The Meaning of Parenting for Vulnerable Families Participating in a Home Visiting Programme: A Critical Ethnomethodological Study

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Certificate of Authorship

I hereby declare that this submission is my own work and to the best of my knowledge and belief, understand that it contains no material previously published or written by another person, nor material that to a substantial extent has been accepted for the award of any other degree or diploma at Charles Sturt University or any other educational institution, except where due acknowledgement is made in the thesis. Any contribution made to the research by colleagues with whom I have worked at Charles Sturt University or elsewhere during my candidature is fully acknowledged.

I agree that this thesis be accessible for the purpose of study and research in accordance with normal conditions established by the Executive Director, Library Services, Charles Sturt University or nominee, for the care, loan and reproduction of thesis, subject to confidentiality provisions as approved by the University.

Name: Jane Caldwell

Date:

Signature.............................................................................................................
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Paid Editorial Assistance

During the final stages of thesis preparation, paid editorial assistance was obtained from Elite Editing. Elite Editing was provided with a copy of the final draft for proofreading. The assistance they provided related to identifying issues relating to language, grammar, spelling and punctuation, consistency and completeness of style. Such recommended changes were made in line with the Australian Standard for Editing Practice (ASEP)–Standard D–Language and Illustrations and Standard E–Completeness and Consistency. Where advice was provided on matters relating to structure (as per ASEP Standard C–Substance and Structure), only exemplars were provided and no specific changes were made. Elite Editing did not alter or improve the substantive content or conceptual organisation of the thesis. They had no similar academic specialisation to the author.
Abstract

Parenting is complex and rarely predictable. Parenting practices represent the intersection of multiple, interacting and mutually dependent circumstances, and parents must call upon multiple ways of knowing to enact the role of parenting. Every parent is different, each with unique qualities and each facing different challenges in their parenting. Limited previous studies on parenting within vulnerable families have taken a ‘deficit’ approach, with vulnerable families being compared to what is considered the normative standard of high and middle-class families. No research was found on the meaning of parenting for vulnerable families. This critical ethnomethodological research sought to identify through critical analysis the meaning of parenting for vulnerable families participating in a home visiting programme. This research approach was selected to examine the phenomena within its unique social setting, as it is congruent with the current philosophies of nursing that incorporate the principles of holism and humanism. Social ecology was the conceptual framework chosen to guide the study, as it is concerned with progressive change in families, recognises the need to meet families at their edges of understanding and action and acknowledges their past and present relational efforts.

Two in-depth interviews with each of the 20 participants (families) were conducted to collect the data. Participants included parents who had at least one child and were the primary caregivers of their children. Data was collected by semi-structured interview. The constant comparative method was used to analyse the data. The findings indicate that the meaning of parenting for vulnerable families is shaped by past and present life experiences. These experiences included the impact of previous involvement with child protection services as children, and the resultant hypervigilance in parenting. Preconceived prejudices and judgements of their vulnerability by health providers made the
families’ journey in self-identity and parental identity development arduous. However, with their self-identified positive parenting role models, motivation and determination, the families developed healthy self-efficacy as well as parental self-efficacy to become confident parents who revelled in their parenting role. The families in this study all sought a better future for their children, were extremely resourceful within their community and were the true experts on their own needs.
Chapter 1: Introduction

If there is anything that we wish to change in the child, we should first examine it and see whether it is not something that could better be changed in ourselves (Jung, 1939, p.185).

1.1 Introduction to the Study

1.1.1 Research Aim

This research study aims to explore and illuminate the meaning of parenting for vulnerable families participating in a home visiting programme. By exploring vulnerable families’ meaning of parenting, it is expected that better understanding of their parenting values and preferences will result, enhancing evidence-based practice for all professionals working with vulnerable families.

This first chapter introduces the research study. The research question is identified, the purpose of the study stated and an overview of the content and structure of this study is provided. The issue that has generated the need for this study is my own personal and professional desire to understand the meaning of parenting for vulnerable families. It was believed but not known that the meaning of parenting for vulnerable families would be generated from a variety of familiar but potentially distressing elements, as well as from empowering and liberating experiences. While the elements and experiences are alluded to in the literature, how they affect the meaning vulnerable families give to parenting has until now been unknown in the child and family health professional practice domain.

In my many years of clinical practice as a maternal and child health nurse, I have been privileged to work with vulnerable families in outreach settings. I have observed that health professionals and service providers perceive parenting in vulnerable families to incur negative effects on children. Parents in vulnerable families are often labelled as hopeless or useless (by professionals,
when they believe they are speaking privately). Understanding how they came to be in a vulnerable situation is not often explored and they are left to languish by the very professionals and service providers whose responsibility it is to provide assistance and support to the family.

Further, health professionals often believe that vulnerable families’ ability to participate in the provision of quality parenting care to their children is compromised simply because of their vulnerability. However, in my clinical practice I have witnessed warm, down-to-earth approaches to parenting and willingness from parents to improve or make changes in their parenting so that their children have better parenting experiences than they did. I have also recognised that for some vulnerable parents there might be a willingness to make parenting changes, but a lack of self-esteem or confidence about how to achieve such changes prevents them from occurring.

1.1.2 Research Question
It is in response to my clinical observations outlined above that this research study was proposed and undertaken, to answer the following research question: what is the meaning of parenting in vulnerable families participating in a home visiting programme?

It was anticipated that exploring and uncovering the meaning of parenting in vulnerable families may involve parents revisiting aspects of their own childhood that they did not have happy memories of. This required careful ethical consideration prior to the commencement of the study, to ensure any potential for participant harm or distress was minimised. However, this was not to be a story about bad parenting but rather about the journey to good parenting in vulnerable families, a journey deserving of research attention. It has become the story of how the meaning of parenting in vulnerable families is generated from developing knowledge and skill in the presence of adverse circumstances. It is also the story of vulnerable parents who possess amazing personal
emotional resilience and use this, together with personal guided mastery, to become confident and competent parents.

Families may be perceived as vulnerable for a variety of reasons. They can be sole parents, teenage parents, have Indigenous or culturally diverse backgrounds, be in rural or remote communities, or be refugees (Liamputtong, 2013). Families can experience social or economic difficulties and often have high levels of need, facing complex problems or challenges. Some vulnerabilities are brief but others on-going (National Childcare Accreditation Council, 2009).

Risks exacerbating family vulnerability come from a range of sources, including factors associated with the environment within which they are parenting (the family, community, peers and wider society) and factors intrinsic to them as parents (including, but not limited to, chronic ill-health, addictions, disability, age and temperament) (Goodfellow, 2006; McDonald, 2010).

Many factors influence children’s development: parenthood is the common pathway to childhood caregiving, development, adjustment and success. The fit is neat because childhood is the phase of the life cycle when parent-provided experiences are believed to exert their most significant and salient influences (Bornstein, 2004; Linke, 2004). Not only is the sheer amount of interaction between parent and child greatest at that time, but childhood is when humans are particularly susceptible and responsive to external experiences. Parents are the individuals that exert the most profound influence over the development of their children, for good or ill. Good parenting provides a safe environment for the early years, providing positive experiences that boost healthy brain development and a protective cocoon against sources of stress and harm (Moran & Ghate, 2005). The vast majority of parents wish to do their best for their children, although not all have the knowledge, skills and resources to meet their developmental needs.
Every day, more than three-quarters of a million people around the world experience the joys and heartaches, the challenges and rewards of becoming new parents (Linke, 2004). Despite the fact that most people become parents and everyone who has ever lived has had parents, parenting remains a somewhat mystifying subject, about which almost everyone has opinions, but on which few people agree (Bornstein, 2004). One thing is certain: it is the principal and continuing task of parents in each generation to prepare children of the next for the physical, economic and psychosocial situations in which those children must survive and thrive.

Much has been written regarding vulnerable families with poor social supports, making limited or no use of community support services and who are at increased risk of poor parenting outcomes (Fram, 2003; Ghide & Hazel, 2002; Afford, 1987). These aspects will be explored in depth in the literature review. However, as the literature review will discuss, research evidence on vulnerable families, regarding what parenting means to them, does not exist. To address this gap, this research project sought the narratives of families from a group whose voices were previously unheard and unpublished. The participants were invited to share their stories, to uncover the meaning of parenting for them as vulnerable families.

As so little is known about the meaning of parenting in vulnerable families, it was important that the research study was guided by an approach that would uncover and illuminate the meaning as it holds relevance to the participants. For these reasons, critical ethnomethodology was selected to guide the study. A critical ethnomethodological research approach was selected to examine the meaning of parenting in vulnerable families. The research approach is congruent with the current philosophies of nursing, which incorporate the principles of holism and humanism. The methodology chapter will demonstrate how ethnomethodology evolved as an approach used to explore and uncover
how members of a group generate sufficient meanings, concerning their involvement in normal daily activities within their common culture. It explores the activities of group members to discover how they make sense of their surroundings, and specifically examines how individuals give sense to and accomplish their daily activities. In everyday circumstances, people use common sense knowledge that is considered practical and is shaped by the person’s past and present realities (Cuff, Payne, Francis, Hustler & Shamrock, 1984). Parenting is conducted within a social setting of community, and is a commonplace occurrence (Bornstein, 2004). Parenting is a socially constructed role that is influenced by a wide range of personal and contextual factors interacting in complex ways. Vulnerable families use a common sense approach to their parenting and are resourceful in their extenuating circumstances (Beauregard, Obliging & Bell, 2009).

In this study, I needed to develop a sense of the participant’s knowledge, history and social context as a starting point if I were to access and ascertain multiple meanings. Meanings vary according to their context and where the participant may stand at that given time. Allen, Banner and Dickelmann (1986) agree that sharing meanings can give rise to additional knowledge as a shared experience, and this in turn makes those meanings explicit. By authenticating meanings, understanding is located in the conversation and practices of the participants. As stated, vulnerable families are a group who are rarely heard, and more often than not, portrayed negatively. To gain a deeper understanding of meaning and to ensure that I did not present a narrow investigation of what the participants said, did or felt, a wider social critique was undertaken. This was accomplished using a critical stance informed by Fay (1987) and Held (1980).

A critical stance was taken not to critique the participants’ meanings or experiences, but to allow the best opportunity to capture the participants’
multiple meanings. A critical stance provided the means to examine how social structures exist within families, and how and why relationships become lived out in everyday practices and understandings (Jones, 1989). Most importantly, a critical stance provided and promoted a process of self-enlightenment for the participants. Self-enlightenment can lead to research participants being empowered to share their stories; the flow-on effect is that research participants’ voices are heard and valued (Allen, 2013; Fay, 1987). This research provided an opportunity to access meanings of parenting for the research participants as they were being lived, reflected upon and changed (Allen, 2013).

Social ecology was the conceptual framework chosen to guide the study, as it is concerned with progressive change in families, recognises the need to meet families at their edges of understanding and action, and acknowledges their past and present relational efforts. Using a social ecology framework to research and work with vulnerable families is not new, and the influence of social ecology on families has been traced to Cicchetti and Toth (1997; 2005), Mulligan and Hill (2001) and Gordon (2000). I established that using a social ecology framework in this research project would encourage what Mulligan and Hill (2001) and Gordon (2000) have described as the nurturing of imagination, the design and redesign of proactive individual and collaborative initiatives with the participants.

A social ecology framework also complemented the critical stance used in this research study and described by Fay (1987) and Allen (2013), and promoted a process of self-enlightenment for the participants so that they became empowered to share their stories and have their voices heard and valued. Alongside these important contributions, other advantages for using a social ecology framework emerged. These included providing an opportunity to go beyond the immediate to the underlying assumptions, values and worldviews,
The meaning of parenting in vulnerable families

as well as making space and time to articulate and understand similarities, differences and meanings (Cicchetti & Toth, 1997; 2005). These aspects are congruent with the philosophical tenets of critical ethnomethodology.

The processes of data collection and analysis were guided by the critical ethnomethodological method developed by Garfinkel (1967). The data collected was thick, rich and descriptive, as it was derived from interviews with the participants from vulnerable families who were sharing their meaning of parenting. Analysis of the data involved a two-step approach for constant comparison, adapted from Goodwin (2000), Lofland and Lofland (2011) and Lynch (1993), and involved initial coding, which was primarily descriptive and summarised the data. Analysis moved into focused coding as the initial codes shifted deeper and more abstract codes emerged (Gray, 2009). Focused coding provided the second stage of classifying and assigning meaning to pieces of information in the data analysis process.

The focus of analysis was on uncovering recurrent themes from the interviews, in order to produce the most valid interpretation possible (Gray, 2009). From the analysis, deeper and deeper layers of understanding of the meaning of parenting for vulnerable families were revealed. This understanding is expressed in three major themes: fear of retribution, identity, and the journey to confident and competent parenting. The themes are presented in the findings chapters, alongside exemplars provided by the participants. Discussion is rich with participant exemplars and the literature, which is in keeping with the essence of ethnomethodology.

1.2 Organisation of the Thesis

The introductory chapter has outlined the topic of this research and identified the research question: what is the meaning of parenting in vulnerable families
participating in a home visiting programme? The aim of the study has been briefly explained, my clinical background and its role in the genesis of the study has been made transparent and the structure of this study outlined.

Chapter 2 provides a descriptive and integrated background to the research study through an examination of the literature relating to parenting, parenting styles, quality of parenting, successful parenting and parenting programmes and vulnerable families.

In Chapter 3, the study’s philosophical background is explained. Ethnomethodology is introduced as the structure on which the research study has been developed. The evolution of ethnomethodology is presented, as well as a discussion of the reasons for adopting a critical stance for the study. After an extensive search, social ecology was selected as the framework upon which to build this critical ethnomethodological study. The reason for rejecting the initial conceptual framework of social justice is discussed. The explanation for choosing the alternative conceptual framework of social ecology upon which to build this critical ethnomethodological study is presented in Chapter 3.

Chapter 4 details the research approach and methods used. The research process is described. The chapter includes an explanation of the phenomena, sampling and participant access, data collection, data analysis, rigour and ethical issues.

Prior to the discussion of the study findings, in Chapter 5, the study participants are introduced, together with a snapshot of their parenting experiences. The uniqueness of each family is uncovered and enables insight into what it means to be a parent for the families. This is particularly important as this study examines what it means to be a parent in vulnerable families. In ethnomethodology it is vitally important that the reader knows (as much as possible, through the use of narrative) the participant and feels that they can
identify with their world. To protect participant confidentiality, any identifying data has been deliberately blurred, but in a way that does not affect the truthfulness of the participant’s life experiences. Gender was not changed when identifying data was blurred.

Chapter 6 is the first of three chapters in which the findings of the study are presented and discussed. In keeping with the essence of the ethnomethodological foundation of the study, the findings are presented with exemplars from the participants; discussion is presented alongside the literature; and the threads of social ecology (family, neighbourhood and community) are woven into the discussion. Chapter 6 describes participants’ fear of retribution in their parenting. The participants’ experiences of early involvement with child protection services, and how this resulted in hypervigilance in their parenting, is described. Their perception of being judged and disrespected by health care providers from the beginning of their parenting experience is critically explored, and the impact of these factors on shaping their current meaning of parenting is discussed.

Chapter 7 describes the negative societal and family influences that many participants experienced growing up within a vulnerable family. The impact of these influences on their identity, development and shaping of their parenting is uncovered. The experience of parenting their own parents (known as ‘parentification’), and how this shaped their meaning of parenting, is also explored in Chapter 7.

The journey to confident and competent parenting is the topic of Chapter 8. This chapter describes the development of self-efficacy and parental efficacy, and how this positively affected their ability to confidently and competently parent their children. Participants’ emerging belief in their ability or self-efficacy to parent their children in a confident and loving manner is discussed.
The majority of participants embraced the keys to developing healthy self-efficacy and parental efficacy, including motivation, determination, trust, respect and positive role modelling through personal guided mastery, to bring meaning to their parenting. These are described in Chapter 8.

The ninth and final chapter presents recommendations emerging from the study. The extent to which the research aims have been achieved will be discussed, and the key strengths and limitations of the study are reviewed. Suggestions for future study are discussed, and final words regarding the study are presented.

The thesis now continues with an integrated review of the literature, describing the broader concepts of parenting and parenting programmes. It will identify gaps in the published literature relating to the meaning of parenting in vulnerable families, which will form the base of this research study.
Chapter 2: Literature Review

If we think about it, save for the vagaries of birth, errant biology, class and status, or simply circumstance, we are all but a half step away from the ‘other’ families we describe as in need of service or ‘at risk’. In the final analysis, it is not ‘us’ and ‘them’. It is all of us. Together (Whittaker, 1997, p. 138).

The aim of this study is to explore and illuminate the meaning of parenting for vulnerable families participating in a home visiting programme. In considering the nature of the potential responses to, and consequences of, the meaning of parenting in vulnerable families, an appreciation of the existing literature relating to parenting is important. Hence, publications relating to vulnerable families, parenting, parenting styles, quality of parenting, successful parenting, parenting programmes and vulnerable families are examined in this chapter. To better understand the interaction of these dimensions, I have chosen to examine some different ways in which parenting in vulnerable families is conceptualised, how it is formed and what the key influences upon it are. This literature review seeks to address these areas.

2.1 Overview of the Search Process

A descriptive and integrated review of the literature was undertaken. The preliminary literature searching strategy utilised a variety of databases in the disciplines of nursing, education, social work and medicine. Cross-discipline searches were implemented, with the aim of negotiating the potentially isolating barriers of specialist discipline boundaries. The searches were international in scope, with a key focus on Australian, British and American publications. Databases accessed included: CINAHL, Medline (International), Educational Resources Information Centre (ERIC), Educational Research Abstracts Online (ERA), A+Education Australian Education Index (AEICINAHL) and
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Cambridge Scientific Abstracts (CSA Illumina-social sciences). In addition to the databases and search strategies mentioned above, items were hand sourced from reference lists of articles, from Google Scholar, conference papers, Government and Non-Government reports. Exclusion criteria related to age of item (older than 20 years, unless they were a seminal work), items that related only to middle and higher-incomes families and items that had no positive or negative application to vulnerable families. Sourced literature was limited to English language publications and seminal works and primary sources were resourced from 1967 through to 2014. However, there was a scarcity of contemporaneous literature (published since 2012) on the meaning of parenting in vulnerable families. Current literature included in the review relates to service engagement and parenting strategies with vulnerable but there was no literature relating to the meaning of parenting in vulnerable families. Descriptors were chosen with the aim of generating a broad variety of relevant publications, hence keywords utilised included: vulnerable families, parenting, parenting style, quality of parenting, parenting capacity, parenting programme for vulnerable families, learning and education, in multiple combinations.

The literature review had a number of purposes, including to describe previous research relevant to the proposed study, to identify unanswered questions, to establish if this issue had been considered by others to be problematic and/or important, to inform the research design for this study and to identify gaps in the literature. Researching the literature around vulnerable families and parenting revealed that a clear imbalance existed. There was a plethora of literature available on parenting in middle and upper-middle-class families, but very little on parenting and vulnerable families. The research evidence regarding parenting and vulnerable families is limited. This is partly because most of the studies have focused on effective parenting interventions and parenting support services, and their effectiveness for those who use them. There are few studies on those who did not make use of services or who
dropped out of programmes, and limited information that evaluated the relative merits of different methods of engaging vulnerable families (Katz, LaPlaca & Hunter 2007).

All families today have their share of unavoidable problems, including the vastly changed environment of parenting, the lack of precedents on how to manage the changes and the differing views between generations about how children should be brought up. Further, there is a superabundance of conflicting advice on parenting from grandparents, books, magazines and radio and television programmes (Wood & Davidson, 2003). Most parenting studies have focused on effective parenting interventions and parenting support services, and their effectiveness for those who actually used them. There are few studies of those who did not make use of services or who dropped out of programmes, and we are only in the early stages of evaluating the relative merits of different methods of engaging vulnerable families (Katz et al, 2007).

2.2 Vulnerable Families

Vulnerable families, like all other families, are complex and diverse. The reasons behind their vulnerability, although able to be generalised at some levels are also specific to each family (Cahir, 1999). Although vulnerability is an individual (family) experience at one level, it is also, to a very real extent, socially constructed. Evidence of this is in the intractability of vulnerability, that it crosses generations and is seen most often in particular groups within the community. Vulnerable families often experience problems that reduce their capacity to function effectively. This can lead to poor outcomes for children in childhood and later in life (Jacobsen et al., 2002). Parental problems identified as leading to a family being classified as vulnerable include criminal behaviour, substance abuse, accommodation difficulties, poverty, unemployment, violence, abuse and neglect, as well as a lack of social support. Within vulnerable
families, individual family members may also experience learning difficulties, mental health issues, severe depression and parental experiences of abuse in their own childhoods. Many of these issues will be intergenerational and occur across parts and ‘branches’ of the family (Jacobsen et al., 2002; Barrett, 2008).

It is difficult to arrive at a tangible definition of vulnerable families from the literature (Liamputtong, 2013). Within the literature, there is diverse thought on what constitutes a vulnerable family. There is consensus from the majority of authors that vulnerable families consist of four distinct classifications, these being: the invisible or hidden, under-represented, service resistant and families who do not access services (Barrett, 2008; Cortis, Katz & Patulny, 2009; Liamputtong, 2013; Watson, White, Taplin & Huntsman, 2005). The invisible are those families who are overlooked, hidden or unable to articulate their needs. The under-represented are the marginalised, disadvantaged or socially excluded families. The service resistant are those families unwilling to engage with service providers, the suspicious and the over-targeted or disaffected families known to social services agencies. Finally, the families who do not access services include those living in areas where services are either not available or not easily accessible (Barrett, 2008; Cortis et al., 2009; Watson et al., 2005).

Families may be perceived as vulnerable for a variety of reasons. They may be sole parents, teenage parents, have Indigenous or culturally diverse backgrounds, be in rural or remote communities or be refugees. Families can experience social or economic difficulties, and often have high levels of need, facing complex problems or challenges. Some vulnerabilities are temporary and brief, others on-going. It is important to remember that a child from a family with a characteristic of vulnerability is not automatically at risk of harm (National Childcare Accreditation Council, 2009). Vulnerable families, like all families, have infants born into their social world and their survival depends on
their successful integration into it. From this perspective, the family can be seen as a holding environment for the developing infant. This sounds simple enough; however, one of the greatest challenges for professionals working with parents or infants is to try to grasp the complexity of issues in families raising children in their ever-changing neighbourhoods, communities and family structures.

Every day, more than three-quarters of a million adults around the world experience the joys and heartaches, the challenges and rewards, of becoming new parents. Despite the fact that most people become parents, and everyone who ever lived has had parents, parenting remains a somewhat mystifying subject about which almost everyone has opinions, but about which few people agree (Bornstein, 2004). One thing is certain: it is the principal and continuing task of parents in each generation to prepare children of the next for the physical, economic and psychosocial situations in which those children must survive and thrive.

It is well established that the family represents an early, pervasive and highly influential context for development, particularly in the years before children begin formal schooling (Parke & Buriel, 2006). Throughout the world, parents are the primary individuals entrusted with the important task of raising and socialising children to become culturally competent members of society (Bornstein & Lansford, 2010). The quality of parenting and the parent-child relationship have been repeatedly implicated as correlates of positive child development. The attachment relationship that develops between child and parent has been a focus of much of this research, and the association between a secure or insecure attachment and a wide range of behaviours associated with competence and maladaptation has been well documented (Cassidy & Shaver, 1999). Through the presence of a secure attachment figure, children develop the tools to deal with stress and regulate their emotions. Aside from attachment, there are a number of other ways that parents both directly and indirectly influence their children’s social development. Through direct interaction with
children, parents teach and impart skills and knowledge, and shape behaviour through reward and punishment. Parents provide the earliest context for a child’s development and shape many aspects of the daily context that their child will experience, including access to a particular peer group, educational setting, and cultural and recreational opportunities (Masten & Shaffer, 2006). This process is recognised as parenting (Parke, 2002).

2.3 Parenting

Hoghughi (1997) believes that parenting has core elements. These include providing care, which constitutes meeting a child’s need for physical, emotional and social well-being and protecting them from avoidable illness, harm, accident or abuse. Having control is being able to set and enforce appropriate boundaries, and understanding a child’s development is realising the child’s potential in various domains. To be an effective parent, Hoghughi (1997) argues that parents need to know how their child’s care needs can best be met, appreciate their child’s developmental potential and know how to interpret their child’s cues and to protect them from sources of harm. A parent must possess motivation to protect and to sacrifice personal needs, as well as have both material and personal resources and the time and space to parent their child. Parenting has long been considered a task that encompasses meeting a child’s needs in the areas of social, communication and emotional expressiveness and disciplinary control (Rutter, 1985). Woodcock (2003) believes that parenting is situated within a relationship that is multiply determined; that is, affected by a wide variety of factors. The interaction of these determining factors in increasing risk or acting as compensatory buffers is crucial to an understanding of the parenting process (Woodcock, 2003). The purpose of parenting is to facilitate the child’s optimal development in health, social and emotional development (Reder, Duncan & Lucey, 2003).
Within the literature there is general acceptance that one of the most crucial roles of parents is to ensure the successful socialisation of children (Teti & Candelaria, 2002). It cannot be disputed that for socialisation to proceed in a positive direction, the basic needs of children must be met by their parents. The provisions of sufficient nutrition, adequate shelter, protection from dangers and access to opportunities for socialisation are parental responsibilities that contribute to a child developing and thriving in their world (Patterson & Hastings, 2007). The consensus in the literature is that in vulnerable families, the most detrimental impact on provision of socialisation is the lack of financial resources (Brooks-Gunn & Duncan, 1997a; 1997b). When families are deprived or impoverished, the difficulties of children’s socialisation are multiple. These difficulties include poor nutrition, lack of appropriate healthcare and inadequate housing (Brooks-Gunn & Duncan, 1997a; 1997b; Bradley, 2002). Vulnerable families have greater exposure to and experience of community or family violence, and direct victimisation by physical abuse or neglect (Bolger & Patterson, 2003; Bradley, 2002).

Research has consistently shown that parents with low incomes and less access to resources have poorer socialisation practices (Brooks-Gunn & Duncan, 1997a; 1997b; Bradley, 2002; Bolger & Patterson, 2003). Studies conducted by Bradley, Corwyn, McAdoo and García Coll (2001) and Bradley (2002) found that financially impoverished families were less likely to be able to offer their children access to enriching opportunities, compared to children from more affluent families. Children from low socioeconomic families were less likely to live in homes containing many books, less likely to have access to music or works of art, and less likely to visit libraries and museums (Bradley, 2002). Offord, Boyle and Jones’s (1987) study of children growing up in socioeconomically disadvantaged families revealed an increase in adjustment difficulties and poor literacy levels, which led to problematic behaviours. The effects of socioeconomic stress on children are likely to be at least partially
mediated by effects on parents and their parenting (Hoff, Laursen & Tardif, 2002; Ross, Roberts & Scott, 1998). Another factor that appears to be important to socialisation efforts is the stability of the child’s environment (Adam, 2004). Children who experienced more separations from their parents or constant residential moves were more likely to have adjustment problems (Adam & Chase-Lansdale, 2002). Multiple residential moves were often associated with lack of finances and family disruptions, such as separation or divorce of parents, so may be risk factors for poor socialisation. Families who provided stable environments appeared to be at an advantage to those in less stable homes (Wood, Halfon, Scarlata, Newacheck & Nessim, 1993). Lack of finances, transient housing and unstable parental relationships are often characteristics of vulnerable families (Arney & Scott, 2010). While Cassidy and Shaver (1999) and Baumrind (1973) agree that the above-mentioned issues impact a child’s socialisation, they believe that the quality of parenting can have a wider reaching negative effect on child socialisation.

Parenting researchers such as Deci, Eghrari, Patrick and Leone (1994) and Deci and Ryan (2004) argue that parenting styles, as well as the quality of parenting, are the key components of raising children. They argue that through these two processes, parents teach their children norms, behaviour and social skills. Parenting encompasses the provision of care directed at children’s physical, emotional and social needs, and the two key tasks of parenting are nurturance and socialisation (O’Connor & Scott, 2007). The actual activities undertaken by parents vary considerably between different social groups and between the individual, and as a result, there are many different views of what makes for good parenting.

Bronfenbrenner’s (1979) ecological model of human development provides insight into the key theories relating to the study of parenting, and his model remains relevant to contemporary parenting epistemology. Bronfenbrenner’s
(1979) ecological model adopts a systems approach and provides a framework for understanding how factors impinge upon parents and children within a four-level hierarchy. Bronfenbrenner (1979) explains these levels as the family (micro-system), the individual (meso-system), the socio-cultural (macro-system) and the community (exo-system). He describes a pathway of influence moving from the distal or social and community factors to the more proximal family and individual factors.

Bronfenbrenner (1979) combined aspects of sociology and developmental psychology to view relationships between individuals and their environments as mutually shaping. He explains the individual’s experience ‘as a set of nested structures, each inside the next, like a set of Russian dolls’ (Bronfenbrenner, 1979, p. 22). These nested structures commence with the micro-system, which Bronfenbrenner (1979) refers to as the level within which a child experiences immediate interactions with other people, such as the child’s parents and the home environment. This system is the innermost level, the one closest to the child and parent, and the one that the parent and child are in direct contact with. This layer has the most immediate and earliest influence upon the parent and child. The meso-system refers to the interrelationships among settings, such as the home, child care and schools. Bronfenbrenner (1979) believes the stronger and more diverse the links among settings, the more powerful an influence the resulting systems will be on parents’ involvement with the child. The macro-system is the interlocking social forces shaping human development, and includes such things as economic recession, war and technological changes that may produce such change. Finally, the exo-system refers to the quality of interrelationships among settings, influenced by forces in which the child does not participate, but that have a direct bearing on parents and other adults who interact with the child. These can include the parental workplace and social service agencies (Bronfenbrenner, 1979).
Bronfenbrenner’s theory has been instrumental in demonstrating how different contexts of parents’ and children’s’ lives are interconnected. Drawing on Bronfenbrenner’s work, Belsky and Vondra (1989) propose that the determinants of adequate parenting arise from three sources, the first being the parents’ own developmental history and resultant personal psychological resources. The second source is the family and child characteristics, and the third source is the contextual foundations of stress and support. Belsky and Vondra’s (1989) work encourages service providers and health professionals providing parenting support to families to appreciate that parenting is comprehensible within a context and consists of a complex web of interacting, interdependent factors.

They implore service providers to understand factors associated with one level of the ecological model; factors at the other levels must be explored. Further, to understand parents, Belsky and Vondra (1989) suggest that the children of parents must also be understood. They stress that parents and children influence each other in a bi-directional way. Understanding parental ecology and bidirectionality are critical if an insight into how and why parents in different circumstances behave differently is to be gained. Parenting style refers to how a parent behaves around their children.

2.4 Parenting Styles

A parenting style is not determined by individual events; it is defined by a parent’s pattern and the demeanour in which they engage with their children. Years of research on childhood development, attachment theory and family dynamics has resulted in four distinct types of parenting style (Baumrind, 1971; 1991). The focus of parenting style is two-fold, the first being the degree to which a parent emphasises empathy, support and the parent-child relationship (warmth), and secondly, the degree to which a parent emphasises discipline,
obedience and parental authority (firmness) (Baumrind, 1971; 1991). The four parenting styles identified in Baumrind’s research include the authoritative, authoritarian, permissive and uninvolved. Authoritative parents are both demanding and responsive; authoritarian parents are demanding and directive but not responsive; permissive parents are more responsive than demanding, and uninvolved parents are neither demanding nor responsive (Baumrind 1971; 1991). The style of parenting has a profound impact on the outcomes of children exposed to the different parenting styles.

The four parenting styles are diagrammatically represented in Figure 1.

![Figure 1. Parenting styles (Source: Baumrind, 1991)](image)

Authoritative parents are both demanding and responsive; their parenting style is distinctive in that it encourages children to be self-starters, independent
decision makers and autonomous individuals. Parents actively support their children by providing rationale for their requests and recognising and discussing the feelings of their children. They offer choices for their children to foster decision-making skills, and minimise the use of controlling techniques such as conditional affection (Joussemet, Landry & Koestner, 2008).

The authoritative parental style has been found to correlate positively with positive emotional outcomes. Studies conducted by Joussemet et al. (2008) and Luyckx, Soenens, Goossens and Vansteenkiste (2007) found this parenting style to have positive effects on children’s self-regulation, achievement, social skills, academic adjustment and identification with major life choices, such as career paths. Authoritative parenting style has been linked to the emergence of adults who possess a healthy integrative regulation of emotions and an increased level of exploration (Roth, Assor, Niemiec, Ryan & Deci, 2009). Children raised by parents using this parenting style understand the reasons behind parental requests, as they are explained to them. This is said to encourage the child’s perception of personal responsibility. Authoritative parents provide consistent support to their children and as a result, children develop the ability to regulate their emotions and make self-directed, autonomous decisions (Joussemet et al.; 2008; Luyckx et al., 2007).

The authoritarian parenting style is sometimes referred to as the military parenting style. A parent puts an emphasis on obedience and usually has very strict family rules. An authoritarian parent is usually more concerned about the child doing what they say, and focuses less on the opinion or desires of the child. Some strictly authoritarian parents see children as lesser people than adults and believe that children should be seen and not heard (Roth et al., 2009; Barber, 2002). Children from authoritarian families can be very achievement oriented. They may be very successful students and very well behaved. However, this is often at the expense of their sense of self, independence and
creativity (Roth et al., 2009). The authoritarian parenting style encourages children either to rebel, especially in the teenage years, or to be overly submissive. As adults, they may find themselves in relationships with others who are controlling, or they become the one who tries to control others (Assor, Roth & Deci, 2004).

