGT is explained and justified as a suitable research approach to use for this topic, and the methods used to conduct the study are presented.

Chapter Four: METHODOLOGY AND METHODS

This is the first of two chapters that explain the social constructivist methodology and methods employed in this study. Chapter Four presents the methodological positioning of the research and the data collection process while Chapter Five explicates the analytical pathway which led to construction of a substantive theory that explains how families with young children are managed on an everyday basis.

This chapter is presented in two parts. In the first, grounded theory (GT) is positioned methodologically and the generic methods shared by researchers from across the GT spectrum are outlined. The methods and methodology of social constructivist grounded theory (SCGT) as articulated by Charmaz (2002, 2006, 2009) are then presented. Symbolic interactionism (SI), the theoretical perspective underpinning the study, is explained and linked to the research process. In the second part, the data collection methods and ethical considerations employed during the study are presented.

Part One: Grounded theory variants and methods

Methodological positioning

Grounded theory is an interpretive methodology situated in the naturalistic paradigm (Lincoln & Guba, 1985). Beginning in the empirical world, the GT researcher examines behaviour patterns of people in a substantive field in order to understand and explain the social processes they use when interacting within that environment (Charmaz, 2006; 2009; Glaser & Strauss, 1967). A theory is constructed from data collection and analysis rather than proving or disproving the pre-conceived hypotheses of experimental designs.

GT was first articulated by Glaser and Strauss (1967). Glaser's background was in quantitative and qualitative mathematics (Glaser, 1992) and Strauss was steeped in symbolic interactionism (Strauss, 1987; Strauss & Corbin 1990, 1998). Glaser and Strauss (1967) outlined the methods of their research approach but the underpinning ontology and epistemology were not explicit. When the academic paths of the two authors diverged a number of years later,

it became apparent that each viewed GT from a different perspective. Glaser (1992, p. 123) later acknowledged that. "... our joint intellectual product was really two different ones, and was so probably from the start". While Glaser remained closely aligned with the 1967 text, Strauss developed GT in ways which embraced SI (Strauss, 1987; Strauss & Corbin, 1990, 1998). Subsequent grounded theorists have further developed GT (Charmaz, 2009), leading to the diverse GT variants in use today.

From the outset, Glaser and Strauss (1967) acknowledged that theory is in a constant state of development. This dynamic quality remains, with Charmaz (2009, p. 136) commenting that GT is not only "a method to study process" but "a method *in* process" (emphasis in original). Rather than being a single, unified package, GT is now viewed as an umbrella for a diverse range of approaches to theory generation which, it has been suggested, can be positioned on different points of a methodological spiral between post-positivism and post-modernism (Mills, Bonner & Francis, 2006a; Mills, Chapman, Bonner & Francis, 2007). These developments have been accompanied by vigorous debate that has explored the realms of that which can and cannot claim to be GT (Charmaz, 2006; Glaser, 1992, 1998; Hood, 2007).

Development of GT over the years has generated a "banquet table" (Clarke, 2009, p. 198) of options for employment of the methods. Many terms have been used to refer to these developments: approaches, descendant methodologies (Corbin, 2009), extensions (Clarke, 2009), hybrids (Morse et al., 2009), methodological branches (Corbin, 2009), permutations (Mills et al., 2006a), remodelling (Morse, 2009), revisions (Charmaz, 2009), variants (Charmaz, 2009), variations (Stern, 2009) and versions (Bowers & Schatzman, 2009; Charmaz, 2009). For purposes of consistency, *variant* is used in this thesis when referring to the range of GT options.

GT variants have developed as researchers have used their own theoretical perspectives to address particular foci. Strauss and Corbin (1990; 1998) expanded on the SI perspective in their publications to explore how people make meaning out of their everyday interactions. Schatzman (1991; Schatzman & Strauss, 1973) developed dimensional analysis (DA), now considered to be a

separate GT variant, to explore the range of aspects within an experience (Bowers, 1988; Caron & Bowers, 2000). Clarke (2005, 2009) developed situational analysis which explores Strauss's work on social worlds and social arenas by embracing social constructionism and the discourse analysis of Michel Foucault. This variant is used to investigate the nonhuman objects, such as discourses and technologies, in a situation. Charmaz (2006, 2009) extended the application of SI in substantive fields, describing her approach as social constructivist GT. Although each variant has characteristics which distinguish it from others, all variants include strategies congruent with GT such as concurrent data collection and analysis, open coding, constant comparative analysis, theoretical sampling, theoretical sensitivity, memoing and theory generation (Charmaz, 2002).

Generic grounded theory methods

GT methods are used to study social processes, to direct collection of data and to manage data analysis (Charmaz, 2002). Answering the basic GT question, "What is happening here?" (Glaser, 1978), the aim is to develop theory explaining the action of people in a substantive field which is grounded in the data from which it is derived (Bowers, 1988; Charmaz, 2006; Glaser & Strauss, 1967; Glaser, 1978). Theory can be constructed on two different levels. Substantive theory is located in a particular field such as a family - the focus of this study - while formal theory renders a theoretical explanation of an issue or process that extends across a number of substantive fields such as social stigma and identity formation (Charmaz, 2006; Glaser & Strauss, 1967).

Grounded theory and the literature

At the commencement of a study, researchers are encouraged to enter the field with neither pre-conceived hypotheses nor a well-defined problem to explore. This is because inductive and deductive processes are used to systematically build theory from data in a recursive fashion. For this reason an extensive review of the literature is not conducted at this point. The concern is that consulting extant works raises the potential for a researcher to "force" previously established ideas on to the data during analysis (Charmaz, 2006; Glaser & Strauss, 1967). Once theory construction is well developed,

researchers consult the literature to locate their original contributions within the wider body of knowledge.

Sampling

Theory development begins inductively with data collection. Most commonly this involves interviews with participants and observations of people in the substantive field. At this point *purposive sampling* is used to select participants on the basis of meeting basic eligibility criteria to volunteer for the study. Charmaz (2006, p. 101) calls this the "point of departure" which gets the study under way. As theoretical development progresses purposive sampling is superseded by *theoretical sampling.* The purpose of this deductive strategy is to strengthen theoretical categories by gathering data from specific sources to contribute information which fills gaps or adds further properties to refine the developing conceptual framework. It is not an attempt to build a representative population sample (Charmaz, 1995a). Rather, as part of the recursive process of theory building, theoretical sampling brings the researcher back to the empirical world to explore the match between conceptualisations and substantive experiences (Charmaz, 2006). Considerations for the researcher at this stage of the emergent design are which group of people to collect data from next and the theoretical reasons for doing so (Glaser & Strauss, 1967).

Sampling continues until new data does not add significant theoretical insights or properties to the existing theoretical conceptualisations (Charmaz, 2006). This is known as *theoretical saturation*, although it is disputed as to whether it is ever possible for a researcher to know everything about a theoretically-derived concept or category. Strauss and Corbin (1998) note that, potentially, further properties or dimensions could always be found if a researcher looked hard enough. Saturation becomes more a matter of whether the researcher has sufficient data to support the claims being made (Dey, 1999). This is the point at which Morse (1995, p. 148) suggests that data collection should cease because researchers, "have enough data to build a comprehensive and convincing theory". Such an approach is consistent with Charmaz (2006) who proposes a series of questions with which researchers can critique their claims. Using the criteria of credibility, originality, resonance and usefulness does not imply

saturation as such. Rather, the criteria can be used as a challenge to researchers to rigorously review the data and constructions to ensure that theoretical claims can be supported. Charmaz's criteria have been used in Chapter Ten to critique the rigour of this study.

Constant comparative analysis

Constant comparative analysis is the concurrent collection and analysis of data to determine complexities and conditions which shift participants' strategies. This process continues throughout the study and is used by the researcher to guide both theoretical construction and ongoing decisions about data-gathering. In the early stages of a study, data from transcripts is analysed line by line. *Open coding* is used to identify small, separate pieces of data in the form of a word or phrase which indicates an action. These codes are often named with an *in vivo* gerund drawn directly from participants' comments (Charmaz, 2006). Examples of such gerunds in this study are "doing the right thing" and "stepping back".

Open codes are then grouped together as concepts which share some commonality and are again named with gerunds, preferably sourced from *in vivo* text to keep the developing theory grounded in the data from which it is being drawn. As concepts are identified the researcher seeks out relationships between them which contribute to an overall understanding of the action taking place in the substantive field. At these higher levels of abstraction *theoretical coding* is used to conceptualise how the concepts developed from open coding relate to each other (Charmaz, 2006; Glaser, 1978). This process assists with integrating initially disparate conceptual components. As analysis continues theoretical coding increases and open coding decreases. Small conceptual groups are subsumed under more abstract and more comprehensive theoretical codes to form categories with properties, strategies and consequences that encapsulate and explain patterns of behaviour in the substantive field. Conditions which mediate a change in action are also analysed and developed in this way.

Memoing and theoretical sensitivity

Throughout a study, researchers write theoretical memos to record their ideas, pose questions to explore and seek relationships between developing concepts and categories. This helps to focus and refine *theoretical sensitivity* (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967), a cognitive process which guides theoretical decisions about sampling, questioning, conceptualising and rendering of the theory. Researchers gradually develop this skill as they become closely involved with the data and are sensitised to theoretical aspects which merit further exploration and explanation. As a study develops, researchers are encouraged to remain open to new directions in the inquiry that emerge from analysis (Charmaz, 2006). Staying close to the data in this way can subsequently lead to a shift in the study focus. This keeps participants' voices prominent and supports a faithful rendering of the theoretical explanation of behaviour patterns in the substantive field. Theoretically sensitive use of GT methods contributes to the recursive conceptualisation processes used to progressively raise concepts through increasing levels of abstraction until a robust theory is developed (Glaser, 1978).

Definition of "theory"

As Charmaz (2006, p. 123) notes, the use of the term *theory* is "slippery" since it is mentioned by many GT writers, but not often defined. In contrast to the empirical scientific meaning of the term, "...an abstract generalisation that presents a systematic explanation about the relationships between phenomena" (Polit & Hungler, 1999, p. 716), Charmaz (2006, p. 126) proposes a definition that "emphasizes *understanding* rather than explanation" (emphasis in original). This definition has been adopted in this thesis with regard to the arrangement of concepts and their interrelationships which are grounded in the data from which they are drawn. In this study "theory" is defined as a "plausible account" of the behaviour in the substantive environment (Charmaz, 2006, p.132) of families caring for young children.

Social Constructivist Grounded Theory: Charmaz variant

SCGT as articulated by Charmaz (2006, 2009) has been used to guide this study and construct the theory of ***Adjusting and Redefining Priorities***. From a

social constructivist perspective, data generated from interactions between researcher and participants is analysed by the researcher with the aim of creating an interpretive understanding of the data that specifies a range of variation in the behaviour occurring in the substantive field (Charmaz, 2002, 2006, 2009). In doing so, it is acknowledged that generalisations from the theory can only be partial due to their location in time, space and prevailing conditions (Charmaz, 2002, 2009). When processes constructed in substantive theory are further abstracted they can transcend substantive areas to explain social patterns in diverse settings (Hood, 2007). Transferability of constructed theory is considered in Chapter Ten.

Acknowledging the diversity that has developed since *Discovery of Grounded Theory* (Glaser & Strauss, 1967) was published, Charmaz (2006, p. 9) posits SCGT as, "...***a*** way of doing grounded theory that takes into account the theoretical and methodological developments of the past four decades" (emphasis in original). She describes her research approach as complementing symbolic interaction (Charmaz, 2002) and a "contemporary revision of Glaser and Strauss' classic grounded theory" (Charmaz, 2009, p. 129). The inductive, comparative and emergent aspects expounded in Glaser and Strauss are retained and the abductive logic of Strauss (1987) is included to explore and explain theoretical components (Charmaz, 2009).

In addition to these methods, Charmaz (2006) considers SCGT to have taken GT beyond the practice of researchers taking their leads from only overt data. Not only is SCGT construction linked to constant comparative analysis, but the perspectives of both researchers and participants are made clear, along with the implicit assumptions of those viewpoints which have potential to influence the interactions being studied (Mills, Bonner & Francis, 2006b). In seeking to give voice to participants' views, co-construction of theory by researcher and participants is fundamental to collection, analysis and rendering of data. This ensures a constant emphasis on grounding data in the reality of people in the substantive field as they experience and explain it.

In detailing her assumptions and methods, Charmaz (2006, 2009) makes clear links between SCGT and its underpinning philosophical foundations of symbolic interactionism (SI). She also emphasises the need for reflexivity on the part of the researcher. In the following sections, the components which give SCGT its structure and dynamic qualities are presented and explained. These are SI, subjective positioning of the researcher, reflexivity and abductive reasoning.

Symbolic interactionism

*S*ymbolic interactionists examine action in a substantive environment and how people make meaning of their worlds. This theoretical perspective developed during the late 1800s and early 1900s and is generally traced to the work of George Herbert Mead (Morris, 1962) whose thinking was influenced by pragmatism, behaviourism and evolutionary theory (Charon, 1998). Mead's perspective was unique in its view of humans as active, thinking and self-defining actors in a social environment (Charon, 1998). Subsequent symbolic interactionists have integrated the ideas of other philosophers. These include John Dewey's (McDermott, 1973) use of ideas as tools to address practical problems, William James' (1978) focus on ideas that are practical, Charles Peirce's (1955) abductive reasoning and Charles Cooley's (1902) idea of one's *self* being shaped by perceptions of how others view oneself.

SI is integral to SCGT (Charmaz, 1995b, 2006). It makes the bridging of theory and method possible; a connection which Charmaz (1995b, p. 50) considers to be a "central strength and contribution" to qualitative enquiry because theory is empirically linked to the substantive areas from which it was drawn. Although acknowledging that other variants of GT do not use SI, Charmaz concurs with Clarke (2005) that "symbolic interactionism and grounded theory make a powerful 'theory-methods' package" (Charmaz, 2009, p. 134). The strong compatibilities between GT and SI include, "...the significance of studying processes, the emphasis on building useful theory from empirical data and the development of conditional theories that address specific realities" (Bryant & Charmaz, 2007, p. 21).

SI encompasses *self, act, social interaction, objects* and *joint action* as concepts which explain how people perceive and interact with the social world. Blumer (1969, p. 2) reduced the complex inter-relationship between these concepts to "three simple premises". First, a person acts toward things on the basis of the meanings that the things have for that person. Second, the meaning of such things is derived from social interaction with others, and third, these meanings are handled and modified by an interpretive process the person uses when dealing with the things he or she encounters. Hewitt (2007, p. 7) summarises these conceptual interactions as, "an organisation of perception in which people assemble objects, meanings and others, and act toward them in a coherent, organised way". Parents are continuously perceiving, interpreting and responding to the conditions arising in the daily management of their families.
An outline of how those processes are viewed from a SI perspective therefore contributes to understanding how data analysis and theory construction were conducted in this study.

Within the *self*, a standpoint where a person can "perceive himself, have conceptions of himself and act towards himself" (Blumer, 1969, p. 62), internal conversations occur between the "I" (the ego) and the "Me" (the social actor) (Morris, 1962). In a process we know as thinking, this self-interaction is where the unseen perceptions and self-interactions of people occur which guide their visible behaviour or *acts*. Situations are defined and responses are decided (Blumer, 1969). This intentional decision-making thus constructs individuals as being active participants in their worlds.

Social interaction results from the use of cognitive processes to guide behaviour. It is organised around *objects* which Mead described as "anything that can be designated or referred to" (Blumer, 1969, p. 68). Objects can be physical (a parent), abstract (love), definite (a job) or vague (uncertainty) and do not have any inherent value. Their meanings are derived from social interaction when an individual forms views and acts towards them. Objects can therefore have multiple meanings (Charon, 1998). For example the object of feeding a baby could be perceived as a chore, a source of distress or an opportunity for

enjoyable interaction. A parent's resulting actions are therefore dependent on how the activity is viewed.

Some objects are further defined according to their particular characteristics. These *symbols* are used to represent something more than their face values such as the dove representing peace in Biblical contexts. *Language* is a particular type of symbol, considered by Charon (1998) to be the most important of all. Words are spoken or written symbols foundational to the meaning and understanding of all other symbols. They are used to, "*refer to* or *represent* a part of reality" (Charon, p. 52, emphasis in original). This has particular application in SCGT research where the use of language constitutes a considerable focus for analysis of how people interact in the substantive field. Symbols can have different meanings for different people in the same context and their meanings can also be context-dependent. Therefore, when terms such as "family", "happiness" and "good" were used by parents in this study it was important to ask them to explain how they viewed the terms.

As people perceive and interact with the world they also *take the role of other* whereby imagining the world from the perspective of others (Hewitt, 2007; Morris, 1962) is used to guide actions when responding to situations (Blumer, 1969; Charon, 1998). This process has particular relevance to parents because young children are often unable to recognise or clearly express their needs. Parents can therefore be in the position of entering the world of the child when interpreting a situation and deciding how to respond.

People take on roles whenever they are in social situations (Charon, 1998). This is integral to SI thinking because roles and role-taking form the basis of understanding social behaviour from this theoretical perspective. Within SI, a role is an arrangement of ideas a person constructs to assist in handling a situation. The motivation for action is thus internally derived via interaction with the external conditions and therefore differs from the "cluster of duties, rights and obligations" (Hewitt, 2007, p. 62) that roles are viewed as elsewhere in sociology. Individuals formulate a number of roles which relate to different settings, and thereby "show a multiplicity of selves able to meet the challenges

of different social situations" (Lock & Strong, 2010, p. 206). This explains the simultaneous functions parents perform in a family such as nurturer, provider and caretaker. According to Charon (1998) family life is replete with role-taking which makes this study of families with young children a potential treasure trove to explore for social processes. It is also pertinent that Mead (Morris, 1962) traced the development of "self" from infancy when a child first learns to mimic the actions observed in others while learning to "take the role of other" before eventually constructing a "self" which interprets situations and responds uniquely. The children in the families who participated in this study were of an age when this process was under way.

The final SI concept to consider is that of *joint* action which Blumer (1969, p. 70) defines as "...the fitting together of the lines of behaviour of the separate participants" for a common purpose. It differs from social interaction because collaboration between two or more people and a common understanding of symbols are required. Joint action occurs at all levels of society, ranging from the informal level of two people preparing a meal for example, and through increasing complexity to the highly structured and diverse interactions occurring within social institutions and national organisations. Joint action in this study has been examined within family units and also as interactions between family units and larger societal structures such as the health system.

In summary, symbolic interactionists consider that individuals make meaning of a situation before acting purposively based on the constructions they have derived from their perceptions. This perspective on human behaviour has implications, outlined below, for the conducting of SCGT research in the substantive area of families with young children.

Positioning of the researcher

The philosophical positioning of the researcher impacts on all matters related to the conduct and reporting of a study. In common with many qualitative approaches, SCGT uses the concept of "human-as-instrument" (Lincoln & Guba, 1985) for data gathering and analysis. Constructivist researchers are clearly located as being a subjective component of the process. Their values,

priorities, positions, views and actions are assumed to influence theory construction and must therefore be acknowledged and incorporated into the research process (Charmaz, 2009; Mills et al., 2006b). The key method to address this positioning is the employment of reflexivity.

Reflexivity

At a simplified level, reflexivity can be viewed as "disciplined self-reflection" (Wilkinson, 1988). It is a response to the SI interpretation of how people construct reality and is used by qualitative researchers to identify and address subjective influences on the research process (Gough, 2003). Charmaz (2006, p. 15) is clear that "researchers, not participants, are *obligated* to be reflexive about what we bring to the scene, what we see and how we see it" (emphasis added). As subjectively-positioned, active contributors to the co-construction of data (Charmaz, 2006; Hall & Callery, 2001), researchers are socially interacting with participants and therefore SI concepts apply concurrently to those who are collecting data. Mills et al. (2006a) observe that everyone is influenced by their history, which shapes their worldview and the meaning they assign to truth. SCGT researchers therefore need to articulate how their life experience and views of reality influence theoretical constructions. The danger of not doing so is that "... researchers may elevate their own tacit assumptions and interpretations to 'objective' status" (Charmaz, 2006, p. 132). Finlay (1998, 2003) suggests that reflexivity can be used to re-construct subjective positioning in research from a problem to an opportunity.

Reflexivity is interwoven throughout all facets of the research process. Its presence and influence is communicated to the reader when researchers integrate information about the research context and their personal responses to it when findings are presented (Gough, 2003). Charmaz (2002) stresses the importance of context during interviews and calls for researchers to remain attentive to the needs of participants. These considerations were particularly apparent during interviews in this study with people who spoke English as an additional language or who were attending to their children while we spoke. Management of each interview was matched to the circumstances and in some

cases I drew the meeting to a close when I could see that the parents needed to focus on their children.

Researchers also use reflexivity to guide questioning. Not only should the style of questions and pacing of the interview suit each participant, but the researcher should remain aware of the challenge to balance pertinent questions against the potential of forcing responses (Charmaz, 2002; Glaser, 1978). Questioning driven by a researcher's worldview stifles the drawing out of data which encapsulates the participant's experience in that person's own words. The quality of subsequent analysis thus becomes a casualty.

Writing reflexive memos throughout a study is another method used by SCGT researchers to continuously acknowledge and explore how their previously-held assumptions, extant theoretical concepts and personal responses may be influencing the process. In this way, issues are addressed as they arise. Not only does this invite honesty on the part of the researcher, but in many cases memoing adds richness and depth to the developing theory which contributes to a study of high quality. One benefit of reflective thought during memoing is the opportunity to identify and explore areas that may be contributing implicitly to a situation. For example, researchers can pose questions generated by their own responses to the data as well as perceived gaps in what participants may have been discussing.

Abductive reasoning

Abductive reasoning involves both inductive and deductive processes whereby a theoretical conjecture is proposed from data analysis (induction), is checked out in the field (deduction) and then further compared with the existing body of data for further analysis. SCGT researchers employ all three of these problem-solving methods to analyse data and search for relationships between concepts. Abductive reasoning is drawn from the pragmatist tradition, especially the work of Peirce, Dewey and Mead who were significant influences on the work of Strauss (Charmaz, 2006; Reichertz, 2007; Strauss, 1987). Reichertz (2007, p. 220) describes abduction as "a mental leap" which brings ideas together in ways which had not been previously considered. In doing so, the

"fracturing" of the data in early coding processes contributes to the reconstituting of disparate ideas in ways which theoretically explain the action occurring in the substantive field. An explanation of how abductive reasoning was used to construct theory in this study is presented in Chapter Five.

In this part of the chapter, the clear alignment between SCGT as a research approach and the study focus of day-to-day management in families with young children has been explained. Part Two details how SCGT principles were used to guide data collection methods and includes the ethical considerations which protect those involved in the research process.

Part two: Data collection

Approval to proceed with this study was granted by the AUT University Postgraduate Board on December 10th, 2008 (reproduced in Appendix A). Recruiting of parents began in late January 2009. This part of the chapter begins by introducing the parents who provided the *in vivo* data which was integral to developing the theory of ***Adjusting and Redefining Priorities.*** Following this, the ethical considerations which guided their selection and upheld their rights and well-being as participants in this research are explained.

Introducing the participant parent group

SCGT researchers value the role of people who provide the data with which theory is developed (Charmaz, 2006). To clearly situate the participant parents at the heart of this study they are being introduced to the reader before the explanations about how data was collected and managed. Data is inanimate and serves only as a tool to extend knowledge. People have emotions and opinions; it is they who will be influenced by theory development drawn from the data. Therefore the presence of parents has been kept continuously overt as the data they provided is presented and discussed. Theoretical considerations of the research process are brought to life when integrated with the daily reality of families with young children.

Twenty-four parents from 20 families were interviewed – 19 mothers and five fathers. Two of the mothers were single, one parent was in a same-sex civil

union, and all other parents were married. Participants ranged in age from 31–46 years which reflects the trend in New Zealand towards older parents discussed in Chapter Two. The majority were of New Zealand or European ethnicity, but the group included one part-Māori, one Asian, one Middle Eastern and four Pasifika parents. Two of the European parents were immigrants. Annual family incomes ranged from less than $50,000 (two of these three families had an income of less than $25,000) to over $100,000 (six families). Twelve families had one child, seven had two children and one had three children. In two families the children were adopted. The ages of children in participant families ranged from 4 months to 3 years, 11 months. A table of participant characteristics is presented in Appendix B.

Ethical considerations

Research is a health care procedure (Health Research Council of New Zealand (HRC), 2005) and therefore written informed consent is required before data can be gathered from people. Researchers are also reminded to be conversant with the information set out in the Code of Health and Disability Consumers' Rights (Health and Disability Commissioner, 1996) which applies to anyone who participates in health research. The Code of Rights and the HRC document provide a clear and comprehensive framework to guide researchers in a manner which provides safeguards for participants at all stages of the research process. Gaining approval for the planned involvement of people in health research is a requirement before recruitment of participants can begin.

Ethical approval for the research was granted on December 8th, 2008 by the Auckland University of Technology Ethics Committee (AUTEC) (reproduced in Appendix C). The process of applying for ethical approval provides an opportunity, before the research commences, to both enhance performance of the practical matters involved in conducting the study and ensure that both the researcher and participants are protected from any anticipated harm. There are four key ethical considerations of importance to this study. These are the risks and benefits for researcher and participants, the role of the researcher, the context in which the study is carried out and the bicultural perspective related to conducting research in New Zealand.

Before agreeing to participate in any research those considering such a decision need to be made aware of any potential risks and benefits. Participants have a right to sufficient information from the researchers to support informed consent. This includes any potential risks or discomforts that may arise as result of their participation. Participants also have a right to know what steps will be taken to maintain their confidentiality.

Informed consent

People who verbally indicated an interest in participating in the study were given a verbal explanation of what was involved. If they agreed to receive more information they were either handed a copy of the Participant Information Sheet (PIS) (reproduced in Appendix D) or an electronic copy was sent to a nominated email address. Those who made initial contact by email were sent a brief acknowledgement of their message with the PIS attached to the return email.

When potential participants confirmed that they wished to be interviewed they were asked if they had read the PIS and whether they had any questions. At each initial interview these two components of informed consent were repeated and then a consent form was presented and explained (reproduced in Appendix E). Two copies of this form were completed and signed by each participant. One copy was retained by the participant and the other was handed to my lead supervisor for secure storage. When parents were interviewed on more than one occasion, the process was repeated at subsequent interviews and verbal consent was confirmed.

Part of the informed consent process involves informing participants of their rights to decline answering questions they do not wish to address, to turn off the recording device at any time and to terminate an interview should they wish to do so (Health Research Council of New Zealand, 2005). These rights were honoured during one interview when the topic of conversation turned to a subject the parent found painful and difficult. When she became visibly upset I switched off the recording device and asked if the parent wanted to stop. She did and the interview was terminated. I remained with her for another 20 minutes until she was more composed and indicated that she was feeling much

better. Later in the day I phoned to see how she was feeling. She reported feeling fine and was not experiencing any negative after-effects following the episode. The incident was memoed and mentioned to my supervision team. The potential for such an event to occur was anticipated in the ethics proposal for this study. It was stated in that document that if my use of therapeutic communication did not resolve the situation I would consult with staff from the AUT counselling service for advice on further strategies to manage it.

Another example of employing informed consent principles occurred during an interview with a different parent who indicated that the focus of our discussion was not what she was expecting. I clarified that GT sought processes rather than the quantifiable information on health practices that she was expecting. This seemed to alleviate her uncertainty and she continued to talk for another 20 minutes.

Maintaining confidentiality

Confidentiality is a key component of an ethically sound study. Assuring participants that their comments during an interview will remain anonymous contributes to creating a sense of trust in the relationship between researcher and participant. In this study all names of participants, their family members and any other person they named were replaced with pseudonyms. In most cases participants chose these for themselves, but in some instances pseudonyms were altered to ensure that the names used were not similar to each other nor resembled any parents' real names.

Transcripts were typed by a transcriber who had signed a confidentiality agreement (reproduced in Appendix F). Audio-recorded, electronically produced and written data generated throughout the study was available only to me and my supervisory team. When small portions of data were required for study purposes with other researchers, all identifying material was removed. The confidential management of participant data will continue throughout this thesis and in any report, presentation or publication arising from this study. Only pseudonyms will be used and any identifying material will be removed. In keeping with the requirements of AUTEC, all confidential material generated

during this study, whether audio-recorded, paper-based or electronically stored, will be held in a locked filing cabinet in my home for 6 years and destroyed at the end of that period. Electronic material will be protected by a password.

Researcher involvement

The methodology of SCGT necessarily involves the researcher as an active co-constructor of a theory that is developed from data gathering and analysis. While this is true for all occasions when participants are contributing to the research process using this methodology, in this study several participants were known to me in contexts beyond the research environment. This had the potential to intrude on the researcher/participant relationship and therefore I was particular about adhering to the principles outlined in the ethics proposal. When people known to me indicated an interest in participation their inquiries were handled no differently to any others who made contact. The same procedures were also followed before, during and after interviews. At no time was there a cross-over in our concurrent relationships. Once interviews were under way these parents were just as enthusiastic to talk about how their families were managed as parents who were unknown to me.

In most instances, interviews were conducted in the homes of parents, thereby posing a potential risk to me as a researcher. As a matter of personal safety, the ethics proposal also outlined the steps I would take to ensure my own well-being while conducting interviews. Accordingly, when an interview was arranged I notified a member of my own family before I left for an appointment and indicated the length of time I expected to be spending with the participant. On completion of the interview I notified my family member that it had been concluded.

The Treaty of Waitangi

In accordance with the ethical requirements of AUTEC, provision was made in the study for appropriate guidance from Māori advisors. This had a two-fold purpose. Not only was the necessary cultural support available for me and any potential participants who identified as Māori, but also oversight from these advisors helped ensure that the ethics proposal was compatible with the articles

of the Treaty of Waitangi. One advisor in particular gave specific and detailed advice which made an important contribution to the preparation of the proposal.

Only one parent identified himself as part-Māori. This was not articulated until demographic data was being obtained immediately before the interview began so no extra steps could be taken to prepare culturally. When asked if there were any particular actions the participant would like me take, his answer was “No”. Two other participants stated the ethnicity of their husbands as being either Māori or part-Māori. Although those parents made no mention of cultural aspects in their family life during interviews, it cannot be inferred that cultural perspectives were not influencing the ways in which the parents were managing their families. From the data collected, any cultural influence remains unknown.

Integrating Treaty of Waitangi considerations into the ethics proposal for the study highlighted the Treaty principles as being highly relevant to any research participant and also providing a useful framework when considering the ethical conduct of the study. The alignment between SCGT and the Treaty principles of participation, partnership and protection confirmed and strengthened the decision to use a theoretical stance that incorporated those values in its philosophical foundations.

Cultural considerations for other participants

Six parents identified themselves as being of non-European cultures. As indicated in the ethics proposal, before contacting the Pasifika and Asian participants a cultural advisor from each ethnic group was consulted for guidance on approaching the parents and handling the interviews. A memo summarising the discussion points with the Pasifika cultural advisor is reproduced in Appendix G. A parent from the Middle East was also interviewed. She volunteered during a conversation we had at a social event and was keen to participate. Her community in Auckland is small therefore a cultural advisor was not approached before the interview so that this parent’s anonymity could be maintained. This parent is a university-educated health professional and fluent in English. Her manner was warm and enthusiastic during the interview and gave no visual or verbal indication of cultural concerns.

Data sources

Data contributing to theory development was collected during intensive interviews with parents. This data-gathering method is commonly used for qualitative inquiry and enables comprehensive investigation of the research topic. In contrast to an everyday chat, intensive interviews are guided conversations where participants are encouraged to do most of the talking and researchers shift the direction of discussions when topics requiring further examination arise (Charmaz, 2006). GT researchers ask participants to explain their ideas rather than assume that those ideas are mutually understood (Charmaz, 2002). In this study, topics which parents were asked to explain in their own words included “family” and being a “good” parent. These terms are examples of words and phrases used by parents during interviews.

The interviews generated transcripts for analysis and also memos which were written to capture my reflections of each session of data collection. At times parents also emailed me with further ideas that had occurred to them subsequent to the interview, or in response to my requests that they comment on points in the transcript that analysis indicated would benefit from further clarification. In some cases, additional information was also elicited from telephone calls I made to participants. Permission for this additional contact was confirmed at the end of each interview.

There are two reasons for deciding not to conduct observations of parents with their children. First, my presence had potential to influence the family’s interactions and therefore the data may not have represented the daily happenings in the household. Second, interviews were often conducted while children were sleeping or at daycare. In many cases, parents had limited time to talk with me and I did not want to further intrude on their busy schedules.

In order to collect data with relevance to the topic being studied a set of characteristics was developed to encapsulate the group of people who could provide that information. Although reasons for choosing participants changed as the study progressed, due to theoretical sampling for instance, the initial criteria for eligibility remained unchanged. In Chapter Five, the additional criteria used

to recruit participants with particular characteristics for reasons of theoretical development are explained.

Eligibility criteria

Throughout the study, four criteria were used to determine eligibility for inclusion as a participant. Parents had to have children aged no older than 3 and be residing in the greater Auckland area. Participants also had to have self-reported comfort with expressing themselves in English.

The first criterion is linked directly to the focus of this study, which is how parents with young children manage their families. This phase in family life is potentially challenging for parents due to the high degree of dependence infants and toddlers have on their caregivers. It is also possible that the rapid growth and development of young children in this phase influences how parents manage their families.

In hindsight, this criterion eventually included families where the eldest child was nearly four years old. This older developmental phase centres more on pre-school skills and knowledge-building rather than my area of interest, which is, the early years after birth when initial development of parents and children occurs. Analysing transcripts from the interviews of parents with older children led to the realisation that not only was the data still largely focused on the first three years of life, but each of the families with a child who was nearly four also had one or two younger children. This data therefore contributed to theoretical development because it illuminated the experience of parents revisiting the newborn phase while concurrently caring for children at different stages of development. Rich data from families with older children opened many avenues for constant comparative analysis and theoretical development.

The second criterion was established for researcher convenience. However, the specified region also encompassed a population which could be expected to yield the necessary variation in family circumstances required to provide the range and depth of data that would support theoretical development. Sufficient data was subsequently drawn from the stated geographic region.

As a third criterion, participants were required to feel comfortable conversing in English for approximately an hour. Although this decision potentially excluded a number of Auckland families in which parents or caregivers do not speak English as a first language, theoretical analysis did not indicate a need to sample from non-English speaking parents for the purposes of this study.

Preparation of the ethics proposal highlighted a fourth criterion for participation in the study. Participants were also required to be a minimum of 16 years old. For research purposes, people younger than 16 are considered to be a vulnerable population (Polit & Hungler, 1999). Parents under 16 also have unique legal and developmental characteristics which need to be considered. The study was designed to investigate families in general rather than those with specific traits. As it eventuated, subsequent recruitment did not attract any volunteers who were less than 31 years of age. Many of the parents with pre-school children are currently aged 30 or more, so the age range of participants reflects general trends in New Zealand. Analysis of data collected from the existing participant group did not indicate a need to purposively sample parents younger than 31, so this potential line of inquiry was not pursued.

The number of participants could not be firmly stated at the beginning of the study because GT methodology and methods are used to achieve theoretical sufficiency from continuous analysis. However, as a requirement of doctoral and ethical approval the number of participants expected to be required for achieving theoretical sufficiency was estimated to be between 20 and 40. Eventually 24 parents participated.

Interview procedures

Recruiting parents

Purposive sampling was used to recruit in the early stages of the study. AUTEC-approved fliers (reproduced in Appendix H) which contained minimal information were given to friends, family and colleagues to hand on to anyone they knew who may be interested in participating. An acquaintance also chose to place one in a community parenting newsletter. Those who were interested in

proceeding were emailed or posted a PIS (Appendix D) using the recruitment process previously described.

As the study progressed, analysis indicated the need to begin theoretical sampling by interviewing parents with particular characteristics such as being a single parent. People in my networks were asked to pass on my contact details to anyone known to them who fitted the criteria being sought.

At two points during theoretical sampling people with particular characteristics sprang to mind who could potentially assist with developing a concept. In the first case a mutual acquaintance was asked to approach a person on my behalf to avoid any sense of coercion or obligation. The parent who was invited to participate in the study declined. In the second case, a casual conversation with a parent indicated that her family's current circumstances were demonstrating some of the theoretical concepts that had been constructed. She agreed to receive an emailed PIS, but having read it and discussed potential participation with her husband, the couple declined to be interviewed. These incidents demonstrate the ethical principles of lack of duress when recruiting and a person's right not to participate if he or she is not willing to do so (Health Research Council of New Zealand, 2005).

After 18 months of data-gathering and analysis, no one who identified as Māori had inquired about potential participation. Although SCGT does not require a representative sample with which to construct theory (Charmaz, 2006), I had hoped to include Māori in my participant group so that their voice did not remain silent amongst all the other cultures represented in the parent sample.

At this point I consulted with a Māori advisor due to concern that purposive recruitment of Māori parents could be construed as "tokenism". This was an illuminating and valuable discussion (memo reproduced in Appendix I). The advisor's comments concurred with Drewery and Bird (2004) who state three key principles that need to be incorporated into research amongst Māori: the collective perspective of Māori, the need for consultation and research accountability to Māori with regard to the use of findings. After reflecting on the

issues we discussed, the decision was made to not purposively recruit Māori. Not only are quite specific protocols required (Pūtaiora Writing Group, 2010) but as my Māori advisor commented, the diversity amongst Māori is enormous and therefore the contributions of one or two parents from a specific community would not represent Māori well. Complex difficulties arising from colonisation have led to some Māori protecting their knowledge as a taonga (treasure; Jahnke & Taiapa, 1999) and this perspective needs to be honoured and respected.

The interviews

Making arrangements

Interviews were arranged with the comfort and convenience of parents being the priority (Charmaz, 1995b, 2002). They chose the date, time and place for interviews and they also stated whether they had a limited timeframe of availability. When making arrangements with parents who had a spouse or partner, that person was encouraged to extend the invitation for participation to the other parent. In four cases both parents were present during the interview. At two homes the fathers were in the house but chose not to participate.

Immediately before each appointment parents were phoned to confirm that they were still available. One interview was conducted in the parent's office and the remainder were in parents' homes. Timeframes for interviews ranged from 40-120 minutes. In situations where the discussion had exceeded an expected length of one hour parent(s) were asked if it was convenient to continue. Reminders were given that they were under no obligation to do so and that they could terminate the conversation at any time. In many cases the interview came to a natural conclusion when their babies awoke. At the end of each interview parents were asked for permission for further researcher contact if anything needed to be clarified. Parents were also given a supermarket voucher of modest value to indicate my appreciation of their time and contribution to the research.

Maintaining an ethical approach

After informed consent was gained and before recording commenced, pseudonyms for parents and other family members were chosen. It was also clarified that questions from parents were welcome at any stage.

Guiding the conversations

There was no prepared schedule of questions for the first interview in the study. In line with GT practice regarding the commencement of an enquiry some very broad, open-ended questions were used to initiate conversation with the first interviewee (Anne) and encourage her to begin talking on a topic that she was familiar with. With reference to the confirmation of Anne's pregnancy 2½ years previously, the interview was opened with, "...if we talk about becoming a parent, what springs to mind?" This is an example of a "sensitising concept" (Blumer, 1969; Charmaz, 2006) whereby our discussion not only had a mutually-agreed focus – data-gathering for the study - but there were also existing concepts related to the topic that lacked specification. Data provided by Anne began the process of locating the term "parent" within the contemporary experience of a family with young children.

When parents made comments of particular research interest during the interview they were encouraged them to expand their ideas via comments such as "Please tell me a bit more about that". Techniques of clarification and reflection were also used to gain a clear understanding of what parents were saying and to avoid researcher interpretations based on my own perceptions. In the following excerpt reflection was used to clarify some points in a scenario Anne had described when her general practitioner (GP) said that she did not provide maternity care:

> **Anne**: Probably a little bit shell-shocked... It didn't deflate the situation, but you went to the doctor to find out, to confirm it, and all of a sudden you're passed on to somebody else... We thought the doctor would take more ownership of your health and well-being...
>
> **Researcher:** So, you had established a relationship with this person and you were expecting it to continue it in some way?
>
> **Anne:** Yeah, but I guess because we had never been pregnant before we obviously didn't really know.

In later interviews questions were introduced that were drawn from emerging concepts and the relationships that appeared to link them. Toby's comments about "responsibility" were explored further since data analysis had indicated that this concept had a range of dimensions. He was asked about links other people had made between responsibility and "feeling guilty" if they had not acted in a certain way:

> **Researcher:** You are talking about a sense of responsibility. A number of people have talked about feeling guilty; does that mean anything to you? As parents they feel guilty if they don't do this or that. I'm just wondering if there's a tie up there.
>
> **Toby:** If I was working full-time I might feel more guilty that I wasn't spending enough time with him. But I don't feel guilty at all about my 2 or 3 days a week because I know he loves daycare. He has a fantastic time and I look at daycare not as parenting for me but it's about learning and teaching experiences… It's not babysitting… So I don't feel guilty about that at all. Sometimes I feel guilty when I am home with him and I leave him to play by himself while I check my email or something but then I'm pleased to find in development books that the ability of a child to play quite happily by himself for 20 minutes is a good thing.

As Charmaz (2002) advises, at the conclusion of each interview the discussion was drawn to a close in ways which restored conversation to a light, everyday level. Parents were also asked if they had any further comments to make or any questions about the interview or the research process.

Overview of data-gathering phases

Interviews took place in phases between January 2009 and August, 2011. Purposive sampling began in early 2009 when seven parents who met the recruitment criteria were interviewed to provide an initial pool of data with which to commence analysis. From each of these interviews concepts of interest were selected to explore more fully with the next participant.

In mid to late 2009 six more interviews were conducted, during which developing theoretical constructions were explored with parents (theoretical sampling) to develop complexity and variation. Several parents were also interviewed for a second time. For some, an additional baby had been born and this provided an opportunity to explore the experience as it was happening, rather than to hear memories of it after several years had gone by. For others it

was an opportunity to follow up on concepts that had arisen during the first interview. Charmaz (2002) recommends multiple interviews for a number of reasons, including the charting of an individual's progress through an experience, the developing of trust between participant and researcher, and the addition of depth and detail in a person's view of the world.

In mid to late 2011 two parents were interviewed for a second time to discuss the close-to-final constructions of concepts and relationships developed from analysis. This process is known as *member checking* (Charmaz, 2006). Their feedback was integrated into the theory presented in this thesis.

Conclusion

SCGT methods and methodology have been explained in this chapter and applied to the data gathering processes used in this study. A clear case has been made to establish the suitability of this research approach for examining the substantive field of families with young children. In particular, it has been shown how the SI concepts which underpin SCGT can be used to illuminate the ways in which people make meaning of their social worlds and interact within them. In doing so, the tacit and overt assumptions embedded in the substantive area can be identified and the ways they influence social interaction can be explored. The subjective positioning of the researcher, another key element of the constructivist approach, has been integrated with the methodology to explain how data is collected and analysed in collaboration with participants. This strengthens the rationale for using SCGT because such an approach maintains strong links between the daily experiences of families with young children and the theoretical renderings which explain the interactions in which families engage. In the next chapter, an explanation is given of the ways in which the methodological foundations of SCGT were used to analyse data and construct the theory of ***Adjusting and Redefining Priorities***.

Chapter Five: ANALYTICAL PATH TO THEORY CONSTRUCTION

This chapter uses the social constructivist grounded theory (SCGT) methods and methodology presented in Chapter Four to explain how the theory of ***Adjusting and Redefining Priorities*** was constructed. An explanation of the dimensional analysis (DA) methods used during theory construction is also included. The chapter begins by presenting the initial coding and category construction developed from early data gathering and analysis. Memoing, sampling and analytical methods are then incorporated to demonstrate how theory construction developed in response to constant comparative analysis and theoretical sensitivity. The process of progressively raising concepts through increasing levels of abstraction then builds towards an explanation of the core process – ***Adjusting and Redefining Priorities*** – and the purpose for which parents were striving, **Building Family**. Next, the trajectory conceptualised to illustrate the dynamic interactions between theoretical components, is presented. This is followed by an overview of the salient conditions which influenced the shifts and changes in parental behaviour patterns during the everyday management of their families. Finally, member checking and theoretical sufficiency are explained and then used to demonstrate how the theory was finalised for presentation in this thesis.

