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Early childhood centres and family resilience

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This work was based on research conducted in 2002. The reader should note that the various participation rates and related statistics will change over time.

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1 Introduction

Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains and bodies of children, and in their families and relationships and in their communities.
(Masten 2001:227)

Aims and research questions

The aim of this qualitative study was to determine whether families/whānau, staff from early childhood (EC) centres, and advisory support agencies perceived EC centres to be making a difference to families. It looked at the policies and strategies of EC centres that had supported family resilience and helped them to cope with challenging and stressful times. The study also examined how centres encouraged the development of social capital by helping families to establish supportive networks and relationships with other sources of support. The following research questions framed the study.

- What policies and practices are put in place in EC centres in low socio-economic areas that have a strong focus on supporting families? What goals did they have in developing supportive strategies and policies?
- How do families (including children) respond to the supportive strategies and policies of the EC centres, and do they perceive them to be meeting the intended goals?
- How do advisory support and social agencies construct the policies and practices of the EC centres? Do they perceive them to be meeting the intended goals? What is the nature of collaboration between agencies and EC centres?

Theoretical perspective and definitions

The present study uses an ecological perspective on family resilience (Bronfenbrenner 1979, 1986). This approach is referred to by Kalil (2001) as a transactional theory of development or a family systems perspective, involving the interplay of the children's and families' characteristics, their immediate context and the wider environment. Ecological contexts are viewed as nested within each other and as having reciprocal effects. Various levels of the micro-, exo-, meso- and macro-system interact to influence the outcomes for children and families. Mesosystem linkages are particularly relevant to this study. They refer to:

the existence of accurate information, mutual trust, positive feelings, and a sense of common goals in each group about the other, and above all a balance of power in response to the needs of the developing person and to the efforts of those acting on his behalf. (Bronfenbrenner 1979:254–255)

Section 2 briefly reviews the research literature relevant to the study and builds an ecological model to inform the data collection. The findings of the study are related back to the proposed model in Section 2, and the model is modified accordingly in the final section.

The study is also informed by sociological models and theories of social capital that focus on “the impact of families' access to social and community resources” (Kalil

2001:19). In this study, social capital has been defined as the networks of social relations that are characterised by norms of trust and reciprocity that lead to outcomes of mutual benefit. This study focused not only on identifying the types of social networks that families call upon as resources during times of crisis and challenge, but also on identifying some of the benefits that accrue to families as a result of their collective action with others and use of their social capital during these stressful times.

Social capital lies not in people, nor their tools, but in their relationships among the people themselves ... Social capital ... can be thought of as the norms, social networks, and relationships between adults and children that are of value for a child's growing up. (Coleman 1988, cited in McGraw 1992:368)

In the present study, social capital refers to the process by which families participate and access social, family and non-family networks and develop resources as a result of those reciprocal relationships. Families participate in and are often linked to many different forms of social networks. While this study focused on exploring the possible relationship between social capital and family resilience, it does recognise that there is an interaction between human capital, economic capital and social capital that has been found to promote the educational development and wellbeing of the second generation of family members (Coleman 1988).

Social capital within a family is particularly important in overcoming deficiencies in other forms of capital (Coleman 1988:113) but social capital can also complement other forms of capital. For example, the degree to which families differ in their resilience may in part be influenced by differences in access to and effective use of family and non-family social support networks (based on norms of trust and reciprocity) that can provide families with opportunities to gain material and economic resources and knowledge and skills.

Key definitions

Family

We took our definition of family from the Children, Young Persons and their Families Act 1989, where a family is defined as:

a family group, including an extended family (or whānau), in which there is at least one adult member with whom a child or another adult member has a biological or legal relationship; or to whom the child or other adult member has a significant psychological attachment; or that is the child's or other adult member's whānau or other culturally recognised family group. (p. 12)

We also included in our working definition the perspectives of the families by encouraging these families to define themselves within the study. Participants were asked to define for themselves who was in their "family/whānau", describe who was in their household and were encouraged to discuss the sources of support in their lives. Participants described themselves in very different ways, which reflects the unique range of traditional and contemporary configurations that comprise "family" and "whānau" in New Zealand society.

Whānau

The term “whānau” in this study refers to any Māori participant who identified with traditional and/or contemporary meanings of the Māori term “whānau”. Traditional meanings have often included kinship, immediate and extended family. Contemporary meanings recognise whānau as including nuclear families, immediate family, extended family and others who self-select or are selected as whānau, based on locality, common interests or other criteria (Durie 1994; Smith 1995). The inclusion of non-kinship or relatives within family and whānau groupings has been recognised by others within the New Zealand context, and particularly within whānau groupings (Mead 1996). We have used “whānau” within this report only when the participants, or the context, indicated that this was the appropriate term to use.¹

Family resilience

In a literature review of resilience for the Ministry of Social Development (MSD), Kalil (2001) points out that resilience, as a concept, emerged from research focusing on successful individual development. However, the relevant theoretical concepts can, and have been, applied to the study of family functioning. While clear definitions of “family resilience” and ways to assess it are still in the developmental stages, new research and theoretical constructions of what constitutes family resilience are emerging around the idea of family processes and interactions as central to understanding the concept. A key to resilience is that “it is not a static trait, but is a dynamic process that may change with time and circumstances” (Kalil 2001:8). Likewise, researchers argue that family resilience should be seen as part of a continuum whereby all families can be seen to be resilient at some time and in some circumstances, dependent on contexts, time frames and relationships (Kalil 2001).

For the purposes of this study, we have defined resilience as the ability of an individual and family to appraise the demands of different situations and to apply a set of skills and knowledge that enable the individual or family to “cope” with and “recover” from significant adversity or stress, in ways that are not only effective, but may result in increased ability to “respond” to and “protect” their families from future adversity (McCubbin and McCubbin 1988; McCubbin, McCubbin, Thompson, Han and Allen 1987; Wolin and Wolin 1993).

Resilience involves the presence of factors, abilities, characteristics and conditions that do not eliminate risk but rather act as positive counterparts to factors that contribute to vulnerability and crisis. In this study, resilience is viewed as something that can be enhanced or supported.

Risk factors

Risk is defined in this study as the presence of factors and processes that increase the probability of negative or problematic outcomes for individuals or families/whānau. Risk exists to some degree in all environments and changes over time and across social and cultural contexts. Individuals and families/whānau differ in their ability to detect and assess risk (Dawson, Jones and Seed 1999) and in their ability to cope with and shield children from the effects of risk factors. A variety of circumstances defined and described as risk factors appear in the literature on family

¹ In this study, only two Māori participants directly referred to their whānau when describing support for their family (ie they rely on close family and whānau which included kin-relatives living elsewhere). Two other Māori participants discussed “whānau-based” approaches of their current and previous EC centres.

resilience. Previous studies have included risks such as poverty, unemployment, illness, death, divorce, single-parent structures and infertility (Kalil 2001).

Protective factors

Most researchers view protective factors, which act as “buffers”, as improving outcomes for families. For the purposes of this study we have defined protective factors as those processes, provisions and relationships that support families to cope “effectively and emerge hardier from crises or persistent stressors” (Kalil 2001:10). In this way social capital and community and family cohesion act as a protective factor for families.

Early Childhood (EC) staff

In keeping with the term “EC centres”, we have referred to the teachers and practitioners who work in the EC centres as EC staff. This is to support the removal of the differentiation between kindergarten teachers and childcare workers.

Children with additional needs

In this study, we use the term “child/children with additional needs” to refer to child/children with disabilities. This is breaking with the convention of using the term “special needs”.

Why should EC centres support family resilience?

By supporting families, allowing families to share their experience, knowledge and skills with each other and with staff, and providing opportunities for families to develop relationships with other social support agencies, EC centres may help families to:

- effectively respond to stress and risk variables (reducing the impact of risk factors)
- build a protective environment that buffers children from the influence of present and future risk.

It has been shown that quality EC educational experience has a positive effect on long-term health, wellbeing and educational and social competence throughout the life cycle, especially for families from adverse life circumstances (Barnett 1998a; Hertzman and Wiens 1996; Smith, Grima, Gaffney and Powell 2000; Wylie, Thompson and Lythe 1999). However, the emphasis in previous research has been on how EC centres promote social and cognitive goals for children. Early intervention research has suggested that participation in quality EC education is effective in ameliorating poverty. One reason for this may be its impact on family resilience.

While New Zealand EC philosophy (Meade 1996; Ministry of Education 2002) maintains a strong focus on the importance of working in partnership with families, very little research has been directed at the family aspect of EC service objectives. Smith (1998) has argued that EC centres support families, especially single mothers or isolated families, by relieving them from the constant care of children, providing a point of contact and providing friendly advice and support, as well as generally acting as partners in the child-rearing process and helping to make parenting more enjoyable and rewarding.

EC centres may act as an important informal network and critical foundation for family support. An ecological perspective suggests that supportive linkages between families and other microsystems (such as EC centres) where the child spends time, strengthen the family's capacity to provide nurturant parenting. All families and individuals need to draw upon community resources at some time in their lives particularly in times of challenge and crisis.