Baumrind (1991) notes that the permissive parenting style relates to parents who are not demanding. They do not assign responsibilities to their children and do not encourage their children to meet adult-imposed behavioural standards. Instead, they encourage their children, as much as possible, to regulate themselves. Permissive parents do not present themselves as authority figures or role models. They use reason or manipulation to get their children to do what they want. They do not exercise overt power in parenting (Baumrind, 1991). Permissive parents are warm and nurturing. The permissive parenting style is noted for the parents’ tendency to want to protect their children from negative experiences. They provide a very warm supportive environment, but with limited structure and discipline. Permissive parents may set limits but not follow through with consequences. They may say ‘no’, but ultimately give in when the child persists. They may ask their children what the family should do rather than making decisions as parents (Assor et al., 2004). Children from permissive parenting homes tend to be self-centred and attention seeking. They may be bossy, controlling and demanding, and are likely to be poorly prepared for the disappointments they will inevitably experience. Thus, as they grow older, children of permissive parents are at higher risk of depression, substance abuse and demonstrated lack of independence. Positively speaking, having grown up in a generous household, they may be very generous adults. However, they may expect others to be just as generous and become frustrated when this is not the case (Roth et al, 2009; Lapierre, Piotrowski & Linebarger, 2012).

Uninvolved parenting is similar to permissive parenting in that parents do not enforce standards of conduct. However, the resemblance ends there.
Uninvolved parents tend to provide little guidance, support or structure for their children. They show little commitment to providing care for their child. They provide only the essentials (Berk, 2000). Some of these parents may be unable to engage their children for a number of reasons. Uninvolved parents are simply more focused on their own needs and wants than the needs of their children (Goodman & Gurian, 1999; Huxley, 2001; Lapierre et al., 2012). As could be expected, children from these types of parents are often at risk of significant discipline problems. They lack external structure and thus lack an internal sense of discipline. Similarly, they lack external expressions of love and warmth and thus seek it from whatever sources they can. A certain subset of these children take on significant levels of responsibility long before they are developmentally ready, thus filling the parenting role for younger siblings. These children often miss out on childhood and are likely to continue to have difficulty establishing healthy relationships into adulthood (Roth et al., 2009). Baumeister (2005) discusses the impact of uninvolved parents on children, particularly when their parents are unavailable to them, as being devastating and life changing for the child. Such children tend to be hostile and aggressive, dependent or defensively independent, have impaired self-esteem and self-adequacy. They can grow up emotionally unresponsive, unstable and hold a negative worldview (Baumeister, 2005). Importantly, research conducted by Hoff, Laursen and Tardif (2002) has shown that in all cultures, parents with lower socioeconomic situations and increased vulnerability are more likely to use uninvolved parenting styles than those in higher socioeconomic situations.

In describing these different, somewhat stereotyped, parenting styles, it must be stated that parenting is not a one-sided activity. It is a dynamic, interactive situation, and children have their own styles or temperaments that in turn affect their parents’ styles, eliciting different responses. Goodman and Gurian (1999) stress the important point that parents do not neatly fit into one particular parent style category. Most parents will use a combination of styles, but one will
usually dominate. These parenting styles apply across cultures and classes. Although parenting style is rooted in personal experience, it does not need to be static (Power, 2004). Parents adapt their style for different children and circumstances, responding to the specific needs and temperament of each child. This response is known as quality of parenting, and is one of the best predictors of the child’s emotional and social well-being (Amato, 2005).

2.5 Quality of Parenting

Many factors influence the quality of parenting a child receives, and these include the amount of time parents are able to spend with their child and the types of interactions between parent and child. The amount of conflict between parents and parental relationship difficulties affect the quality of parenting, as does parental drug use or mental health issues (Booth & Amato, 2001). The final factor impinging on quality of parenting is parental financial pressures (Arney & Scott, 2010). Booth and Amato (2001) argue that many vulnerable parents are affected by multiple factors and find it difficult to function effectively as parents. Further, they propose that vulnerable families are less emotionally supportive of their children, have fewer rules, dispense harsher discipline, are more inconsistent in dispensing discipline, provide less supervision and engage in more conflict with their children. Many of the above-identified deficits in parenting presumably result from limited financial resources and trying to raise children without the help of the other biological parent (Nelson, Laurendeau, Paavilainen & Åstedt-Kurki, 2003; Arney & Scott, 2010). Studies link inept parenting by vulnerable parents with a variety of negative outcomes among children, including poor academic achievement, emotional problems, conduct problems, low self-esteem and problems forming and maintaining social relationships (Nelson et al., 2003; Arney & Scott, 2010). Children thrive when their parents have a cooperative co-parental relationship. Children learn that parental authority is not arbitrary when parents agree on the
rules and support one another’s decisions, and this reflects quality parenting. Parental agreement means that children are not subjected to inconsistent discipline when they misbehave. Consistency between parents helps children learn and internalise social norms and moral values (Furstenburg & Cherlin, 1991). Another benefit of a positive co-parental relationship is the modelling of interpersonal skills, such as showing respect, communicating clearly and resolving disputes through negotiation and compromise. Children who learn these skills by observing their parents have positive relationships with peers and, later, with intimate partners.

When children are parented by parents who may not be available to them or are locked in conflict, cooperative co-parenting is not the norm (Nelson et al., 2003). Over time, one parent gradually disengages and communicates very little with the other. The quality of parenting for the child diminishes and the child is no longer exposed to cooperative co-parenting. Nelson et al. (2003) argue that this is more likely to happen in vulnerable families. It has been said that parenthood is the final common pathway to childhood oversight and caregiving, development and stature, adjustment and success. The fit is neat because childhood is the phase of the life cycle when parent-provided experiences are believed to exert their most significant and salient influences (Bornstein, 2004; Linke, 2004). Not only is the sheer amount of interaction between parent and child greatest at that time, but childhood is when human beings are particularly susceptible and responsive to external experiences.

The opportunity for enhanced parental influence and prolonged learning is thought to be the evolutionary reason for the extended duration of human childhood (Moran & Ghate, 2005; Moore, 2007; Soriano, Clark & Wise, 2008). It is important to remember that every parent is different, each with unique qualities and each facing different challenges in their parenting as they strive to become successful parents.
2.6 Successful Parenting

Cameron and Maginn (2009) argue that becoming a successful parent is a complex process, and society provides little or no formal training. There is no universal standard of ‘good’ or ‘effective’ parenting, and in considering the effectiveness of parenting, it is appropriate to examine the function of the parenting behaviour for the child rather than its form. Parenting practices that result in positive outcomes for children can take many forms and are influenced by many factors, such as the child’s temperament, environmental circumstances, culture, social expectations, parents’ gender, and parents’ own experience of being parented (Barlow et al., 2007; Carbone, Fraser, Ramburuth & Nelms, 2004; Goodfellow, 2006; Moore, 2007; Moran, Ghate & van der Merwe, 2004; Moran & Ghate, 2005; Soriano et al., 2008). Azar and Cote (2002) believe that competent parenting is all about adaptability. Parents need to be flexible enough to adapt positively to the changing requirements and circumstances of their children.

Three themes are identified as relating to parenting adaptability: perceptiveness, responsiveness and flexibility (Azar & Cote, 2002). Azar and Cote (2002) define perceptiveness as the acuteness of a parent’s awareness of their child and what is happening around the child, and the effects of the parent’s behaviour on the situation. Perceptiveness reflects the reciprocal nature of positive parent-child interaction, and the active role children take in shaping their environment and influencing the way they respond to them. Responsiveness describes the extent to which parents connect with their children. It refers to the ability of a parent to be sensitive to their child, to express warmth, to respond with affection, and adjust their behaviour depending on the child’s reactions and needs. Flexibility refers to the ability of a parent to respond in different ways according to the needs or demands of specific situations (Azar & Cote, 2002).
Arney and Scott (2010) argue that the capacity of parents in vulnerable families to be adaptable can be affected by a wide range of factors. These can include substance abuse, domestic violence, marital conflict, stress, mental health problems and learning difficulties (Arney & Scott, 2010). It is important to note that while none of these factors predicts parenting capacity per se, they can make parents more vulnerable to reduced parenting capacity (White, 2005). White explains that these factors have an impact on parents’ cognition, attributions and capacity to empathise, associated with increased risk for child maltreatment. Azar, Lauretti and Loding (1998) argue that parenting involves considerable cognitive activity, particularly in balancing long and short-term socialisation goals. Parents must make continuous judgements regarding the meaning of their child’s behaviour and its causes, whether intervention is required, and what type of interventions would be effective. There is evidence that these interpretative processes in abusive and neglectful parents are diminished, resulting in cognitive processing problems and lack of parental empathy (Azar et al., 1998). Lack of parental empathy is associated with poorer outcomes for children (Kilpatrick, 2004). Lack of caring for others or lack of resources for caring in the family—where caring is defined as care for and attention to others, positive feelings for others and taking others as they are—has been found to be associated with child-maltreating and vulnerable families (Nelson et al., 2003).

Low levels of parental empathy have been associated with parental aggression towards their own child (Zeifman, 2003). Perez-Albeniz and de Paul (2004) suggest that vulnerable parents who may be experiencing high levels of personal distress—as is often the case with parents deemed ‘at risk’—often have information processing difficulties, making perspective-taking more difficult. Indeed, their research notes that being subjected to another person’s distress incites emotions such as anxiety in high-risk parents, compared to more
positive feelings of warmth and compassion in low-risk parents, and leads to an egotistical reaction such as aggression (Perez-Albeniz & de Paul, 2003). Further, it is suggested that perspective taking inhibits aggression under conditions of low-moderate, but not high, levels of arousal.

It is widely understood within the parenting literature that children of a young age are unable to effectively regulate their emotions, and instead look to their parents to model effective emotional regulation (White, 2005; Nelson et al., 2003). This is achieved through empathic mirroring of feelings and needs. The child learns to recognise, label and describe emotional experience. This contributes to self-control, self-definition and interpersonal connectedness through the development of communication skills. Thus, parents who are not empathic in their interactions with and responses to their child inhibit the child’s ability to internalise this skill of emotional regulation. Therefore, a key requirement of the parenting role is a parent’s capacity to empathise with their child and be able to set aside their own needs in order to meet those of their children. Donald and Jureidini (2004) argue that this characteristic is commonly not identified in vulnerable families.

Multiple parenting programmes exist for vulnerable families and the goals of these programmes are primarily to address issues such as developing empathy and equipping vulnerable families for parenting (Katz & Valentine, 2009; McArthur, Thomson, Winkworth & Butler, 2010; McArthur & Thomson, 2011; White & Winkworth, 2012). However, the uptake of these programmes by vulnerable families is minimal. Therefore, it needs to be asked whether the programmes are being presented in an acceptable and appropriate way for their intended participants. Mirroring the words of Egyptian obstetrician Fathalla (1998, p. vii), ‘The question should not be why do [vulnerable families] not accept the service we offer, but why do we not offer the service that [vulnerable families] will accept?’
2.7 Parenting Education Programmes and Vulnerable Families

Parenting education has been shown to increase parents’ competence and build parent-child relationships. However, there are special challenges in teaching at-risk parents with acute needs, and research has not shown a conclusive positive impact of parenting education with families with multiple long-term challenges (Arney & Scott, 2010; White, 2005; Nelson et al., 2003). Often, parenting programmes offered to vulnerable families have been developed with little or no input from the families themselves. Holzer, Higgins, Bromfield, Richardson and Higgins (2006) argue that for parenting education programmes to assist vulnerable parents, they need to be comprised of a number of parenting education strategies rather than a narrow focus. The focus of the parenting programme must be on improving both maternal and child well-being, rather than on deficits in parenting (Holzer et al., 2006). Gomby (2007) highlights the importance of matching the goals of the programme to the family’s goals. If programme and family goals do not align, chances for success are limited. Particular programmes may be better suited to some families than others, and different families need different types of programme content or approaches (Gomby, 2007) Many parenting programmes are consistently developed with service provision experts to address service providers’ objectives rather than family goals (Barnes & Freude-Lagevardi, 2003; Beresford & Hoban, 2005; Ghate & Hazel, 2002). Vulnerable families do not attend these programmes as they are designed to meet the needs of middle and upper-income families (McArthur et al., 2010; McArthur & Thomson, 2011; White & Winkworth, 2012). Katz and Valentine (2009) note that these parenting education programmes convey the meaning of being a unilateral transfer of information, knowledge and skills from teachers to learners, from professionals to parents, or from helpers to those needing help. Dunst (1999) and Winton, Sloop and Rodriguez (1999), in their studies of parenting education programmes for
vulnerable families, argue that this type of parent education is too narrow and out-dated. Their research suggests that the provision of family services in the past three decades has shifted from delivering ready-made packages to providing services in collaboration with parents and families, and those parents do not like to be perceived as being helped even when they may actually want the service (Dunst, 1999; Winton et al., 1999).

Gomby (2005) concludes that parenting education assumes a one-way flow of information, but the professional-parent relationship should be seen more as a collaborative venture than merely professionals helping clients to change. Parent education programmes have historically viewed dysfunctional parenting practices as a result of inappropriate child-rearing methods, inappropriate communication between parent and child, inappropriate communication between parents and irrational interpretation of children’s behaviour (Maccoby & Martin, 1983; Rollins & Thomas, 1979; Abidin, 1976). The assumption behind these views is that changing child-rearing practices, improving family communication patterns or changing parents’ cognition will diminish misbehaviour in children. However, Belsky, Rovine and Fish (1989), along with Stafford and Bayer (1993), suggest that vulnerable families are more likely to engage in parenting education programmes that conceptualise parent-child relationships in terms of connections with larger family systems. Parenting programmes that address social contexts beyond family boundaries have proven popular with vulnerable families (Peterson & Rollins, 1987). Parent education programmes based on this perspective adopt a broader stand than parenting education, with a family-centred focus in which the dynamics of the family, the relationship between the members and the ecology of the environment are considered as a whole, to strengthen families and improve the outcomes of children (Bronfenbrenner, 1979; Volling, Mahoney & Rauer, 2009).

Further, an equally important factor to consider when developing and providing parent education programmes with vulnerable families is the emphasis on the
importance of parents’ self-development and empowerment as a means of developing appropriate strategies to solve family problems (Fine & Lee, 2001; Gacy, 2001; Vernberg & Pavon, 2001). This emerging approach adopts a perspective that primarily aims to empower family members, and treats the social ecology where the family is situated within a system. The general goals of this paradigm are to let families work for their members by addressing and mobilising forces within and/or around the families themselves. Rappaport and Thomas (2004) provide insight into this paradigm by explaining that it takes the view that all people have existing strengths and capabilities, as well as the capacity to become more competent. The failure of a person to display competence is not due to deficits within the person, but rather to a failure of social systems to provide or create opportunities for the display or acquisition of competence. Finally, in situations in which existing capabilities need to be strengthened or new skills learnt, they are best learnt through experiences that lead people to make self-attributions about their capabilities to influence important life events. Therefore, parent education based on this paradigm assumes that activating strengths, competence and possibilities for change exist in the person and in the social context (Rappaport & Thomas, 2004).

An important characteristic of this emerging approach is the emphasis on respectful partnerships with families, including the provision of emotional and educational supports (Dunst & Trivette, 2009). Further, by providing opportunities for parents to participate in and make decisions on how available services best meet their needs, vulnerable families are more likely to engage with parenting programmes and services (Bailey-Smith, 2001). To work together in respectful partnerships, professionals must have a clear understanding and appreciation of many facets of vulnerability and the effects these have on vulnerable families. Nievar, Van Egeren and Pollard (2010) argue that there is evidence suggesting that professionals find it difficult to understand the complex interplay between poverty, social deprivation, parental capacity,
children’s welfare and development and the affect these have on vulnerable families. Professionals have difficulty responding effectively to the vulnerable families they work with, as they are not sensitive to the different aspects and implications of poverty and social exclusion on the day-to-day lives of these families. Further, professionals find it difficult to reflect on how they make judgements about people’s circumstances and behaviour (Nievar et al., 2010). It is not easy for the families to work in partnership with professionals, either.

Katz et al. (2007) and Soriano et al.’s (2008) studies of vulnerable families show that some members of families who experience poverty and social exclusion feel they are discriminated against by professionals for being poor and socially excluded. This highlights the need for professionals to be aware of the use of their power and how their actions can either increase or lessen feelings of powerlessness for families. Similarly, to Katz et al. (2007), Gomby’s (2007) research on the way vulnerable families experience support shows that their expectations are both modest and realistic. Vulnerable families acknowledge that while practical help is important, many resources are likely to be limited. However, besides practical assistance, they value emotional support and personal respect, both of which rest on the acknowledgement by professionals of their human dignity as individuals (Carbone et al., 2004; Soriano et al., 2008). Effective support and respect can help alleviate the psychological impact of poverty, including low self-esteem, a sense of hopelessness and powerlessness. The provision of emotional and physical support and protection for their children is a challenge for all parents, and is greatly exacerbated for those from vulnerable groups. While all parents require support to make the best provision for their children, vulnerable adults, when they become parents, often face greater barriers in accessing appropriate support. These barriers may be physical or attitudinal, but the outcome of not receiving appropriate support will be to place additional strain upon the vulnerable parent and to affect the child adversely.
2.8 Home Visiting and Parenting Programmes

A widening gap exists between families that function well and those that are vulnerable. The paradox of service delivery for children and families is that vulnerable families—that is, those with the greatest needs—are also the least likely to be able to access services (Ghate & Hazel, 2002; Fram, 2003). Home visiting is becoming a common component of intervention within developed nations for expectant families and families with young children. Designed to improve access to family services for vulnerable families, including the provision of parenting programmes, existing home visiting programmes in Australia are provided as part of some state-based maternal and child health or community child health services. These include Family Home Visiting in South Australia (Children, Youth and Women’s Health Service, 2005), Sustained Health Home visiting in New South Wales (NSW Department of Health, 2009) and Enhanced Home Visiting Maternal and Child Health Service in Victoria (Department of Early Childhood and Education, 2013).

Home visiting is a service delivery strategy aiming to provide a range of support for families, in particular vulnerable families (Boller, Strong & Daro, 2010). Home visiting is not a single, uniform intervention for parenting, but rather a strategy for delivering a multiplicity of services, including parenting programmes (Howard & Brooks-Gunn, 2009; Kahn & Moore, 2010; Landy & Menna, 2006; Sweet & Appelbaum, 2004). As a result, home visiting programmes come in many forms, differing in their goals and intensity (Gomby, 2005; Sweet & Appelbaum, 2004; Bennett et al, 2007).

International evaluations of home visiting programmes have shown improvements in parents’ childcare knowledge, and small but positive effects on parenting attitudes and behaviour. Parenting programmes are typically
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focused; short-term interventions aimed at helping parents improve their relationship with their child and preventing or treating a range of problems, including emotional and behavioural problems (Barlow & Parsons, 2003). Parenting programmes based on the premise of interventions that promote caring, consistent and positive parenting are central to creating safe and supportive environments for children (Sanders & Cann, 2002). Research has shown that the risk of child maltreatment is heightened when parents lack necessary child-rearing skills, social support and knowledge of child development (Tomison, 1998). In response, parenting programmes are often designed to increase parental knowledge of child development, assist parents develop parenting skills and normalise the challenges and difficulties inherent in parenting (Sanders & Cann, 2002).

In 2011, the Centre for Community Child Health (CCCH) in Melbourne undertook a review of the Australian experience of potential benefits of home visiting programmes for families. The review revealed that home visiting programmes provide an opportunity for whole family involvement, offer a personalised service, individual attention and rapport building. Further, home visiting programmes allow home visitors an opportunity to observe the environment in which families live, identify and tailor services to meet their needs and build relationships in ways that may not be possible with other types of intervention (CCCH, 2011). In 2012, McDonald, Moore and Goldfield reviewed Australian home visiting programmes involved in the provision of parenting education to vulnerable families. They found that the current system does not work in an integrated or coherent fashion to ensure that all vulnerable families needing support receive it (McDonald, Moore & Goldfeld, 2012). They argue that the service system was not designed to meet the needs of vulnerable families within the context of the rapidly changing social and economic climate in which families find themselves. Several reasons for the service system not meeting the needs of vulnerable families are presented by McDonald, Moore
and Goldfeld (2012), including difficulty identifying vulnerable families, the type of parenting programme offered to parents, and lastly, the service system responding to the symptoms rather than the causes of parenting difficulties. McDonald et al. (2012) argue that some programmes use a risk-based approach that employs a series of indicators of risk factors known to be associated with a high likelihood of problems in parenting.

For the success of type of approach, parents must believe that they need the programme; vulnerable families tend to believe they do not need these types of programmes. Using a needs based approach to support vulnerable families on the basis of expressed needs or concerns has led to increased engagement with vulnerable families. The key to engagement has been prompt identification and response to the families’ problems by the service system (McDonald et al., 2012). Gomby (2005), Sweet and Appelbaum (2004) and Bennett et al. (2007) argue that the type of parenting programme offered to vulnerable families also affects engagement and successful parenting outcomes. Prescriptive, manualised programmes that follow a specific sequence and are delivered by trained professionals tend to place a high importance on programme conformity (that is, the programme being delivered exactly as intended). A programme that seeks to work with families in a way that is responsive to the issues of most concern to them and is tailored to their specific needs and circumstances results in more successful parenting outcomes (Gomby, 2005; Sweet & Appelbaum, 2004; Bennett et al., 2007). McDonald et al. (2012) recognise that this type of programme is harder to deliver in a rigorous fashion, and relies less on training and more on the skills and experience of the individual professional. The professional must have the ability to be clear about which strategy in their experience will work, and in which situations the strategy will be most effective (Daniel, Burgess & Antcliff, 2011).
Another vital issue warranting consideration in the delivery of home visiting parenting programmes to vulnerable families is the relationship between the parent and the professional. Practices known to be essential for effective work with parents are the use of family-centred and capacity building practices and responsiveness to family needs and circumstances (Daniel et al., 2011). McDonald et al. (2012) argue that these practices are threshold factors: necessary but not sufficient to help families become more effective parents.

The evidence regarding effective practices appears to be stronger than the evidence regarding effective programmes (McDonald et al., 2012). Finally, issues relating to what the service system respond to must be considered. Traditionally, the service system has responded to symptoms, such as parenting difficulties, rather than causes, which may include mental illness or domestic violence (Barlow & Parsons, 2003). McDonald et al. (2012) conclude that this may be the reason why parenting programmes are not more effective, as they typically address the presenting problems rather than the underlying causes (the reasons why families are vulnerable). If presenting problems are the only problems addressed then the impact of the intervention is weakened.

McDonald et al. (2012) suggest that there is also an issue with the different interpretations of evidence-based practice for home visiting programmes; the exclusive reliance on randomised control trials for determining effective practice brings with it a range of problems. They argue that broader understandings of evidence should incorporate practice-based evidence as well as client values and preferences. Practice-based evidence is a body of knowledge that can include individual clinical expertise, collective practice wisdom, practice-based syntheses and concurrent gathering of evidence during practice (CCCH, 2011). Studies of various forms of support and intervention with families, especially vulnerable families, have consistently shown that they are more effective when they acknowledge and build on family values and
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priorities, hence the importance of considering client values and preferences as part of the evidence base (Affleck, Tennen, Rowe, Roscher & Walker, 1989). Further, support and interventions that do not adopt this approach will be counterproductive. In addition to the acknowledgement and utilisation of a broader evidence base, a better understanding of how interventions work and achieve their effects is required. To achieve this, a focus on the way vulnerable parents think about parenting is warranted, so that professionals and service providers can work with vulnerable families to meet family goals and develop an appreciation of vulnerable parents’ core beliefs about parenting. Despite an extensive review of parenting literature, no published literature could be found that focused on what vulnerable parents think of parenting, or what parenting means to them.

2.9 Necessity of this Study

Researching vulnerable families is not new and researching parenting and vulnerable families continues to be a developing field of research. As discussed earlier, published research does exist regarding engaging vulnerable families in service provision, the benefits of home visiting programmes as well as evaluations of parenting programmes for vulnerable families. Research that aims to understand what parenting means to vulnerable families is scarce. The purpose of this study is to engage this critical process and enhance understanding of what parenting means to vulnerable families. A critical ethnomethodological approach was selected to guide the research process. The following chapter introduces the philosophical and methodological background to the research study, to explain the relevance of the critical ethnomethodological approach and illuminate the meaning of parenting programmes for vulnerable families.
Chapter 3: Methodology

My studies are not properly speaking experimental. They are demonstrations, designed... as 'aids to a sluggish imagination.' I have found that they produce reflections through which the strangeness of an obstinately familiar world can be detected." (Garfinkel. 1967, p. 37-38)

3.1 Introduction

When reviewing the literature on vulnerable families and parenting, it became clear that an imbalance exists. There is a plethora of literature available on parenting in middle and upper-income families (Bornstein, 2004; Goodfellow, 2006; Soriano et al., 2008), but literature relating to vulnerable families was limited to parenting education programmes (Dunst, 1999; Winton, Sloop & Rodriguez, 1999) and the characteristics of vulnerability in families (Moran & Ghate, 2005). Parenting from the perspective of those considered vulnerable, and the meaning of parenting in vulnerable families, had not been explored in any published research studies. These were identified as gaps in the literature requiring redress. Case studies, an ethnographic approach or describing parenting techniques or strategies used by vulnerable families were considered as possible research methodologies. However, my intentions were multifaceted: I wanted to give voice to vulnerable families, be true to their voices and convey their meanings of parenting as it was relevant to them. Therefore, I selected ethnomethodology underpinned by a critical stance as the most appropriate methodology for this project.

This chapter explores the evolution of ethnomethodology, its conceptual foundations and the impact critical social theory has had on the development of critical ethnomethodology, and hence this study. The latter part of the chapter explores social justice as a conceptual framework to guide the study, with the final discussion centred on why social ecology was selected over a social justice framework for this study.
3.2 Ethnomethodology

Ethnomethodology concerns itself with phenomena as encountered in social settings; the phenomena are often commonplace (Garfinkel, 1967). Parenting is conducted within a social setting of community and is a commonplace occurrence, as highlighted by Bornstein (2004).

Ethnomethodology provided the appropriate methodology to research the meaning of parenting in vulnerable families. An ethnomethodological approach can be used to explore and discover how group members from a common culture generate meanings by engaging in their normal, everyday practices (Garfinkel, 1984). Parenting is an everyday practice for families with children (Bornstein, 2004).

Ethnomethodology first appeared in the literature in the 1950s, when Harold Garfinkel began to seek an alternative research programme for sociology. Garfinkel is credited with the development of ethnomethodology, drawing on the work in action theory of phenomenologists—Husserl, Schutz and Parsons’ action theory work (1957), to devise an alternative programme of research for sociology (Garfinkel, 1967). Traditional sociology, according to Henslin (2007), offered an analysis of society, took the objective truth of the social order for granted and imposed pre-existing analytical schemata on their fields of study. Garfinkel’s belief was that ethnomethodology would provide the means to examine commonplace, everyday activities and experiences (Hester & Francis, 2000). According to Cash (2000), ethnomethodology arose from the meeting of phenomenology and social theory, and is interested in the shared meanings that people assemble to make sense of their world.
Ethnomethodology began with Husserlian phenomenology. Husserl was a philosopher who explained phenomenology as a philosophy and a methodology. The major principle of Husserlian phenomenology was to describe the universal structures of the subjective orientation in the world, and not to explain the general features of the objective world (Husserl, 1962, p. 98). He believed that everyday experiences are underpinned by ‘essences’, and that these would assist individuals in grouping phenomena into comprehensible components to support understanding.

Essence is the core of experience, both fact and object present in form as universal, an essential in being and experiencing (Husserl, 1962, pp. 45–7). Essences as the core of understanding enable the generation of knowledge about one’s world through appropriating the lived experience. Essences, according to Husserl, are object truth(s) about the social world, truths shared in common with others through essences (1962, p. 98). Husserl hoped to overcome the problem of the historical and cultural reliance on an individual’s world. To do this he devised phenomenological reduction (Husserl, 1962).

Phenomenological reduction, it is argued, filters the consciousness of everything but the universal and absolute truth (Benson & Hughes, 1983). To achieve this, individuals seeking this truth are required to suspend their belief in the ordinary, taken for granted world in which they live and do not normally question (Husserl, 1962). Husserl held the belief that science imposed an image of a precise, organised world of ideals for the only real world. However, ‘essences’ revealed reality in a person’s awareness, and they existed independent of individual experiences and meaning (Benson & Hughes, 1983). Following the thinking of Husserl, Schutz (1954) agreed that any investigation of the ordinary, taken for granted world needed to study the existence of
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general bias. Unlike Husserl, Schutz did not want to separate the taken for granted world; instead, Schutz regarded this world as the natural locus of understanding; this taken for granted world’s principal focus of attention was social reality (Schutz, 1954). Schutz believed that all individuals possessed a stock of knowledge that included beliefs and expectations, and these were used to understand the individual’s world.

This stock of knowledge is gathered through experience and tradition, and is updated and tested as the individual progresses through life (Schutz, 1954). Individuals may not be aware of this knowledge as it can be held silently and becomes available only when required (Psathas, 1987). This knowledge of a person’s social reality is created by common sense constructs that become facts and provide the foundations upon which meaningful action is based. Without this stock of knowledge, existence in the social world may not be possible for the individual. Schutz (1954) believed that individuals lived within a setting of shared meanings that were constantly negotiated, organised and understood.

Schutz (1954) emphasised shared social inter-subjectivity of a person’s everyday world and its contributions to meanings for those involved. Through the process of socialisation, people come to understand meanings in their lives as givens, and being part of the world while understanding the lived experience reflects sense making as practical or common sense knowledge.

According to Psathas (1987), Schutz can be credited with providing the means of uncovering, describing and analysing features of the world of everyday life, and through the process of socialisation, people come to understand and appreciate meanings as part of their everyday lives. Parsons’s (1968) action theory provided further foundation for Garfinkel’s ethnomethodology. Garfinkel drew upon Parsons’s (1956) ideas of the creation of social order, and in particular, the socialisation process. This process saw society inspire
individuals with an outlook that made it possible for them to pursue their own self-interest while serving the interests of society as a whole. Parsons (1968) held a strong view that through socialisation people internalised the norms of society. Parsons further believed that this socialisation process should be driven by adequate levels of participation from its participants.

There should be control of conflict and participants should engage in natural conversation to provide common sense understandings and meanings (Parsons, 1968). The importance of natural conversation in ethnomethodology, including language and gestural behaviours, is discussed by Garfinkel and Sacks (1970). They highlighted the importance of being aware that natural conversation includes rules that are not necessarily expressed by the spoken word, but expressed in actions and practices and accounted for in natural speech. In his ethnomethodological research on nursing knowledge, Baker (1993) suggested that these rules were obeyed and internalised subconsciously by nurses in research. The participants talked about the rules, obeyed and used them to generate orderliness of their social worlds. These rules were used by participants to recognise and accomplish an orderly structure in their social world (Baker, 1993). Ethnomethodology endeavours to discover the common sense understandings in a person’s everyday world.

In the literature, there are many definitions of ethnomethodology. I use Heritage’s (1984) definition, as it sits best with my research study to uncover the meaning of parenting in vulnerable families. Parenting is a socially constructed role influenced by a wide range of personal and contextual factors interacting in complex ways. Vulnerable families use a common sense approach to their parenting and are resourceful in their extenuating circumstances (Beauregard et al. 2009).
Ethnomethodology is the study of common sense knowledge and the range of procedures and considerations by means of which the ordinary members of society make sense of, find their way about in, and act on the circumstances in which they find themselves (Heritage, 1984, p. 4).

Ethnomethodology evolved as an approach used to explore and uncover how members of a group generate sufficient meanings, concerning their involvement in normal daily activities within their common culture.

Ethnomethodology examines activities of group members to discover how they make sense of their surroundings. It specifically examines how individuals give sense to and accomplish their daily activities. In everyday circumstances, people use common sense knowledge that is considered practical and is shaped by the person’s past and present realities (Cuff et al., 1984). These realities contribute to the two conceptual foundations of ethnomethodology: indexicality and reflexivity.

### 3.3 Indexicality

Garfinkel (1967) argued that if people spoke about and documented their understandings and meanings and shared them with others, an appreciation of their social worlds would result. Ethnomethodology recognised that social situations did not occur within a vacuum; people created and managed social situations. Garfinkel and Sacks (1970) wrote of contextual variability or indexicality, the process by which meanings are tied to their social context and specific practices; they are constantly renegotiated as the context changes. This means that common sense understandings are a function of what is said and done in a particular situation; they are indexical.

This idea is supported by Smith (1974) and Fine (1994), who explained that the contextuality of any social situation is peculiar to that situation and to the research participants, who can define and redefine the understandings generated.
from and within any moment in that setting. Bowers (1992) pointed out that the material setting of a person’s world can be studied in the objective sense, but it was Bittner (1965) who recognised that there were other components of social relations, such as the importance of actions that enabled the illumination of meaning. The channel through which meanings of these social situations were shared and understood was language. Wittgenstein (1968) and Bowers (1992) agreed that language was the vehicle through which understanding became known, but these understandings were shared further in the practices in which participants mutually engaged.

The importance of realising that actions reflected meanings located within the context was discussed by Bittner (1965), and in 1999, Smith took this a step further, highlighting that meaning could be conveyed by language and also by symbolic practices and spaces (or places) held in common. This meant that while meanings were generated through language, they were also generated through participants’ meanings of their practices. Many taken for granted practices practiced over time can become part of a person’s everyday life.

Davidson (2012) and Maclachan (2012) supported this when discussing their recent ethnomethodology studies. Their research revealed that it was not only language that provided meaning but also that people engaged in mutually understood practices, and over time, these practices became taken for granted and part of the everyday.

3.4 Reflexivity

Actions not only depend upon the setting in which they occur for their understanding; they contribute to the sense of the settings in which they are produced. They are reflexive. Garfinkel (1967) was credited with the development of an ethnomethodological version of reflexivity that predates
many current usages and definitions of the term ‘reflexivity’ (Lynch, 2000; Macbeth, 2001). Reflexivity in ethnomethodology referred to ‘accounting practices and accounts’ (Garfinkel, 1967, p. 1). The account is the explanation or comment a person makes on a situation. The accounting practice is the means by which people engage in making sense of the account (Garfinkel, 1967). Garfinkel believed that something became socially real only when it was talked about, and the nature of this reality emerged as the person kept talking.

A definition of reflexivity has been provided by Cash (2000, p. 45): ‘the capacity that meanings have to shape the setting in which they occur and the practices in which participants engage’. Reflexivity also plays a role for the researcher, researching with participants. By engaging in reflexivity, the door is opened to the sharing of meanings and their construction, the opportunity is presented to appreciate one’s own knowledge and to locate this in research time and space. Coulter (1990) and Lynch (2000) support this by explaining that reflexivity encourages the researcher to participate in open reflection about their values and beliefs during the research process. The researcher is encouraged to appreciate their own knowledge and to locate that in the time and place of the research; it promotes a situation for the researcher to share, construct and negotiate various meanings shared by the participants mutually engaged in the study. Coulter (1990) believed that indexicality and reflexivity remain the hallmarks of ethnomethodology.