Maintaining fidelity to the studied phenomenon

Charmaz (2002, p. 692) privileges "fidelity to the studied phenomenon" over the methods used to construct theory. Blumer (1969) advocates a sense of respect for participants. Representing participants' views of the world is the priority in SCGT research so that readers can understand how those providing the data perceive and interact within social contexts, and therefore rigour is important. Chapter Four demonstrated how social constructivist perspectives that enhance rigour are woven throughout all facets of the SCGT research process via methods such as reflexivity to question a researcher's interpretations and decisions. The application of Charmaz's (2006) evaluation criteria in Chapter Ten acknowledges the importance of upholding robust standards when research is conducted.

GT moves recursively between empirical worlds and theoretical conceptualising. As levels of conceptualisation become more abstract there is potential for losing sight of the substantive field data is drawn from unless attention is given to retaining links with the everyday reality of participants. The interpretive nature of SCGT construction is challenging to document and explain systematically and clearly to readers due to the continuous internal conversations a researcher engages in while moving between theoretical and practical dimensions of a study. Cautions against "methodolatry" abound in the literature (Chamberlain, 2000; Janesick, 1994; Wilson & Hutchinson, 1996), whereby strict adherence to the dogma of methods overshadows the experience of those people the theory claims to represent. The material which follows has been drawn together with that in mind. The aim when explaining the methods and rationale used to analyse data and direct theoretical construction in this research is to remain faithful to what parents have said about managing their families with young children. They are given voice through the use of the techniques and underpinning assumptions of SCGT to demonstrate that analysis is clearly linked to what parents have said. Using *in vivo* terms to name concepts, for example, links substantive experience with theoretical renderings.

Theory construction: analytical processes

Theoretical construction commenced once the first interview had been conducted and continued until close to the date of submission. The process over three years was guided by constant comparative analysis and involved various coding methods, memos, diagramming, dimensional analysis, and theoretical sampling.

Coding

Coding is the first step in raising the data from the descriptive level to the conceptual. Coding during SCGT construction occurs in different ways and for different purposes, depending on the stage of theoretical development. In the early stages of data analysis *initial coding* involved line-by-line analysis to identify words and phrases that could be labelled to categorise, summarise and account for the ideas being expressed (Charmaz, 2006). The hundreds of codes generated by this process were studied concurrently to see how well they encapsulated the implicit and explicit meanings of the parents (Charmaz, 2002).

Labelling of codes with gerunds (action words) preserved the processes which contributed to the building of theory. As more data was collected and coded, gerunds enabled constant comparative analysis which examines similarities and differences between processes drawn from different people (Charmaz, 2002). An example from Toby's transcript (Table 5.1) demonstrates how his comments were *interpreted* during initial coding.

Table 5.1 Initial coding of transcript

Transcript	**Initial coding**
I think that certainly, the different tasks that need to be taken care of in the day need to be slotted in, particularly when I'm home with the baby. Well I know I can't vacuum at this time but I can do laundry at this time and I can get my little list taken care of while he's asleep or while he's awake, and that means that when my partner comes home, that I'm not using valuable face time for the three of us in hanging out the clothes or doing other little tasks. There will be points in time where the two of you can have some face time and play together and roll around on the floor or whatever and I'll go and get dinner ready, or I'll bathe him and dress him, you feed him and I'll make dinner. Sort of dividing and conquering what needs to be done.	Having tasks Prioritising tasks Finding time Having simultaneous roles Knowing restrictions Taking opportunities Accomplishing responsibilities Matching tasks with child's patterns Planning ahead Valuing time together Allocating time Supporting parent/child relationship for other parent Sharing responsibilities Accomplishing tasks together

The next step in coding was to gather together groups of similar or regularly-occurring codes under headings which were more abstract and general. Known as *selective* or *focused* coding, this level of abstraction enables large amounts of data to be sorted and integrated because selective codes capture analytically precise representations of data which are then used in building categories (Charmaz, 2002, 2006). The text used in Table 5.1 is presented again in Table 5.2 (p. 90) to show which codes were analysed further as theory construction progressed.

Table 5.2 Focused coding of transcript

Transcript	Focused coding
I think that certainly, the different tasks that need to be taken care of in the day need to be slotted in, particularly when I'm home with the baby. Well I know I can't vacuum at this time but I can do laundry at this time and I can get my little list taken care of while he's asleep or while he's awake, and that means that when my partner comes home, that I'm not using valuable face time for the three of us in hanging out the clothes or doing other little tasks. There will be points in time where the two of you can have some face time and play together and roll around on the floor or whatever and I'll go and get dinner ready, or I'll bathe him and dress him, you feed him and I'll make dinner. Sort of dividing and conquering what needs to be done.	Prioritising tasks Having simultaneous roles Accomplishing responsibilities Planning ahead Valuing time together Allocating time Sharing responsibilities

Theoretical memos and category construction

Charmaz (2006) considers memo-writing to be a crucial method in GT as it catches thoughts, captures comparisons and connections and helps crystallise questions and directions for the researcher to pursue. The connection with SI is made clear by Charmaz when she comments that "Through *conversing with yourself* while memo-writing, new ideas and insights arise during the act of writing" (Charmaz, 2006, p. 72, emphasis added). In comparison to reflexive memos, *theoretical memos* are used by researchers to explore relationships between the concepts drawn from initial and focused coding of data, thus raising analysis to a higher level of abstraction. This process assists with category construction where a range of codes is integrated to explain the world of participants in the substantive field. As theoretical memos are written, researchers take time to think about the data, clarify categories, look for relationships with other categories and determine any gaps in existing data or analysis which could be addressed by further data collection (Charmaz, 2002). Accomplishing these goals involves an analytical "fracturing" of the data whereby codes are broken down to determine category properties, consequences of actions and the conditions when shifts and changes occur.

The fractured portions are then woven into an interpretive rendering of what participants are saying.

Theoretical memos are the forum where researchers explore links between concepts, pose questions raised by analysis and proffer potential explanations of behaviour in the substantive field. A theoretical memo written during the early phases of theory construction is reproduced in Appendix J. It suggests some general links between concepts and poses a lot of questions for me to answer via further analysis and data collection. A further memo (reproduced in Appendix K) was written 15 months later when theoretical development was well advanced and clear links had been established between concepts and categories. This memo is longer, answers some of the questions posed in the earlier memo and comfortably renders an interpretive explanation of the world of parents with young children.

The rendering process is where the "voice" of the researcher becomes present (Charmaz, 1995b). Development of this voice is a further purpose of theoretical memos (Charmaz & Mitchell, 1996, 2001). The subjective, interpretive and relativist positioning of SCGT acknowledges the researcher's involvement in a study and therefore provides a platform for "communicating the fullness of fieldwork phenomena" (Charmaz & Mitchell, 1996, p. 287) in such a way that readers can enter into the reality of the participant's world. With reference to Blumer (1969), Charmaz and Mitchell (1996, p. 287) consider it to be the job of SI researchers to "study and report those situations as encountered and lived by others and ourselves". The writer's voice contributes to the imagery used by readers to understand the depth and complexities of those in the substantive field.

Reflexive memos also contribute to the analytical work of theoretical memos. By stepping in and out of the substantive field the researcher integrates personal knowledge and experience with what is being described by participants. The following reflexive memo was generated by a theoretical memo written to explore the concept of "connection" as it had been explained by the participant Jill. This memo integrates an incident of my own with Jill's ideas and concludes with the insight gained by comparing and contrasting the two scenarios.

> ***October 14th, 2009 Reflections on "connecting"***
> With regard to "connecting", I am reminded of the time I spent with [my daughter] in a 4-bedded hospital room when she was 3. A child of about 6 was admitted with asthma. She was on her own quite a lot but was visited reasonably often by a woman in her 30's. No one stayed with that child overnight as was the case with all other children in the room. The interactions between the woman and the child were minimal and not especially warm as I would have expected from the mother of a sick child. I found out eventually that the child was the niece of the woman who was now her legal guardian because the girl's own mother had died. I was obviously expecting to see some sort of unspoken connection between these two and was confused by the apparent lack of bonding or qualities of warmth in their mostly functional interactions. This has made it clear to me how ingrained our perceptions of others become and how completely unaware we can be of this. What I expected to see could not exactly be put into words, but when I didn't see it, I knew it wasn't there. To some extent, this experience is linked to both of the manifestations of "spiritual connection" described by Jill and Sam.

This memo provided a way of thinking through the discrepancies between what I observed and what I expected to see. Relating concepts derived from Jill's concepts to a personal experience of mine brought the processes of perceiving and constructing situations to life for me.

Theoretical coding

Memoing of ideas about links between concepts contributed to theoretical development by suggesting ways in which concepts could be collected into different categories that explained a particular process or outcome. These categories were named with terms derived from analysis in the process of theoretical coding. Such codes are an abstraction from the *in vivo* codes drawn from line-by-line analysis. They encapsulate the ideas or principles present in the raw data and elevate theoretical thinking from the specifics of a particular situation to the action that is occurring. Charmaz (2006, p. 63) describes this method as a "sophisticated level of coding" which enables the focused codes from earlier analysis to be related to each other in a logical manner. Table 5.3 (p. 93) shows how concepts constructed from multiple *in vivo* codes were allocated to potential categories at a stage of analysis when "Developing a parental role", "Learning" and "Establishing family" appeared to be prominent categories to explain the actions occurring in the substantive field.

Table 5.3 Memo of concept allocation

Memo: February 2nd, 2010. Potential category allocations of concepts

Developing a parental role	Learning	Establishing family
Being a good parent	Being prepared	Emotional connection
Guiding principles	Creating a framework	Seeking happiness
Making a space	Building capacity	Creating a family
Looking to the future	Monitoring well-being	
Delegating childcare	Managing day-to-day difficulties	
	Doing the right thing	
	Balancing	

As analysis continued over the subsequent months, theoretical memos to further explore relationships between concepts involved the moving around of concepts and re-naming of categories. This process was conducted concurrently with diagramming to try out various ideas about how theoretical components were related to each other.

Diagramming

Creating schematic arrangements to investigate potential relationships between concepts that had been proposed in the memos proved a valuable tool for category development. Consulting works by Charmaz, (2006), Strauss (1987), Robrecht (1995) and Kools, McCarthy, Durham and Robrecht (1996) assisted by explaining and illustrating how pictorial representations could be used to work with the data. Charmaz (2006, p. 118) recommends the use of diagrams to explore relationships between categories, as well, to gain an understanding of "the relative power, scope and direction" that categories are suggesting. She also notes that diagrams can be used in different and useful ways throughout the entire analytic process. Diagrams were constructed throughout this study as a way of creatively working with the data and also as a means of explaining the developing theoretical constructions to others. For example, one diagram was constructed from analysis of "doing the right thing", an *in vivo* phrase used by a number of parents (reproduced in Appendix L). This helped with investigating how the categories under construction related to this concept.

Dimensional analysis (DA)

DA (Bowers & Schatzman, 2009; Schatzman, 1991) was a further method used to examine parents' perceptions and interactions as they managed their families. DA is an analytical process that researchers can use to view data from different perspectives, taking into account the context of a situation along with the various attributes, processes and meanings contributing to it (Kools et al., 1996). This analytical tool is compatible with a social constructivist perspective due to the shared philosophical roots of pragmatism and SI (Caron & Bowers, 2000).

Schatzman (1991, p. 309) views DA as a "variety of human thinking" that developed from "natural analysis", a process he considered was learned as a natural part of early socialisation. Natural analysis involves breaking a complex phenomenon into small segments which can be considered carefully before the segments are re-constructed into an interpretation from which a person acts. As an extension of natural analysis, DA involves a researcher using analysis of a phenomenon's component parts to guide interpretation of the patterns of social interaction occurring in the field of study.

Bowers (1988) describes DA as one of two, very similar, overlapping analytic methods in GT. Each method uses constant comparative analysis to code data, form categories and examine processes which demonstrate relationships between concepts. Where they differ is the stage at which these analytic methods are used. In the early stages of DA, codes are explored with regard to the dimensions or scope of a concept. Constant comparative analysis is then used to continue theoretical development. This contrasts with the use of constant comparative analysis from the beginning of theoretical development to build up concepts from *in vivo* codes.

In particular, DA can be used by researchers to explore how perspective and context influence the ways in which people define situations. By shifting around the centrality of factors in a situation, the construction of the social object is changed. This process demonstrates the *relativistic* positioning of SCGT.

In this study DA was used to "question" the data from different perspectives in order to understand the different ways in which parents perceived and interacted with the world. For example when reviewing Molly's transcript, words and phrases such as "when", "at least" and "because" were embedded in her explanations of how she managed her family. Exploring the text around these terms showed that the *conditions* in which events occurred *shifted* the way Molly viewed situations and acted. For example, Molly described a day as being "good" when she had some of her own needs meet.

> Today has been a good day **because** I met my sister in law and we went for a walk which was nice. **Because** my husband is actually on school holidays at the moment … ***so*** I didn't have to get up quite so early to go for my walk …Being able to walk in daylight **instead** of in the dark.
>
> (Molly)

Later in the interview Molly described how she managed care of her children and the household responsibilities in conditions when her husband was absent. Molly's perspective shifted from being a mother with time for herself to a mother with full care of the home and the children while her husband was focused on his work. A prominent concept apparent in Molly's transcript was "balancing" in its many forms and conditions, so this was the focus for early exploration of perspectives. Groups that stood out were "being in balance" for family, self and relationship with the other parent, and "being out of balance" for the same three perspectives. Each group was further arranged under headings of conditions, strategies and consequences.

Balancing was further explored by using DA to construct an *explanatory matrix* (Caron & Bowers, 2000) to examine an incident focused on a crying baby. Analysis of the scenario suggested that balancing strategies used to resolve the situation involved three sub-categories: "feeling balanced", experiencing "disturbed balance" and "re-gaining balance"**.** Over the next few months this small diagram was extended, memoed and re-drawn as analysis continued. An example of DA is reproduced in Appendix M to demonstrate different arrangements for positioning categories in relation to the core process under construction at the time**.**

Theoretical sampling

Data gathering was guided by the developing theory. As analysis raised questions and identified gaps, recruitment turned to seeking out parents with particular characteristics who could add complexity and depth to the constructions. In this way *theoretical sampling* was used to develop the "analytic power" (Charmaz, 2002) of the theory. This method is employed once tentative conceptualisations have been constructed because, if commenced too early during a study, the quality of analytic progress can be inhibited by premature assumptions which stifle theoretical sensitivity and, therefore, subsequent category construction.

SCGT theoretical sampling incorporates abduction, a logical inference strategy proposed by Peirce (1955). He conceptualised the method as the adoption of an explanatory hypothesis which plausibly accounts for existing arrangements of data. The tentative hypothesis is then taken to the field or checked against documents, observations and other forms of data to examine its worthiness. Abduction is how researchers determine whether the intuitive insights, or 'hunches', they have drawn together from analysis effectively portray the action occurring in the substantive field. Charmaz (2006, p. 104) describes the process as "a logical inference that offers a theoretical interpretation".

Theoretical sampling was used for strengthening the conceptual framework of "Making Space" which was presented at a meeting of the AUT Faculty of Health and Environmental Sciences in March 2010. The categories of "Developing the parental role", "Adding to the repertoire" and "Creating family" explained the three major categories constructed from data analysis up until that point. They were visually related to each other in a diagram of overlapping circles (reproduced in Appendix N) with a central area of commonality being "happiness". Happiness and balance were common topics raised by parents during interviews at that time, but it was not clear how those concepts were constructed or influenced. Theoretical sampling was used to find out how, and under which conditions, the relationships between the different spaces shifted and changed. It was also used to dimensionalise "happiness" and explain what it was and how it related to the theoretical categories. Mary's comments during our second interview clearly linked happiness with security and confidence.

> **Mary:** You want to build security so that they grow up happy and secure. So being confident is really important, but when I think about building security and all the love I put into it, to make them feel good and happy, I want to make sure they're happy and confidence is a side thing to the happiness. That hopefully they will be confident because they are happy and secure.
>
> **Researcher:** As an adult, how would you know that they are happy? What does that actually mean?
>
> **Mary:** You just see it in the way they carry themselves and the way they play and I guess it's because they show……No not always confident because some people aren't necessarily confident but it doesn't mean they are not happy. I just think that they're happy to play, they're happy to interact with other people and to talk and do things like that.

In this case Mary was describing the happiness of her child and what her actions were aiming for in ensuring his happiness. During an earlier interview she had linked the happiness of the family to the well-being of each family member whereby if one person was not well or happy, the entire family was affected. Mary's comments added breadth and depth to the categories of "Creating the parental role" and "Creating family" in particular as well as links between them. It also introduced a further line of inquiry, "being happy but not confident" which could be compared and contrasted with an existing concept of "happy, but not healthy". This constant examination to determine similarities and differences contributed to clarifying and explicating concepts. Constructions of "health", for instance, included the presence of some components (glowing skin, smiling, playing happily) and the absence of others (not being sick, not being at the doctors).

Theoretical sampling was also used to add breadth and depth beyond the general characteristics of parents who had participated during the initial sampling phase. Over the course of the first 15 interviews topics discussed increasingly involved the introduction of theoretical constructs developed from analysis. However, although this data collection phase had contributed considerable information from which to construct a theory, all of the parents had been in committed relationships and were mostly European. It was important to explore whether the existing theoretical constructions would be useful in other family settings. Used in this way, theoretical sampling was a method to further

refine categories by adding complexity to their scope, discovering variation within them and seeking out gaps within and between them (Charmaz, 2006).

Further participants were recruited via my personal and professional networks and five more interviews were conducted. Parents during this phase included two single mothers, a mother from the Middle East, a second immigrant Pasifika couple and the mother of a child with complex health issues. Data from these parents added to an understanding of cultural influences on the "spaces" parents were creating in their homes and how the presence or absence of extended family influenced how parents managed their families with young children. The mother of the child with complex needs provided insight regarding the influence of health professionals on the ways in which she and her husband were managing their family. This parent was also dealing with health issues of her own. Analysis of this additional data generated thinking about how all of these dimensions influenced the shifts between spaces for parents. It also raised questions about the prioritising parents used to make decisions about what or who would be attended to and what or who would have to wait.

Theoretical sensitivity

Charmaz (2006) describes theorising as stopping to think about ideas in new ways. In doing so researchers learn to see possibilities, establish connections and ask questions. In other words, they become *theoretically sensitive* to the data and their constructions. As memos continued to be written while looking for relationships between concepts, asking questions and following up ideas that arose, the analytical focus shifted from the different responsibilities of parents to how the individual members of the family were constructing their worlds. The spaces remained, but were renamed the "individual parent space", "parental unit space", "child space" and "family space". Eventually the child space was subsumed into the other spaces to acknowledge that it was *parents* who were providing the data, not the children. "Making space" went on to incorporate elements of *adjusting,* as indicated in the following memo excerpt.

> ***May 26th, 2010*** ***Making and adjusting***
> The ***making*** I am thinking of involves an element of **creating** because space does need to be made for a child at various stages; certainly at birth because the space the child will occupy, figuratively-speaking, has

> simply not existed previously. But the **making** that goes on after that is a continuous process which incorporates existing elements with a continuing stream of new components, and maybe the redundancy of some of those already present, which have to be assessed and addressed in light of the prevailing conditions. **Making** encapsulates the building part of the process and **adjusting** encapsulates the constant shifts which support the **making** to happen.

A diagram of "Making and Adjusting Spaces" was created to represent the three spaces, each of which encapsulated a particular parental focus with a designated process and a purpose. "Fulfilling concurrent roles" had a focus on the parent as an individual. In two-parent families, "Functioning as a parental unit" focused on the dimensions of the relationship between parents. Variations of this space occurred when parents were single, adding to the complexity of managing these families. "Focusing on the individual child" addressed the parent attending to the needs of the child. The "family space" was re-conceptualised as the purpose for which parents are making and adjusting spaces and became "Forging the Family", a term chosen because it represented the stresses and strains of caring for small children as well as the strength and resiliency achieved in the process.

Analysis of how "adjusting" influenced individual parents to "redefine self" in order to accommodate the responsibilities of parenthood led to thinking about the scope of redefining. It appeared to have a broader influence on how parents were operating within their families. Re-reading of earlier memos showed that there were many references to adjustments being made by parents who were aiming to restore balance when there had been a disturbance of some kind. Consequently "redefining" was raised from a sub-category that was constructing parents' views of themselves to an integral component of the core process which was guiding all of their actions.

> ***August 4th, 2010 ?Re-defining and Adjusting Spaces***
> As I have been writing about *Re-defining personal spaces* I find myself wondering whether *Re-defining* can be moved up a few notches to a spot in the core process. If *Spaces* are already in existence and parents are well used to *Adjusting* them, and if the responsibility of parenthood is the chief cause of having to *Re-define spaces*, it makes sense to use this word to modify the existing two-word phrase. For a long time I have been looking at *Making and Adjusting Spaces*, something which [supervisor] struggled with because she questioned whether spaces kept getting made until there was an explosion! If I was to use *Re-defining and*

> *Adjusting Spaces,* the "making room" dimension I was trying to express is taken care of. Going back to my analogy of clearing away stuff on a sofa so that someone can sit down, it probably isn't *making* room at all; it is really just a re-organisation of the existing space.

Concurrent with these theoretical developments the purpose of the core process was again reconceptualised to become "Shaping the Family". This phrase suggested a constant "ebbing and flowing" (an *in vivo* term from Molly) in family dynamics rather than a mechanistic and rigid "one-way" process. At that point parents were constructed as redefining and adjusting spaces to shape the family. By *shaping* the family parents could address their responsibilities. For example, when redefining their individual spaces, parents might redefine their role as "fulltime employee" to "fulltime parent" in order to shape the family by caring for the children. Further diagramming of the spaces led to identification of component spaces within each one which were constantly interacting and had the potential to influence how parents were viewing and interacting with the world. An example is reproduced in Appendix O.

Theory construction: theoretical concepts

This section introduces the theoretical concepts that were developed from analysis and integrated into the theory presented in this thesis. These are the core process, the purpose, the trajectory and the salient conditions which influenced the shifts and changes experienced by parents as they managed their families.

The core process

Naming the core process which linked the strategies, outcome and purpose remained a challenge. Theoretical construction using "spaces" had developed well, but the term was proving to be somewhat confining when viewing interactions between the spaces that had been conceptualised. A memo written in January, 2011 mentioned ***Adjusting and Redefining Priorities*** for the first time. Although "priorities" had turned up many times in previous discussions and memos, up until that point they had not appeared to be central to the actions of parents with young children.

> ***January 25th, 2011 Memo made while transcribing meeting notes***
> **Researcher:** You keep coming back to prioritising and so do I. I keep trying to find other ways of saying it, but they are constantly saying, "Whose needs are on top at the moment?"
>
> **Supervisor:** Or, "What is on top at the moment?" It might simply be this child is crying, that child needs feeding. The phone is ringing and I've got a headache. I can't get away from the prioritising word either. **Memo: ?Adjusting and redefining *priorities*?** It's lovely that you have the complexity.

In the weeks that followed, "priorities" remained firmly at the centre of theoretical development as categories were further refined and the purpose of the core process was sought. Associating this noun with the gerunds of "adjusting" and "redefining" conferred a sense of movement which could be clearly linked to all theoretical components. Confirmation that this core process had a place as the organising principle and name of the theory came when re-reading the transcript from Fran's first interview in February, 2010. As the interview commenced, Fran was asked what it was like to be the mother of two pre-school children. Her response was "Constantly juggling their needs". When asked to expand on that comment she said:

> Juggling between competing priorities. I've obviously got my family obligations here, the juggling also involves with my son … So we have a number of appointments that we have plus he gets sick quite often… there's a lot of juggling around meeting his appointments between me and my husband. I'm sort of negotiating through that. Meeting my commitments to work and also finding time for me. Time to keep myself well, and that's just basic things like getting out for exercise. Even if it's only for 2 or 3 hours a week. Just trying to make things like that a priority, because I need to do things like that to keep me mentally well. So it is factoring in a lot of competing demands… I've had quite bad postnatal depression and that's been a constant thing, so I have to keep well, because if I don't keep well things start to crumble. So I've kind of got to try and build those priorities and keep myself well, because if I'm not well then I'm not looking after the kids and I'm not… You know, everything's falling down, pressure is being put on [my husband]. It's a sort of a vicious circle. Anxiety, tearfulness, guilt, excessive guilt… I've learnt to recognize the signs. I've got an obligation when I'm feeling like that to get myself up to the doctor because if I don't, I'm not the one that is only being affected by it and I'm very conscious of that. (Fran)

Not only did her comments include detailed mention of the "priorities" in her life, but Fran also touched on each of the perspectives constructed throughout theoretical development. During the second interview 18 months later, she again used "juggling priorities" to explain her experience.

The purpose

Having a name for the core process was useful in subsequent conceptualising of the purpose for which parents were striving in their families. “Establishing family”, “Integrating the family perspective” and “Becoming a family” were each discarded as the purpose because they did not fully encapsulate the work involved in the core process. It was important to express the reason parents were ***Adjusting and Redefining Priorities*** in a family context. The problem was finding a phrase that encapsulated what individual parents were doing in a group environment. This is demonstrated in the following memo in which “Building family” appears for the first time.

> ***February 28th, 2011***
> The following phrase, which collects theoretical elements together in a sentence to tell a story, shows how **Becoming a family** doesn’t work from an individual perspective. **Building family** does though!
>
> In doing so participants were able to **Redefine and Adjust Priorities** in ways which assisted them to **Become a family**.
>
> **Building family** gives the sense of an individual contributing to a communal activity, which is exactly what is going on. It also sets the theory up for later development if it is further explored with families who have older children.
> In this way:

Being prepared + Finding what works + Providing a foundation
(Outcomes of each phase)

AND

Integrating me with the family	**+**	***Being a “good parent”***	**+**	***Looking to the future***	**+**	***Enjoying the family***

(Aims of each perspective)

→ ***Building family***

“Building family” suggested that the purpose was ongoing and could be flexible during change as children grew, parents developed and family circumstances varied with the many conditions families contended with over time.

At this point in theoretical construction categories had been developed from the interweaving of coding, memos, diagramming and DA which had all been guided by theoretical sensitivity. A core process and purpose for the actions of parents managing their families with young children had also been conceptualised. The analytical focus now shifted to consolidating the theory into a form which could be expressed in a clear and compelling manner.

Development of the trajectory

By early 2011 the focus of theoretical construction was on clearly representing symbolic interaction at work in the data. The existing model conceptualised spaces encapsulating processes which influenced the ways in which the spaces interacted with each other. Although this theoretical depiction incorporated a sense of movement which could explain the social constructions and actions of parents, there was an element missing. It was a component that could elevate the conceptualisations to a level which more clearly represented the dynamic nature of a constantly-developing set of interrelationships – the influence of time. Although a trajectory had been considered on several earlier occasions during data analysis, theoretical constructions at those points did not indicate a clear case for pursuing it.

When subsequent theoretical development strongly suggested a trajectory component, Strauss (1987) was examined but was not found to be helpful. A database search was then conducted using "Charmaz" and "trajectory" as key words to see how other writers had constructed trajectories. Twenty articles were located, yielding two of particular interest. Livneh and Parker (2005) discuss a variety of trajectory models before introducing their own which is linked to chaos theory. This suggested that trajectories could represent more than merely one-way, linear progress over time. Coyne (2008) reported two trajectories that were developed from a study of nurses' interpretations of parental involvement in a paediatric ward. This highlighted the "multiple realities" of SCGT whereby a group of parents in the same environment were viewed and interacted with in different ways depending on whether the nurses considered them to be "compliant" or not. Coyne's study therefore represented concurrent trajectories.

Insights gained from these sources were incorporated into the memos and diagrams created to explore how forward movement across a range of parental experiences could be introduced to the existing theory. These analytical processes influenced theoretical construction in two ways. Firstly, the different spaces became *perspectives* from which parents viewed and responded to a set of circumstances. Schatzman (1991, p. 311) describes this shift in the prominence of a dimension as giving it "the power of perspective" because such

a designation then “appreciably controls the line of questioning and reasoning”. Perspectives influence how concepts are specified and compared and therefore become central to theoretical development.

Parents hold multiple perspectives concurrently. Each of the perspectives constructed to explain the theory of ***Adjusting and Redefining Priorities*** actually encompasses a range of standpoints from which parents perceived and acted every day. They were named “overarching perspectives” to indicate that they represented a group, rather than single entities. These perspectives were designated as “the personal self”, “the parental self”, “the parenting unit self” and “the family unit self”. As an example of the component perspectives within the larger grouping of an overarching perspective, “the parental self” encompassed, amongst many others, the standpoints of parent as model, learner, teacher, comforter, protector, provider, caregiver and nurturer.

The second development after review of the existing conceptual arrangement was the construction of a trajectory which conceptualised the spaces as being in phases which changed over time. Starting with “Creating spaces” the trajectory moved to “Differentiating Spaces” and then finally to “Managing Spaces”.

Links between the perspectives and the trajectory were then constructed when strategies and consequences for the spaces within each phase were located in a table to show how *redefining* decreased over time and *adjusting* increased. Eventually these two constructions were combined and then further developed (see Appendix P). Ongoing analysis led to conceptualisation of the trajectory phases shifting from a focus on spaces to a focus on the processes in each phase. The phases were eventually named “Preparing”, “Refining” and “Enjoying” as the strategies and outcomes of each perspective were further distinguished and specified in each phase. It was during this analytic period that categories of the core process became linked with the parental perspectives.

Although clear phases had now been identified and a time component integrated with their explanation, it remained to find a way of indicating that progress along the trajectory was not a one-way process whereby phases could

only be traversed once. Analysis clearly showed that over time parents continued to move between the phases, depending on the conditions with which they were dealing. At this point I began trying different schematic arrangements to represent this and found that layering of the three phases along the trajectory conceptualised them as being continuously present. A line could then move between the phases to indicate where the focus of parental work was located while concurrently moving forward over time. Once that visual depiction of the theoretical elements had been developed, locating and explaining them in text conveyed the dynamic qualities for which I had been searching. The theory had been brought to life and demonstrated a compelling quality that readily encapsulated what parents had been describing to me.

Further consolidation of the theory and explication of strategies and outcomes in each phase firmed up the scopes for Preparing, Refining and Enjoying. It became apparent that Preparing was very much focused on drawing together some initial strategies with which parents could manage conditions that were perceived as overwhelming or chaotic. It also became apparent that Refining involved the fine-tuning of strategies to tailor management of the family to the individual requirements of each unit. The relative prominence of the component processes of ***Adjusting and Redefining Priorities*** changed as transitions were made between these phases, but as the following memo noted, the need for active management of family processes declined as parents approached the Enjoying phase. ***Adjusting*** was occurring less and less.

> ***July 19th, 2011***
> ...there are degrees of ***adjusting***, therefore it is not just the number of incidents requiring ***adjusting*** it is also the amount of adjusting required. By the time parents get towards "Enjoying" occasional "tweaks" might be needed, whereas closer to "Preparing" noticeable changes over a period of time may be required. Therefore ***the incidence and scope of adjusting reduces*** as progress is made towards "Enjoying".

This indicated that Enjoying may not be a *phase* of active management for parents and could potentially be conceptualised as an *experience*. Further analysis showed that time spent in this phase was brief and that conditions influencing a shift away again were plentiful. Earlier theoretical coding had constructed the third trajectory phase as being focused on successful outcomes

from each parental perspective, but diagramming, memoing and abductive reasoning did not support separate strategies and outcomes for each of the second and third phases. For these reasons, strategies and outcomes related to active management were located only in Preparing and Refining. Enjoying could not be sustained as a category because it became clear that the data it encapsulated was a series of outcomes for strategies in the second phase. Consequently those concepts were used to extend the sub-categories in Refining and the trajectory was re-conceptualised as a two-phase diagram (Figure 5.1).

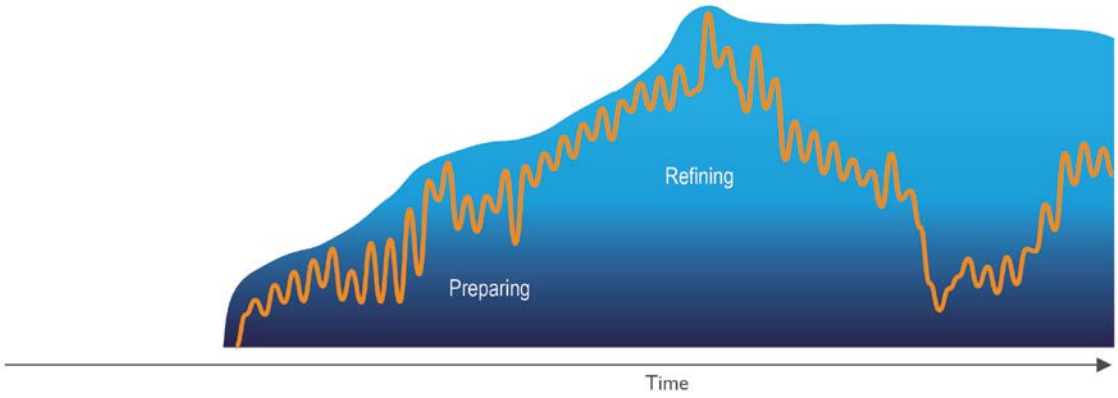


Figure 5.1 The trajectory

Figure 5.1 is has been included here to clarify how the trajectory has been conceptualised, schematically, to demonstrate the dynamic nature of the core process. In this figure the trajectory components represented are Preparing and Refining phases, a timeline and a linear pathway. An overview of the purpose and overall outcome of the core process, the strategies used, the parental perspectives, and the conditions in which the shifts and changes in patterns of behaviour occurred are presented in Chapter Six. Each theoretical concept is then explained in more detail in Chapters Seven, Eight and Nine.

The remaining element to be explained in the analytical path to theory construction is the range of conditions in which parents were interacting as they progressed along the trajectory. Doing so incorporates the dynamic qualities of action in the substantive field where parents were managing their families with young children.

Salient conditions

Conditions are the circumstances that influence the perceptions and actions of a person in a particular situation (Caron & Bowers, 2000). They can enable or stifle the ways in which people act and they can lead people to use different strategies. Salience refers to the degree of relevance conditions have to the shifts and changes in patterns of behaviour occurring in the substantive field. Parents reported managing their families in response to numerous conditions which arose on a daily basis, and other conditions which occurred from time to time. For ease of explanation, conditions were grouped together under three main headings that encapsulated the general circumstances parents were managing their families in. Therefore, Table 5.4 outlines the three salient conditions that were constructed in a theoretical memo on April 18th, 2011.

Table 5.4 Salient conditions: sub-categories and examples

Salient conditions	Sub-categories	Examples
Family disruption	Structural changes	alterations to membership of family unit (new baby), parental relationship (break up), parental roles (starting or ending employment), membership of the household (other people moving in and out).
	Challenges to health and well-being	accident or sudden illness – life-threatening and non-life-threatening; concurrent illness within the family unit; development of long-term health issue
Resourcing	Accessing resources	access available; access unavailable; access difficult
	Assessing resources	meaningfulness; usefulness; intrusiveness
External influences	Incorporating external influences	co-operating with norms of extended family; maintaining cultural practices; following healthcare advice; freeing up family members in paid employment
	Challenging external influences	prioritising norms of the family unit; rejecting or modifying cultural practices; rejecting or modifying healthcare advice

Theory construction: finalising the theory

As the study drew to a close, final reviewing of theoretical constructions was necessary to ensure that a credible theory had been developed. An evaluation of the theory is presented in Chapter Ten, but two of the components will now be explained to complete the explication of theoretical development leading to construction of the theory of ***Adjusting and Redefining Priorities.*** These are member checking and theoretical sufficiency.

Member checking

Member checking contributes to the credibility of a study by giving people in the substantive field opportunity to comment on whether the researchers' constructions capture the experience of those who are interacting in the field of focus (Lincoln & Guba, 1985). Charmaz (2006) suggests that member checking can also be used to elaborate categories whereby participants can offer additional data to confirm or modify the constructions in some way.

When theory construction appeared to be forming a "plausible account" (Charmaz, 2006, p. 132) of what parents had been saying, it was time to obtain feedback from them since they were co-constructors of the theory. This part of the research process involved determining if parents' experiences had been vividly and accurately conceptualised. Second interviews were conducted with two participants. They each identified their own experience within the trajectory, using examples from their own families to demonstrate their understanding and confirmation of the various concepts and the ways in which shifts and changes occurred. Peggy commented:

> I think that illustrates it really well because I did feel that there is a lot of energy that goes into setting things up, trying things and it doesn't work so you adjust it and then you kind of move, adjusting and it's not necessarily very fun… It's work, it's quite hard work and then when you find things that do work it's like these real "aha" moments and you do kind of cruise along a little bit. That works, that works really well, let's keep doing it until it doesn't work. (Peggy)

When speaking with Fran, the experience of Albas and Albas (personal communication to Charmaz, 2006, p. 111) sprang to mind. Charmaz reports that Albas and Albas "observe the participant's expressions given in the conversation and those unwittingly given off." If participant feedback is noncommittal, "Albas and Albas conclude that their categories have not penetrated to the core of the participant's experience." Fran was enthusiastic about the Preparing and Refining phases when they were explained, but showed no interest in or "spark" for Enjoying. Rather than comment further about that phase, Fran focused on how she viewed Refining in the context of her own family. This confirmed that Enjoying could not be sustained as a separate phase. Member checking had therefore made a valuable contribution to the final stages of theoretical development.

Theoretical sufficiency

SCGT researchers aim to faithfully render the experience of participants rather than conduct exhaustive searches for data to completely saturate or entirely finish a category, as is the case for Glaserian GT researchers (Glaser & Strauss, 1967). Charmaz (1995b, 2006) promotes the research aim of rich data drawn from "thick description" and suggests that grounded theorists offer "plausible accounts" (Charmaz, 2006, p. 132). She cautions against declaring any category to be saturated because doing so implies absolutes which cannot be supported by logical argument. This is consistent with the approach of SCGT researchers who interpret patterns of actions in the substantive field. In doing so they follow up on lines of inquiry derived from analysis: a process which is dependent on the perspectives and theoretical sensitivity of the individual researcher. It is not claimed that the categories comprising the theory of ***Adjusting and Redefining Priorities*** have been saturated. Rather, theoretical constructions have continued to a level that is better described as "theoretical sufficiency" (Dey, 1999, p. 257), whereby there is sufficient in-depth data to suggest the categories and explain them convincingly. However, the potential remains that those categories and their inter-relationships could be further refined should this theory be explored again in the future.

Conclusion

This chapter has explained the SCGT and DA methods and methodology used to examine how parents with young children perceive and interact with the world as they manage their families. In doing so, the process of constructing of the theory of ***Adjusting and Redefining Priorities*** has been explicated and illustrated with data generated from interviews and analysis.

Parents of young children were found to move between four overarching perspectives as they continuously ***Adjusted and Redefined Priorities*** to meet the needs of themselves, individual family members and their family units. The theoretical concepts constructed during theory development were conceptualised as a trajectory to explain how these elements developed, shifted and changed over time in response to the unique experience of each family. The trajectory can be used to explore and understand the relationships between parental perceptions of their worlds, the conditions they dealt with every day

and the strategies they used to respond to those conditions. Discussions with parents, colleagues and supervisors have confirmed that the theory captures the daily experience of families with young children and that it has practical applications for families and for the health professionals who work with them.

The next chapter explains the six theoretical concepts of ***Adjusting and Redefining Priorities*** - trajectory, perspectives, core process, overall outcome, purpose and salient conditions - using *in vivo* examples to illustrate how those elements apply to the daily reality for parents of young children. Participant quotes have been edited to remove repetition and conversation fillers such as, “um” and “you know”. This was done to assist with reading, but has retained the flow and ideas expressed in the original text. A list of fonts used to designate theoretical elements can be found on page xi, following the glossary.

Chapter Six: THEORY OVERVIEW AND TRAJECTORY COMMENCEMENT

The findings from this study constitute the theory of ***Adjusting and Redefining Priorities***. They are presented in this and the three chapters which follow. Chapter Six gives an overview of the six concepts contributing to the theoretical framework: the trajectory, perspectives, core process, overall outcome, purpose and salient conditions. Chapters Seven and Eight use these theoretical concepts to explain and illustrate how the theory of ***Adjusting and Redefining Priorities*** encapsulated behavioural patterns of parents in this study. Chapter Nine brings all the theoretical concepts together to explain the overall outcome and purpose of parents' daily experience when caring for their families with young children. Throughout the findings chapters, the term "parents" is used when referring to participants. This does not imply generalisations to all parents in the community. The purpose is to keep the participants who provided data for this study at the heart of this theoretical explanation.

In Part One of this chapter the theoretical concepts are presented in an arrangement which builds cumulatively towards an integrated theoretical "package". First, an explanation is given of the trajectory along which parents were moving as they ***Adjusted and Redefined Priorities*** in their families with young children. The trajectory provides the framework within which all theoretical concepts are located and underpins the sense of movement inherent in parents' continuous work towards their purpose of **Building Family.** In the next section, four overarching perspectives used by parents to interpret and interact with the world are presented. These are the *personal self, parent self, parent unit self* and *family unit self*. Following this, the core process of ***Adjusting and Redefining Priorities*** is explained. This theoretical concept links the many strategies parents used when responding to the dynamic conditions experienced by families with young children. Together, the use of these strategies on a daily basis contributed towards an overall outcome of **Managing the Family**. The next theoretical concept to be explained is the purpose for which parents were striving: **Building Family**. Finally, the salient conditions in which the interactions were taking place along the trajectory are outlined. Conditions are the "when" of a situation and constitute the shifting

environment in which parents act. In this study, the conditions have been encapsulated as family disruption, resourcing and external influences.

In Part Two of the chapter the commencement of the trajectory Preparing phase (outlined in Part One) is presented. The initial shifts first-time parents made in their views of the pre-existing *personal self* are explained as a foundation for the explanation of the additional parental perspectives that are presented in Chapter Seven.

Part One: Theory overview

The trajectory

Parents reported that, when preparing for parenthood, they did not automatically acquire the knowledge, skills and experience with which to care for young children. Gaining competence in each of these areas occurred within phases, designated in this theory as “Preparing” and “Refining”. Parental progress along the trajectory involved continuous learning. Once learning had been acquired, the accumulated skills and knowledge could be applied more effectively and efficiently when challenging conditions reappeared at a subsequent point. Dynamic conditions associated with daily family life meant that as progress along the trajectory continued, concurrent movement was also occurring within and between the phases as parents’ continued striving for the purpose of **Building Family.**

Trajectory overview

The trajectory commenced when a decision to become a parent was made or an unexpected pregnancy occurred. Figure 6.1 (p. 113) illustrates the trajectory in schematic form. As an abstract representation of subjective experience, the figure illustrates analytically-developed concepts of social patterns. It has been prepared for explanatory purposes to assist with understanding how the trajectory concepts relate to each other.

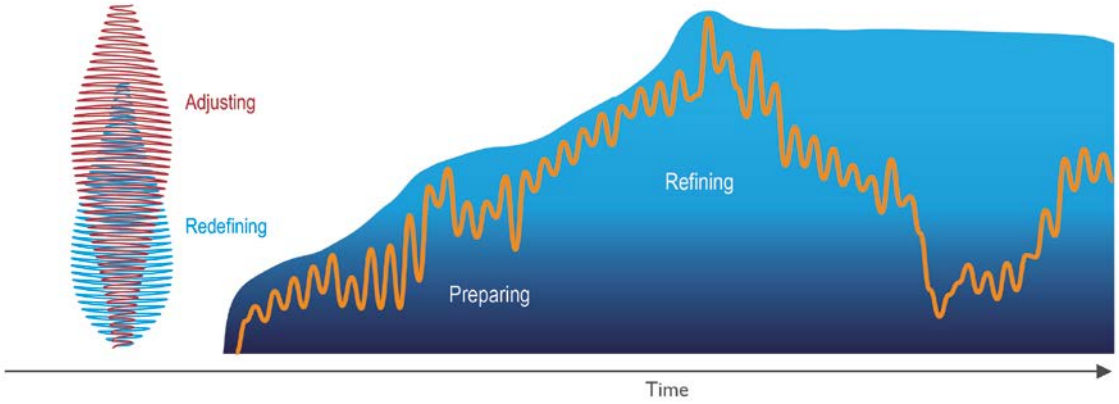


Figure 6.1 The trajectory: overview

In Figure 6.1 the concurrent processes of ***Adjusting and Redefining Priorities*** are depicted to the left of the trajectory to indicate their relative prominence in vertical components of the figure: these are explained later in the chapter. The trajectory diagram has three components. The first is the phases of Preparing and Refining which appear as areas shaded in blue. They merge into each other, unencumbered by boundaries, as the prominence of one part of the core process waxes and that of the other wanes. Each phase contributes in a unique way to an individual's overall experience of parenthood and therefore one phase has no more significance than another. The second trajectory component is the passage of time (the black arrow) which acknowledges a continuous forward movement as parents build knowledge and experience in caring for their young children. Finally, the orange line represents an example of a pathway parents might follow over time as they ***Adjust and Redefine Priorities*** to manage their families.