EC centres provide a valuable point where education and self-help options can be introduced to families. They also provide an environment that focuses on community capacity-building and fosters the development and transfer of social capital. EC centres are places where families can come together, share common dilemmas (eg in parenting) with staff and others, and build upon their capacity to defuse crises and inform future actions. Should professional interventions and support be required, EC staff can assist families by introducing them to local practitioners. Families often find this approach less daunting than a cold referral to an "outside" agency and it should also help foster the development of local support networks for families.

Most EC centres aim to develop both the quantity and quality of supportive relationships/ networks for families and in doing so influence the amount and quality of social capital available to families in times of crisis. Social capital can be measured by the quantity and quality of social networks, and is a resource for collective action that families can draw upon. EC centres can provide services that enable parents and caregivers to pursue employment and study that may influence their ability to "do well", overcome or avoid adversity, stress and crises and become self-sufficient or maintain their self-sufficiency.

EC centres support family resilience by providing opportunities, information and services to build a repertoire of strategies that they can access during times of challenge and crisis. These strategies are used to help them cope with stress, recover from negative events and setbacks, and build protective measures that will enable them to achieve positive outcomes despite exposure (long- or short-term) to adversity and risk. EC centres support family resilience directly by providing feedback and information that reinforces their use of appropriate strategies during times of challenge and crisis.

Family resilience may depend not only on a family having access to strategies that will enable them to cope, recover and protect themselves, but also on their ability to appraise the needs of a situation/crisis, match appropriate strategies with particular problems and implement strategies effectively. Families in crisis should have access to both personal, family and community developmental programmes and support services of high quality. EC centres can help families gain access to these forms of informal and formal support, and in doing so assist families to build social capital and resilience.

Our networks of colleagues in EC education suggested that there are EC centres in New Zealand in low socio-economic areas that work hard and successfully to forge links with families and other agencies and help support them in achieving good outcomes for children. In order to assess and describe these processes, qualitative/ interpretive methodology was used to observe three high-quality EC centres in low-income areas.

This study recognised that social and environmental agents may influence the development and maintenance of family resilience. One of MSD's research objectives is to explore the extent to which resilience can be promoted and developed within families, and what mechanisms are available to achieve this goal.

This study explored how participation in good-quality EC centres may build upon the social capital (personal and social resources including knowledge, skills and abilities) of individuals and families, and how social capital helps families maximise good outcomes for children. The study recognised that certain attributes and resources may produce resilience in families in one social context but not in another, and that resilience varies with time and context. The study examined the types of social capital that EC centres help individuals and families develop and the ways this development is encouraged.

Report structure

This introduction has set out the definitions, aims and scope of the study. Section 2 outlines the literature that provides the context and theoretical understandings that shaped the research, and builds an ecological model as a framework within which the results can be interpreted. It provides an ecological model as a framework to guide the research. Section 3 sets out the methods and an overview of the research. Sections 4 and 5 present the main findings of the research, and Section 6 presents the conclusion and the revised ecological model.

2 Literature review: risk and protective factors

This chapter presents some of the theoretical and research literature that addresses resilience issues. Since low income is one of the known risk factors for families and it was experienced by many of the families we dealt with we have discussed poverty as a risk factor in our study. We have also examined how previous research has indicated how resilience is supported by family processes, social capital, parent support and EC centres. The role of EC centres is given particular attention as the focus of this study.

Poverty and risk

Poverty is a powerful force that affects approximately a third of New Zealand families (Ministry of Social Development 2002). According to Kalil (2001:14), the main risk factors for families identified in the literature are “job loss, poverty, divorce, death, chronic illness and infertility”. Poverty is one of the “chronic adversities” that is a pervasive and often persistent risk factor within the family. While poverty is not deterministically associated with poor outcomes, it does make it more difficult for families to transcend adverse life circumstances. Low income and economic hardship are often associated with specific events such as losing a job or a partner leaving, which create difficulties in families meeting basic necessities such as food, housing and health care, and adversely affect parenting (Conger and Conger 2002).

Eldridge (1994) also discusses how recent technological, social, cultural and political changes have resulted in significant individual and collective stress, particularly for economically and socially disadvantaged families. Eldridge claims that, as well as having to cope with their internal and family concerns, disadvantaged families also have to cope with the chaos of broader social contexts. The dismantling of locally based support services over recent years, the inequitable impact of unemployment on some families, restricted access to affordable housing and reductions in the extent and capacity of health care and welfare systems are all said to exacerbate crises for disadvantaged families.

One strategy Eldridge argues for is the development of coherent community support networks that people can use to access information and resources during times of crisis. He recognises that both informal and formal networks at the local level are essential for family survival as well as growth but emphasises that initial supports should be locally based. The location and contextual relevance of the network is said to be crucial. He claims that “the best preventative measures are those located within informal networks that can be used to assist in resolving the crisis and preventing a recurrence” (p. 58).

Māori and Pasifika families with children in New Zealand are the most likely to experience poverty and its associated risks (Atwool 1999a; Davey 2003; Kiro 2000; Child Poverty Action Group 2003; Stephens, Waldegrave and Frater 1995). One-parent families are disproportionately represented in low-income groups – with around 70% of all single-parent households in the bottom two income quintiles. The income gap between affluent and poor families has grown, as shown by the finding that in 1998 the average real income fell for the bottom eight deciles of New Zealanders while incomes for the top decile had increased by 36% (Child Poverty Action Group 2003:12). Almost three-quarters of households with children were spending more than 30% of their income on rent or mortgages according to a 1999 survey (Child Poverty Action Group 2003).

There is overwhelming evidence that poverty gives children a disadvantageous start in life (Brooks-Gunn, Britto and Brady 1999; Brooks-Gunn and Duncan 1999; Reading 1997; Smith, Brooks-Gunn and Kleabanov 1997; St. Pierre and Layzer 1998), putting them at risk of poorer school achievement, less positive parent-child interactions, disease and ill health, and making it likely that they will live in unsafe neighbourhoods. The divisions caused by income gaps and consequent negative stereotypes about poverty can be internalised by children so that they come to identify themselves with their socio-economic status group (Weinger 2000). Such divisions undermine community relationships and mutual understanding.

The children in these families [in poverty] enter the world at a disadvantage. They are more likely to be low in birth weight, exhibit growth stunting, live in high-risk neighbourhoods, lack positive parental interactions, and have poorer school achievement than their non poor counterparts. (Brooks-Gunn, et al 1999:301)

The timing of poverty is important, with low income during the early childhood and early school years having the most negative effects on school achievement. The length of time in poverty also influences the magnitude of its effects, with children who have experienced poverty for five years or more having the poorest outcomes (Brooks-Gunn and Duncan 1997). The implications of these findings are that intervention during the early years of children's lives to alleviate poverty is most likely to support resilience.

Generally, interventions that begin earlier in development and continue longer afford greater benefits to the participants than do those that begin later and do not last as long. (Ramey and Ramey 1998:115)

A United States (US) longitudinal study (Smith et al 1997) looked at 3,057 children between the ages of 5 and 10. The effect of five levels of income (deep poverty, poverty, near poverty, middle, affluent) on developmental outcomes was assessed. The impact of deep poverty was described as devastating, but even the "near poverty" families experienced significantly poorer child outcomes than middle or affluent families. Upward mobility was likely to have a significant positive effect on children and early efforts to address income inequality could have long-term effects on children's opportunities and chances for positive outcomes. Poverty was a much more powerful influence on children's developmental outcomes than family structure. The study also showed that the earlier the family experienced low income, the stronger the effect on children's outcomes over time.

Family poverty also interacts with other family stressors to produce cumulative damage over time. Smith (1996a) suggested that one of the most damaging effects of divorce is the associated decline in the standard of living for most custodial parents, especially women, who make up the vast majority of custodial parents.

In the United States and New Zealand it has been shown that a substantial proportion of women move into poverty as a result of divorce. There is evidence that divorce and separation have an adverse effect on children's wellbeing and developmental outcomes, but many studies show the effects are mediated by income and that the damage can be much reduced if income is increased. (Smith 1996a:7)

The realities of a life of poverty, unemployment, poor housing and poor nutrition affects the way families interact with children (and consequently children's health and education outcomes). It is also likely to affect parental outcomes, life satisfaction and the ability of families to support children's resilience. The difficult realities of many

New Zealand families are more likely to be the result of social and economic circumstances than any deficiency within the family.

Family processes

Research has addressed the issues of how some families are able to maintain nurturing and supportive family environments for children in the face of challenge. Family processes mediate between economic and other stress and risk factors and influence child outcomes. In other words, when parents experience stress, children are primarily influenced through the effect that the stress has on how their parents treat them.

For children and adolescents in the family risk and adversity are not created directly by hardship but by the response of parents to the financial difficulties they face ... It is the hardship-related emotions and behaviours that create adversity in the lives of children. (Conger and Conger 2002:3)

An ecological perspective suggests that the microsystem (or the immediate setting) of the family provides the key context for human development (Bronfenbrenner 1979). The roles, activities and relationships in which the family engages will determine how effective it is. Reciprocity, warmth and balance of power are three characteristics of effective microsystems. Bronfenbrenner also emphasised that what matters most for development and learning is how the environment is perceived by the participants rather than its apparent "objective" reality.

Qualitative approaches are therefore likely to produce more ecologically valid data on family processes. Relationships and interconnections between microsystems or mesosystems are essential to the effective functioning of the family. A good example of a mesosystem is the relationships between EC centres and families. The macrosystem is important in this study, as this is the level of beliefs, values and practices within society and its cultures (Smith, AB 1998). We are interested in the macrosystem because it includes the policies and practices that influence family functioning, the provision of EC services and other support agencies.