In this study, I needed to develop a sense of the participant’s knowledge, history and their social context as a starting point if I were to access and ascertain multiple meanings. Meanings vary according to their context and to where the participant may stand at that given time. In the context of accounts and accounting practices for my research, accounts are the ways in which participants’ describe or explain parenting situations. Accounting is the process
of describing or explaining the social situation of parenting, or how the participants make sense and meaning of their everyday parenting world.

There were times during this study when my understanding and meanings required revisiting because of where I stood and the conclusion I made at that time. I did this through critical reflection, using a journal that I kept during the study, and reflecting with the participants. Allen, Banner and Dickelmann (1986) agree that sharing meanings can produce additional knowledge as a shared experience, and this in turn makes meanings explicit. By authenticating meanings, understanding is located in the conversation and practices of the participants.

Vulnerable families are a group in our ‘society who are rarely heard, and more often than not, portrayed negatively.’ To gain a deeper understanding of meaning and to ensure that I did not present a narrow investigation of what participants said, did or felt, a wider social critique was undertaken. This was accomplished using a critical stance, informed by Fay (1987) and Held (1980).

3.5 A Critical Stance

A critical stance was taken not to critique the participants’ meanings and experiences, but rather allow the best opportunity to capture the participants’ multiple meanings. A critical stance provided the means of examining how social structures exist within families, and how and why relationships become lived out in everyday practices and understandings (Jones, 1989). Most importantly, a critical stance provided and promoted a process of self-enlightenment for the participants. Self-enlightenment can lead to the empowerment of research participants to share their stories; the flow-on effect is that participants’ voices are heard and valued (Allen, 1990; Fay, 1987). This research provided an opportunity to access the meanings of parenting for the
research participants as they were being lived, reflected upon and changed (Allen, 1990). The critical stance was informed by critical social theory.

Critical theory is a social theory; its aim is to understand critique and bring about changes in society by freeing those who are oppressed and confined by their social circumstances (Maclachan, 2012). Critical theory provides both a descriptive and directive platform for social inquiry, with its major intent to decrease domination and increase freedom across all aspects of society (Duchscher & Myrick, 2008). The history of critical social theory, according to Fay (1987), can be traced to Marxist critique and the writings of the Frankfurt School, including Horkheimer, Fromm and Habermas. Critical theorists have argued that knowledge is not neutral or value free, and that understanding is socially constituted (Fay, 1975; Held, 1980). They provided insights into the way culture is created and arbitrated, and endured meanings of the social world through ideological analysis (Duchscher & Myrick, 2008). Habermas (1989), through his analysis of the development of knowledge and communication, recast critical theory in the direction of a critique of political and social issues; his work embraced non-authoritarian and non-bureaucratic social structures.

By taking a critical stance, social structures can be interpreted as being involved in the production of individual actions as they are forming in society. Therefore, it can be argued that fixed relationships between different social phenomena are not possible, as social life and social relationships are processes that develop and constantly change. According to Clare (2003), these social relationships are part of a long and complex process that occurs over time. By locating present society and current views in their historical context, critical theorists claimed to show that people could create and recreate society (Fay, 1987).
The essence of critical theory, argued by Craib (1984), is its ability to focus on the unreasonable or unfair elements within society. These elements take away or extinguish a person’s ability to make balanced choices about their lives. Clare’s (2003) idea of relationship can be applied to vulnerable families and parenting, as parenting involves the relationship and interactions between parents, children and young people, all of whom are continually developing. Parenting is a demanding and at times difficult task, which requires not only inner resources of empathy, resilience and confidence but appropriate skills and knowledge, too. Critical ethnomethodology provides the ideal vehicle to study the meaning of parenting in vulnerable families as they, like every other family, are intricate and diverse. It must be stated that while vulnerability can be an individual (family) experience at one level, it can also be socially constructed. Evidence of this social construction is in the nature of vulnerability. As Moran and Ghate (2005) argue, vulnerability crosses generations and is seen most often in particular groups within the community and it is socially constructed. Parenting is also a socially constructed role, influenced by a wide range of personal and contextual factors interacting in complex ways. The following discussion highlights why critical ethnomethodology was the most appropriate approach to use in this study.

To stay true to the principles of critical social theory as espoused by Fay (1987), the participants in this research needed to be provided with a liberating and potentially empowering experience. This was accomplished in part by not strengthening domination through the use of technical language in interviews. According to Habermas (1989) and Giroux (1985), the use of technical language has the ability to silence people, actively. Barry (2002) reinforced this view when discussing the importance of practitioner awareness of client isolation when a technical vocabulary is used to distance the client in their interactions. The practitioner—or in this instance, the researcher—has the
potential to become very powerful and influential, to a level where they can use persuasive mechanisms to reach an understanding at a higher level.

Consequently, the meaning the participants are trying to convey to the researcher may not be reflected in their conversations, due to their lack of understanding. Instead, the researcher may interpret the meaning that the researcher wants the participants to convey (Habermas, 1989). The flow-on effect is what Foucault (1980, p. 96) called ‘medico-administrative knowledge’. This causes the client to be further disempowered, and this is viewed as a predominant practice in which the practitioner uses their powerful, authoritative language to dominate the client further. Maclachan (2012) implored researchers to recognise that language stands as the nexus of the individual to his/her cultural heritage and society. Maclachan (2012) pointed out that language has a profound psychological significance for the individual member of a group, it is critical in defining individual identity, culture and community membership. When researchers use language that is not conducive to the participant’s understanding, the researcher risks jeopardising the potent symbol of social solidarity that common speech strives to represent (Maclachan, 2012). Instead, the researcher is viewed as a powerful person with a higher status than the participants, and participants become reticent to divulge their true meanings at the risk of feeling inferior to the researcher (Foster & Sawyers, 2012).

In this research, I used inclusive language familiar to the participants, language that promoted understanding and clarity. Inclusive language is that which does not belittle, exclude, stereotype or trivialise people based on their race, gender or disability (Collins Dictionary, 2013). I forged a bond with the participants by meeting them after they expressed interest in participating in the study, spending time explaining my research and answering their questions. Together, we uncovered caring and emotional aspects of the parenting topic we researched. These complex and opposing emotions were integral to
understanding parenting, and demonstrated the positive aspect of power. When people are provided with education that is easily understood, that respects and is applicable to their social world, power can produce knowledge and dialogue (Foucault, 1980). This research began with open and enthusiastic dialogue between the participants and me. It reflected the essence of critical social theory as discussed by Luke (1992). It acknowledged the participants’ lived experiences, their construction of meaning, the authentication of identity formation and the setting of new goals for self-empowerment. This was achieved in a socially equal manner that is congruent with the tenets of critical ethnmethodology. To complement social equality, a conceptual framework based on social justice was initially embraced. However, as the study progressed, this conceptual framework changed into a social ecology framework.

3.6 Social Justice to Social Ecology
3.6.1 A Changing Conceptual Framework

Social justice was originally used as the conceptual framework for this study because published evidence on social justice and working with vulnerable families purported that social justice would promote conditions necessary for the participants’ exercise of capacities, expression of experiences and participation in determining actions (Shonkoff & Phillips, 2000; Goldfield & Okerklaid, 2005; Pacquiao, 2008; McDonald et al., 2012). Further, social justice, it has been argued, would provide the means of melting away differences, promoting and respecting group differences without oppression (Young, 1990). The concept of social justice comes from a long philosophical and political tradition. It works to ensure that all people, especially the vulnerable or disadvantaged, have genuine opportunities and the means to make choices in everyday life (Pacquiao, 2008). Simply treating everybody in the
same manner, not taking into account his or her specific experiences and contexts, will not bring equality.

Social justice, its understanding and its practice, to the extent it can be found in varying cultures, is part of the life-world and lived experiences. Husserl (1970, p. 142) is attributed with the life-world concept, and he explains: ‘to live is always to live-in-certainty-of-the-world being consciously and directly “conscious” of the world and of oneself as a living in the world, actually experiencing and actually effecting the ontic certainty of the world’.

The life-world is the world in which we live, experience, perceive; it is both understandable and mysterious. In 1966, Gurwitsch added to Husserl’s definition of life-world: ‘the world in which we pursue our goals and objectives, the world as the scene of all human activities’ (Gurwitsch, 1966, p. 120). For Gurwitsch (1966), social justice as it is lived results from intentional actions within social contexts. The social contexts have different degrees of inclusion, from small groups and families to neighbourhoods and communities; social justice becomes an intentional act and results from practices consistent with the belief system of members of the groups (Miller, 1999).

Social justice can be viewed as a category of actions, but the actions only make sense within a social context; it is not an object or fact to be found, but a flexible process of social life. Such a perspective appears to be in keeping with the reality of day-to-day existence. In the early 1990s, Bruner suggested that as a result of growing up in a social world, individuals were equipped with the ability to plan actions and understand others. Bruner (1990) referred to this form of social justice as being able to provide a sufficiently integrated meaning system to promote successful social interactions. It is a means of providing intimate connection with lived experience. Social justice is reflexive in that it both shapes and is shaped by experience. This explanation of social justice
fitted very nicely with the philosophical tenets of ethnomethodology discussed earlier, so I felt that a conceptual framework based on social justice would enhance the study. I conducted an extensive literature review on the concept of social justice and working with vulnerable families. I discovered that the concept of social justice was indeed used in a very limited way when working with vulnerable families. Following is a discussion on social justice and vulnerable families as it exists in the literature, and will provide evidence as to why, even though a social justice framework has merits, I needed to seek an alternative conceptual framework for this critical ethnomethodological study.

Research and praxis can and should form a nexus. This section will draw on literature from both the research and practice realms to demonstrate how and why I moved from a social justice to a social ecology framework for the study. Worldwide, the evidence is clear that investing in children and families delivers long-term social and economic benefits to individuals, families and communities (Goldfield & Okerklaid, 2005; Vinson, 2007). All children and families should be given every opportunity to achieve their potential, participate fully in community life, become active and engaged citizens and be provided with services to achieve these ideals (Vinson, 2007).

For vulnerable families and their children to achieve these ideals, various leading family researchers, such as Carbone et al (2004) and Vinson (2004), implored government and policy makers alike in the state of Victoria, Australia, to embrace the ideals of a social justice framework. Eventually, after lengthy debate, in early 2005, the Victorian Government published a framework underpinned by social justice. This was the blueprint for working with vulnerable families, and became known as the Best Interests Framework for Vulnerable Children and Youth (2005).
The major principles of social justice were concerned with collective action to
distribute resources equitably, to protect and restore health and respect
individual efforts and rights (Best Interests Framework for Vulnerable Children
and Youth, 2005). Nowhere in the framework was there reference to social
justice being able to provide a sufficiently integrated system to promote
successful social interactions, nor to provide the means of intimate connection
with lived experience as espoused by Bruner (1990). The social justice
framework would not have enabled careful consideration to be given to the
reality that families have become more diverse (Goldfield & Okerklaid, 2005).
In Australia, family formation no longer follows the traditional pattern of early
marriage, early childbearing and mother-only child care and household duties.
Family life has become less secure and predictable (Goldfield & Okerklaid,
2005; Vinson, 2007). These changes tend to be even more obvious in
vulnerable families in Australia.

Vulnerable families are also experiencing significant social and economic
change. Vinson’s (2007) study of vulnerable families revealed clusters of
vulnerable families in communities where more than a quarter of various social
and economic problems existed for the whole of Australia. Vulnerability in
families is becoming more polarised and is concentrated in specific localities
where services do not necessarily reach the most vulnerable children and
families (Vinson, 2007). This, of course, is not in line with the principles of the
framework, which promoted collective action in the distribution of resources in
an equitable and timely manner (Best Interests Framework for Vulnerable
Children and Youth, 2005).

Service providers for vulnerable families assumed that because a service was
available to vulnerable families, they would use it (Vinson, 2007). In 2004, A
New Vision for Victorian Children Report found that in Victoria, children and
family services were funded through disparate sources, delivered with different
objectives in mind and often had little coordination or communication. This in turn led to poor integration between services. Vulnerable families who were not sophisticated service users were left to negotiate tortuous paths to locate and access the different services and support they needed.

As a consequence of these access difficulties and the appropriateness of the service to their needs, families often gave up in desperation or frustration (A New Vision for Victorian Children Report, 2004). These findings reinforced Dawson and Berry’s (2003) study recommendations, in which they endorsed the importance of prompt response to referral as a valuable strategy to engage vulnerable families with service providers. They reported prompt initial response to vulnerable families’ requests for service; encouraged families to attend services if or when they were in crisis. Prompt, accessible and readily available services assisted vulnerable families because once the crisis was passed; the incentive to attend was diminished (Dawson & Berry, 2003). When considering the principle of respecting individuals’ efforts and rights, Vinson’s (2007) study found that vulnerable families often lacked confidence and were even suspicious of the motivation behind a service.

The families queried the level of ‘real world’ understanding of their needs and capacity to meet them of service providers who did not engage with them to ask what their needs were, but rather imposed their services upon them (Vinson, 2007). At a broader level, barriers to accessing services existed, and many vulnerable families had not heard of available services or programmes. Earlier, Kovacs (2003) found that diminished access was related to practical factors such as cost, transport, child care, eligibility rules or programme scheduling. Prior to the introduction of the social justice framework, Shonkoff and Phillips (2000) warned that vulnerable families did not access services due to the stigma associated with being labelled vulnerable.
However, if the stigma of vulnerability was addressed early in the interaction by service providers, vulnerable families would engage and more serious problems could be avoided later in life (Shonkoff & Phillips, 2000). Katz et al. (2001) voiced concerns that services to support vulnerable children and families had not recognised and responded to their own unique needs, and therefore had not been used by the families. Katz et al. (2001), along with Vinson (2007), discussed the importance of intervention efforts that were affirming and supportive rather than demanding, when working with vulnerable families to promote collaborative and collective action.

The individual research studies of service provision that used a social justice framework when working with vulnerable families uncovered a lack of adherence to the principles of social justice. They recommended that service providers working with vulnerable families address important issues such as confidentiality, being judgemental and threatening, as this led to minimal engagement in services and programmes (Vimpani, Patton & Hayes, 2002; Vinson, 2007; Winkworth, Layton, McArthur, Thomson & Wilson, 2010). They found that service providers tended to lecture on good behaviour instead of modelling it. Strategies had not been based on respect and understanding to support and encourage vulnerable families to participate in services. On the contrary, little had been done to address the unique needs of vulnerable families (Vimpani et al., 2002; Vinson, 2007; Winkworth et al., 2010). While the theory of a social justice framework when working with vulnerable families appears in many service providers’ policies and procedures, the reality of its application to the practice of working with vulnerable families is limited.

It has been argued that the most crucial aspect of working collectively with vulnerable families in a respectful and individual manner is the importance of the communication style (Vinson, 2004; Dawson & Berry, 2003; Aldgate & Statham, 2001). The importance of communication complements the principle
of respecting individuals’ rights and efforts, and is a recurring theme in the literature when using a social justice framework and working with vulnerable families (Vinson, 2004; Dawson & Berry, 2003; Aldgate & Statham, 2001). A communication style that promoted empathy by listening and checking that the family understood the information was well-received by families. Recognition from the service provider that families were doing a good job in very difficult circumstances promoted engagement with the service (Dawson & Berry, 2003; Aldgate & Statham, 2001). This style of communication meant that the families did not feel negatively judged, and were more likely to admit to having trouble and ask for help if required. Sadly, as reported by Huntsman (2005), while this style of communication was the most appropriate for service providers to adopt, the reality was that service providers were not concerned about their style of communication, or to engage and retain vulnerable families; rather, their aim was to get families to comply with service agency decisions.

Not only was communication an issue, but Huntsman (2005) and later Winkworth et al. (2010) found that many service providers still focused on their therapeutic insight rather than material needs and practical skill building, which may have been more important to vulnerable families. Little had been done to address earlier family researchers including Whittaker, Schinke and Gilchrist (1986), Macdonald (2001) and Dawson and Berry (2003), who appealed to service providers that for vulnerable families that skill building was more useful than psychological counselling.

Macdonald (2001) and Dawson and Berry (2003) encouraged service providers to be aware of the content, timing and goals of the intervention so that they addressed the reality experienced by the family and focused on the outcomes valued by the family at that time. This was based on an acknowledgement that families were the site of expertise in the definition of their problems, and enacting of workable solutions (Macdonald, 2001; Dawson & Berry 2003).
It became clear that the current model of social justice for working with vulnerable families could not be used as a conceptual framework for this research project. It was not in keeping with the major principle of ethnomethodology; that is, interest in shared meanings that participants assembled to make sense of their world. Nor did the social justice model bear any resemblance to social justice as it is lived, resulting from intentional actions within social contexts (Gurwitsch, 1966). Therefore, an alternative conceptual framework was required, that would reflect the philosophy of ethnomethodology. After an extensive search, social ecology became the framework of choice on which to build this critical ethnomethodological study.

3.7 Social Ecology

Social ecology, according to Bookchin (1995), is concerned with values and processes of change; it is empowering in its own progressive development. It strives to understand the relationships between people, their communities and their environments. Social ecology encourages ways to collaborate across differences, to incorporate diverse ways of knowing, learning, acting and living. It embraces working with complexity and profound simplicity (Hill, 1999). There are numerous definitions of social ecology; however, the following definition has been selected due to its relevance for a study using a critical ethnomethodology design:

the study and practice of personal, social and environmental sustainability and change based on the critical application and integrations of ecological, humanistic, community and spiritual values (Wright, Camden-Pratt & Hill, 2011, p. 4)

Wright, Camden-Pratt and Hill’s (2011) discussion of social ecology provides the ideal conceptual framework for working and researching with vulnerable families. They explain that social change commences with meeting people where they are, acknowledging their past and present relational efforts,
supporting their ‘next’ small, meaningful steps and celebrating their progress and completions. To embrace humanistic values we must respect, value, support and develop mutual relationships with others so that their needs may be satisfied and their creativity expressed (Wright et al. 2011). Further, they discuss the importance of community values as being able to promote a sense of caring and the foundation for forming meaningful relationships. Wright, Camden-Pratt and Hill (2011) emphasise the importance of interrelationships across the aforementioned areas. Bronfenbrenner (1979) highlighted the importance of complex interrelationships among different parts of the family’s environment, and how the family’s immediate family experiences and dynamics are linked to different features of the community and cultural environment, or the larger social ecology in which families are embedded.

3.7.1 Working with Vulnerable Families

Using a social ecology framework to research and work with vulnerable families is not new, and the influence of social ecology on families was traced back to Cicchetti and Toth (1997; 2005), Mulligan and Hill (2001) and Gordon (2000). A review of the influences of social ecology on families was determined, together with a review of how these influences had been used constructively when working with vulnerable families. I was able to establish that using a social ecology framework when working with vulnerable families in this study would encourage what Mulligan and Hill (2001) and Gordon (2000) described as the nurturing of imagination, the design and redesign of proactive individual and collaborative initiatives. A social ecology framework would also complement the critical stance used in this research study and described by Fay (1987) and Allen (1990) as promoting a process of self-enlightenment for the participants so that they become empowered to share their stories and have their voices heard and valued.
Alongside these important contributions, other aspects affected the decision to use a social ecology framework. These included allowing the researcher to go beyond the immediate to the underlying assumptions, values and worldviews, and making space and time to articulate and understand similarities, differences and meanings (Cicchetti & Toth, 1997; 2005). These aspects are congruent with the philosophical tenets of critical ethnomethodology. In particular, Mulligan and Hill (2001), along with Cicchetti and Toth (2005), discussed social ecology fostering the individual and collective identity to prioritise and implement small, meaningful initiatives that were achievable for vulnerable families so that others learn from them. They explained that a social ecology framework is primarily concerned with progressive change in families and with the need to meet families at their edges of understanding and action; or simply, to meet families where they are rather than where others might want them to be (Mulligan & Hill, 2001; Cicchetti & Toth, 2005).

To achieve this, the use of strategic questioning, active listening and the inclusion of the individual will enable understanding, interaction and action (Gordon, 2000). Social ecology is said to recognise the importance of the whole person and experiential, embodied learning (Kolb, 1984; Varela, Thompson & Rosch, 1993) as well as the impact of living in a broader community (Senge, Kleiner, Roberts, Ross & Smith, 1994). This broader community is represented by family, neighbours and society or the culture in which the individual lives (Dawe, Harnett & Frye 2008). Therefore, a social ecological framework was embraced for this study as it provided a lens through which to investigate the meaning of parenting in vulnerable families. Drawing on the work of Bronfenbrenner (1979) and Wright et al. (2011), three intersecting interrelationships are articulated, which have a foundation in social ecology. The three intersecting interrelationships were defined as a family’s interaction with the home environment, their neighbourhood and wider community and
their social, political, economic and cultural context, including their belief systems and customs. Figure 2 is a diagrammatic representation of this model.

Figure 2. A social ecology framework for working with vulnerable families
Intersecting interrelationships approach.
Designed and adapted from the work of Bronfenbrenner (1979) and Wright et al. (2011).

These principles exist within this intersecting interrelationship approach to a family’s social ecology. The first principle is that all people have existing strengths and capabilities, as well as the capacity to become more competent. The second principle is that the failure of a person to display competence is not due to deficits within the person, but rather to a failure of social systems to provide or create opportunities for the display or acquisition of competence.
The third principle is in situations where existing capabilities require strengthening or new skills need to be learnt: they are best learnt through experiences that lead people to make self-attributions about their capabilities to influence important life events (Ghate & Hazel, 2002; Rappoport & Thomas, 2004). This social ecology framework is an ecological perspective that recognises the importance of vulnerable families’ environments, and the multiple contexts that influence their lives. This perspective recognises the resilience of vulnerable families and focuses on the potentials, strengths, interests, abilities, knowledge and capacities, rather than their limitations or deficiencies. Every family, group and community possesses strengths, and the focus is on these strengths rather than pathology or deficits. Arney, Scott and Stanley (2010) argue that vulnerable families are not jumbles of pathology in need of fixing, but collections of human beings with considerable potential for growth and achievement.

A social ecological approach employs theories and strategies that focus on families’ capabilities and resources rather than the more traditional focus on deficits and pathologies. Families’ abilities, resources, personal characteristics, interests and wishes are all taken into consideration and are considered motivators and tools for positive change. The approach is built on the premise that the normal human developmental process tends towards healthy growth and fulfilment, and that everyone has strengths that will aid them in this process (Hunter, 2012). When working with vulnerable families with complex issues, risk factors need to be identified and addressed, as strengths and capabilities are acknowledged and built on (Scott, Arney & Vimpani, 2013).

Using this social ecology conceptual framework to uncover the meaning of parenting for vulnerable families complements the philosophy of critical ethnomethodology. Social ecology and critical ethnomethodology assume that
activating strengths, competence and possibilities for change exist in the person and the social context (Allen, 1990; Fay, 1987; Rappoport & Thomas, 2004).

3.8 Chapter Summary

This chapter has provided an overview of the methodology used in this critical ethnomethodological research study. A justification for using this approach was presented. The chapter traced the conceptual framework journey that evolved for this study. The journey through social justice to social ecology and the reasons for a change in conceptual framework direction were outlined. Grounded in the social ecology framework, a three intersecting interrelationship approach to family was presented and discussed as the most congruent approach to a critical ethnomethodological design that would uncover the meaning of parenting in vulnerable families. The following chapter presents the research methods used for this study.
Chapter 4: Methods

With the new day comes new strength and new thoughts (Roosevelt, 1999, p.23).

4.1 Introduction

The purpose of this study is to uncover the meaning of parenting for vulnerable families living in a rural area of Victoria. To achieve this, critical ethnomethodology and a conceptual framework based on a three-layered social ecology approach to family was used to unravel and gain insight into these meanings. This methodological stance illuminated meaning and gave voice to the families’ meanings. This methods chapter is organised into six sections: understanding the phenomena, sampling and participant access, data collection, data analysis, rigour and ethical issues.

4.2 Understanding the Phenomena

This study sought to understand the meaning that vulnerable families attach to parenting and to identify their parenting strengths and further, to explore how critical ethnomethodology may illuminate the meaning of parenting for participating families. Therefore, this study goes beyond the description of phenomena; it seeks to understand meaning using a critical lens, framed by social ecology.

The individual attaches meanings to their experiences that, through the person’s shared narrative, can provide deep, rich insights into the phenomena experienced. Such richness and depth are evidenced by the diversity of experiences and detail of the descriptions given. As Patton (2002) argued, each person’s experience is unique to that individual and must be approached as such by the researcher. Understanding phenomena relies on careful listening to the
The meaning of parenting in vulnerable families
descriptions, then comparing them with those of others and those in the literature. The meanings attached to lived experiences are vital in understanding vulnerable families’ responses to parenting their children. Such subjectivity is considered crucial by Liamputtong and Ezzy (2005) to the success of gathering deep information through inductive, qualitative methods, such as interviews. Rich personal experiences will have no meaning for others unless they are communicated (Holloway & Wheeler, 1996). However, meanings are ascribed to lived experiences not only by the individual experiencing the phenomenon, but also by others, including the researcher. Therefore, it matters that researchers keep listening and seeking to understand. The impact of understanding what parenting means to vulnerable families and identifying their parenting strengths are potentially far reaching. To access the intimate meanings of parenting in vulnerable families, the sampling technique and sample size must be designed to meet the purpose of the phenomena under investigation. The following is an explanation of the process undertaken in this study.

4.3 Sampling and Sample Size

The purpose of sampling in qualitative research is not to be statistically representative. However, sampling in qualitative research does proceed with guidance. The guiding principle of sampling in qualitative research is one of purpose; that is, are there people available who will allow the researcher to collect data about them (Lincoln & Guba, 1985). Purposeful sampling was used to recruit 18 families for this study. According to Patton (2002), this type of sampling facilitates selection of participants who will meet the specific needs of the study. Potential participants who had undergone the experience being investigated were invited, to provide the greatest chance of accessing participants who could provide rich data. This sampling technique is congruent with the principles of ethnomethodology, which states that participants should
be drawn from group members of a common culture as they engage in their normal everyday practices (Heritage, 1984).

In this study, the common culture was parenting in vulnerable families. The purposeful sample size of 18 families reflected the requirement for data saturation and a preferred sample size for qualitative research. Purposive sample sizes are often determined on the basis of theoretical or data saturation; that is, the point in data collection when new data no longer brings additional insights to the research questions (Liamputtong & Ezzy, 2005). In this study, 20 families were originally recruited; however, the researcher noted that no new data was revealed at the interview of the 18th participant, and hence the sample size was reached.

4.4 Access to the Participants

Access to the families was sought through a Maternal and Child Health Service Enhanced Home Visiting Programme in rural Victoria. The service is provided by maternal and child health nurses in Victoria. All maternal child health nurses must be general registered nurses and registered midwives, they must have a post graduate qualification in child and family health. Governance of the service is through the Victorian Government Early Childhood Education Department. Nurses in the program are employed by Local Government agencies. There are no multi-disciplinary members in the service.

Mainstream child and family health services in Victoria, are a universal service available to all families with children from birth to school age through a schedule of consultations at key ages and stages, and other activities including parent support groups. In contrast, the primary focus of the Maternal and Child Health Service Enhanced Home Visiting Programme is families with one or more the following risk factors: drug and alcohol issues, mental health issues,
family violence issues, families know to Child Protection, homelessness, unsupported parent(s) under 24 years of age, low-income, socially isolated, single parent families, significant parent-baby bonding and attachment issues, parents with an intellectual inability, children with a physical or intellectual disability, infants at increased medical risk due to prematurity, low birth weight, drug dependency and failure to thrive. The Maternal and Child Health Service Enhanced Home Visiting Programme provides service in the family home and cares for the most vulnerable in the community.

Recent research indicates that the Maternal and Child Health Service Enhanced Home Visiting Programme visits around 50% of families known to Child Protective Services in the state of Victoria (Australian Institute of Family Studies, May 2013). The Maternal and Child Health Service Enhanced Home Visiting Programme Nurse is required to have an in depth knowledge of families, their dynamics, parenting skills, and the effects on development of children from custodial issues, family violence and alcohol and drug addiction. The enhanced role works with the most disadvantaged and complex families in the community. The aim of the Maternal and Child Health Service Enhanced Home Visiting Programme is to provide additional maternal and child health support to vulnerable children and families. Consultation and referral to other disciplines outside the service occurs as needed.

Families who had been enrolled in the programme between March 2002 and February 2005 were invited, to ensure I had not previously met any of the families. I was employed in the Maternal and Child Health Enhanced Home Visiting Programme from March 2005, and this link provided contact and facilitated access to potential study participants. Families were telephoned by me and invited to participate in the research. When families agreed to participate during the telephone conversation, an information statement
(Appendix A) was sent to them to read, along with my contact details, asking them to establish contact if they were interested in participating in the project.

Included were parents participating in an Enhanced Home Visiting Programme who wanted to share what parenting their children meant to them. Families who were clients of the mine at the time data was to be collected were not invited to participate in the research. This was to prevent the possibility of potential participants feeling pressured, coerced or at risk due to their disclosures. Such pressure would have had the potential of subverting the study, as participants may have provided information that they felt the interviewer wanted to hear, rather than discussing the realities of their experiences (Alderson & Morrow, 2004).

4.5 Data Collection
4.5.1 Semi-structured Interview

A person’s perceptions of their experience can be communicated to another through language (Wittgenstein, 1968). In this study, open-ended questioning in a conversational style interview was used, to discuss participants’ feeling and meanings in detail. The method chosen to facilitate data collection for this study was the semi-structured interview. According to Kvale (2008), semi-structured interviewing facilitates a comprehensive and deep description of lived experiences and feelings, while enabling focus on particular phenomena important to the study. In keeping with recommendations by Kvale (2008), interview questions were prepared to provide guidance at specific points in the data collection. Holstein and Gubrium (2003) and Mann (2001) explain that this ensures greater consistency throughout the data collection and will facilitate future comparisons of key elements in the respondents’ narratives during data analysis. Further, the use of a semi-structured interview affords flexibility to follow particular themes raised by the participant, in order to yield full and
detailed information for analysis. Flexibility in topic choice and questioning is seen by May (1991, p. 192) ‘as essential for discovery and for eliciting the individuals informant’s story’. The use of open-ended questions promotes participant freedom to control the pacing and subject matter posed (Mathers, Fox & Hunn, 1998).

4.5.1.1 Setting and Interview Questions

Each participant was invited to select the location of their interview, and they all chose the privacy of their homes. At the commencement of the interviews, the purpose of the interview was explained. Confidentiality was discussed and protection of the identity of participants was explained fully. Each participant chose their own pseudonym and a consent form was provided for the participants to sign (Appendix A). The format and anticipated duration of the interview were explained, and participants were encouraged to ask any questions about the study prior to the commencement of the interview. The researcher’s contact details were given to the participants again.

The aim of the interview was to obtain the participants’ description of their meaning of parenting. The questions (Appendix A) were crafted to maintain the focus on their parenting experience. One question was posed to establish the participants’ demography: Can you tell me a little bit about yourself? Six topic-specific questions were posed:

- Can you tell me what it means to you to be a parent?
- Can you tell me where you learnt to be a parent?
- Can you tell me how you learnt to be a parent?
- Can you tell me about the things that make you a parent?
- Can you tell me what things you enjoy about being a parent?
- Can you tell what things are hard about being a parent?
4.5.1.2 The Interview

Care was taken throughout the interviews to pay attention to emotional content, body language-contradictory movements and speech tones, including, pitch, tone and intensity, to understand better what the participant was communicating. Active listening was employed throughout the interviews. Active listening is an excellent technique to use when gathering data in qualitative research as it allows the interviewer to clarify participants’ points and to probe for deeper explanations as well as demonstrate acceptance and openness (Kvale, 2008). During each interview, brief notes were taken that related to changes in the participant’s body language. I maintained a discreet awareness of the progress of the conversation and time for the interview. This helped ensure participant focus and that he or she was not tired. The length of interviews ranged from 45 minutes to one and a half hours, with an average of one hour per interview.

Each interview was recorded; it was audiotaped from the commencement of the interview until the tape was turned off when I left the interview location. This was done to capture the participant’s entire shared dialogue and to avoid missing any additional information. Audiotaping data helps provide auditability of the procedures used in data collection (Mann, 2001; Gillham, 2000). Auditability refers to the degree to which research procedures are documented, allowing someone outside the project to follow and review the research process (Padgett, 2008).

4.6 Data Analysis

According to Basit (2003, p. 143), qualitative data analysis ‘is a dynamic, intuitive and creative process of inductive reasoning and thinking’. The process of data analysis in qualitative research has room for the unexpected and it
demands skill from the researcher. Maykut and Morehouse (1994, p. 18) implore researchers to consider that:

words are the way that most people come to understand their situations; we create our world with words; we explain ourselves with words; we defend and hide ourselves with words’. Thus, in qualitative data analysis…the task of the researcher is to find patterns within those words and to present those patterns for others to inspect while at the same time staying as close to the construction of the world as the participants originally experienced it.

The researcher must possess the capacity to recognise significant findings and be open to seeing new phenomena under scrutiny. Although qualitative research is not given to mathematical abstractions, nonetheless it is systematic in its approach to data collection and analysis. Qualitative research is framed by a focus of inquiry; whether data is collected through interviews or questionnaires, open-ended questioning allows participants to articulate their perceptions and experiences freely and spontaneously (Gray, 2009).

When data is generated in this format, analysis of data commences with responses being defined to significant categories of meaning and relationships. These categories are derived from the data itself through a process of inductive reasoning. A data analysis method that offers the means for the researcher to access and analyse these expressed perspectives so that they may be integrated into a model seeking to explain the social processes under study is the constant comparative method (Gray, 2009). This was the data analysis method used in this study.

4.6.1 The Constant Comparative Method

The constant comparative method involves breaking down the data into discrete incidents (Glaser & Strauss, 1967) or units (Lincoln & Guba, 1985) and coding them to categories through the process of inductive reasoning. Categories arising from this method generally take two forms: those derived from the
participants’ customs and language, and those that the researcher identifies as significant to the project’s focus of inquiry. The goal of the former is to reconstruct the categories used by participants to conceptualise their own experiences, and the goal of the latter is to incorporate the worldview (Lincoln & Guba, 1985).