The phases

"Phases" are the vertical trajectory components within which movement occurred as participants engaged in the parenting work of **Building Family**. Within phases, parents moved forward over time while also shifting the ways in which they ***Adjusted and Redefined Priorities*** in response to salient conditions. Phases developed sequentially for first-time parents, but once established, phases were revisited as often as conditions arose which initiated a transition between them. Terms such as "earlier", "later", "up" and "down" used when discussing the phases are in reference to the two-dimensional Figure 6.1. It is not suggested that they are arranged in a hierarchy. The remainder of this

section gives an overview of the two phases which are explained fully in Chapters Seven and Eight respectively.

Preparing was the first trajectory phase to develop. Parents operating in this phase focused on establishing structures and processes which would support their **Building Family** efforts**.** For first-time parents the phase began with a decision to pursue parenthood or when an unexpected pregnancy occurred. Parents who already had a child returned to Preparing when, for example, another baby was conceived or major disruptions to family life occurred such as unexpected unemployment. The outcome parents were striving for in Preparing was a sense of confidence and competence, which was conceptualised as **Being prepared**. This supported transition to the next phase, where Refining of their initial plans and strategies could occur.

The timeframes for parents in Preparing were unique for each family. Participants who did not experience unexpected conditions such as postnatal depression, transitioned to Refining around 3-6 months after birth for first-time parents and by about 3 months after birth for an additional baby. In circumstances where parents had transitioned to Preparing for other reasons, for example if a family member was diagnosed with a long-term illness, the timeframe for transitioning to Refining again was variable. Parents returning to Preparing tended to be there for shorter periods than first-time parents due to the experience they had already acquired. This assisted them to progress through the phase and transition to Refining again.

Parental effort while Refining, the second phase to develop, focused on fine-tuning the structure and processes established in the earlier phase. Refining is the phase where most parents operated most of the time. The overall aim of this phase was to **Find what works**. Strategies were continuously tailored to promote the efficient and effective achievement of desired parental outcomes which contributed to **Building Family**.

Time

The trajectory developed over time, an element that was beyond parents' control. Whether they perceived it to drag or to pass quickly, time was a continuous, one-way movement into the future during which parental knowledge and experience continuously accumulated. Once parents had responded to a certain condition, for example all members of the family unit being sick at the same time, the passage of time excluded them from ever returning to that exact same situation again. Even if similar conditions arose subsequently, knowledge and experience accumulated from earlier management of the situation contributed to the ways in which parents responded on later occasions.

Trajectory pathways

Trajectory pathways represent progress through the phases over time. Pathway patterns were unique for each family with the rate and pattern of movement being dependent on the conditions encountered. Rather than following a smooth course, the trajectory was marked by peaks and troughs according to parents' perceptions of how they were ***Adjusting and Redefining Priorities***. When conditions caused some form of disruption for families in Refining, parents responded by transitioning to Preparing as a means of continuously finding effective strategies with which to manage their families. Transitioning between phases was an expected, recurring outcome of the dynamic environment in which families were operating. Such movement enhanced and supported **Building Family** because the focus of each phase made a different contribution to overall family function.

Peaks and troughs also happened each day for parents, but were generally localised within a particular phase. Examples would be a child being sick or the family having unexpected visitors. A general upward trend on Figure 6.1 represents the consistent achievement of desired outcomes over time, while a downward trend indicates that parental focus has shifted to reviewing structures and processes in order to find more effective ways of managing the conditions which had arisen.

The perspectives

The second of the six concepts comprising the theoretical framework of ***Adjusting and Redefining Priorities*** is the range of perspectives parents adopted when perceiving and responding to various conditions. Four overarching perspectives were identified as being positions from which parents viewed and interacted with their social worlds. Each of these - *personal self, parent self, parenting unit self* and *family unit self* – helped shape the ways in which parents ***Adjusted and Redefined Priorities***. Because the study focus is parental management in families, a separate perspective for children has not been included. However, in many cases participants' children had a presence in decisions parents made when managing their families. As the parental perspectives are presented below, the ways in which children influenced parental decision-making becomes evident.

Prior to parenthood, participants had developed a range of dimensions that comprised a sense of *self.* The perspectives they adopted when perceiving and relating to their social worlds were based on their roles, responsibilities, relationships, leisure pursuits and other facets of life where they interacted with others. Thus parents' needs were at the centre of their decision-making processes. Their interactions with the world were constructed as a response to how they would be affected as individuals.

Becoming parents engendered development of additional perspectives for participants from which they viewed and responded to the new experiences of parenthood. The *personal self* which had long been under construction was soon joined by perspectives related to the infant, the other parent and the family unit. A major shift for participants in the early years of parenting was that the needs of children became central to parents' decision-making processes. This shift significantly influenced parents' views of their *personal selves* while also contributing to the ways in which they ***Adjusted and Redefined Priorities*** when viewing the world from their other parenting perspectives. Parental interactions with the world were now being constructed as a response to how the children's needs would be affected.

Parental perspectives were constantly interacting with each other; never operating in isolation. It was this dynamic process which influenced how parents viewed and responded to daily life in their families by ***Adjusting and Redefining Priorities***. Together, the combined outcomes of interactions between perspectives comprise the progress parents made along the trajectory.

Although parents held all perspectives concurrently, at times the conditions which arose led to some perspectives appearing more prominent than others. Chapters Seven and Eight will explain this in detail. The four overarching parental perspectives are described separately below in order to locate them within the context of the theoretical framework.

Personal self

Parents had their own needs to consider as they focused on caring for their children. These needs ranged across the domains of human experience – physical, psychological, cognitive, emotional, social and spiritual. Prior to parenthood, personal needs had assumed priorities based on life experience, responsibilities and personal preferences. The pre-parental s*elf* encompassed leisure pursuits such as boating and regular exercise, spending time with friends and family, responsibilities at work and involvement in community groups. It also included the relationship parents shared with a partner or spouse. Mary's comments illustrate the adult-focused nature of her pre-parental life when she and her husband could do as they wished.

> I loved my life before I had [my son]... We lived overseas and we travelled ... We did such amazing things on the weekend that I just loved life... When I came home I still went into quite a high pressured job... there was a time period we took a year off travelling... just didn't even think about a job or work or anything and loved that. (Mary)

When viewing the world from the perspective of the *personal self*, parents considered how a situation would affect them as an individual. Once their babies were born, parents reviewed the "me" they had been and began the process of developing a "new me" which could be integrated with the family unit. The "new me" was the outcome of ***Adjusting and Redefining Priorities*** relating to their own needs whereby parents developed strategies and outcomes to care for themselves within the wider context of a family unit.

Parent self

The *parent self* was one of three additional perspectives parents developed as the trajectory commenced. This perspective was comprised of three dimensions: accepting responsibility, learning, and the development of an emotional bond with each child in the family. Parents viewing the world from this perspective considered how a situation would influence the ways they interacted with each of their children.

Development of the *parent self* began early in the trajectory and was evident before birth. However it was after birth that parents reported moving between its dimensions on a continuous daily basis. Over time, the relative prominence of one or more dimensions of the *parent self* was dependent on the conditions arising in a family. For example, in some families accepting responsibility and learning were more apparent around the time of birth and in the early postnatal period. While parents continued to develop knowledge and skills in these dimensions, after a few weeks of being able to "get to know the child", developing an emotional bond became more evident.

Accepting responsibility began developing early in the trajectory as is evident in Anne's reflections on decision-making during birth. Although she had clearly indicated to her midwife that the maternity care professionals were to do whatever they thought best for managing the birth, Anne later questioned herself about whether she as a parent had "done enough" to ensure her baby's welfare.

> I think the decisions made at the time were the best decisions because professionals were involved. But it made me second-guess, "Hang on a minute. Were the best decisions done based on what had happened?" I didn't go into the hospital until 48 hours but they were saying if they had had me under their care they would have had me in within 24 hours. So it made me think, "Being left so long, is there going to be something wrong?"... It probably makes you a little bit scared of the outcome of your baby, thinking, have you done enough to make sure they're OK? (Anne)

The learning dimension of the *parent self* focused on acquiring the skills, knowledge and experience needed to care for a child. Eighteen months after birth, Peggy reflected on how much knowledge and experience she had gained in the interim.

> …the first 6 months were really, really hard and there were times when I really thought, "Oh my God, what have I done? What have we done?" The first 6 weeks I really thought what have I done? … I remember when we brought [our baby] home the first night and it was time to put her to bed for the night… She was screaming and we had no idea what to do and it really upset me… Looking back now, I know there are a number of things that I could try. The first one was feed, nappy and all that kind of thing. And even though we did talk about that in the classes, it's really difficult to apply that knowledge to the real situation. Especially in those early days… (Peggy)

The third dimension of the *parent self* – developing a relationship with a child - was explained by Jill whose son was 18 months old at the time of interview. She described how she and her husband sought to understand the world through their child's eyes.

> Spending as much quality time as you can with your child ...Where you really experience maybe what your child is seeing and learning and going through in life. When you get down to their level and see it through their eyes and just pure fun. If you're having fun with them and we try and do that pretty much as we can. All day. (Jill)

Parenting unit self

The *parenting unit* self focused on a shared parental approach within the family unit. Although each participant developed individually as a parent, the presence of two parents with responsibility for the same children created the need for a joint viewpoint from which to consider family management. From this perspective, parents considered how a situation would influence the ways they interacted with the other parent.

As part of a *parenting unit,* participants developed mutual understandings to guide the ways in which they cared for their children. Katie related a conversation with her husband which demonstrates a shift in how she perceived her role as part of the parenting unit in her family.

> I remember saying to him one day, "Oh I need to go back to work," and him saying, "No." He said, "Do you really want to go back to work?" And I said, "No, not yet." "Well your job at the moment is the best one. You're growing our kids." And I said, "Yeah, that's what I'm doing." So I'm growing two happy – or three almost – happy, healthy... This is what I feel is important, that we have happy healthy children who are able to interact socially with others and communicate well. Be able to communicate to others and describe how they are feeling, to know that they are loved and to be able to love in return. (Katie)

For the two participants who were single parents, experience of the *parenting unit self* was disparate. Jasmine and her ex-husband remained on good terms and continued to interact as a parenting unit, discussing decisions related to their child and sharing her care. Alice had no contact with the father of her baby and she did not have anyone to share the functions and responsibilities of parenting with. There was therefore no *parenting unit* in Alice's family.

Family unit self

From this perspective, parents focused on the collective needs of the family by considering how a situation would influence their family unit. While concurrently considering family life from the other perspectives which influenced their decision-making, parents were also endeavouring to create an environment where the family could be experienced by all of its members as a place of security and belonging; a unit that was distinct from all others and in which each member had a valued place. Molly described it in this way,

> Just trying to put all of us as a family unit first… We totally appreciate that we need to have time for ourselves and that we need to keep ourselves in balance, but above and beyond, like really try and protect that ability to go out and do things all together as a family… (Molly)

Parents moved between perspectives throughout the course of a day, the shifts being dependent on the conditions which arose. The prominence of particular perspectives waxed and waned over time in response to conditions such as growth and development of children and intermittent events such as a change in employment status or people moving in and out of the household. These shifts are explained below. The core process of ***Adjusting and Redefining Priorities*** is integrated with the perspectives to demonstrate the dynamic nature of parental decision-making.

The core process: Adjusting and Redefining Priorities

Adjusting and Redefining Priorities is the process in which parents were continuously engaged as they managed their families. Composed of two concurrently interacting processes, this core theoretical concept was used by parents to guide the constant stream of decisions they faced which arose from conditions within the family environment. Parental decisions encompassed

meeting the daily needs of the unit and its members as well as addressing any actual or potential challenges to family harmony.

Over time, the continuous shifting in prominence of the component processes moves the trajectory pathway across the phases. This section explains these shifts in three parts. First, each component of the core process is clarified. Next, the ways in which the relative prominence of the concurrent processes differed within the two phases are explained. Finally, the dimensions of the core process are linked to the parental perspectives. This will demonstrate the dynamic nature of ***Adjusting and Redefining Priorities*** which generated the variations in how parents managed their families.

Components of the core process

Priorities were the matters of importance perceived by parents to merit precedence as they managed their families. The interconnected processes of ***Adjusting*** and ***Redefining*** were used to manage priorities arising from conditions in which parents perceived that some action was required. Sometimes individuals were prioritised, sometimes a group within the family unit, and sometimes it was the family unit itself.

Adjusting Priorities was the continuous process parents employed to keep daily family life running as smoothly as possible. It involved temporary and often small changes to parental activities which could readily resolve an issue in such a way that parents perceived the family unit to be returning to a stable and comfortable state. Duration of the changes ranged from a few moments through to a few weeks. The complexity of ***Adjusting Priorities*** also varied depending on the conditions, but the overall outcome was a return to a similar level of comfort and stability in the family unit that preceded the conditions which arose.
Parents made small, brief adjustments every day in response to the changing needs of themselves, their children and their family units. Settling an upset child is an example of how Jill moved between the perspectives of *personal self* and *parent self* by adjusting her priorities from focusing on a task to a focus on assisting her child to sort out a problem.

> If I'm trying to get something done and he's making a fuss I will often just put down what I'm doing or leave it for later and deal with whatever is

> going on with him. If he gets frustrated with something, I'll talk to him, "Woah calm down Let's see if we can do it. Mummy help you." (Jill)

In conditions such as illness or accidents involving family members, ***Adjusting Priorities*** was evident for longer periods before the disturbance to family harmony was resolved. For example, when Jo's daughter hit her baby son on his head with a solid object Jo's prioritising switched from a focus within the *family unit* perspective to that of the *parent* perspective. The responsibility she had to care for her daughter remained but became peripheral to her priority of getting urgent medical attention for her baby. Later in the day Jo's priorities shifted again when her husband arrived at the hospital and they decided (*parenting unit* perspective) that she would take their daughter home (*parent* perspective). In these conditions, Jo ***Adjusted Priorities*** while switching between perspectives as she managed her family in ways which addressed the matters of greatest importance to the family unit and its members. Under these changes in conditions, Jo and her husband were able to restore a modified level of calm within their family unit. In the days which followed the incident, the baby returned home and progressed well. The temporary ***Adjustment of Priorities*** used to manage the situation was gradually replaced by the patterns which were usual for that family.

Adjusting Priorities was not always in response to an unforeseen event. At times, parents expected and planned ahead for ***Adjusting Priorities*** to manage an expected temporary change in conditions such as regular periods of parental absence from the home due to work commitments. When both parents were home, they worked together in managing the family. The *parenting unit* perspective was prominent whereby each parent supported the other with ***Adjusting Priorities*** in ways which benefited the family unit and its individual members. When a parent was absent for days or weeks, the parent at home tended to shift focus away from the *personal self* and prioritise the needs of the children and the family unit. For Molly, this involved not having time for the regular exercise she enjoyed. For Jill, it involved helping her son with activities his dad usually did such as using tools at the workbench. In single-parent families, the ways in which the parents ***Adjusted Priorities*** depended on their circumstances. In Jasmine's case the pattern resembled that of families where

one parent was absent on a regular basis. In the weeks when her daughter stayed with her, Jasmine ***Adjusted Priorities*** to accommodate the needs of her child. The pattern in Alice's family was similar to that of the daily ***Adjusting Priorities*** in all families, with the exception that Alice had no one with whom she could negotiate how that process might be managed. All parents, however, ***Adjusted Priorities*** for the overall purpose of **Building Family** by temporarily managing the family differently in order to maintain a sense of calm and stability. Doing so was enhanced by having the opportunity to plan ahead and by knowing that the timeframe was limited.

Redefining Priorities occurred when changes to the structure and processes of the family unit had significant and long-term implications for daily management of the family. For parents this involved reviewing and revising existing priorities and their management, then looking for ways the necessary changes could be accommodated. This was done with the aim of maintaining a modified overall sense of stability and balance in the family unit. Changes could include removing some priorities, modifying others and introducing new priorities generated by the conditions influencing the changes. The outcome was a redefined set of priorities which parents could use to manage their families, in the new conditions, in ways which continued to support the parental purpose of **Building Family**.

Redefining Priorities could occur in expected, unexpected or gradual conditions. An additional baby in the family unit is one example of a condition when parents expected to redefine priorities. For some participants ***Redefining Priorities*** involved giving up leisure activities, decreasing investment in relationships outside the family unit and resigning from their jobs. In Alice's case, declining financial reserves meant that she was planning to rent out part of her home; for Jasmine, a return to work meant that she had to ***Redefine*** the ways in which she managed her parental responsibilities in the weeks when her child was staying.

Unexpected conditions when parents ***Redefined Priorities*** included sudden unemployment and the diagnosis of a chronic illness. These conditions occurred simultaneously in Debbie's family when her husband was made

redundant and diagnosed with depression not long after the arrival of their second baby. For Debbie, ***Redefining Priorities*** involved a shift from being a full-time mother to becoming the family's income earner and caregiver for both her husband and her children.

> … my husband lost a job and actually the plan was to [remain on leave for] more than 3, 3½ months, but I have to go back to work a little early. He just lost his job when I have my baby and now I go back early and he decide to go back to school …so I will do 2 or 3 night shifts. So 2 weekends and another one maybe Tuesday or Wednesday …The weekend when I do night shift he will be home. (Debbie)

In Fran's family, the diagnosis of developmental delay in her son generated ***Redefining Priorities*** in order to address Fran's own health needs, adjusting to a new job she had commenced and planning for the treatment requirements of her child.

Conditions leading to a gradual ***Redefining of Priorities*** were most clearly demonstrated when parents described how their management strategies changed over time with the growth and development of their children. In the early months after birth parents closely monitored and controlled the activities of their babies, performing the tasks which the infants were yet to master for themselves. Using motor skills as an example, parents gradually adjusted their levels of assistance and monitoring of these skills as babies developed muscle control and could sit up, crawl, walk and feed themselves. The parameters of the *parent self* were thus redefined over time as parents gradually changed the ways in which they interacted with their children.

Adjusting and Redefining Priorities throughout the trajectory

The nature of managing families with young children involved parents continuously shifting between perspectives as they responded to an array of conditions by using strategies linked to the core process. It was the outcomes of the interplay between perspectives and strategies which influenced the pathway along the trajectory. Positioning within the trajectory phases (Figure 6.1) related to the focus of strategies being used by parents to manage the conditions. The shifts in the prominence of the concurrent core processes have been conceptualised schematically in Figure 6.2 (p. 125).

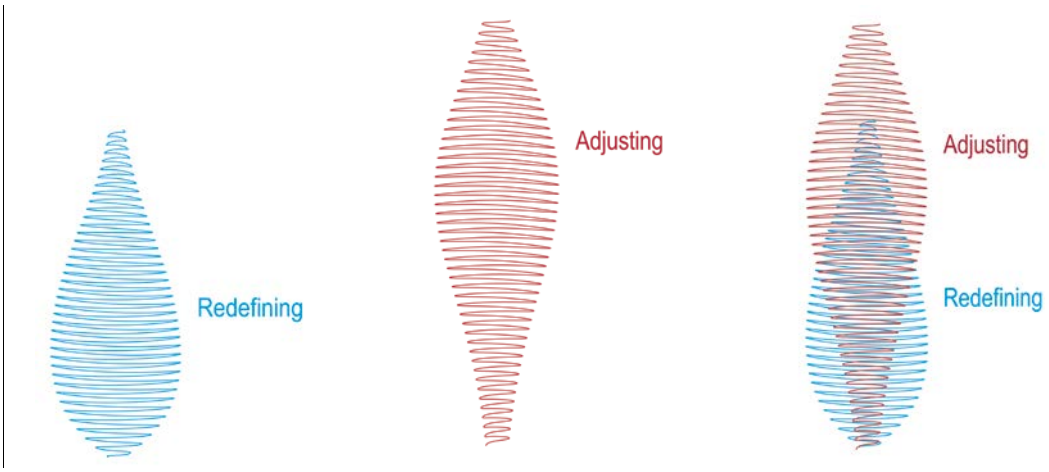


Figure 6.2 Schematic representations of the core process

When major, long-term changes to family structure and processes were implemented in the Preparing phase, ***Redefining Priorities*** was more prominent than ***Adjusting Priorities.*** As parents gained knowledge, skills and confidence they began ***Adjusting Priorities*** more and ***Redefining*** them less. This pre-cursored a transition to the Refining phase where ***Adjusting*** gradually became more prominent although ***Redefining*** remained evident as parents refined the structure and processes they had developed in Preparing. In conditions where parents were regularly experiencing desired outcomes from the strategies they were using, ***Adjusting*** became minimal and ***Redefining*** was rarely in evidence. Chapters Seven and Eight will explore and illustrate these changes within the phases in detail.

Linking core process dimensions with parental perspectives

Each parental perspective was linked with a different dimension of the core process. Together, the perspectives and strategies were used by parents to **Build Family**, but variations in how different conditions were managed resulted from the perspectives parents adopted as they interpreted and responded to conditions. Table 6.1 (p. 126) summarises the four dimensions of the core process and the outcomes parents were striving for within each perspective.

An introduction to the ways ***Adjusting and Redefining Priorities*** was implemented from various parental perspectives is presented on the next page. Outcomes of the strategies used from each perspective are also integrated to create an overview of the core process in action.

Table 6.1 Perspectives, processes and outcomes

Perspective	Dimension of Adjusting and Redefining Priorities	Outcome
Personal self	Redefining self	Integrating me with the family
Parent self	Doing the right thing	Being a "good" parent
Parenting unit self	Working as a team	Looking to the future
Family unit self	Shaping the family	Living our principles

Personal self: Redefining self

Priorities for parents' personal needs and desires were continuously ***Adjusted and Redefined*** in response to conditions introduced by young children being present in the family. The process of *redefining self* was how parents reviewed and re-prioritised existing personal dimensions of self so that they could determine how to meet their personal needs in ways that were compatible with family responsibilities. Jane explained how she planned a meal on a busy week night so that the needs of everyone in the family could be met.

> So tonight …I know my husband is unlikely to be in before 6 and he'll want to go out pretty quickly to [exercise] class after that. So I'm thinking, "OK, what food can I make that I can eat, when I'm hungry that my son will have in a timely fashion and that my husband can have when he's finished his [exercise] class?" (Jane)

When parents perceived that their personal needs were being accomplished to a satisfactory level, they considered their personal "me" to be integrated with the family.

Parent self: Doing the right thing

As parents gained knowledge, experience and skills in caring for their children ***Adjusting and Redefining Priorities*** was focused on *doing the right thing.* This meant that parents made decisions they considered to be "right" according to their thoughts and feelings, "right" according to the norms and practices of their household or "right" according to how parents thought they were being perceived by others. Doing the Right Thing involved responding to childhood growth and development, assessing information gathered from a variety of

sources, reviewing and revising parental strategies and developing a unique emotional bond with each child. Strategies parents chose to use were dependent on the particular standpoint they were taking. This is demonstrated in Jane's comments about how she managed her child's sleeping patterns.

> I don't know the whole Plunket thing around leaving your child to cry. I found that very challenging and I decided to go with my intuition …but one night I did try and leave him because he appeared to be just crying. I went and picked him up and he did this massive burp and then of course you ... just beat yourself up about that don't you? I shouldn't have done that. I should have gone with my intuition. (Jane)

When strategies linked to Doing the Right Thing were achieving the outcomes parents desired, they considered themselves to be "good parents".

Parenting unit self: Working as a team

A shared parental approach involved ***Adjusting and Redefining Priorities*** to establish and implement collective strategies to manage the family. By *working as a team*, parenting couples communicated with each other. They also reviewed and revised what they wanted for their family and how they were going to achieve their goals. Many practical matters associated with managing a family were addressed from this perspective. Mary described how she and her husband *worked as a team* to sort out a behaviour issue with their older child.

> ...we will actually talk about it and say, "Was that the best way?" and maybe we think yes and maybe we think no. "What's a better way?" Or I will say [their son] has been doing this and this is how I have been doing it and it's worked so let's go with this way. So sometimes I'm making decisions on [her husband's] behalf, but sometimes I'm thinking I don't know if that's worked. "Let's talk about it. So what do you think?" (Mary)

When parents perceived that their strategies were maintaining an effective and united approach to parenting, they could "look to the future". This was a time many years ahead where parents could envisage their children being independent and successful as a result of the family environment in which they were raised.

Family unit self: Shaping the family

Parents focused on the collective needs of the family unit ***Adjusted and Redefined Priorities*** to create an environment that supported each member and enhanced a sense of belonging. From this perspective, parents made

conscious moves to ensure that the family spent time together in ways which were meaningful to the unit. It could involve setting boundaries on family time which precluded other priorities crowding in; establishing regular events such as holiday destinations or special celebrations; and the creation and maintenance of a family culture through which principles of the unit could be communicated, reinforced and enhanced. Sofia explained how she planned to use a set of cultural principles to guide the raising of her children.

> If you give them a really healthy base when they are kids, they will grow up with that make up and if you teach them to be nice to people, which we believe in our culture. Nice thinking, nice talking and nice heart, which give you a really good person when you grow up. (Sofia)

When parents could see that their strategies to *shape the family* were achieving an environment where family members related well to each other and appeared to be flourishing, they perceived that their actions were contributing to the family unit and that its members were "Living our principles" as Toby put it.

The overall outcome: Managing the family

The overall outcome of strategies used when ***Adjusting and Redefining Priorities*** from the various perspectives was **Managing the Family.** This encapsulated the range of parents' actions as they progressed along the trajectory and transcended the Preparing and Redefining phases. The parental perspectives, dimensions of the core process, and phases of the trajectory contributing to **Managing the Family** have been summarised in Table 6.2.

Table 6.2 Overall outcomes: perspectives

Perspective	Phase outcomes		Overall outcome
	Preparing	Refining	
Personal self	Establishing the new me	Developing me	Integrating me with the family
Parent self	Being responsible	Building capacity	Being a "good" parent"
Parenting unit self	Having a different purpose	Sharing the load	Looking to the future
Family unit self	Establishing family	Providing a foundation	Living our principles

Interactions between each of these theoretical concepts are presented schematically in Figure 6.3 (p. 130). This diagram has also been reproduced in Appendix Q for the reader's ease of reference. An explanation of each theoretical concept represented in Figure 6.3 begins in Part Two of this chapter, and continues throughout the three chapters which follow.

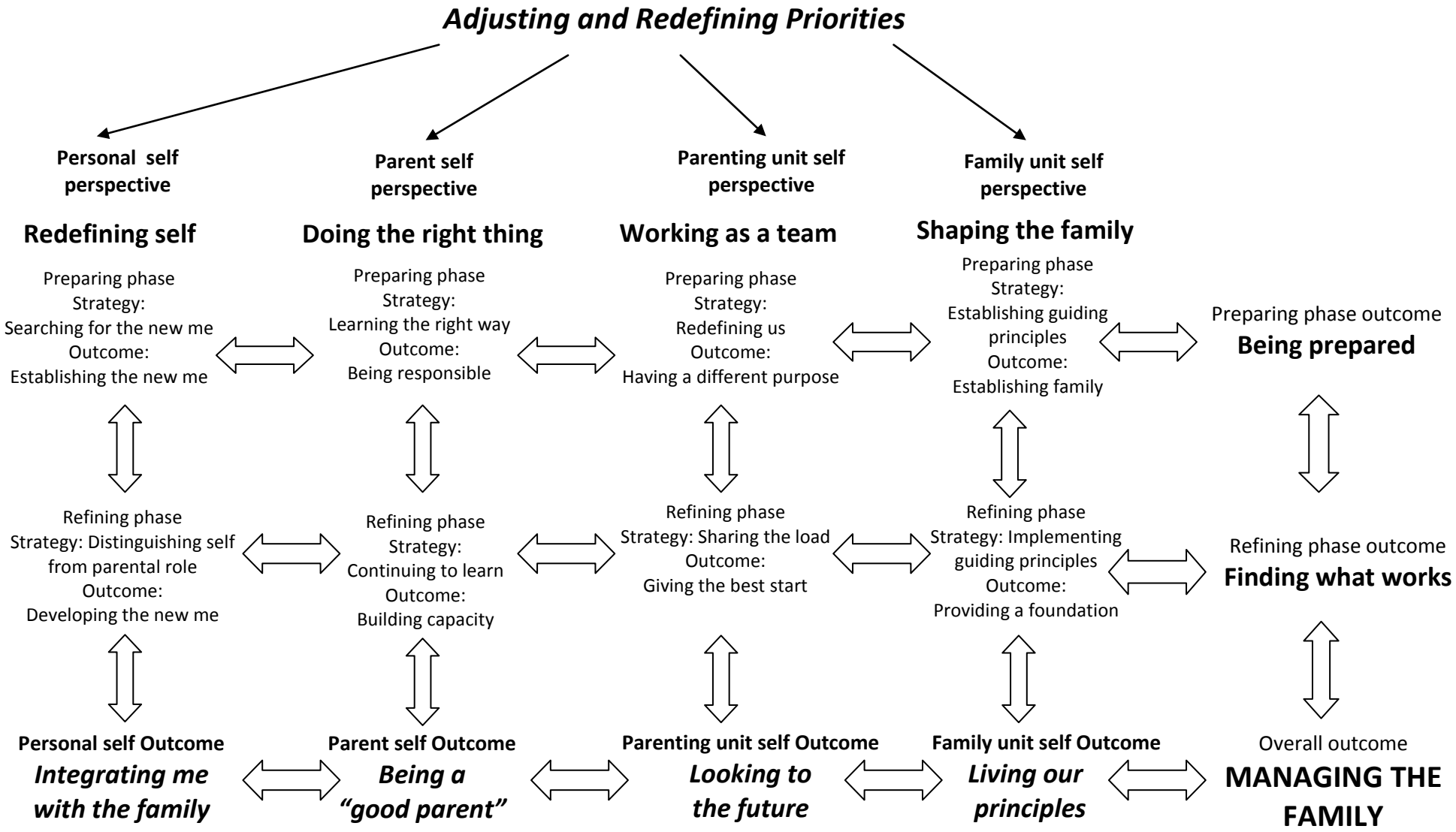
The purpose: Building Family

Whereas **Managing the Family** explains the daily actions of parents, the ongoing purpose for which they were ***Adjusting and Redefining Priorities*** was **Building Family**. The perspectives and strategies parents used were all focused on the central principle of creating a sense of family, an environment, a "place" which had structure and meaning for its members. "Family" was constructed uniquely by each unit and reflected the priorities parents used to guide decisions across the spectrum of the parenting role. Just as ***Adjusting and Redefining Priorities*** was a dynamic process, **Building Family** was a dynamic concept which encapsulated a sense of continuous re-forming as conditions changed over time. While the overall purpose of **Building Family** remained constant, the forms which "family" took, and the ways in which this was accomplished, were constantly altering as parents accumulated knowledge skills and experience, children grew and developed and the unit faced and managed a range of conditions.

The salient conditions

The dynamic nature of life in families with young children meant that parents developed management strategies they could use in response to constantly changing conditions. At times parents had to deal with unexpected circumstances at short notice, and at other times there were opportunities to plan and prepare a response. Sometimes the conditions were short-lived, easily resolved and did not have a residual impact for the family or its members. In other situations they had more long-term, or permanent, implications for family structure and management.

Figure 6.3 Theory overview diagram



Parents moved within and between perspectives to consider and then address the challenges arising from various conditions. They did so by taking into account a range of dimensions and then responding with strategies informed by their interpretation of the situation. To facilitate explanation of the diverse settings in which parents were interacting, the conditions have been gathered under three main headings: Family disruption, Resourcing and External influences. These are used to present and discuss the diverse conditions in which parents acted from different perspectives as they ***Adjusted and Redefined Priorities***.

Family disruption conditions arose from within the family unit. Major sources of family disruption were structural changes in membership of the family unit or the household, and challenges to health and well-being of one or members of the family unit. Included in this set of conditions were a new baby being added to the family; people outside the family unit moving into or out of the home; the breakup of the parental relationship; changes in parental employment patterns; and accident or illness within the family unit.

Resourcing encompasses the conditions in which the availability of various forms of support influenced the ways parents interpreted and managed those situations. Resources included levels of financial income; the availability of practical support from friends, family, community sources and health professionals; and the levels of time and emotional input needed to address the diagnosis of long-term illness or disability in a member of the family unit. The absence or presence of resources, and their accessibility, contributed to the ways in which parents ***Adjusted and Redefined Priorities*** as they managed their families.

External influences were conditions beyond the family environment which influenced the ways in which parents managed their families. These included the norms and expectations of extended family and friends, contemporary New Zealand society, particular cultural or religious groups, employers, the media, the law and health professionals.

With the theoretical concepts comprising ***Adjusting and Redefining Priorities*** described, the chapter now turns to how the trajectory commences for first-time parents with development of the Preparing phase. During the early part of this phase parents reported a fundamental transition from *self as a person* to *self as a parent*. In order to develop the additional perspectives of the parenting role, explained in Chapter Seven, parents' pre-existing perspectives of the *personal self* were ***Adjusted and Redefined*** to incorporate their shift to parenthood. Part Two of this chapter explains that shift.

Part Two: The Preparing phase commences

Managing a family with young children was an experience parents described as being concurrently exciting, bewildering, frustrating, angst-filled, enjoyable and rewarding. From all the resources available to them, they had to choose what would work best for themselves and their family in ways which supported them to achieve their desired parenting goals. In doing so parents sought ways of managing their families in order to meet the needs of each member as well as the family unit. That process began in the phase of Preparing.

Parents reported a number of significant changes in their lives during this phase. Views they previously held about who they were, what was important and how they achieved their goals were all challenged by the implications of full-time care and responsibility for a child. Being a parent involved a considerable shift in focus from the *self* being at the centre of all their decisions to the needs of their child taking that central position. Unlike employment arrangements and social commitments which could be deferred, re-negotiated or terminated when no longer convenient or desirable, caring for young children had a quality of constancy which was reported to permeate all dimensions of a parent's life. The child had a presence, whether tacit or overt, in many of the decisions parents made. Parents also felt a responsibility to perform their role whether sick or well, high income or low and whether the circumstances were convenient or problematic.

In some cases, commencement of the trajectory for first-time parents occurred a long time before their babies were born. One couple spent years researching their options for parenthood before saving up and arranging surrogacy. For another couple it was the miscarriage of an unexpected pregnancy which changed their minds about not wanting children and led them to plan for the arrival of another baby. Another couple had tried to conceive for many years and eventually chose to focus their lives elsewhere when they were declared infertile. An entirely unexpected pregnancy refocused them on parenthood.

As noted previously, in Preparing, ***Redefining*** was generally a more prominent process than ***Adjusting.*** Parents reported significant changes in the standpoints from which they viewed the world and the strategies and outcomes of their daily lives. As the trajectory commenced, parents reviewed the perspectives they held of themselves and also began developing additional perspectives from which to address their parenting responsibilities. In doing so they took into account the priorities they considered to be important for themselves and those of the complex social environment in which they were embedded. These included the perceived priorities of formal societal institutions such as the law, health and education and those of informal social groups such as family, friends, the media and cultural groups.

Preparing was a time when parents reported a focus on acquiring knowledge and learning new skills. Information was gathered and sorted. Decisions were made about the structures and processes parents would be using to manage their families. As this occurred, parents developed perspectives from which they could relate to the child, the other parent and the family as a unit. Figure 6.4 is a schematic representation of the Preparing phase in the trajectory.

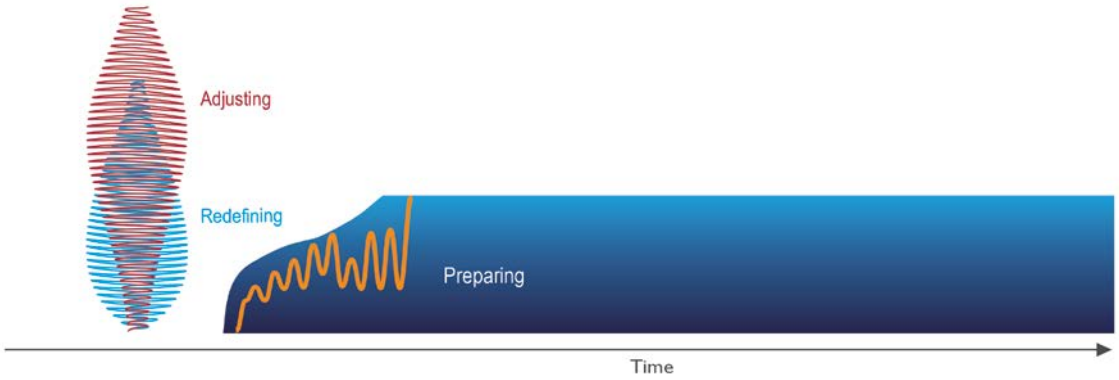


Figure 6.4 The Trajectory: Preparing phase

An explanation of Preparing can be followed through the development of the four overarching parental perspectives. The first of these, *personal self,* is explained below and the three additional perspectives of *parent self, parenting unit self* and *family unit self* are presented in Chapter Seven. Although they are discussed separately, the perspectives developed concurrently and were constantly present and interacting as parents made decisions. The uniqueness of each parent's experience relates to the standpoints they adopted in various conditions. It was these perceptions which influenced the strategies they used to manage situations and the outcomes for which they were striving. The ways parents ***Adjusted and Redefined Priorities*** are therefore explained as an interplay between the perspectives and the related dimensions of the core process. In Preparing, this interplay focused on parents establishing the structures and processes they would manage their families with.

Table 6.3 summarises the theoretical components of Preparing. It demonstrates how the overarching perspectives and associated core process dimensions are related to the strategies parents used and the outcomes for which they were striving in this phase.

Table 6.3 Theoretical components: Preparing phase

Perspective	**Personal Self**	**Parent self**	**Parenting unit self**	**Family unit self**
Dimension of the core process	Redefining self	Doing the right thing	Working as a team	Shaping the family
Strategies	Reflecting on past , present and future Looking after me	Gathering resources Accepting responsibility Establishing an emotional connection	Redefining us	Establishing guiding principles Building security
Outcomes	Establishing the new me	Being responsible	Having a different purpose	Establishing family

The personal self

Redefining self commenced as the trajectory got underway. Parents ***Adjusted and Redefined Priorities*** in order to find ways to address their own needs while concurrently fulfilling the roles and responsibilities of parenthood within the dynamic environment of a family with young children. Table 6.4 outlines the process, strategies and outcome for the *personal self* in the Preparing phase.

Table 6.4 The personal self: Preparing phase

Perspective	Personal self
Dimension of core process	Redefining self
Sub-category	Searching for the new me
Strategies	Reflecting on past, present and future Looking after me
Outcome	Establishing the new me

Process: Redefining self

When pregnancy was planned, *redefining self* was part of the decision to have children. However some participants did not expect to be parents, either by choice or because they had been unable to conceive. For them, perceptions of *self* shifted suddenly from being permanently childless adults to being expectant parents. Their initial *redefining* of *self* as parents, eventually developed into the more comprehensive and continuous process of ***Adjusting and Redefining Priorities*** experienced by other participants.

Alice was single and had no intention of having a baby. Confirmation of pregnancy after an unplanned liaison shifted her perception of *self* from self-employed and financially comfortable to being an unemployed single mum with no possible support from the baby's father. In Brad and Susan's case, the couple did not want children. Each of them prioritised their well-paid, high status professional careers and pleasures such as boating and overseas trips. The miscarriage of an unexpected pregnancy caused them to re-think their decision about parenthood. They began ***Redefining*** their individual perceptions of self to incorporate a parental role when they realised that having a baby was something they had both wanted after all. Brad commented that, "I guess I

realized I did want children when it didn't work out that first time because I couldn't believe how gutted I was when it didn't work out how I expected." Confirmation of Susan's second pregnancy was warmly welcomed.

Redefining Self began in slightly different ways in families with adopted babies. Toby described the long lead-up to birth as being a time when the "baby only existed in our imagination".

> We researched. We looked at domestic adoption… foreign adoption… very briefly at co-parenting and decided that wasn't what we were up for. And then looked at surrogacy and decided that that would be the route that we would do. That was probably a good 2 or 3 years of conversation, research and reading and saving. (Toby)

Redefining Self for Toby was a conscious decision which involved considerable time and planning. For Matthew and Ruth the timeframe was much shorter. Their offer to adopt the unexpected baby of a relative gave them just a few months to plan and prepare for parenthood.

Parents came to Redefine Self under these conditions as the trajectory commenced. The strategies they used to make this shift are now explained.

Sub-category: Searching for the new me

Parenthood involved making changes to the sense of self parents had developed over a lifetime. In Searching For the New Me parents *"reflected on past, present and future"* and sought out ways of *"looking after me"* in order to *Establish the New Me* which was a perspective of self from which they could cater for their personal needs while concurrently fulfilling their other roles within the family. Each time a new baby joined the family, parents reviewed their search for the New Me to re-establish ways to care for themselves in the new conditions which included additional responsibilities.

Reflecting on past, present and future

First-time parents reported Preparing to be a time of reflecting on the adult they had been before parenthood and the adult they considered they needed to become in order to care for themselves and their family units. They questioned

themselves in the following ways: Who was I? Who am I now? Who do I want to be? Who do I need to be? Who can I be?

Parents' definitions of self prior to parenthood were well-established via the many facets of their life experience. Interaction with multiple societal groups led them to develop roles such as child, sibling, friend, team mate, student, employee, colleague and tax payer. Familial, social and employment-related roles and responsibilities contributed to how parents perceived themselves and others, and how they interacted with the community. Analysis indicated that parents' decisions during that time focused on how they, as individuals, would be affected. They had travelled, studied, worked, socialised, interacted with friends and family and pursued leisure activities. Many prioritised keeping fit and were conscious of their body shape and size. Tidiness and order in the home were important for some people, while having their own "space" was important for others.

> I had 20 years beforehand of just being responsible for me. Even being married I still felt I had my own space. My own individuality. I could go away and do things on my own and *be* on my own as well as be with [my husband]. (Jill)

Participants' priorities for self prior to parenthood were linked to perceptions of existing preferences, roles and responsibilities. Many parents were in homes with two salaries which provided enough income for pleasures such as dining out and purchasing of luxury goods. Others spent time boating or going to the gym. Many had well paying jobs where they had status, intellectually-challenging work and plenty of opportunity for adult conversations and socialising. In families with limited income, both members of a couple were available to work. Time and energy was available for participants to stay in contact with friends and family and maintain responsibilities they had taken on. Brad, for instance, spent a lot of time helping his grandmother.

First-time pregnancy was a period of transition between not being parents at all and having a newborn infant for whom they were entirely responsible. Reflecting on past, present and future helped prepare first-time parents for the changes in self-concept that they knew would come after birth. During this period parents began reviewing and revising perceptions of self while

considering areas of their lives they could let go, retain or modify as well as new areas they might have to establish. Consequently, reflecting on past, present and future also involved looking ahead. The aim was to construct a personally-acceptable sense of self which could function within the entirely new set of circumstances associated with parenthood.