Kalil's (2001) review of the empirical research on family resilience reveals that family connectedness (also referred to in the literature as family cohesion), family belief systems and parenting beliefs are factors relating to resilience. Family processes can be a protective factor supporting children's resilience through the provision of nurturing and stimulating parenting (Hawley and De Haan 1996; Werner 1989).

A review of different investigations of family resilience (McCubbin et al 1987) found several family processes that supported family resilience. Common themes emerged from multiple studies, including family cohesion, religious affiliation, a set of processes, rituals, and belief systems. The organisation of the family and the flexibility of members' roles were also important. Conger and Conger (2002) identified factors demonstrated in resilient families which included mutual emotional support within families, the demonstration of effective problem-solving skills, and a sense of mastery and self-confidence enabling them to persevere in the face of pressure. The parent-child interactions within resilient families demonstrated warmth, affection, low levels of hostility, high levels of monitoring and the setting of reasonable boundaries for children's behaviour.

In her theoretical overview of family resilience, based on a clinical orientation to family functioning, Walsh (1998) has outlined key family processes in family

resilience. Rather than looking at family resilience in terms of the ability of family units to use coping, recovery and protective factors, her framework examines family resilience in terms of family attributes and organisational patterns and dynamics. She examines the role of family belief systems, organisational processes and communication processes. Walsh sees “family resilience” as being significantly influenced by family belief systems. Resilient families are characterised as having beliefs that enable them to:

- make meaning of adversity (eg normalising or contextualising adversity and distress; seeing the crisis as meaningful or comprehensible; sense of coherence)
- affirm strengths and possibilities (eg maintaining courage and hope; optimism)
- encourage transcendence and spirituality (seeking purpose in faith, rituals, creativity).

Family resilience is also influenced by the organisational processes of a family unit, and resilient families are said to have (Walsh 1998):

- flexibility (ability to rebound and reorganise in the face of challenge and maintain continuity throughout disruption)
- connectedness (commitment to one another while maintaining a balance with individual needs and differences, co-operation and caregiving partnerships)
- social and economic resources (ability of the family unit to mobilise and access kin and community support in times of need and to create multigenerational or multifamily groups to support distressed families, as well as the family’s ability to build financial strength while balancing work and family life).

According to Walsh (1998), resilient families also tend to have communication processes that involve clarity, open emotional expression and collaborative problem solving. Effective family functioning, in her view, is demonstrated in resilient families when:

- their messages to one another are clear, true and consistent
- family members share a wide range of feelings and tolerate differences, using humour and avoiding blame
- problems are identified creatively and decisions are shared responsibly, with a proactive focus on goals and building on success.

Family resilience, according to Walsh, is a flexible construct that looks for family strengths in different contexts and at different points in the family life cycle. While the elements outlined in her framework are meant to reflect “core” concepts in the field, they are not meant to suggest that, to be deemed “resilient”, families must demonstrate all of these characteristics at all times and in all situations. Kalil (2001) says that Walsh (1998) does not suggest a “hierarchy” of these traits, or that any one of these (or set of these) factors is more or less important than the others.

Parent education and support

According to Lee and Thompson (2000), effective parent support services identify and build on parent strengths while offering support and assistance where it is needed. Parent education and support includes informal support from kin and communities, as well as various types of formal services such as parent education and support groups or courses, drop-in centres, home-visiting programmes, information and community referral services, health education and social service professional contact, or institutions-based support such as through schools and early childhood centres.

The goals of family support programs focus on enhancing the capacity of parents in their child-rearing roles; creating settings in which parents are empowered to act on their own behalf, and become advocates for change; and providing a community resource for parents. (Weissbourd and Kagan 1989:29)

It is believed by many policy makers that parent education and support programmes can contribute to building family resilience. Public response to difficulties experienced by children in disadvantaged circumstances often focuses on what can be done to change parenting that is perceived to be inadequate. It may be important to encourage changes in parenting practices if this can contribute to child and family resilience. Yet the complex and often difficult circumstances of the lives of families, and the firmly held values and beliefs within them, sometimes make well-meaning efforts to “fix” families problematic. There are also major limitations to research and knowledge about effective parenting (Clarke-Stewart 1991; Gorman and Balter 1997; McMillan 1997; Powell 1997).

In New Zealand, there is resistance to importing overseas parent education programmes developed in an entirely different cultural context. Within New Zealand, there has been a critique of deficit models, and awareness of the dangers of dominant Pākehā approaches silencing Māori perspectives on family/whānau practices (Bishop and Glyn 1999; Rohx 1997; Stephenson and Ranginui-Charlton 1994). The assumption that professionals or other people in power can determine what parents need has also been seriously questioned (Powell 1997). Douglas Powell (1997:10) emphasises the importance of a partnership between parent educators and parents in parent/education support programmes:

Individuals should be responsible for generating responses to their own needs or situations. Three guidelines for family support practice are illustrative: staff and families work together in relationships based on equality and respect; families are resources to their own members, to other families, to programmes, and to communities; and programmes affirm and strengthen identities and enhance their ability to function in a multicultural society.

Stephenson and Ranginui-Charlton (1994) found that Māori families do not always experience mainstream health services as supportive, which has led to the development of more culturally appropriate Māori-provided programmes on marae and through local iwi-based services. In order to provide culturally appropriate professional advice, it is important that health services are based within local communities and delivered by staff with an understanding, knowledge and experience of the culture. Rohx (1997) describes the range of parent support programmes that have developed by Māori for Māori and that are based on Māori values, aspirations and control. These include such programmes as E Tipu e Rea, Māori Women’s Welfare programmes (offered on urban marae and in community centres), the Nga Kohanga Reo movement and programmes offered by the Early Childhood Development Unit, such as Awhina Matua and Atawhaingia Te Pa Harakeke. Rohx argues that parent support programmes for Māori must be:

- founded on the real needs of Māori parents within their whānau and communities
- cognisant of the relationships between Māori parents, their children, whānau and whakapapa
- delivered by Māori using Māori styles of delivery.

The practical difficulties associated with changing family practices was encapsulated by Larsen (1999:294–295) in her qualitative evaluation of the efforts of the work of child health nurses with families in Western Australia, to reduce their use of corporal punishment:

[A]ccounts of real life in families suggest that alternative techniques with its language of intangible abstractions are unknowable and unworkable for parents for whom corporal punishment holds the key to successful discipline. Complex issues involving cultural, social, religious and emotional factors constrain individuals' capacity to desire, seek, choose and apply alternative rules for relating. Some parents' sense of guilt and powerlessness is further reinforced when they cannot change, and these feelings fuel potentially abusive situations.

There is a wide variety of parent education and support programmes available in New Zealand, including Parents as First Teachers, Home Instructional Programme for Pre School and Year One Youngsters (HIPPY) and Family Start. There is little evidence, however, to support the superiority of any one model of parenting programme for changing disciplinary practice (First and Way 1993; Gorman and Balter 1997; Howard 1996) but it is valuable to identify the characteristics of parent education programmes that are most likely to work to achieve change. Smith (2002) identified four principles of effective early intervention programmes (most of which involved working with parents), and these are relevant to supporting family resilience.

- The first principle involves timing and maintenance, indicates the importance of intervening in the early years of children's lives and the importance of continuing input rather than brief interventions.
- The second principle relates to programme intensity and quality. More intensive and high-quality intervention programmes (such as home visits once a week rather than once a month) are most likely to be effective.
- The third principle is that broad, flexible programmes that provide direct experience for children achieve stronger effects.
- The fourth principle concerns the importance of the macrosystem and the need for change to occur in a wider climate of support for children and families.

Problems arise when families are from different cultural, religious and socio-economic groups than professionals because of the intrusion of so many "reality" factors in parents' lives. There is also evidence that parent education programmes designed to be culturally sensitive are not particularly effective (Gorman and Balter 1997). In Powell's view, a parent support programme is not a sufficiently robust intervention for achieving meaningful change in high-risk populations, particularly with parents with documented histories of child abuse and neglect (1997:10). Other authors have been cautious about the value of home-visiting programmes after a lack of uniformly positive outcomes for families has been observed in some evaluations (Gomby, Culross and Behrman 1999; Goodson, Layzer, St. Pierre and Bernstein 2000). An entire issue of the journal *The Future of Children* is devoted to evaluating a series of home-visiting projects. The editors of the journal concluded:

Such scrutiny suggests that no home visiting model produces impressive or consistent benefits in child development or child health. Several models produce some benefits in parenting and perhaps in the prevention of child abuse and neglect, but only on some of the measures used to assess these outcomes.
(Gomby, Culross and Behrman 1999:24)

Parent support can occur through regular contact between professionals from agencies or institutions. Several studies examine the barriers to success for professionals working with families and suggest strategies that are likely to be effective. Paediatricians play an important role in the US in working with parents (Sege, Perry, Stigol, et al 1997; Wissow 1994), but these roles are more likely to be filled by Plunket nurses, midwives, family support workers or general practitioners in New Zealand.