Taylor and Bogdan (2012) provide an early description of the process of analysis for the constant comparative method. They explain that the researcher simultaneously codes and analyses data to develop concepts. The researcher continually compares specific incidents in the data, refines these concepts, identifies their properties, explores their relationships to each other and integrates them into a coherent explanatory model (Taylor & Bogdan, 2012, p. 126). The constant comparative method is congruent with the tenets of ethnomethodology, as ethnomethodology is concerned with phenomena as they are encountered from within social settings. This phenomena is often commonplace (Garfinkel, 1967).

Parenting is a commonplace phenomenon, conducted in a social setting (Bornstein, 2004). According to Holmes (1994), the goal of analysis in ethnomethodology is to uncover the shared meanings that participants assemble to make sense of their social world. Shared meanings can produce additional knowledge as a shared experience, and this subsequently makes meanings explicit. The purpose of this study is to uncover the meaning of parenting for vulnerable families. The following steps were taken to analyse the data.

4.6.2 Transcribing Data

The audiotaped data was transcribed verbatim by me immediately after each interview. This is congruent with Bauer and Gaskell’s (2000) belief that analysis begins by reducing the data through transcribing the audiotaped record
of the interview. Each participant’s transcript was read immediately after transcription to gain a sense of the whole and to engage with the participant’s construction of what parenting meant to them.

4.6.3 Two-step Approach to Constant Comparison

A two-step approach for constant comparison was adopted from the methods proposed by Goodwin (2000), Lofland and Lofland (2011) and Lynch (1993), and involved the following steps:

4.6.3.1 Initial Coding

The process of coding began after each interview was completed and transcribed. The initial coding stage was primarily descriptive and summarised the data. Data was coded into as many categories as possible. Comparison of each new datum occurred with the existing codes.

When datum matched an existing code it was placed in an existing thematic category. If the datum varied from an existing code yet seemed related, it was coded descriptively and a new, more general code that encompassed both elements of data was created. At this stage, each participant was provided with a copy of their own transcript and the codes assigned to what they said. This was done to increase the credibility of the codes by providing participants the opportunity to comment on my analysis (perceptions). Analysis moved into the focused coding as the initial codes shifted into more abstract codes, in keeping with the principles recommended by Gray (2009).
4.6.3.2 Focused Coding

Focused coding provided the second stage of classifying and assigning meaning to pieces of information for data analysis. In this process, coding categories were eliminated, combined or subdivided, and I identified repeating ideas and larger underlying themes that connected codes. To achieve this, I re-evaluated and created new definitions and codes when necessary.

When categories were created through focused coding, memos were developed to describe the codes. These memos were then compared with one another to build my understanding of what the participants said. I compared and contrasted findings with issues already revealed. According to Gray (2009), the most valid interpretation possible is produced when the focus of analysis is on recurrent themes from the interviews.

4.6.3.3 Rigour and Trustworthiness

It is important to ensure that qualitative research is conducted in a way that demonstrates its value and credibility. Arriving at a set of criteria for measuring quality in qualitative research is a complex task. Researchers take different approaches to assessing rigour and trustworthiness in qualitative research, and there is no one universal set of standards (Agar, 1986; Guba, 1981; Guba & Lincoln, 1994; Silverman, 2013; Sparkes, 2001). For this study, I adopted Guba and Lincoln’s (1984) framework to address rigour, as it has been widely accepted and applied to nursing research.

According to Guba and Lincoln (1994), trustworthiness has four key elements: credibility, dependability, confirmability and transferability. In addition to the above-mentioned considerations, I used their criteria supplemented by the audit trail and the application of reflexivity to establish trustworthiness and rigour.
As explained by Gray (2009), some authors see the establishment of trustworthiness as synonymous with the establishment of rigour; the audit trail and reflexivity feed into an ultimate decision about the trustworthiness of any piece of qualitative research.

4.6.3.4 Credibility

Credibility refers to the extent to which research findings are believable as a reflection of the phenomena under construction (Gray, 2009). Credibility can be enhanced by a number of different strategies: locating the research in its context, transparency in relation to the process, member checking and verbatim quotation. In this study, credibility was tested by the researcher in the following ways. My professional background as a Registered Nurse engaged in working with vulnerable families (but not the participants) was made transparent, to facilitate the reader’s judgement of the credibility of the research in relation to the influence and background on approach, intellectual rigour, professional integrity and methodological competence. Further, a description of the participants was provided to enable the reader to understand better the background of the participants.

There was meticulous transcription of data to ensure accuracy. Verbatim quotations were used when writing the findings chapters. Each participant participated in member checking, enabling each participant to check the content of their own transcript and the initial codes assigned to their transcript. In keeping with the recommendations of Greene and Hill (2005), the actual findings were checked by the participants so that they could provide comment. Rigour was further enhanced through confirming the theme constructions with each individual participant, and agreement was reached on assertions and concerns. The analysed data is presented thematically in Chapters 6, 7 and 8, and I will have used illustrative and original quotations to increase credibility.
I also participated in reflective commentary; that is, I recorded my initial impressions of each data collection session in my reflective journal. This assisted with my own developing constructions (Guba & Lincoln, 1989). According to Shenton (2004), by recording operational detail of data gathering and addressing the minutiae of what was done in the field I strengthened the dependability of my study.

4.6.3.5 Dependability

Dependability relates to consistency and is founded on careful description and transparency in reporting the research project (Liamputtong & Ezzy, 2005). The reader should be confident that the reporting is accurate. In this study, the data collection method and details for data gathering were reported in a clear and concise manner. Further, in the findings chapters, participant quotations are provided to reinforce the dependability of the findings. The inclusion of participant quotations also enhances confirmability, which Shenton (2004) explains as presenting findings that are a result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher.

4.6.3.6 Confirmability

In this study, confirmability was addressed using a well-defined sampling method, so that the most appropriate participants were selected. Great care was taken to avoid a dependent researcher-participant relationship by selecting participants unknown to me as both a practitioner and researcher. The dependent nature of the relationship between the researcher as an Enhanced Home Visiting Nurse and the participant may have comprised the quality of disclosure and negatively affected the study findings. To minimise this, I precluded any families known to me and included only participants who had
been recipients of the Enhanced Home Visiting Programme between March 2002 and February 2005, as this was prior to my commencement of employment in this programme.

A sufficient number of participants were selected to confirm the findings of the study. Private venues for the location of their interviews ensured frank disclosure by the participants. Confidentiality was maintained at all times, and all participants were provided with information regarding the strategies taken to protect their identity, including the taped and written materials prior to the interview. All participants participated in member checking of their own transcripts and findings; this reinforced confirmability of the study findings as recommended by Liamputtong and Ezzy (2005).

A mechanism that can be employed by researchers to increase confirmability is the audit trail (Shenton, 2004). An audit trail provides signposts for the reader to see what was done but also to understand why it was done. It makes explicit the researcher’s thought process as well as the decisions and practical steps taken (Lincoln & Guba, 1985). When an audit trail is provided, independent audits of the research are theoretically and practically enabled (Smith & Dunworth, 2003). A careful paper trail of all that was done and a record of why things were done are considered good practice in qualitative research (Koch, 2006). In this study, I demonstrated the use of an audit trail by meticulous record keeping with corresponding tape numbers and detailed field notes with corresponding participant numbers. Detailed notes and observations on the context of each interview were kept. A full description of the relevant characteristics of the research participants was provided to allow the reader to understand the background of the participants. The audit trail allows the reader to trace the course of the research step-by-step via decisions made and procedures described. The audit trial contributes to another important aspect of rigour and trustworthiness, that of transferability.
4.6.3.7 Transferability

As the findings of a qualitative project are specific to a small number of contexts and individuals, Shenton (2004) believes that it is impossible to demonstrate that the findings and conclusions are applicable to other situations and populations. Guba and Lincoln (1989) suggest that it is the responsibility of the researcher to ensure that sufficient contextual information about the fieldwork site is provided. In this study, information in the participant overviews was reviewed by each participant to ensure that their identity would not be disclosed or jeopardised.

To enhance transferability, it is important for the researcher to convey to the reader the boundaries of the study. Shenton (2004) suggests that this information should be considered before any attempts at transference are made. The information should be provided at the outset and must include: the number of organisations participating in the study and where they are based; any restrictions on the type of people contributing data; the number of participants involved in the field work; the data collection methods; the number and length of data collection sessions and finally the period over which data was collected (Shenton, 2004).

I clearly addressed the boundaries for the study. The participants were accessed through a Maternal and Child Health Service Enhanced Home Visiting Programme in rural Victoria. Families who had been enrolled in the programme during March 2002 until February 2005 were invited to ensure I had not previously met any of potential participants. I was employed in the Enhanced Home Visiting Programme from March 2005. The selection criteria for inclusion in the study was provided, and included parents participating in an Enhanced Home Visiting Programme who wanted to share their meanings of parenting their children. Precluded from study were any families who were
clients of mine, to prevent the possibility of potential participants feeling pressured, coerced or at risk due to their disclosures. At the point of data saturation, 18 families had been recruited for and participated in the study. The method chosen for data collection for this study was semi-structured interview. Interview questions were prepared to provide guidance at specific points in the data collection process, which is supported by Kvale (2008). The length of interviews ranged from 45 minutes to one and a half hours, with an average duration of one hour per interview. Data was collected over a 12-month period.

Erlandson, Harris, Skipper and Allen (1993) argue that transferability is a contentious issue in qualitative research, as all observations are defined by the specific contexts in which they occur. Stake (1995) offers a contrasting view, suggesting that although each case may be unique, it is also an example within a broader group and, as a result, the prospect of transferability should not be immediately rejected. Bassey (1981) suggests that, if practitioners believe their situations to be similar to those described in the study, they may relate the findings to their own positions. A similar argument is asserted by Lincoln and Guba (1989) and Firestone (1993), who suggest that as the researcher knows only the ‘sending context’, they cannot make transferability inferences. This stance has found favour with many qualitative researchers (Shenton, 2004).

Guba and Lincoln (1989) and Firestone (1993) encourage readers of research reports to peruse the description of the context in which the work has been undertaken. Readers must then determine how confident they are in transferring the results and conclusions presented to other situations. Shenton (2004) believes that to assist with transferability to other situations, the researcher must provide the reader with sufficient thick description of the phenomena under investigation. This will allow the reader to gain a proper understanding of the phenomena and encourage comparison of the instances of the phenomena.
described in the research report with those that the reader has seen emerge in their situations (Shenton, 2004).

4.7 Application of Reflexivity

Qualitative researchers should be reflexive. They should be aware of how their own conscious and unconscious bias may interfere with the research process (Gray, 2009). It is vitally important that a qualitative researcher consider their role in the research process and the potential impact of personal ideology and dispositions on the research findings. Being reflexive can be at a personal level; for example, it may be recognising political beliefs that may direct selection and highlight some findings to the exclusion of others (Dowling, 2006). Reflexivity can be beneficial when examining the power relationship between researcher and participants. The power relationships between participants and researchers and its effects on the research relationship are relatively well documented (Hill, 2006). A researcher who is not aware of how their status as a researcher may be perceived by participants may fail to adopt strategies to minimise the negative effect of the power differential. Participants can view researchers as experts and be inclined to provide answers that they think the researcher expects to hear (Mason, 2002). This power imbalance is likely to exist in the research relationship.

To address power imbalances, Alderson and Morrow (2004) highlight the significance of the researcher being aware of and developing social intimacy during the interview. They stress the importance of maintaining eye contact during the interview (where culturally appropriate), asking permission to take notes, audiotaping the interview and to encourage the participant to speak clearly and slowly. At all times, the researcher should be, look and sound interested in the participant’s contribution.
During the interviews, I was very aware of not leading the participant. I did not use inadvertent affirmations and judgements during the conversations. I was aware that this could lead the participant to offer responses that he or she thought I wanted to hear. This could have reinforced the power imbalance and undermined the validity of the research findings. During the interviews, I used a warm tone, offered reassurance and gratitude to the participant. I engaged with the participants without using positive or negative affirmations. This ensured that the participant could securely put forward their own views, independent of how they perceived this would be received by the researcher. The participants were informed at the beginning of the interview and were reminded during the interview that they could withdraw at any time.

4.8 Ethical Issues

The issue of ethics must be considered when conducting any research, as ethics are concerned with ensuring the safety of participants throughout the project. Ethical frameworks typically address duty, rights, harm and benefits, and a researcher has a duty to ensure participants are respected at all stages of the research process and that the degree of intrusion in their lives is minimal (Alderson & Morrow, 2004). For the purpose of this research, the researcher chose to use guidelines established by the work of Liamputtong and Ezzy (2005) when researching vulnerable populations. They discuss informed consent, confidentiality and participant distress as the most important ethical issues when reaching vulnerable populations. This research was approved by Charles Sturt University Ethics Committee; the approval number was 2006/107 and a copy of this approval can be found in Appendix A.
4.8.1 Informed Consent

An essential part of the research process is informed consent. To meet the requirements of informed consent, participants must be provided with comprehensive and correct information about the research, their participation, the promise of confidentiality, and their rights prior to signing their consent to take part in the research (Macdonald, 2013). Liamputtong and Ezzy (2005) point out that obtaining informed consent from certain vulnerable populations requires special sensitivity. They stress that the importance of the language used in the consent needs to be extremely clear and simple so that participants know exactly what they are agreeing to participate in. It may also be appropriate that researchers read the consent to the participants, as some maybe illiterate.

In this study, I telephoned and invited families to participate in the research by the researcher. When families agreed to participate during the telephone conversation, an information statement (Appendix A) was sent to them to read along with the researcher’s contact details asking them to establish contact if they were interested in participating in the project.

To address the issue of literacy level, I established during initial telephone contact whether the family would find it helpful for me to read the information statement to them or if they wished to read it themselves. This was addressed again at the commencement of the interviews, when the purpose of the interview was explained, confidentiality was discussed and protection of the identity of participants was explained fully. A consent form was provided for the participants to sign (Appendix A). Each participant was asked if they would find it helpful if I read the content of the informed consent to them or if they would prefer to read it themselves before signing.
4.8.2 Confidentiality

The aim of confidentiality in research is to conceal the identity of the participant (Liamputtong & Ezzy, 2005). Concealment of identity can be achieved in research projects by assigning identification numbers and keeping identifying information in a secure location, with access restricted to the researcher only (Alderson & Morrow, 2004).

To ensure confidentiality in this study, all participants were informed that I, as the researcher, was the only person able to link names with interviews and that the tapes would be locked in a separate filing cabinet, to be destroyed five years after the completion of the study. The participants were informed that the interview transcripts would also be kept in a separate locked cupboard, and these transcripts would be destroyed five years after completion of the study.

The participants were assured that they would not be identifiable as they would be able to choose their own pseudonym for the purpose of the study and no identifying details would appear in the report. An additional issue that challenges confidentiality in qualitative research relates to the identifiability of quotes. Even though names are not used, it may be possible for the reader to identify the source of the quotation using information contained within it (Gray, 2009). To address this issue, I reassured participants that the quotes would be scrutinised before using them so that they did not reveal the identity of participants.

4.8.3 Participant Distress

Each stage of the research process should promote an ethos of respect and sensitivity; the participant should not be distressed by participating in the research project (Macdonald, 2013). Reliable and available counselling
resources should be made available to participants if they feel the need to use such a service because of their participation. Participants should also be informed that they are able to withdraw from the research project at any time if they become distressed (Macdonald, 2013), and that all their specific data will be destroyed immediately.

At the commencement of the interview, participants were informed that professional counselling services were available for referral if desired. If participants found their experience of discussing the meaning of parenting caused them too much distress, they were informed that an offer would be made to terminate the interview and details of the professional counselling service would be provided immediately. No participant requested that the interview be terminated, and no referral to professional counselling services was required during the study.

4.9 Chapter Summary

This chapter restated the primary goal of this research, which was to uncover the meaning of parenting for vulnerable families enrolled in an Enhanced Home Visiting Programme, to understand better the phenomenon from their perspective. The methods for data collection—semi-structured interview and audiotaped recording—have been described and established as the most suitable for capturing the information required for the study.

The sampling method and access to participants were discussed. The constant comparison method used for data analysis has been described. The steps taken to ensure rigour and trustworthiness throughout the analysis have been outlined. Key potential ethical issues have been reported and the measures to address these identified issues have been outlined. The participant overviews are presented in the following chapter.
Chapter 5: The Participants

Loving ourselves through the process of owning our story is the bravest thing we’ll ever do. (Brown, 2012, p.90)

5.1 Introduction

After years of working closely with vulnerable families, these families have provided me with opportunities to grow both personally and professionally. I believed it was time to give something back, to invite them to join a study that would provide a voice for this silent group of amazing people. I have had the privilege of interacting closely with vulnerable families and their children, shared and listened to their stories, observed their parenting styles and watched their resilience with admiration on countless occasions. I had often wondered why there was little research published about what parenting meant to vulnerable families, so I embarked on this research journey and invited 18 participants to tell me what parenting their children meant to them.

In this chapter, the study participants are introduced, together with a snapshot of their experiences of parenting. The uniqueness of each family is uncovered and enables insight into what it means to be a parent for these families. This is particularly important as this study examines what it means to be a parent to vulnerable families. The participants selected their own pseudonyms. Some information that may have inadvertently identified a participant has been altered or omitted. Each participant checked their individual overview with me, to ensure correct representation. Only two participants asked for some material to be removed and their request was honoured.

In ethnomethodology it is vitally important that the reader knows (as much as possible, using narrative) the participant and feels that they can identify with
their world. Each participant is introduced in the order in which they were interviewed, and some of my own observations at the interview are included.

5.2 The Participants

5.2.1 Charmaine

Charmaine, a vibrant 26-year-old woman, very forthrightly told me that she was keen to get her ideas of what parenting means to her ‘out there’. She had six children: the first three are to different fathers; her last three to her current partner, Ed. Charmaine shared how she grew up in an abusive household, that both her parents were heavy alcohol drinkers and that she was largely responsible for the care of her younger siblings. Charmaine raised her siblings as well as she could, but this meant that her schooling was not completed past year eight. Charmaine described how she parented her siblings and her own parents. She said that she did this so they would survive. At the age of 14, Charmaine fell pregnant to her first partner, who was 16. She stayed at home out of concern for her siblings and because she did not really like the father of her baby. Charmaine told me that she never sought assistance with parenting from her own mother. She spoke frequently throughout our interview about Mae (pseudonym), an elderly neighbour who had shown her what it meant to be a parent with her siblings and later when Charmaine had her first child. Charmaine recalled that Mae was brilliant.

5.2.2 Katie

Katie was a 21-year-old single mother with two boys of four and two years old, and was 19 weeks pregnant with her third child. She lived intermittently with the father of her unborn child and she did not have contact with the father of her two boys. Katie told me that from the age of 16 she had been taking drugs and went ‘off the rails’ because she was bored at school and sick of living like all
the other kids at her school. Raised in a loving, supportive family, Katie reported that she decided after the birth of her first son that she could not give up drugs and her partying lifestyle, so she gave up her baby instead. Katie left her son with her parents. She talked freely of not feeling like a parent for the first 12 months of his life, as she did not provide any care for him and did not see or try to have contact with him although her parents regularly sent photos of him to her. Katie said that was the turning point for her; being a parent to her son meant taking control of her life and getting clean. Katie talked about how difficult it had been to stay away from drugs and alcohol and how her parents had been the major support in her life during this time.

5.2.3 Mark

Mark was one of three single fathers who responded to my invitation to join the study. Mark was eager to join the study to give a male perspective. Mark was 40 years old and had sole custody of his three-year-old son. He had no extended family living in the area as he chose to move a significant distance away from his son’s biological mother. Mark had two young adult sons (22 and 20 years old) living in Melbourne, but he had not seen them for ten years due to a difficult relationship with their mother. Mark was placed in foster care at the age of six; he did not know his father and had not seen his mother since she placed him in care 34 years before. Mark talked about the various foster care placements he was put in until he was 13, when he went to Juvenile Justice for the first time. Mark said that nobody had been a parent to him during his time in foster care. Between the ages 13 to 18, Mark spent time in and out of Juvenile Justice centres. After turning 18, he entered mainstream prisons for several lengths of stay.

When Mark’s girlfriend told him that she did not want custody of their son, and that she intended to leave her son with her friends, Mark decided that no one
else was going to look after him. Mark took steps to gain custody and moved to an area where nobody had any influence on him. This process involved extensive parenting classes and assessments for Mark so that he could prove that he was capable of caring for his son. Mark was very proud that he had continued to fight through the court system to obtain custody of his son after being told by authorities very early in the custody case that Mark had little or no chance of having his son in his care. Throughout the interview, Mark never lost sight of where his son was and as they left, I saw a laughing little boy being hoisted high onto his father’s shoulders.

5.2.4 Roxy

Roxy accepted her invitation to participate after receiving further information about the study. Roxy told me that she did not want to participate in a study that would only tell a story from the researcher’s perspective and not the people being interviewed. After our discussion, Roxy joined the study and provided wonderful insights into what parenting meant to her. Roxy, at 27 years of age, was a single mother of an 18-month-old girl. She had a long history of heroin addiction and had been on a methadone programme for the previous five years. She required daily oral doses of methadone to curb her heroin addiction.

Roxy shared that her relationship with her family was not good; she had parented her parents and siblings, as her parents were never available and were useless. Roxy rarely saw her parents; this was her choice, and she explained that she would never rely on their assistance with the care of her daughter. Roxy said that her childhood was forgettable, not memorable. She said that she learnt more about parenting from her best friend’s mother than she did from anyone else. Roxy was envious of her best friend’s loving relationship with her mother in particular: how they cared and looked out for each other, and spoke softly to each other. Roxy did not share this with her family. She was very clear
about how she would raise her daughter. She had commenced a TAFE Course to finish her education so that she could work to provide a safe and secure home for herself and her daughter.

5.2.5 Tess

Tess was aged 38 and had five children. She had her first child at 19 years of age. Neither Tess nor her children had contact with the children’s father, due to his violence towards them. At the time of the interview, Tess had an order in place to prevent him from contacting her or their children. Tess was raised by her grandparents after her mother left her four small children to live with her boyfriend in Western Australia. Tess always blamed herself for her mother leaving, as she would constantly verbally abuse and degrade Tess and tell her that one day she would leave and it would be Tess’s fault.

Tess had seen her own mother only three times in her life after this. She did not refer to her mother as ‘mum’, but used this name for her grandmother. Her grandfather passed way the year before the interview and she became very upset when she spoke his name, saying that he had been ‘a champion man’. Tess shared that she was very close to her grandmother and that the children saw their great grandmother nearly every day. They were openly affectionate with each other and the children became very excited when their great grandmother called to the house prior to the commencement of our interview. She had arranged with her grandmother to care for the three smaller children so that they would not interrupt our interview. The children ran straight to their great grandmother to be picked up and cuddled, and the house filled with laughter. Tess stated very clearly that her grandmother had provided her with a wonderful parenting role model, giving her a lot of love, affection and showing—not just telling—her what to do with the child. It was her grandparents who helped her leave her domestic violence situation. However,
they had never pressured Tess to leave, even though they had provided a safe haven on numerous occasions when Tess had tried to leave her partner. Tess shared that parenting meant knowing and connecting with your children, being there for them through ‘thick and thin’.

5.2.6 Matt and Sally

Matt and Sally were both 18 at the time of the interview and had been together since they were 15. They had a five-month-old son and at the time of the interview, lived as a family in their small unit. They had both been raised in single mother families; Matt had never met his father and Sally had not had contact with her father since she was six years old. They both had strained relationships with their mothers; each had left their family homes at 16 and spent a year ‘couch surfing’ at different friends’ houses until they met each other and started living together in a caravan park. They did not rely on their mothers for support or advice with raising their son; their mothers had each seen their grandson on only one occasion. They both explained that their mothers had always been too busy with their boyfriends to worry about what they were doing: if they were fed, at school or even at home. They felt that they had really raised themselves and their younger siblings. They talked about how they had to support their mothers when their relationships with various men finished. They said that at times they felt disgusted and ashamed that their mothers discussed aspects of their intimate relationships with them and expected them to provide emotional support at the end of relationships. They talked about being the parent, rather than the child, in their families of origin. Matt and Sally did not finish school, with both only attending until mid-way through year eight. Matt went on to explain that nobody really cared whether he was at school and he was truant from about the age of ten, contributing to his illiteracy. At the time of the interview, Matt and Sally were attending TAFE to
complete year ten of their schooling. They talked about wanting a better life for their son, and to get that they needed to have an education.

5.2.7 Naomi

Naomi was 25 at the time of the interview and had four children: two boys of eight and six years, and 12-month-old twin girls. She lived with her children as a single mother. The father of her two boys was in prison and at Naomi’s insistence, did not have any contact with the boys. Her youngest boy had never met his father as he was incarcerated prior to his son’s birth. The father of her twin girls lived in another state and occasionally visited his daughters. Naomi’s parents were alcoholics and she was raised in a verbally and physically abusive household. She spoke of the disgust and shame she felt towards her parents. She avoided contact with them and described her relationship with her own mother as tenuous. She did not see her parents as close people in her and her children’s lives. Naomi had been taking care of herself since she was 16, when she left home to live with her first boyfriend. She stated that she had done this to get away from the abuse and rubbish she had to put up with in her family home. Naomi had little parenting influence in her life.

5.2.8 Rachel and Mick

Rachel and Mick were the proud parents of a two-year-old girl. At 23 and 24 years they had been partners four years at the time of the interview. They were a happy, loving couple, and clearly showed their affection for each other and their daughter during the interview. They both worked at the local supermarket and relied heavily on Mick’s mother for support, childcare and advice on parenting their daughter. They had close relationships with their own families and had large extended families living within their town. Both shared a common upbringing: violent households with physically and verbally abusive
fathers who left the family household multiple times, returning after each incarceration was completed. Their mothers eventually raised their children in single parent households, struggled with poverty, lack of education and positive male role models. The impact of parental, financial and educational deficits on Rachel and Mick included poor literacy and both had attended TAFE courses to improve their literacy and to assist with gaining employment. They had been successful in gaining employment three months prior to their interview.

5.2.9 Steve

Steve was 32 years old at interview and had sole care of his 18-month-old daughter after his partner, Karen, suffered a chronic debilitating illness when their daughter was six months old. Karen remained in the care of a specialist facility and did not recognise Steve or her daughter when they visited her. Steve talked about his sudden passage into being a full time parent, as prior to his partner’s illness he had been working part-time but now had sole care of his daughter. Steve explained that there were no family members who could provide care to such a small child. He did not know anything about Karen’s family as he had never met them and he could not find them to let them know of their daughter’s illness or the birth of the grandchild. Steve reported that he had a strained relationship with his own parents and rarely saw them after he left home at 17. His parents had not been affectionate, and never demonstrated any kind of feeling towards him. He had an older sister but he did not know where she was as they had lost contact years ago. Steve felt that from an early age, his parents had not really wanted him. They had shown very little interest in him. He talked about the lack of love and warmth in his house as he was growing up.
5.2.10 Suzy

Suzy was 23 years old at interview and had an eight-month-old daughter who was diagnosed at birth with a severe cardiac condition. Prior to the baby’s birth, the family was not aware of any cardiac defects and the defect was not diagnosed during routine pregnancy ultrasounds. The baby had had surgery twice since birth, and more surgery was scheduled over the following two years. One month after the baby was born, her partner of four years told Suzy that he could not cope with her and a sick child, and left the family home. He had not seen his daughter since. Suzy was now a single mother raising her daughter with the support of her elderly parents who lived nearby. While her parents were a good support to Suzy, she was always fearful that her ex-partner would return and try to come back into their lives. Underlying this fear were many incidents of domestic violence, resulting in Suzy being hospitalised on numerous occasions during the tumultuous four-year relationship.

5.2.11 Natasha

A bright and bubbly 17-year-old single mother at the time of interview, Natasha asked the father of her ten-month-old baby to leave two months before her baby was born as she felt she would be raising two babies instead of one. Although Natasha had extended family to support her and an air of confidence well beyond her years, her life had not been easy. She did not know the identity of her father; she only knew that he had been violent towards her mother when she was eight months pregnant, leading to her mother’s hospitalisation. Natasha had been born one month prematurely due to the injuries her mother had suffered. Natasha had been placed in foster care as soon as she was born and her mother worked extremely hard for the next ten months to prove to Child Protection that she was a responsible parent, capable of caring for her child. With the help of her own mother, Natasha’s mother was granted custody of Natasha when she
was ten months of age and was returned to her fulltime care. Together, these three women had worked as a team to provide love, care and parenting to three generations.

5.2.12 Kellie

Kellie was 18 years old at interview, a single mother of a ten-month-old boy. Kellie and Natasha were best friends. Kellie did not have any extended family nearby. She left her family home when she was 15 years old, as she did not get along with her mother’s new boyfriend. Her mother had been in a series of relationships for most of Kellie’s young life. Kellie had been placed in foster care on five different occasions when her mother had either commenced or left a relationship and did not want to bother with raising Kellie. Natasha’s family had adopted her as their ‘daughter’ and provided the same support and advice to her as they did to Natasha. Kellie did not have a relationship with her mother and had had no contact with her for several years. She considered Natasha’s mother her own mother.

5.2.13 Will

Will cared for his 15-month-old boy, and was the youngest single father to join the study, at 19 at the time of interview. Will became a father a few months short of his 18th birthday, and his partner Amanda was 17 when she gave birth to their son. When their baby was six months old, Amanda died in sudden and painful circumstances. Will shared that he had promised Amanda that nobody would raise their baby but him. Amanda and Will’s parents lived nearby and provided support and advice to Will when he asked for it. The relationships with both parents had been strained in the past. Amanda’s parents had asked Amanda to leave their family home when she was 16, as they could not deal with her rebellious behaviour. Will’s family did not like Amanda and felt that
she was a bad influence on him. Will had told both parents that Josh was his responsibility and he would raise him the way he and Amanda had always planned they would. Will was a gentle young man, quietly spoken and revelling in his role as a parent. His son Josh was a replica of his father, and when I arrived for the interview I was smitten by the likeness between father and son. Will said that Amanda and he had always wanted to be parents.

5.2.14 Mel and David

Mel and her partner, David, had three children aged ten, six and three at the time of interview. They were 28 and 30 years old, respectively, at interview. They had struggled since their early teenage years with drug and alcohol addiction and had both attended multiple rehabilitation programmes. For the four years prior to the interview, they had both been sober and had not used drugs. They had poor literacy as they had completed primary school but received no secondary schooling. Mel and David came from violent family backgrounds where daily physical and verbal abuse was the norm. They spoke at length about their parents never being available to them, being either drunk or drug affected, and how their need to survive drove their existence. They no longer had contact with their families and did not know where they lived. Mel and David had never held paid employment. They both had literacy problems and found parenting a demanding job.

5.2.15 Cindy

Cindy was 26 and had four children under five at the time of the interview. She did not live with the father of her children due to constant arguing. He did come to the house to see the children most days, only when it was convenient for Cindy. Cindy grew up in a family who repeated the same pattern of family life as the previous generation. Cindy described her parents as alcoholics who
struggled to provide financially for the family as they lived from welfare payment to payment. The family lived in a desolate public housing area; her parents, like her grandparents, had never been in paid employment. She said that her parents never looked after the family, were never responsible for the children’s needs. Cindy explained that she looked after her parents and siblings. Cindy was eternally grateful to her neighbour, Jessie, for teaching her how to be a parent. Cindy was an organised mother and on the day of the interview she had arranged for her friend to care for the children. Cindy discussed how she wanted to cuddle and keep her children close to her as she felt a huge sense of responsibility for them.

5.2.16 Rosie

Rosie was Cindy’s neighbour and best friend; at the time of the interview she was a single mother of a two-year-old boy, and 20 years old. Her relationship with her child’s father had been dominated by physical and verbal abuse. Rosie had been hospitalised with injuries due to assault on four occasions when she lived with her partner. This pattern of behaviour followed what Rosie had witnessed in her own upbringing, with both her parents violent to each other and to their children, eventually leaving the children in their later years in foster care. Rosie had had no contact with her biological parents since the age of 14. Rosie relied heavily on her friendship with Cindy for support and advice in raising her son. She cared for Cindy’s children when I interviewed Cindy, and Cindy cared for Rosie’s son when I interviewed Rosie. The father of her child saw his son on alternate weekends, although Rosie did not see her son’s father as Cindy dropped and collected Rosie’s son at his father’s house.
5.2.17 Trisha

Trisha was 19 years old at the time of the interview and had a 20-month-old son. She had been in a relationship with her son’s father but this had ended four months earlier. Trisha now lived with her grandmother, who was her main support. Her mother lived in Queensland and Trisha’s stepfather refused to allow her to return to the family home as a result of her behaviour as a younger teenager. Trisha described herself as headstrong and stubborn. Trisha said that she did not have much respect for her mother, as she had not been a mother or a parent to her. Trisha explained that prior to marrying her stepfather; her mother had had a series of unsuccessful relationships. Trisha was expected to be her mother’s emotional support each time a relationship ended. Trisha felt that her mother saw her as her parent rather than as her daughter, as she shared the most intimate details of her failed relationships with her. She said this was not right for a mother and daughter, and that she felt as if her relationship with her mother had always been one sided, only to the benefit her mother’s emotional needs. In contrast, Trisha and her Nan shared a loving relationship and Trisha was very respectful of her Nan’s advice.

5.2.18 Maddie

Maddie was aged 22, had two girls aged two years and four months. Her partner, Karl, was 23, and at the time of the interview was in prison. Maddie and Karl had been together since they were both 16. Karl has spent several terms in prison during their relationship, working only sporadically between terms. Maddie provided the parenting to the children, with her mother her major support. Maddie lived two doors from her mother and spent most days at her mother’s home. Maddie’s father had left the family home when she was a small child, and she did not have any contact with him. She relied on her mother to provide assistance with the children and they shared a very close and
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loving bond. During the interview, Maddie was very open about her feelings towards Karl, and did not rely on Karl for any aspect of parenting, as he did not feature a great deal in the children’s lives. She spoke about how much she loved Karl but knew in reality that he would probably never change his ways. It was her mother who provided the parenting support to her and whom she talked about as the perfect parenting role model.