During pregnancy, parents ***Adjusted and Redefined Priorities*** as they considered the babies' needs when thinking about the implications of decisions they were making in areas such as employment, leisure and social activities. Anne, Jane and Erin enjoyed their work but were clear about shifting their focus to remaining at home as full-time caregivers for their babies. For these women, ***Redefining Priorities*** related to employment status was a welcome change in their perceptions of self. Peggy and Susan gained intellectual stimulation and immense satisfaction from their jobs and were more cautious about whether remaining at home after birth would provide a sufficient level of reward. For them, ***Redefining Priorities*** with regard to employment was a little more hesitant. They acknowledged that some time off work would be needed, but were uncertain as to how they would respond to such a big change. In some cases, thinking ahead to a future with reduced income led to ***Adjusting and Redefining Priorities*** related to luxuries and leisure pursuits. Brad, for instance, sold his beloved boat because the time and money required to invest in this passion would not be available after his baby was born.

In the early days after birth, Redefining Self moved from a process which parents could largely control to conditions where the *personal self* was lost in the intensity of learning new skills and finding ways to fit in self-care activities. For mothers in particular, physical recovery from birth, fluctuating hormones and establishing lactation contributed to a general sense that many described as, "overwhelming". In Jo's words, "it was all baby, baby, baby … and you kind of lose yourself". This was a difficult time for Alice as a single parent who experienced the intensity of this time with very little assistance from anyone else. Her sense of self was limited to meeting only her basic personal needs for months after birth.

For the parents who had adopted children, experience of this period was slightly different. They did not have the physical sequelae of birth to contend with as they assumed fulltime childcare, therefore each couple could share equally in the caregiving tasks. Within a few days, however, their lack of experience and sleep raised the same issues other participants were also contending with.

Physical and emotional demands related to round-the-clock infant care continued to accumulate for parents. Participants reported that reflecting on past, present and future began to highlight losses. Pre-natal control over caring for their personal needs gave way to limited sleep and irregular meals. Time for themselves, time with their partners and socialising with others were no longer prominent, if they were possible at all. Parents reported that their priorities were defined for them, leaving the *personal self* to languish well below the needs of the baby and the household.

Throughout the first few weeks after birth, parents gradually learned which components of the personal self could be ***Adjusted and Redefined*** in ways acceptable to them in their new circumstances. They drew on their accumulating knowledge and experience of infant care to reflect on their physical and cognitive changes since birth, review their personal priorities and determine new ways of viewing the personal self.

For mothers, redefining body image was a prominent shift. Erin and Anne re-defined their bodies from a focus on self to a focus on nourishing their babies. Whereas before parenthood they had maintained their bodies to look and feel good, as mothers they were more concerned that their bodies could meet the needs of their infants. Erin used the analogy of a machine to explain her redefined body image and the physical changes she had noted.

> Physically there's more stress on my body, because I'm breastfeeding I'm having to eat more ... like you're a machine to provide for your baby rather than your body is not about you anymore. Your body is feeding this other life basically. (Erin)

As the primary caregiver for his son, Toby also viewed his body differently. Rather than reflecting on his body image, alterations in his sleeping patterns led

him to redefine himself as a light sleeper which was quite a shift from his pre-parenting days.

Changes in cognitive function were another dimension of self which mothers noted. During our interview Erin, the mother of a 6-month-old baby, apologised for her perceived lack of ability to think and concentrate, saying, “My brain is not functioning as well as it used to before I had a baby.” This was not apparent to me as an interviewer but was obviously of concern to her. For Peggy, the mother of a toddler, the disturbance in cognitive function she perceived in herself as a new mother was still prominent in her memory. As a professional with post-graduate qualifications, Peggy remembers the early newborn period as an unsettling time where her usual thinking processes were not functioning normally: “…it’s almost as though you lose your faculties… I couldn’t complete a thought. It was really weird and I didn’t like it. I didn’t like it at all.” Both these women had been carrying great responsibility in their careers. Perceiving themselves to have diminished cognitive function was a considerable shift in their perceptions of self.

Along with changes in physical and cognitive function parents also acknowledged a change in the priorities with which they constructed their personal selves. Some became less concerned about tidiness of the home or housework being up to date than in the days before babies arrived. Prior to parenthood, Toby’s perceptions of self had been linked with success in the activities he undertook. Over the time since his son was born, he found that the way in which he evaluated a “good day” had changed. Previously he had been “very rigid in what made a successful day at work and what made a successful day at home”, but six months later Toby had become “more flexible”, focusing less on the completion of tasks and more on what his baby had done during the day - eating new foods or learning to roll over for instance.

As parents reflected on past, present and future they began to ***Adjust and Redefine Priorities*** in ways which incorporated their personal needs with the roles and responsibilities of parenthood. In doing so they found ways to *“look after me”.*

Looking after me

Redefining Self by looking after me began to a limited degree for most mothers during pregnancy when they reduced work hours and could have some time to themselves. For Sally the need to *look after me* was acute due to significant emotional difficulties linked to both pregnancies which necessitated medical intervention and close supervision by her extended family. Once pregnant for a second time, Sally actively sought out the treatment and support she had found beneficial during her first pregnancy.

After birth, "*looking after me"* became a prominent focus for participants when the demands of infant care dominated parents' lives. Addressing self-care needs to eat, sleep and shower were prioritised well beyond any other priorities for self which they may have held prior to parenthood. In the new-born period, *redefining self* involved attending to self-care in between baby-care activities; periods of time that were often short and also needed to be spent on household-related activities. Sleep was a particularly precious commodity and something that parents would arrange for themselves whenever possible. Those who had family members staying or visiting regularly would sleep when not needed for feeding or settling their babies. Some parents who were at home all day with no other adult in the house would nap while the baby slept. When both parents were home in families where babies were bottle-fed, the person who was not feeding would sleep or attend to household duties.

"Looking after me" was especially important for mothers such as Jo and Fran who experienced long-term emotional struggles after birth. Having time alone to walk, or exercise helped them improve their moods and release some of the mounting stress resulting from childcare demands and an overwhelming sense of personal emotional turmoil. ***Redefining*** personal ***Priorities*** for Jo and Fran focused on identifying and accessing activities which contributed significantly to their personal sense of well-being. Relatives came over regularly to enable these mothers to have time alone**.** Alice did not have this form of support. "*Looking after me"* was accomplished when her child was asleep and she could catch up on emails. At all other times her child was with her so she was

concurrently attending to his needs while also meeting her own. For example, getting out of the house for a walk involved taking her son in the pushchair.

Outcome: Establishing the new me

Adjusting and Redefining Priorities for the *personal self* in Preparing aimed to establish a "me" that encompassed the facets considered by each parent to be sufficient for maintaining the *personal self* while concurrently fulfilling the additional roles of "parent". For first-time parents this process tended to take 3–6 months after birth. If difficulties such as emotional struggles or a sick baby arose, this process could take longer.

Susan encapsulated the *personal self* she had constructed since her baby was born when she said, "Now I'm really enjoying being able to be me again". The "me" was actually quite different to the pre-natal construction of "me" she had described. The pre-parental Susan did not want to be a mother; gained enormous satisfaction from a job at which she was highly competent; valued a high income; and had plenty of time for herself. The "me" Susan was referring to during the interview found parenting to be rewarding and much better than she had ever expected; struggled with the decision about returning to work; had few opportunities to pursue the leisure activities that she loved; and thought incessantly about her child, even when away for a weekend with her husband. Susan was very much enjoying being "me", but it was a "me" that had not existed just a few months previously. It appeared that the ***Adjusting and Redefining of Priorities*** occurring up until this point had brought together dimensions of the *personal self* which Susan valued and by which she was encouraged. She had come to a place where she could distinguish the "personal" Susan from the "parent" Susan. She could now meet her own ***Redefined*** personal needs while also fulfilling the roles of a parent.

Conclusion

In the first part of this chapter an overview of the theory of ***Adjusting and Redefining Priorities*** has been presented to explain how parents with young children manage their families on a daily basis. The trajectory which parents move along while engaged in this process has been introduced as a foundation

for the more detailed explanation of theoretical concepts which are presented in Chapters Seven, Eight and Nine.

The core process of ***Adjusting and Redefining Priorities*** is composed of two interacting processes. ***Adjusting*** involves the strategies used by parents to implement short-term changes that are generally small in scope, while ***Redefining*** involves strategies that are generally more long-term and significant in scope. In becoming parents, participants were found to have developed additional perspectives of *self* from which they perceived and interacted with the world. As well as *redefining* the *self* which had existed prior to parenthood, parents also came to develop the perspectives of *parent self*, *parenting unit self* and *family unit self* in order to care for themselves and their families.

The trajectory encompasses two phases. In Preparing, parents gather together an initial set of strategies with which to manage their families. In Refining, those strategies are fine-tuned to align with the distinctive circumstances and priorities of each family. Movement between the phases occurs in response to conditions which initiate the need to review and revise strategies according to the family's needs. The purpose for which parents were striving as they ***Adjusted and Redefined Priorities*** was **Building Family.** This is an environment, experienced as a place to belong, in which family members share a unique collective identity and where family members can be supported and encouraged to grow and develop.

In Part Two of this chapter the detailed explanation that links theoretical concepts with the daily experience of parents began. The commencement of the Preparing phase of the trajectory has been presented as it occurs for first-time parents. This is when *redefining self* commences for parents as they begin to think about and plan towards the shift in priorities that will be involved when caring for young children. Such a shift is fundamental to the development of the additional parental perspectives which are explained in the next chapter. Also in Chapter Seven, the dimensions of ***Adjusting and Redefining Priorities*** are linked to each perspective to demonstrate how parents moved through the Preparing phase of the trajectory.

Chapter Seven: THE PREPARING PHASE CONTINUES

> I think in the first month both me and my husband found it a little bit hard at times. You felt like… I don't want to say like your life's over and you can't do anything anymore, but to a less extent. Suddenly somebody else has full control over what you can and can't do and you're sort of tied to them, particularly if you're feeding them. (Jenny)

This is the second of four findings chapters which link the theory of ***Adjusting and Redefining Priorities*** with the daily experience of 24 parents in families with young children. The explanation of the Preparing phase continues as the additional over-arching perspectives of *parent self, parenting unit self* and *family unit self* are integrated with the dimensions of the core process to demonstrate the complexity of daily management in families with young children. These theoretical concepts are presented as they occur for first-time parents. The chapter concludes with an explanation of **Being prepared**; the overall outcome of the strategies used by parents in this phase.

The findings from this study demonstrate that for each parent the experience of bearing and raising children was unique. First-time parents found themselves on a pathway that was completely new to them. Peggy expressed it like this to her husband:

> I'm not the Oracle, you know. I don't know and I've always said that right from the start, I'm as clueless as you are. I don't automatically have this thing in my head about what to do with a baby just because I'm a woman. (Peggy)

Along with the other participants, Peggy developed additional perspectives to manage the parenting journey because she "did not automatically have this thing" in her head as the trajectory commenced.

The parent self

As parents reflected on how parenthood would influence their existing perceptions of *self*, they began concurrently constructing a perspective to consider their parental role from. They reported thinking about themselves as parents and also how that role would be perceived by others – the other parent, family, friends and society. These perceptions guided parents' decisions about the skills and knowledge they needed to learn, the relationships they developed

with their babies and the ways they demonstrated their acceptance of parental responsibility. By ***Adjusting and Redefining Priorities*** from the parental perspective parents aimed to Do the Right Thing in their efforts to **Build Family**. Table 7.1 sets out the strategies and outcomes which parents were engaging with while Doing the Right Thing.

Table 7.1 The parent self: Preparing phase

Perspective	**Parent self**
Dimension of core process	Doing the right thing
Sub-category	Learning the right way
Strategies	Gathering resources Accepting responsibility Establishing an emotional connection
Outcome	Being responsible

Process: Doing the right thing

The naming of this process was derived from parents' reflections on their early parenting days. Jenny asked herself, "Am I doing this right?" Jane said, "I just did the things that were right for us". Conversely, Toby described his parental role as "not wanting to do the wrong thing". Doing the Right Thing referred to parents' efforts to feel and appear to be competent and confident caregivers. Strategies used in this phase depended on parents' existing experience of childcare, their knowledge of health information and the resources on which they could draw. *"Gathering resources", "accepting responsibility"* and "e*stablishing an emotional bond"* were intertwined strategies in Preparing that parents used to Learn the Right Way when caring for their children. Each strategy influenced the others as parents gained experience and confidence in their new roles.

Sub-category: Learning the right way

Learning the Right Way was a personal journey for each parent. They had to find out for themselves which resources would be most beneficial for their learning to care for their children; how to operate as a parent in ways which showed that they understood the responsibilities of the role; and how to form an

emotional relationship with each child based on the child's individual ways of interacting. Together, the strategies parents developed while Learning the Right Way assisted them to feel and demonstrate to others that they were ***Being Responsible.***

Gathering resources

Parents accumulated human, organisational and media-based resources to support development of the *parent self*. The gathering of information plus emotional and practical support provided a range of options parents could use to guide their learning of parenting skills and knowledge. Resources could be a source of encouragement and new ideas to try and they also formed a support structure that parents could return to if faced with a challenge.

Learning comprised a significant amount of effort in the early days of the trajectory. Information gathering began in earnest once pregnancy was confirmed. Printed and electronic media were searched for information. Friends, family and work colleagues were consulted and some parents attended antenatal classes.

After birth, the learning curve steepened dramatically. The accumulating effects of little sleep, inexperience and, for some, a perceived lack of support resulted in many parents feeling completely overwhelmed in the early days. Doing the Right Thing involved parents trying to "figure out" what to do. Theory was sorely tested by the reality of practice. Peggy commented on the difficulties of applying knowledge from antenatal classes to "the real situation". Information and support gathered before birth were evaluated for usefulness. In some cases, resources parents expected to be useful and supportive were not. Conversely, resources that had been perceived as not potentially useful, or not even considered at all, turned out to be the most valuable. Debbie had expected that having her parents to stay would support her early parenthood experience. The reality was the opposite with an unsettled baby, poor quality sleep for everyone in the house and the complete takeover of infant care by the grandparents. For parents such as Peggy, the idea of a coffee group composed of parents with

babies of similar age was initially unappealing, but eventually this group of women became one of her most trusted resources.

Analysis showed that a planned reliance on health professionals for advice and support was soon found to have gaps which parents needed to fill. Anne had expected sufficient support from maternity care providers to successfully establish breastfeeding. The reality was a long, painful and expensive experience that resulted in a shift to bottle-feeding. Peggy and her husband were unable to settle their baby on the first night home from hospital. They had "read all the books", attended the classes and listened carefully to the recommendations of health professionals, yet none of this seemed to be of any help when they had to deal with the situation on their own. Lack of professional support compounded the difficulties experienced by Sofia who desperately wanted her mother to come and help her after birth.

> I [phoned mother] every day, for 40 days… if she didn't call me I called her, and I cried for a few weeks. "I need you. You have to come." I couldn't get visa for her to come here. Just visitor visa. I applied but just Immigration. They just declined my information. They said New Zealand is a number one country to help people and supporting people who haven't got family here, because we have too much Immigrants here and we've got Plunket. Plunket support and you've got lots of support. (Sofia)

A declined visitor's visa and lack of the promised, and unrealistic level of service from a health-care organisation contributed to a distressing experience of depression for Sofia.

The availability of professional advice became increasingly intermittent for parents in the weeks after birth, especially during times of high stress when phoning a helpline was not enough to provide the assistance that parents considered they needed. These conditions generated "learning on the job" whereby parents used "trial and error" to find efficient and effective ways of caring for their babies. Eventually parents formulated their own problem-solving lists to help guide decision-making about infant care. These were based on what had worked, or not worked, on previous occasions. Parents acknowledged that they would not necessarily get it right every time, but it was in trying different measures that they learned which would work best. Erin told herself

that she was “not going to be perfect” while Jenny saw “making mistakes” as part of learning “what the right way is”.

Limited professional advice and support was overcome as parents turned to their informal networks for assistance. Friends, family and other social contacts were more readily accessible, especially outside business hours, for both practical and advisory support. Coffee groups were reported to be particularly supportive for some mothers. They valued the openness and honesty of the communal environments which developed and they identified strongly with parents who were at the same stage as themselves. The quality of relationships within Jenny’s coffee group was such that mothers would email each other to express frustrations, admit failures and ask for advice. Integrating this group into her parenting support resources was of considerable assistance to Jenny in her early experiences of parenting when she did not feel confident.

Although parents also drew on support from family members, friends and work colleagues, recourse to these resources was not automatic. Parents became discerning about who they would seek out and whose advice they would use. These decisions were moderated by criteria parents developed to guide the process of “trusting the source”. A sense of “alignment” between what the person was saying and whether it was congruent with the parents’ views was a priority for parents. Toby readily discussed childcare issues with his mother but dismissed most of what his mother-in-law had to say. Using the term “gauging opinions”, Toby valued advice from people who were level-headed, logical and related well to their children - his mother-in-law demonstrated none of those qualities. Erin looked for congruence between what she saw and what she was told before she would consider using a person’s suggestions. In her opinion, “Most people want to give you advice on everything they’ve done right. Then you look at their kids and think, ‘Mmm, I’m not sure whether I’d follow that advice’”.

The lack of alignment Debbie perceived on childcare matters was located in a cultural context. The ongoing struggles she had with her parents and her in-laws related to her choice about stepping outside the cultural practices of her

Asian heritage. Having trained as a health professional in New Zealand, Debbie had different ideas about infant care practices. For her, Doing the Right Thing led to arguments with the very people who were, potentially, key resources for support.

Links between development of the *personal self* and the *parent self* emerged as parents became highly conscious of how the performance of their role was being judged by others. Parents' perceptions of self-confidence related to their ability to competently handle infant care in the presence of others. Parents of newborns sensed an unspoken standard which they thought it was necessary to aspire to. As Peggy put it, "...because everyone is acting like that you think everyone knows what they are doing and you're the only person that doesn't". Jenny was particularly aware of this at a parenting class she attended several weeks after birth.

> … you'd be sitting in a group with other mothers and babies… 2 hours is quite a long stretch of time and with some people you know and some people you don't know… if she was unsettled or crying I couldn't figure out what was wrong. I'd try and feed her or try and rock her to sleep or change her and she'd still be grizzly. At first I felt a little bit uncomfortable, but … you know that everyone else is in the same boat. I think most people with new babies make it look like that they really know what they are doing, even though most people don't feel like they do. And I'm sure that it looked like to other people [that] I knew what I'm doing as well... (Jenny)

Even though she suspected that the other mothers probably felt the same as she did, Jenny remained acutely conscious of how she may have been perceived by others. Her experience at coffee group was quite different, however, because it was a place where "no one judges you". It was while talking with these other mothers that Jenny came to understand that new parents "put out" or "act" that they are confident and competent when this may really not be the case at all.

Links between the *parent self* and *personal self* could also be internally focused. As a health professional with considerable experience caring for very sick children, Toby was confident about caring for his son but he struggled with separating his professional experience from an infant's normal pattern of growth and development. If Toby could not settle his baby in the early weeks after birth

he became gravely concerned. Talking with his mother and some work colleagues helped him to separate his "emotional self" from his "clinical self". Eventually he remembered to check for teething or tiredness rather than cancer.

Parents perceived the gathering of resources and the learning of childcare skills to be of high priority. Their experiences heightened their awareness of the responsibility they had taken on with parenthood. Accumulating knowledge and mastering skills was a way of proving to themselves and others that they had accepted this responsibility.

Accepting responsibility

> …the thing that got me the most, the thing that struck me the most in those first few weeks – early weeks was the overwhelming sense of responsibility for this other person. (Peggy)

Jasmine described parental responsibility as, "Accountability that is permanent". By accepting responsibility, parents made changes to their usual behavioural patterns to accommodate their children's needs. In doing so, they demonstrated a shift in focus from themselves as the centre of their considerations to the welfare of their children who needed someone to make decisions on their behalf.

For mothers this process started early in pregnancy with arranging maternity care. They sought out caregivers in whom they had confidence and with whom they could partner in ensuring the desired outcome of healthy mothers and infants. In "***accepting responsibility"*** as a parent, Anne acknowledged her lack of knowledge and expertise in maternity care. She viewed maternity caregivers as "experts" and readily deferred to their knowledge and experience when making decisions about the well-being of herself and her baby.

Mothers were also conscious that their dietary choices were now directly affecting someone else. Accepting responsibility meant Doing the Right Thing to benefit both themselves and their babies. Erin made a decision from the time of conception that she would be "really, really healthy throughout the pregnancy".

She took fish oils and vitamins and ate, "really good food". Anne also gave more thought to her dietary intake, giving up a number of treats that she enjoyed.

> Because I was not only thinking of myself I had someone else that was growing inside me, who needed me to make good choices about what I was eating. And whatever I was eating they were actually getting. So I guess that was a big thing. Me taking responsibility for what you're consuming and how you're living. (Anne)

Parents' sense of responsibility heightened around the time of birth. Tensions developed as they weighed concern for their babies against their perceived lack of knowledge and experience of the birth process. Doing the Right Thing focused on which decisions parents thought they should make and which they should hand over to maternity care professionals. When Mary was expecting her second baby she agonised about having the Caesarean that was recommended by her obstetrician. She questioned whether the surgery was to benefit the surgeon rather than herself and her baby.

> …obstetricians go for Caesarians… so much easier for them. Makes the whole thing much more practical. So I was really concerned that it was being pushed on me because that's just the obstetrician way as opposed to if I'd gone with the midwife who might have pushed for the more natural way. So I wanted to do the best thing and the safest and healthiest thing for my child being born, but was concerned that I was getting maybe, some biased information. (Mary)

On discovering that her first birth had nearly been tragic, Mary's doubts shifted to questioning herself about being selfish for wanting a natural birth because of the benefits it offered her. She eventually chose a caesarean to ensure safety for her baby.

"Accepting responsibility" as a parent also had an element of societal authorisation. Whereas confirmation of pregnancy automatically conferred social and legal parental status on to biological parents, for parents who were adopting or using surrogacy, *"accepting responsibility"* was experienced differently in the early stages of the process. In order to *"accept responsibility"* these people had to be investigated and approved by societal institutions to confirm that they were responsible enough *before* legal parental responsibility was conferred on them. They also waited to "*accept responsibility"* until the

children's biological parents signed legal documents formally transferring that responsibility.

Once their babies were born, parents' sense of "*accepting responsibility"* was acute. Anne "automatically felt like a grownup", thinking, "ooh, this is big!" when she looked into the bassinette soon after birth. *"Accepting responsibility"*, especially for first-time parents, was overwhelming and somewhat frightening at times as they thought about the skills and knowledge they did not have. For Peggy it felt like a "weight on her shoulders", a level of responsibility she came to resent.

> …the first time I took her for her immunizations I remember feeling quite angry because I didn't want to have to be responsible for her being upset because of the injection and then they were asking me all these questions about did I want Menz B? I just remember thinking, "I don't want to be responsible for that. I just don't know enough to make an informed decision. What if I say the wrong thing?" (Peggy)

Peggy debated with herself about what to do in this situation. She felt anxious and uncertain while weighing up a decision about short-term discomfort for her baby and the potential long-term implications of the immunisation. Either way, she knew would have to *"accept responsibility"* for the choice she made.

For Jane and her husband, accepting responsibility in the early days after birth included the extra dimension of being parents to a baby with a potentially life-threatening condition. In contrast to other participants, their focus as parents was making decisions about his treatment in hospital rather than on learning the skills related to care of a newborn. When the baby finally came home Jane and her husband had to incorporate their delayed learning about infant care with the additional responsibility of monitoring his health status.

Establishing an emotional connection

"Establishing an *emotional connection"* with each child was an element that parents expected to be part of the parenting experience and this developed, in many cases, throughout the natural course of constant interaction between parent and child. The "*emotional connection"* between parent and child had tangible and intangible components, some of which could not be encapsulated in words. The complex interplay between a parent's physical, emotional and

cognitive dimensions contributed to that person's sense of heightened awareness about every aspect of the baby's being. As the parent gathered information from constant observation of the baby there was a reciprocal parent response of love and concern which strengthened the relationship and reinforced the process. It was these qualities that set parenthood apart from childcare.

Parents who had cared for children, either professionally or informally, before parenthood, found that developing relationships with their own children felt completely different. It was not until after her baby was born that Jill, who had been a nanny for a few years, really came to understand this.

> ...there is huge difference which I would have had no idea of at the time. I felt I cared for someone else's child probably like I would if it was my own. However, when I ***had*** my own, it involved so much more. There's so much more emotional connection to them. And the breastfeeding which I would never have done, obviously, with someone else's child. And for some reason you just seem so much more attached and connected to them. And everything they do is, I guess it's more meaningful. And I think you are so much more alert and aware of where they are and how they are. And what they're doing and of course you're with them 24 hours a day. There's no break. It's constant. (Jill)

Jill credited breastfeeding with enhancing her emotional connection with her son, something she did not come close to experiencing when bottle-feeding the children she was nannying, even though she would hug them and "tried to give them that closeness that they would have [from] breastfeeding".

For some parents "*emotional connection"* began during pregnancy. Sam considered this to have started for him when he found out the gender of his baby and named him. Jill, Sam's wife, felt an "*emotional connection*" during pregnancy, but due to a difficult birth**, "***emotional connection"* with her baby afterwards took several days. Sam did not feel any interruption to his "*emotional connection"* with the baby because he remained in physical contact with his son in the neonatal intensive care unit during the first few hours after birth.

Sally's experience was quite different. Pregnancy greatly intensified her existing feelings of panic to the point that she considered termination. Once birth had

occurred she reported that it was “almost like a switch flicks” and she felt much better. *“Emotional connection”* was soon established and developed quickly.

For Peggy and Jo, establishing postnatal “*emotional connection”* with their babies took considerably longer. Instead of the warm feelings of affection they had expected to experience, they felt nothing. Both mothers provided the necessary physical care but there was no sense of an emotional bond forming. Intellectually, Peggy knew that such a bond was important for her baby’s development and so she chose to “act” the part to make up for what she knew was missing in the relationship. Calling it, “stepping outside” of her emotional difficulties Peggy put conscious effort into “engaging” with her infant, even though she “didn’t feel genuine” about it. Peggy had determined that the Doing the Right Thing involved appearing to have an “*emotional connection”* because she considered that to be part of her role, whether she felt like it or not.

> ... it was up to me. I felt the responsibility that she needed to have the best start in life and just because I was just feeling a bit at sea and not quite sure about it, doesn’t mean that she needed to miss out on that early emotional development… I really, really put everything into it and… got on the floor with her, even though most of the time I felt like I didn’t want to do that and like I was an actor almost. (Peggy)

Outcome: Being responsible

Doing the Right Thing in the Preparing phase resulted in parents demonstrating that they were ***Being responsible***. Their efforts contributed to construction of structures and processes to support their overall *parental self* aspirations of being a “good parent”. The outcomes of their strategies assisted parents’ transition to the next phase of Refining.

Parents showed that they were ***Being Responsible*** by “taking charge of decisions” about care of their children. Anne found herself ***Being Responsible*** in the early days after birth when feeding difficulties in hospital and at home led her to abandon breastfeeding due to exhaustion, expensive professional support and a constantly unsettled baby. She took charge by making decisions when conditions were not conducive to the health and well-being of herself, her baby and her household.

Toby found ***Being responsible*** for his own child quite different to his experience of the responsibility he felt for his six younger siblings as he was growing up. There was not "the same fear that if I mess up I'll get in trouble" and he realised that it was the decisions made by him and his partner that would influence the child's progress. He, in fact, felt "more responsible" than he had for his siblings because decision-making was no longer by delegation. It now rested primarily with him and was defined *by* him not *for* him by someone else. His sense ***Being responsible*** of was further heightened in the early months due to his partner's lack of parenting confidence. Toby felt a "huge responsibility to be able to do it all… for fixing things and making sure things happened".

Being responsible also involved parents gathering skills, knowledge and support with which to progress on the trajectory. "Having a plan" meant that they had accumulated effective measures to care for themselves and their babies and they had reviewed the resources available to them – retaining those which were useful and discarding those which were not. Throughout this phase parents moved from a heavy reliance on external sources of support to being more confident about the decisions they were making. This "self-trusting" became evident as parents drew on what they had learned in order to bring about desirable outcomes by using strategies which were both effective and compatible with parents' priorities.

As self-trusting developed, so too did parents' acknowledgement and implementation of their instincts and intuition. Anne described this development as, "...intuition brought on by learning". The more experience parents gained, the more finely attuned their intuition became. Erin "trusted her gut", Peggy "threw away all the books" and Jane went against Plunket advice by picking up her baby when he cried. Peggy and Jane realised that they had been struggling against their strong intuitive impulses while deferring to "expert" advice. Peggy commented that, "…deep down I knew or at least had some idea of how I wanted to do things, but for some reason I was relying on these external sources for my information." The lack of alignment between maternal intuition and professional advice caused both mothers great distress which was largely alleviated when they were Doing the Right Thing according to their instincts.

Being responsible also involved a parent "knowing my child". This was a unique relationship between a parent and each child in the family and was personalised to encapsulate the shared knowledge built up within each of those relationships. "Knowing my child" was a comprehensive mix of physical, emotional and behavioural dimensions in the relationship that parents had become attuned to. It occurred when parents could assess and respond to their children's needs promptly and effectively in a range of conditions. Jenny could tell by her baby's body language if she was unwell or tired. Although Jenny sometimes needed, "...to try a few things to find out what's wrong", by a few months after birth she could say, "I feel like I know her enough". Toby could not only distinguish between the cry of his baby and someone else's, but also what each of his sons cries meant.

Emotionally, many parents experienced warm and pleasant feelings when they interacted with their babies, especially when they were able to soothe them. They could also pick up on cues from the baby that reinforced a sense of special bonding. For instance, Erin described how her son's eyes would light up when he saw his parents and he would smile, laugh, giggle and "talk" to them. Jill became so emotionally bonded with her son that she would become quite distressed by his crying while being quite unperturbed by the crying of any other person's child.

Developing the *parent self* in Preparing assisted individual parents to acquire the knowledge, skills and experience they needed to care for their children. In two-parent families an additional perspective developed by parents was that of a shared view about how the family would be structured and managed. This was the perspective of the *parenting unit self.*

The parenting unit self

The *parenting unit self* encapsulates the perspective adopted by an individual parent sharing responsibility for a child in two-parent families. For couples, having a child initiated a review of their existing relationship so that the needs of an additional family member could be incorporated. Table 7.2 (p. 157) outlines the components of the *parenting unit self* in the Preparing phase.

Table 7.2 The parenting unit self: Preparing phase

Perspective	Parenting unit self
Dimension of core process	Working as team
Sub-category	Redefining us
Strategies	Dividing and conquering Supporting face time Having time for us
Outcome	Having a different purpose

Single parents could also adopt variations of this perspective, depending on the relationship they had with the other parent. Their experiences are explained later in this section.

Process: Working as a team

Working as a Team is how parents ***Adjusted and Redefined Priorities*** to collaboratively develop and implement family management strategies to address practical dimensions of childcare and domestic arrangements. In this phase parents were **Redefining Us** in order to develop the structures and processes which would support their efforts to Work as a Team.

Sub-category: Redefining us

For first-time parents, Redefining Us involved the transition of a couple from a child-free relationship to that of sharing responsibility for a child. The “us” that had existed previously focused on adult priorities and involved established arrangements for employment, financial management, housing, domestic duties and leisure activities. Expecting a baby added a new dimension to a couple’s relationship, generating the need to develop shared thinking that placed the child at the centre of their decision-making. During pregnancy, couples reviewed their existing circumstances and priorities and considered what might need to change. For Jill and Sam, pregnancy was such a shock that they needed time to redefine themselves as parents before they began to think about how they would ***Adjust and Redefine Priorities*** in their lives to accommodate a baby.

> First of all we had to take it in. Then we had to think forward about work. How long would I continue [working]? If I would stop [working] permanently. Whether I would go back [to work]. With finances we had to adjust mortgages, being on one wage instead of two. Sold a rental property a few months after we found out we were having a baby. We started making adjustments early on about what would happen so that the mortgage would be manageable on one wage without stress. (Jill)

Maternity care matters were often one of the first areas discussed by couples as a *parenting unit* perspective developed. However, final decision-making was often left to the mothers because they had generally gathered a lot of information on relevant topics and fathers acknowledged that it was the mothers who were receiving the maternity care. Where possible, fathers supported mothers' decisions as a way of sharing the experience. For example, Anne's husband offered to support her choice to stop drinking alcohol by refraining from it himself. He lasted a month before it got too hard, but Anne felt encouraged by their combined efforts to prioritise the welfare of their baby.

After birth, **Redefining Us** developed in tangible ways as couples found strategies to manage daily activities in a home that now included an infant. Fathers on leave from work helped with childcare and domestic duties while they could, but once back at work, **Redefining Us** tended to highlight the significantly different roles of the stay-at-home parent and the employed parent.

Dividing and conquering

In the early months after birth household duties took second place to childcare activities and parents finding time for self-care activities. In some families, practical help from friends and family helped during the initial period, but before long parents had to find ways of caring for their babies while also attending to other responsibilities inside and outside the family. Where possible at-home parents would take care of what they could manage while the employed parent was at work. Clustering activities was one way of combining childcare and household duties, for example, shopping for groceries while out with the baby or doing housework while the baby slept. Toby referred to **"***dividing and conquering"* as a way of attending to concurrent needs when his partner returned home from work.

> …the two of you can have some face time and play together and roll around on the floor or whatever and I'll go and get dinner ready, or I'll bathe him and dress him, you feed him and I'll make dinner. Sort of dividing and conquering what needs to be done. (Toby)

Supporting face time

Toby's mention of "face time" was another strategy parents used while **Redefining Us** in the Preparing phase. In Toby's words, "Face time is the same as one-on-one time, which we see as really important in the development of unique individual relationships, especially with [our son]". Limited time for employed parents to develop relationships with their babies led to some couples making a concerted effort to ensure that employed parents had time at home to do that. Sally supported her husband to play with the children when he got home from work. Peggy and Jane arranged activities and outings for their husbands and babies to do together.

> I did some things to try and encourage him to bond, like I was quite insistent that he did a regular bath with my son and that they have time together at the weekend, whether I'm there or not. (Jane)

Having time for us

Having time alone as couple was a challenge for parents in the early months after birth. The demands of childcare limited the amount and quality of time parents had for each other. Ways in which parents had previously spent time together could no longer be taken for granted. Erin and her husband did not go out as much as they had done. "*Having time for us"* became time shared over meals at home. Household duties addressed by the at-home parent during the day released potential time in the evening for the parents to catch up However by evening the at-home parent was often tired and just grateful that someone else was available to help out more than anything else. In families where babies were in a routine which involved settling early in the evening, parents had a window of time to catch up. However, in families such as Debbie's where the baby had chaotic sleep patterns, "*having time for us"* in the early months after birth just did not happen.

Single parents and the parenting unit self

The *parenting unit self* experience for the two single parents in this study was quite different. Jasmine was married until her child was 18 months old and she

maintained a good relationship with her ex-husband. After their split, they had to **Redefine Us** as a separated couple. They shared custody of their daughter week by week and discussed matters related to health, education, childcare and holidays. Jasmine therefore had opportunities for "face time" when her daughter was staying and "time to be me" when the child was with her father. Management of household duties was arranged between Jasmine and her mother, whose home Jasmine was living in.

By way of contrast, Alice was a single parent from the moment her pregnancy was confirmed and did not have any ongoing relationship with her baby's father. There was no Redefining Us for Alice and she had no one else in her life with whom to form some type of shared parenting relationship. Her ***Redefining*** focus was on herself as a single mother with no social support. She reviewed her existing life and made many of the same decisions as the couples did with regard to employment, housing, financial arrangements and baby care equipment, but every decision involved her being the only adult in the scenario. Every choice she made meant that she had to be able to cope on her own. She had "face time" every day, had no one with whom she could "*divide and conquer"*, and "time for me" was limited to periods when her child was asleep.

Redefining Us was how parents ***Adjusted and Redefined Priorities*** in the Preparing phase as they developed a *parental self* perspective from which to construct a shared view of managing the family with the other parent. In this phase, the outcome of the process was *Having a Different Purpose*. Sam used this term to describe how doing things that he and Jill had previously done together, would be different now that they had a child.

Outcome: Having a different purpose

Before parenthood, decision-making for a couple concerned just the two of them and had the purpose of supporting and enhancing their adult relationship. When a baby arrived, that purpose changed to incorporate the responsibilities of caring for a dependent infant. As a couple, *Having a Different purpose* involved finding new ways to accomplish existing roles and responsibilities while also developing additional roles with their attendant responsibilities. The

presence of a baby in the family influenced many of the couple's decisions and often imposed restrictions which had not been in place previously.

Having a Different purpose involved considerable amounts of learning in the early weeks after birth as couples mastered practical infant care skills, maintained their own self-care and provided an income for the family. For at-home parents who had been employed prior to the birth, the transition to being a full-time parent necessitated a review of how they would be contributing to the household in the new conditions. Peggy and Jo had assumed that this meant being a "super person" as Jo put it. This was someone who could do everything he or she had done before and look after the baby as well, from the very day they got home from hospital. It did not take long for these women to find that this expectation of themselves was unattainable. Peggy was unable to figure out how she had come to her original conclusion at all, especially when it was not derived from her husband's expectations.

> I felt like I had to do everything and put the dinner on the table and all that sort of thing and I didn't really like that very much… I felt like if I didn't get everything done, if I didn't have a meal cooking I used to feel a sense of panic and then I'd get quite stressed because… it was almost like a feeling of failure if I hadn't done all these household tasks. I don't know where that's come from because I've never felt that [my husband] would be cross if he'd come home and there wasn't anything on the table… it was really quite strong when I was at home full-time. (Peggy)

Some elements of *Having a Different Purpose*, such as attending to household duties, were immediately grasped by parents from the moment they had a newborn to care for. But it took months of ***Adjusting and Redefining Priorities*** for a couple to understand the extent of the changes that had taken place and to find management strategies which best suited their family. For Anne and her husband it was the "fright moment" of having huge credit card bills while on a reduced income which reminded them that they now had a different purpose as a couple.

The family unit self

> **Researcher:** If I say "family", what does that mean to you?
>
> **Anne:** A place of love. A place of feeling safe. A place of being yourself. Love. Safe. And being yourself. And having that support.

The *family unit self* developed as parents considered how management of the family would influence the ways parents and children interacted as a group. ***Adjusting and Redefining Priorities*** in the other perspectives contributed to the construction of a "place" where family members could belong and a structure which enhanced mutual support within the unit. The *personal self* identified priorities from life experience, the *parent self* was developing skills and emotional relationships and the *parental unit self* was developing a shared view of managing the practical matters related to the family. Together they helped parents to create an environment in which all family members potentially could be supported. Table 7.3 outlines the process, strategies and outcome for the *parenting unit self* in the Preparing phase.

Table 7.3 The family unit self: Preparing phase

Perspective	**Family unit self**
Dimension of core process	Shaping the family
Sub-category	Creating an environment
Strategies	Establishing guiding principles Building security
Outcome	Establishing family

Process: Shaping the family

The focus of the *family unit self* was on contributing to the development of a unique identity for the family unit. Shaping the Family is how parents ***Adjusted and Redefined Priorities*** to create a structure in which responsibilities for childcare and household management could be addressed while also creating an environment which engendered a sense of security for individual family members and the unit as a whole.

Sub-category: Creating an environment

Shaping the Family in the Preparing phase involved determining the underlying beliefs and priorities which parents considered to be important for instituting within their family unit, and then finding initial ways to set these in place. In doing so they were Creating an Environment in which each member could be cared for. The strategies of "***establishing guiding principles"*** and "***building security"*** were used to work towards the outcome of *Establishing Family.*

Establishing guiding principles

Guiding principles were the framework of values, beliefs and priorities parents used to assist them in the decision-making involved when caring for their families. These principles contributed to management of diverse aspects of family life including moral issues, nutrition, health promotion and protection, paid employment, childcare arrangements, time spent together, nurturing individual family members and financial matters. As individuals, each parent had accumulated his or her own principles over a lifetime. Those in committed relationships had modified and integrated their separate guiding principles in ways which could sustain their shared daily lives. On becoming parents, they examined existing guiding principles again as they integrated a child into the family.

The prospect of becoming a parent caused them to reflect on their own experiences of being parented. Sifting through their recollections brought to mind principles they wanted to emulate in their own families and practices they wanted to avoid. For many, the decision for one of the couple to become a full-time parent was influenced by childhood memories of their own mothers remaining at home. Parents recalled this as being important for instilling a sense of safety, security and consistency that they wanted their own children to experience. Erin remembers her mother using complementary health treatments for the family in addition to conventional medicine, a practice Erin had continued in her own family. Jo valued the camping holidays and outdoor activities she enjoyed with her family of origin and aimed to provide the same opportunities for her children.

Unpleasant memories also had a strong influence on some parents. Jo remembers being forced to eat food she did not want and was determined that her own children would not suffer the same fate. Debbie and Sally both remembered fathers who were harsh and distant disciplinarians. For these two mothers it was important that the fathers in their homes developed warm and positive relationships with their children. Anne remembered a lack of parental interest and support for education while she was growing up. She consequently aimed to encourage her children to learn and value education.

Cultural influences on "*establishing guiding principles"* were not restricted to the non-New Zealand-born or non-European parents, but were certainly prominent amongst the Pasifika, Middle Eastern and Asian parents. Memories of their families of origin were inextricably linked with cultural practices and norms that are still evident amongst their cultural groups in New Zealand. This group of parents had each chosen to continue with certain cultural practices and to actively "do things differently" in other areas. They spoke their native languages at home, prepared and ate food common within their cultural group, attended cultural events, observed cultural celebrations and maintained close connections with grandparents. A number of parents used their respective religious philosophies as guiding principles for their decisions.

However, cultural practices which did not fit with their parenting intentions were clearly articulated and acted upon, even in the face of challenges from cultural elders. For example, Matthew and Ruth had decided against the use of physical punishment for their child due to their negative experiences as children. The cultural norm in their ethnic group continues to be the use of physical punishment to correct behaviour.

Professional experience was another influence on the selection of guiding principles. A number of parents had worked in fields such as healthcare, childcare and teaching before parenthood. Jill and Sam were clear about the use of a nanny based on Jill's experience in this role where she formulated the opinion that parents who let others people provide the majority of childcare were "missing out".

> **Jill:** I was a nanny but I never wanted to have a nanny for my child. Because I saw as a nanny what the parents missed out on. For a start, they missed a lot of the milestones and they missed the little things that happen like... the first smile or the first steps, or the first roll over or they miss taking their children for jabs. I mean maybe they want to miss that but it's always somebody else standing in for the parents. I think ideally the child would actually like to have the parents there.
>
> **Sam:** Because that's what it's all about; having kids. To be there at every moment that is a first.

Sally had worked in a childcare centre for a while and was equally emphatic about staying home full-time with her children. She considered mothers to be

the ones who knew their children best and who could give them the love and care which no one else could. Sally perceived childcare workers to "get the job done" but to not "go the extra mile".

Parents' reflections on their own personal traits and general life experiences also contributed to the guiding principles they wanted to use in constructing the environments for their families. Sally, for instance perceived herself as lacking confidence and she therefore prioritised helping her children to feel confident. Peggy had often discussed child development with psychologist friends before motherhood. This influence resulted in her choice to delay a return to work because she considered staying home to be in the child's best interests for growth and development.

The guiding principles parents developed from reviewing their own priorities in life contributed to a structure that they could manage the family with. This structure also provided ways for parents to begin creating an atmosphere in which each member of the family could be supported.

Building security

"Building security" involved parents creating a family unit environment where emotional connections between members could be established and nurtured. It also involved developing a sense of security for each member and the unit as a whole. In Preparing, strategies for building security focused on forming the basis of current and future relationships within the family unit and also with significant others in the extended family and wider social circles. Erin described how and why she and her husband were putting effort into creating a loving and secure environment for their baby.

> So it's really important... that he knows that we love each other and that our family unit is strong and that mummy and daddy are going to be here together forever... it's very secure for him... we will reiterate all the time that mummy and daddy love each other... This is your home. This is your family. We love you... It's important because it breeds security in him... I've read a lot about the fact that when children have a really secure environment they grow well and they're more trusting, function better. (Erin)

For some parents this process started before birth as they began incorporating the baby into their everyday conversations and interactions with others. Pictures from antenatal scans and seeing and feeling baby movements assisted parents and those around them to create a place in the family for the unborn child by providing tangible evidence of a new life. Parents such as Jill and Sam talked to their baby, using his name, from the time of the 19 week scan. After the 13-week stage of pregnancy, Toby and his partner sent copies of scan pictures to family and friends to announce their impending parenthood and to keep them updated on the baby's progress.