Wissow (1994) investigated discussion of parenting issues within the context of routine paediatric visits. His research suggested that medical practitioners had difficulties in communicating with families on sensitive issues like discipline. He found that physicians were relatively unaware of parental anxiety and concern about children's behaviour or worries about parenting practices. Parents, he argues, need to be convinced of the value of more positive parenting practices, but health professionals should have an understanding of parents' perspectives when communicating with them. His research showed that parents had doubts about health professionals' experience with parenting, and were often reluctant to discuss private family difficulties with them. Parents felt that professionals were often unprepared to answer common questions and most did not have posters or reading material in their offices, which might have made it easier to discuss parenting issues.

Lopez Stewart, et al (2000) talked to parents and primary health care workers in Costa Rica and Chile about provision of and access to information on parenting. The study showed that parents got most of their information from other family members rather than health care providers. Parents felt that many health care providers were too rushed and did not know enough to give good advice. The providers talked about barriers of time, space, resources and knowledge that prevented them addressing discipline issues with parents. Parents and providers said that they wanted primary-care based programmes on parenting to be provided and customised to meet local and cultural differences.

A Western Australian study (Larsen 1999) found that child health nurses had major difficulties in their promotion of positive parenting to lower socio-economic status and religious fundamentalist parents. Nurses tended to work from a largely untheorised position, based on personal and professional experience. Larsen found that most parents continued to rely on negative discipline after the nurses' visits.

A New Zealand study used a contextualised and family-strengths based approach, which was sensitive to the family contexts in which parenting was taking place (Munford, Sanders, Tisdall, Henare and Spoonley 1997). The home-based programme was delivered by Barnardos staff and focused on building parental confidence and harnessing parent energy to produce change. In contrast to the Australian study (Larsen 1999), Munford and her colleagues say that their programme had considerable success in reducing negative parenting. Many of the parents had previously been through other parent education programmes unsuccessfully, but the approach in this individualised, situationally based programme was effective in empowering parents.

How a parent education programme was experienced by parents was explored by First and Way (1995). The programme was offered through a group-based community education programme in an urban early childhood centre. Most of the mothers came from poor family backgrounds, were members of minority ethnic groups and had stressful living situations. The programme helped the women to think critically about their situation and attempt new ways of interacting with their children. They moved from being depressed and angry to being more empathetic towards their children and solving family problems in more proactive ways. Mothers talked about their change in thinking and behaviour to a more positive approach to discipline.

The authors recommend a transformative learning parent education approach to enhance parents' capacity for critical thinking. They believe that women in high-risk situations have the capacity for critical reflection and the potential to change, and that they can achieve a heightened feeling of purpose and control in their lives. A group situation can, therefore, provide a useful trigger to stimulate changes in parenting.

Halpern (1993) argues that parent education programmes for families in poverty can be used as a substitute for providing adequate income and economic opportunity and can be characterised by an ambivalent attitude to poor people. He believes that parent education programmes often ask for more from families than they can reasonably deliver, given the circumstances of their lives.

We turn the imperative for addressing poverty, which is found in basic, shared ideals and myths back on the poor themselves, arguing for example that if the poor want access to the American ideals of equal opportunity and social mobility, they must try harder, must behave in ways prescribed by those who are not poor, and must in effect give something back to society. (Halpern 1993:160)

This attitude about fixing the parenting of families in poverty is also prevalent in New Zealand. Programmes of economic reform (Atwool 1999) have radically worsened the situation for children and families in poverty and at the same time done little to provide the support that might prevent the problems. Atwool argues that adequate provision of resources through preventive and early intervention will reduce the need for remedial action against child abuse. Chamberlin (1996) has also argued that the piling up of risk factors in society leads to family problems.

An alternative approach is to ensure that basic preventive services such as health care, early childhood education and parent support programs are available to all families and children in a given community. Primary prevention works by preventing low- and medium-risk families from becoming high risk. (Chamberlin 1996:2)

Family support research implies the need for those working with families to have basic education, ongoing professional development, empathy with parents, detailed experiential knowledge, and sympathy and understanding for local communities. It is important to affirm parents' expertise and experience and to be sensitive to the complexity and stress of the context of families' lives. If discussion about parenting takes place within the context of normal routines and conversations, and simple alternatives that work in real life contexts are offered, professional contact is likely to be more effective. It is unlikely that change will be achieved if professionals are unable to connect with parents within their everyday life contexts. It is also unlikely that change will be successfully achieved with a top-down "expert to parent" approach. A partnership approach is much more likely to be effective. Working with high-risk families requires more intensive and broad community-based interventions that do not focus only on parenting but address wider issues like lack of income, unemployment, housing and lack of access to early childhood education and good health care (Atwool 1999; Chamberlin 1996; Halpern 1993; Powell 1997).

Early childhood services

EC services provide a valuable point where education and self-help options can be introduced to families. EC centres can bring families together to share common dilemmas (eg in parenting) with staff and others and can build upon their capacity to defuse crises and inform future actions. Should professional interventions and support be required, EC staff can assist families by introducing them to local practitioners. This is more likely to be welcomed than a cold referral to an "outside" agency and also fosters the development of families' local support networks. EC centres could therefore be viewed as a resource for families to draw upon.

EC centres can help families develop supportive relationships/networks and can thus influence the amount and quality of social capital available to families in times of crisis. Whether or not a family is resilient may depend on their having access to strategies that will enable them to cope, recover and protect themselves, and also on their ability to appraise the needs of a situation/crisis, match appropriate strategies with particular problems and implement strategies effectively. Families in crisis should have access to both personal, family and community developmental programmes and support services of high quality. EC centres can help families gain access to these forms of informal and formal support and can thus assist families to build social capital and resilience.

While the family is the primary institution influencing the development of young children, participation in EC education has been shown to have effects on short- and long-term outcomes for children, particularly for children from disadvantaged families. Unfortunately, Māori and Pasifika children are less likely to participate in EC centres compared to other ethnic groups. A Department of Labour study showed that 48% of Pasifika children, 53% of Māori children and 66% of Pākehā children attend EC centres (Department of Labour 1999; Smith et al 2000). Centres catering for Māori children usually have a strong focus and reliance on whānau/community participation and linkages (Mara 2000; Rohx 2000), and the extent to which EC centres can build on these is likely to determine both the participation of children and the centres' success in supporting families.

An important but relatively unexplored question is whether children's participation in EC centres also helps enhance and support low-income families in their role as primary caregivers and in strengthening their resources. Research has established that good-quality EC education can contribute to ameliorating the effects of poverty and risk for children (Barnett 1998b; Smith et al 2000). It cannot solve the problem of poverty but it can help families and whānau cope with the stresses and challenges of modern day life. Early childhood education should not, however, be considered the only context for intervention with families and whānau in need. It can and should be considered as a valuable part of the solution to the problems facing modern families and whānau that requires a multi-perspectival and multi-sector approach.

Early childhood intervention alone cannot transform lives. Its positive effects can be overpowered by the longer and larger experience of growing up in poverty ... no program can enable children to develop optimally when their larger rearing environment is not conducive to optimal development. Early intervention can help, but it must not be considered more than one piece of the solution to the problem of poverty. (Zigler and Styfco 1993, cited in Smith 1996b:3)

Hayden and MacDonald (2001) argue that EC centres are well situated to adopt a new role that moves beyond a child-centred programme focus. They argue that it is time to transcend the traditional discourses that view EC centres as support for working parents, as compensatory programmes for children with additional needs (disadvantaged children) and as programmes for developing school-readiness. By changing attitudes and policies, EC services can be reformulated to assume the critical task of developing and facilitating social relationships, networks and interagency collaborations – and to take a central role in building communities and civil society.

Hayden and MacDonald argue that EC centres should be seen as offering a service to the community and that a new discourse needs to be developed that incorporates a community-oriented approach to service delivery. This discourse would recognise that many EC centres and services help build community connectedness by being a

vehicle whereby links, relationships and opportunities for networking develop – both on a micro, personal level between families and EC centres, and on a community level between agencies and organisations, EC centres and families.

The research that has addressed parent participation in EC programmes has begun to demonstrate the positive impact it has on family members as well as the child who is attending. Wylie (1994), in a review of EC policy and programmes, found that parents involved in EC programmes experienced enhanced relationships with their children, alleviation of maternal stress, upgrading of education or training credentials, and improved employment status. Wylie, Thompson and Kerslake Hendricks (1996) reported that parents in the *Competent Children at 5* study identified the benefits of being involved in their child's EC service as support, friendship and company. Parents who were the main caregivers of their children identified as benefits gaining a better understanding of their children and the EC programme and improving their own skills. Interestingly, the researchers observed that:

the higher their school qualification, the more likely was parental participation (95 percent of those with bursary or scholarship compared with 80 percent of those with no qualifications). Sole parents had marginally less involvement: 28 percent compared with 14 percent of main caregivers from 2 parent families. This difference may be explained by their higher use of EC [early childhood service] types with lower rates of parental involvement. (Wylie, Thompson and Kerslake Hendricks 1996:73)

A 1993 research study that looked at women receiving a Domestic Purposes Benefit (DPB) and accessing the childcare subsidy demonstrated that, after use for “training” purposes, the main reason for using childcare was “to alleviate maternal stress” (McGirr 1993, cited in Wylie 1994:20). The Wylie, Thompson and Kerslake Hendricks study (1996) found that parents used the time when their child/children were attending an EC service for paid work (41%), participation in the EC programme itself (30%), housework or farm work (18%), pursuing their own interests (15%) and studying (6%).