5.3 Chapter Summary

The participant overviews provide a snapshot of their families of origin and parenting influences. In critical ethnomethodology it is important that the reader knows (as much as possible, through the use of narrative) the participant and feels that they can identify with their world. The participant findings are discussed in the following three chapters. The focus of Chapter 6 is fear of retribution, and how this shaped participants’ meaning of parenting. Identity development as people and parents is the focus of Chapter 7, and in Chapter 8, becoming a confident and competent parent is explored.
Chapter 6: Fear of Retribution

You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, ‘I have lived through this horror. I can take the next thing that comes along.’ You must do the thing you think you cannot do (Roosevelt, 1999, p.115).

6.1 Introduction

This is the first of three chapters that discuss the findings from the collected data. It will commence with an exploration of the experiences that lead to fear of retribution, one of the major themes identified by the participants when asked to share their thoughts and feelings on the meaning of parenting for them as vulnerable families. In keeping with the ethnomethodological foundation of the study, the threads of social ecology are woven into the discussion: family, neighbourhood and community. All participants discussed the fear and anxiety they felt when they commenced their parenting journey, but it must be acknowledged that these are normal feelings for all new parents (Bornstein, 2004; Linke, 2004). As parents gain confidence in their parenting, fear and anxiety is often replaced by joy and contentment (Linke, 2004). However, for the participants in this study fear and anxiety did not abate as their parenting journey gathered momentum; instead, these experiences developed into fear of retribution, and became a central concern for them. This fear of retribution shaped their meaning of parenting.

Three subthemes were identified as part of the fear of retribution experienced by all participants. The first subtheme is entitled ‘previous impact of child protection involvement in the participants’ lives as children’. This subtheme describes the traumatic influence of previous early involvement with child protection services, shaping their current parenting. The second subtheme is
entitled ‘hypervigilance’, and describes the participants’ feelings of always being careful about not getting into parenting situations that could expose them to a child protection notification. The third subtheme is entitled ‘feeling judged’, and describes how participants coped with their perception of being judged and disrespected by health care providers from the beginning of their parenting experience. Understanding the participants’ fear of retribution in parenting requires an exploration of how exposure to parenting trauma—in particular, the involvement of child protection services in the participants’ lives as children—has shaped their current parenting.

6.2 Childhood Experiences with Child Protection Services

Most participants had a history of involvement with child protection services as they were growing up in their families of origin. Participants openly stated that there had been many child protection notifications during their early childhood years. Embedded in their childhood memories were caseworker names, frequent visits to courts with their parents for case hearings, and recalling the upheaval and lack of privacy in their lives once child protection services became part of their family life. Many participants discussed how child protection workers discussed how hopeless their parents were in front of them, and how they had frequently been referred to as ‘kids of loser parents’. Participants reported how traumatised they felt from their early interactions with child protection services, and how their involvement had influenced their own parenting. Roxy, for example, said:

Having them [child protection services] in your life when you are a kid is the worse trauma you can imagine, you know from the first time they come you are different, like you are a piece of rubbish and everyone knows it.

Feelings of trauma from their early interactions with child protection services culminated in fear, anxiety and the on-going inability to trust those in authority.
Charmaine discussed the trauma caused by the involvement of child protection services in her early life:

I know what it feels like to have them in your life. Nothing is sacred, they know everything about you. It is so traumatic, all the questions, they trawl through your life and expose everything about you. They used to come to the house whenever they liked, go through our bedrooms, speak to us like we were shit under their shoes. I used to get this terrible feeling in my gut, you know that feeling when you are so frightened that your guts just gets so churned up and you get really anxious. It used to happen when I saw a car with government plates in front of our house. I knew it was them and then all the hassles would start. I knew my parents were rubbish and I swore to myself that this would never happen to my kids and me…It was the most traumatic time in our lives, having child protection there, it makes you feel like rubbish and you are worth nothing.

Charmaine’s early experiences with child protection services affected her sense of value and self-worth. Charmaine, like many participants, experienced fear and anxiety, and these feelings caused on-going trauma for her. Cindy, along with Mark, discussed the never-ending nightmares they individually experienced from the trauma caused by child protection services when they were removed from their families of origin as children. These feelings continued to haunt them as adults. Cindy shared her story:

You have no idea how much trouble we had with them when I was a kid. I know my parents were crap but I remember the day I was taken away from my parents by them. It still breaks my heart. They were so hard and cold didn’t care one bit that I was just a little kid. I was so scared, I thought I was going to die; I had nightmares for years…I still have nightmares about it if I am honest.

Mark related a similar story:

I was scared shitless of them, actually it was terrible and cruel when I think back. They would pull up out the front of the flats in white cars. I hated those cars, sends a shiver down my spine when I see a white car. That was the car that took me away, it was chaotic that day, shouting, swearing, and crying…even now I have nightmares about it.
Cindy and Mark found the involvement of child protection services in their early lives very traumatic, a shocking experience—terrible, cruel and chaotic. They described the attitudes and behaviours of the child protection workers towards them as impersonal, cold and mechanical; showing a lack of sensitivity and indifference to them as children when they were removed from their parents’ care. Mark described his fear and vulnerability when he was given to the child protection worker by his mother:

I was surrounded by hard, mechanical people and nobody really had any emotional attachment to me. Bit sad isn’t it? You know it felt like this is it for me, I am gonna be on my own from now on. I was just a kid for God sake and no one cared a shit. I so scared that I peed myself when I got into that car and no one even noticed. You know I tried to forget that day so many times but I just couldn’t, it stayed with me. I would never put any child of mine through that heartache.

Etched in Mark’s memory was the sense of fear he felt when his mother gave him to the child protection worker. As a small child he was resigned to the fact that he was now alone, no one cared about him, his sense of fear was so overwhelming that he lost control of his bladder function. The memory of this traumatic event stayed with Mark for the rest of his life and influenced his own parenting.

According to Perry (2002, p. 23), trauma is a psychologically distressing event that is outside the range of normal childhood experience, and involves a sense of intense fear, terror and helplessness. Initially, Mark displayed normal characteristics for a child who had experienced a traumatic event. A traumatised child may feel fearful and anxious, stunned and dazed, emotionally numb or detached. The child may experience dissociation, depersonalisation, avoidance behaviours and the re-experiencing of intrusive thoughts, images, flashbacks and dreams (Bisson, 2007; Bryant & Harvey, 2000; Forbes et al., 2007; Jacobs, 1999). Essentially, these symptoms are self-defence mechanisms that serve to distance and protect the individual from the traumatic event.
Traumatic events may affect individuals in varying ways. Bisson (2007) discussed that a traumatised individual may seek not to relive, to hold close, to remember but to disengage, to create distance and to forget the catalysing crisis, which precipitated the trauma. For Mark, the trauma of child protection involvement with him as a child had a devastating effect on his early parenting of his son. He initially disengaged from people and created distance between others, his child and himself. Mark explained:

I lived in fear of them coming to take my son; you have no idea what it was like. I couldn’t sleep; I couldn’t concentrate on anything for longer than a minute, that’s the truth. I was worried one minute, yelling and crying, I was suspicious of everyone, couldn’t trust anyone. I knew I didn’t have much parenting experience as everyone said. My life had been shit, in and out of foster homes. But when my son’s mother left I swore I would take care of him and love him and they [child protection] wouldn’t do to him what they did to me. It was getting really bad; I started to stay away from everyone and everything. I went to see the counsellor and we worked on it. Truly, the fear and anxiety I felt was driven by all my years in foster care and the shit I put up with. They [child protection] used to come and get me and move me onto the next family…I lived in fear of this for my boy.

Mark lived in fear of child protection services removing his son from his care just as he had been removed from his mother’s care many years ago. He continually struggled with the deluge of anxiety—disrupted sleep patterns, rapid mood changes, irritability, anger and poor concentration as he relived his own trauma. He struggled to parent his son, became isolated and deeply suspicious of people around him. It was after Mark sought professional assistance to address and understand his response to his past trauma that he began to enjoy his parenting role. Most participants in the study had never forgotten the trauma; they held the memory close to their hearts and were equally determined to forge a positive parenting experience for their children. Participants used their trauma to ensure that the same traumatic events did not occur in their children’s lives. At the time of the study, no participant had had any involvement with child protection services as parents.
Several participants explained how they had never forgotten the trauma they had experienced and how they had used their previous negative experience with child protection services to influence their current meaning of parenting: to be a good, loving parent. Charmaine and Kellie explained that they did not want any involvement with child protection services once they became parents, and they believed there would never be a need for child protection services’ involvement as they were good parents. Charmaine described her determination:

No way is the department [child protection services] going to get involved with me. I have been there and done that. I was made to feel like I was a loser as a kid by them so after all that crap I am determined they are never going to get anywhere near me and my kids. I learnt my lesson with them as a kid, you try to put it out of your mind but you never do because it’s always lurking there, reminding you. Even before I had my own kids I knew that I would do anything to avoid them [child protection] just like you avoid the plague! I got myself organised, and seriously, I stick with people I know and trust and I never let me or the kids get in a situation that can bring me onto their radar. I am a good parent; I love my kids so they don’t need to bother me.

Kellie told a similar story:

I don’t need or want the hassle with them [child protection] thanks very much. No way, I stay well out of their way. I went through hell with my own mother and the department [child protection]; I never forgot it but God I spent a lot of time trying to forget the shit I went through. For years, I always felt like I was second class, you know…I’m not going there with my little boy, I am not like my mother was with me, and I am a good mum. Natasha and her mum help me out; I can trust them so I won’t have any trouble.

Charmaine and Kellie were determined never to have involvement with child protection services; they had worked hard to put strategies in place to prevent involvement. They relied on people they knew they could trust and would assist them to reach their goal of no child protection involvement with their families. Charmaine and Kellie used peri-traumatic dissociation, a natural response to
traumatic experiences suffered by individuals to shield themselves from any potential child protection involvement with their families.

Gershuny and Thayer (1999) and Herman (1997) explain that peri-traumatic dissociation provides a psychological means of escape for a person confronted by an overwhelmingly traumatic experience in which they are trapped. The traumatised person may attempt to avoid the experience that assaulted their senses; avoidance or depersonalisation can act as defence mechanisms to protect them through a process of evasion (Pyszczynski & Kesebir, 2011). According to Streeck-Fischer and van der Kolk (2000), dissociation can relate to many facets of the individual, including emotion, thought and behaviour. The individual can find their ability to feel emotions decreased, and describe themselves as emotionally numb.

Emotional withdrawal and a sense of detachment from others can ensue, accompanied by a loss of interest in the activities of their life (Luthar & Zelazo, 2003). The person may be driven to seek escape from future trauma and actively avoid people, places or situations that trigger their recollection of the event. Raphael, Martinek and Wooding (2004) explain that the person may modify their behaviour to avoid stimuli to previous traumas. Branaman (2001) further argues that negative feelings—such as a sense of inadequacy—can act as a protection mechanism and serve to deter the actions and behaviours that previously resulted in failure.

Most participants of this study escaped future trauma, and did actively avoid the people, places and situations that triggered their recollections of their past trauma. Most participants used their early sense of inadequacy as a protective mechanism. However, they also used their sense of inadequacy to drive their determination to be the best parents they could be. They used lessons learnt from their previous exposure to trauma related to child protection service
involvement to grow and become caring, loving parents. Roxy’s story typified the responses of many participants:

Oh yeah, I learnt real quick that if you want your life in tatters and everyone to think you are a piece of rubbish then you keep the department [child protection] around…like that was going to happen. My childhood was forgettable not memorable because of them and my parents and I am not having that for my girl. They [child protection] don’t figure in my life and never will…believe me. I was so determined to be a good parent; actually I am a good parent. I love, provide and care for my girl.

Roxy and many other participants’ responses were in direct contrast to literature that suggested an individual’s parenting history, especially if it included parental neglect, played a significant negative role in the development of that individual’s own parenting skills (Kim, Trickett & Putnam, 2010; Berlin, Appleyard & Dodge, 2011; Bloomfield, Lamont, Parker & Horsfall, 2010).

Prominent authors on parenting, including Banyard, Williams and Siegel (2003) and Radford and Hester (2006), have discussed the impact that traumatic experiences in childhood can have on an individual when they enter adulthood and begin to parent their own children. It has been reported that they experience significant difficulties in parenting (Banyard, Williams & Siegel, 2003; Radford & Hester, 2006). Carolan, Burns-Jager, Bozek and Chew (2010), in their study of the involvement of child protection services in the lives of children when they become parents, found that all parents experienced child protection services’ involvement as traumatic. The trauma was ongoing and the symptoms experienced were akin to Posttraumatic Stress Disorder (PTSD). Their participants developed a hypervigilant parenting style as a strategy to prevent child protection services’ involvement in their current families. Likewise, in this study, participants were found to have developed a hypervigilant parenting style in an attempt to avoid the involvement of child protection services.
6.3 Hypervigilance

According to Katz (2001), hypervigilance is an increased psychological and physiological tension that places a person in a perpetual state of preparation to meet a possible threat, stress or trauma. Wesselmann and Shapiro (2013) argue that adults who have been exposed to abuse and neglect as children are more likely to become hypervigilant parents, driven by fear. The emotion of fear, a nebulous and entirely subjective concept, was sometimes difficult to describe, as Naomi explained:

I got dobbed into them [child protection] when I was pregnant, can you believe it! The fear I had was gut wrenching, I felt sick all the time...then when nothing came of it [the notification], I spent all my time looking over my shoulder. Worried sick that they would come...they know your history and so it’s like someone is always watching and waiting. It’s like you are on guard all the time...just waiting, you can’t enjoy being a parent, can you, when you are worried and scared about them [child protection] all the time.

Naomi experienced fear that her child might be removed from her care because she had a long history with child protection as a child. A notification to child protection had been made during Naomi’s pregnancy, but it was not substantiated. However, she continued to experience fear and anxiety that her child would at some stage be removed from her care, and could not enjoy being a parent to her child. Matt and Sally shared a similar experience. They told of their fear that their child would be removed from their care and how they felt powerless to prevent it:

When he was born it was actually horrible; we were too scared to look after him to begin with ‘cause we thought he would be taken away. We didn’t have any family who could help; they didn’t give stuff about us. The experience was very frightening, we felt so numb...we just...we can’t explain...we were just so very scared. People at the hospital were trying to help us but we were so scared, it just didn’t go in. We didn’t enjoy the first few weeks of being parents because we were so scared that he would be taken away from us.
The gripping fear described by Matt and Sally rendered them close to being unable to care for their newborn son. Matt and Sally felt that they were helpless in a situation beyond their control. Rosie discussed her feelings of fear as they related to her past experiences with child protection services as a child. She was constantly concerned that her son would be removed from her care because she had child protection service involvement as a child, due to her own violent parents. Rosie explained:

When I had my boy, I worried like hell. You know I was always on the lookout because I remembered what it was like for me...shit, it’s like it was yesterday. There was all this crazy yelling. They [child protection and the Police] came in and it was a bit like, ‘Shit! What’s happening?’ I was shit scared and then they [child protection] took me. My God, my parents were so out of it they didn’t know what was going on, they were like yelling, what’s happening? Then I was gone. After that it was foster care after foster care. I spent the first year of his life watching, waiting and living in fear of them [child protection] coming for us.

The emotion of fear is said to be a person’s natural and expected response to encountering a challenging situation (Freire, 2005). Freire (2005) argues that fear only becomes negative if the individual becomes overwhelmed and paralysed by it. Such paralysis can stop the individual from managing the challenge and from experiencing the resultant understanding, development and growth. For Naomi, Matt, Sally and Rosie, their degree of perceived self-efficacy to deal with the situation was low; they were in a situation aptly described by Freire (2005, p. 76): ‘when there is a perceived threat or challenge, a person’s associated experience of fear is directly related to their capacity to deal with it, in light of their own evaluation of their ability to respond’. Freire (2005) further argued that when a person approaches a threat or challenge with a sense of inadequacy and poor self-belief, they will experience fear. Conversely, when the person faces a challenge with a degree of confidence in their ability they will master the task and experience growth.
The transformation of fear into positive growth or negative withdrawal can occur in tandem with a concurrent and powerful change in the way the person perceives themselves, as either effective and adequate, or ineffective and inadequate to the task. For some participants, fear was intense; for others it was paralysing, affecting them mentally, emotionally and physically. Participants described an intense fear that was generated in response to past experiences of child protection involvement with them as children. For many of the participants, just the thought of potential involvement with their own children generated a deep sense of fear and contributed to hypervigilance in parenting their children.

In the literature, two very different types of hypervigilant parenting are recounted. Wallace’s (2011) description of hypervigilant parenting was not appropriate for this study; however, Wesselmann and Shapiro’s (2013) explanation complemented this study. Wallace (2011) explained hypervigilant parenting as being driven by the media, which has made parents more aware of threats, stranger danger and abuse. This has been coupled with the growing trend of competitive parents, who fear that if they do not do everything for their children they will be disadvantaging them. However, this has led to the advent of over-protective, over-involved and hypervigilant parents, referred to as helicopter parents. This was not the experience of the participants of this study; they did not grow up in this type of environment. Instead, the majority of participants grew up exposed to abuse and neglect as children, and were thus more likely to become hypervigilant parents, as described by Wesselmann and Shapiro (2013).

Wesselmann and Shapiro (2013) described this form of hypervigilant parenting as developing out of the abused child learning that if they are not in control of a situation they are leaving themselves vulnerable to getting hurt. The child is in a state of hypervigilance at all times; this is lived out by always being aware of
what is happening in their immediate environment and reading their parents’ moods. As a result, the child keeps a constant eye on an escape route, just in case they are going to be further abused. These children tend to be in a chronic state of hyper-arousal and hyper-anxiety, and as they grow into adulthood they maintain their hypervigilance to feel in control and safe; this is recognised as survival mode. When they become parents themselves, they become hypervigilant, extremely aware of the reaction that people in authority have to them (Katz, 2001). For the participants in this study, the reaction of people in authority to their parenting was described as a feeling that they were being constantly judged and treated with disrespect because of their own past and present parenting.

6.4 Feeling Judged

Many participants discussed their perceptions of being judged by people in authority about their parenting or potential parenting. They described how being judged, particularly by health professionals, began from the time they went into labour and continued throughout their participation in the study. Rosie described the conversation she overheard between two midwives about her suitability to be a mother while in the early stages of her labour in the delivery suite. She recalled:

Oh yeah, what a couple of bitches they were. I heard the older one say, ‘She’s the one who comes in all the time bashed up. She’s going to be a great mother don’t you think? Better watch her’. You can’t imagine how that made me feel, it made me feel like maybe I would be like my mother.

Maddie was devastated when she overheard two midwives outside her room discussing her lack of suitability to be a parent:

What sort of life is that poor kid likely to have with the father in prison and a loser for a mother? That will go straight to DHS [child protection], mark my words. Like she is going to be mother of year, not!…another crap parent.
Rosie and Maddie described how they felt a sense of guilt. They said they felt ashamed of their pasts and that they should have done more to present themselves as ‘better parents’. Rosie explained:

Maybe if I had gone to another hospital when I was bashed by my partner they wouldn’t have recognised me, maybe if I was better dressed and had all the ‘posh’ gear for my baby it would have been ok and they wouldn’t have said it.

Maddie spoke of her inability to protect her baby from people in authority’s perception of her baby’s father. Maddie said that she wanted to yell at the staff: ‘Just because he has been in prison doesn’t mean he is a bad dad and I am a bad mother for being with him’.

Maddie said she could not tell the staff this as she was frightened they would report her to child protection services and her child would be removed from her care. The guilt at her inability to stand up for herself for the sole reason of upsetting the staff was almost palpable. In some instances, participants harboured perceptions of themselves as directly responsible for causing the hospital staff to be judgemental of their parenting. Katie spoke of bathing her baby under the supervision of staff in the nursery:

I panicked. I felt like I didn’t do a good enough job… I felt like I was an idiot as she [the staff member] kept pointing to what I needed to do next and then she rolled her eyes, I didn’t do it fast enough, I should have been quicker like the other mothers but it was my first time.

The work of caring for others, the foundation of nursing, frequently involves crossing social boundaries and entering social territories that can foreign and uncomfortable (Benner, 1994). Lawler (1991) believed that experienced nurses should have the ability to create and control environments that facilitate their and others’ ability to cope with extreme situations that may be confronting, distressing and disturbing. Chapple and Ziebland (2010) explain that Western society has a need for social order and clear boundaries—in unfamiliar and
distressing situations of extremity, such as in working with vulnerable families, it is the professional caregiver’s role to establish and maintain such order. Clearly, this did not occur for some participants.

According to Chapple and Ziebland (2010), experienced nurses should employ skills to fit unmanageable, extreme social situations into the mould of manageable, professional experiences with prescribed roles and behaviours. Lawler (1991) has stated that experienced nurses should demonstrate a sense of control and self-efficacy. However, these skills and perceptions were not demonstrated to the participants (as to some participants by some nurses and midwives but not generalizable across profession in every contact these families had). This study showed that the participants were left with feelings of inadequacy and self-doubt from their early parenting interactions with health professionals. Perceptions of worthlessness and failure in the role of parenting ensued. Development of self-knowledge facilitates the foundation upon which a person’s values and beliefs are built (Glen, 1998). Here, the participants reflected on their experience, focused on their performance, took in the feedback from others and evaluated their own conduct, skills, thoughts and feelings. A mental picture of self was created, based upon these perceptions.

However, in these instances, the material upon which the participants reflected and focused were the behaviours, feelings and thoughts of the health professionals, which were distinctly negative. The participants reflected upon the feelings of inadequacy in their role of parenting. This fed perceptions of worthlessness, degraded self-esteem and resulted in negative beliefs and values of self. Also of importance was the effect of intrusive thoughts of inadequacy on the participants developing values and beliefs. According to the participants, the mental chaos and distress resulting from the intrusive thoughts fragmented and frustrated their thought processes. This served to disrupt any attempts to reflect and make sense of the meaning of their parenting experience.
Katie shared her experience of how she felt like a robot when she bathed her baby under supervision:

The next time I did the bath and she watched, I did it like a robot…you know like her…do this… do that now… don’t talk to the baby because it will get cold. I felt like I had to bath a doll not my baby. I thought it was so cold and horrible to treat a baby like that, I didn’t enjoy it one bit. I didn’t learn to bath my baby at all; I learnt to do what I was told. I didn’t feel like a parent at all. You know what, she even said I did it properly that time and to make sure I kept it up because she would be watching me.

Katie felt a deep sense of inadequacy in regard to being unable to be heard by the midwife, and this helped fuel her sense inadequacy as a parent to her newborn son. She explained:

I was really worried that I couldn’t talk to her, you know, like so many times I thought, ‘What do I do? What do I say? Am I going to say the wrong thing?’ You’ve got all these new emotions running through you as a new mum and then someone just glares at you like you’re an idiot…you don’t know what to say. At a moment like that, what can you say?

Mark recalled the hurt and inadequacy he felt when he was singled out by the parenting educator in front of the other parents at parenting classes. He was visibly upset when he shared his story:

She singled me out, it was the day we were talking about attaching to your kids and how important it was to have that from the start. She looked straight at me and said, for some people in the class this has not been possible because they have chosen to have little contact with their children until now. Sometimes it is because of things that happen in their lives, such as being in prison. Everyone looked at me, I thought, Jesus, I wish the ground would open up and swallow me. You know no one talked to me for the next few weeks at class. I thought, you self-righteous bitch. You know nothing about me or my boy. I am here giving this my everything and because I don’t fit your idea of what a parent should be or have done; you can say what you like. I held my tongue, but Jesus was I hurt. I felt like I was the worse parent in the world…that is the loneliest feeling ever.
Katie and Mark were left feeling inadequate and hurt after their interactions with health professionals in different parenting settings. These feelings stayed with them throughout their parenting journey and when they recalled their experiences, they were able to describe the health professional and the setting in graphic detail. It was as if they had been transported back to the day of the incident. According to Gowen and Nebrig (2001), people learn how to be with others by experiencing how others are with them—this is how persons’ views and feelings of relationships are formed and how they may be modified. In the context of parenting, how parents are with their children (warm, sensitive, responsive, consistent and available) is as important as what they do (feed, change, soothe, protect and teach).

Likewise, professionals must appreciate that the importance of how they are with parents (respectful, attentive, consistent and available) is as important as what they do with them (inform, support, guide, refer and counsel). Numerous authors, including Barnes and Freude-Lagevardi (2003) and Davis and Day (2007), concluded that when professionals are involved in parenting education and counselling, the relationship between parents and professionals is the key to effective parenting practice, and this relationship should be built upon the principles of family-centred care. Davis and Day (2007) in their study on health professionals and parent relationships found that outcomes are not simply the result of advice but are determined by the ways that advice is given to parents. They implored health professionals working with families to build upon existing family competencies and mobilise local resources.

Craft-Rosenberg, Kelley and Schnoll’s (2006) research into health professionals promoting positive family outcomes encouraged health professionals working with parents to embrace the essential assumption of a family-centred approach. That is, children cannot be viewed apart from their families, nor can services be provided without a consideration of the family context. In fact, families could
not be seen as clients receiving services but as partners in making decisions about goals and activities. Craft-Rosenberg et al. (2006) identified the core principles of a family-centred approach as focusing on family strengths, respecting family diversity and values, encouraging family decision making and empowerment, communicating with families in an open and collaborative fashion, adopting a flexible approach to service provision and recognising the value of informal support systems. There is evidence, however, that despite the almost universal recommendation for a family-centred approach when working with parents and the evidence of its effectiveness, implementing family-centred practice consistently and reliably is a challenge (Brorson, 2005; Kuo et al., 2012; Litchfield & MacDougall, 2002).

Kuo et al. (2012), in their study of professionals’ direct dealings with families, found a gap between the rhetoric of family-centred practice and the reality. In part, this appeared to reflect natural tensions between the policy of family-centred practice and the push for evidence-based practice. They explained that while family-centred practice was supported by the literature and by professional bodies, significant policy and professional issues required addressing before such practice could be fully adopted (Kuo et al, 2012). Dunst and Trivette (2009) have also noted that the manner, in which parental support is provided, offered or procured influences whether the support has positive, neutral or negative consequences. The participants in this study did not feel that they were recipients of family-centred care. Instead, many were left feeling being judged and disrespected by the health professionals whose role it was to work in effective partnership with them as parents, and who were meant to but did not display empathy, respect, genuineness and optimism towards them.

Roxy captured the essence of many participants’ feelings when she told how judgemental and disrespectful midwifery staff had been at her obstetric
appointment when she was 36 and pregnant, and how it left her feeling ashamed and hurt:

I heard them talking about me at the desk; you know, they were having a great old laugh. Everyone could hear. They were talking about my methadone past and how ‘metho’ addicts make rubbish parents, the babies are born addicted, and the babies are buggers to look after, always screaming and so unhappy. They said that they (meaning me) should be stopped from having kids. The younger nurse said they (me) are all trash, yep just trailer trash; the kids should be given out to real parents when they’re born.

They knew I could hear them, you know. They were as sweet as pie to the ‘normal’ mothers, waiting, all smiles, thank you, have a nice day. When it was my turn to go in, the young one said, come on you may as well get this over and done with. OK you know the drill, let’s not wait around here all day; I have more important things to do with my time.

Oh yeah, I felt great…like a piece of shit under her shoe. The worst part was that everyone in that clinic waiting room heard her. So I waited until everyone had left the waiting room and then I left, I was so ashamed and hurt. I cried all the way home. I was trying my guts out to do the right thing now that I was pregnant and that hard, cold cutting little bitch cut my world to pieces. It stays with you; you know.

Roxy, along with many other participants, were not given the opportunity to participate in a quality professional-family relationship to enhance their parenting. Kalmanson and Seligman (1992) argue that a quality professional-family relationship nurtures effective and sympathetic working relationships, to enhance parents’ often-neglected recognition that their efforts are ultimately the most important thing to their infants. Families with special needs, such as vulnerable families, often feel that their difficulties set them apart from others, and a good relationship with a professional can enhance the sense of being understood and supported. This, in turn, can lead to changes in the parent-child relationship (Kalmanson & Seligman, 1992). This did not happen for the participants in this study.
A study conducted by Gilkerson and Ritzler (2005) of the desired core practice skills required for professionals to work effectively with vulnerable families highlighted the importance of professionals possessing the capacity to listen carefully, to demonstrate concern and empathy and to promote reflection. These authors found that health professionals who exhibited these qualities when working with vulnerable families enhanced the professional-family relationship, and more importantly the parent-child relationship. In this study, professionals’ relationship and engagement skills did not blossom as the health professionals were unable to respect role boundaries and did not respond thoughtfully in emotionally intense interactions with the participants. The health professionals’ interventions were not rooted in genuine care and respect for the families they worked with.

Many participants felt that health professionals involved in providing care at an extremely vulnerable time in their lives—the birth and parenting of their children—were judgemental and disrespectful. The judgemental and disrespectful attitude repeatedly shown towards them added fuel to the fear and anxiety they felt as they parented their children. Such responses have the capacity to affect, dramatically, the emotional, mental and physical domains of a person, affecting their ability to interact with others and to function in the social context. The resulting effect can be an escalation of hypervigilance or complete withdrawal.

6.5 Chapter Summary

Fear and anxiety was felt by the participants when they commenced their parenting journey, and did not abate. Instead, this fear and anxiety culminated into fear of retribution and became a central concern. Fear of retribution was fuelled by the trauma experienced through previous child protection involvement in the participants’ lives as children, as well as their perception of
being judged and disrespected by health care providers from the beginning of their parenting experience. As a result, the participants developed a hypervigilant approach to parenting their own children. They were constantly alert and on guard, so that they would not be placed in parenting situations that could expose them to a child protection notification. This hypervigilance and fear of retribution shaped their meaning of parenting. Such impacts malignantly undermined the participants’ perceptions of self-efficacy, value and ultimately their self-identity and parenting identity, which is the focus of Chapter 7.
Chapter 7: Identity

Frankly, I believe that identity is what’s inside us (Coster, 2011, p.34).

How the participants identified themselves and, importantly, how the negative perceptions of others affected their identity was raised by all the participants and is the focus of this second findings chapter. The chapter commences with an exploration of the experiences that led to identity being a major theme identified by the participants when asked to share their thoughts and feelings on the meaning of parenting for them as vulnerable families. For many participants, consciously knowing and appreciating where they came from was an extremely important aspect in understanding their identity development as people and parents, and shaped their current meaning of parenting.

This chapter will demonstrate how a number of participants described the negative society and family influences they experienced growing up in vulnerable families. They discussed how these influences affected their identity development and shaping of their parenting. The participants described the impact of needing to parent their own parents, who were often incapable of caring for themselves. The participants’ parents were perceived as not available or interested in being parents to them as children, and this has shaped the participants’ meaning of parenting.

When reflecting on their self and parental identity, two subthemes emerged. The first subtheme is entitled ‘where I came from’, and describes the participants’ feelings about their own family of origin’s parental influences. Included in this subtheme are the influences of their immediate neighbourhood and extended community on their identity development and meaning of parenting. The second subtheme is entitled ‘parenting my parents’, and describes how many participants were responsible for parenting their parents.
from very early in their lives and how this influenced their identity as parents, and shaped their meaning of parenting. The findings are presented with examples from participants. Discussion is presented alongside the literature, in keeping with the essence of ethnomethodology.

### 7.1 Where I Came From

Many participants talked about their perception of how they were viewed by society as vulnerable children growing up in low socioeconomic areas, and the effect this had on their own identity evolution. The participants spoke of living with parents who did not provide any parental guidance or role modelling, and of parents who were detached from them very early in their childhoods. They felt that society labelled them as losers with little hope of a future because of where they lived and who their parents were. Charmaine provided an example:

> Oh yeah, we grew up in shitsville, you know, housing commission all around us. So if you grow up there, that’s your label. You are an HC [housing commission] kid and everyone knows it. It’s like you are second class from the moment you are born. You know you only had to give your address and you could see it on the people’s faces...losers. All the time I was growing up, I got so used to it...give the address, see it their eyes [other people from outside of the housing area]...Crap kid, crap parents, don’t bother. It was like it was tattooed on my head...you know...my address...they just didn’t bother with you once they knew where you lived. You were shit and they had made up their mind about you. I hated it, I just hated it.

Mark provided a similar insight of the area in which he was raised, and how this reflected society’s perception of him:

> Before Mum put me in care I grew up in one of the roughest places in Melbourne. It was terrible, drugs, stabbings and beatings. Not even the police bothered to come to our area it was so bad. I know that it was the pits to be brought up there; everyone knew you were a loser because of your address. It was like you knew you weren’t goin’ nowhere from day one and that was it. Seriously, people were either drugged out of their heads, pissed all day or so out of it that they were fighting all the time that no one cared about anything, least of all their
The meaning of parenting in vulnerable families

kids, so why would anyone else care about us? People thought of us as just trash, a drain on society, like why were you ever born? I used to hear the people say it when I was on the bus, you know, like you aren’t gonna be nothing. Really makes you feel good about your parents and yourself you know!

Charmaine and Mark recalled that the housing estates they had been raised in were in extremely low socioeconomic areas with little parental employment, huge drug and alcohol problems and limited parental supervision. They described the areas as the worst places to raise a family; parents were not in paid employment and did not provide any guidance to their children growing up. The participants shared that their parents were never around for them, socially or emotionally. Participants believed that people who lived outside of the housing commission estate areas considered them second-class citizens who would never make anything of their lives. They felt that was the reason no one bothered with them. As a result, social interactions with people outside of their immediate family and neighbourhood were extremely limited. Mead (1934) argues that identity is formulated through the on-going dialectical exchanges between the self and society; social understandings are internalised, facilitating the experience of inner feelings that in turn, through directing the individual’s actions and behaviours, affect the sociological locus of experience. Mead saw the pivotal element of the self as self-awareness, a self-consciousness through thought. The mind imagines how the subject is viewed by others (Mead, 1934). It is society that provides meaning.