In the early months after birth, activities "as a family" were simple and often unplanned while parents were learning how to manage infant care skills and new ways of dealing with caring for themselves and their households. Parents spent time holding, playing with and talking to their children. The family unit cuddled together, visited others or went for a walk.

Although "*building security"* was primarily focused on strengthening relationships within the family unit, a further dimension for many parents was enhancing links with extended family and close friends of the parents. In most cases this was a further way of supporting family unit development because the family and friends parents sought out enhanced, in some way, what parents were doing. In other cases, ongoing relationships with other family members were difficult for some reason, yet parents chose to maintain these relationships so that their children could begin to have a wider sense of family and, eventually, an understanding of where they fitted within it.

The *family unit self* developed in Preparing as parents ***Adjusted and Redefined priorities*** to "*establish guiding principles"* and "*build security*". In doing so parental efforts in Shaping the Family were focused on *Establishing Family*.

Outcome: Establishing family

Progress through Preparing resulted in parents having some guiding principles to help with decision-making for the family unit and also, as Anne put it, "a

sense of having family" for the child. These two outcomes created a foundation on which parents could continue to **Build Family**; an environment of stability and safety within which family members could be valued and develop as individuals, and which they could always withdraw into when feeling challenged in some way. There were benefits for both parents and children.

For parents, *Establishing Family* meant that they had started to differentiate and delimit their family unit from other social groups to which they belonged. Priorities arising in other perspectives could be integrated into their family management strategies, and this could be done in ways which best fitted with parents' personal beliefs and life experiences. Safety and security for parents were based on practices and principles over which they had control. They could therefore respond to a variety of conditions in ways that matched the structural and environmental elements of their family unit. In doing so they could maintain the environment in which the family could continue to be built.

In Debbie's case *Establishing Family* was problematic when her first baby was born because her parents were so dominant in providing childcare and running the household. Debbie very much wanted to have some control over how her family unit was managed, but as a first-time mother she felt overwhelmed by both the reality of parenthood and the traditional Asian parenting practices being used by her parents; practices Debbie perceived as not being effective. Debbie reported that, once their second baby was born, she and her husband had the chance to *Establish Family* in ways which were more aligned with the principles they valued. In doing so they gained a sense of control they had not experienced previously and managed their family in ways they considered to be effective and therefore supportive of the environment they were endeavouring to create.

For children, *Establishing Family* offered a place where they could be nurtured and encouraged to develop in a supportive and secure environment. Parents who had a structure and guiding principles to manage the family with aimed to use those strategies in creating an environment in which their children could have confidence that their needs would be met. "Being there" was often

mentioned by parents as being important. It was a sense that the family unit was physically and emotionally available and interested in its members. Sally saw long-term outcomes from a very early start to the ways in which her family was being established.

> Because from a very young age… they take in everything. They take in the atmosphere, they take in how you're talking, how you are with each other. Whether there's love. Everything is just absorbed from your body language to your touching of them, engaging, and it just shapes who they are the rest of their lives. (Sally)

Establishing Family in Preparing therefore integrated everything parents were doing as they managed their families. Sally's comments highlight the intangibles such as "atmosphere" which many parents considered to be an important influence on how a child develops. The *family unit self* provided a viewpoint from which parents could continuously perceive and interpret how the family was progressing – identifying what was going well and also what needed more attention.

Overall outcome of Preparing phase: Being prepared

Strategies parents developed and retained by ***Adjusting and Redefining Priorities*** in the Preparing phase contributed to a growing sense of confidence across the range of parenting perspectives. The continuous learning they were engaged in gradually led to accumulated outcomes parents considered desirable. This was determined by parents in two ways – when they sensed that the family unit and its members were happy and also when parents were able to readily resolve most of the challenges to family harmony that arose in daily life. When ***Adjusting Priorities*** began occurring more often and ***Redefining Priorities*** happened less, parents had reached a stage of **Being prepared**. They had a workable set of structures and processes with which to confidently progress further along the trajectory. **Being prepared** involved parents having established a new *personal self* which was compatible with the family; having a sense that they were *Being Responsible*; having formulated *a Different Purpose* for the relationship they shared with the other parent; and having *Established Family* in ways which integrated the priorities of their family unit.

Overall, progress towards transition was gradual, marked by ups and downs related to the conditions of daily life for each family. In general, transition occurred when desirable outcomes were experienced regularly across all perspectives, but this did not always have to be the case. Parents each had their own views on what was important in their families, so the prioritising of perspectives was unique to each unit. Sally, for instance, lived for her family and did virtually nothing for herself even though she acknowledged that she should get out on her own sometimes and pursue her own interests. Family was "everything" for her, and if they were not cared for to the very best of her ability, she became anxious and unhappy. Conversely, other parents chose to return to work because the *personal self* was struggling with being at home full- time. All of these parents transitioned to the Refining phase, but they did so with wide variations, following their own unique pathways.

Conclusion

Preparing was the first phase to develop on the trajectory. Additional perspectives of the *parent self, parenting unit self and family unit self* developed for first-time-parents during this time. Throughout Preparing first-time parents learned to ***Adjust and Redefine Priorities*** in order to accommodate the needs of a new baby in the family. Existing strategies were reviewed and revised, new strategies were developed and the outcomes parents considered desirable for managing their families were identified. Construction of structures and processes which engendered consistent desirable outcomes led to parents developing a sense of **Being Prepared** which supported a transition to the next phase: Refining. In Chapter Eight the four parental perspectives are linked with the Refining phase and the other dimensions of the core process to demonstrate how parents refined the structures and processes they had constructed in the Preparing phase.

Chapter Eight: THE REFINING PHASE

> I don't feel like it's a burden now. You know what you're doing and you're happy to do it. You want to do it and it's not hard. Every day is a balance but I don't find it difficult to try and balance everything out. (Jenny)

This is the third of four findings chapters which link the theory of ***Adjusting and Redefining Priorities*** with the experience of 24 parents caring for young children. The chapter begins with an overview of the trajectory in the Refining phase which is followed by four sections explaining how the over-arching perspectives and the related dimensions of the core process were employed by parents to develop the strategies they had found useful in Preparing.

The trajectory

The additional perspectives developed in Preparing were continuously consolidated and modified in Refining. Learning continued to be prominent for parents, although the focus moved from a series of new experiences to building on existing learning which they could integrate with management of new experiences. As they transitioned to Refining, parents brought with them a range of useful strategies to manage their families with. Growth and development of children added complexity to Refining. Parents were therefore continuously ***Adjusting and Redefining Priorities*** to maintain an effective set of strategies to manage their families within the changing conditions.

For first-time parents Refining developed subsequent to their progress through Preparing; a phase that continued to be present after its initial development. ***Adjusting and Redefining Priorities*** was dynamic in the shifts and changes related to the prominence of the component processes. In the early stages of Refining, some ***Redefining*** strategies remained apparent as parents continued to address the significant changes they were making as they transitioned. As those changes became integrated into daily management of the family, the need for ***Redefining*** lessened and ***Adjusting*** strategies became more evident. The scope of ***Adjusting*** was also dynamic. Whereas early in the phase parents may have experienced adjustments as being conscious and taking time to implement, as parental confidence, knowledge, skills and experience increased many of the adjustments made by parents were momentary and not necessarily

the result of deliberate thought. For example, in the early stages of Refining settling a child may have involved a conscious checklist whereas later, parents could tell what was needed by just a look or a sound from the child. Figure 8.1 is a schematic representation of Refining in the trajectory.

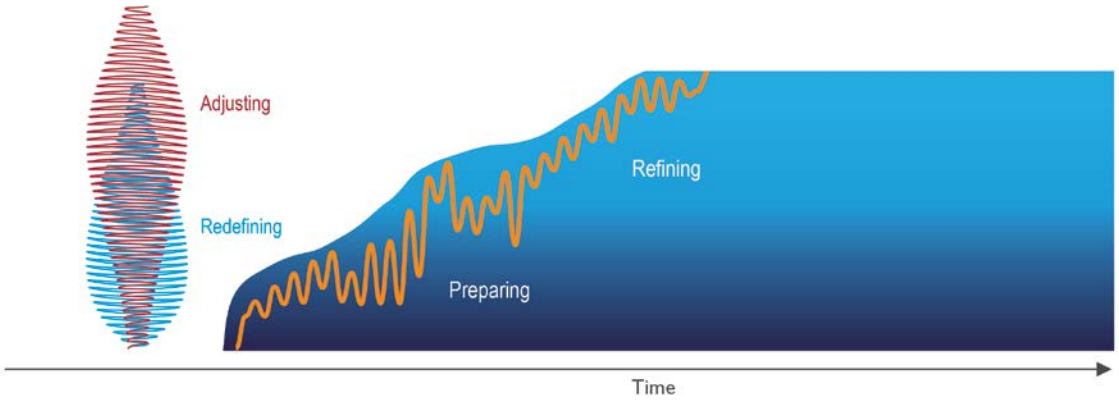


Figure 8.1 The Trajectory: Refining phase

Refining is where most families were functioning most of the time. Movement within the phase was continuous as the trajectory progressed, being influenced by the conditions arising on a daily basis. Once the phase was well established, conditions such as the entire family being sick at times led to significant, but temporary, adjustments. Their positioning on the trajectory would then therefore be closer to Preparing. Conversely when parents perceived family functioning to be achieving the desired goals, ***Adjusting*** tended to be minimal and therefore positioning on the trajectory would be well above Preparing. This movement is explained in the following sections using the four over-arching perspectives. Table 8.1 presents an overview of the perspectives, the dimension of ***Adjusting and Redefining Priorities*** which influenced each one and the outcomes for which parents were striving.

Table 8.1 Theoretical components: Refining phase

Perspective	Personal self	Parent self	Parenting unit self	Family unit self
Dimension of the core process	Redefining self	Doing the right thing	Working as a team	Shaping the family
Strategies	Distinguishing self from parent role	Continuing to learn	Sharing the load	Implementing guiding principles
Outcomes	Developing the new me	Building capacity	Giving the best start	Finding what works

The personal self

A defining feature for parents in this phase was clear differentiation of the *personal self* from the other perspectives. Parents entered Refining with a sense of the new "me". This second phase is where parents ***Adjusted and Redefined Priorities*** in order to address their needs as adults while concurrently functioning within the wider complex environment of competing family demands. In doing so they were "developing the new me". Table 8.2 outlines the theoretical components of the *personal self* in the Refining phase.

Table 8.2 The personal self: Refining phase

Perspective	Personal self
Dimension of core process	Redefining self
Sub-category	Distinguishing self from parent role
Strategies	Stepping back Orchestrating Prioritising self
Outcome	Developing the new me

Process: Redefining self

Sub-category: Distinguishing self from parental role

Once families had developed some predictable patterns for feeding and settling babies and attending to household duties, parents could begin to seek out opportunities to focus on themselves. This process helped parents separate out the "new me" from the "parent me"; a distinction which had remained blurred throughout much of Preparing.

Stepping back

Distinguishing *self* from their parental roles occurred gradually, but the process could be expedited when conditions such as an upset or unwell child led to parents feeling personally and emotionally challenged. In these circumstances the clash of parental responsibilities and personal distress was managed by *"stepping back"* for some parents. The concept was employed in two different ways. In some cases, once the child's safety was ensured parents would "step back" by physically removing themselves from the situation. They would take time to calm down, think through the situation and compose themselves before

returning to manage the scene. Jane described it as "time out" for her while she dealt with anger at herself for not anticipating a dangerous situation for her child. Toby had frequent opportunities to practice "stepping back" as he continued to separate out his "emotional self" from his "rational self" while caring for his child.

"Stepping back" was also a way of returning to a situation with an altered mindset. If her daughter was grizzling at the end of a busy day, Peggy would place the child in her room which enabled Peggy to have "some space" and get on with dinner. Once both of them had settled down Peggy would bring her child out again and was able to view the situation slightly differently. Fran perceived *"stepping back"* as having a more long-term influence. She viewed her return to work as a way of being able to *"step back"* into the family with "a positive outlook".

> It felt like breathing space and it felt just something to take me away from the 4 walls and from everything that was going on in the home. [Work] gave me a kind of positive outlook and just got my head out of that space; being so focused around everything and it also gave me a chance to step back into … enjoy the time I was having with the kids. (Fran)

Orchestrating

As parents gained more experience and children's daily patterns became more predictable, parents could begin integrating their own needs with care of the child. Jane called it "orchestrating" whereby she arranged the day's plans, around doing things for herself as well as her baby. The constant need to be flexible in making these arrangements meant that it was useful to have a back-up plan in mind if her first option did not work.

> Sometimes if I'm feeling tired… I would want to have an afternoon sleep. So I would orchestrate the day so that I got an afternoon sleep and if something happened that I didn't then I would probably be slightly more irritable than I would be if I'd had my afternoon sleep. But I mean you just learn to live with that don't you? You just think "oh well, I'll go to bed early tonight", whatever. But you do kind of have your own needs as you're planning as well as theirs. (Jane)

Prioritising self

For some parents, Distinguishing Self from Parental Role involved *"prioritising self"* whereby they made decisions which prioritised their own needs beyond the needs of others. Some women enrolled in classes for leisure or tertiary

education which gave them regular time away from home and children. Other women chose to return to work for personal rather than financial reasons. Molly developed a flexible attitude towards time which meant that she did not prioritise being on time if getting ready to go out with the children was proving difficult.

Outcome: Developing the new me

As parents developed the additional roles of parenthood they found out more about themselves. They were *Developing the New Me.* In many cases the self-discoveries which eventuated may never have been made without the challenges posed by the daily reality of caring for young children.

Competing needs arising from meeting needs for self and family provided many opportunities for parents to reflect on why certain situations led them to respond in certain ways. Toby's baby was, "... a legend at barfing… quite a forceful little up-chucker". This was a "big trigger" for Toby, reducing him to a "crumpled heap on the floor". Eventually he realised that he had been linking a vomiting child with a sense of personal failure. As a health professional caring for children with cancer, Toby had judged his professional competence via his management of their nausea and vomiting. Completing a shift during which none of his patients had vomited was a personal sign of success. When his own child vomited, Toby doubted his personal competence.

> [I was] personally distressed. I felt my heart pounding and… I found myself being angry, that he had thrown up and angry at myself that I had failed. It felt like failure and I think that was a part of [being a] professional… getting through the shift and your kid not puking was success… I had to remind myself – he's not puking because he's had cytotoxin, he's puking because he was gassy or he drank too fast and there was a big bubble. (Toby)

For Erin, *Developing the New Me* was linked to personal development. Erin had always considered herself to be "an emotional person" yet as a result of parenthood she had "learnt to control [her] emotions". She felt "stronger in relation to [her son]" because she was calmer than she expected to be when she encountered conditions such as problems with managing his sleeping, eating or crying.

The “me” some parents expected to be was different to the reality of their experience. Some mothers had fully expected to be back at work within 6 months, but then found that their priorities had changed after birth. They realised how much they valued the opportunity to stay at home and care for their children.

> …when I [had my first baby], I thought I’d be taking 6 months maternity leave and then going back and doing some part time work or wait for 6 months. However that was it. There was no chance that I was going back, at least for the first 2 years (Katie)

Other mothers found that being at home full-time was a continuous source of personal stress which could only be relieved by returning to work. Jo had significant emotional problems after both of her babies were born, coming to the conclusion that “you forget who you are and what you did before”. She returned to the gym, “trying to become more of a whole person”, but it was not until she started work part-time, a year after the second birth, that her emotional state really started to improve. Having three days a week away from the constant demands of young children led to Jo feeling much better about herself and her role as a parent.

> …now that I’m working I think I’m even a better well rounded parent because I’m doing stuff for myself as well as for the children… you can kind of get back to being your own person again … I’ve got other things to talk about, besides my children when I see other people and I really like what I do. It’s interesting and I just think it’s making me a better person, a better parent than I would have been previously… it’s tiring, but then I can’t wait to see them… and know what they’ve been doing all day… and they can’t wait to see me either. So it’s good. (Jo)

Gains made by parents as they found ways to prioritise and meet their personal needs contributed to Refining within the other perspectives. The ways in which this was managed for the *parent self* is explained next.

The parent self

Parents’ developing confidence and sense of competence contributed to reviewing and revising initial strategies from Preparing. In that phase they had gained initial knowledge, skills and resources, demonstrated an acceptance of responsibility and established emotional bonds with their children. Table 8.3 (p. 176) presents the theoretical components of the *parent self* in the Refining phase.

Table 8.3 The parent self: Refining phase

Perspective	Parent self
Dimension of core process	Doing the right thing
Sub-category	Continuing to learn
Strategies	Adding to the repertoire Accepting more responsibility Deepening emotional connection
Outcome	Building capacity

Process: Doing the right thing

Sub-category: Continuing to learn

In Refining, Doing the Right Thing involved parents combining what they had learned in Preparing with intuition plus experience from interactions with their children. They were Continuing to Learn. Parents also developed a broader understanding of parental responsibility as they began interacting more often with social groups outside the family unit. In these conditions, parents' growing confidence assisted them with developing strategies to manage situations where they perceived their parenting decisions to be challenged by others. Throughout this phase parents' efforts in Continuing to Learn were aimed at *Building Capacity*.

Adding to the repertoire

Resources gathered to guide childcare decisions in Preparing were tailored to the unique conditions of the family in Refining. The focus of parents' learning changed from amassing initial knowledge and skills to being more discerning about the sources they would consult and the information they would use. Continuous development of the *parent self* was enhanced by parents "*adding to the repertoire"* whereby additional knowledge and experience added breadth and depth to existing resources.

Confidence gained from learning to care for newborns was challenged after a few months when parents came to realise that infant growth and development involved an ongoing need for parental learning. The *parent self* was developing in an environment which involved management of constant change. Strategies

used effectively in the few first months eventually needed to be reviewed and modified. Parents found that they were "learning in stages".

> …the pace has slowed down a little bit. Like the beginning is a huge steep learning curve… you get to the stage where feeding – you've got it down pat, you know what you are doing, it's easy and then solids is just this whole new world. You've got to learn all the stuff again so it's kind of going to go up again a little bit… the pace definitely, in the beginning goes up and then it kind of flattens out a little bit. Now it's going up a little bit more, but I'm still using a variety of sources of information.(Jenny)

Parents continued to draw on various sources of information, with many being "open to new ideas" as Erin described it. Coffee groups continued to be a valuable resource for some parents while others preferred media-based material such as "Super Nanny". Trusted friends and family were also consulted and health professionals such as Plunket nurses and parent support phone lines were also useful for some. Deciding how to use that information was influenced by parents filtering it through the knowledge and experience they had gained since birth and integrating it with the intuition they continued to develop. Toby described learning about how his baby's cries changed over the period of a few months. Earlier he had referred to "imprinting" as a term to distinguish how parents could tell what their own child's cry meant.

> I think you learn it, because it changes. We had read and done a lot of research before [our son] was born and….there was one book we read about the hungry cry and the wet cry. Na na na is hungry and something else was wet. He did do it for about 2 months and then it changed and it was like, "OK the na cry for hungry is gone I have to learn what the new cry is". I'm not sure if it was a combination of intuition and learning or what the balance and the percentage was. But also knowing that we learned pretty quick that it changes really quickly or you think you've got it all down and then the cry changes. And now the na na cry is back, does it still mean hungry? Oh it does, or the cry has changed completely. (Toby)

Learning what to do when their babies' needs changed was enhanced for parents by "knowing what to expect". This assisted them in planning to address changes that would be coming up as part of normal growth and development. Reading and attending parenting classes are examples of ways parents learned this. As a first-time mother, Jo found that attending a coffee group with children slightly older than her own was another valuable way of anticipating future changes for her baby.

> The antenatal [coffee group], where the kids were slightly different ages, I found that one really interesting because some kids were slightly older than [my daughter] and they were doing stuff. And I thought "at least I know what is going to be happening soon"… because really you don't know what you're expecting. Like are they going to sit up soon? Especially with the first one, obviously with the second you've got a bit of an idea. (Jo)

When her second child was a toddler, Jo described how "knowing what to expect" influenced her perception of his behaviour at meal times. She did not immediately assume that he did not want or did not like what he had been given to eat. Drawing on her previous experience of toddlers she viewed him as "coming to that age when he realises he can push things off the high chair".

Interactions between experience, intuition and knowledge-gathering were described by Jane as parents "getting in tune" with their children. Recognizing the signs of teething was an ongoing challenge for Toby, especially when vaccinations were also part of the picture. Each time his son erupted teeth, the physical signs and symptoms were different. Once Toby became familiar with the normal pattern for teething he began to anticipate changes in his son's behaviour and looked for signs of the process as a potential cause.

> So knowing that he just seemed a bit off earlier in the week and knowing that, "Well, maybe those teeth are about due, he's 7 months old… It was quite reassuring when they did actually pop through on the weekend. (Toby)

Over time, parents gained more experience of each child's unique traits. "Getting in tune" involved recognising aspects of children's behaviour and responding in ways which incorporated parents' "expert" knowledge. Jane learned to read her son's non-verbal communication – for example, getting a bib (hungry); pulling on his ear (tired); knocking on cupboard doors (bored). Toby learned that the meaning of "tuddle" depended on the conditions and the child's body language. It could mean, "Pick me up so I can see what you're doing." Or it could mean, "I'm tired."

"Getting in tune" also involved moments of insight such as when two mothers realised that the behaviour of their children was not motivated by "naughtiness", but rather by physical or emotional needs. For Jane, it was a "penny dropping moment" when she figured out that her son's behaviour changed when he was

tired. Molly read a book that "resonated" with her. From viewing her son as "a strong willed person… being determined… and not wanting to deviate", Molly came to acknowledge that he was a sensitive and creative child whose behaviour was due more to disappointment than wanting to be in control. This new understanding changed the ways in which Molly interacted with him.

> So when I try and keep that in mind it makes me respond to him differently and see that he's actually being sensitive. So I try to respond to him with a bit more flexibility… but if my son sort of asks for something or keeps nagging for something and I suppose if I was to respond to him negatively and just shut it down, then he will lose the plot. (Molly)

"Getting in tune" was not always a smooth process. Providing a safe environment while concurrently giving children opportunities to learn and try new skills had the constant potential for "mistakes" to occur. Although parents had learned in Preparing that mistakes were part of their own ongoing learning process, this did not make it any easier if they misjudged their child's developmental abilities. Jane described her response to a situation where she allowed her son to explore in the kitchen.

> …my son ran to a cupboard… I was in the kitchen with him and he was very carefully, just touching things and I just left him to be exploratory and the next thing the coffee thing is smashed on the ground and there's glass everywhere and all of a sudden, gasp! I'd been too confident in his ability to manage that environment. So immediately I thought "Right, reassess. Always have the thing locked until he's a bit older". (Jane)

Accepting more responsibility

The reality of "*accepting responsibility"*, which parents had become acutely aware of in Preparing, diversified and became more complex as parents moved to Refining. Parental awareness regarding their scope of responsibility moved beyond decisions focused primarily on the child's well-being to consideration of how those decisions could be perceived by wider society. In Refining, parents were *"accepting more responsibility".* The increased confidence and sense of competence parents gained from successful strategies implemented within the family unit sometimes felt challenged when parents interacted with people beyond that unit.

Mary came to understand how the boundaries of "*accepting responsibility*" had widened for her as a parent when she took her 18 month-old son to playgroup.

Her experience encapsulates some of the tensions raised for parents when they acknowledged that their children's behaviour may cause difficulties for other people. Mary's son would "wrestle bubbas to the ground" when trying to hug them so she would supervise him closely to prevent this behaviour. During one playgroup session her attention was distracted briefly, and it did happen. She apologised to the shocked mother, but it soon happened again to another child.

> I went over again, apologized to the mother and I watched the other mother just look at me, thinking how can you let your child do this? And it's funny, she didn't say anything, nobody said anything, you can say I was thinking it wrong but I can just remember thinking, "Oh dear God… I could imagine her going home to her husband saying, "There's this real bully at playgroup." (Mary)

Mary had accepted responsibility by apologising for her son's behaviour, but she carried residual impressions of a tacit sense of "judgment" from other parents. It led her to recall someone saying that a coffee group had actively excluded a family because the child was a "biter". Mary thought to herself, "Oh my God, this could happen to me." Mary was highly aware that her child's behaviour reflected on her as a parent.

Susan and Brad also sensed tacit judgement from parents in their coffee group because of the way they were managing their daughter's sleep pattern. Although nothing was ever verbalised by the other parents, they interpreted "being looked at sideways" and being "shown the face that we're doing everything wrong" as being judged to be "bad parents". Both these examples show how alert parents of young children are in social situations outside the family unit. Even though no words were spoken, all of these parents interpreted the behaviour of others to be negative regarding their parenting management.

Fran's experience of "*accepting more responsibility"* in Refining stemmed from the challenges of having a child with complex medical needs. She felt a responsibility derived from competing demands - working with the health professionals involved in managing her son's healthcare and attending to her daughter whose needs were often overshadowed by the parental attention focused on her brother. Liaising with multiple health providers was time-consuming and demanding, resulting in Fran sometimes feeling judged because she was unable to incorporate all of their advice all of the time.

> … at times you don't feel like they're judging you but at times you can kind of feel like that as well. I don't know whether that's me, just the way I am. I don't think they ever mean to. They want to help and they're there to help but if you tried to do everything that every one of those therapists you're involved with says, you wouldn't be doing anything else with your time… there is only physically so much we can do. (Fran)

Fran was also conscious of the amount of time her daughter had to spend away from the family with caregivers. Where possible Fran would arrange a time of "focused attention" for the two of them, having their nails done or going to a movie.

Deepening emotional connection

Emotional connections established during Preparing were strengthened in Refining. Jill found it to be a time when the connections became, "A lot greater. A lot deeper. As he grows up and becomes more of a little person". Jane's experience of "getting to know" her child had developed a seamless quality whereby boundaries between mother and child had become blurred. She described an incident during a sailing race when her baby was asleep in the bottom of the boat.

> …when your baby is crying you can't concentrate… On this occasion he woke up and started crying, and we were at a crucial point in this race, and my mind just completely emptied and my husband is sitting there going, "Quick, quick." And it was a ladies race so he wasn't allowed to take the helm and my son's crying and I just couldn't piece all the bits together. It's like something in your mind… the shutters go down, you can't think about anything else. I find that is almost overwhelming sometimes… (Jane)

For some parents the bond with their children was so well established that a strong "presence" of the child was felt even when the child was physically absent from their care. Toby took a long while to realise that he did not have to "sneak around the house" and that he could make noise when his son was at daycare. When the house was quiet while her son was at kindergarten, Jill would think, "... is there some mischief happening?"

Katie deepened an emotional connection with her children by prioritising focused time with each of them and doing things that were meaningful to them. She did not want "anybody to feel they were missing out". When the baby was

asleep Katie would bake with her older daughter or kick a ball outside with her son. If the older children were happily occupied she would play with the baby.

> I just think it's important that they feel special on their own rather than "you're going to have to share me now". They have to share me all the time but if they can have some special time just with mum or just with dad on their own, just to know this is their time, then I think that's really good. Plus you can just focus on them and you can notice little things about their growth and development that you might not notice if you're seeing all three of them together. (Katie)

As children became more responsive to social interaction and less dependent on breastfeeding (where applicable), fathers were able to take on caring responsibilities which enhanced the development of emotional connections with their babies. Sam enjoyed the increasing opportunities he had to interact with his son.

> [Emotional connection has become] stronger because my role becomes more dominant. Because he eats less breastfeeding. For his physical needs he needs mama less and less. Because the breastfeeding is almost gone... it's a big shift and it's getting bigger and bigger. (Sam)

Outcome: Building capacity

Strategies in Refining led to parents ***Building Capacity*** in the breadth and depth of their experience. Capacity related to additional information and skills as well as confidence in decision-making. Achieving regular desirable outcomes from tailoring strategies to the conditions in their own families contributed to parents being able to manage perceived "judging" by others as well as self-critical appraisal. Jenny noted that, "[as] you get more confident so [the babies] are more confident'. Fran was confident in not following every piece of advice from health professionals. Debbie was confident in using childcare management ideas that differed from her cultural heritage. Toby was confident that his baby being a little unwell was likely to be a normal part of infant development.

A sense of confidence was linked to increasing levels of "self-trust" whereby parents made decisions more quickly than they had in Preparing and referred to fewer resources when doing so. Jane linked her sense of confidence to both experience and her career as a health professional.

> …you just feel more comfortable with the decisions… For example in our coffee group we were doing the whole transition to solids. You'd hear seemingly very intelligent women worrying about what kind of plastic ice

> cube tray they should put their carrots into and… I just felt very comfortable in not having any of those [concerns]… and just doing it. (Jane)

Jane's experience of self-trust was also enhanced when she noted that learning to understand her child's changing needs helped her to quickly address them before she got upset about his behaviour. This ultimately enhanced the good times they spent together and reduced the number of challenging moments which did not engender a sense of warm, emotional connection.

Building Capacity was also demonstrated in parents' self appraisal when they could look at "mistakes" they had made and not "beat themselves up about it". Erin reflected on the delay in starting her baby on solids:

> I realise that I'm in the learning process, so I do think I realise I'll make a few mistakes along the way but then that's OK. It's not going to hurt him too much at all, we can rectify each situation, like the solids – he might have lost 100 grams, doesn't matter. He can put it on. (Erin)

Childcare practices that did not prove effective on every occasion could also be accepted as being "not the end of the world", according to Toby. He and Jane stressed the need to be constantly examining or re-assessing what they were doing and whether it was working.

> Constantly going "OK did that work? That did work. OK, it worked this time, might not work next time". Don't be too married to that always working! And well "what's going on here? You know what I think? We'll try this. This might work". Just being creative, being adaptive. Not being too married to outcomes. (Toby)

"Being flexible" was another dimension of *Building Capacity*. Parents who were confident in their decision-making could adapt to situations by changing their plans without an overwhelming sense of panic or failure. Toby learned to "let go" of his desire to keep up to date with the laundry. Parents were also clear that if their child was unwell, the child's well-being was prioritised and the parents' plans changed accordingly. If this condition arose for Jenny she still managed to "get everything done" without having to "put something to the bottom of the list unnecessarily" because of her baby. Jane's experience of developing flexibility had caused her to think ahead to how she might handle matters such as breastfeeding for any future babies. Her rigid approach when feeding her first baby had caused her and the rest of her family unit anxiety and

therefore Jane intended to, "...always just approach a day with flexibility" rather than strive for the goals she had set.

Katie noted that her confidence increased with each baby she had. Although she had plenty to learn about the new stages her older children were going through, Katie was unfazed by handling infants and toddlers.

> … you're that little bit more confident that second time around and then even more confident the third time around, definitely confident with baby things… my learning is still having to be increased with the older kids, with the new stages in life that they're going through. (Katie)

Developing the *parent self* in the Refining phase contributed to parents having an increased sense of confidence and trust in their decision-making. Another perspective being concurrently refined was that of the *parenting unit self* which is the subject of the next section.

The parenting unit self

> […My husband's] always more than happy to do his bit, especially now that he works from home, I can kind of share the load a bit but… before he became self employed I did find that quite hard, because I felt like I had to do everything and put the dinner on the table… and I didn't really like that very much. I like to share the load a bit. (Peggy)

The parenting unit continued to develop in the Refining phase as parents accumulated experience working together as a team. Table 8.4 outlines the theoretical components of the *parenting unit self* in the Refining phase.

Table 8.4 The parenting unit self: Refining phase

Perspective	Parenting unit self
Dimension of the core process	Working as a team
Sub-category	Sharing the load
Strategies	Organising ourselves Catching up with each other Delegating childcare
Outcomes	Giving the best start

Process: Working as a team

Sub-category: Sharing the load

Having learned basic childcare skills and sorted out initial household management in the Preparing phase, the focus for parenting couples in Refining shifted to Sharing the Load. In doing so, parents ***Adjusted and Redefined*** existing arrangements to fit the more stable environment of a family in which parents could focus on more than just surviving the day.

Organising ourselves

"Organising ourselves" was a process parents used to review their collaborative strategies for managing practical tasks and creating opportunities for parents to pursue their own interests. Refining the ways they worked together contributed to managing the family as conditions changed. This involved shifting priorities according to employment requirements, financial arrangements, health needs in the family, and the personal needs of the parents.

In families with an at-home parent, that person generally attended to the majority of household tasks such as cleaning and shopping. When the other parent came home after work, that person often took over childcare activities such as bathing and feeding. The value of having help, particularly at the end of the day, was realised by parents such as Molly when her husband's work responsibilities meant that he was sometimes not available. Her entire day would then be adjusted around his planned absences to ensure that she got everything done which would usually be accomplished by the two of them.

> My husband's a teacher so there's certain busy periods where he's quite committed on the weekends or in the evenings, and that probably creates extra pressure on him because he's quite tired and in addition, pressure on me because I'm doing more of my share of looking after the children and sort of managing on my own more. (Molly)

It was not just a matter of having an extra pair of hands to help in these conditions. "*Organising ourselves"* meant that experience and mutual understandings of family priorities were "givens" for the parenting unit; explanations were not therefore necessary to clarify how, when and why activities were carried out.

"Organising ourselves" was also a way of coping financially in some families. Ruth gave up her job when she and Matthew adopted their child but the financial strain on their household eventually led to their decision for Ruth to resume work. She accepted a night duty position so that she would be home during the day when Matthew was at work. In other families where both parents were employed, "*organising ourselves"* was apparent when parents negotiated about who would take time off for sick leave or to take children to any scheduled appointments.

Where possible, parents employed outside the home found ways of giving the at-home person time away from household duties and childcare. Molly's husband would take care of the children on weekends so that she could go out with her friends. Parents would also arrange leisure activities on separate nights of the week so that each person could continue to enjoy pastimes outside the home. Jo went to yoga on one night and her husband went to a pub quiz on the other. Jane went out with a group of friends and her husband went to an exercise class. Family outings were sometimes arranged with the concurrent purposes of a fun activity for the children and a leisure opportunity for the parents. Brad and Sue went to the beach with their child and took turns on the jet-ski. Mary and her husband went to the park with their children and took turns going for a run. In some families, children were placed in childcare for 1-2 days per week even though one parent was at home full-time. These families had prioritised time away from the constancy of childcare for the at-home parent when he or she could relax or attend appointments.

Catching up with each other

The practical matters involved in Sharing the Load also encompassed the parenting couple spending time together, alone, to catch up with each other, relax, share adult time and discuss matters of importance. Evenings when the children were in bed were often the most convenient and achievable opportunities to share this time. Molly and her husband prioritised their time together by being strict about bedtimes for their children. Mary used this time to review her parenting decisions during the day when she had been "acting on behalf" of her husband. For Jill and her husband it took several years before they had regular time alone together. She explained the process as having to

"evolve and change and work itself out" from the time their baby was born. Jill described what she enjoyed about this time:

> Adult conversation. Catching up. It's one on one time with each other without a child involved. About what's been going on while [her husband's] been away. What's happening in the news. Anything you can talk about without a child because they are making a racket and demanding your attention. (Jill)

Maintaining a social relationship with other adults was another aspect of the *parenting unit self* which parents considered when managing their time together as a couple. Parents reported that going out alone could be challenging due to childcare needs and parental exhaustion. When an adult outing was possible, options were generally limited to events from which parents could slip away easily if necessary, or to spending time with people who were open to young children being present. Erin and her husband attempted to go out together once a week if grandparents were available for childcare, but they found socialising with other parents of young children to be problematic.

> …they've got to be in their own routine, in their own bed at the same time every single night. You just can't go on holiday, you can't go away for the weekends, can't go out to people's houses for dinner. (Erin)

Brad and Sue found that becoming parents had significantly influenced the relationship Brad had with his "best mate" who did not have children. Trying to maintain that relationship was difficult no matter whether their child was with them or not.

> ...my best mate doesn't want children at all and nor does his wife, so our relationship has changed a little bit... They invite us around for dinner and they don't mind [our child] going around but their house is not childproof; absolutely spick and span and now she can run around it's become more difficult. So there's one night we arranged Susan's parents to look after her and we turned up and she said, "Where's the baby?" They hadn't seen her for a while and they really expected to see the baby. So next time we took her around there and she was walking and she was just pulling everything off and we spent the whole night, "Don't touch that. Don't do that. Don't do that." We were exhausted by the time we got home. (Brad)

Toby and his partner reduced their social circle to close friends who would be understanding and supportive if arrangements had to be changed at the last minute due to child-related problems. Toby knew that that the current

restrictions on their social life due to caring for a small child would not last forever and that "the circle" would eventually widen.

> … all of our friends, they understand, they know what it's like. They've had kids or they've put themselves in that mindset and they know that there is no hard and fast anything. You can even call and say, "Look, it's not going to work for tea tonight, is that alright?" They'd be, "Fine, sure, no worries."… That's the big challenge of the auto-selection of the circle that you have when you have a small child… it changes as the kid grows… (Toby)

Delegating childcare

Sharing the Load was also apparent when the parental role had to be delegated to someone beyond the parenting unit. These conditions clarified the distinctions between the roles of parent and caregiver. Whereas caregivers could designate their hours of availability and call in sick, parents could not. Parents also identified that the emotional bonds they had formed with their children guided their decision-making in ways which no caregiver could replicate. For these reasons, parents developed criteria for determining the acceptability of childcare options. If they could not directly provide care for their children, they wanted childcare that resembled the care that they provided as closely as possible. Katie and Sally favoured their mothers and sisters because their parenting approaches were very similar while Brad and Sue looked for professional childcare that demonstrated warm and focused care for their child.

Many parents were cautious about drawing on close family members to help out with childcare due to concerns about preserving family relationships. Some were conscious of not using grandparents as a resource too often. In general, parents did not want to take advantage of relatives who had responsibilities of their own to be addressing. Katie commented that, "… you have to look after your parents and your grandparents." Katie and Mary had other siblings with young children who also needed assistance from grandparents. Sue and Brad did not want to add further burden to one set of grandparents, one of whom was in poor health and the other who was working. Fran had a sense of guilt about asking for help from people, especially family members, who were already busy.

Sharing the load as a single parent

For Jasmine and Alice, experience of the *parenting unit self* in Refining was similar to that of Preparing. Jasmine had her ex-husband and mother to assist

her but Alice had little social support. Occasionally Alice sought out help and advice from community organisations, but unsatisfactory responses from those potential resources did not encourage her to keep contacting them.

> … I think because I live in a house like I do and because I'm sort of a competent person I seem to be on to things, again they kind of judge me… So basically when I rang for the third or fourth time, she said, "Oh no, unfortunately there is no more funding and there are other people more in need than you. (Alice)

As her child grew older, Alice could get out of the house more often, but it was always in the company of her son.

Outcome: Giving the best start

Sharing the Load by parenting couples in the Refining phase was aimed at *Giving the Best Start* to their children. This involved parents making choices in the early years which would contribute to children being healthy, confident and successful in the future. The concept was uniquely defined within family units, being closely linked to parents' mutually-held priorities.

Giving the Best Start meant that sufficient income was available for parents to provide children with a home, nutritious food, stimulating activities and healthcare. Many families prioritised having a parent at home full-time because for them, *Giving the Best Start* meant that children had the constant presence of a parent. In families where regular childcare was used, *Giving the Best Start* involved finding caregivers whose style and priorities were as close as possible to those of the parents. For this reason, parents often considered extended family members to be the next best option to parental care. Brad and Susan struggled to find childcare they considered satisfactory and were concerned that this was not an ideal start in life for their child.

Addressing the adult needs of parents contributed to *Giving the Best Start* by nurturing the *personal self* which was so often overshadowed by the demands of parenthood. Parents who could refresh themselves outside their parental roles felt more able to continue with their daily responsibilities. This was especially important for parents who had emotional difficulties or who had extended periods of time in sole charge of children due to the work

commitments of the other parent. Parents felt more settled when interacting with their children if they could negotiate opportunities to pursue leisure activities and arrange time to nurture the couple's relationship.

Spending time together, alone, was also important for parents to discuss existing highs and lows of managing the family as well as "looking to the future". *Giving the Best Start* meant that difficulties could be sorted through and consistent strategies decided on. Encouragement and support was also given to parents who were home with the children and often in the position of making decisions "on behalf" of the other parent. Parents who were "looking to the future" used these discussions to think about what they were aiming for with their children and how they could work towards their goals. Plans for education and housing were common discussion points with parental considerations about *the Best Start* extending through to the children's tertiary education. For Matthew and Ruth, these discussions led them to decide that their son would attend an English-speaking pre-school rather than a language nest from their own culture. They wanted him to have the best start in his education. Debbie and her husband were already considering moving house, or even countries, to provide the best schooling for their children.

For Jasmine and Alice, *Giving the Best Start* was linked to their personal circumstances. Jasmine maintained a cordial relationship with her ex-husband to ensure that their daughter spent time regularly with each parent while Alice gave up work and most of her leisure activities in order to maintain a constant presence in her son's life.

Sharing the Load is how parents developed their collaborative strategies for addressing the practical matters related to managing a family in Refining. These strategies supported parents' decision-making when their focus shifted to the perspective of the *family unit self.*

The family unit self

The Refining phase is where guiding principles identified in Preparing were implemented in order to Shape the Family so that a supportive environment could be developed for the unit to operate in. ***Adjusting and Redefining***

Priorities focused on continuing to set the family unit apart from others as a discrete entity with its own "culture". Parents aimed to *Provide a Foundation* as they refined the guiding principles in ways which fostered emotional connections and a sense of security for both individual family members and the unit as a whole. Continuous interactions between the *personal, parent* and *parenting unit* perspectives contributed to the development of a perspective which encompassed the functioning of the unit. Table 8.5 outlines the theoretical components of the *family unit self* in the Refining phase.

Table 8.5 The family unit self: Refining phase

Perspective	Family unit self
Dimension of core process	Shaping the family
Sub-category	Implementing guiding principles
Strategies	Modelling Setting boundaries Being together as a family
Outcomes	Providing a foundation

Process: Shaping the family

Sub-category: Implementing guiding principles

From experience accumulated earlier in the trajectory, parents were able to tailor the use of their guiding principles in ways which were effective in a range of conditions. Guiding Principles were Implemented by *"modelling"*, *"setting boundaries"* and *"being together as a family".*

Modelling

"Modelling" was a tangible way for children to observe, experience and learn about the priorities valued by their parents. Toby gave a detailed description of how this process was implemented in his family.

> …some aspects that we are trying to pass on are our values in this budding human being who will hopefully take those, make them his own and move them forward in the world…The concept is that human beings are working in partnership with the Holy One to bring about perfection of creation. That it's an ongoing process… certainly a lot of our focus is taking care of the earth, trying to live green, trying to consume only what we need. Trying to not be part of the larger consumer society. We are very aware, in our home, of how the world is very focused on stuff and

> we reject a lot of that. It's not about the stuff; it's about the relationships and the interactions and being a smart consumer of creation... leading by example. By modelling our ethics and our morals. By trying to live as honest life as possible… living our principles if at all possible... (Toby)

Toby reported that he and his partner had clear views about the priorities they drew from their spiritual viewpoint. The principles they lived by were already well established in their daily activities and having a child as part of the family became a natural extension of that.

"Modelling" was also how parents such as Katie and Molly aimed to encourage their children with food choices, outdoor activities and positive ways of relating to each other. They frequently looked for opportunities to teach their children values such as kindness. By demonstrating behaviours such as these parents were not only Implementing Guiding Principles, they were also setting an example for their children to emulate and providing chances to learn about why these principles were important.

Consistency in the principles modelled for children within the family environment was managed by parents *"setting boundaries"*. In this way, external influences on family principles could be mediated and managed, and expected norms for family functioning could be maintained internally. Together these strategies contributed to parents continuing to build a family unit where members felt safe and secure and where they could be both supported and protected.

Setting boundaries

"Setting boundaries" involved identifying and reinforcing priorities which were acceptable within the family and curbing those which were not. Boundaries applied to both adults and children. For adults, boundaries were a natural outcome of the guiding principles they applied to their family life. They were involved in the modification of existing activities such as paid employment and participation in leisure pastimes. Boundaries were also involved in the management of activities that commenced once children were born such as childcare, domestic duties and time spent together as a family.