The current international trend in EC education is to provide a comprehensive approach that focuses not only on children but also on their families (OECD 2001; Powell 1997). A “family systems” perspective (St. Pierre and Layzer 1998) suggests that programmes that focus only on children will not produce the best results. Programmes that are delivered to whole families are more likely to be effective in breaking the cycle of poverty. Head Start Family Services and programmes such as *New Chance* and the *Comprehensive Child Development Program* in the US are initiatives that have focused on the whole family and their multiple needs for services.

In a recent OECD report reviewing EC provisions in 12 countries, the reviewers identified key programmes that linked EC centres, parents and communities through meaningful and supportive mechanisms. The authors argued that EC programmes can strengthen and build the social cohesion between families, communities and government and non-governmental sectors. They identified how multi-agency initiatives that incorporate EC provisions more adequately meet the needs of today's parents and, when located in areas of high need, promote equal educational opportunities without stigmatising individual children (OECD 2001:84). They offer several international examples of these forms of provision, including one from England:

Early Excellence Centres, government supported models of exemplary practice, offer a range of integrated services, including early years education for 3–4 year olds, full-day care for children birth to 3 years, drop-in facilities, outreach, family support, health care, adult education and practitioner training. (OECD 2001:84)

Wigfall (2002) describes the “one-stop-shop” approach taken by the Coram Community Campus. This is an innovative model of service provision in inner London with a range of services for young children and their families, including care, education, health, parent support and other services (eg a child psychologist and social worker), on one site. This approach was developed in order to overcome the problem of compartmentalisation and fragmentation in traditional children’s services, and is based on research supporting the importance of early preventive work with parents in supporting resilience.

While New Zealand has not developed the same range or intensity of fully integrated multi-agency services as European countries, there is a strong philosophy that mainstream EC education programmes have a major role in supporting families. The EC curriculum guidelines *Te Whāriki* (Ministry of Education 1996a) has “belonging” as one of its five major goals for children and families, which encourages the development of connecting links between EC centres and families. “The families of all children should feel that they belong and are able to participate in the early childhood education programme and in decision making” (Ministry of Education 1996:54). Dalli (1997:27) argues that New Zealand EC centres should be responsive to both child and family needs:

In my view “parent support” is also a function of any early childhood centre. Indeed, I would be very surprised if any early childhood service did not have parent support as part of its philosophy.

How this philosophy translates into action, and what this “best practice” in New Zealand EC centres looks like, is still relatively unknown. New Zealand’s Early Childhood Strategic Plan (*Pathways to the Future: Nga Huarahi Arataki 2002*) has three main goals, one of which is “to promote collaborative relationships” (p. 2), which clearly means relationships between parents and teachers and other professionals who work with families.

A child’s learning and development depend not only on the ECE environment they experience, but also on their home and wider social environment. The coming together of children and families in ECE services provides greater opportunities for addressing health and social issues. Building stronger links between ECE services, ante-natal programmes, parents and whānau, parenting programmes, schools, and health and social services can also improve a child’s educational achievements. Collectively, these services allow their learning and development needs to be met more holistically. (Ministry of Education 2002:9)

One of the specific new policies arising out of *Nga Huarahi Arataki* has been the development of six Centres of Innovation (COI), to help improve quality in EC services by showcasing competent practice through additional resourcing of COIs. One of the criteria for selection of these programmes was that there be positive communication patterns with parents, whānau and the community. In addition, centres were chosen on the basis of their special character and innovative approaches. Three of the COIs selected have specialised in providing a “Communities of Learning” approach, which emphasised the partnership (and in some cases inseparability) of parents, whānau and teachers in fostering children’s learning and development. Two of the other COIs include a Pasifika bilingual immersion unit and a Kōhanga Reo, where the centres rely on close relationships between centres and families/whānau.

The extent to which EC programmes incorporate quality is likely to influence their effectiveness as sources of support for families. There is considerable evidence

(Smith et al 2000) that quality influences the degree to which favourable child outcomes result from children's participation in EC education. Quality means "the essential components of EC environments which are valued in our society, and which support the wellbeing, development and rights of children, and support effective family functioning" (Smith et al 2000:44). Quality relates to the nature of the EC microsystem, including the roles, relationships and activities that children and families participate in. Structural aspects of quality include ratios, group size, staff training and education and staff stability, while process quality refers to the general environment of social relationships and interactions between centres, children and their families.

Structural and process quality both influence outcomes for children and are therefore likely to be very relevant to the effectiveness of EC centres in supporting family resilience. For example, it is important for staff to be accessible to families and professional in their communications with families and this is influenced by structural factors like ratio and staff training. The processes through which staff interact and relate to families are also likely to be a key aspect of their effectiveness as a support for families. If staff are able to engage in a positive and reciprocal manner with families, rather than in a distant or detached manner, then they are more likely to support family strengths.

There is evidence from qualitative studies of parenting (Davis 1999; Russell 1996) that changes in parenting practices take place within the normal context of families' social contacts and relationships and through reading or listening to the ideas of others. Davis, for example, found that parents changed their views about discipline through ideas in books and the media and by talking to other people through casual relative, friendship or work contacts. This research implies that contacts between EC staff and parents in EC centres could be an effective way to support parents, especially when they are isolated from other contacts.

The three EC centres in the current study had similar goals to those defined for family support programmes by Weissbourd and Kagan (1989), including:

- focusing on enhancing the capacity of parents and caregivers in their child-rearing roles
- creating settings and environments in which parents/caregivers are empowered to act on their own behalf and become advocates for change
- providing a community resource for parents and families that is located in a context/setting that they feel belongs to them, that they feel comfortable in and that has been designed with their needs in mind.

The strategies that family support programmes and EC centres employ to meet these goals are very similar and include the following (Weissbourd and Kagan 1989:21):

- parent education and support groups
- parent-child joint activities that focus on child development and promote healthy family relationships
- a drop-in centre, which offers unstructured time for families to meet with other families and staff on an informal basis
- childcare or supervision while parents/caregivers are engaged in other activities offered by the service (eg parent education courses)
- information and referral to other services in the community, including other forms of childcare, health care, counselling and so on
- home visits, generally designed to introduce hard-to-reach families to family support services
- health and nutrition education for parents and developmental checks or health screening for infants and children.

Attachments and early childhood

Attachment refers to the affectional tie that binds the child to the parent/caregiver across space and time (Ainsworth and Bell 1970). Attachment is central to children's learning and development and to family relationships. Close and reciprocal relationships between caregivers and children in the first years of life are of central importance to all early learning and development. Attachment provides a secure base of trust from which children explore their world and helps them relate to other people. Attachment security is vital for children's sense of wellbeing and their feeling of safety within and outside the boundaries of their family (Garbarino 2001).

Having secure attachments has been linked to a number of positive outcomes for children. For example, one study of a high-risk sample of infants and pre-schoolers found that quality of attachment at age 12 and 18 months was a strong predictor of subsequent behaviour in pre-school children at ages four-and-a-half to five (Erickson, Sroufe and Egeland 1985, cited in Atwool 1999b:313). Securely attached children were found to function more effectively than their anxiously attached peers across a variety of pre-school settings, with highly dependent, anxious/avoidant children showing more signs of being noncompliant and poorly skilled in social interaction with peers. The development of identity (an internal working model of self) and moral internalisation of rules is also linked to secure attachment (Laible and Thompson 2000).

EC centres and staff may help children become resilient by providing quality educational environments that enable children to develop attachments to staff and by assisting families to provide more sensitive and nurturing home environments, thus facilitating secure attachment to parents. EC staff may develop beneficial secure attachments with children and foster the development of secure attachment relationships between parents/caregivers and children (Howes and Hamilton 1992). The staff can foster such relationships by modelling them within the EC centre and by working alongside parents to help them become more responsive parents, nurturers and providers. By building quality relationships, EC staff may assist children and families in developing in ways that enable them to become more resilient.

Garbarino, Dubrow, Kostelny and Pardo (1992, cited in Atwool 1999b:318) have argued that the school environment represents a secondary caregiving and learning environment that can play an important protective role in the lives of children. These researchers have stressed the importance of teachers' sensitivity to children and any family problems, and maintain that carefully designed, facilitative school environments can provide children with positive experiences to foster the development of coping and self-esteem. An Australian study (Oswald, Johnson and Howard 2003) showed that teachers and schools play an important role for children to maintain resilience for coping with stressful life situations. The study showed that teachers were well placed through their daily contact with children to act as influential figures and "significant others" in children's lives, especially when life circumstances were stressful.

An EC centre can also be conceived of as a secondary caregiving and learning environment that can play an important protective role in the lives of both children and families. EC centres that have well-trained staff who are sensitive to family stresses and know how to communicate and relate to families supportively can provide a safe nurturing place. They can provide opportunities for children and families to develop skills and a sense of achievement and worth. EC staff may help

children and families (particularly those who live in “toxic” environments) develop knowledge, skills and abilities that will enable them to better manage their circumstances and their pain and vulnerability, and consequently build a better life for themselves.