Participants in this study discussed how they felt society saw them as losers because of their parents and where they lived. They described feeling inadequacy and shame, and how they used strategies to avoid being labelled a loser. One strategy was to fabricate where they lived and to deny the existence of their parents. Naomi explained:

I used to pretend I lived somewhere else when other people who didn’t live near us asked me. I grew up in an area that was like a high-risk housing commission estate ‘cause of the big crime rates. Like murder and rapes as well as all the druggies and drunks. I made out I
lived somewhere else ‘cause I knew what people would think of me when I told them where I lived, just another loser and I didn’t want that label. I wanted to be like other kids my age. You know, being invited to the nice kids’ parties, going to the movies with nice kids.

I even told people sometimes that my parents were dead so that I could forget that they were so bad. Oh man were they bad, they were drunk all the time. All they did was fight and argue day in day out. Can you imagine what people said about them? It was not nice, believe me. I hated them for what they were and what people thought of me.

Roxy explained that she would avoid telling people where she and her parents lived and would use a relative’s address that she knew was more acceptable, as she was ashamed of where she lived and her parents. Roxy said:

I would try to like pretend that I didn’t hear people when they asked me where I lived; I was so ashamed of where I lived. It was the worst area you could imagine and I am not joking. Rubbish everywhere, car bodies all over the place, druggies trying to get high on anything and passed out on the lawn, drunks in the street…you can get the picture can’t you? It stunk of poor people and shitty parents who didn’t care where their kids were as long as they weren’t pestering them or wanting attention.

If you said the area that I lived in a conversation, people would go like…oh my God; you don’t actually know anyone that lives there do you? I mean, like I was gonna say yeah I live there…I don’t think so. I used to get off the bus three stops before the housing estate and walk the long way through the park so no one guessed that I lived around that area.

My parents wouldn’t have known I did that as they barely knew I existed, they hardly ever spoke to me expect to yell or abuse me with their filthy language.

I used my Auntie’s address ‘cause she lived in an OK place and I used to say she was my mum ‘cause people accepted that area and so they accepted you and your parents.

Naomi and Roxy hoped that by avoiding answering questions about where they lived and lying about it, people would accept them. They felt they would not be labelled losers. They felt that pretending to live somewhere else would allow them to forget where they came from and the parents they lived with. They
hated society identifying them as losers from terrible areas with parents who
did not care about their children’s welfare.

It appears that identity, the complex and nebulous concept so central to the
essence of human individuality, sits at the interface of inner thought and outer
experience (Cooley, 1902; Mead, 1934; Goffman, 1959; Tajfel, 1979; Tajfel &
Turner, 1986). Identity is constantly shaped by feelings, emotion, action and
interaction resulting from engagement with social roles, feedback from others,
perceptions of self, and the experiences that make up the very fabric of life.
Cooley (1902) emphasises that ‘the self’ is an empirical self, whose behaviours
and presence can be observed in the context of social interaction. It is in this
context, argues Cooley, that the self is formed. A further element of self,
according to Cooley, is inner feeling. A vital dimension to living in society,
Cooley considers emotions as the coming to terms of the self with others
(Woodward, 2002).

As the participants of this study were growing up in their families of origin,
many of them did not have a healthy sense of self, their inner feelings were that
they were losers or second-class citizens living in a society that did not accept
them because of who their parents were and where they lived. Their identity
was evolving and being shaped by where they lived and their parental
influence.

The effect of parental influence on identity development cannot be disputed, as
parents have the greatest influence on their children during every stage of their
lives (Arnett, 2007; Mageau et al., 2009; Roth et al., 2009; Shaffer & Kipp,
2010). From birth, it is acknowledged that parents play an important role in the
formation of their child’s regulation of emotions and behaviours, as well as
their self-esteem and, most importantly, the development of their identity
(Shaffer & Kipp, 2010). Identity has been defined by Marcia (1980) as a
dynamic, self-constructed organisation of abilities, beliefs, needs and personal experiences, and identity development is a function of exploration and commitment. Exploration refers to how much a child has had exposure to and considers various viewpoints within their lives, and commitment refers to whether or not a child can decide upon which viewpoint suits them best (Marcia, 1980). A child’s journey of exploration and commitment begins with their parents. This journey continues until adulthood. Therefore, parents remain the child’s most influential person in the development of their identity.

Luyckx, Goossens and Soenens’s (2006) study on identity development in children found that the relationship children have with their parents has a direct impact on the extent of their identity development. They found that children with distant or uninvolved parents often display poor levels of exploration and commitment. Their study also reported that children with low levels of exploration and commitment were raised by parents who were detached from their children or had rejected them from a young age (Luyckx, Goossens & Soenens, 2006). Luyckx et al.’s (2006) findings support many of the findings of this study. With few exceptions (Suzy, Will, Katie, Maddie and Natasha), participants were raised by parents who were detached and uncaring, or who, in some cases, even rejected their children. Steve’s story provides insight into what it was like for him to be raised by uncaring, detached parents and its profound effect on him. He said:

I felt like they never really wanted me, I was a bloody nuisance to them from the time I drew my first breath. They were hard, cold bastards, my parents, if that’s what you call them. They weren’t a parent’s arsehole…they never showed me nothing, no love, no caring. I don’t remember them ever cuddling me, they never kissed me. They hardly ever called me by my name; often they just called me shithead. They never cared a shit about where I was, who I was with. I was 12 when they left me sitting at the cop shop for nine hours. When they eventually came to get me, I heard them say to the copper…pity you couldn’t keep him here, we don’t want him. That made me feels like I was nothing, a no one. I cried for hours after I got home, that’s the worst feeling when your parents don’t even want you. You feel like
you are numb, no reason to be here and like you are invisible, no one sees you cause no one cares about you. I thought about killing myself, I really did, Christ I was only 12. I can see their faces at the cop shop just like it was today.

Rosie spoke of parents who were violent, verbally and physically abusive and uncaring, and how they eventually abandoned Rosie and her siblings. She felt as if she had no purpose in life. Rosie explained:

I remember the yelling, calling me names, you know, things like slut, bitch, whore, both of them would be at it. Mum and Dad, they would get pissed or high then argue and they would start yelling at me. Then they would punch me. They never once said they loved me, just what a bloody mistake I had been and the others, too. There were days when they just disappeared, you know...like off the face of the earth. They would go after the drugs when they got their social [social security money]. We would have to fend for ourselves...Jesus, we were just kids and they never cared. I often wondered why I had ever been born, I felt like a nothing person, no life, no purpose.

Steve and Rosie shared a similar experience; from a very young age they felt unwanted, unloved and received no guidance from their parents. The constant barrage of derogatory name-calling left them distressed and with little self-esteem, and they felt devoid of purpose. Self-esteem and the ability to regulate emotions play a vital role in a child’s identity development, and it is a parental responsibility to develop these in their children (Crocker, Luhtanen, Cooper & Bouvrette, 2003). Rosenberg (1979) argues that global self-esteem is a positive or negative attitude towards self. When a child has high global self-esteem, they think they are people of worth, whereas low global self-esteem is characterised by rejection of and dissatisfaction with self (Rosenberg, 1979). A strong influence for self-esteem is the social context in which children are parented. An example of this is that when children are supported and loved by their parents, they behave in an autonomous manner and develop global self-esteem. Suzy and Will had very positive parenting experiences with their parents; they lived with parents who loved, nurtured and cared for them, guiding them into
their adult years. However, when children are rejected and unloved by their parents they reject themselves and have feelings of worthlessness (Crocker & Knight, 2005), just as Steve and Rosie did.

Self-esteem is viewed as a reflection of the individual’s estimation of their own worth, and is seen by a number of theorists as pivotal to subjective well-being and a positive sense of self, which is a crucial determinant of identity (Bandura, 1982; 1986; Baumeister & Leary, 1995; Bettencourt & Dorr, 1997; Blaine & Crocker, 1995; Ryan, 1995; Sheldon, Elliot, Kim & Kasser, 2001). Theorists such as Bandura (1986) and Deci and Ryan (2004) have shown that there is a direct relationship between self-esteem, self-efficacy and identity.

Bandura’s (1986) theory of self-efficacy has been applied across many areas of human function and endeavours, such as parenting, sport, health beliefs, teaching and learning and psychology, among others (Lent & Hackett, 1987). In understanding some of the participants’ experiences of early parenting in their biological families, poor self-efficacy and reduced levels of effective parenting can relate directly to the quality of parenting provided, and this has a flow-on effect to the development of identity. The notion of self-efficacy rests on beliefs about ability, future achievement and performance (Crocker & Knight, 2005). To better understand the relationship between self-esteem and identity, an exploration of the concept of self-efficacy is warranted.

Bandura’s (1982; 1986) theory of self-efficacy states that a strong belief in an individual’s abilities to perform well in a task or situation is crucial to its successful execution. Bandura’s theory demonstrates that belief about an individual’s abilities to perform given tasks or behaviours, or their sense of self-efficacy, directly influences how well they perform those tasks or behaviours.
Parental self-efficacy, as reported by Young (2011), has been associated with self-confidence, parental efficacy or mastery. Raikes and Thompson (2005) and Ontai, Sano, Hatton and Conger (2008) also found that parental self-efficacy appears to be a noteworthy indication of the level of parenting quality, and parental self-efficacy is a precursor to parenting outcomes. Coleman and Karraker (1998) reported that parenting practices or applications can be affected by parental self-efficacy levels. Further, parental self-efficacy influences parents’ ability to perform productive parenting structures or guidelines with their children (Ontai, Sano, Hatton & Conger, 2008). Just as Bandura (1986) reported, when the perception of self-efficacy is low, it reduces the capacity for effective performance. Coleman and Karraker (1998) reported that when a parent shows a low level of parental self-efficacy, many areas of life are affected and it is not only the parent’s life that is affected but their child’s, too (Ontai et al., 2008). Cindy provided an example of how her parents had not been able to parent her due to their low self-efficacy:

My parents were never parents like other people have. You know, care for you, love you, go to work, look out for you and teach you about life. Good God no, mine followed the same pattern as their parents, they were drinkers, never had enough money, lots of kids, lived in housing commission, never worked. That’s the same for my parents, nothing different; they couldn’t look after us kids just like their parents couldn’t look after them. They used to say they didn’t know how to do it, you know, how to parent, ‘cause their parents never did it for them so they never bothered to learn. If I said anything to them about why weren’t they like other kids’ parents they said they were alright. I should learn to know my place and not get uppity.

They were useless at everything that involved parenting. Us kids just struggled along and survived as best we could.

Cindy’s parents had both grown up in parentally deprived environments; their own parents had been alcoholics and had never been responsible. Cindy reports that her parents had followed the same path as her grandparents and had never been able to parent Cindy and her siblings.
McCurdy and Jones (2000) and Ardelt and Eccles (2001) argue that parents with low parental self-efficacy are more likely to give up on engaging in positive actions. As a result, parents demonstrate lack of interest in parenting and in their children. Grusec, Hastings and Mammone (1994) suggest that parents with low self-efficacy experience great difficulty utilising their knowledge, and therefore do not persevere in their parenting, just as Cindy’s parents did not.

In contrast, Suzy had a different experience of parenting, in which her parents’ self-efficacy was positive and their capacity for effective parenting was enhanced. She said:

   My parents were great with me, they were caring, loving and did their best to show me how to be the best person I could be. When I had Sophie, they were a terrific support, helping me and guiding me when I asked them.

   When I had trouble with my partner, Mum and Dad were there for me. They showed me what being a good parent is. I am a good parent to Sophie and that is down to the way my parents were with me and how they support me now.

Suzy was parented by committed, loving parents who exhibited a high level of self-efficacy, and this enhanced a positive identity for Suzy as a parent to her child. This is supported by Bandura (1997), who explains that individuals high in parental self-efficacy are able to guide their children through the developmental stages they face without serious problems or undue strain.

Bandura (1982; 1986) believes that self-efficacy is a crucial mediator between knowledge and behaviour, and that it is this sense of self-efficacy that serves to facilitate the attainment of competency and success. Such accomplishment serves to shape an individual’s positive self-perceptions, including positive self-esteem and identity. Deci and Ryan (2004) argue that competency is a fundamental need of human beings. An individual’s ability to perform a role...
competently is related directly to feelings of goal attainment (Brunstein, 1993), task competence (Elliot et al., 2000) and role fulfilment (Deci & Ryan, 2004). Positive self-evaluation in the performance of a role is the catalyst that nurtures the growing sense of competency, or self-efficacy, which, in turn, promotes enhanced self-esteem. This potential is magnified when the role is one that the individual believes to be central to the self-concept (Scott & Strumpf, 1984), as is often the case with those parenting children.

Roles from which people may derive perceptions of competence and self-efficacy are seen by Postmes and Jetter (2006) to be those that carry a certain responsibility, such as the role of parenting. Postmes and Jetter (2006) argue that a parent with a positive conviction to their parenting role, along with accompanying feelings of competency, has a cumulative effect in dramatically potentiating a parental sense of psychosocial well-being. This has a positive flow-on effect in their children, and results in children having a healthy sense of psychosocial well-being. They further argue that should there be a poor role-person fit, such as a parent who does not possess a strong conviction in their parenting role, the psychological ramifications of their children’s unmet needs lie ahead. In particular, the child can experience self-perceptions of inadequacy, inability and failure, and low self-esteem will ensue (Postmes & Jetter, 2006).

Several participants shared stories of failure and feeling inadequate due to their parental experiences. Rosie, Roxy and Tess all grew up in biological families in which their parents had no conviction to their parenting role and were not competent at parenting their children. Rosie described a particular incident at school that highlights her parents’ lack of conviction in their role as parents, and the impact this had on Rosie as a person and as a class member. She said:

It was parent-teacher interviews the night before and I had pleaded with Mum to go, to stay sober so she could go. I knew if she didn’t go that everyone would know the next day. All the kids’ parents went; it wasn’t that hard, pretty basic really. Just attend for 30 minutes and chat to the teacher to see how I was doing. Well, she was plastered
and of course never went. All those smart-arse bitches in my class knew and when I came through the gate the next morning they were there waiting for me. They would come straight up to my face, you know so close that I had nowhere to go and they would say the same thing: ‘Hey Rosie, your mum pissed again was she and couldn’t make it…poor Rosie, trashy parents, trashy Rosie, always gonna be a loser…live with it girl’.

I felt so small, like a snail, I just wanted a hole to open up and swallow me. I would feel like shit, like a failure, you know, I had parents who couldn’t stay sober for one night. I used to avoid those girls as much as I could but they would find me and it would go on for days. I didn’t dare say anything to the teacher because I always made an excuse for my parents, you know like they were sick or had to go out of town and I hoped she didn’t know what they were like. I would have felt so much worse, like I was a hopeless kid, if she knew they were too pissed to come and see her.

Rosie had to contend with a daily barrage of insults from other class members because they knew what her parents were like, and they knew that her parents would never attend school interviews because of their alcoholism. As a result, Rosie felt like a failure through no fault of her own but due to her parents’ lack of commitment to their parenting role. Rosie’s avoidance of telling her teacher the real reason why her mother did not attend the parent-teacher interview was so that in her teacher’s eyes both she and her parents would not be considered failures.

Ontai, Sano, Hatton and Conger (2008) argue that poor parental experiences, along with feedback from others, profoundly shape the individual’s self-perception, their values and beliefs as children and later as adults. Young (2011) and Figley (1995) caution that the developing concept of self, including values and beliefs, is readily strained and damaged through negatively challenging experiences. A cataclysmic experience such as poor parenting is seen to break the on-going continuity of the individual’s narrative from which a person makes meaning of who they are. Frank (1995) calls such disruption ‘narrative wreckage’. This wreckage of a person’s narrative has the capacity to
directly affect the vulnerable concept of identity by negatively impacting upon their beliefs and values. This results in further eroding faith in self, leading to a growing sense of self-doubt, lowered self-esteem, poor self-confidence and ultimately loss of the sight of self (Frank, 1995; Carr, 1986).

Just as Rosie felt like a hopeless failure, Roxy spoke of a range of feelings: shame, inadequacy, stupidity and embarrassment about herself and her parents. She shared how her parents repeatedly made her feel like a failure. Feelings of failure also extended to her friendship with her only girlfriend, a result of an incident with her parents at her home. Roxy was disgusted that her parents would steal from the supermarket, and she often prayed that they would be caught so that she and her siblings could be removed from their parental care and placed with her Aunty, who could provide them with a better life. She explained:

They were bad as parents, Christ they were bad. It was always my fault if they couldn’t get the booze or drugs. They would call me a fat, stupid, useless little bitch for spending the money on food for the other kids, there was six of us and the little one was only 10 months old. I mean, having food is meant to be a basic need for your children, isn’t it?

They would yell things out, you know at the supermarket, like get here shithed, or useless fat idiot and I would cringe, hoping that no one from school would hear them. When they were really high they used to steal things and I would slink out of the supermarket feeling really terrible, like I was such a rotten person because I had them as parents. I used to pray they would get caught and I could be taken away from them and we could go and stay with our Aunty, she cared about us more than our parents ever did.

You know, I only ever had a girlfriend at my house once, Mum and Dad got into this massive fight over the last joint they had to last until payday [social security payment], and the language was terrible, My friend covered her ears and started crying and they told her to shut the f**k up. I was so embarrassed; she ran out of the house and never spoke to me again. I was a failure as a friend and a person.
Guilt and shame reveal Roxy’s underlying self-recrimination for her perceived inability and failure. Bandura (1982; 1986) explains that perceptions of inability and failure fuel a lowered self-esteem. Guilt further affects an individual’s ability to think in a positive and creative way, as thoughts of self-blame and inadequacies corrupt their thoughts. Thoughts now perpetuate negativity and guilt—the individual consciously sees themselves in terms of worthlessness and failure. This was definitely the case with Tess; she blamed herself for her mother leaving the family home and leaving her siblings without a mother. Tess reported that her guilt over her mother leaving stemmed from her constant denigration of Tess, telling her she was useless, a nuisance and a pest, and that one day she would leave because of her. Tess felt that she had failed her siblings after her mother left, leaving Tess and her three younger siblings with Tess’ grandmother so she could live with her boyfriend in Western Australia. Tess did not know until many years later that her mother had planned to leave the family behind when she found a new partner who lived interstate. Tess shared her story:

She [Tess’ mother] spent all her time yelling at me, I was no good for anything, hopeless, a pain in the arse, useless. She kept telling me I was a nuisance, a bloody pest and that one day she would leave us all because of me. She did leave us, she dropped us off at Nan’s and she never came back. I blamed myself for years, you know; I thought it was all my fault that us kids didn’t have a mother anymore. I didn’t know for ages that she ran off to be with her boyfriend. She didn’t give a monkey’s about us. I heard later that she said we were a noose around her neck…that she never really wanted us and that she got lumbered with us, well now that’s a loving mother isn’t it?

Rosie, Roxy and Tess all felt inadequate as well as like failures, because their parents did not have a strong conviction of their parenting role and were unable to parent them. They were not competent parents and were unable to meet their children’s needs. For many participants, parental incompetence and lack of parental conviction in the role of parenting was familiar. To compensate for the lack of parental competence and conviction, many study participants became
caregivers of the family, extending a parenting role to their own parents and younger siblings. This role had a significant impact on the development of their parenting identity and the meaning of parenting their own children. Castro, Jones and Mirmalimi (2004) have acknowledged that where a parental vacuum is created by a situation that impairs the effectiveness of parents, it is not unusual for children to become the parental caregivers to siblings and a parent to their parents. This process is called parentification.

7.2 Parentification

Boszormenyi-Nagy and Spark first used this term in 1973 to describe the problematic family dynamic whereby parent and child roles are reversed. They described a process that crosses generations; unmet needs in one generation are experienced as ‘accounts due’ in the next and the effect is children fulfilling some emotional and logistical needs of parents (Boszormenyi-Nagy & Spark, 1973). In 1987, Mika, Bergner and Baum defined parentification as a family interactional pattern, where children and adolescents are assigned roles and responsibilities normally undertaken by adults, as the parents in the family abdicate such roles and responsibilities.

Parentification is not uncommon in families that experience major stressors and family dysfunction, including parental psychopathology, parental substance abuse and spousal violence (Mayseless, Bartholomew, Henderson & Trinke, 2004). Children who parent their own parents often sacrifice their own needs to care for those of their parents. These children often struggle to develop an independent sense of self and for some a realistic sense of their own abilities. When children parent their parents they fulfil this role at the expense of their own developmentally appropriate needs and pursuits (Mayseless et al., 2004).
Jurkovic, Jessee and Goglia (1991) argue that in many cases the goal of this sacrifice is to maintain an emotional connection to the parent. While this may be true of participants in Jurkovic et al.’s (1991) study, it was not true for the participants in this one. With the exception of Suzy, Will, Katie, Maddie and Natasha, who did not parentify their parents as recipients of competent parenting, the participants reported that they parented their parents purely to survive or to provide for their younger siblings.

None of these participants discussed the importance of maintaining an emotional connection to their parents as a result of parenting them. Charmaine’s reason for parenting her parents was survival only; she recalled that she had no idea how to parent, but parenting her parents and siblings had to be better than the parenting her alcoholic parents were performing. Charmaine explained:

I had no choice really; there were seven others after me. My parents couldn’t do a thing, only make and have babies. They were drunk all the time. I was the oldest; I never went to school much after year six ‘cause I needed to look after the kids…actually, I had nine kids to look after counting my parents. It was like looking after kids, they were hopeless. I did the lot, shopping, washing, cooking, school bags, kinder run…you name it I did it, I had to do it, who else would take us on, for God’s sake. I didn’t have a clue in the beginning but I did it to survive and for the kids, not for my parents.

The old lady down at the corner helped me with the kids; she was brilliant, like a real mum should have been. I felt and feel nothing for my parents. I learnt a great lesson when I had to take on the responsibilities in the house, it taught me that when I had my own kids I would be the best parent possible to them and I am. My kids don’t and will never parent me.

Charmaine’s experience of parenting her alcoholic parents is supported by Burnett, Jones, Bliwise and Ross (2006) and Carol and Robinson (2000), whose studies found that a very high percentage of alcoholic parents are parented by their children as they are incapable or unavailable to undertake this role. Bekir, McLellan, Childress and Gariti (1993) also reported a relationship between
parentification and alcohol use by at least one parent, and concluded that adults who abuse alcohol are more likely to be unable to perform their parental duties, and that the parentified child is often left to care for self, siblings and parents. These authors also found that in alcoholic households, a child will often perform an adult role of caretaking in a bid to be emotionally connected to the parents (Bekir et al., 1993). This was clearly not the case for Charmaine. She did not feel any emotional attachment to her parents and did not engage with them when she became a parent herself. Charmaine’s only emotional attachment was to her elderly neighbour who provided parenting support to her.

Matt and Sally’s story reflected mothers who were too busy with their social lives to care about their children or their whereabouts. With both their respective fathers absent from their lives, Matt and Sally were raised by single mothers. They recalled that when their mother’s did come home they acted like children, and Matt and Sally had to act as their parent. Matt and Sally shared their very similar stories:

They were always chasing after young guys, you know. Get all dressed up like they was 16 and we would need to look after ourselves and our little brothers while they went off to the pubs or clubs. They would say things like...OK, you’re in charge now and you need to look after your brothers and us. When they came home, you had to treat them like kids, you know, run after them, get them this and that because they were so stuffed and hung over from partying all the time.

We loved our brothers but really our mothers were just sluts. We stayed because of our brothers to be honest. Our mothers didn’t care a shit where we lived, if we ate and we only did when we cooked. But someone had to take care of the little ones. When we did leave home...you know what they said...oh no, who’s gonna look after us now! That was it, nothing else, no thanks for looking after me, being my bloody slave, cooking, cleaning, getting the little ones their meals, oh no it was all about them. Well it’s not like that for our children, believe us we are so different to them. We care and love our kids.

Matt and Sally’s predicament with their mothers was also reported by Schimming (2001) and Jurkovic, Thirkield and Morrell (2001) in their studies
of parentification and single parent households. They found a greater risk of parentification in single parent households, where either explicitly or implicitly, single parents create an environment that fosters caretaking behaviours in their children that help maintain the balance for the family in general and the parent in particular (Schimming, 2001; Jurkovic et al., 2001). Cicchetti (2004) also recognised that in single parent families where parentification occurs, the child often misses out on the reward and recognition for the parenting behaviours they direct towards the parent. This happened to Matt and Sally.

Trisha spoke of the emotional cost of having to parent her mother after each failed relationship with men. Trisha was left to deal with the emotional upset her mother felt as her many relationships failed, and she turned to Trisha for emotional support. This need to provide emotional support to her mother began when Trisha was only ten years old, and continued until she left her mother’s home at 16. Trisha explained:

She would come home a mess, another guy had given her the push and I would have to deal with it, the detailed story, even the sex life stuff, the tears, the tantrums, the self-pity…all that shit and I was about ten when it first happened. You can’t begin to know what it was like, she was supposed to help me when I was upset but that never happened. It was always about her and who she had split up with and it went on for days. She would need to be told over and over again that she was beautiful and he was an idiot for leaving her…all the time I spent telling her she was great. I got so sick of it, it was always about her you know, and it was like I was her mother. She was a rubbish mother…no idea about my needs, only her own. I am not like that with my little one and I would never do that to my child, it isn’t fair, you know.

Trisha became her mother’s confidant and companion at a very early age, instead of her daughter. There was the constant expectation to provide emotional support, to nurture and care for her mother through each relationship breakdown.
This type of parentification is identified by Jurkovic, Morrell and Thirkield (1994) as emotional parentification. In this form of parentification, the socio-emotional needs of the family member must be met by the child, and the child serves as a confidant or companion to the parent. The role of the child becomes to provide nurturance and support to the parent. The parent does not have any insight into the child’s emotional needs at this time and is incapable providing any support to the child (Jurkovic et al., 1994). Trisha faced emotional parentification for the remaining six years she spent with her mother. Eventually, the daily grind of being her mother’s emotional support and confidant became too much and she left home. Trisha avoided any on-going contact with her mother as she felt it was always a one-sided relationship that only met her mother’s needs and her mother had little regard for Trisha’s.

The effects of childhood parentification can be long lasting, multigenerational, and deleterious and present over a lifetime (Mayseless et al., 2004; Hooper, 2008; Early & Cushway, 2002). Jurkovic, Thirkield and Morrell (2001) suggest that children who parent their parents are more likely to develop several significant characteristics in adulthood such as over-functioning caretaking and people-pleasing characteristics. Early and Cushway (2002) argue that these characteristics can be displayed in adulthood, and are internalised emotional distress and interpersonal difficulties. Children who parent their parents are more likely to face issues developing self-esteem and identity. These domains are affected in a negative sense with low self-esteem and poor parental identity in adulthood (Hooper, 2007). Bekir et al. (1993) believe that children who parent their parents are often inclined to repeat the same behaviours as adults with their own children. However, Fitzgerald et al.’s (2008) study found that high levels of parentification related to less maladjustment in the parentified adult’s own family. In particular, their study found that caring for siblings may confer skills and a sense of self-efficacy important to psychosocial adjustment. Fitzgerald’s et al.’s (2008) findings are supported by this study’s findings.
The participants who parented their parents and siblings did not repeat their parents’ behaviours when they became parents themselves. Cindy provided insight into how she used her experience of parenting her parents and siblings to become the best parent she could be to her own children. She explained:

I knew in my heart of hearts that I didn’t want to be like them… I would never be anything like my parents. I learnt how to be a parent from Jessie, she was like this great mum in our street… lots of kids, loved them all… always had time for a chat and to help you out. She taught me how to parent my family. Oh, I could have turned out like my parents but you know what… Jessie believed in me, she believed I was different from my parents and then I began to believe in myself. Jessie would say, ‘Girl you have a choice, don’t blow it like your parents did, and be something to be proud of’. It was like I got this inner strength and I don’t know, like I guess I got this power to be a great parent. I am a good parent you know, I can say that with lots of pride and I do say it.

Cindy, like so many of the participants who parented their parents, developed a strong sense of self-efficacy, which fostered keen interest in and commitment to parenting. The participants’ sustained perseverance and effort during mistakes and disappointments helped to promote their sense of efficacy following the failure of their own parents. Charmaine talked about how her confidence in parenting grew as she parented her parents and siblings. She said this was because of advice and support she received from her elderly neighbour, Mae, who Charmaine reflected on as being a real mother. Charmaine said:

Mae was salt of the earth, you know, lovely, caring, kind and gentle. Just like a mum should be. She said something to me once that was like the light went on inside for me. Mae said, ‘You know Darl, you are so much better than your parents are but you can wallow in all this poor me shit… why do I have such shit parents if you like, but it won’t get you nowhere. I see what you are like with them and the kids, you’ve got it Darl. You are a good parent already, don’t let it go, show them what a real parent is’. I felt like a million bucks after Mae said that… that was like the beginning for me. I remember that day like it was yesterday.
Charmaine and Cindy’s healthy self-efficacy raised their self-esteem and enhanced their personal growth. In turn, this generated optimism and feelings of ability to exercise control in parenting their children. They used their experiences of parentification to display a high level of interpersonal competence and competent parenting with their children. Their positive beliefs about their own abilities to parent as they parented their own parents and siblings served to motivate, to stimulate thought and display competent parenting behaviour during this time, and later when they became parents to their own children. Self-efficacy is central to the perception of self-identity. Indeed, self-efficacy can be considered the foundational tool with which a person constructs their path through life.

The choices made by the individual profoundly affect the course of life (Fitzgerald et al., 2008). The participants chose a course that led them to becoming competent, caring parents who could be proud of the way they parented their own children. Growing up in low socioeconomic areas, having parents who were not available to them or incapable of parenting them, left participants with a plethora of feelings, varying in intensity and duration from subtle to profound, from days to years. The negative emotions were those of inadequacy, sorrow, failure, disgust, guilt and shame. Feeling inadequate, not knowing what to do or say to members of society outside of their neighbourhood and community because of their parents’ failure to provide competent parenting to them left many participants feeling incapable and worthless. They expressed sorrow at the many losses they experienced: loss of childhood, loss in their self-belief and loss of self-esteem. Guilt was felt by participants as they assumed responsibility for their perceived complicity in the family’s suffering and breakdown. Shame, inability and failure further degraded self-esteem and eroded self-belief.
Profound and prolonged disgust at their parents was manifested by emotional numbness and dissociation as they came to terms with the fact that their parents were unable to or disinterested in parenting them. In some instances, avoidance of their families and prolonged self-doubt became the norm for participants. The belief that society saw them only as losers was generated, and their identity as second-class citizens began to evolve. As a sense of duty or as a means of survival, many participants undertook the role of parentification. The participants were subject to the complex and diverse demands of living in vulnerable families, living in low socioeconomic areas with little support and understanding from outside the neighbourhood and immediate community.

Initially, participants’ perception of their self-efficacy in their family role and their identity was that of deficiency, unworthiness and failure. Such perceptions, coupled with the exposure to parentification, had the potential to provoke a response, which has been shown to directly negatively impact on the individual cognitively, emotionally and physically. However, this was not the case for the participants of this study; they embraced the powerfully potentiating effects of positive perceptions of the efficacy of self. They used their experiences of parentification to influence the parenting choices they would make for their own children, to become competent and caring parents.

Participants’ healthy self-efficacy shaped every aspect of self, including their motivation, perseverance, self-judgement, creation of support, health and well-being, along with their resilience to parenting challenges and stressors. The participants accessed trustworthy and reliable resources within their own neighbourhood and community to build upon their emerging positive sense of self. Their continually evolving structure of self-identity is directly fashioned by the forces and effects of their determination of self-efficacy and self-esteem. They believed themselves capable in their parenting skills and parenting roles and therefore valuable to society.
7.3 Chapter Summary

This chapter has examined how participants’ self-identity evolved and how others’ negative perception affected their identity. An exploration of the experiences that led to identity formation became a major theme identified by the participants when asked to share their thoughts and feelings on the meaning of parenting for them as vulnerable families. How these influences affected their identity development and the shaping of their parenting has been discussed. The impact of parenting their own parents—known as parentification—has been described in the context of self-identity and parental identity. Their self-identity shaped and provided meaning for their future parenting. The participants’ healthy self-efficacy provided the vehicle to embrace power to change the course of their own parenting. In so doing they created opportunities for their personal and parenting growth. The direct and critical relationship between self-efficacy, self-esteem and self-identity is reflected in the participants’ parenting and what being a parent means to them. These concepts are fundamental to understanding the relationship between identity, emerging parenting values and beliefs, developing confident and competent parenting and the meaning of parenting, which is the basis of Chapter 8.
Chapter 8: Becoming Confident, Competent Parents

Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending (Hahn, 2000, p.67).

The importance of the participant’s journey to confident parenting is the focus of this final findings chapter. All participants spoke of the emerging belief in their ability or self-efficacy to parent their children in a confident and loving manner. The chapter commences with an exploration of the experiences that led to confident and competent parenting being a major theme identified by the participants when asked to share their thoughts and feelings on the meaning of parenting for them, as vulnerable families. For many participants, consciously knowing and appreciating how the development of their self-efficacy and parental efficacy guided them to become confident and competent parents was the most significant part of their parenting story. This development of healthy parental self-efficacy influenced their parenting and shaped their current meaning of parenting.

This chapter demonstrates how a number of participants described the development of self-efficacy as positively affecting their ability to confidently parent their children, shaping their parenting. Two subthemes were identified as part of becoming confident and competent parents, expressed by all participants. The first subtheme is entitled ‘beginning the journey to confident and competent parenting: developing self-efficacy’. It describes the development of the belief in their own ability to succeed as parents, and its influence on their meaning of parenting. The second subtheme is entitled ‘parental efficacy and confident parenting’. It describes how the development of parental efficacy influenced confident and competent parenting and shaped their meaning of parenting. The findings are presented with examples from the
participants. The discussion is presented alongside the literature, in keeping with the essence of ethnomethodology.

8.1 Beginning the Journey to Confident, Competent Parenting

8.1.1 Developing Healthy Self-efficacy

The majority of participants spoke of their aim to be different from their own biological and/or foster parents. The participants spoke of how important it was to love and care for their children and to always be available for them. For many participants, being different to their own parents was the driving force behind progression and the realisation of their ability to parent their children in a respectful, loving manner. Roxy shared how her determination and a strong sense of belief in herself made her the parent she is today:

It was bloody hard, but I knew I could do it. Oh I just didn’t wake up one day and go, ‘Oh yeah I can do this’. No way did it happen like that. I kept on thinking to myself that I didn’t want my child to grow up like I did…the pain of that memory still cuts me, you know. I will never be like my parents, never. So, I talked to Dotty, my best friend’s mum. I listened to her; I could trust her, you know. She cared about me and my little girl. She would always ask things like…‘How’s it going, Darl, it’s not easy, I know I did it hard myself, if you ever need anyone to talk to, I’m here for you’. And she meant it, you know. For the first time in my life when I asked someone for help, they actually gave it to me. I listened to her ‘cause I could trust her. She had raised kids and loved them. Her kids turned out good.