Molly reported that she and her husband used boundaries to prioritise time for family activities. However Molly acknowledged that the boundaries they set and implemented applied only to their family. She viewed boundaries as having to meet the needs of the family they were developed within. They could therefore not necessarily be transferred unchanged to operate successfully in any other family.

> Just focus on yourselves and what you have and what's important to you, and don't look too far outside of that, because I think the grass is always greener on the other side. If you start looking and measuring yourselves against other families and the way they do things… I think you start to become more and more dissatisfied. But generally… just focus on what you have and set your own goals and the way you want to operate as a family and go with that. (Molly)

Parents also "*set boundaries"* to delineate their realms of responsibility from potential encroachment by people outside the family unit. These people were often members of the extended family, but could include anyone who might infringe on the implementation of the family's guiding principles. Debbie's experience of her first child being quite unsettled led her to being much more firm with her parents about infant-care practices for her next baby.

> [The baby] now she's already 5 months old. She's really, really good. Much, much better than my son, because I'm more experienced and I'm hard to her. I did the sleeping treatment. She is so good. She sleep overnight since she was 2 ½ months. She is really good… because I told my mum, "Hands off! I will do it." (Debbie)

Debbie's mother-in-law was another person she "*set boundaries"* with following the older woman's critical views of Debbie's parenting decisions.

> …we've got an agreement. We don't talk to each other about how to raise a baby. "If you say something that I don't like to do, don't force me to do it. I don't force you." (Debbie)

For children, boundaries served two functions. Firstly they were used to curb conduct considered unacceptable according to parents' guiding principles. Secondly, they supported and encouraged behaviour which promoted positive development for the individual child as well as harmony for the family. "*Setting boundaries"* helped by providing clear limits for children regarding behaviour that was aligned with family values. As the "big person" Anne saw her role in "*setting boundaries"* as "providing a structure" within which her son could learn self-management of his behaviour.

> I think children need boundaries and structure. Because then you're setting them up for life... If you just let them run ragged they're only going to get upset themselves. Stressed and not getting the best out of life... You're the big person. You need to set the platform for them. (Anne)

Parents *"set boundaries"* for routine activities such as bedtimes, bathing and teeth cleaning. Other realms of family life where boundaries were set for children included watching television, interaction with others, obedience, manners and attention from a parent:

Being together as a family

Parents also Implemented Guiding Principles to Shape the Family when the unit spent time together "as a family". This occurred in a number of ways. Being engaged in an intentional fun activity "as a family" was an opportunity to strengthen emotional bonds between members and a time when parents could further instil their priorities. These events were planned and prioritised within the range of the family's activities and ideally all members would be present. Activities involved the children and aimed to be meaningful and enjoyable for all members. Walks on the beach, visits to the park and holidays were chances when children could have new experiences and parents could give the children focused attention. Molly talked about having special times together that her children would always remember. Sally spent a lot of her time playing with her children and supporting her husband to do the same.

Being together "as a family" also occurred in the day-to day activities spent at home where children were involved in household duties and routines. Although these activities could include elements of fun, in these conditions the focus was more on learning life skills. "Having fun" was part of "helping". Children were encouraged and supervised while baking, preparing meals, vacuuming, gardening and caring for younger children. Emotional connections and a sense of security were enhanced via interactions with their parents while engaged in activities where the children could learn skills which contributed to the family.

Another way of spending time "as a family" was in regular daily activities that the children came to expect as family custom and practice. These were activities where ideas could be shared, news reported and family members

valued and encouraged. In the tradition of their Pasifika culture, Matthew and Ruth, Paul and Miriam met together each evening with their children to talk and pray before bedtime. For Anne's family, sharing the evening meal was a time for them all to catch up, building emotional connection and providing a regular and "safe" place to talk about what was going on for each of them.

> Just to make him feel safe and secure and sitting down and having dinner as a family. That's probably a crucial one... talking about stuff that's happened. Those sort of things are really important and I think those values as he gets older... I think having that opportunity, however long it is to sit down and talk about stuff. You may find out a lot more about what's going on with him or be able to get a sense of if things aren't going that well you can pick up on them... We just find the dinner table thing really beneficial... Because he's only little and his emotions... he's building that emotional awareness and that sense of being loved and cared for. (Anne)

Time together "as a family" also stretched beyond the family unit as parents arranged for children to spend time with extended family. These were opportunities for children to learn about the wider social networks they belonged to and also enabled cultural and family knowledge and traditions to be passed on. Many parents' families had grandparents either living in the home or visiting regularly. Those who did not have family members living close by found other ways to maintain links. Toby, for example, would talk to his son about who was in the family photos on display in the home and the child would watch his grandmother talking to him with puppets on Skype. Other families would have regular holidays with extended family members to maintain and enhance relationships while creating memories to reinforce a sense of belonging.

Implementing Guiding Principles in the Refining phase was how parents used the priorities they had identified in Preparing to manage their families. These strategies were used by parents to *shape the family*. In doing so they were aiming to *Provide a Foundation* for the family unit.

Outcome: Providing a foundation

Providing a Foundation was the outcome of strategies parents used to strengthen emotional connections and create a sense of safety and security. The foundation was viewed as a support structure for the continuous flourishing and development of family members. As a basis for current and future

relationships, ***Providing a Foundation*** encouraged emotional connection within the family unit and also with significant others in their wider social circles. As a place of security, ***Providing a Foundation*** contributed to family members having a sense of stability and safety where they could develop as individuals and which they could always withdraw to when feeling challenged in some way. Security and emotional connections were interlinked. The foundation parents were aiming to provide was dependent on the constant interplay between the two components.

"Having a sense of family" is how Anne described what she was aiming for by prioritising time spent together as a family and by promoting contact with extended family members. She valued the strong connections she had experienced as a child and considered that it contributed to feeling safe and secure. Her concern was that the lack of contact between her husband and his family was going to deny her son the opportunity to have full access to his extended family and therefore, potentially miss out on a dimension of his life experience.

Although parents had ideals in mind about the "sense of family" they would like their children to have, conditions did not always make this possible. Sofia had no close relatives in New Zealand and was from a country with only a very small community here. Brad's mother showed little interest in travelling to visit the family even though she had urged Brad and Sue to have children. Alice was a single mother with no contact from her child's father and little interaction with her own family. Each of these families ***Provided a Foundation*** without the desired interaction with extended family. A "sense of family" for them was focused more on the family unit than on their wider networks. Alice ***Provided a Foundation*** for her family unit by never being separated from her son. His only emotional connection was with her and he was inconsolable if she was not constantly present. "Having a sense of family" for this parent and child involved just the two of them.

In families which did have interaction with extended family, the security derived from strong relationships between young children and grandparents proved useful in conditions when parents were unable to care for their children to the

level they would have liked. When Katie had a Caesarean for her third baby and Fran needed to focus on her son's healthcare, "having a sense of family" was supportive for the mothers as well as the children. Although Katie and Fran regretted their inability to spend time with their children personally, they could see that the children enjoyed receiving the warm and focused attention from their grandparents. The children appeared happy and **secure** and the mothers felt **secure** that a family member could provide that level of care on their behalf.

Parents also saw *Providing a Foundation as* having implications for the future. Anne was already looking ahead to times when her son might want to talk about "issues" with someone outside the immediate family unit. Strengthening relationships with key family members while he was young was a way of helping him to feel secure in going beyond his immediate family unit for support and encouragement. "Getting the pay off" was another future-orientated outcome of *Providing a Foundation.* By creating a secure and loving environment where children could learn life skills instilled via the family's guiding principles, parents were looking towards the time when children were confident, independent and acknowledged by others as having qualities such as kindness and generosity.

Conclusion

In the Refining phase of the trajectory, ***Adjusting Priorities*** occurred more often than ***Redefining*** as parents fine-tuned the strategies they had developed in the Preparing phase. Learning continued to feature in this phase, but the volume and scope was smaller than previously. Having an effective set of strategies to manage their families with supported parents in further developing their personal sense of *self*. This meant that they were able to distinguish and meet their needs as individuals while still fulfilling their other roles within the family. As the parenting couple found ways to manage the practical matters of childcare and household duties they also developed meaningful and practical ways to implement the guiding principles they valued. In doing so they were creating the environment they wanted their children to grow, develop and learn in. In the next chapter the overall outcome of the Refining phase is explained and the conditions for transitioning back to the Preparing phase are described. The overall purpose for which parents were ***Adjusting and Redefining Priorities*** will also be presented.

Chapter Nine: THE THEORY OF ADJUSTING AND REDEFINING PRIORITIES: BRINGING IT ALL TOGETHER

This is the final of the four findings chapters which explain the theory of ***Adjusting and Redefining Priorities***. First the overall outcome of strategies in the Refining phase - **Finding what works** – is explained. The conditions for transitioning between trajectory phases are then presented to clarify how such a shift is expected in the parental management in families. Next, conceptual elements of both phases are integrated to explain **Managing the Family**, the comprehensive outcome of the core process. This outcome will then be linked to **Building Family -** the purpose for which parents were ***Adjusting and Redefining Priorities***.

Overall outcome of Refining phase: Finding what works

The consistent experiencing of desirable outcomes across parental perspectives in Refining contributed to parents having an overall sense that they were **Finding what works**. ***Adjusting*** became increasingly prominent and ***Redefining*** was required less. ***Adjusting*** also changed in scope so that moves and shifts used by parents when managing their families were more often small and short-term. From a *personal* perspective, individual parents were able to differentiate a role for themselves where they could care for themselves as adults. In their *parenting* role, consolidating childcare skills and deepening an emotional bond with each child led to parents becoming increasingly confident and competent in their assessment and management of planned and unexpected conditions that arose in the family. They increasingly enjoyed a warm and responsive relationship with their children. As members of a *parenting unit*, parents were able to work collaboratively with the other parent to address practical matters in the family. They had also found ways of sharing adult time together which was meaningful to their relationship. As members of a *family unit* parents could see that the guiding principles they used to manage the family were resulting in a communal environment where each person was supported.

Variations of the term “happiness” were often used by parents when asked what they were aiming to achieve in their families. In Fran’s words, “I want my kids to grow up in a happy, harmonious household where they know they’re loved and that is the most important thing.” Far from being a shallow, emotionally-based term to convey a brief sense of feeling good, “happiness” was a complex and dynamic combination of feelings, actions, outcomes and enjoyable, effective interactions that continued over time. The term encapsulated elements of physical health, contentment, warm relationships, a sense of security and an environment characterised by harmony and stability. “Happiness”, for parents, therefore captured a sense that they were **Finding what works** for their family units through a combination of *Developing the New Me*, *Building Capacity*, *Giving the Best Start* and *Providing a Foundation*. On a daily basis in Refining, parents were ***Adjusting and Redefining Priorities*** to promote, maintain or restore the family to a level of functioning which they reported as “being happy”.

The unique combination of people and priorities in each family unit meant that definitions of happiness were also unique. Parents acknowledged that their priorities would not necessarily be the same for other families.

> I think different people have different expectations. Some people need to be absolutely perfectly slim and go to the gym 5 days a week and that’s what makes them happy and they feel healthy doing that. Whereas for myself, if I’m outside playing with the children and everyone is having a good time and every one’s laughing, happy, then I feel that’s what makes me happy and I feel we’re being healthy by being together... I think that’s important. (Katie)

Finding what works, therefore, was a matter of parents tailoring successful strategies and desirable outcomes to maintain happiness as it was perceived within their own family units. Happiness was characterised by the presence of features such as a settled atmosphere, laughter, contentment and a sense of calm, and by the absence of features such as stress, worries, accidents, tantrums, whining and moaning. Stability and balance were also often linked with happiness where parents would strive to resolve problems in order to achieve their concept of happiness if areas of the family environment were perceived to be out of balance.

Balance was closely linked with the conditions experienced by a family, so balancing in Debbie's family with a depressed parent was different to balancing in Fran's with a child who had complex health needs. Parents reported attributes of balance to be the general atmosphere of the family, time together and time alone, sharing household duties and choices about activities and food. Molly enjoyed her family when, "everything is in balance". For her this included taking on extra responsibilities when her husband was busy at work, but also being relieved of responsibilities when he was available. For Jane balance was about meeting the needs of individual members and the unit as a whole.

> I guess the balance is the main thing. Getting the balance of us all each doing our own thing and us all doing together things. Whether that's actually doing things or whether it's the way we think about each other or treat each other, whatever… so it's getting the balance between doing your own thing and being also together as part of a family. (Jane)

Parents also used the presence or absence of an overall sense of happiness to gauge the health status of their children. Katie and Toby both noted their children to be less happy in the days after vaccinations or when teething was under way. This outcome was linked to the developing parent/child relationships whereby "knowing the child" led to parents being able to tell at a glance that something was not quite right. It was clear from a number of parents that being unwell did not necessarily mean that family members were unhappy. What it did mean, however, was that when one or more members of the family unit were unhappy or unwell, the happiness of the entire unit was affected in some way. Importantly, parents were conscious that children were sensitive to changes such as these in the family environment. Just like their parents, children also made efforts to restore happiness within the family if they perceived a member to be sad or sick.

Finding what works: The conditions

Small, brief challenges constituted the bulk of conditions in which parents were daily **Finding what works**. Often this involved a child becoming upset and then being soothed by some adult attention. Problems were easily resolved with some small ***adjustments*** and there was little disturbance to emotional stability for parents and children.

More significant challenges took parents a little while to “refocus” before they could deal with the situation or calm down from the after-effects. Toby removed himself from the room to “have a wee breathe” before returning to clean up his vomit-covered baby. Jane placed her baby in a bedroom to “regroup” while she tidied up broken glass and worked through the “cross” feelings she had towards herself about having placed her child in danger. **Finding what works** for these parents involved making focused and purposeful ***Adjustments*** to stabilise their own emotional states before they could attend to the needs of their children.

Both of these parents were “resetting” the scene. In conditions that posed a challenge to family harmony, they were restoring balance by settling themselves, settling their children and then attending to the issues that needed resolving. By “resetting” they aimed to return the collective family environment to a state in which each member could function as happily as possible in the circumstances.

Longer-term challenges took hours, days or weeks to resolve. Two families had the experience of all members being sick at the same time. ***Adjustments*** were significant for the period of time in which parents were unable to function at their usual capacity. The barest minimum of safety measures was taken. Babies were changed and fed. Parents stayed in bed with their children until the adults were able to resume their usual activities. For Katie’s family a challenge that took a while to resolve was due to complexity rather than infection. In the course of two weeks Katie returned home after a planned Caesarean for her third baby, her eldest child needed surgery after an accident and her middle child had scheduled surgery. There was also no kitchen in the house due to some renovations that were in progress. Despite the multiple needs of all members of the family unit, Katie remained positive about how it was handled.

> I was just sort of getting into the routine of breastfeeding and getting back onto my feet again after having a caesarean and I think pretty much as soon as… after the first two weeks with all the dramas and things and getting back into the routines and not having a kitchen, everything seemed to click back into place. (Katie)

For Katie, **Finding what works** involved drawing on support from her extended family to attend to household and childcare activities.

In conditions of a sudden or potentially life-threatening crisis ***Priorities*** were ***Adjusted*** rapidly and significantly, and these adjustments remained in place until harmony had been restored to the family. Timeframes varied. **Finding what works** focused on ***Prioritising*** immediate needs and attending to others when conditions supported that move. Jill had a vivid experience of this when her son choked on some food.

> "[I felt] extreme fear and probably panic. And thinking, "Oh my goodness, something's really wrong. What am I going to do? Do I need to call for help? Or can I manage this?... There's a moment when you think, "Oh my goodness. They may not survive. And I'm responsible." (Jill)

Once the choking incident had been resolved and Jill had sat down to compose herself and comfort her child, "nothing else mattered" to her. There was no greater priority than watching her son breathe and reassuring herself that he was OK. She felt physically shattered and was still feeling unsettled and upset the next day. Jill contrasted the intensity of this incident with an earlier event when her child sustained a head injury from running in to a piece of furniture. She remembers feeling concerned but not panicked because he was breathing and crying. The "sheer horror" Jill experienced when her son choked was not apparent during the earlier incident. Although a year later Jill still had concerns when it looked like her son might fall and hurt his head again, she had decided that, "...you can be too obsessed with worrying about it... You have to let them be themselves. And run around and get knocked and bumped." She still felt anxious but she only intervened, "If it *really* looks like he is going to hurt himself..."

Finding what works encapsulates parents consistently experiencing desired outcomes from ***Adjusting and Redefining Priorities*** in their families. Accumulated knowledge and experience contributed to extended periods of operating in Refining. At times though, intervening conditions generated a return to Preparing in order to review and revise existing management strategies and desired outcomes.

Transitioning between phases

Transitioning back to the Preparing phase was a response to major changes or challenges to family circumstances. The shift could be expected, unexpected or gradual. Over the course of the study, three families welcomed new babies, two couples separated, the husband of one parent lost his job and members of some families were diagnosed with long-term health conditions. In each case, revisiting the Preparing phase was an opportunity for parents to review and revise their existing ways of **Managing the Family**. They ***Adjusted and Redefined Priorities*** to determine effective strategies and modified outcomes to accommodate their new circumstances in ways that would promote family harmony and assist with finding a new level of stability. These actions supported an eventual return to the Refining phase. Figure 9.1 represents a return to the Preparing phase schematically.

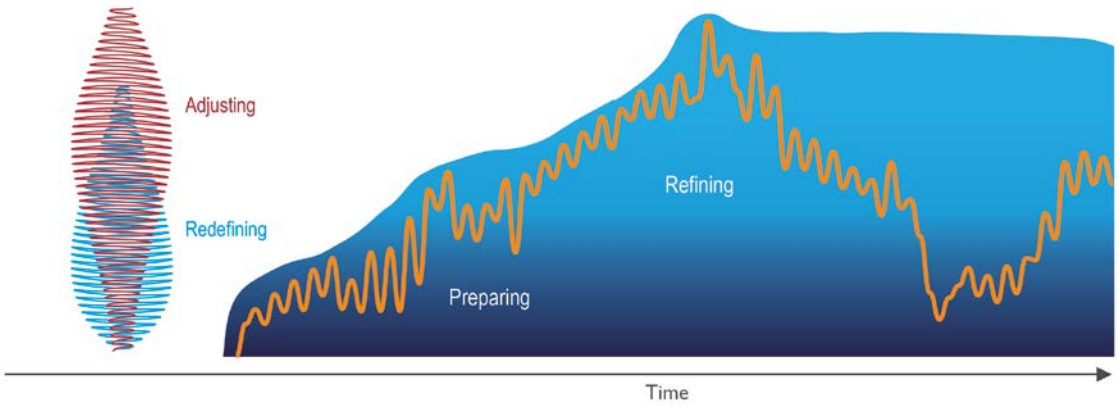


Figure 9.1 The Trajectory: Transitions between phases

Depending on the conditions, a return to Preparing was generally for a much shorter timeframe than parents' initial progress through the phase. This was because they had accumulated resources, knowledge and experience to draw on as they moved through it again. During the return to Preparing, all parental perspectives were reviewed, but the conditions influenced the degree to which changes were made.

When the transition was expected, parents could plan ahead to address potential disruptions to family stability. To some degree, therefore, ***Adjusting and Redefining Priorities*** could be done in advance. When Katie's third baby was due, she and her husband settled the older children into a new room (*parent*) and arranged for extended family members to give those children

plenty of attention when the baby arrived (*family unit*). Her husband took over some of the morning routine activities while Katie slept in (*parenting unit*). A few weeks after the birth, Katie reported that her family was settled and doing well.

Sometimes there was little or no chance to plan ahead. An unexpected transition involved a major and unexpected challenge with scope or duration that also necessitated a review of all parental perspectives. When Debbie's husband was made redundant and developed depression, she ***Adjusted and Redefined Priorities*** by finding information and resources to help her husband (*parenting unit*) and organised her return to work, including childcare (*parent*). Debbie also arranged family activities to motivate her husband and enhance his relationship with their children (*family unit*). Although matters such as income for the family and childcare were addressed quickly, other matters such as effective treatment for her husband took longer to resolve. For months, Debbie was the motivator in the family who ensured that her husband and children were cared for and that household duties were attended to.

In conditions when desirable strategies were not being experienced consistently, a return to Preparing was more gradual. This could occur if parents did not have a clear sense of *self* within the family; if they felt consistently overwhelmed with caring for their children; if arrangements within the parenting unit were not addressing the practical needs of the household; or if the foundation which parents were striving for was not developing as they had hoped. Depending on the conditions within an individual family, the lack of desirable outcomes in one or more perspectives could initiate a general shift towards Preparing, or the transition could be more clear-cut and a definite move could be made. This was the case for Jo and Fran who both returned to paid employment because they were struggling psychologically when at home full-time with their children. Such a move generated the need to ***Adjust and Redefine Priorities*** to manage childcare and household duties.

A more general shift towards Preparing was described during my second interview with Fran. She had chosen to leave work when family life was proving difficult in a number of areas. They had sold their house, their son's health

needs remained complex and the relationship between Fran and her husband had deteriorated.

> We've gone through a number of personal relationship issues because basically we had no time for our husband and wife relationship. We've been through marriage counselling… and that's resulted in me making quite a significant change in the sense that I've decided to leave work.
> I'm going to finish off my [degree] and basically spend some time working with [my son] because of his special needs… I came to the realisation that to a large extent I was putting work before a lot of other things. And I realised it's always going to be there and the kids aren't going to be there and really they need our input right now. (Fran)

For Fran's family, the transition back to Refining took many months. ***Adjusting and Redefining Priorities*** occurred across the range of parental perspectives, with changes in some areas taking longer than others. A particular challenge for Fran was leaving work since she experienced a sense of achievement there and it gave her time away from family stresses. Fran gave herself and her employer a 3-month lead-in so that she could get used to the change. When we spoke for a second time she was looking forward to having more time at home and reported that after their tumultuous year, "I think we're pretty content now. Things are going to change but I think we're in a pretty good space right now." For Fran's family, the transition back to Refining was well under way.

For all of these parents, transition to the Refining phase again occurred when the strategies they had been reviewing and revising supported increasing experiences of desirable outcomes and an increasing sense of family harmony.

The outcome of Adjusting and Redefining Priorities: Managing the family

From the commencement of the trajectory, ***Adjusting and Redefining Priorities*** was evident in parents' interactions with the social world. The continuous accumulation of strategies to assist with **Being prepared** and **Finding what works** was how parents were **Managing the Family** on a daily basis. This overall outcome resulted from parents moving between the Preparing and Refining phases in response to changing conditions. A schematic representation of this overall outcome is presented in Figure 6.3 (p. 130) and in Appendix Q.

Parents assessed the effectiveness of strategies linked with **Managing the Family** in both practical and intuitive ways. With regard to tasks and activities, they might review what had been accomplished during the day in areas such as household duties, outings and developmental progress of the children. Molly considered **Managing the Family** to be effective when everyone's needs were being met. She described a "good day" as including time for a walk, being all together for breakfast, spending time at home with her children without the pressure of errands to run, having some peace and quiet on her own, having a nice meal prepared and her husband present to help with dinner and bath time, and then having time alone with her husband after the children were in bed.

Although parents assessed **Managing the Family** from across the range of perspectives, a number of parents valued the outcomes of some perspectives more than others. For instance, Sally felt pleased and satisfied with the management of her family on days when her home and children had been well cared for.

> If I've had a really good day and I've been to the park or whatever, and I've done things, been to a play group… They've had a happy day and things have gone well, we've had a dinner and a lovely bath and into bed. That makes me feel I've done a great job. (Sally)

Sally's prioritising was very much focused on the needs of the children (*parent self*) as opposed to herself or her relationship with her husband. Parents such as Fran and Sue considered that the family was being managed well when they could get out to work (*personal self*) while also addressing their other responsibilities within the family. Prioritising of the personal benefits they gained from paid employment contributed to how they viewed the outcomes of **Managing the Family** from the other perspectives. If sick children or lack of available childcare hampered their ability to go to work, **Managing the Family** was viewed as problematic.

The effectiveness of **Managing the Family** was also assessed by parents' perceptions of harmony and stability within the unit. Their sensitivity to these qualities underpinned their continuous efforts to restore balance or stability when parents sensed it was missing. Jane described how she resolved an

incident when she had become very upset due to her son causing some glass to break.

> I just cleaned it all up and then my son got very upset when I'd left him in the bedroom and closed the door. So then when we had a time when ... you have a bit of a chat with them… we had a little bit of a sorry and a big hug and then carried on. (Jane)

Where possible, **Managing the Family** also involved planning ahead when parents anticipated that harmony and stability could be challenged in some way. Using their expert knowledge of the family, and drawing on the accumulated strategies they had found to be effective, parents made arrangements to address as many needs as possible in advance of the expected change in conditions. Molly described how she prepared, each week, to **Manage the Family** on the days when she was working. She further explained why she made such an effort and what could happen if she did not **Manage the Family** in this way.

> I find that leading up to the days I work I run around trying to get things really organized and think ahead to what we are going to have for dinner and have that ready. Get the washing up to date and then by the time I finish working my two days, it's out of date again so I'm catching up. So if I don't keep things in check and don't keep things in balance then it does get a bit out of control. And I think I get a bit stressed out because I've got all these things to do to keep the household running and the children start to miss out and then probably start to get more demanding. And then it just spirals into not a good day. (Molly)

Although happiness and balance were outcomes more often described by parents operating in the Refining phase, the related feelings of contentment and pleasure were also present in Preparing. However, such feelings were more likely to be fleeting in Preparing due to the greater likelihood that ***Adjusting and Redefining Priorities*** was occurring in challenging conditions.

As well as their day by day assessment of **Managing the Family**, parents also viewed the concept more globally. Conditions which generated these reflections often occurred spontaneously, sometimes as a result of a scene parents witnessed or sometimes as the result of feedback from others. As Jane thought about the way her family had developed in the 18 months since her son was born, she linked a number of ways in which she reviewed their progress.

> I guess when I feel the most contented would be when I hear my husband and my son laughing together. Those kind of moments and you think, “Mmm, we’re going okay.”… or you just have a snapshot in a day… at the playground where your son is playing with another child there and they’re just laughing and happiness and you just look at them and, “oh yeah, that’s good”… Or when you talk to people and you know he’s a happy and contented child. People say that to you and you feel quite glad about that. (Jane)

Jane’s comments reveal both the internal and external conditions that led to her viewing the management of her family as being effective. Internally, it was generated by seeing her son and her husband doing well in their relationship. She had put effort into fostering that bond because her husband had initially been reluctant to get too close to a baby who might die. Seeing her son enjoying himself in a social situation with another child also reinforced the social skills they had been encouraging in him. Externally, positive comments from others about her son’ progress encouraged Jane to view their efforts in **Managing the Family** as being both productive and worthwhile.

Anne also drew on internal and external indicators that her son and their family were progressing well. She talked about “the pay-off” of seeing her son demonstrating some of the qualities they had been instilling. Not only did this denote that she and her husband had been successful in what they were trying to do, but there was also the sense of personal enjoyment she derived from the success that made their efforts seem worthwhile.

> ... the pay-off will be later, and even now the little things like the manners... carrying on with that and persevering... The pay-off has already started to happen. People say, he’s got really good manners and says please and thank you and it’s good because it’s been so long. It makes you feel good. (Anne)

Positive feedback from others was a powerful encouragement to these parents with young children. It was external support for the ways in which they had been **Managing the Family**. Conversely, overt or perceived criticism or disapproval from others could unsettle them and lead them to question their management strategies. This was particularly apparent as children became more independent and parents became aware that the behaviour of children reflected on their families.

The Purpose of Adjusting and Redefining Priorities: Building Family

Chapters Six to Nine have explained and illustrated how families with young children were managed. The activities in which they engaged were aimed at more than existing on a daily basis; they all contributed to an ongoing purpose. Parents were ***Adjusting and Redefining Priorities*** in order to **Manage the Family** so that, together, the members could all **Build Family**.

"Family" was the complex environment of intertwined relationships in which the managing took place, and within which the members dwelled and were cared for. It was the reason that parents managed dimensions of the family from the various perspectives, and it was the impetus for continuous change. **Building Family** was a journey rather than a destination. Over time, the family environment was modified to accommodate the changing needs and developmental progress of family members and the unit as a whole. In times of significant challenge and change, the family was managed in ways that supported the development of strategies which contributed to a parental sense of confidence and competence in meeting the needs of individual members and the unit as a whole. Once those strategies were in place, families were managed in ways that maintained and enhanced the well-being of members and the unit. Parents were continuously endeavouring to **Manage their Families** in ways which incorporated the unique identities of their units. This was a set of principles and priorities that set them apart from other families, having been drawn from aspects of the parents' life experience as well as the accumulation of shared family experiences.

Each member of the family unit contributed to **Building Family**. Parents did so by actively implementing strategies while children acted in ways which affirmed that they held a valued place in the unit, and also that they knew how to operate within it. Parents were encouraged that **Building Family** was progressing well when they observed their children demonstrating care and concern for members of the unit, or other qualities which had been prioritised and instilled by the parents. Anne described a scene when her son used his specific knowledge of the family to help her feel better one day.

> He came down to check on me and said, “Have you still got a headache?” And I said “yes”. He said, “I’ll read you a story. So he went and got one of his Little Golden Books... I made some room on the bed and then he was making up his own story, turning the pages. And then he said, “The End”. We have a game where we pick out all the animals on the back and then tickle each other at the end. So he was tickling me. Then he said, “Mum, was that good? ... I’ll go and get my ruggie for you”. So he went and got his ruggie and his teddie and came and brought them in to me. And he gave me a kiss and then left me to have a rest. He came back later on and cuddled with me and said, “Mum, is your headache still there?” and I said “yes, a little bit”. And he said, “Don’t worry mummy. You need a good night’s sleep and it will be better in the morning.” So he remembered that we say that to him. So I thought that was pretty cool. (Anne)

For Molly, evidence of **Building Family** occurred in the car one evening when her children were unhappy about leaving their grandparents’ home. A drive-through for dinner on the way home was enough to transform the unhappy mood in the car.

> [We] went through the drive through… and then my son said to me from the back seat of the car with a beaming smile on his face on the way home, “Three hips for Mummy, Hip hip, hip hip, hip hip.” Then he also said, “And two thumbs up.”… “Thank you mummy so much for letting us have [takeaways].” So I went, within the space of ten minutes, from being the worse mummy in the world because I said we had to go home to the best mummy because I bought them [takeaways]. (Molly)

Molly had not been expecting such a warm response, so the enthusiasm of her son’s gratitude contributed to Molly’s delight that kindness, a guiding principle of her family unit, had been demonstrated so spontaneously and appropriately.

In Katie’s family, the way her nearly 4-year-old daughter cared for the two younger children when their mother was busy demonstrated to her that **Building Family** was active and evident within her unit.

> … she wants to help out. She wants to get things and “Oh mummy, [the baby] is crying, let me go and get her blanket for her or let me find her a toy… can I go and find her dummy?”… Often I’ll come in and I’ll find the two of them sitting down and [my daughter] is reading a story… to [the baby] or to [her brother] or to both of them! She’ll be sitting on the floor and she’ll have [the baby] on one side and [her brother] on the other and she’ll be reading a story, and [her brother] will be trying to pull the book off her, but she’ll be very patient and it’s just lovely. (Katie)

Incidents such as these contributed to parents considering that the effort they were putting into **Building Family** was worthwhile. The ways they were **Managing the Family** were creating a shared sense of family which the children picked up on and continued to emulate and develop. The recursive nature of interactions within the family unit was such that as members were cared for, they contributed to the family environment and it was then further sustained and enhanced to continue providing a place that members could be cared for in. **Building Family** was the reason why this group of 24 parents were continually ***Adjusting and Redefining Priorities.***

Conclusion

The overall outcome for ***Adjusting and Redefining Priorities*** in the Refining phase was **Finding what works**. Parents considered this to be happening when they perceived that family members were happy and the family environment was balanced. Although challenging conditions still disrupted family life in this phase, parents were generally able to restore happiness and balance quickly and effectively using the fine-tuned strategies they had developed. In conditions of major challenges or changes to family harmony, a return to the Preparing phase was an expected transition to assist parents with the opportunity to review and revise their existing priorities and strategies. Such a shift supported an eventual move to the Refining phase again when parents perceived a new sense of family stability. **Managing the Family** in this way on a daily basis contributed to parents' overall and continuing purpose of **Building Family**. This was the environment created by the collective strategies parents used when acting from their various perspectives.

This chapter concludes the presentation of the theory of ***Adjusting and Redefining Priorities***. Throughout these chapters, theoretical components have been integrated with *in vivo* data excerpts from parents with young children to demonstrate the theory in action and to link it with the everyday experience of families in New Zealand. In Chapter Ten this theory is located within the existing body of literature and its implications for the practice of health professionals and community groups who interact with families with young children are explained.

Chapter Ten: DISCUSSION

> We do not quickly or easily reach any sort of conclusion or resolution about our own view of the nature of truth and reality. We are all influenced by our history and cultural context, which in turn, shape our view of the world, the forces of creation and the meaning of truth.
>
> (Mills et al., 2006a, p. 2)

This study originated from my interest in the experience of early parenting. A subsequent review of the literature revealed knowledge gaps about how families with young children manage on a day-to-day basis in an environment of diversity and continuous social change. The substantive theory of ***Adjusting and Redefining Priorities*** constructed over the course of this study contributes to filling those gaps by providing a framework to explain the processes parents use every day to manage their families and the conditions which influence their decision-making.

In this closing chapter, the journey through this study completes a circle back to the words of Mills (2000) which opened this thesis. It is time to explore how histories, biographies and the intersections between them have been examined and conceptualised in order to contribute to knowledge about families with young children. In doing so, the words of Stam (2000, p. 274) are highly relevant: “theory is not a luxury or what one does in one’s armchair after a hard day of collecting data.” The theory of ***Adjusting and Redefining Priorities*** has been developed in order to offer practical assistance to families with young children and to all those who interact with them. In this chapter the theory is linked to New Zealand’s current societal context for families and the implications of the theory are highlighted for health professionals, childbirth educators, community groups and for the families themselves. The rigour of the research process will then be critiqued in order to determine how well the theory can be related to the everyday experience of families with young children.

Incorporating the family perspective

The fundamental conclusion of this research is that the support offered to a family with young children has to incorporate that family’s priorities and worldviews if the support is going to be effective, meaningful and useful to the

family. This contribution to knowledge has relevance for all those who interact with families – health professionals, community agencies, friends and extended family. To understand the implications of such a position it is necessary to continuously examine whose priorities are being addressed when support is being offered or provided. Are they the priorities of the people and organisations offering the assistance? Or are they the priorities of the parents who are managing their families every day, whether they have support or not? Just as parents each have their own histories and biographies that influence how they perceive and interact with the world, so too do the people and organisations available to assist. Potential tensions arise in the interface between the competing worldviews of the people within the family unit and the people who are beyond it. As those tensions emerge the overt and tacit assumptions embedded in the worldviews become evident and influence how parents manage their families. These are the issues that will be explored in this chapter.

The theory of ***Adjusting and Redefining Priorities*** explains how parents work from different perspectives throughout a trajectory to care for themselves, the individual members of their family and the unit as a whole. Strategies used when caring for young children are interwoven with the context of the family and the constantly changing conditions the family operates in. The shifting patterns of behaviour resulting from this dynamic process are the responses families use to manage their day-to-day activities. It is in these interactions where parents use history and biography to guide their actions in their continuous efforts when **Building Family**.

Raising children in the early 21st century is clearly different to any other time in New Zealand's history. In Chapter Two the diversity of family forms and the fluidity of constant social change were established as the context New Zealand families are living in. These challenges were linked with some of the economic pressures which influence families and the blurred interface between parental autonomy and societal intervention. In Chapter Three the paucity of studies which focus on the daily management of families with young children beyond the first few months after birth was highlighted. Furthermore, existing research which deals with elements of these topics was found to be aimed at informing

the practice of health professionals rather than being more broadly applicable for use by others who support families or for the families themselves.

Drawing these threads together indicated the need for theory that offers a flexible framework within which assistance to families can remain relevant to the circumstances families are operating in and to the ways parents perceive the world. The theory of ***Adjusting and Redefining Priorities*** meets those criteria. It contributes to making effective use of existing knowledge and available support by providing the means to link the professional and social components of those resources with the everyday reality of families with young children. These concurrent features are the hallmarks which distinguish ***Adjusting and Redefining Priorities*** from the work of Flowers (2004), Hall and Callery (2003) and Hall (2007). The theory constructed from my study can accommodate the daily experience of families beyond the first year after birth, as addressed by Flowers, and beyond the well-researched nuclear family structure familiar in Western societies which was the focus of the three studies mentioned previously. In particular, the theory can be used to acknowledge and integrate each family's views of its composition, history, biography and issues of importance. These are the factors identified in this study as being influential in the everyday decision-making of parents as they managed their families.

A unique feature of ***Adjusting and Redefining Priorities*** is the interplay between parental perspectives and phases of parental focus to explain the continuous experience of ups and downs in family life. Conceptualising the theoretical components in this way provides a framework in which existing knowledge about families can be located. For example, the parental shifts between Flowers' (2004) concepts of Anticipating, Responding and Confirming can be extended by viewing parental actions in terms of preparing new strategies and then refining them as parents experience continuously-changing conditions. The shifts could be explained as a response to parents' perceptions of their progress across the range of perspectives within their personally-defined family unit. Such an explanation, in fact, answers the question posed by Flowers (2004, p. 14): "Why do parents differ in perceptions of their circumstances?" Furthermore, the feedback loops between Flowers' three

conceptual categories can be seen as an on-going process of learning as parents continue to accumulate knowledge and experience while caring for their families.

Hall and Callery's (2003) concurrent family and personal trajectories that move between individualization and globalization can also be explained within the context of parental perspectives and shifts between phases of preparing and refining strategies. In Hall's (2007) secondary analysis of data from the 2003 study, the costs and benefits used to explain the influences on parental decision-making could be explained as examples of the parental perspectives in action. ***Adjusting and Redefining Priorities*** adds to Hall's work by explicating the range of standpoints from which parents perceive and respond to social situations. By doing so, the overall context of the family is retained while particular areas are the focus of parental attention. Consequently, shifts in parental strategies can be linked to the family as a unit. This is important because parents in this study were clear that changes in one area of family life had consequences for other areas as well. Further ways in which the theory reported in this thesis extends the findings of Flowers (2004), Hall and Callery (2003) and Hall (2007) include the symbolic interaction associated with parental patterns of behaviour; a focus on aspects of family life beyond the maintenance of health; linking of the family unit with wider societal groups; and the potential use of the theory by families and community groups rather than only health professionals.

Adjusting and Redefining Priorities contributes to knowledge in ways that can be used to assist parents with caring for their families in a constantly changing social environment. The conceptualised links between individual families and society in general also provide those who interact with families some clear guidelines on how to offer support that is both useful and meaningful to each family unit. Furthermore, for those developing government policies the theory addresses the need for research that "seeks to answer questions about families as families, not individuals or households as the primary focus" (Ministry of Social Development, 2004, p. 135). The macro level planning and provision of services to families using the Bronfenbrenner (1979, 2005)

framework (Ministry of Social Development, 2002; Public Health Advisory Committee, 2002; Stevens et al., 2005) can now be incorporated at the micro level of the family in practical ways.

Two important messages arise from the integrating of participants' experiences, the theory of ***Adjusting and Redefining Priorities***, existing knowledge, current health professional practice, policy which guides service provision to families, and the range of available community support resources. The first message, focused on managing the family, is very practical. Parents have the responsibility for care and nurture of children whether or not they have the confidence and resources to do so. As they learn to do this, it is not so much the challenges that arise which cause them concern; it is finding ways to manage problems effectively, as they define it, which parents focus on. The second message, focused on managing the self, is related to the first. However, the spotlight is on how parents are perceived by themselves and others as they learn to manage their families. They are aware that the world is watching them and it is important to parents that they feel, and appear to be, "good" parents.

When considered together, these two messages are woven throughout the interacting components encapsulated by the theory of ***Adjusting and Redefining Priorities.*** The experience of all participants can be broadly accounted for within the concepts of the theory, despite the diversity of family forms, priorities and actions contained in the data. This demonstrates how the theory can explain the work of families in general while also encapsulating the uniqueness of each unit as they strive towards the goal of **Building Family**.

Just as universal parenting concepts were identified amongst parents of diverse cultural background (McEvoy et al. 2005), and similar experiences were shared by biological, adoptive and step-parents who gained a child (Ceballo et al., 2004), so too were common behaviour patterns and parental aspirations present amongst the parents who contributed to this study. It is the ways each family perceived and acted on those patterns and aspirations which provided the variation and complexity presented in this thesis. These two messages are

now explained as they pertain to the intertwined processes involved in management of the family and management of the self.

Managing the family: the practicalities

Throughout the trajectory, parents were seeking effective strategies to accomplish their aims as individuals, parents, members of a parenting unit and members of a family unit. The ways in which they sought, implemented, assessed and revised those strategies constitutes an ongoing process of learning. There is considerable research-generated knowledge in the fields of learning and parenting which contributes to explaining and understanding the ways in which people learn and apply knowledge. Integration of information related to such a vast and complex dimension of human experience is beyond the scope of this study; however it is important to acknowledge that such a resource exists and is highly relevant to the theoretical concepts constructed during this research. The complexity of human learning has been discussed by Illeris (2002, p. 9) who summarises extant learning theories in this way:

> ...[learning] always comprises three different dimensions – the cognitive, the emotional and the social – occurring in two processes which, while, different, are always integrated: the internal acquisition process and the external interaction process between the learner, the material and the social environment.

The findings of this study illustrate the broad concepts proposed by Illeris (2002) in the context of everyday parental management of families with young children. His conceptualising of learning processes supports the symbolic interactionist renderings of ***Adjusting and Redefining Priorities.*** Since the purpose of this chapter is to discuss the implications of parental behaviour in continuously changing conditions, the links between learning theory and the research findings will not be explored in this discussion. However, the ways in which parents learn, and the influences on that process, are areas where ***Adjusting and Redefining Priorities*** could be used as a framework to further study parental behaviour. This would maintain the prominence of the family context while focusing on how parents continuously acquire, interpret and act on the knowledge to which they are exposed.

For parents in this study, Preparing phase strategies focused on gathering knowledge, experience and resources in order to “Be Prepared” to transition to the Refining phase where strategies were tailored to meet the needs of the family unit and each of its members. This is how parents were continuously “Finding what works”. Strategies in both phases were used to maintain or restore a sense of harmony that was perceived uniquely in each family. In doing so, parents were focused inwards on the family, using the resources and experience they had gained to strive for what many described as “balance” or “happiness”. As parents engaged in the processes to promote and support such an outcome, they found some conditions conducive to progressing along the trajectory, and others to be a source of tension that disrupted progress.

Balance is a concept occurring often in the qualitative literature related to families and many other topics such as palliative care (Thulesius, Håkansson, & Petersson, 2003), gestational diabetes (Persson, Winkvist & Mogren, 2010) and hypoplastic left heart syndrome (Lee & Rempel, 2011). Knafl and Deatrick (2006) found that parents of chronically ill children assessed balance between illness management and other aspects of family life. In families with pre-school children Hall and Callery’s (2003) theory explains how parents in dual-income families balanced personal and family trajectories while Flowers’ (2004) study of parenting in the first year revealed balancing of concurrent child, parent and family needs to be the central process of her theory. Rather than claiming that families with young children are aiming for balance, I contend that the theory of ***Adjusting and Redefining Priorities*** contributes to understanding how parents go about achieving what they perceive to be balance, and that this ongoing process is used to manage the issues as perceived by each individual family. The theory therefore offers a practical framework to assist families with finding a sense of balance that is manageable and tailored to their particular circumstances and priorities.