Social capital as a protective factor

Families that have access to and can effectively use social capital in stressful and adverse contexts may also demonstrate greater levels of resilience. Stone and Hughes (2000) define social capital as a resource to action, which may lead to a broad range of outcomes that in turn depend on the configuration of network types, the network characteristics and the norms that govern respective networks. They claim that there are a range of network characteristics that influence the nature and extent of social capital within a given network. These characteristics include: types of network (whether they are made of people with whom the family is familiar or others); network size; the proximity of networks; network density (the extent to which networks are overlapping, ie whether members of one type of group know members of another); as well as network homogeneity (the “mix” or diversity of connections in social networks).

Social capital is a concept then that is concerned with both the quality and structure of social relations. It is, however, the quality of the social relations that is deemed most important.

It is the quality of relationships, understood through the use of the concept of social capital which affects the capacity of people to come together to collectively resolve problems they face in common (Stewart-Weeks and Richardson 1998:2), and achieve outcomes of mutual benefit (Lochner et al 1999). (Cited in Stone and Hughes 2000:1)

Resilient families, in some situations, cope, recover and protect themselves from short- and long-term adversity and risk without seeking assistance from social networks. Additional resources are able to be drawn on by those families who have:

- created quality relationships with others in their social networks
- developed bonds with other families and friends
- developed bridges with community local people and support agencies
- established quality and strong links with supportive institutions and systems.

Their social capital can enable them to gain access to collective information, advice, support and resources that might enable them to overcome their circumstances and achieve positive outcomes.

The current study not only aimed to identify the types of formal and informal networks that families rely upon for support in times of challenge and crisis, but was also concerned with the quality of the relationships families had with people in those networks. Both of these factors influence the social capital that is available to families and individuals. These factors may also influence the amount and type of resources available to families that can be used to help them cope with, recover from and protect themselves from stress, challenge and adversity.

We hypothesised that EC centres and staff help families develop their resilience by assisting them to build upon their social networks (providing them with more options and resources in times of crisis and challenge), and to develop strong quality relationships with different networks (that are characterised by norms of trust and

reciprocity), which are drawn upon when families faced different situations and problems

The types of social networks in which social capital can be found are infinite (Stone and Hughes 2000). Social capital exists in the social relations, networks and norms (of trust and reciprocity) that exist among parents/caregivers, between adults and children, between members of immediate and extended family, kin and whānau and their relationship with institutions and agencies within a community (Giorgas 2000). Social capital exists in both the family and the community and is important for creating human capital (Coleman 1988).

Stone (2000) cites numerous studies that have found that education is the most significant correlate of social capital and that there is a strong positive relationship between levels of education and levels of social capital at individual and community levels. Stone also cites research (eg Putnam 1995) that has found that employment is strongly and positively correlated to social capital. There is, however, a lack of longitudinal research in the area of social capital and so causal relationships between social capital and particular positive outcomes for families (eg decrease in economic disadvantage, increase in employment) are difficult to determine (Stone 2000).

An integrated theoretical model of the determinants of parenting has been developed by Xu, Tung and Dunaway (2000). They say that there are four main determinants of parenting – cultural capital, human capital, social capital and endogenous factors.

- Cultural capital includes the symbolic meanings and cultural values of norms that guide parenting, such as beliefs and religious values.
- Human capital provides people with the skills and capacities to help them to act differently and the resources from which parents draw for developing their parenting practices. Such factors include educational attainment, employment and income.
- Social capital involves the relationships that people have with each other, which influence their parenting. They include informal support networks, assistance with childcare and domestic work, and emotional support from partners, extended family members, neighbourhood networks or outside agencies.
- Endogenous determinants include family demographic variables, such as family size, marital status of parents and parental age.

Social capital facilitation is seen as part of the capacity-building process and an integral part of strong communities (Stone 2000), through its emphasis on informal and formal social networks. EC centres that help families and communities build upon their social capital – networks of social relations that are characterised by norms of trust and reciprocity and that lead to outcomes of mutual benefit – are also contributing to their capacity to be strong, resilient and self-reliant. EC centres also contribute to the capacity of families and communities to “do well” by providing many of the characteristics of family support programmes.

Stated most generally, family support programs provide services to families that empower and strengthen adults in their roles as parents, nurturers, and providers. (Weissbourd and Kagan 1989:21)

Research carried out in schools serving at-risk families suggests that schools can make a real difference for children from low-income families, and that one reason for their success is the way that they work with families. If schools can make a difference in building social capital for children from poor backgrounds and enhancing schools' connectedness with families, as suggested by Maeroff (1998), it is likely that EC centres may also do so.

A study by Neville (1998) with two secondary schools in Auckland (one rural and one urban) that had been identified by statistical methods as adding value for students (Harker and Nash 1995) has begun to address how schools assist young people with high-risk backgrounds. Young people in these two schools were doing much better than was expected, given their initial ability and social, gender and ethnic characteristics. Neville used qualitative methods to explore the cultures of these two schools and identified collaborative and non-hierarchical school leadership, excellent staff relationships and a caring relationship with students as key elements of the success of the schools. While relationships between the school and community and parents were not a major focus for the study, this did emerge as an important element.

Thomson (1999), an Australian school principal, argues that narrow basic skills and welfaristic approaches perpetuate inequity and alienate families. She suggests some useful principles for building programmes that can make a difference to children from families at risk. Included among these principles is that institutions should “involve individuals, families and wider local networks in determining solutions” and “avoid having professionals re-tell people’s stories, describing the problems and solutions in expert professional terms in isolation from the people concerned” (p. 9).

Milstein and Henry (2000) highlight the importance of having quality partnerships and relationships, and positive attitudes and provisions, when discussing the ways that schools and communities can work together to spread resiliency to children, individuals, families and communities. When modelled by families, schools, communities and peer groups, the following are some of the qualities listed by Milstein and Henry that promote resiliency:

- promoting close bonds
- valuing and encouraging education
- using high warmth
- using a low criticism style of interaction
- setting and enforcing clear boundaries (rules, norms and laws)
- encouraging supportive relationships with many caring others
- providing access to resources for meeting basic needs – housing, employment, health care and recreation; encourages goal setting and mastery
- encouraging prosocial development of values (such as altruism) and life skills (such as co-operation)
- providing leadership, decision making and other opportunities for meaningful participation.

Wehlage (in Lockwood 1996) noted that, in order to improve the education and lives of families, it was important to examine the social capital that schools offered to the community. In his view, mistrust had developed between schools, other social service agencies and families in the inner cities of America. He proposed that schools needed to work on their relationships with families in order to build social capital and thus facilitate the academic achievement and subsequently the human capital of families in the community. He noted that Catholic schools had lower dropout rates than other schools because of the positive relationships and shared values, norms and expectations with parents. He emphasised that schools need to develop non-competitive and collaborative relationships with all members of the community, including other service organisations, and that these relationships could be facilitated by strong and positive leaders who were respected by their communities (Lockwood 1996).

Callahan (1996) cites Coleman's theory of social capital and the notion of collective public good in neighbourhoods where people have good relationships and take care of each other. Callahan noted that there are certain conditions that favour the growth of social capital, eg two parents in the home, fewer siblings, infrequent changes of residence and strong religious beliefs or practices. Stress increases and social capital decreases, he says if there is too much emphasis on independence, self-sufficiency and individualist ideologies (Callahan 1996). Putnam (1995) believes that Americans are less likely to join groups of any kind and that community life in America is decreasing. He says that when people do not engage with each other, they are less likely to share beliefs, stresses and fears. He also pointed to medical evidence that stated that social isolation is a health threat.

Strong social capital, however, can improve a person's life by enabling them to build their human capital (knowledge and skills) (Coleman 1988; Putnam 2000; Teachman, Paasch and Carver 1996). Teachman et al (1996) found that social capital combines with financial and human capital to improve educational outcomes of children. Sin-Kwok Wong (1998) found that high educational performance in areas of Eastern Europe was linked to all forms of capital (financial, human and social). He also noted that social connections outside of the family were stronger determinants of educational performance than social connections inside the family. Doyle (1996) similarly found the social capital in schools was a stronger determinant of academic success than the socio-economic status of parents or family structure.

However, Maeroff (1998) warns that school is just one part of a child's social capital and the ecosystem of a community. Maeroff thus encourages the development of social capital in impoverished communities through programmes and community work that revitalise the "connectedness" of communities and neighbourhoods. Maeroff states that such programmes share the following four objectives:

- enable children to connect with people and institutions that will help them to advance
- support a child's wellbeing so they are not overwhelmed by their environment
- encourage academic initiative
- provide an essence of knowing, which allows children to gather social and academic information so they can choose a path to follow that otherwise would not be available to them.

Walsh (1998) has also noted the importance of social networks for support in crisis and adversity, and reports that research has suggested that support for resilience can be provided by friends, neighbours, teachers, coaches, clergy and mentors. However, she notes that, while social networks may be an important source of support and a wellspring for positive coping resources, they may also be a source of strain.

The social capital of parents also affects a child's development of human capital. For example, Bianchi and Robinson (1997) examined the influence of social capital in the family on how much time children spent doing unproductive activities (watching television) versus productive activities (reading, studying, doing chores). The results of their study indicated that the education level of the parents had the most influence on how much time was spent reading. Also, children with more educated parents spent less time watching television. The number of parents in the household and maternal employment did not have any effect on the time spent in these activities.