Well, I watched her, listened to what she said, and looked at what she did with her kids. Sort of like role modelled, I think that’s what you call it. She taught me to cuddle my baby, hold her close, soothe her when she was sad, laugh with her when we were happy. Dotty was amazing, in a quiet way she would say things like…‘Roxy, you’re doing great girl, you’re a good mum, have you thought about trying this as it might work’. So I never felt judged or threatened by Dotty. She gave me books about bringing up kids, just easy simple books that I could read. I learnt how to be a good mum and I am a great mum to my little girl. We have rules and my girl respects them, I don’t raise my voice, I am gentle and loving to her. I am always there for her and always will be. I work hard at being the best mum I can be. My little girl is happy, healthy and she is a real delight to me.
For Steve, parenting his daughter was a completely new experience. His partner, Karen, had been responsible for the majority of parenting prior to her illness. Steve said he drew on his own childhood experiences of parenting, but not positively. He wanted to provide a parenting experience for his young daughter that was totally different to that provided to him. Steve spoke of the lack of support, love and warmth his parents showed him.

He talked about using this as his determination to be the best parent he could be to his daughter. He was driven by his motivation to embrace parenting as a new experience and to meet the challenge of being a loving, warm parent. Steve explained:

I was scared shitless at the start, I really didn’t know what to do. My parents never showed me any love, warmth or care for that matter, so I didn’t want to turn to them for help with my little girl. I didn’t know where Karen’s parents were so that was that. I just knew that I didn’t want Matilda’s childhood to be like mine, no love, no care and the feeling of being unwanted. So, I thought this is ‘gonna be a new experience for me and her. I am I up for it, yes bloody oath I am as she is mine and I love her.

My mate Simon’s mum, Jenny, came round to see me and that was the start of my journey to being a parent to Matilda. She was great, showed me the basics, you know, nappies, food that Matilda would like to eat, how to get her to sleep, all the stuff that Karen did before she was sick and while I was at work. Then she found me a dad’s group to go to. At first, I thought God, people will think I’m a wanker going to something like this. But it was the making of me as a parent. I learnt so much from Sally who ran it and the other guys who went. It was a safe place to ask questions, no one judged you if you got it wrong, you trusted the people in the group. We learnt all the little tips and tricks to bringing up your kids in a lovely, quiet and happy place. Sally didn’t preach to you, she never made fun of us; she just sort of walked alongside of you. Sally gave a bit of advice here and there, always positive and happy with us, never cold and judging.

The group had a get-together feel to it, we bought lunch for us and the kids; we swapped stories, you know the things that went bad and the good things that happened to us as we learnt how to be parents, and we had a laugh. My confidence grew, I began to feel comfortable and happy being Matilda’s dad. She is so lovely, there is nothing better when she is playing, and she looks up and sees me then comes
running to me with her arms open for me to catch her. Yep, it’s been a long road but I’m a good dad, there is love, care and warmth in our house and plenty of it.

Roxy and Steve rose to the challenge of becoming parents, driven by their motivation to embrace parenting as new experience. While they both had negative experiences of parenting during their own childhoods, they were determined for their own children to have a very different parenting experience to theirs. They sought out people they could trust and who they respected as parents. These trusted people provided the parenting role models Roxy and Steve were looking for, so that they could develop and model parenting skills, which ensured their children would be raised in loving, caring and warm environments.

Bandura (2001) argues that the motivation to embrace new experiences, to meet challenges and perform well is the driving force that galvanises the individual to progress, to persevere and to develop competence, the ability to do. The individual’s perception of self is that of effective, worthy and successful, the ability to be. This positive sense of self in the performance of a skill or a role further motivates the individual to embrace new experiences, with the accompanying opportunities to adopt, internalise and display further new understandings (Bandura, 2001), just as Roxy and Steve did in their parenting.

Suzy and Maddie’s experiences of parenting their respective children were very different to Roxy and Steve’s. Suzy and Maddie enjoyed childhoods in which their parent/s were loving, supportive and readily showed them warmth. When Suzy and Maddie became parents, they drew upon their own positive parenting experiences to raise their children. Suzy’s parents were very supportive and were of great assistance when her daughter was born with a cardiac anomaly. They had always supported and shown Suzy warmth and care. They invited Suzy and her daughter back into their home when Suzy’s partner became violent towards her. Suzy explained:
My parents were fantastic, always so caring and loving to me. They were always there for me. I have so much respect for them. They were generous parents. When I had Sophie, they were there for me. When my partner left, once again they supported me. They love me and Sophie; I try to be a good mum just like my mum was to me. I only hope that I will be just as good a parent to Sophie as they have been to me.

Maddie grew up with her mother as her sole parent after her father left the family home when she was two. Maddie’s mother provided a happy and stable environment for Maddie, and her childhood was filled with love, warmth and care. Maddie said:

My mum is my rock; she is the best mum ever. She has been there for me forever. She never judges me even when Karl keeps going back to prison. She was a beautiful mum when I was growing up. She was kind, patient, always loving and caring to me. Mum gave me everything I needed, both material and emotionally and she continues to do so. I model myself on mum to my girls, you know. She is the best parent you could have and she tells me I am a good parent to my girls. That means such much to me.

Suzy and Maddie share positive and supportive relationships with their parents, and as a result are nurturing and confident parents themselves. This is supported by Hess, Papas and Black’s (2002) research findings, which conclude that positive and supportive relationships with parents are resiliency factors that enable children to be nurturing and satisfied parents to their own children. They argue that positive, supportive and mutual relationships with parents emphasise adult autonomy and mutuality, and this positive affect helps adults be nurturing parents with their own children. While Roxy and Steve had very different parenting experiences to Suzy and Maddie, they possess healthy self-esteem and self-efficacy as parents, just as Suzy and Maddie do.

Thoits and Hewitt (2001) believe that healthy self-esteem reflects a positive mood in a person, and a person uses this positive mood to motivate and drive themselves to achieve their goals. A person with healthy self-esteem perceives
themselves as effective, in control and competent. Feelings of well-being and energy, alertness and enthusiasm for future challenge occur and self-esteem is further raised. Thoits and Hewitt (2001) argue that the positive feelings generated by success reward and reinforce behaviour, encouraging repeat performances. Healthy self-esteem encourages the maturation of a strong sense of self-efficacy. A strong sense of self-efficacy fosters keen interest in and commitment to activities, facilitates goal setting, sustains perseverance and effort during mistakes and disappointment, and promotes a sense of efficacy following failure (Wood & Bandura, 1989). Self-efficacy results in accomplishment, acting as a buffer against stressors and feelings such as doubt, which may erode and destroy a person’s self-confidence.

Self-efficacy raises self-esteem and enhances personal growth. In turn, this generates optimism and feelings of ability to exercise control (Bandura, 1977; 1982; 1986; 1991). An outstanding characteristic of those who achieve success is a resilient self-belief, accompanied by an abiding trust in the value of their accomplishments. Mark described this when he talked about what parenting his son meant to him. He said:

There is no better feeling than when your child looks up at you and you can see the love in their eyes. Everyone talks about it when you do those parenting classes, but I never thought I would live to see it. I never had it with my mum and never with any of the foster families. So I thought I would never see it in my son. But I do, you know I get it, it’s like his whole face just lights up when he looks at me, yeah that’s it…the eyes sparkle and my heart fills with pride. I am so proud that I stuck in there for him, that I put up with all the bullshit from people [parenting educators, foster carers] who thought I was just going to be another loser parent. Well I proved them wrong. Being a parent means the world to me. I am proud, happy and full of love for my son and I know he loves me. I say to him, ‘Hold your head up high son, ‘cause we are going places just you wait and see, we make a great team’.

Mark faced years of repeated rejection from a variety of people, as a child and an adult. It would have been easy for Mark to turn away from his parenting
responsibility. He did not do so; instead, he paid homage to self-efficacy. His resilience, faith and determination overcame repeated rejection, leading to success and triumph. Mark’s parenting stands as testimony to the notion that a strong sense of self-efficacy is the vital fulcrum upon which a person’s abilities pivot.

It would be remiss to think that it was a smooth path to parenting for the participants of this study, as it was not. Participants spoke of the continual need to prove to people in their family, in authority, in their neighbourhood and community that they were capable and committed to parenting their children. Charmaine spoke of her early struggle:

Oh shit it was hard to prove to people that you were a good parent. You know, like people in authority, the department, the nurses at the hospital, the busybodies in the street. You can take all that as a negative if you want to, but I reckon that’s a weak way out. With Mae behind me and gently pushing me, I thought to myself…well f**k them, they think I am going to be shit at this, well…sit back sweethearts and come for the ride of your life ‘cause I am going to be great at being a parent. You know, it’s like Mae said…I had a choice, be like my parents or be the best parent I could be and love and care for my kids.

So I settled down, pissed off the people who were bringing me down and learnt how to be a good parent. Sure I listened to people I could trust, like Mae, but it was also down to me. I had to believe in me, that I could do it and I knew that I could. Now, you know what, it’s the best job ever, being a mum. I am there for my kids, they all go to school, no problems at school. I know where they are out of school. There is food in my house, warm beds and plenty of love. Yep, I am a good parent. This is one role I do that makes me proud…I am a good parent.

Charmaine’s words reflect Wood and Bandura’s (1989) argument that success feeds and nurtures the spirit, strengthening the sense of belief in self. As the perception of efficacy develops, growth flourishes.
However, for a strong sense of self-efficacy to develop, a person must engage in continuous effort and perseverance through obstacles and challenges. Matt and Sally provided insight into the obstacles and challenges they faced from early in their parenting journey, and how their continuous effort and perseverance resulted in them developing a strong sense of self-efficacy. They said:

When we said we were going to keep going to TAFE even when the baby was tiny, you should have heard all the shit that went down. All the bloody do-gooders had their say and made us feel that we wouldn’t be able to be parents to our baby. Yeah we are young, we get it, but if they grew up like we did they would understand how important it is to us that our boy has a better life. You need education to get ahead, we get it now. Without education you go nowhere. We have to be super organised to get to school, have everything packed for the baby to go to family day-care. We don’t drive so it means buses to get to day-care and TAFE. Sure it’s a pain but it will be worth it because we are doing this so our baby has a better childhood and future. We have to work hard at going to school and being parents, but at least we are responsible and trying to improve ourselves. We will get there, we will have a better life and our baby is loved, cared and wanted. We know we just have to keep trying and stay focused, we could get real pissed off at having to always keep trying but you know what, if we keep trying we know the rewards for us as a family will be fabulous. We will grow to be great parents for our baby, we will be proud of us and he will be proud of us.

Matt and Sally’s own parenting experience has been strewn with obstacles and challenges. Each time they encounter a challenge, Matt and Sally rise to it, driven by the motivation for a better life for themselves and their baby. Engaging in continuous effort and perseverance through challenging situations assists a person to rebound from setbacks and adversity (Bandura, 1982; 1986; Lent & Hackett, 1987) and further strengthens their sense of self-belief.

Along with perseverance and continuous effort, another crucial influence for developing a strong sense of self-efficacy is modelling. Modelling can powerfully influence a person’s self-efficacy, particularly if the person
The meaning of parenting in vulnerable families

observing perceives a similarity between themselves and the model (Bandura, 1986; Rosenthal & Bandura, 1978). Vicarious experience enhances the sense of self-efficacy as the person watches another succeed. Coleman and Karraker (2003) argue that modelling is a powerful means through which parenting knowledge, skills and attitudes can be taught and learnt. They believe that parental role models impart knowledge and skills through sharing their ways of thinking and acting. More importantly, parental role models provide a social standard against which the learner can evaluate their own abilities (Coleman & Karraker, 2003). The power of modelling cannot be understated in this study, and the power of parental role modelling was a key feature of developing parenting confidence and competence for the participants.

The impact of parental role models featured strongly in the dialogue with many of the participants. They spoke of the how these role models assisted them to develop positive parenting behaviours and to enjoy parenting their children. There was amazing diversity in the role models participants modelled their parenting on, including their own mothers, grandmothers, trusted neighbours and friends. Cindy’s parenting role model was her elderly neighbour who lived nearby and provided sound, non-judgemental support and advice when needed. Cindy explained:

Jessie was the best, there when I needed her; she would show me what to do with the kids in such a gentle, safe way. Always checked with me that I understood what she meant then just faded into the background until I needed her again. A real mother figure, someone I really looked up to and still do.

For Tess, the impact of her grandmother’s parental role modelling was significant to her developing role as a parent. Tess said:

I am very close to Nan [her grandmother], we see her every day. We love her; she taught me how to be a mother. Nan gave me a lot of love; she was always affectionate to me. She taught me about rules, respect and how to feel good about myself. She showed me what to do with the kids, not in a smart-arse I-told-you-so way. Oh no, she did it
in a gentle, kind way. She would say, ‘These are your kids, love; treat them with love and kindness but be firm, you have to show them what you want from them, don’t just talk about it’. She did that all the time, she just didn’t talk about being a mum, and Nan showed me what to do.

Cindy and Trisha’s experiences of positive parental modelling increased their self-efficacy. The constant verbal assurance, encouragement and reassurance provided by their respective role models nurtured their developing sense of confidence in parenting their children, thus encouraging perseverance in their parenting role. Over time, this led to success in parenting their children and their self-efficacy was further enhanced. The importance of verbal assurance, encouragement and reassurance as a means to strengthen a person’s perceptions of self-efficacy is discussed by Bandura (1986).

Natasha’s self-efficacy was strengthened by three generations of her family, providing parental role modelling for her. These women provided constant positive assurance, encouragement and reassurance to Natasha. Natasha, her mother and her grandmother shared a deep love and admiration for each other. Together, these women worked as a team to parent Natasha’s young son. Natasha spoke about how her mother and grandmother were so gentle and patient with her and her son. Natasha shared her family parenting role-modelling experience:

Mum and Nan are great with us, they speak gently, are loving and patient with Liam and me. From day one I watched them with my boy, Liam. I watched how they played with him, how they talked to him, encouraged him, and he went to them so willingly. Slowly, I started to do the same things with Liam, just what Mum and Nan did and it was great. I love being with him, he comes up and gets up on my knee, cuddles me and I know what to say. I learnt so much from these two strong women in my life, I am like them with Liam: loving, kind, strong and a great mum. They would say really positive things to me all the time, like you’re doing a good job, stick with it, we are here for you and Liam. I am a great mum because of them.
During the interview, I observed Natasha brimming with confidence when parenting her son. She openly enjoyed being in the company of her mother, grandmother and son. Each member of the family knew the role they played in this child’s life. Natasha explained:

We sort of parent together, you know, we each know what the other one is thinking but we respect the roles we have. Sort of like, I’m his mum, my mum is Nana and my Nan is Granny but we all love him and want what’s best for him. So they show me how to do it. It’s the best.

Bandura (1986) argues that when a person is reassured they have the requisite skills to succeed; they are more likely to galvanise and sustain their effort rather than focus on defeating self-doubt. Many participants spoke about how their developing self-confidence fuelled their perception of being capable parents and effective in their parenting role. This is referred to as parental efficacy (Coleman & Karraker, 2003; Teti & Gelfand, 1991). The participants’ parental journey was entering a different phase, they were embracing parental efficacy.

8.2 Continuing the Journey to Confident, Competent Parenting

8.2.1 Embracing Parental Efficacy

Teti and Gelfand (1991) refer to parental efficacy as the point at which parents perceive themselves as capable and effective in the parenting role. Naomi spoke with enormous pride about her parenting journey, how her confidence had grown in her parenting role and how she was effective as a parent. She said:

When your parents are hopeless as my parents were, you worry that you are ‘gonna be like that too. You can’t help it; it plays on your mind. But I thought that my kids are ‘gonna be bought up better than I ever was. I got involved in things, you know. I went to the maternal child health nurse, playgroups, preschool and school. It was hard but you’ve got responsibilities, the kids are my responsibility and no one else’s.

You have to step up to the mark and do it. So I asked the dumb questions and kept asking till I got the answers. Sometimes it was
really awful ‘cause I felt like such an idiot, but I thought better to be an idiot and have my kids happy, loved and cared for than have my kids taken off me because I am shit mother. So I started to try all the things the different people like the nurse, the other mums at playgroup and school talked about. I was interested and keen to learn. I could see the things working and yeah, I was proud that I was getting it…you know, I was learning to be a good parent.

My kids aren’t perfect, I am not saying that, but they love me, there is respect. There are boundaries for the kids, they know them and yeah the boys whinge about it a bit but at the end of the day they do what I ask of them without too much trouble. They attend school and they are both doing well. The girls are well and happy and they are meeting their developmental milestones, which I am so proud of, I might say.

We have a stable home, there is happiness in my home, there is pride, and best of all, and I am satisfied with my life as a mum. But you know it’s not easy, you have to stick at it. It is hard work but the rewards are so worth it, I do a good job being a parent.

Naomi is expressing what parenting researchers such as Coleman and Karraker (2003) and Jones and Prinz (2005) believe parental efficacy means to parents. They argue that parental efficacy emphasises confidence in parenting skills, is a precursor to parenting outcomes and is an important predictor in a parent’s positive behaviours while parenting (Coleman & Karraker, 2003; Jones & Prinz, 2005). Ontai et al. (2008) recognise that parental efficacy influences parents’ ability to perform productive parenting structures with their children, and a high level of parental self-efficacy is required for parents to enact positive parenting practices in the home.

Katie spoke with pride of the positive parenting practices she established for her children. She spoke confidently of her ability to parent with the support of her family. She was especially proud of her children’s achievements, commenting that they were meeting all their developmental milestones and in some areas were ahead in their development. Katie felt that this was because of the routines she had in place for her children, as well as her commitment to be the best parent she could be. Katie shared:
I have a great routine with my little boys, I am confident in following it, too. My Mum and Dad do the same routine when they care for them. They showed me how to get them into the routine, how to follow it and how to be strong to commit to it so that the boys learn. We have rules and boundaries for their behaviour, and they know what they are now. Mum and Dad help me to be consistent with the boys, there is no yelling or that stuff, you know. Just gentle firmness is what my Mum and Dad say is best, so that you have respect for you and the boys will have respect for me. It takes practice to learn it, you know, but you have to trust in yourself and believe that if you have a home that has rules, as well as love and respect, your children will be happier…you know it works. They are great boys, happy and bright, and I can take them anywhere. Everyone says how well behaved they are and they are really clever too. I can say that all the hard work, the need to be committed to my boys, is well and truly worth it. You know sometimes I say out loud to myself, well Katie, high five to you now, you’ve got it as a parent and it’s real satisfying.

Katie’s parents are a tremendous support to her; they provide on-going advice and encouragement in the form of parenting support. Parents who receive parenting support, be it from extended family, neighbours or community members, are more likely to interact with their children in positive ways to promote social and emotional development in their children (Trivette & Dunst, 2005). Trivette and Dunst (2005) argue that having positive social networks and parent support systems result in high levels of parenting efficacy.

While the majority of participants did develop a high level of parental efficacy, two participants struggled with lower levels of parental efficacy, possibly due to overwhelming multiple stressors in their lives. Mel and David’s early struggle with drug and alcohol addiction, poor literacy levels, lack of employment and exposure to poor parenting for generations resulted in them struggling with parenting their children on a day-to-day basis. They spoke about surviving each day as parents and hoping that their three children would remain in their care. Mel and David said:

It is so hard staying a step ahead of things, being a parent. It is so demanding, we try to survive you know. We had no one to look up to
Mel and David’s struggle to parent their children means that they have lower parental efficacy in the ability to effectively and successfully parent their children. As a result, they adopt a passive coping method while in the role of parents. Their low parental efficacy causes them to give up easily when stressors are presented.

This may be due to what Grusec, Hastings, and Mammone (1994) describe as parents having difficulty with mental processes. They suggest that parents with low parental efficacy have difficulty putting their knowledge to use and do not persevere in their parenting role (Grusec, Hastings & Mammone, 1994). Parents may only half-heartedly try to engage in motivating parenting strategies, and give up easily when they encounter difficulties, thereby confirming their belief in their powerlessness. Bandura, Reese and Adams (1982) provide a deeper
understanding of the mental capacity of a parent who possesses lower levels of parental success. They argue that parents with lower parental efficacy tend to internalise failure, exhibit anxious behaviours and are more likely to feel less satisfied in their roles (Bandura, Reese & Adams, 1982). Parental efficacy studies conducted by Jones and Prinz (2005) and Ontai et al. (2008) also conclude that when stress is present, parental efficacy is undermined or weakened; parents are less likely to engage in, and are therefore less likely to enjoy, their parenting role.

Interestingly, Jones and Prinz (2005) highlight that the stressors experienced by parents with a weakened or undermined parental efficacy include the daily hassles related to parenting. These were experienced by Mel and David. They spoke of not being satisfied parents, and of their continual struggle with everyday parenting stressors, which results in their children having no daily routines and schedules. Mel and David continued their story:

God, every day is so stressful to just be parents to the kids, day in and day out. You know the stuff we have to do just to get going in the mornings, organising kids to get to school then picking them up. Doing the lunches is a pain; we have to think ahead all the time for food to get in. Most days we just get easy stuff from the supermarket on the way to school, that’s when we’ve got money. When we haven’t then we get food parcels and the kids just get what’s in them.

Getting stuff ready for tea is a bloody pain, then we have the constant battle at bedtime…the kids don’t want to go to bed. To be honest, we don’t have any routines, by the end of the day it’s easier just to give in to them. Sometimes they just go to bed when they want and if they are tired in the morning well we don’t worry too much about getting to school.

We don’t have anyone who can help us out, no family or friends we would trust. If you did get someone in to help they could report us to the department and then the shit would really hit the fan. As it is, so many people just judge us as shit parents, you know; we hear them all the time. They say things but not to our face but we hear them, things like, ‘There should be some law against some people having kids, those people are such crap parents, poor kids they are ‘gonna be useless like their parents’.
So, what’s the point in trying, really, so we just sort of muddle through but Jesus it’s getting harder, this parenting thing, and to be honest it isn’t much fun either. We spend a lot of time arguing about what we should do with the kids, then we both give up ‘cause we get so pissed off with each other and it isn’t worth the extra hassles.

Mel and David’s parental efficacy is further undermined, they believe, by having a limited support system; they feel there are few sources of support available to them that they can trust. As a result, they feel they are on their own without anyone to lend a hand or share the responsibility of parenting with. Mel and David also have to cope with constant criticism regarding their parenting style, which decreases their parental efficacy further. Criticism of parenting style and having limited social supports are two important influences on a parent’s perceived efficacy towards parenting. Raikes and Thompson (2005) argue that without a good social support system and constant criticism of parenting style, parents’ efficacy in their ability to effectively and successfully parent decreases. Mel and David’s limited interactions with their neighbours and no existing family relationships with extended family only serve to diminish their parenting efficacy. The influence of external factors on parental efficacy cannot be undervalued. Clinton, Lunney, Edwards, Weir and Barr (1998), as well as Elek, Hudson and Bouffard (2003) argue that healthy parental efficacy development is closely related to positive neighbourhood interactions, better family relationships and stronger social support.

Parents who demonstrate satisfactory levels of self-efficacy exhibit interest in parenting and commitment to their parenting role (Bandura, 1993). Effective parenting tends to enhance feelings of personal efficacy as a parent (Bandura, 1997), and parenting efficacy has been strongly associated with parenting competence and confidence (Coleman & Karraker, 1998; Shumow & Lomax, 2002; Jones & Prinz, 2005). High levels of parental efficacy are directly related to parenting competence (Bandura & Locke, 2003). Many participants in this
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study spoke of being competent and confident as parents, and this meant being good parents to their children.

To the participants; being good parents meant being loving, confident with their children, providing direction to them and showing their children love and respect. They felt that it was very important to always be available for their children and provide a happy childhood for them. This was important as they wanted their children’s futures to be brighter and better than what they had experienced. In particular, most participants were proud of the connections they made with their children, how they understood their children’s behaviours and the confidence they had in themselves as parents.

Kellie said that being a parent meant the world to her, that it was a wonderful time in her life made even better with the help that Natasha (her close friend) and Natasha’s mother and grandmother gave to her and her son. Their continued support and her belief in her as a wonderful mother gave her confidence in her parenting. Kellie said:

Being a parent to my little boy means the world to me. This is the best time for me. You know why, because I don’t shy away from my responsibilities at all. I stand up and am a responsible parent. I can do it because I know I have support and help from those three strong women who are my trusted friends. I have learnt from them what his behaviour means, how to deal with it in a gentle, patient way. I can adjust my actions so that he understands what I want from him. That’s what being a parent is all about really, you have to give strong, safe messages but they need to be sent with love and kindness…yeah that’s it! I am a confident mum. I show him love, affection and he shows it back to me. He is a happy little boy, everyone says he is, you know. I am good at this…being a mum, and yes I can say that parenting means that I am doing the best job ever.

Kellie is confident in dealing with her son’s behaviours; she understands his cues and has knowledge of appropriate parenting behaviours and confidence in her abilities to perform them. Kellie is developing parenting competence as
described by Sanders, Markie-Dadds and Turner (2003) as being strongly linked to self-regulation. This self-regulation enables parents to select goals, monitor their own and their child’s behaviour, implement strategies and evaluate the effectiveness of their parenting behaviours (Sanders, Markie-Dadds & Turner, 2003). To develop effective parenting behaviours, many participants engaged in personal guided mastery; this further enhanced their journey to becoming confident and competent parents.

8.3 Using Personal Guided Mastery

Guided mastery, according to Bandura (1986; 1988) and Wood and Bandura (1989), involves the designing of experiences that build abilities and coping skills in a climate of trust and stability. Activities are modelled, and skills are broken into step-by-step processes. A person’s appreciation of their skills and abilities grows as their performance improves. Bandura’s research shows that performance success confirms the person’s perception of self-efficacy. It is at this point that planned activities can be put in place to strengthen and mature this perception, to afford resilience in future challenge (Bandura, 1986; 1988; Wood & Bandura, 1989).

In this study, however, most participants engaged in personal guided mastery as their role models were trusted and respected personal friends or neighbours. These role models walked alongside them to develop and enhance their self-efficacy and parental efficacy. The participants’ parental efficacy was influenced by successfully performing parenting tasks (mastery experiences) and by watching others perform the parenting task or solve a parenting problem (modelling). The participants’ guidance and support came from their own trusted and respected role models. The key to this process was that participants were applying themselves and not having a professional complete a parenting task, so they attributed success to themselves.
Bandura (1997) argues that parenting stress can be related to feelings of lacking control. Personal guided mastery helps reduce parenting stress as well as build parenting skills. Vicarious learning or modelling was embraced by participants to improve their self-efficacy and promote confidence in their parenting. This involved watching or experiencing others successfully perform the parenting task.

Rosie shared how she and Cindy (her friend) used personal guided mastery to develop Rosie’s parenting skills, and how this assisted her to become a confident parent. Rosie explained.

Cindy is great, she sets little tasks for me to do, like play and routines and stuff. She knows what it was like to have no help from your parents, so she does the things with me that Jesse, her neighbour, did with her to teach her to be a great parent. I trust Cindy and I talk to her all the time about raising my son. We talk about lots of parenting things like food, sleep, behaviour. There’s no pressure with Cindy, we take it slowly and I know that I can ask her anything without being thought of as stupid. Cindy shows me what to do; she just doesn’t talk about it. I learn best from seeing it done, and then I know what to do at home. Yeah, sure I congratulate myself, I know what I am doing with my son and what me and Cindy do works…how good is that?

Cindy was Rosie’s role model, trusted friend and confidant, who guided her to become a confident parent. An important factor in the effectiveness of this method is that the person demonstrating the parenting task—in this instance Cindy—was similar to the parent watching, Rosie. This facilitated engagement in Rosie’s parenting learning experience. Parenting role models that participants could trust and respect to provide parenting advice and support came from diverse backgrounds, but they all often unknowingly used the principles of personal guided mastery to walk alongside the participants in their parenting journey. Mark’s role model was his parole officer; his advice and support had a significant impact on Mark’s parenting. Mark explained:

Jack, my parole officer, was great to talk to about being a good parent. He had heaps of kids and knew so much practical stuff about kids. We
would talk about books for kids, playing with kids, routines like meals and sleep and he would give me tips, tell me stuff that worked for him with his kids. You know just sharing things; no pressure, no tests, nothing like that. I used to try out the things when I had my little boy for access visits and it worked...you know, it bloody worked. It’s the best feeling to be able to put your baby to sleep without any fuss.

Each week, me and Jack would sort of set me a job or task to do for my little boy, you know, sort of each week we would lift the bar a bit to see if I could do it. I used to start planning it after I left Jack’s office: it was like a challenge for me. I did stories, play, made lunches, read about his behaviours, you know, all that stuff. It took time and I would tell Jack what didn’t work and then we would have a laugh and sort of talk about why it didn’t work. No stress, no judging me, just guiding me along. My confidence grew and I was feeling real good about parenting him. When I had the parenting assessment for the court and the chick at the Children’s Court Clinic gave me great feedback, I was flying...I knew then that I was in with a great chance to get my little boy and I did.

Well, now we do the three-year-old kinder programme and yep, I do milk and fruit...it was a bit hard at the start, I was real nervous, like. But I thought to myself that I don’t give a shit what people think or say, I am there for me and my boy. Now, after a few months, I am part of the parents club, all the other parents talk to me when I do drop off and my name is up on the milk and fruit board, and man, that makes me so happy. Even more Dads do milk and fruit now. I always think to myself, fancy that, I think I started something here. I am doing things for my son, something that never happened for me. Yeah, I’ve learnt to be a great parent, it’s been a bloody hard road to get here but I am proud and thankful to the people who did take the time to believe in me and help me. I would do it all over again tomorrow, no sweat. Some days I really am up myself with what I have been able to do with my boy.

Mark’s parental confidence grew and blossomed with guided mastery provided by his parole officer. These substantive changes assisted in reducing Mark’s levels of anxiety related to parenting and positive attitudes to parenting were created, fostering a deepening belief in his ability to be a confident parent. Mark and his son are now socially efficacious; they are reaping the benefits of the supportive relationships that they have forged, as well as the benefits of Mark’s parenting knowledge and practical parenting skills.
A parent’s theoretical knowledge and practical skills are acquired as they discover and explore a new concept or skill. This requires immersion and engagement with a new phenomenon as the parent implements the new tool, applies the new idea or lives the new experience in the spirit of open enquiry. What follows is progress in development of values and beliefs, as the parent learns to reflect and appraise their parenting experiences (Glen, 1998). Reflection raises awareness in the conscious domain as the parent develops insights about themselves and their potential in light of earlier learning.

A note must be made of what the literature reveals about the skill of reflection: the vital step in developing understanding and making meaning of experience (Glen, 1998). Through reflection, a parent develops conscious awareness and insights into their experiences and themselves, which facilitate the building of self-knowledge (Schon, 1983). Without this reflection (which may be subconscious), such development and growth cannot happen (Glen, 1998), and values, actions and future ideals will not be considered in light of social reality and the parenting context.

The belief that knowledge and skill alone are sufficient for successful acquittal of parenting performance is unrealistic. An individual must possess a healthy concept of self-efficacy and parental efficacy to be a confident and competent parent. This is supported by Glen (1998), who argues that the primary influence in the acquisition of knowledge and skill, and therefore in personal development, may be the driving forces of emotion and motivation, such forces stemming from the core of personal being, the self.

Perceived self-efficacy and parental efficacy are beliefs that an individual holds about their ability to perform parenting confidently and competently, and in influencing the milieu of events and experiences that comprise life. The majority of participants in this study demonstrated that there are ways of
preparing an individual to foster a positive sense of self-efficacy and parental efficacy—the keys include motivation, determination, trust, respect and positive role modelling through guided mastery.

Bandura (1982; 1986) believes that parental efficacy is a crucial mediator between parenting knowledge and parenting behaviour, and that it is this sense of parental efficacy that serves to facilitate the attainment of competency and success. Such accomplishment shapes a parent’s positive self-perceptions, including positive self-esteem and self-identity. A parent’s capacity for and motivation to embrace challenge, to perform well and to attain competency is catalysed by their feelings of parental efficacy. Self-efficacy can be seen as the foundational tool with which a person carves and constructs their path through life. Similarly, parental efficacy is the foundational tool with which parents carve and construct their path through parenting experiences. Such parenting development occurs through the cultivation of competencies and values, depending upon selected interests, chosen environments and social networks (Bandura, 1986).

**8.4 Chapter Summary**

This chapter has examined the participants’ journey to becoming confident and competent parents. An exploration of the experiences that led to confident and competent parenting is a major theme identified by the participants, when asked to share their thoughts and feelings on the meaning of parenting for them, as vulnerable families. Their emerging belief in their ability or self-efficacy to parent their children in a confident and loving manner has been discussed. The development of their parental efficacy and how this positively affected their ability to confidently parent their children and shape their parenting has also been discussed.
Self-efficacy and parental efficacy through influencing the choices a person makes has been shown to shape every aspect of self and parenting, including motivation, perseverance, goal setting, self-judgement and self-evaluation, creation of support and resilience to challenge and stress. Participants found that by evaluating their own responses to achieving personal and parenting goals, they used motivation, perseverance, goal setting, self-judgement and self-evaluation, creation of support, and resilience to challenge and stress as major generators in achieving confident and competent parenting. Clear, achievable and challenging goals were set by most participants to stimulate and sustain the drive to succeed in parenting. Their achievement of success brought a sense of self-satisfaction to their meaning of parenting.

In Chapter 9 that follows, recommendations from the study are presented. The extent to which the research aims have been achieved will be discussed, as well as a review of the key strengths and limitations of the study. Suggested avenues for future study will be presented, followed by final words.
Chapter 9: Conclusion

We are made wise not by the recollection of our past, but by the responsibility for our future (Shaw, 1980, p.65).