“Happiness” is a prominent term in both the academic and popular literature. The search word “happiness” generated 445 hits on the Academic Search Premiere database on topics such as politics (Brülde, 2010), economics (Gropper, Lawson & Thorne Jr., 2011) and donor aid to needy countries (Arvin

& Lew, 2011). The term was also linked with health benefits (Veenhoven, 2008) and the temperament of children aged 9–12 years (Holder & Klassen, 2010). Furthermore, happiness is the subject of a conference, a journal and a specific database. Although the term is non-specific and difficult to measure (Diener, 2009), several countries around the world are proposing to use happiness for guiding national policy (Ott, 2010; Samuel, 2009; Stratton, 2010; The Centre for Bhutan Studies, 2010). The concept of happiness is, therefore, well embedded in all sectors of society, including families that are surrounded by media messages promoting the notion that it is something which people should be aspiring to. It is no wonder that parents are seeking happiness in their families.

As explained in Chapter Nine, many parents used the ubiquitous and imprecise term “happiness” to encapsulate what they wanted for their families. However it was revealed that each parent actually had more specific ideas about what contributed to that umbrella concept, and it was these ideas which guided decision-making when managing their families. Kesebir and Diener (2009) draw attention to the ways in which science can be used to explore happiness in people’s lives. The term “subjective well-being” was coined to refer to “people’s evaluations of their lives and encompasses both cognitive judgements of satisfaction and affective appraisals of moods and emotions” (Kesebir &Diener, 2009, p. 61).

Instead of assessing “happiness” per se, researchers have investigated some of its components and this has direct relevance to families with young children. One component of happiness is a person’s overall satisfaction with life, a perspective Borooah (2006, p. 443) describes as being “context-free”. Components can also be “context-specific” (Borooah, p. 443) and include a person’s satisfaction with spheres they consider to be important such as work, health and relationships. Happiness may also include the prevalence of positive or negative emotions and moods. Each one of these components became evident for participants in this study as ***Adjusting and Redefining Priorities*** was developed. It also became evident that in the context of a family, happiness was perceived from the perspective of individual members and also the perspective of the group.

Most participants found that caring for very young children was an intense experience in which the accumulating highs and lows could be overwhelming and exhausting. These findings are common in studies of new parents (Barclay et al., 1997; Christie et al., 2007; Choi, Henshaw, Baker & Tree, 2005; Fägerskiöld, 2008; Nelson, 2003; Nyström & Öhrling, 2004; Premberg et al., 2008). The recently reported link between a baby's cry and the resulting heightened state of adult alertness contributes to understanding some of the physiological basis for this exhaustion (Parsons, Young, Parsons, Stein & Kringelbach, 2012). As part of managing this stage in raising a family, parents also made significant changes in their lives to accommodate the constant responsibility associated with caring for young children. Together, these dimensions contributed to an altered sense of what "happiness" meant to them, the circumstances when it could be achieved and the frequency of it occurring.

It is important to note, however, that when compared to a parents' overall lifespan this period was also reasonably short. This has particular relevance for parents who found the early parenting experience to be problematic. The variation in how a person may view specific domains over the lifespan is highlighted by Bykvist (2010) who notes that satisfaction at one point in life may be viewed differently during other phases. For families with young children this may well mean that the criteria they use to judge happiness when their children are young are quite different to the time preceding parenthood or a time in the future when the children are older. This is an important point for parents with young children to keep in mind, especially when the pressures associated with this life phase mount up. ***Adjusting and Redefining Priorities*** can be used as a framework to reflect on their constructions of happiness in the current circumstances. Areas contributing to a family's current perceptions of happiness can be identified, maintained and enhanced. Areas of difficulty which compromise a family's potential for happiness can also be identified and strategies developed to manage those in ways that are achievable and perceived as beneficial by the family. A longer term view of personal and family happiness can also be incorporated by considering how time, growth and development may influence ***Adjusting and Redefining Priorities***. Families who learn to identify and manage the factors which contribute to addressing

matters of happiness and balance when children are young may well find those skills and experience are also useful in the years that follow.

The variability and change associated with perceptions of happiness confirm the value of using a trajectory to follow and explore the experience of families caring for young children. It appears that the interacting parental perspectives identified in this study are congruent with the concurrent, interconnecting personal and family trajectories reported by Hall and Callery (2003). This study adds to their conceptualisations by providing an understanding of the moves and shifts parents made in their ongoing efforts to meet their own needs and the needs of their families in order to **Build Family**. The explanation of ***Adjusting and Redefining Priorities*** from various parental perspectives demonstrates how parents integrated their personal and family trajectories in order to work towards and maintain a sense of happiness and balance in constantly changing conditions.

Transitioning between the phases of Preparing and Refining explains how parents could continue to strive for a uniquely-defined level of harmony even when there was considerable disruption to a family's circumstances. Parents' perceptions of **Being prepared** and **Finding what works** as they progressed along the trajectory contributed to their perceptions of happiness. For some, this also indicated their sense of confidence and efficacy as parents and their levels of personal achievement. These are the complex circumstances where intervention from health professionals, community support groups and social support networks can make a difference in the daily experience of families with young children.

Parents made progress along the trajectory when they had support and resources that were meaningful for them as they developed and refined strategies. Conditions enhancing their progress included having ready access to human and media-based resources for information and support, feeling an alignment with those who were advising them and being in environments where they did not feel judged. In these conditions parents' reported a sense of happiness or balance that was linked to outcomes such as having confidence to

follow their intuition and being able to handle situations when they made "mistakes". For first-time parents, the early period of the trajectory was challenging because it was physically and emotionally demanding and there was so much to learn. Yet for those who had good social support and were able to arrange a home environment they perceived as comfortable, this period was not perceived as onerous or drawn out. They moved forward in acquiring the knowledge, skills and confidence which supported a transition to the Refining phase. Parents who found the Preparing phase to be problematic did so for reasons that were mostly unanticipated and, therefore, had an added burden to manage beyond the expected stresses of new parenthood.

Tensions between parental autonomy and societal influence

Parents are concurrently tasked with providing the necessaries of life for children and creating a setting in which children can be nurtured to become productive members of society. In extreme cases society will sometimes intervene when this is not occurring in a family. A recent example in the New Zealand media reports that an infant was removed from the mother 48 hours after birth following the suspicious death of an older sibling (Ihaka, 2012). However, on a daily basis parents are caring for their children in circumstances where the onus for decision-making is much less clear. They are operating in an environment created by ongoing interactions between parental autonomy and societal influence, and that is where the challenges for parents arise. What should they do? When should they do it? Who should they listen to? The theory of ***Adjusting and Redefining Priorities*** contributes to understanding how parents address those issues, the conditions in which they are making their decisions and the influences which affect how they respond in a variety of situations.

Tensions regarding the ways in which families care for their children become apparent when expectations about the provision of this care are not met from one or more societal perspectives. These tensions have their basis in a range of assumptions made by parents, health professionals and wider society. The nature of assumptions is that they are generally tacit; that somehow something should "just happen" or that people should "just know" something. This study

demonstrated clearly that, in many situations, parents do not automatically know what to do. The tensions which build in these situations are often underpinned by assumptions and can be a considerable source of stress for parents. Such stress potentially influences the ways that parents manage their families and can therefore have consequences for the well-being of the entire family unit.

Assumptions about postnatal support

In the early postnatal phase, some parents expected sufficient support from health professionals to ensure that breastfeeding was established and that parents could manage infant care skills such as settling babies. The reality is that women who give birth in publicly-funded maternity facilities are only expected to stay for two postnatal nights, unless there are medical reasons which prolong their admission (Maternity Services Consumer Council, 2009). One extra day can be negotiated if women or their lead maternity caregivers (LMCs) consider it necessary. This is not long enough to establish breastfeeding or gain any mastery of infant care skills. Once babies are home, LMCs are funded for only 5–10 postnatal home visits in the 4–6 weeks after birth, unless there are problems. Parents therefore have limited assistance from their assigned caregivers during this huge period of transition. For women who have breastfeeding difficulties, lactation consultants are available. These are mostly located in the main cities and they charge for their services – something that many families are unable to afford.

This highlights a lack of congruence between policy and practice which contributes to difficulties for parents in the early weeks after birth. The Ministry of Health endorses international codes which promote breastfeeding (United Nations Children's Fund, 1990; World Health Organization, 1981, 2003). These require health professionals to promote breastfeeding and refrain from supporting a parent's decision to use "breast milk substitutes" (World Health Organisation, 1981). Breastfeeding is to be encouraged on demand to establish lactation and meet the infant's nutritional needs. Parents at home with a new baby are therefore placed in the position of having to learn how to breastfeed and settle their babies into a sleep/wake cycle with little in the way of ready

access to professional assistance. This is despite a clear statement from the National Breastfeeding Advisory Committee of New Zealand (2009, p. 34) which states:

> Providing accessible, appropriate support for breastfeeding for mothers, fathers/partners, families/whānau, communities and society is essential in meeting this goal. Promotion of increased duration of breastfeeding will not succeed if mothers, fathers/partners and families do not have access to services that will support their decision to breastfeed.

This study has shown that in the early postnatal phase of the trajectory parents felt overwhelmed by all the learning they had to do (*parent self*). They wanted to acquire the necessary knowledge and skills, yet they were anxious to "not do the wrong thing". Learning to feed and settle their babies took a lot of their time and energy. The tensions of the experience were exacerbated for those who struggled with these activities without the support of the skilled advisors a number of parents had assumed would be readily available. If parents have guaranteed access to such support, these tensions would be addressed much sooner. Doing so would enhance their development in the other perspectives as well, thereby enhancing progress along the trajectory by improving their confidence and sense of competence.

Assumptions of health providers and societal institutions

The gap between state-provided health services and the needs families had in becoming established after birth suggests an assumption at institutional level that parents will have other sources of support to fill the gaps when professionals are not available. In reality, many participant families had to ***Adjust and Redefine Priorities*** within their own units in order to manage their families when they found that neither social nor professional support was available. This added tension to the experience of caring for small children which was already a situation that challenged and stretched parental resources. Sofia's story about being twice denied a visitor's visa for her mother to visit in the weeks after birth is a concerning example of the support official agencies and wider society seem to think is available. Such an assumption has particular implications for immigrants to New Zealand who have no extended family here or whose cultural community may be small and widespread.

This study has shown that support from extended family, specifically grandparents, cannot be assumed to be available or able match the needs and desires of the new parents in the early period after birth. In some cases the presence of family support actually added to the stress being experienced by new parents. For some families, it was cultural norms which guided initial decisions to involve grandparents and in others it was unspoken expectations that grandparents would show interest in providing practical support. These expectations did not come to be realised in reality. When a ready source of family assistance did not enhance the progress of new parents along the trajectory, they faced the extra pressure of maintaining extended family relationships while concurrently establishing their own ways of managing their families. For those who anticipated family support, but found it was neither offered nor available, there were feelings such as disappointment to work through as well as the need to find ways of managing the areas they had hoped to be assisted in. Both of these conditions add complexity to the experience of parents in the early years of parenting.

Even in families where support from grandparents and other relatives was both available and useful, many parents were careful not to take advantage of this support, or impose what they considered to be a burden on others. Involvement of grandparents has benefits for both families with young children and the grandparents themselves (Thiele & Whelan, 2006). However, it is important to note that middle and late adulthood, when many people become grandparents, are life stages in which people have their own activities and responsibilities on which to focus (Erikson, 1995; Thiele & Whelan, 2006). With increasing life expectancy and quality of health for older people in the community, it is reasonable to expect that many grandparents may still be working or have other interests which could restrict their availability to help. Therefore, families with young children may have to weigh up their needs for assistance against a desire to maintain and enhance relationships within the extended family, especially when other family units may need similar assistance from the same grandparents. Although many grandparents may enjoy being involved with their children and grandchildren, there is no obligation for them to do so, nor should they be expected to prioritise their family over other areas of their lives.

Assumptions about cultural practices

Cultural diversity in New Zealand's diverse population also creates the potential for assumptions by health professionals that new parents from various cultures will follow their traditional childcare practices or, conversely, that they will adopt the ways of their new country. As noted in the explanation of *"establishing guiding principles"* (Chapter Seven), parents reflect on their life experience when making decisions about how they will manage their families. They may choose to retain some elements of their culture and decide against others. As demonstrated by a number of participants, parents from non-European cultures are quite open to family management ideas that may differ from their cultural norms. Determining this is part of effective communication between health professionals and parents so that the necessary support and information can be provided if necessary. This would be of particular value to parents who face potential criticism or sanction from extended family or other members of their cultural communities for stepping away from tradition.

Assumptions about professional advice

Although parents looked to health professionals for support and advice in the early postnatal period, there were many instances when parents found that professional recommendations did not match with parental intuition and experience gained from managing their children on a daily basis. This tension emphasised parents' immense sense of responsibility, often causing anxiety about whether to follow the official advice or to choose another option.

Guidance given to parents was informed by evidence-based practice policies which LMCs and well-child providers are required to abide by. Although sound clinical reasons underpin policies that guide infant nutrition, settling babies and positioning young babies for sleep (Child and Youth Mortality Review Committee, 2008), recommended practices are not necessarily going to suit the conditions of individual families. Parents reported feeling concerned and guilty when they chose not to follow the advice of health professionals. Not only might this hinder parents' development of confidence and progress along the trajectory, but there is also potential that communication with health professionals may be affected. For example, parents who do not follow

recommended practices may feel constrained in the information they discuss during appointments or may be cautious about requesting information on childcare topics. Such concerns do not support a health-promoting environment where parental autonomy is acknowledged, the sharing of information and ideas is encouraged and where parents are empowered to make decisions that are best suited to their own family circumstances. Potentially a child's well-being may also be compromised if parents do not raise issues which health professionals might consider are worthy of being followed up.

As parents of young children learned to manage the practicalities of caring for their families they were also concurrently assessing how well they were performing in the parental role. Their perceptions of being a "good" parent were therefore not just related to carrying out the daily tasks involved. They were also related to whether parents considered themselves to be meeting their own standards and to how their performance of the parental role was being perceived by others.

Managing the self: interacting with the social world

Concurrent with learning to manage their families in ways which promoted a sense of happiness and balance, parents also focused on making decisions that were "right" or "best" for their children. They wanted to feel like "good" parents and they wanted to appear to be good parents to other people. Feeling like a good parent involved circumstances where their parenting decisions achieved their personal goals, such as a child bring settled and happy. Looking like a good parent involved actions parents perceived would be approved of by others even though these actions were not congruent with the parent's guiding principles. Examples would be: following the advice of a health professional, observing cultural traditions or correcting a child's behaviour. These perceptions contributed to participants' ongoing purpose of **Building Family** because being a good parent would support the maintenance of a safe and nurturing environment for family members.

Parents caring for young children in New Zealand families are doing so in a social environment which is replete with overt constructions of "good" and "bad

parents. Letters to the editor, newspaper articles, magazines, books, DVDs and television programmes are among the barrage of media-based messages telling parents what they should and should not be doing. Added to this are cultural expectations, the requirements of law and the institutional information guiding health, welfare and educational services. From somewhere within these multiple messages parents have to make their own decisions about what a “good” parent will mean for them and how they will go about realising that goal.

With regard to motherhood, Choi et al. (2005) use a feminist stance to explore the roots of the socially constructed ideology which contribute to mothers feeling that they have failed. The authors argue that even though more contemporary portrayals of motherhood are available in the popular literature, and sometimes in antenatal education, the notion that women are “natural mothers” remains dominant. According to this ideology natural mothers know what to do instinctively and therefore the standard is set for the qualities expected of a “good” mother. In this study Peggy was quite clear that she had no idea where her conviction about needing to be a “supermum” came from and she acknowledged that her husband did not view her role in this way. This therefore suggests that influences on the standards parents set for themselves may be so deep-seated that they are perceived to be matter of fact by both parents and wider society.

From a symbolic interactionist perspective the “good parent” is a powerful object which parents are forming and re-forming on a daily basis. Not only is this process occurring via the internal conversations between the “I” and the “Me”, described in Chapter Four, but their perceptions of the concept are continually being constructed as they interact with other people. As this study shows, participants had a heightened awareness of how others may have perceived them. On the basis of their interpretations, parents did their best to demonstrate that they were competent and therefore “good parents”. This continued throughout the trajectory although it was particularly apparent for first-time parents in the early months after birth when they were still learning to define the parental role for themselves. At this stage many were looking to external sources for definitions being a “good” parent. As time went on and parents’ self-

confidence grew, the actual or potential disapproval of others became less integral to their definitions. By this time parents had found ways of ***Adjusting and Redefining Priorities*** in ways which suited their families and their constructions of being a good parent were more internally-derived due to their experience and expert knowledge of their children.

Participants considered that part of being a good parent was the continuous gathering of knowledge, skills and experience. In supportive conditions, parents are able to contribute to this process by testing out ideas, learning from other peoples “mistakes” and seeking out emotional support when their experience of parenthood may be problematic. Together these opportunities support the development of parental confidence which in turn influences their self-perception of being a parent. This process can be enhanced by “safe” opportunities to feel vulnerable whereby parents can “own up” to difficulties without the fear that they will be considered to have failed in some way.

Conditions which enhanced self-perceptions of being a good parent included desirable outcomes from parental management, encouragement and support from valued others, feeling safe to be vulnerable and feeling aligned with the worldview of others. These conditions were more likely to occur in the home environment or in places where parents were with people they felt at ease with. In these circumstances parents felt comfortable to act in ways that enhanced their continued progress along the trajectory such as trying new strategies, sharing concerns and seeking help and advice. Participants reported experiencing these supportive conditions within their couple relationship, when interacting with coffee groups which were perceived to be “not judgemental” and when interacting with family members and friends whom parents considered to be accepting and supportive.

Being in a supportive environment where parents do not feel judged facilitates a meaningful, encouraging experience which fosters further parental development. This is particularly important for parents who are struggling in some way. If they feel able to express their thoughts and concerns a supportive environment assists them to draw on the practical and emotional support of their social networks and other resources. Parents who are struggling would

therefore be assisted to ***Adjust and Redefine Priorities*** in ways which may contribute to outcomes that are more desirable for them. If environments are not conducive to supportive interactions, parents are stifled in their progress along the trajectory. For example, women have reported that in expressing difficulties related to parenthood there is a risk of being viewed as a "bad" mother or a "failure" (Choi et al., 2005; Mauthner, 1995, 1999). In many cases, these women may also have postnatal depression which some go to great efforts to conceal (Choi et al., 2005; Mauthner, 1995; 1999). This response to a condition with problematic implications for the entire family unit therefore has the potential to compound mothers' negative perceptions of themselves as parents.

New Zealand has a reported postnatal depression rate of 10-15% (Tilyard & Harris, 2010) which means that there are potentially at least 6000–10,000 women at any one time that may be experiencing difficulties. It is also important to note that parent-related depression is not related solely to women (Ramchandani, Stein, Evans, & O'Connor, 2005; Solantaus & Salo, 2005). Paternal depression is thought to occur at rates slightly less than those for women (Paulson & Bazemore, 2010); however men with depressed partners are reported to be at higher risk of developing depression than other fathers (Matthey, Barnett, Ungerer & Waters, 2000). Of concern is that men are less likely to have strong support networks and are also less likely to seek help for emotional problems (Condon, Boyce & Corkindale, 2004). If mothers find it hard to disclose parenting difficulties, for fathers the challenge to do so must be enormous. When considering the complex processes in which parents with young children are involved when ***Adjusting and Redefining Priorities***, the need for parents to have resources and support as they progress along the trajectory is clear.

Even when parental difficulties were not related to depression, participants' self perceptions of not being a good parent were linked with feelings of guilt, disappointment and frustration. When managing their families on a daily basis parents aimed to make decisions which met the needs of everyone in the unit. Parents could be particularly hard on themselves when assessing their performance. Sometimes they just did not know what to do. However, these

experiences also created learning opportunities which parents then used as a contribution to their ongoing development. In these situations, self-perceptions of not being a good parent transformed into being an “improving” parent because they had added to their knowledge and experience. Parents who considered “mistakes” to be part of the learning process tended to less often view themselves as not being good parents.

Conditions which disrupted participants’ perceptions of being a good parent included experiencing ineffective or unwelcome outcomes from parental management and when there was actual or perceived criticism or disapproval from others. These circumstances were more likely to occur out of the home environment in places where the other people present were unknown or when parents perceived other people to have a worldview which clashed with their own. In the home environment parents felt uncomfortable about their self-perceptions when they considered themselves to have made a mistake; when they did not achieve goals they had set themselves; when people were present in a professional role, such as an LMC or a well-child nurse; or if there was actual or perceived criticism from others. In these conditions parents acted in ways which resolved the situation as quickly as possible in order to minimise the discomfort they felt.

Implications of this study

The findings of this study contribute to national and international understanding about the daily experience of parents who are managing families with young children in a multicultural Western country. There are implications for health professionals, those involved in parenting education, and the community groups who interact with these families. These implications have particular relevance when viewing the findings in relation to the constitution of the World Health Organization (2006) to which New Zealand is a party. Principles which apply directly to families with young children include those affirming the importance of healthy development for children in an environment of change, and the importance of the public being informed and active in improving health in the community. The theory of ***Adjusting and Redefining Priorities*** provides a

vehicle for assisting these principles to be implemented for families with young children.

When considering these implications it is important to clarify that the theory has been constructed for use by families with young children and those who support them as well as for health professionals. It was developed to determine how families manage their day-to-day activities, what influences their management strategies and what can be enhanced and strengthened – for example, what resources are already present? ***Adjusting and Redefining Priorities*** is therefore a tool for working *with* families to assist them in ways that are meaningful, useful to them and will enhance their progress along the trajectory. The question for health professionals and other supporters of families with young children to be considering when using the theory is: whose priorities are most prominent – the observer's or the family's?

Implications for health professionals

Health professionals provide services to families with young children that are integral to maintaining and enhancing health and well-being during pregnancy and the early years of parenting when parents are learning to ***Adjust and Redefine Priorities***. Parents interact with health professionals for two main reasons – care provided as part of maternity and well-child services, and care provided when a family member has a health problem. This study has demonstrated that tensions arise when parents interface with the health system in both of these areas. In some cases, parental expectations of health professionals do not match the reality of the care provided. In others, advice from health professionals does not match the particular conditions in the family or the resources they have to draw on. Further difficulties arise when lines are blurred between professional monitoring of normal, healthy processes and notions of illness whereby clinical signs and symptoms indicate the need for intervention from health professionals.

Interactions between health professionals and parents are enhanced when professionals provide a service that emphasises a relationship rather than merely identifying health problems (Jack, DiCenso & Lohfield, 2005). Parents

who perceive that they are being judged or lectured are less likely to engage fully with health professionals (Peckover, 2002). For example, in the New Zealand context, Wilson (2001) raises concerns about how a potential lack of honesty between Plunket nurses and mothers may interfere with the partnership model in which care is supposed to be delivered in this country. There is also the potential that parents who are unable or unwilling to follow professional advice may feel vulnerable about interactions with health professionals; a situation that has implications for the quality and effectiveness of parent/professional exchanges (Jack et al., 2005). Although health professionals may use ***Adjusting and Redefining Priorities*** as an assessment and planning tool for family interventions, it is still necessary to find out how the family views their circumstances in order to find strategies that the family is willing to implement. In this way ***Adjusting and Redefining Priorities*** can be used as a tool to work *with* families; an approach with the potential to address the priorities of both health professionals and families. It is also an approach that fits with the Treaty principles of partnership, participation and protection whereby health professionals and parents can work together in identifying issues, planning strategies to protect and promote the family's well-being.

It is important that health professionals use their expert assessment skills and make evidence-based suggestions to enhance well-being in a family; however it is parents who ultimately decide whether to incorporate any such advice into their daily management activities. An understanding gained from the explanation of ***Adjusting and Redefining Priorities*** can be used to facilitate interactions between parents and health professionals with a view to enhancing communication and knowledge-sharing that will support families' progress along the trajectory. The findings from this study identify three key, generic messages for all health professionals who interact with families caring for young children.

First, health professionals should not assume that the advice they give will be prioritised beyond a family's existing guiding principles or that it will not interfere with strategies which are effective for managing the family. Even though health professionals may consider the advice they give to be useful or appropriate, parents generally make decisions based on what they know will work best for

themselves and their families. Health professionals need to remember that some parents may appear to be compliant or attentive when discussing health-related matters because they want to be perceived as “good” rather than being genuinely interested in the suggestions being made.

To enhance the prospect of health advice being implemented and effective it is important for health professionals to find out what is important to families with regard to their priorities and daily management strategies. If information gained from understanding how families ***Adjust and Redefine Priorities*** is integrated when discussing recommendations for a family member, strategies that are congruent the family’s existing management processes can be identified and fitted to the family’s circumstances. This has particular relevance when working with families whose worldviews and constructions differ from those of the health professional or organisation providing care, for example cultures with a collectivist perspective on family management (Masoe & Bush, 2009). In situations such as these Hartrick (1995) cautions health professionals to avoid viewing discipline-related beliefs as unquestioned truth. Using the elements of ***Adjusting and Redefining Priorities*** can assist health professionals and families in coming to a mutual understanding about proposed interventions and whether the family are willing or able to implement them.

The second message is related to the dynamics in a family which are constantly moving and can change quickly. Short and intermittent health professional interactions with families are unlikely to reveal a comprehensive picture of how the family is operating. Therefore issues which may appear problematic to health professionals, such as feeding or sleeping patterns, may only be temporary or the family may not perceive them to be a problem at all. An understanding of how families are ***Adjusting and Redefining Priorities*** can contribute to viewing potential issues within the wider context of how the family operates on a daily basis. In this way a child’s growth and development, and the family’s perceptions of happiness and balance, may provide a better picture of the family’s progress than a focus on particular parenting methods.

Third, health professionals are in a prime position to contribute to parental development by incorporating support, encouragement and a non-judgemental attitude when interacting with parents. These are the qualities which enhanced the progress of participants along the trajectory in this study. Participants were constantly trying to "do the right thing", gaining pride and confidence when they saw that their children were doing well. It did not take much for parents to feel anxious or unhappy if they thought that they were not making the right decisions. When there is limited time and a high workload, it is easy for health professionals to focus on problems in a family rather than take a more global perspective. Even if there are health issues to address, there will also be plenty of areas where parents are doing well and children are making progress. During appointments, the inclusion of affirming messages for parents, especially those who might be struggling, has the potential to promote their confidence which relates directly to how they view themselves in the parental role. Highlighting progress in areas of family management which parents have indicated they value highly is one way of giving encouraging feedback that is tailored to the circumstances of each family.

Lead maternity caregivers (LMCs)

LMCs are encouraged to consider the social processes parents experience during pregnancy and the immediate postnatal period, whether or not the baby is a first child. The additional perspectives parents develop involve a heightened sense of responsibility to "do the right thing" as they make decisions on behalf of their children. Although the consumer-based environment of New Zealand's maternity services encourages choice, partnership and parental involvement in decision-making, the process of choosing and working with an LMC can be daunting, especially for first-time parents. As parents embark on the process of ***Adjusting and Redefining Priorities***, they want to "get it right" - for their own confidence and to ensure that their babies are cared for well. In some cases, this may involve parents relying on the professional judgement of LMCs to guide decision-making when parents do not consider themselves to have the knowledge and experience to make some of the choices they are offered.

LMCs can contribute to a “fulfilling outcome” (New Zealand Government, 2007, p. 1033) from the birth experience by incorporating an assessment of the developing parental role into the care they provide. Discussions generated by such assessments would provide an opportunity for LMCs to gain understanding about the “guiding principles” which influence parents’ decisions and give insight into priorities they hold for themselves and their families. Such an understanding could then be used to inform professionals’ decisions in circumstances when parents indicate that they wish LMCs to act on their behalf. LMCs acknowledgement and support of the parents’ developing roles may also enhance communication between health professionals and parents, contributing to the building of parental confidence that they are Doing the Right Thing as they progress along the early stage of the trajectory.

LMCs can also support parents’ developing of additional perspectives by being clear about the services they can provide and any limitations on that care. Clarification of these areas would help parents to plan ahead and gather the resources they may consider important if these are not covered by the LMC agreement. This is particularly important in the perinatal and early postnatal periods when parental expectations of LMC support may not match the reality of what is available in areas such as infant feeding. Difficulties which arise for parents during this time can be a barrier to their developing confidence which then affects their progress along the trajectory. Discussion of LMC services should also incorporate consideration of the social support families are likely to receive from their networks of family and friends since this study has shown that such support is not guaranteed to be meaningful, useful or provided at all. Parents would be alerted to the potential that their social support resources may not meet their expectations. This would then provide an opportunity for parents to consider other ways of managing if family and friends were unable to provide the support which parents may have been expecting.

Well-child and other health professionals

Health professionals interacting with families beyond the newborn period are also encouraged to consider the social processes developing for parents and their children on a daily basis. The need to integrate an understanding of the way each family is ***Adjusting and Redefining Priorities*** remains for health

professionals who are providing advice and support. Difficulties participants experienced when dealing with caregivers were based on a lack of congruence between professional advice, parental intuition and parental experience. First-time parents were usually open to professional advice and willing to try what was recommended, even if it did not match with what "felt" right for them. Experienced parents weighed up what they had learned in the past and made decisions that would work for them. In both cases, parents were in the difficult position of deciding whether to act against official advice and therefore potentially "do the wrong thing". In the family where a child had complex health needs, health professionals' focus on the individual child did not appear to take into account that implementing their advice in a family context might have potential to disrupt the unit.

Health information is best provided in a manner which acknowledges parental autonomy. The consumer-based choices approach offered throughout maternity care should also be available for parents after birth. Presenting evidence-based practice information as suggestions, rather than the "rules" some participants perceived them to be would open opportunities for discussion. Research-based recommendations regarding healthcare and child development make an important contribution to extending parents' knowledge and this information should stretch beyond policy-based ideals to include topics such as formula feeding or alternative options for placing babies to sleep. If parents intend to acquire information on these subjects anyway, it is during interactions with health professionals that the relevant issues could be discussed and reliable information and resources provided. Parents would then have this consultation to draw on when making decisions rather than feeling anxious about censure if they choose not to follow the guidelines. For some families the use of alternatives may contribute to the overall function of the unit and would therefore be the "right thing" for them to do. Recommended guidelines for care of young children do not provide the continuous care in challenging conditions that parents are engaged in. Ultimately, society entrusts the care of children to their families, and parents are held accountable for their decisions. While health professionals may have worthwhile information to assist families in their roles, it is up to parents to decide if and when to use that information.

Implications for parenting education

Antenatal education classes are an opportunity for parents to learn some of the skills and knowledge that may assist them during late pregnancy, birth and in the early stages of parenting. They are also an opportunity for educators to communicate preventive health and well-being information (Dwyer, 2009). The challenge is in providing the information expectant parents are seeking while also highlighting areas which those parents may not consider important during pregnancy but which may be of great relevance in the early weeks after birth. While it is important for pregnancy and birth-related information to be presented and discussed, these classes also provide an ideal forum for parents to be introduced to the concepts of the trajectory.

There are a number of potential benefits from such an approach. Presentation of the trajectory concepts can be used to generate thinking and discussion within parenting couples about ideas, priorities and potential challenges related to managing their families. These matters are just as relevant for single parents. Explanation of the expected movement between phases would prepare parents for the reality that progress along the trajectory involves different strategies that depend on the circumstances that arise; it is not a matter of success or failure as a parent. Peaks and troughs are likely throughout the parenting journey. This point has particular relevance for parents who may have rigid ideas about the parenting experience they desire and expect.

With the variety of people who attend these classes, there is also opportunity to consider the diversity of approaches to parenting. This has two potential benefits. First, parents would become aware of such diversity and potentially some of the assumptions related to differing perspectives. Second, discussions of this topic may contribute to the building of relationships within the group which would be supportive in the early stages after birth. This was a time when participants in this study were particularly sensitive about being judged by others, especially parents at a similar stage to themselves.

Thinking ahead to the early weeks after birth is another potential use of the trajectory concepts which expectant parents might find useful. Understanding

the dynamics of some perspectives becoming more prominent than others for a while may encourage them to look beyond any early difficulties they might experience. Considering this timeframe is also an opportunity for parents to think about the support they might need, where that support might come from, and what the alternatives might be if their expected sources of support were not available. Furthermore, expectant parents could be prepared that the first experience of the preparing phase is likely to be longer than any subsequent returns to this phase.

Implications for community groups supporting families with young children

As explained throughout this thesis, families with young children do not always have the support of extended family, friends or a social network of some kind. In these circumstances community groups may be able to offer some assistance. Organisations such as La Leche and Parents Centre have been operating for a number of years, providing information, education and support in areas such as breastfeeding, matters related to normal child development and organising coffee groups. Many parents have found these opportunities to be useful in terms of both the information they gather as well as the social interaction involved. To take advantage of these services, however, parents usually need to travel to a venue at a set time on a set day while concurrently managing their young children unless they have been able to arrange childcare. Furthermore, the support that many families with young children need often occurs unexpectedly and is of a type not well catered for in the community.

What parents such as Sofia and Alice lacked was someone they could turn to for help, advice and encouragement in the absence of family or close friends. This reveals a gap in the social support available for families who may be immigrants, single or for whatever reason, not able to access assistance when the daily experience of parenting feels overwhelming. A potential solution is the formation of a voluntary parent mentoring service whereby experienced parents whose children are either older or fully grown would be linked with families who have little in the way of social support. Mentors and new parents would be matched to ensure that personal styles and parenting approaches were compatible. Additional criteria such as ethnicity or age could be specified by

either party if they wished to do so. The nature of the assistance provided by the mentor would be negotiated before the relationship developed to ensure that expectations of each person were clear. The prime object of the service would be to provide support and encouragement of parents with young children in the form of phone calls or visits. In this way experienced parents would use their accumulated knowledge and experience to help newer parents through difficult times or offer suggestions for managing issues arising in the daily experience of parenting. Churches and cultural communities are two examples of established societal groups which might be in a position to set up such a service for people in their local areas.

Limitations of the study and recommendations for further research

The participant group in this study was diverse, but it was small and is therefore suggestive of processes being used by New Zealand families rather than being definitive. Studying a larger group from a much wider cross-section of the population would provide data to develop and add complexity to the categories and processes constructed at this point. Suggestions for further research directions are proposed in this section.

All but two of the 24 participants were married or in a committed relationship. Other family forms where the theory could be used to explore and explain the daily management include families which are extended, grandparent-led, blended and fostering. The two single parents were in quite different circumstances. With the large number of single-parent families in New Zealand, further study of how the theory could be applied in these settings is recommended. Furthermore, how families are managed when single parents re-partner is another research avenue to pursue.

The majority of participants were women, even though an invitation to participate was extended to both parents in each family. Research to capture the perspective of fathers is therefore indicated to better reflect the wider community of parents who are currently raising young children. Participants were also all aged over 30, therefore research of younger parents would contribute to the breadth and depth of theoretical categories. All families were

living in urban areas so further study of families in smaller communities or rural areas is another avenue of inquiry that should be pursued.

Exploring the theory of ***Adjusting and Redefining Priorities*** within a range of New Zealand's cultural communities is another potentially rich research avenue to pursue. Most of the study participants were from individualistic cultures whereas many of the immigrant communities now established in New Zealand have a more collectivist perspective on families. In particular, the expected rise in birth rates amongst New Zealand's Asian population, as discussed in Chapter Two, merits further study of how those families are operating. All participants were also fluent in English and therefore theoretical development would benefit from including families where parents do not speak English. Little is known about how these families are managed. Researching families with more than one cultural heritage is also indicated, especially the ways in which the parenting couple manages culturally-based differences related to raising children. A further area to extend the theory in is families where parents are second or third generation descendants of immigrants to New Zealand. For example, are families of recent Pacific and Asian immigrants managed differently from families in those population groups with some history in New Zealand?

No parents in this study identified as being primarily Māori. There is potential for the theory to be explored within this group, but that is a matter to be considered within the Māori community if they consider that it would contribute to their existing knowledge about families and how they operate in their communities.

Most families in this study had no ongoing additional challenges to contend with beyond the expected ebbs and flows of the early parenting years. Theoretical development is therefore indicated in families such as those with chronically ill parents or children. New Zealand's high rates of families in poverty and those dealing with issues related to domestic violence or addiction are another important research direction to be pursued. It is unknown how the current theoretical constructions of ***Adjusting and Redefining Priorities*** apply in

situations where unpredictability and deprivation are continuously present in a family's daily experience.

Now that a core process and its relevant categories have been constructed to explain how families with young children develop strategies to manage their daily lives, the inclusion of families with older children is a further research direction to pursue. This would show how the theory shifts and changes as parents accumulate more knowledge and experience and as children develop and become more able to express their needs.

Health professionals who interact with families with young children are another group that would contribute breadth and depth to the theoretical constructs. Research to gain insight of their perspective would add richness and complexity with potential to enhance both their practice and the parenting experiences of the families they work with.

Rigour of the research process

Claims made in qualitative research must withstand scrutiny of the processes leading to those conclusions in order to make a credible contribution to existing knowledge. Critiquing the rigour of grounded theory (GT) is enhanced by the research process occurring concurrently with theoretical development (Charmaz, 1995a). The robustness of such a study is therefore built into it by researchers continuously returning to the data and the field as they check, refine and develop their theoretical concepts. These processes were explained in Chapters Four and Five as they relate to this study. In addition, Charmaz' (2006) criteria of credibility, originality, resonance and usefulness have been used to critique this study since they reflect the priorities of social constructivist grounded theory (SCGT) and they focus on making a meaningful and practical contribution to knowledge.

Credibility

Establishing the credibility of a SCGT study involves exploring the steps taken to maintain "confidence in the truth of the data" (Polit & Hungler, 1999, p. 427). Charmaz (2006, p. 182) extends the criteria to include demonstration that

"intimate familiarity" with the substantive field has been achieved and that theoretical claims are substantiated by sufficient data. She further advocates looking for "strong logical links" between data, analysis and argument. From these a reader should be able to independently assess the evidence presented and agree with the claims being made.

Familiarity with the study setting has been achieved in this research as evidenced by the member-checking process in which participants confirmed that my theoretical explanation of how parents with young children manage their families matched their own experiences. Academic colleagues with personal and professional experience of such families were also able to identify with the core process, categories and conditions which are explained by ***Adjusting and Redefining Priorities***. The rich description and variation of social patterns explained in the theoretical categories have provided enough data and examples to substantiate the claims being made. Furthermore, my supervisors have had access to the transcripts from interviews and have continuously challenged me to show how the data supports the constructions I have developed from analysis.

Originality

The originality of a SCGT study is judged on its ability to bring new insights to a field, providing fresh ways of conceptually rendering the data. Findings should demonstrate some social and theoretical significance by challenging, developing or refining existing knowledge and practices (Charmaz, 2006).

This study has located the experience of 24 parents in the contemporary context of New Zealand society, using concepts drawn from their own words to explain how they are managing their families with young children. The diversity of participants has demonstrated that a common core process could explain their actions while retaining their unique perceptions of the world which influenced their interactions with it. As demonstrated in the literature review, Chapter Three, no other study was identified that explains how the everyday family cares for its members and deals with the constant changes and challenges that occur throughout pregnancy and the first 3 years of a child's life.

The social and theoretical significance of the study is linked to its potential use in parent education and for informing the practice of health professionals. The core process and categories have been described in sufficient detail to encompass wide variation amongst families while still incorporating a structure from which educational and health-related materials could be developed. For health professionals, the use of existing knowledge about the transition to parenting, family dynamics and the health of parents and children can be tailored to the circumstances of each family. Doing so would give families opportunities to be actively involved in decision-making for themselves and it may also enhance the efficacy of suggestions made by health professionals when they interact with families.

Resonance

Resonance is the ability of a SCGT study to capture the fullness of the studied experience. This involves revealing both overt and tacit meanings in the experience of people in the substantive area and drawing links between individuals and larger societal groups or institutions. In particular, resonance refers to whether the theory makes sense to those within the field of study and whether it contributes further understanding to their experience of the world (Charmaz, 2006).

Member-checking established the resonance of this study as did my informal discussions with several other parents who confirmed the broad concepts of the theory and embellished their feedback with stories which were encapsulated by the categories and processes. Throughout the theoretical development I also met regularly with my two supervisors and a GT discussion group where my ideas were presented and debated. Questions and comments from these interactions were used in further constant comparative analysis when I reviewed the theoretical development. For example, I used feedback about an early version of the trajectory diagram by including two spiral figures to represent the concurrent core processes so that the diagram was more closely linked to the theoretical explanation.

Theoretical categories are comprehensive in their portrayal of the experience of parents with young children and supported by rich description which explains the variations and conditions related to each one. Links between individual parents and larger social groups have been made throughout the theoretical explanation and in the present chapter. Examples are the links between parents and their various cultural groups and links made between parents and health providers. Tacit and overt meanings are also evident. For example, the category of Doing the Right Thing revealed that these strategies were enacted with a view to parents' self-perceptions and the perceptions of friends, family, strangers and health professionals.

Usefulness

The usefulness of a GT is judged by its ability to provide interpretations people can use "in their everyday worlds" (Charmaz, 2006, p.183); the contribution a theory makes to existing knowledge; and its potential to generate research in other areas. Notions of "transferability" (Lincoln & Guba, 1985; Polit & Hungler, 1999) are a further dimension of a theory's usefulness, however Charmaz' (2006) view of "usefulness" has a much wider scope than merely applying a theoretical construct developed in one area to the action in a different field. If such a transfer is to be done, the onus rests with the person considering the shift to establish that sufficient data exists "to permit contextual similarity" (Polit & Hungler, 1999) that would support application of the theory in both fields.

The resonance that ***Adjusting and Redefining Priorities*** had with the parents I explained it to indicates the usefulness of this theory. When I suggested to one mother that it could potentially be used in antenatal education to assist parents with thinking ahead about caring for young children, she was very enthusiastic about the idea. The theory is also structured in such a way that it can account for families in a diverse range of settings. Component processes were evident in families from a range of cultures, income groups and ages as well as those which differed by relationship status and sexual orientation. This contributes to knowledge by providing rich data which adds complexity to the understanding of how families with young children are managing in contemporary social conditions. Furthermore, the theory is not constrained by being linked to a

particular point in time. It is framed to capture the dynamic qualities of families and therefore it has potential to remain continuously relevant and modifiable.

Adjusting and Redefining Priorities contributes to existing knowledge by drawing attention to the negative spaces (Daly, 2003) that exist for families with young children. It addresses Daly's call for theory to be more reflective of the everyday reality of families and to explain what families actually do. The theory also explicates how decisions are made in families; a gap in knowledge identified by the Ministry of Social Development (2004) in Chapter Three.

There is potential for the core process to be researched further in families beyond those with young children and also in other substantive areas. A colleague working with disabled people living with their families could relate the core process and some of its categories to some of her client families. Another colleague considered the core process to have been in action as she transitioned from a clinical field to an academic position. This suggests that ***Adjusting and Redefining Priorities*** has potential to be explored in other areas where people are experiencing major life changes.

In answer to Charmaz's (2006, p. 183) challenge, "How does [the theory] contribute to making a better world?", I argue that ***Adjusting and Redefining Priorities*** has "grab" (Glaser & Strauss, 1967) and practical applications for families, community groups, health professionals and institutions. It can be used to examine, explain and understand how parents with young children are managing their families on a daily basis. All of these activities have potential to promote an encouraging and supportive environment for the fundamental units of society which are raising the next generation of productive New Zealand adults.

Conclusion

The 24 participants in this study have contributed some of their parenting experiences to the construction of a theory which seeks to explain how they managed their families with young children on a daily basis. Each parent had a history and a biography which made them unique in their perspectives and their

decision-making, yet there were commonalities in their patterns of ***Adjusting and Redefining Priorities.*** For some parents, initiation of the trajectory they progressed along occurred years before birth while for others the timeframe was much shorter. In that time each parent began the process of Redefining Self, from the *personal* perspective, in preparation for taking on the complex and demanding role of caring for young children. As time went on additional perspectives developed from which parents viewed and interacted with the world as they progressed along the trajectory. From the *parent* perspective participants were Doing the Right Thing as they accepted and maintained a sense of responsibility for their children, learned the practical skills and knowledge they would need to provide that care and they developed an emotional bond with each child. As members of a *parenting unit*, participants negotiated with the other parent in the family while Working as a Team to address the practical dimensions of managing their families. Single parents found ways of addressing these activities according to their personal circumstances. Finally, from the *family unit* perspective parents endeavoured to Shape the Family in ways which developed a unique identity for the family, provided a structure that childcare and household duties could be managed in, and created an environment where family members felt secure.