Wylie (2001) reports that, in the fourth stage of the Competent Children project, researchers found that children's performance in mathematics and literacy was

influenced by parental level of education. Parental education levels had a more significant effect the longer the children were at school and carried more weight than family income levels. At age 10, children whose mothers had left school without a qualification had lower average scores than others and children whose mothers had a university degree had higher average scores.

Wylie suggests that a higher level of maternal education may have mathematical and literacy benefits for children because mothers with higher levels of education may encourage their children to spend less time watching television and more time gaining a range of experiences that contribute to their competency. Children whose mothers had lower levels of qualifications had a narrower range of experience, were less likely to use a public library, belong to groups outside of school or take part in music activities. They also tended to spend more time watching television, which had an adverse effect on mathematics and literacy competency.

It is interesting that one study in the literature noted that the social capital of women decreases when they have young children but that the social capital of men increases. Munch, McPherson and Smith-Lovin (1997) surveyed 1,050 parents about their social networks and found that women's social networks decrease in size but gradually recover as the child reaches school age. The effects of this reduced social capital for women included an associated reduction in social support and access to information.

Scott (2000) talks about "micro community building" – interventions that are aimed at developing natural helping networks around families and generating social capital at the neighbourhood level. She outlines some innovative programmes showing promising results in communities across Australia and discusses the work of Garbarino in relation to community-based intervention. She states:

James Garbarino reminds us that while the most socially toxic western communities are those which are materially impoverished, there are some low income communities that are well endowed with social capital while there are some affluent communities which have little social capital and where children are not free to move beyond their walls and elderly people live in fear. (Scott 2000:1)

Summary and conclusion

The research on resilient families and the factors affecting them suggests that there are important relationships and attitudes within individuals, families and their social support networks and communities that assist families in successfully negotiating pathways to resilience. Stress is placed on families through risks such as poverty or marital transition, and the effect of the adversity on families can influence their parenting. There is strong evidence that there are certain types of individual and environmental conditions, both within and outside the family, that promote successful adaptation and resilience in those families that are faced with ongoing adversity and stress.

Figure 1 systematises the literature we have covered in this chapter into an ecological model of influences on family resilience. This model arises out of the current literature, and is based on Bronfenbrenner's ecological theory. It will provide a useful framework from which to conceptualise and interpret the results of the current study. The family microsystem is the central circle within the model. In our section on family processes, we have shown that factors such as communication, cohesion and flexibility enable some families to maintain nurturing parenting

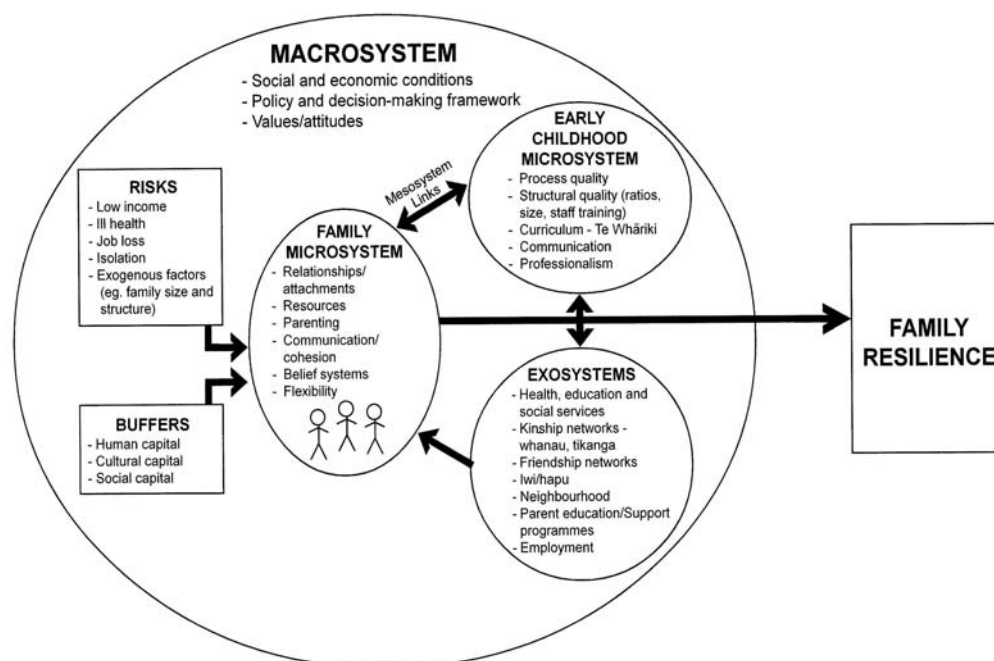
approaches in the face of adversity. The risks faced by many families are in the top left-hand box and include poverty, poor health, unemployment, isolation and factors such as large family size or single parenthood. Our literature review has given more attention to low income as a risk as we know that the majority of the families in our study are influenced by this factor.

The box on the lower left includes the factors that buffer the family against adversity. We have focused on social capital and the networks of relationships based on trust and reciprocity that support the family. This context and provision of practical support from such networks opens up new pathways to securing other types of capital (financial, human and physical). We have shown that connected schools and neighbourhoods can help increase families' access to resources and enhance children's wellbeing and academic outcomes. We have also included cultural and human capital in factors that buffer the family, since cultural norms and education can enhance family resilience.

A series of exosystems have an impact on the family and these are portrayed in the circle on the bottom right. These exosystems include the networks that come from informal relationships with family, friends, neighbours and communities and the more formal ones provided by educational, health and social services. The latter, for example, includes agencies like Work and Income and care and protection systems. The above section "Parent education and support" indicates that intensive, high-quality, continuing programmes that work in partnership with parents are most likely to be effective.

Resilience appears to be fostered through the provision of factors, processes and opportunities that enable family members to gain additional resources that can contribute to their upward mobility and the improvement of circumstances, and that support their effective parenting. The provision of such a supportive environment also appears to impact on individual and family resilience through the relationships that family members have with those people and organisations, programmes and services that can provide support.

Figure 1: An ecological model of influences on family resilience (version 1)



We have placed the EC microsystem in the upper right-hand circle, and have suggested through our review of research and existing policies that EC centres have the potential to engage with families and help link them with exosystems such as Work and Income or public health agencies that will meet their needs. In addition, they may be an indirect influence on parenting practice. Their capacity to provide effective mesosystem linkages with families will be influenced by their resources and quality. EC centres may assist families in building family resilience by providing a supportive context that families can use to access opportunities to develop their social capital.

The ability of EC centres to directly and/or indirectly assist families in building skills, knowledge and resources that contribute to their ability to cope, recover and protect themselves from the ongoing negative effects of adversity and factors such as poverty may, in part, depend upon the level of connectedness that families have with their EC centre and staff. It may also depend on the quality of the relationships that exist between families and their EC centre, and the social networks that exist within the immediate and wider community in which families and EC centres are situated.

Finally, the macrosystem provides the overarching framework for the support for or challenge to family resilience. Economic and social conditions (such as employment opportunity and housing availability) actually set the framework of risks and buffers within the society. The availability of effective and proactive support services is influenced by the priorities given by society to families and the political and decision-making environment.

Taken together, the research on resilient individuals, families and communities has increasingly pointed toward the importance of examining family resilience from ecological and transactional perspectives. This perspective helps highlight the mediating processes and factors that occur within the immediate and wider social contexts of families that help or hinder families develop and maintain resilience. It

also identifies the potential relationships and resources within and beyond the immediate family, household, kinship and social and community network.

3 Research design and methods

Rationale

The *Early Childhood Centres and Family Resilience Study* was a short-term (nine-month) in-depth qualitative study that examined how EC centres support family resilience.² The design and methodology of the study was qualitative in nature, which we felt was the appropriate approach to capture rich and in-depth understandings from both the perspective of the participants and from researchers' observations.

Qualitative research is primarily concerned with understanding how people make sense of their lives and experiences and the structures of the world. Qualitative research is also concerned with processes and is inductive in its methods, ie building concepts, hypotheses and theories from details (Auerbach and Silverstein 2003; Cresswell 1994). As a methodology, it is in direct contrast to many of the assumptions that surround quantitative approaches to research. For example, qualitative research is built on the assumption that human action is constructed not caused (Cronbach 1982), that all factors are interrelated, and that rich meaning is gained from close examination and in-depth consideration of issues (Patton 1990).

Qualitative research does not depend on large samples or statistical analysis, it does not separate out variables, which can be operationalised and analysed statistically, nor does it measure outcomes (Patton 1990). Rather, the aim of studies which wish to focus on interpretive understandings is to look at "a setting in detail and understand particular events, and not to select settings or subjects that represent a population" (Graue and Walsh 1998:95). Qualitative research looks for meaning and the perspectives of participants in research (Janesick 2000).

Qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (Denzin and Lincoln 2000:3)

The authors of this study shared the perspective that qualitative methods and interpretation enable a richness of investigation that adds to the field of studies on resilience. Masten (2001), in reviewing a multiplicity of studies on resilience, argued that studies that examined variables rather than people ran the risk of overlooking the patterns and dimensions that can be gained from seeing the real lives of people. She adds that studies that focus on people rather than variables are "well suited to searching for common and uncommon patterns in lives through time that result from multiple processes and constraints on development" (Masten 2001:229). Thus, qualitative research studies that address the lived experiences of families can add to our understanding of the processes of resilience.