This thesis has explored the meaning of parenting in vulnerable families who were participating in a home visiting programme. This final chapter presents the recommendations of the study. The aim of the research is stated, and the extent to which this aim has been achieved is discussed. The key strengths and limitations of the study are then reviewed. Suggested avenues for future study are discussed, followed by final words.

The research began with the premise that the meaning of parenting for vulnerable families profoundly affects their parenting and carries ramifications for their children. Previous research into parenting experiences in vulnerable families has, for the most part, concentrated on vulnerable families’ experiences of parenting education programmes, accessing support services for parenting and parenting service delivery models, and has provided invaluable knowledge. However, the meaning of parenting for vulnerable families had not previously been explored. Little was known about the meaning of parenting for vulnerable families, nor what had influenced and shaped their meaning of parenting. However, this study has made an original contribution to the knowledge base related to parenting in vulnerable families, through exploring the meaning of parenting within them.

The aim of the study was to uncover the meaning of parenting in vulnerable families participating in a home visiting programme, and the research question was ‘what is the meaning of parenting in vulnerable families participating in a home visiting programme?’ The study explored how their meaning of parenting influenced, impacted upon and had consequences for parents and children of
The meaning of parenting in vulnerable families alike. It must be acknowledged that vulnerable families’ meaning of parenting can be as varied as the individuals concerned, but shared meanings were evident in their responses.

This study established the stressful and negative effects of parenting for vulnerable families while also documenting the positive nature of parenting and the resulting beneficial outcomes. It is imperative that professionals involved in parenting care and education for vulnerable families understand the complexities of parenting from the families’ perspective. Understanding and recognising the importance of these meanings for vulnerable families’ parenting would inform on-going development of educationally responsible, supportive parenting programmes, and creative services focusing on the needs of vulnerable families, rather than the needs of a system, institution, programme or service provider.

The factors influencing the meaning of parenting for vulnerable families, their capacity to parent and thereby to affect the development of parenting values and beliefs, have been explored. Participant involvement with child protection services as children, and their own early childhood experiences of parenting, including parenting their own parents, had a strong influence on them. The meaning of parenting was often affected by feelings of inadequacy, guilt, disgust, anxiety and fear that had been generated through previous experience. For some but not all participants, previous experiences degraded their perceptions of self-efficacy, self-worth and self-esteem. This led to negative beliefs and values of self and self-identity, reducing their capacity to do and to be, leaving them with feelings of isolation in their parenting.

However, other participants believed that previous negative experiences had built their resilience and fostered a strong, positive parenting influence for them. Further, positive perceptions of parenting experiences (participants’ own
and those role modelled for them) sustained, encouraged and empowered them as they believed themselves to be effective in their parenting role. Positive self-image, self-efficacy and parental efficacy facilitated future immersion in their parenting role which enhanced their ability to do, and from which further learning and positive perceptions of self-flourished, which enhanced their ability to be.

The findings of this study demonstrate that a positive sense of self-identity is a crucial factor that forms the foundation upon which the abilities to think, feel and to act as a parent rest. However, this research also revealed that exposure to traumatic experiences in childhood, such as involvement with child protection services, often generated a fear-response, with the capacity to devastate participants’ sense of self-efficacy and parental efficacy. The recommendations are built on a social ecology framework, and are based upon data articulated in the findings chapters of this thesis.

9.1 Recommendations

Multiple recommendations for those working in the field of child and family health, especially those working with vulnerable families, could be generated from the data provided by the participants. However, to maintain focus, the recommendations have been condensed to six key recommendations and are outlined below. These recommendations include: considering the family’s past; acknowledging the origins of hypervigilant parenting; listening authentically with all prejudices put aside; appreciating the influences of family, neighbourhood and community on the family’s identity; engaging with vulnerable families through affirming their efficacy, and utilising a personal guided mastery framework when promoting parenting strategies. All recommendations are made to assist professionals in their engagement with vulnerable families.
9.1.1 Consider Family’s Past

Families found that their past infiltrated their present parenting, influencing their feelings, thoughts and meaning of parenting. The pain of traumatic childhood memories relating to involvement with child protection services activated feelings of anxiety, culminating in an omnipresent fear of retribution when parenting their children. Fear of retribution was a very real experience for many/most participants; they constantly feared that their children would be removed from their care, just as they had been removed from their parents’ care. Such trauma affects individuals in varying ways. Some may seek not to relive the experience, or to hold the trauma so close that it becomes internalised. Others remember but choose to disengage, or create distance in order to forget the catalysing crisis that precipitated the trauma. Understanding the influence of past trauma that challenges vulnerable families can provide professionals with insights into the behaviour of parents which influences their parenting, their willingness to engage with services and potentially, outcomes for their children and family.

This understanding will assist in directing families to resources that will meet their identified parenting needs. Professionals being sensitive to and accepting that there will be times when vulnerable families find it difficult to function as parents will help parents avoid feelings of fear and anxiety. Parenting programmes developed for vulnerable families must acknowledge participants’ fear of retribution, as such professional sensitivity can be affirming for families who have lived this experience. Engagement and acceptance of services by vulnerable families will be enhanced when service providers are attentive to the family’s past (Bailey-Smith, 2011). Professionals working with vulnerable families must demonstrate a willingness to accept that each vulnerable family is unique (Nievar, Van Egeren & Pollard, 2010; McDonald, Moore & Goldfeld, 2012). Each family has arrived at their parenting experience with inherent
tensions, ambiguities and uncertainties that permeate their parenting situation, and what may work well with one family may not work with another.

9.1.2 Acknowledge Origins of Hypervigilance

In this study, a deep sense of fear at the thought of the involvement of child protection services with participants’ own children contributed to hypervigilance in parenting. The origins of hypervigilant parenting were traced to participants’ exposure to abuse and neglect as children. For many of the participants, constant abuse and neglect as children resulted in them becoming parents who feared that they would not be in control of a parenting situation and that they may be exposed to hurt. The flow-on effect was a chronic state of hyper-arousal and hyper-anxiety as the participants maintained their hypervigilance to feel in control and safe in their parenting. An important outcome of hypervigilant parenting is that families are extremely aware of how professionals are relating with and responding to them. This must be recognised by professionals, as vulnerable families’ engagement in services and parenting education is dependent upon the reaction they received from professionals. Professional approach to parents should be collaborative and empowering and not authoritative, but must be a reciprocal partnership between the professional and the vulnerable family. Families may be afraid of any adverse ramifications if they are not given the opportunity or are unable to articulate their needs. Good communication is important.

In keeping with Drew’s (1986) argument, this research also recommends that professionals need to be aware of the imbalance of authority and power; the person without the power is vulnerable and fears the message of the other, whether or not fear is warranted in the other’s view. Labelling, ignoring or marginalising families is detrimental to forging any relationship with vulnerable families, as the family will not engage. Professionals must be sensitive to the
family’s cues, clarify by asking what the family wants and what is important to
them. Guidance, not authority, will facilitate parents’ decisions about what is
suitable for their parenting situation, and create a sense of safety for them.

9.1.3 Listen Authentically with Prejudices Aside

Listening to families and bearing witness to their hypervigilant parenting
experience in a sensitive manner will strengthen families and alleviate feelings
of fear in their parenting. From the participants’ stories, it was apparent that
some professionals lacked insight into the needs of the families, particularly in
regard to parenting education and psychological support. Some participants
spoke of their shock upon witnessing the reactions of professionals to their
disclosure of where they lived or how they dressed. These reactions led
participants to perceive professionals as judgemental and insensitive. When
participants overheard professionals discussing their parenting abilities and
inadequacies within close proximity to themselves or others, their suspicions
that professionals were judgemental, prejudiced and biased against them was
confirmed.

Participants found it difficult to deal with the incongruence in professional’s
behaviour towards them compared to others. Professionals must listen and
attend carefully to the families’ words, behaviour and reactions to them, as well
as bear witness to the families’ experiences. Professionals must listen
authentically and without prejudice to vulnerable families, and be acutely aware
of any body language that might cause a vulnerable parent to question their
attitude or genuine desire to understand. Listening authentically and actively
reveals when a family is struggling and when they would appreciate support
and guidance. Further, it acknowledges the family’s needs as a priority, and
encourages them to build their own unique parenting pathway. Using cryptic
explanations and incomprehensible jargon when speaking to vulnerable
families will only alienate them further. It is important that vulnerable families
do not feel that they are talked down to by professionals. A compassionate, straightforward approach to answering questions is appreciated by vulnerable families.

This research project is congruent with the Katz and Ward’s 36 year old argument (1978) that before working with vulnerable families, professionals must explore their own values, standards and assumptions about human behaviour. By doing so, they will develop a greater appreciation and awareness of the history, experiences, cultural values and lifestyles of various socio-demographic groups. Listening actively and authentically with all prejudices aside will enhance professional understanding of the way vulnerable families parent their children, and the experiences that have led them to this style of parenting. Without this understanding, professionals will struggle to work with vulnerable families or meet family goals. Further, professionals will be unable to develop an appreciation of vulnerable parents’ core beliefs about parenting.

It is difficult for professionals to be non-judgemental when working with vulnerable families. To address this, education programmes that address the complex interplay between poverty, social deprivation, parental capacity, children’s welfare and development and the impact these have on vulnerable families should be developed for professionals. Without this understanding, professionals will not be sensitive to the different aspects and implications of poverty and social exclusion on the day-to-day lives of families. This education will assist professionals in developing skills to reflect on how they make judgements about vulnerable families’ circumstances and behaviour.
9.1.4 Appreciate Influences of Family, Neighbourhood and Community

Participants in this study spoke of how where they lived (low socioeconomic areas with limited parenting services in their neighbourhood and community) contributed to how they developed their family identity. As children, many participants were transient in their living arrangements, and did not have opportunities to develop social networks. Having parents who were unavailable or incapable of parenting them resulted in exposure to negative parenting practices, and led to participants feeling incapable and worthless. This fuelled their belief that society saw them only as losers and their identity as inferior to other citizens. Participants’ poor academic socialisation made it difficult for them to know what to do or say to members of society outside of their neighbourhood and community. However, this study found that participants had rich social networks within their own neighbourhoods and communities. These networks consisted of trusted friends and neighbours who role modelled effective parenting, and provided participants with access to parenting information. These friends and neighbours played a vital role in the development of participants’ parental identity. Professionals must appreciate the influences of family, neighbourhood and community on past and present vulnerable families’ parenting experiences, as these influences affect their present and future family identity. Taking into consideration the role that family, neighbourhood and community play in identity development will also assist professionals in ensuring that parental engagement initiatives have a clear focus on each individual family’s identified needs.

Findings from this study concur with Stone and Hughes (2002) findings that professionals need to understand the quality of parents’ relationships with family, neighbourhood and community, so that all involved in providing services to vulnerable families can achieve mutually desired outcomes. Strong connections between family, neighbourhood and community promote a sense of
belonging and provide access to parenting support. Further, the strength of these connections is represented by the degree to which families feel they can obtain assistance from neighbours and their community in general.

9.1.5 Engage with Vulnerable Families Through Affirmation

This study revealed that a participant’s sense of efficacy and belief in their ability to parent their children is central to whether they perceive themselves as contributing meaningfully to their children’s life, and the level to which they engage with their children. It is worth noting that vulnerable families who have had negative experiences of parenting in the past may feel intimidated by or distanced from professionals providing parenting education programmes. The lowest level of professional/parental engagement will occur when the vulnerable family believes that professional involvement is not warranted, needed or desired. When participants had low levels of self and parental efficacy, engagement with professionals was made even more difficult. However, if professionals can take on the characteristics of the positive neighbourhood and community role models who were so valued by the participants and offer parents specific recommendations about how to be and remain appropriately engaged in parenting, their beliefs about the importance of their own role in parenting can change.

This highlights the link between parents’ perceptions of their own roles and the actions that professionals should take to engage parents. Trust between parents and professionals is vital if parents are to become appropriately and sufficiently engaged in their parenting. Positive relationships between parents and professionals that take the form of a partnership, rather than a therapeutic relationship, will help ensure sustained participation and parental/professional engagement. While relationships that are mutually reinforcing, respectful and directed towards improving parenting are integral to the success of engagement
initiatives, they can be difficult and slow to establish. Professionals must secure the trust of parents, and then parents will be more likely to respond to invitations to be involved in parenting activities that have the potential to enhance their parenting outcomes. This, in turn, will reinforce parents’ own sense of value in their role as parents.

Consistent dialogue between parents and professionals builds trust between the two parties, essential in sustaining positive relationships and building partnerships. Once such dialogue is established, it is more likely that professionals will consider the values and needs of parents in developing engagement strategies. Receiving on-going, respectful and relevant communication from professionals can positively contribute to parents’ perceptions that they can positively influence their child’s life experiences.

9.1.6 Utilise a Personal Guided Mastery Framework

By far the greatest impact on the meaning of parenting for vulnerable families in this study came from families who engaged with supportive, self-resourced parenting role models. These role models walked alongside the family and unknowingly used personal guided mastery to develop and enhance the participants’ self-efficacy and parental efficacy. The participants’ parental efficacy was influenced by successfully performing parenting tasks (mastery experiences) and watching others perform the parenting task or solve a parenting problem (modelling).

Mastery experiences are typically labelled as guided mastery because they involve planned, appropriate behavioural challenges with appropriate guidance and support (Bandura, 1997). In this study, participants engaged in personal guided mastery as the guidance and support came from their own trusted and
respected personal role models. These personal role models lived in the same neighbourhoods and communities as the participants. Often, the role models had experienced very similar issues in their own parenting and therefore had prior lived experience of the real parenting issues faced by the participants in their parenting. Personal guided mastery was accomplished by the role models using gentle guidance and reassurance as the participants continued on their parenting journey. Role models offered guidance and advice when the need was identified by the participant. Guidance was given by practical demonstration and advice in a manner and language non-threatening to the participant. The key to the success of this personal guided mastery process was that participants were applying themselves and not having a professional complete a task, so they attributed success to themselves.

Parenting stress can be related to feelings of lacking control. Therefore, personal guided mastery was used intuitively by the role models as a strategy to reduce parenting stress and build parenting skills. There is no single solution to developing and promoting parenting strategies with vulnerable families. Professionals must develop an awareness of the value of vicarious learning or modelling to improve self-efficacy and promote confidence in parenting for vulnerable families. The use of trusted and respected self-resourced role models must be incorporated into professionals’ parenting programmes for vulnerable families. Professionals should appreciate that regardless of the specific learning or behavioural goal, the relevance of self-efficacy and parental efficacy in facilitating behavioural change in parenting is vitally important. Parental efficacy plays an important role in facilitating parenting behaviours, and has implications for the way professionals create and structure learning experiences for parents. An initial step towards promoting positive parenting strategies for vulnerable families is for professionals to incorporate a proven method, such as personal guided mastery, into their practice. Professionals should explore with vulnerable families who their role models are, and work in partnership with the
family and their personal role models to develop and enhance vulnerable families’ success in parenting. The above recommendations were derived from the findings. The findings were further strengthened by the framework used to establish rigour in this study.

9.2 Strengths and Limitations of the Study

9.2.1 Strengths

Establishing rigour was essential to ensuring that the participants’ meaning of parenting was presented accurately and authentically. Guba and Lincoln’s (1984) framework for addressing rigour was adopted, as it has been widely accepted and has been applied to nursing research. This study built on the concepts of credibility, dependability, confirmability, transferability, auditability and reflexivity.

9.2.1.1 Credibility

In this study, credibility was tested in a number of ways. To begin, my professional background was made transparent, to facilitate the reader’s judgement concerning the credibility of the research in relation to the influence and background on approach, intellectual rigour, professional integrity and methodological competence (as discussed in Chapter 1). A full description of the participants was provided to enable the reader to understand the background of the participants (Chapter 5). The data was meticulously transcribed to ensure accuracy. Verbatim quotations were used when writing the findings chapters. Each participant participated in member checking, which enabled each participant to check the content of their transcript and the initial codes assigned to their transcript. The actual findings were again checked by the participants so that they could provide commentary. Rigour was further enhanced through confirming the theme constructions with each individual participant, and agreement was reached on assertions and concerns. A final report detailing the
The meaning of parenting in vulnerable families

joint construction of the research was provided to each participant. The analysed data is presented thematically in Chapters 6, 7 and 8, using quotations from the participants to illustrate the data informing themes. I participated in reflective commentary and recorded my initial impressions of each data collection session in a reflective journal. This assisted with my own developing constructions, and enhanced the credibility of the study.

9.2.1.2 Dependability

The research design and its implementation have been described fully. Details of data collection methods were reported clearly and concisely in Chapter 4. Further, participant quotations were included to reinforce the dependability of the findings.

9.2.1.3 Confirmability

Confirmability was addressed by using a well-defined sampling method, so that the most appropriate participants were chosen (Chapter 4), those who were willing and motivated to share their meaning of parenting. Great care was taken to ensure that there were no dependent researcher-participant relationships. Participants who were unknown to me as a practitioner and researcher were recruited. The dependent nature of the relationship between the researcher as an Enhanced Home Visiting Nurse and the participant may have comprised the quality of disclosure, negatively affecting the study findings. To minimise this, I precluded any families known to me, and included only participants who were recipients of the Enhanced Home Visiting Programme between March 2002 and February 2005. This was prior to my commencement of employment in this programme. A sufficient number of participants were selected, and recruitment stopped when no new themes were being revealed in interviews (data saturation was reached). Study findings were confirmed by the multiple participants in the
The meaning of parenting in vulnerable families

study. Private venues for the location of their interviews helped ensure participants’ frank disclosure. Confidentiality was maintained at all times, and all participants were provided with information regarding the strategies taken to protect their identity, including the taped and written materials. All participants were involved in member checking of their transcripts, and then as themes were identified during analysis.

9.2.1.4 Transferability

Boundaries for the study were established and documented (Chapter 4). The participants were accessed through a Maternal and Child Health Service Enhanced Home Visiting Programme in rural Victoria. Families who had been enrolled in the programme from March 2002 until February 2005 were invited to participate, to ensure I had not previously met any of the families. I was employed in the Enhanced Home Visiting Programme from March 2005. The selection criteria for inclusion was provided, and included vulnerable parents participating in an Enhanced Home Visiting Programme, who wanted to share their meanings of parenting their children. Precluded from study were any families whom I had already met at the time that data was to be collected. This strategy was used to prevent the possibility that potential participants might feel pressured, coerced or at risk due to their disclosures. Eighteen families (21 participants) were recruited. The method selected for data collection was the semi-structured interview (interview questions are cited in Appendix A). Interview questions were prepared to provide guidance at specific points in the data collection. The length of interviews ranged from 45 minutes to one and a half hours, with an average of one hour per interview. Data was collected over a 12 month period.
9.2.1.5 Audit Trail

I maintained a detailed audit trail. This was accomplished by meticulous record keeping with corresponding tape numbers and detailed field notes with corresponding participant numbers. Detailed notes and observations on the context of each interview were kept. A full description of the relevant characteristics of the research participants was provided, to allow the reader to understand the background of the participants (Chapter 5).

9.2.1.6 Application of Reflexivity

During the interviews I was very aware not to lead the participant. I did not use affirmations and judgements during the conversation, as this may have led the participant to offer responses that he or she thought I wanted to hear. This, in turn, could have reinforced the power imbalance and undermined the trustworthiness of the research findings. During the interviews I use a warm tone and offered reassurance and gratitude to the participant. I engaged with the participants without using positive or negative affirmations. This ensured that the participant could securely put forward their own view, independent of how they perceived it would be received. The participants were informed at the beginning of the interview, and were reminded during the interview, that they could withdraw at any time.

In addition to establishing rigour, strength of this study is that it has allowed the participants’ openness and honesty to be expressed in a way that will enable practitioners to see themselves in a new light. The participants spoke freely and with passion about their parenting journey, including, for many, the pain and trauma experienced as children being parented by and parenting their parents. They spoke of their joy at being involved in the study. Their voices are heard throughout this thesis, voices that for so long were rendered silent.
Selection of a critical ethnomethodology research design allowed for meanings to be established and described. Adopting a critical stance provided the means to undertake a wider social critique, to gain a deeper understanding of meaning and to ensure that I did not present mere descriptions of what participants said, did or felt. The choice of social ecology as the conceptual framework guiding the study provided the lens through which I could recognise progressive change in families, meet them at their edges of understanding and action, and acknowledge their past and present relational efforts.

9.2.2 Limitations

The study sample was drawn from families who had been enrolled in a Maternal and Child Health Service Enhanced Home Visiting Programme in rural Victoria (a discussion of recruitment and sampling strategies were presented in Chapter 4). The sampling strategies were designed to ensure that the greatest depth of data possible could be collected, but the research design does not allow for generalisability as the participants may not fully reflect the total Maternal and Child Health Service Enhanced Home Visiting Programme families’ population. The sample is not a strongly diverse group; there were no culturally diverse or Indigenous participants.

It is possible that the phenomena discussed and explored may not be a comprehensive representation of vulnerable families’ meaning of parenting, as the participants were self-selecting. The topic under review was potentially confronting and difficult.

Therefore, those volunteering to speak of their meaning of parenting may have had their own motivations for doing so. For instance, the participants may have been those with either the least or the most traumatising experiences, providing the motivation for participation. However, this can also be seen as strength of the study, as the participants willingly volunteered to tell their stories, to have
their voices heard and to provide new and exciting insights into their parenting journey. It must also be recognised that there may be some vulnerable families whose parenting is poor, but their perspective is not included as they did not volunteer for this study.

9.3 Future Research

This research explored the meaning of parenting for vulnerable families participating in a home visiting programme. The nature of the experiences was challenging, emotionally charged, complex and entirely subjective. This could be viewed as a limitation. However, I argue that the meaning of parenting for vulnerable families, subjective though it is, still stands as the most accurate reflection of the realities of parenting experience for that individual. As there has been relatively little research published in this area, there is still much to be examined, investigated and explored.

A longitudinal study exploring the meaning of parenting in vulnerable families would add to the evidence base and inform professional practice, and might better highlight the effect of parenting on the children of vulnerable families, such as those who participated in this study.

This study was conducted in a rural area of Victoria; the meaning of parenting in vulnerable families living in a large metropolitan city remains unexplored. Understanding whether there is a difference in vulnerable families’ meaning of parenting because of geographical location would benefit from examination. The meaning of parenting in vulnerable families from culturally and linguistically diverse families, as well as in vulnerable Indigenous families, was not examined in this study. A future study of this nature, explored sensitively by a research team trusted by potential participants would be an invaluable
addition to the knowledge base relating to the parenting needs of vulnerable families within these communities.

The educational preparation of professionals who work with vulnerable families to provide parenting advice, services and parenting programmes was not examined in this study. The effectiveness of current educational preparation would benefit from an examination of existing strengths and deficiencies. Further, a phenomenological study exploring the experiences of professionals working with vulnerable families would help create a more multifaceted picture of how professional/family partnerships can be enhanced. Finally, a phenomenological study exploring the parenting experiences of vulnerable families whose children have been fostered or adopted would add valuable knowledge to parenting research and inform practice.

9.4 Final Words

This study has been a journey in observing, exploring and sharing examples of good parenting in vulnerable families. It has become the story of how the meaning of parenting in vulnerable families is generated from developing knowledge and skill in the presence of adverse circumstances. It is also the story of vulnerable parents who possess amazing personal emotional resilience, and use this intuitively with personal guided mastery to become confident and competent parents. The families shared their parenting journey—through trauma, pain and joy—to provide insight into what it means to be a parent in a vulnerable family. Their voices permeate this journey, and it is hoped that the reader will become immersed in their experience and walk alongside them as they share their meaning of parenting in their own vulnerable family.
This thesis concludes with a comment from Mark, who epitomised what it meant to participate in this critical ethnomethodological study, which explored the meaning of parenting in vulnerable families:

I’m so happy that I was part of your project, Jane. It’s the first time in my life anyone has ever asked me what it meant to be a parent. I guess people always thought with my history I had nothing to offer that was any good. It makes you proud when you can talk about how you’ve got to be a parent. Like the journey there, you know makes you think about all the stuff along the way. Amazing, isn’t it? I can honestly say that I am a good parent to my son and I want the whole world to know.
References


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Mayseless, O., Bartholomew, K., Henderson, A. & Trinke, S. (2004). ‘I was more her Mom than she was mine:’ Role reversal in a community sample. *Family Relations, 53*(1), 78–86. DOI: 10.1111/j.1741-3729.2004.00011.x


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201
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Rappaport, N. & Thomas, C. (2004). Recent research findings on aggressive and violent behavior in youth: Implications for clinical assessment and


Appendices
Appendix A: Ethics Approval

DEPARTMENT OF THE ACADEMIC SECRETARY
Academic Secretariat
Private Mail Bag 29
Panorama Avenue
Bathurst NSW 2795
Australia
www.csu.edu.au

4 May 2006

Ms Jane Caldwell
26 Clem Drive
NORRIS PARK
ALBURY NSW 2641

Dear Ms Caldwell,

The Ethics in Human Research Committee has approved your proposal “The meaning of parenting in families participating in an Enhanced Home Visiting Program: A critical ethnomet hodological study” for a twelve month period from Thursday, 4 May 2006.

The protocol number issued with respect to this project is 2006/107. Please be sure to quote this number when responding to any request made by the Committee.

Please note that the Committee requires that all consent forms and information sheets are to be printed on Charles Sturt University letterhead. Students should liaise with their Supervisor to arrange to have these documents printed.

You must notify the Committee immediately should your research differ in any way from that proposed.

You are also required to complete a Progress Report form, which can be downloaded from www.csu.edu.au/research/forms/ehrc_annrep.doc, and return it on completion of your research project or by 4/05/2007 if your research has not been completed by that date.

The Committee wishes you well in your research and please do not hesitate to contact the Executive Officer on telephone (02) 6338 4628 or email ethics@csu.edu.au if you have any enquiries.

Yours sincerely

Julie Hicks
Executive Officer
Ethics in Human Research Committee

www.csu.edu.au
Participants’ information statement

Principal Investigator: Jane Caldwell, Outreach Maternal and Child Health Nurse, PhD Candidate, 26 Clem Drive, Norris Park, Albury, NSW, Ph: 0409 344 195.

Principal Supervisor: Dr Elaine Dietsch, Charles Sturt University, School of Clinical Sciences, Wagga Wagga, NSW, Ph: (02) 6933 2782.

Co-Supervisor: Dr Sandra Mackey, Charles Sturt University, School of Community Health, Albury, NSW, Ph: (02) 6051 6874.

This research project is being conducted through Charles Sturt University, School of Clinical Sciences, Wagga Wagga, NSW; the research study is being conducted by Jane Caldwell, a PhD Candidate at this university.

Title of Research Project:

*The meaning of parenting in vulnerable families participating in a Home Visiting Programme: A critical ethnomethodological study.*

Thank you for agreeing to read this information about this research study, and for taking some time to think about whether you might be interested in participating in the study about the meaning of parenting for you.

In this research study, the aim is to gather information about what parenting means to families who have participated in the Enhanced Home Visiting Programme. This is important because little research has ever been done on this topic in Australia.

If you had home visits by the Enhanced Home Visiting Programme between March 2002 and March 2005 then you are invited to participate in this research study. If you agree to participate in this research, you will need to complete the consent form attached to this information sheet and return it to me. You will then be asked to participate in two interviews in your home, or a place that is convenient to you, at a time and date that is also convenient for you. The interviews will be tape-recorded and then written out word for word. In the first interview, you will be asked about what parenting means to you as you face the challenges of raising your children. In the second interview you will be asked to discuss the findings from the information you provided in the first interview. Each interview will take no longer than 45 minutes. You will also be given the option of receiving the results of the research when it is completed, should you so wish.
Participation is entirely voluntary and you may choose not to participate, or to withdraw from the study at any time, without explanation and without penalty. Any data collected during your participation in the study will be destroyed. All aspects of the research study will be strictly confidential, which means your name will be changed in all the information collected. A report of the study may be submitted for publication in professional journals and conference presentations, however, your identity will not be revealed in any such papers or in the final report.

It is not expected that participation in this study will involve any risks or result in any harm or discomfort to you. However, should you experience any distress or discomfort as a result of your participation in this study, all necessary support or counselling will be made available to you. While it is intended that this research study furthers knowledge and benefits families in the future, it may not be of direct benefit to you.

Please know that you have the following rights:

- Absolute confidentiality
- You are under no pressure to participate and may withdraw at any time
- If you choose to withdraw from the study, all tapes and typed transcripts of your interview will, with your permission, be destroyed.
- To choose your own identifying information (false names, etc.).
- Should you share any information that shows that a child is at risk of physical, emotional or sexual abuse, then please know that the interviewer has the moral and legal obligation to notify the Department of Human Services, who will help ensure that the child is protected.
- Should you engage in any illegal activities during the course of the interviews that shows that a child is at risk of physical, emotional or sexual abuse, then please know that the interviewer has the moral and legal obligation to notify the Department of Human Services, who will help ensure that the child is protected.
- Should you withdraw from the study at any time and the interviewer has witnessed engagement in any illegal activities during the course of the interviews that shows that a child is at risk of physical, emotional or sexual abuse, then please know that the interviewer has the moral and legal obligation to notify the Department of Human Services, who will help ensure that the child is protected.
- To have the interview at your choice of venue and at a time that is convenient for you.
- To share as much or as little information as you would like, and that you may always refuse to answer a question or discuss an issue.
- To turn the audio-tape on or off at any time.
- To complain, if ever you feel the researcher may be acting unethically.
NOTE:

Charles Sturt University’s Ethics in Human Research Committee has approved this study. If you have any complaints or concerns about the ethical conduct of this research, you may be able to contact the committee through the Executive Officer:

**Executive Officer**
**Ethics in Human Research Committee**
**Academic Secretariat**
**Charles Sturt University**
**Private Mail Bag 29**
**Bathurst NSW 2795**
Phone: (02) 6338 4628
Fax: (02) 6338 4194

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome. Having read this information, please consider participating in this research study. Should you have any questions or wish to discuss your participation in the study further, Jane Caldwell will be happy to speak with you. Please telephone 0409 344 195.
Consent for Research Participants (Consent Form)

Research Project Title: *The meaning of parenting in vulnerable families participating in a Home Visiting Programme: A critical ethnomethodological study.*

Principal Investigator: Jane Caldwell, Outreach Maternal and Child Health Nurse, PhD Candidate, 26 Clem Drive Norris Park, Albury, NSW, Ph: 0409 344 195.

Principal Supervisor: Dr Elaine Dietsch, Charles Sturt University, School of Clinical Sciences, Wagga Wagga, NSW, Ph: (02) 6933 2782.

Co-Supervisor: Dr Sandra Mackey, Charles Sturt University, School of Community Health, Albury, NSW, Ph: (02) 6051 6874.

I, …………………consent to my participation in the research project, titled: ‘The meaning of parenting in vulnerable families participating in a Home Visiting Programme: A critical ethnomethodological study’.

I understand that I am free to withdraw my participation in the research at any time, up to an including the time of submission of the thesis, and that if I do I will not be subjected to any penalty or discriminatory treatment, and any data collected during the time I participated in the research will be destroyed. The purpose of the research has been explained to me, including possible risks/discomforts associated with the research, and I have read and understood the information sheet given to me and have been given the opportunity to ask questions about the research and received satisfactory answers. I permit the researcher to tape record my interviews as part of this project. I understand that any information or personal details gathered in the course of this research are confidential, and that neither my name nor any other identifying information will be used or published.
Charles Sturt University’s Ethics in Human Research Committee has approved this study.

If I have any complaints or concerns about this research I can contact:

Executive Officer
Ethics in Human Research Committee
Academic Secretariat
Charles Sturt University
Private Mail Bag 29
Bathurst NSW 2795
Phone:(02) 6338 4628 Fax:(02) 6338 4194

Signed By: ……………………………………………………

Date: ……………………………………………………….

The meaning of parenting in vulnerable families
The meaning of parenting in vulnerable families

Interview Questions

Research Project Title: *The meaning of parenting in vulnerable families participating in a Home Visiting Programme: A critical ethnomethodological study.*

Principal Investigator: Jane Caldwell, Outreach Maternal and Child Health Nurse, PhD Candidate, 26 Clem Drive Norris Park, Albury, NSW, Ph: 0409 344 195.

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Preamble

Ethnomethodology is concerned with the ways in which people make sense of their social world. People’s practical actions are seen as on-going accomplishments of organised practices of everyday life. Using ethnomethodology means studying the details of naturally occurring practical actions. Subsequently, data is gathered in a setting where the members are engaged in activities that they regularly and ordinarily do. Using a semi-structured interview process and following the participants’ lead will allow the researcher to gather rich illuminating data.

Sample Questions

Tell me a little bit about yourself.
Tell me what it means to you to be a parent.
Where did you learn to be a parent?
How did you learn to be a parent?
Tell me about the things that make you a parent?
What things do you enjoy about being a parent?
What things are hard about being a parent?
### Appendix B: Conference Presentations and Seminars

#### Conference Presentations

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<th>Year</th>
<th>Authors</th>
<th>Title</th>
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<td>2013</td>
<td>Caldwell, J., Dietsch, E. &amp; Mackey, S.</td>
<td>Parenting and its meaning for vulnerable families participating in a home visiting programme.</td>
<td>11th International Family Nursing Association Conference. Minnesota.</td>
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#### Seminars and workshops presented

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<th>Year</th>
<th>Authors</th>
<th>Title</th>
</tr>
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</table>
home visiting programme: A critical ethnomethodological study. CSU Faculty of Science Higher Degree Seminar, Wagga Wagga.

2013 Caldwell, J. Working in partnership with vulnerable families, it can work! Victorian Department of Human Services Education Forum, Wodonga.

2012 Caldwell, J., Dietsch, E. & Mackey, S. Using a critical ethnomethodological approach to investigate meaning of a phenomena. CSU Faculty of Science Higher Degree Seminar, Wagga Wagga.

2011 Caldwell, J. Richness of learning gained from working with vulnerable families. International Nurses Day Seminar, Albury.


2010 Caldwell, J. Higher Degree Student Forum.

2009 Caldwell, J., Dietsch, E. & Mackey, S. The intricacies of researching vulnerable families. CSU School of Clinical Sciences Research Higher Degree Symposium, Wagga Wagga.

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