This study contributes to existing knowledge about families with young children by explaining how each of the parental perspectives is linked with a dimension of the core process, ***Adjusting and Redefining Priorities***. Participants' concurrent holding of these perspectives was how they daily **Managed the Family** in order to meet the needs of themselves and each member of the unit in a variety of conditions that arose. It was also how parents maintained, promoted and restored a level of happiness and balance within their families.

The dynamic and responsive nature of this process enabled parents to continuously strive for the purpose of **Building Family**. In this environment family members had a sense of security and each member could be supported to grow and develop. Continuous interactions between all of these elements are how the theory can account for both the common patterns of behaviour occurring in families and also the unique qualities of each one.

When the diversity of contemporary families is considered, ***Adjusting and Redefining Priorities*** has a range of practical applications for developers of policy at national level, health professionals, community groups, informal social networks and parents of young children. These are the societal groups which can promote or disrupt progress along the trajectory for families. The theory is broad enough to accommodate variation in areas such as family form, cultural affiliation and income levels. Policies and resources of a general nature can therefore be developed with the daily function of families in mind. The theory can also be used more specifically when the focus is on a particular family. Challenges for a family could be identified in order to tailor assistance that is congruent with their individual circumstances and priorities. Strengths can also be identified which a family could enhance. In both cases, families could be supported to progress along the trajectory in ways which are meaningful and useful to them.

Families of participants were generally healthy. In most cases, their interface with the health system was focused on health maintenance and promotion rather than treatment of illness. This posed challenges for both the parents involved and the health professionals they interacted with due to expectations and assumptions about roles and resources. The theory of ***Adjusting and Redefining Priorities*** contributes to addressing those challenges by clarifying and explaining the social processes in which parents are engaged during the early years of parenthood, and illustrating how those processes are influenced by the wider structures of society. Parents and health professionals now have a framework to identify strengths that can be enhanced within families and the resources they can draw on. Areas where assistance may be needed can also be determined. A trajectory is now also available to illustrate how shifts and changes occur in response to the myriad conditions which families continuously face as they grow and develop.

The dynamic interactions of processes and perspectives comprising the theory demonstrate that parents with young children are daily managing their families in a context which is complex and demanding. Although the raising of children is part of every society around the world, for each participant in this study the

experience was far from ordinary. It was new and challenging every day, requiring them to continuously ***Adjust and Refine Priorities*** in order to achieve their uniquely-defined purpose of **Building Family.**

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Appendices

Appendix A: Approval of the Post-Graduate Board

AUT UNIVERSITY
TE WĀHANGA ARONUI O TĀMAKI MAKAU RAU

UNIVERSITY
POSTGRADUATE
CENTRE

Ref: 0106278

17 December 2008

Maria Carbines
6 Currie Avenue
Hillsborough
Auckland 1042

Dear Maria

Re: Confirmation of Candidature

The University Postgraduate Board considered your research proposal, along with submission from your primary supervisor, Dr Antoinette McCallin at their meeting held on 10 December 2008.

I am pleased to inform you that the Board has accepted the proposal and has confirmed your candidature in the doctoral.

As a recognition of this milestone, the University would like to provide you with your own AUT business cards for you to use when attending conferences and networking with other researchers. We have attached the 'AUT Business Card Order Form' for you to complete and return to us in the envelope provided.

The University will cover this initial printing expense, however, reprints will be at the candidate's expense. Please contact the University Postgraduate Centre when a reprint is required.

If you have any questions, please feel free to contact me.

Yours sincerely

mgwil

Martin Wilson
Manager, University Postgraduate Centre
martin.wilson@aut.ac.nz
+64-9-921-9999 ext 8812

cc
Dr Antoinette McCallin
Associate Professor Marion Jones

Appendix B: Summary of Participant Characteristics

Pseudonym	***Ethnicity***	***Age***	***Relationship status***	***Number of children***	***Work status***
Alice	European	43	Single	1	NW
Anne	European	34	Married	1	NW
*Debbie	Asian	39	Married	2	PT
Erin	European	31	Married	1	NW
Fran	European	33	Married	2	FT
*Jane	European	39	Married	1	PT
Jasmine	European	34	Single	1	PT
Jill and *Sam	European European	39 46	Married Married	1	NW FT
Jenny	European	31	Married	1	NW
Jo	European	32	Married	2	PT
Katie	European	34	Married	3	NW
Mary	European	31	Married	2	NW
*Matthew and *Ruth	Pasifika Pasifika	33 32	Married Married	1	FT FT
Molly	European	32	Married	2	PT
*Paul and *Miriam	Pasifika Pasifika	35 38	Married Married	1	FT NW
Peggy	European	38	Married	1	PT
Sally	European	31	Married	2	NW
*Sofia	Middle Eastern	33	Married	2	NW
Susan and Brad	European European	37 38	Married Married	1	FT FT
Toby	European / Māori	42	Civil union	1	PT

*Immigrant to New Zealand

NW: Not Working PT: Part Time FT: Full Time

Appendix C: Ethical Approval

MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To: Antoinette McCallin
From: **Madeline Banda** Executive Secretary, AUTEC
Date: 16 December 2008
Subject: Ethics Application Number 08/274 **Health and well-being of families with young children.**

Dear Antoinette

I am pleased to advise that the Auckland University of Technology Ethics Committee (AUTEC) approved your ethics application at their meeting on 8 December 2008. Your application is now approved for a period of three years until 8 December 2011.

AUTEC wishes to commend the researcher and yourself on the quality of the writing and reflection in the application as well as the quality of the researcher safety protocol.

I advise that as part of the ethics approval process, you are required to submit to AUTEC the following:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/about/ethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 8 December 2011;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/about/ethics. This report is to be submitted either when the approval expires on 8 December 2011 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at charles.grinter@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Madeline Banda
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Maria Carbines carbines@orcon.net.nz, maria.carbines@aut.ac.nz, Annette Dickinson

Appendix D: Participant Information Sheet

Participant Information Sheet

Date Information Sheet Produced:

November 15th, 2008. Updated contact details added on October 7th, 2009.

Project Title

The health and well-being of families with young children.

An Invitation

You are invited to participate in a study which will explore how families with young children in New Zealand manage health and well-being. My name is Maria Carbines. I have been a registered nurse for over 25 years with a particular interest in supporting families with young children in their role of raising our next generation of leaders, workers and parents. Currently I am a PhD student at AUT and I would like to interview adults who are primary caregivers in families with children who are aged three years or less. At this stage I am not seeking families who also have older children. Participating in this study is entirely voluntary. Anyone who does choose to participate is free to withdraw at any stage prior to completion of data collection.

What is the purpose of this research?

This research contributes toward my PhD qualification. The purpose of this study is to generate a theory which explains how families with young children manage health and well-being. Information gathered from participants will be analysed and formulated into a theory which can potentially assist professionals in the fields of health, welfare and education to both enhance the services that are currently offered and develop further strategies to support families who are raising children in the current economic and social environment. Community organisations who have an interest in supporting families can potentially also benefit from the research findings. Articles, presentations and publications will result from this study that will be available via professional journals and conferences. Articles will also be offered to family-level magazines so that the information generated by the study is available to the general public. At no stage will you be able to be identified in any reporting of this study.

How was I chosen for this invitation?

You have been invited to participate because someone who knows about the study has mentioned it to you or given you a flyer containing my contact details. People are being recruited for the study by word of mouth.

What will happen in this research?

If you choose to participate, I will negotiate with you to arrange a time and place for an interview. I am expecting most interviews to take approximately one hour, but some may take more while others may take less. If interviews look like going for longer than an hour I will ask your permission to continue. You are under no obligation to agree and can discontinue the interview at any stage. During our discussions I will be asking you to tell me about how health and well-being is managed in your family, with a focus on the children. These interviews will be audio-recorded so that later on I can analyse the information given. You will be given a copy of the transcript from your interview and will be offered a copy of the audio recording. I may also request permission to contact you again if I need further clarification or more detailed information. You are under no obligation to agree to any further contact. During the interview it would be preferable that children are not present while we are talking. We can discuss this if you choose to contact me for further information.

What are the discomforts and risks?

Some of the topics you discuss with me may involve a difficult or unhappy experience that has affected the ways in which you manage health and well-being in your family. Talking about situations such as these may cause emotional discomfort for some people.

How will these discomforts and risks be alleviated?

If you become upset as a result of recounting particular stories you are under no obligation to continue. The interview can be paused or terminated according to your wishes at the time. I will spend time talking with you to ensure that any acute discomfort is addressed. If you need any further assistance to meet a particular need that has surfaced as a result of the interview I will be happy to provide information on the relevant support services available should you request it.

What are the benefits?

There are several potential benefits for those who choose to participate. You have the opportunity to share your positive experiences and ways of managing health and well-being in your family that might assist others who are struggling. You also have the opportunity to give a first-hand account of any difficulties you are having, what is contributing to them and what would help to address them. When this information is collated and analysed as part of the wider study, it will contribute to a theoretical explanation of how health and well-being is managed by families in New Zealand who have young children. This framework can then be developed to enhance the work of professionals and community groups who aim to support these families. The benefits to me as the researcher are the gaining of a PhD and a deepened theoretical and practical understanding of issues related to health and well-being which are faced daily by New Zealand families.

How will my privacy be protected?

All participants will be allocated a pseudonym (false name) so that information they give cannot be directly traced to the person who gave it. Recordings and hard copies of interviews will be stored safely in a locked filing cabinet at my home and destroyed 6 years after the study is completed. Data and consent forms will be destroyed after 10 years.

What are the costs of participating in this research?

There are no anticipated costs to you except approximately an hour of your time.

What opportunity do I have to consider this invitation?

You can take as much time as you need to consider this invitation. If you contact me to indicate an interest in participating I will respond to answer any questions and make arrangements for an interview. Those arrangements will prioritise your needs with regard to date, time, place and childcare arrangements. If we agree on arrangements and these become unsuitable for you, I will be happy to renegotiate if you are still willing to participate.

How do I agree to participate in this research?

If you agree to participate, directly before the interview begins I will ask you to read and sign a consent form that records your agreement to be part of the study.

Will I receive feedback on the results of this research?

You will be given a copy of the transcript from your interview which you can check and alter before returning it to me for corrections. You will also be offered the opportunity to receive a copy of the voice recording. If you wish to receive a summary of the study results once the research has been completed and formally submitted I will note your contact details at the time of interview.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor: Dr. Annette Dickinson, annette.dickinson@aut.ac.nz ph: (09) 921 9999 ext: 7337.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, *madeline.banda@aut.ac.nz* , 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Maria Carbines, m.acarbines@xtra.co.nz; maria.carbines@aut.ac.nz; (027) 3314812

Project Supervisor Contact Details:

Dr. Annette Dickinson, annette.dickinson@aut.ac.nz (09) 921 9999 ext: 7337.

Approved by the Auckland University of Technology Ethics Committee on 08/12/08.
AUTEC Reference number 08/274.

Appendix E: Consent Form

Consent Form

Project title: ***Health and well-being of families with young children***

Project Supervisor: ***Dr. Annette Dickinson***

Researcher: ***Maria Carbines***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated November 15th, 2008.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ○ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ○ I agree to take part in this research.
- ○ I understand that I will be given a copy of the transcript.
- ○ I wish to receive a copy of the voice recording (please tick one): Yes No
- ○ I wish to receive a copy of the report from the research (please tick one): Yes○ No○
- ○ I agree to being contacted by the researcher to discuss a further interview (please tick one):

  Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

……..
……..
……..
……..

Date:

Approved by the Auckland University of Technology Ethics Committee on December 16th, 2008. AUTEC Reference number 08/274.

Note: The Participant should retain a copy of this form.

Appendix F: Transcriber Confidentiality Agreement

Confidentiality Agreement

For someone transcribing data, e.g. audio-tapes of interviews.

Project title: *xxx*

Project Supervisor: ***xxx***

Researcher: ***xxx***

- ○ I understand that all the material I will be asked to transcribe is confidential.
- ○ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ○ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature: .....

Transcriber's name: .....

Transcriber's Contact Details (if appropriate):
……..
……..
……..
……..

Date:

Project Supervisor's Contact Details (if appropriate):
……..
……..
……..
……..

Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted
AUTEC Reference number type the AUTEC reference number
Note: The Transcriber should retain a copy of this form.

Appendix G: Consultation with Pacific Adviser

February 20th, 2009

Had a highly illuminating talk over the phone with [name] who is from the same Pacific country as the participants I will be speaking with this week. She was contacted by [name] on my behalf and agreed to talk to me about cultural matters that may be relevant during my visit. She made the following points with regard to speaking with [name of Pacific Island] participants:

- Are they proficient in English?
- Be clear at the beginning regarding your purpose and why you are meeting with them. They will be very curious but may not be completely clear about what is being done and why. If you explain that it is for my PhD, to assist with my learning, and is not for anyone else, including being reported to agencies of some kind, they will be very pleased to assist.
- Direct eye contact is not a problem.
- They are unlikely to see me as being in a superior position to them as [Māori adviser] mentioned some Māori families may.
- Keep questions simple. Reword if necessary.
- Be careful regarding asking about personal aspects of relationships.
- If they beat around the bush with answers it will be because they either do not understand what you are asking or they are uncomfortable with the topic.
- The more educated people are more likely to comfortable with the experience.

Appendix H: Recruitment Flier

Is your oldest child aged 3 years or younger?

If the answer is “yes”, would you be interested in participating in a study that is exploring how families with young children are managing health and well-being?

My name is Maria Carbines. I am a registered nurse and a PhD student at AUT University. If you are interested in finding out more about this study and how you may be able to take part, please feel free to contact me on:

m.acarbines@xtra.co.nz
or
027 3314812

Appendix I: Consultation with Māori Adviser

October 18th, 2010 Māori participants – comments from [adviser]

I have been wondering whether to pursue the recruitment of Māori participants for the study. [Contact] has arranged two families for me to talk in his home community, but at the back of my mind I have the comments [supervisor] made months ago about "tokenism". I called [adviser] for some advice, making it clear that any cultural input from her would be formally recognised by me either in koha or a fee. The key points from that discussion are:

- How would Māori be defined? (Iwi? Hapu? Geographical? – shows disconnectedness)
- Will make a huge difference in the answers to the questions.
- What voice would it give to Māori?
- Are we only representing one view?
- What added value is there for Māori? For the research?
- Would readers think that two Māori families represented the only voice of Māori in New Zealand?
- Would it truly reflect what those people were saying?
- Consider why Māori have not responded.
- The Māori population is hugely diverse. There are great differences between urban and rural Māori families with the rural families being more traditional.
- Urban Māori parents do not tend to attend antenatal classes or coffee groups.
- Many urban Māori are not part of the urban marae that have formed. They seem to remain isolated and disconnected from both other parents and from their cultural support structures.

With regard to tokenism she said:

- It is tokenistic if we say "This is what Māori think".
- It is not tokenistic if we say, "This is one person's perspective".

I asked if the differences between Māori families' perspectives (a word [adviser] used all the time) were due to rural/urban residence, education levels, income levels, mixed heritage with other ethnic groups etc. [Adviser] said, "all of the above".

[Adviser] was also interested in the topic of my study because she is currently involved in focus groups as part of some research for the Ministry of Health regarding immunisation rates amongst Māori .

As [adviser] was talking I was struck by the congruence between what she was saying and the Charmaz GT approach of multiple realities, constructions and perspectives. I also found myself thinking that what she had to say about Māori was just as applicable to all other participants, no matter their ethnic origins. The people I have spoken to have represented themselves and their interpretation of their cultural understandings with regard to the components of the research question and developing theory. It is another reminder to refrain from generalising from the data I have and to keep the theory focused on those who provided the data. It will be in the discussion chapter(s) that "matters arising" can be explored further.

Appendix J: Theoretical Memo - Early Analysis

September 20th, 2009

"Intuition" keeps coming back as a contributor to decision-making. Where it fits is not at all clear at the moment, but it needs to be explored further. ("I don't know why" – Peggy with feeling like she had to get everything under control at home; Anne with being uncomfortable about strangers changing nappies for her child.)

"Doing the right thing" is very strong as a core category at the moment. I have been trying to draw a matrix as [supervisor] requested for tomorrow's meeting and I have put that at the centre with various boxes coming off it such as establishing own family identity; creating a new reality, the influence of parents' own childhoods, societal expectations, expectations of family and friends, maintaining balance, processing advisory information, being seen to be a "good" parent and providing a good/best start. All of these things are time-related, context-related and experience-related ie: if a parent has previous nursing, teaching, nannying experience or has had previous children, the skills and knowledge already held contributes to how they manage their children. At some stage, when categories are more defined I will have to look at influences such as age of the child(ren) and how the processes are affected when another child comes along.

Emotional cycling needs to be explored further, especially since balance seems to be a prominent feature of family management.

In preparing some notes for tomorrow I have sketched out some ideas about different relationships between various members within a family. In looking at the relationships between individual parents and their individual children I realise that, when I am only speaking with one of the parents, I cannot really ask how the other parent interacts with the child(ren) because what that person tells me will be an interpretation of what he/she sees.

Appendix K: Theoretical Memo - Late Analysis

March 10th, 2011
The question that needs to be answered here is:
How does <u>Adjusting and Redefining Priorities</u> link to learning in all of its levels of the trajectory?

Answer:
Priorities (right of precedence; greatest importance; primacy) are the various facets of life which participants consider to be important.

Throughout the various areas of focus, at any one time parents perceive some to be more prominent than others, often one is the most prominent.

For parents of young children a lot of skills and knowledge have to be gathered, assessed, implemented and re-assessed.

This process cannot be slowed to a manageable and convenient pace that supports the parent's learning style and speed of knowledge acquisition. Theoretical learning can be done in advance but practical learning cannot.

It has to be done "on the job", often without notice and also often within parameters that are outside a parent's control (eg: parental or child illness, rate of child's development, limits of normal infant physiological needs for food, warmth, sleep etc.).

This leads to demands on parents regarding the amount and quality of sleep they have, time to themselves etc. which influences their ability or interest to learn and perceptions of their performance in all perspectives.

In order for parents to address their perceived needs in all perspectives they need to develop knowledge and skills which support favourable outcomes in each perspective.

For first-time parents in particular, the perspectives within which they are least experienced and knowledgeable are *self as parent* and *member of a parenting unit*. These are the perspectives where **considerable** amounts of ***learning*** have to be done.

To assist with this process in the early period after birth, other perspectives tend to receive less attention for a while. In many instances, *self as a parent* is prioritised over all other perspectives.

Potential tensions can occur here due to:

- The different rates of learning for a parenting couple as well as different perceptions of how things should be done and why. As a result of the limitations of ***learning*** described earlier, parental tiredness and the effort involved in finding effective soothing, feeding and other infant-care skills can overshadow the adult relationship the couple have previously prioritised and nurtured. (The working parent can often feel left out because he or she has less opportunity than the at-home parent to pick up the requisite knowledge and skills).

- The lack of time, opportunity or inclination individual parents have to pursue and enjoy facets of their pre-parental life (hobbies, employment, socialising, sleeping in, pleasing themselves) leads to parents perceptions of *self* as being sorely neglected and suffering from neglect

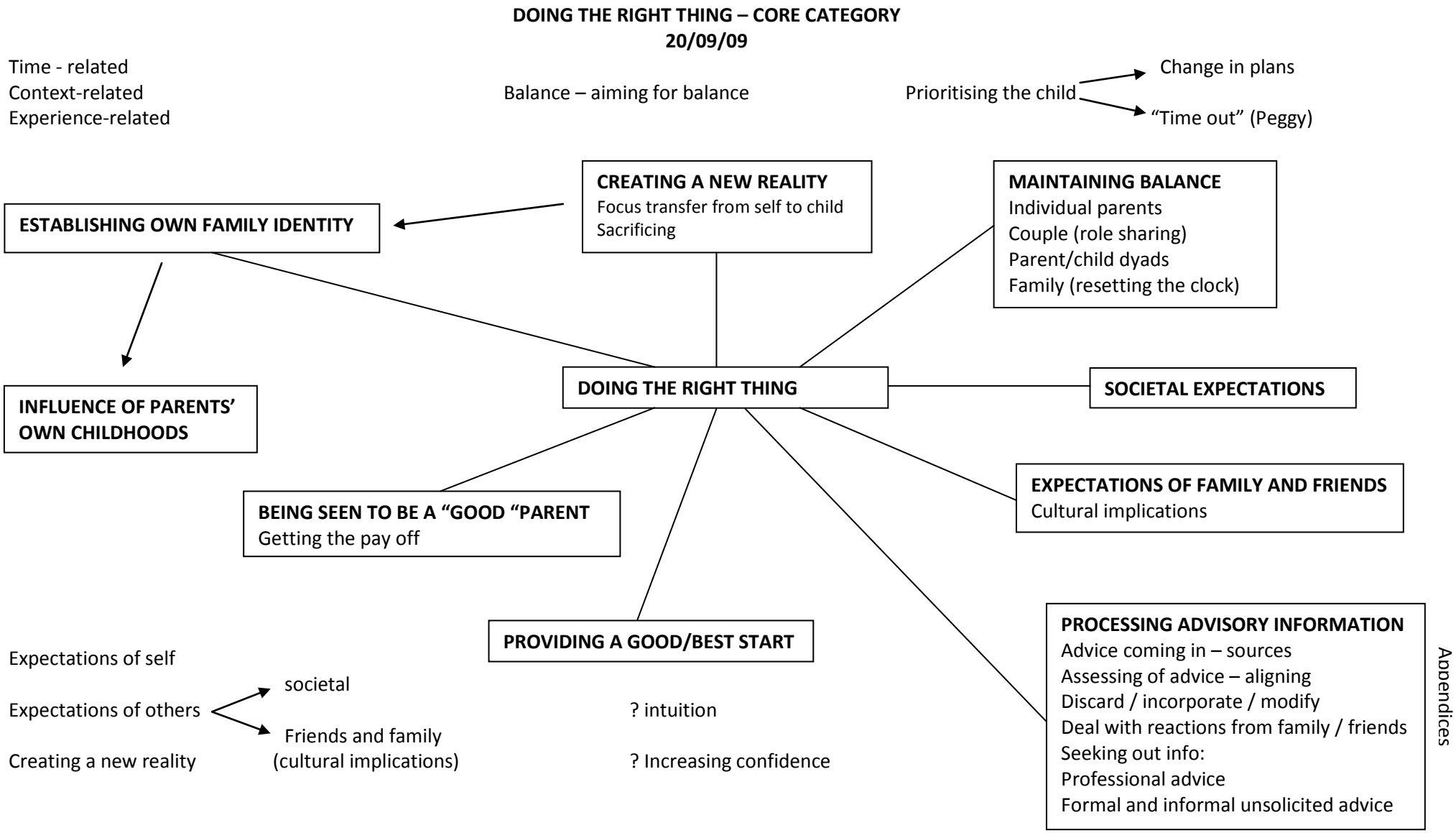
For experienced parents, an amount of ***learning*** has to be done for each additional baby in the family, but their existing knowledge and experience generally expedites this process and the family has achieved a level of balance and comfort in a much shorter time than first-time parents.

For experienced parents whose additional child has characteristics with which they are familiar, considerable ***learning*** is required again to accommodate the needs of the child within the needs of an established family.

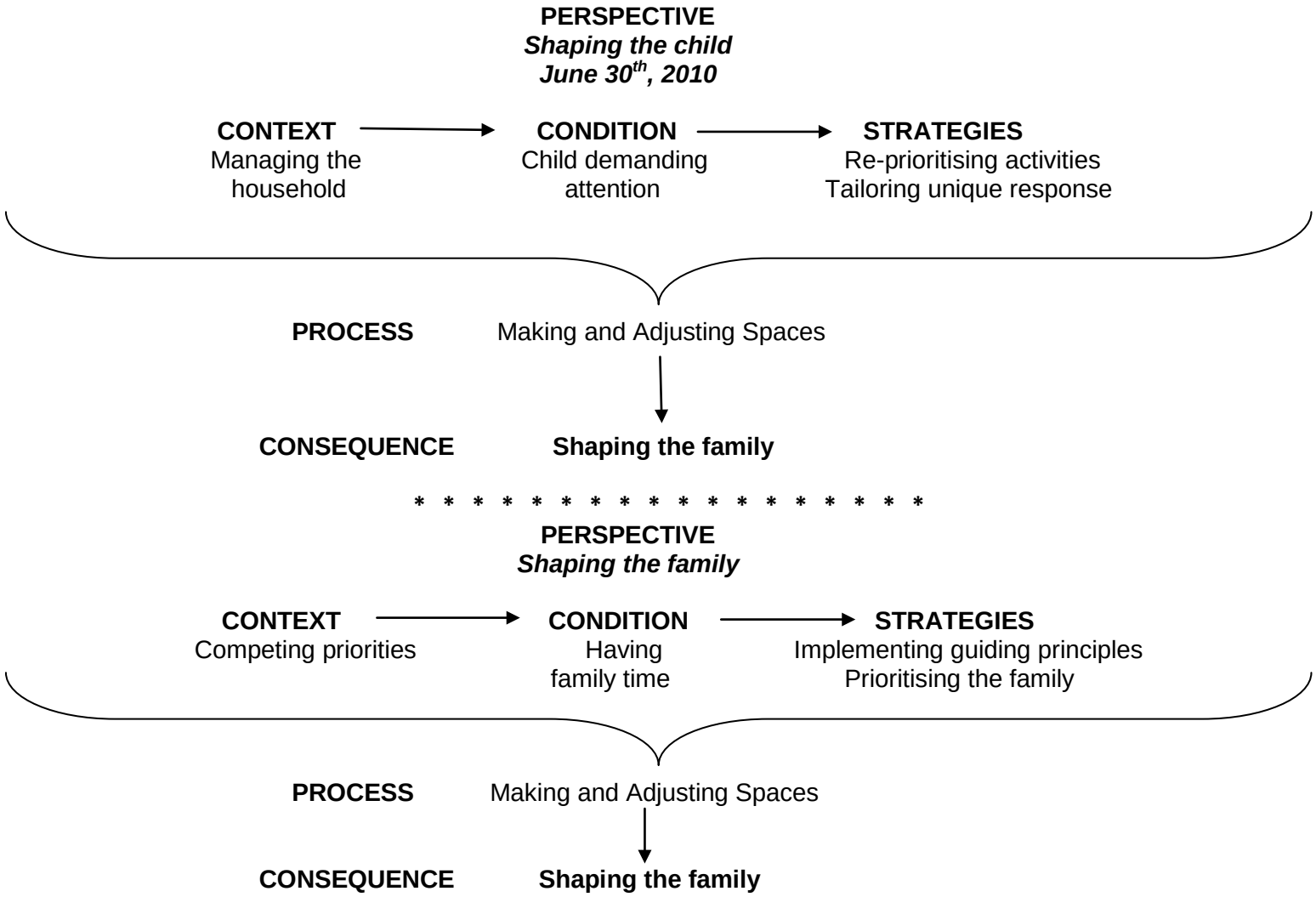
For first-time parents whose child is born with unexpected needs (eg: Jane) the considerable ***learning*** they undertake incorporates both the special needs ***and*** all of the expected knowledge and skills that other first-time parents are acquiring. They don't know any different (Jane and Mary) and they don't have other children to consider.

Summary: Parents of new babies have to develop new perspectives and acquire knowledge and skills quickly and in circumstances outside their control. To do this they have to prioritise *self as parent* over the other perspectives while they are undergoing considerable ***learning***. This can lead to tensions when needs are not being addressed, particularly with regard to *self* and *member of a parenting couple.* Once their ***learning*** has reached a level that supports favourable outcomes for the unit and each member in most circumstances, focus can be shifted to other perspectives where ***learning*** can contribute to development in those areas in ways which enhance the overall function of the family. ***Adjusting and Redefining Priorities*** supports parents' ***learning*** by assisting them to focus on areas of high importance and to find ways of achieving desirable outcomes in each perspective.

Appendix L: Diagram - Doing the Right Thing

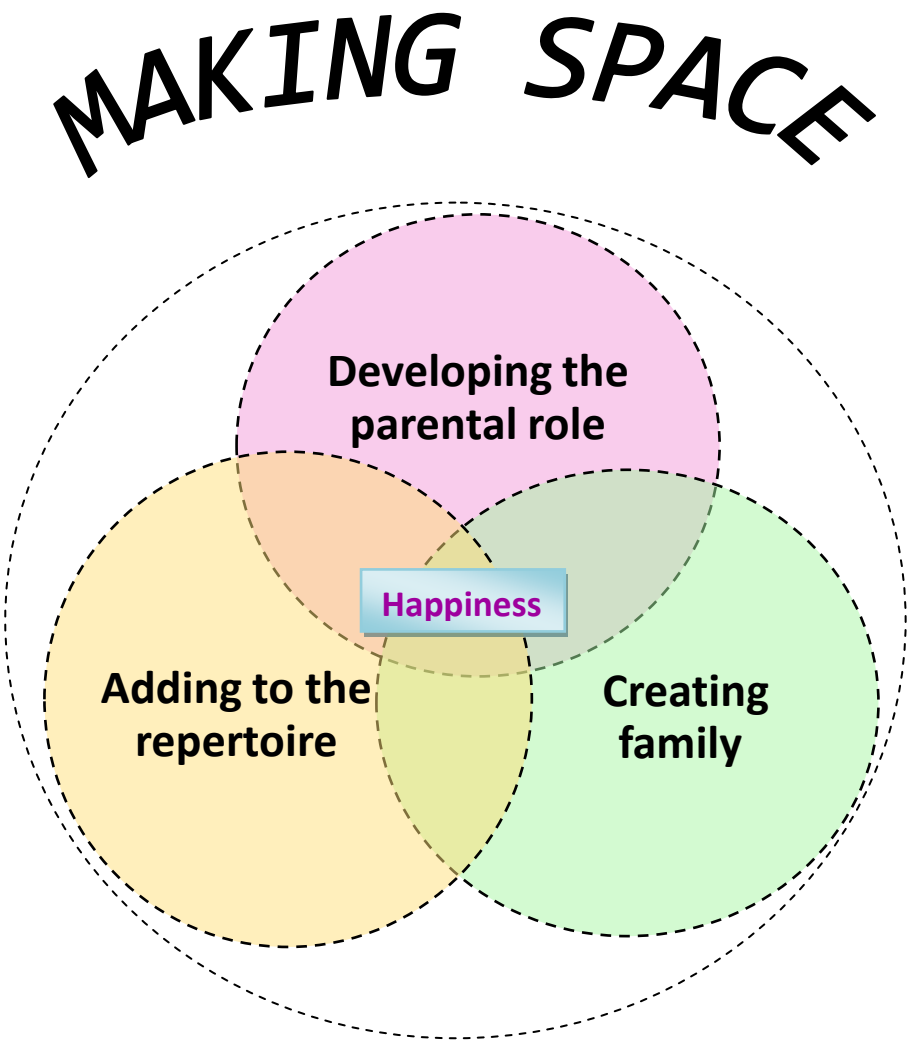

DOING THE RIGHT THING – CORE CATEGORY
20/09/09
Time - related
Context-related
Experience-related
Balance – aiming for balance
Prioritising the child
Change in plans
"Time out" (Peggy)
CREATING A NEW REALITY
Focus transfer from self to child
Sacrificing
ESTABLISHING OWN FAMILY IDENTITY
MAINTAINING BALANCE
Individual parents
Couple (role sharing)
Parent/child dyads
Family (resetting the clock)
INFLUENCE OF PARENTS' OWN CHILDHOODS
DOING THE RIGHT THING
SOCIETAL EXPECTATIONS
BEING SEEN TO BE A "GOOD "PARENT
Getting the pay off
EXPECTATIONS OF FAMILY AND FRIENDS
Cultural implications
PROVIDING A GOOD/BEST START
PROCESSING ADVISORY INFORMATION
Advice coming in – sources
Assessing of advice – aligning
Discard / incorporate / modify
Deal with reactions from family / friends
Seeking out info:
Professional advice
Formal and informal unsolicited advice
Expectations of self
Expectations of others
societal
Friends and family
(cultural implications)
Creating a new reality
? intuition
? Increasing confidence

Appendix M: Dimensional Matrix


PERSPECTIVE
Shaping the child
June 30th, 2010
CONTEXT
Managing the household
CONDITION
Child demanding attention
STRATEGIES
Re-prioritising activities
Tailoring unique response
PROCESS
Making and Adjusting Spaces
CONSEQUENCE
Shaping the family
* * * * * * * * * * * * * * * * * * *
PERSPECTIVE
Shaping the family
CONTEXT
Competing priorities
CONDITION
Having family time
STRATEGIES
Implementing guiding principles
Prioritising the family
PROCESS
Making and Adjusting Spaces
CONSEQUENCE
Shaping the family

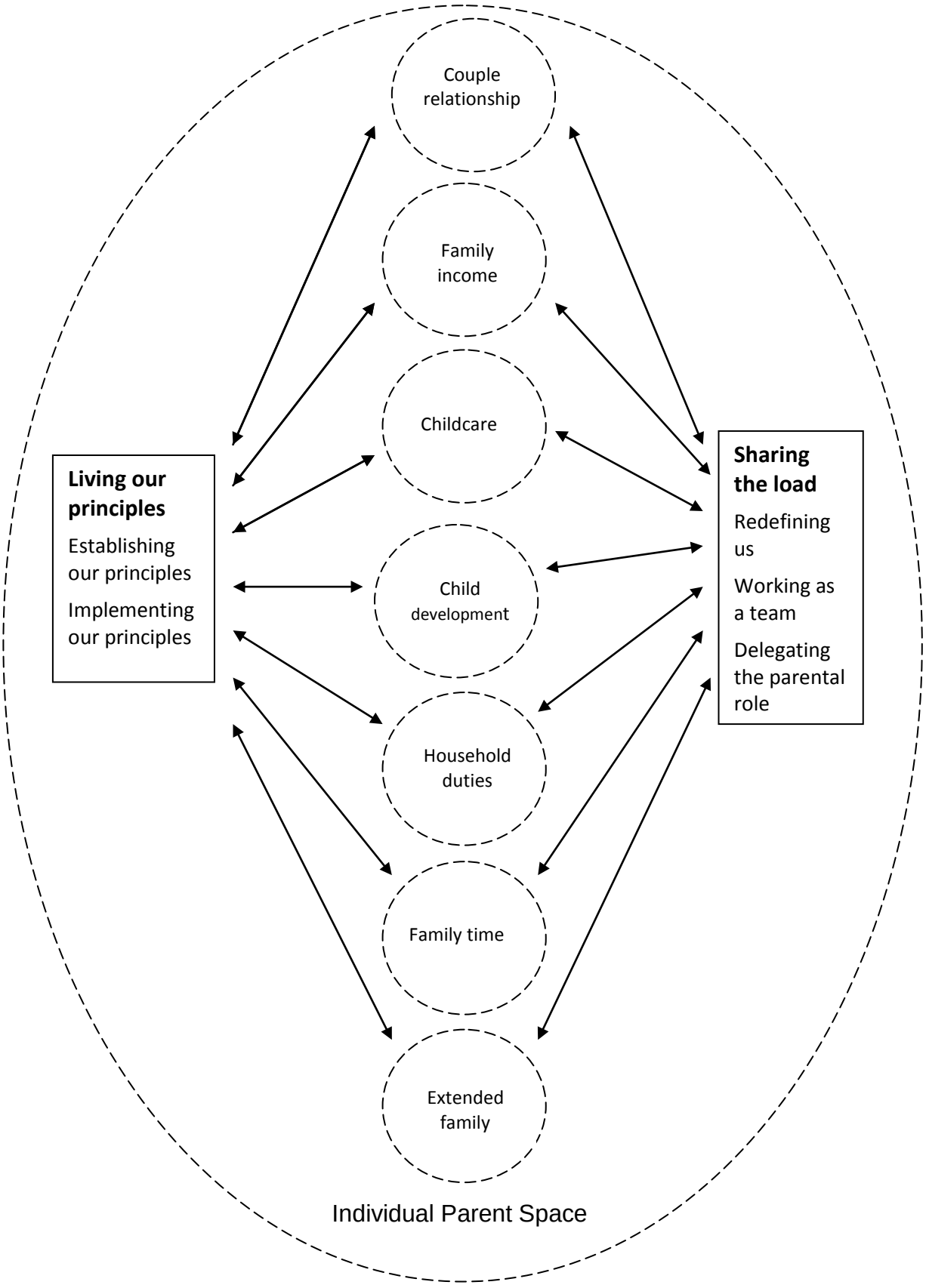
Appendix N: Diagram - Making Space

Conceptual relationships diagram
May 4th, 2010



Appendix O: Diagram - Component Spaces

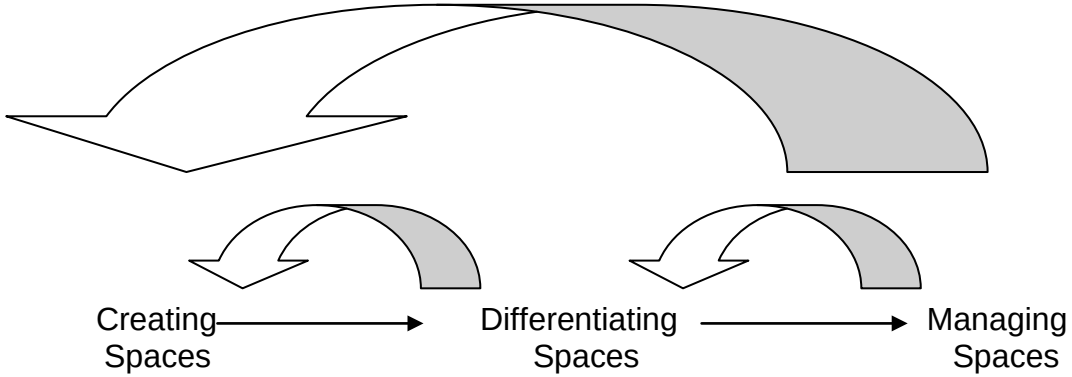
SHARED PARENTAL SPACE - *January 6th, 2011*
Examples of Component Spaces interacting with strategies in each category



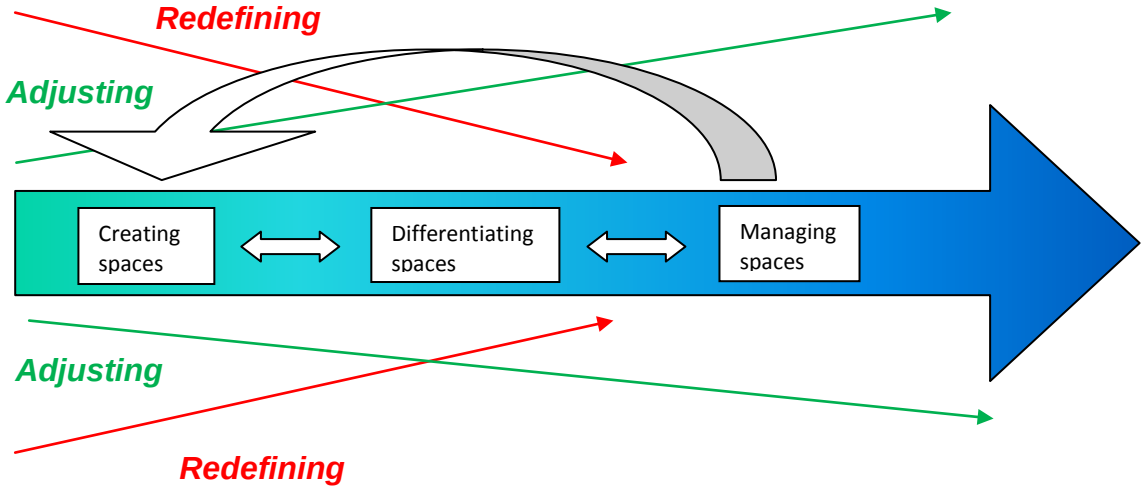
These represent spaces that are defined ***internally*** within the family unit. Another diagram will be required to locate the ***externally*** defined influences that are mediated by the core process of ***Adjusting and Redefining Spaces***

Appendix P: Diagrams - Development of Trajectory

January 6th, 2011



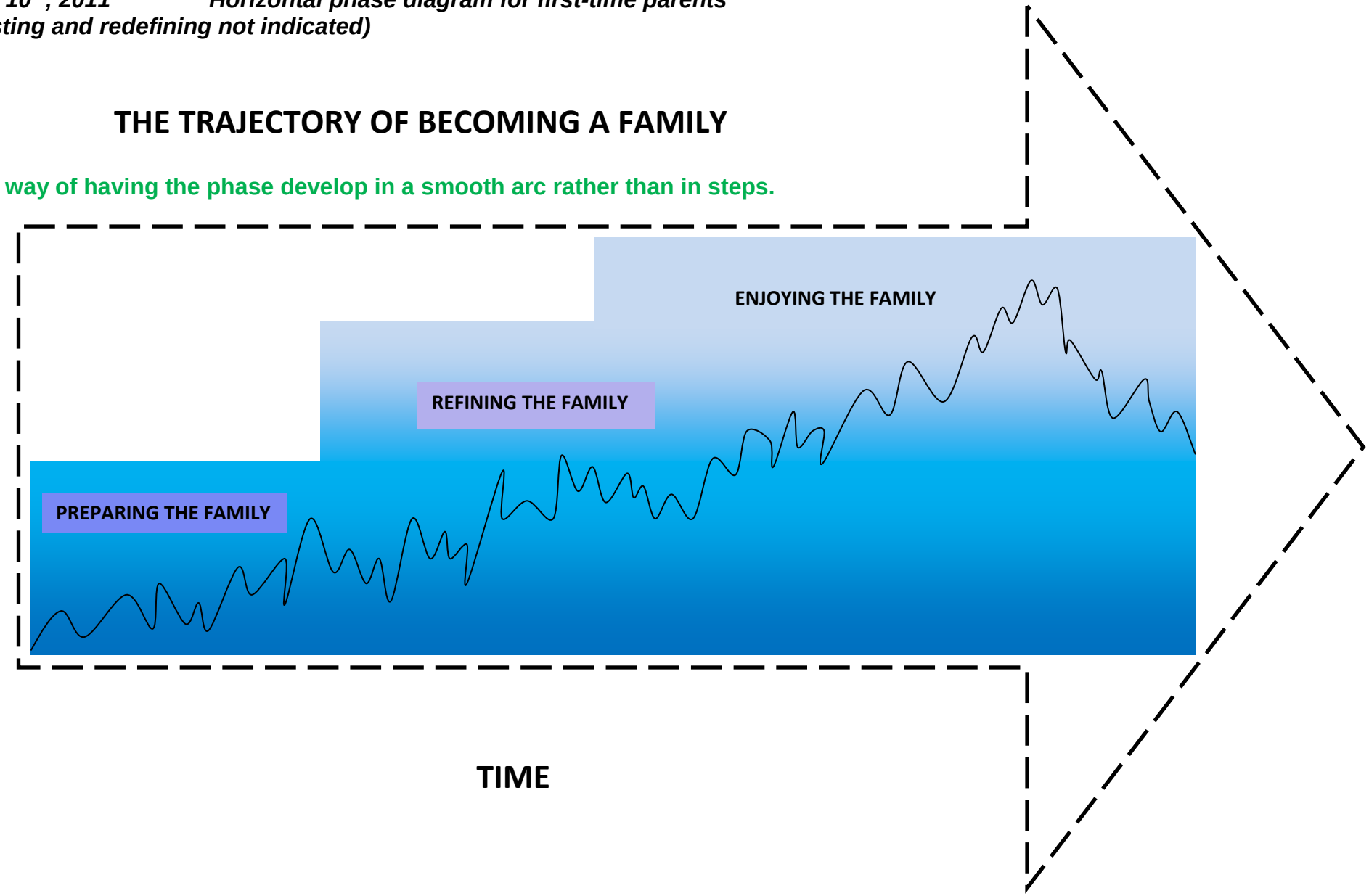
Trajectory of ***Adjusting and Redefining Spaces*** (3) ***January 7th, 2011***



March 10th, 2011 *Horizontal phase diagram for first-time parents*
(Adjusting and redefining not indicated)

THE TRAJECTORY OF BECOMING A FAMILY

Find a way of having the phase develop in a smooth arc rather than in steps.



Appendix Q: Theory overview diagram

Figure 6.3 Theory overview diagram