This study was designed to answer key research questions centred on the proposal that good-quality EC centres may provide valuable sources of support for those families who participate in them. The use of the perspectives of EC staff, family members and staff from advisory support and social agencies combined with the use of differing data collection techniques – staff reflective records, interviews and participant observation – were carried out to enable triangulation of data to occur.

² The study was undertaken within a tight time frame as required by the Ministry of Social Development's deadlines.

By combining multiple observers, theories, methods, and data sources researchers can hope to overcome the intrinsic bias that comes from single-methods, single observer, and single-theory studies. (Denzin 1970, cited in Patton 1990:464)

Scope of the study

This study was based on data collection in three EC centres (two kindergartens and one childcare centre), which were selected as examples of high-quality EC programmes and which were reported to demonstrate a strong family support component. The three EC centres were located in the regions of Gisborne, Wellington and Dunedin. The purpose of locating the study in three different geographical areas was to address any differences and issues facing EC centres and families from different areas within New Zealand.

The participants included:

- 29 families – ten from Dunedin, eleven from Wellington and eight from Gisborne
- 12 EC staff – six in one centre, and three in each of the two others
- 13 representatives of advisory support and social agencies who had been nominated by staff of the EC centres as providing vital support for their centre and families – six from Dunedin, four from Wellington and three from Gisborne.

Design and development of instruments

The interview schedule and other instruments were designed as part of a joint process between the Project and Advisory Team (see Appendix A), with some input from representatives of the then Ministry of Social Policy (now the Ministry of Social Development).

During a two-day intensive training session, researchers were provided with background information about the project and the procedures for data collection. The interview schedules were trialled with three participants (a parent, a retired EC staff member and a community support worker), representing the three major groups who would take part in the study. Based on feedback from the trials, the interview schedules were slightly modified to make them more appropriate and clear and the staff interview schedule was changed into a focus-group interview instead of individual interviews. The instruments were then discussed and modified on the advice of the Advisory Team to take into account the cultural needs and sensitivity of Māori participants. Changes included the use of more appropriate Māori terms and making the design more “user friendly” for Māori.

The instruments

Interview schedules

Three unique interview schedules were developed – one for each of the three groups of participants (see Appendices B, C1 and D1). The focus-group interview schedule for EC staff (see Appendix B) concentrated on information about staff policies and practices that related to the support that they provided families. It also was designed to encourage EC staff to identify and discuss their views on family support and the role of their EC centre, and other agencies, in helping families cope with adversity and stress.

The family interview schedule (see Appendix C1) consisted of questions that were designed to be administered either on an individual basis or to a family. Participants were encouraged to invite immediate and extended family to be part of the interviews. The questions addressed a range of issues relating to stress and support:

- the perceptions of parents/caregivers on the role and function of EC centres
- identifying supportive and non-supportive policies and practices of staff
- identifying current and recent stressors in family lives, coping strategies and barriers to support
- family use of community-based advisory and social support agencies.

The families who volunteered to be interviewed and who self-identified as Māori were given a family/whānau interview schedule (see Appendix D1). This had been adapted from the original interview schedule, in order to meet particular cultural needs of Māori participants.

The advisory support and social agency interviews (see Appendix E) consisted of questions that focused on encouraging personnel from these agencies and organisations to describe their role in supporting families. They were asked to identify their degree of partnership and relationships with the EC centre and their perception of the effectiveness of the support offered by their service or organisation and the EC centre.

Background demographic questionnaire

All families who were interviewed were provided with an anonymous questionnaire that was designed to gain information about the demographics of the families involved in the study. Questions were designed to elicit information about the composition and structure of the family and household, pattern and use of EC centres, income and level of dependency on welfare and other factors that would enable researchers to accurately describe the sample population (see Appendices C2 and D2). Participants were encouraged to provide as much information as they felt comfortable with but were not required to answer all questions. The interviewed individuals filled out the questionnaires, except in the two cases where interviews involved couples, when they were filled out jointly. To reflect cultural needs, a separate questionnaire was adapted by the Advisory group for those families who self-identified as Māori.

Background and demographic information about the centre, its policies and programme, the EC staff, support agencies that had links with the EC centre and children and families were also collected during the “settling in” week by the researchers (see Appendix G).

Participant observations

Researchers spent three mornings and two afternoons in each EC centre recording information about the interactions that occurred between EC staff and families. Researchers also recorded information regarding the quantity of interactions, initiation of the interaction and any outcomes (see Appendix F).

Staff reflective records

Staff were required to record one week’s observations and reflections on their practices surrounding families. Researchers were given instructions on how to encourage EC staff to collect appropriate data when completing their reflective

records. Researchers provided the staff with a guideline and checked their progress after trialling the records prior to data collection (see Appendix H). Staff reflective records were copied for analysis and the originals returned to staff at the completion of data collection and analysis.

Individual consent forms and disclosure process protocol

A disclosure process protocol was developed in conjunction with representatives of Ministry of Social Development (MSD) that was specific to, and met the needs of, the Research Project (see Appendix K). This process ensured that researchers followed appropriate protocol in the event that participants disclosed that they, or another family member, were at risk or were being harmed. Both the Children's Issues Centre (CIC) and MSD approved the final version of the protocol. Amended consent forms (see Appendix J) contained a section that drew the attention of each participant to the existence of a "disclosure process", and all researchers were given instructions on the use and meaning of this document and its implementation when conducting interviews with families.

Procedures

Ethical approval

Ethical approval for the study was obtained from the University of Otago Ethics Committee in August 2001.

Consultation with Māori

Members of the research team approached members of the project advisory team and key informants within each of the three areas for advice on how best to proceed with consultation with Māori and to identify key contacts within each area. Researchers also spoke to staff at the EC centres to ascertain whether the EC centre or families had Iwi representatives or affiliations. As a result of these discussions, CIC researchers contacted representatives of local Iwi and organisations that represented the interests of the Mana Whenua (from the local Iwi) in each region. In hindsight, it has been noted that it would have been more appropriate to have engaged in pre-consultation at the beginning of the project, and that Mana Whenua and local Iwi should have been involved in the design and planning of the research project.

In the first instance, a letter was sent and a phone call was made to contacts provided by the project advisory group. These were followed up with discussions and visits with members of organisations that represented the interests of local Iwi and Mana Whenua. These contacts were provided with information about the proposed study and were asked if they would like to have some level of involvement in an advisory capacity within the study. They were later asked to nominate an advisor for the Māori component of the research and to suggest Māori researchers (preferably Mana Whenua) who could carry out the interviews with Māori families, should the families request this. The three initial contacts all agreed to become the advisors for the Māori research component and were involved in checking the cultural sensitivity and appropriateness of the instruments, eg the interview schedule for self-identified Māori and background demographic questionnaire (see Appendices D1 and D2). An advisor also took the initiative of establishing an advisory group consisting of members who had various areas of expertise – qualitative and quantitative research and community work – to provide advice during consultation.

It was agreed that a Māori researcher (preferably a researcher who was Mana Whenua) would conduct the interviews with Māori whānau or if requested (by the family/whānau) accompany the Pākehā researchers to the interviews. This was to ensure the cultural safety of the Māori family/whānau at all levels of the research project.

While the consultation processes at the beginning of the project could have been improved, the project team have been ready to reflect and be responsive to Māori concerns and involvement throughout the research project. In particular, the research team have been involved in ongoing consultation with Māori concerning instrument development, protocol, data analysis, interpretation of preliminary findings, and community dissemination of the preliminary report.

Selection of EC centres

The Project Team began formal contact and consultation with key associations to discuss centre recruitment, eg kindergarten associations and childcare associations. Letters and information pamphlets (see Appendix J) were sent out to the directors and managers of these organisations to inform them of the intended study and ask them to consider nominating suitable “mainstream” EC centres within the local area that met the research selection criteria. The CIC has strong networks of professionals working in health, social services and education who also helped identify likely EC centres, eg the Project Advisory Group assisted in identifying suitable EC centres in their respective regions.

EC centres were required to meet a number of criteria to be included. Centres that were selected were those that:

- had been identified as demonstrating examples of good professional practice from a range of evidence
- provided parent/family support as evidenced by:
 - key informants in the local areas – including EC initial training providers, advisory and professional support providers to EC centres, and health and social work professionals responsible for EC centres
 - charters that contained a commitment to the development of supportive strategies and policies for families
- had received recent positive evaluations from Education Review Office (ERO) reports
- met the structural and process criteria for quality early childcare.

Additionally, EC centres approached for participation included those based in geographical areas that were characterised by families of low income and by high family need.

We proposed that EC providers based in low-income areas were more likely to work with a greater number of families who may suffer from adverse life circumstances and who may be at heightened risk of negative outcomes. Social and economic disadvantage has been identified in research literature as one factor that is associated with increased risk of a number of negative outcomes for children and adults. Families who use centres based in low-income areas and who come from similar areas may also be more likely to be significantly exposed to shocks and stressors and experience other related factors (eg unemployment, underemployment, poor housing) compared to families from other areas.

Through our processes of choosing, checking and verifying the centres, we have been assured that the centres and the families using them can be seen as living and

working within communities of deprivation and risk. The communities were characterised by:

- low or poor housing standards
- high unemployment and underemployment
- high numbers of families who depend substantially on welfare and income support services
- high demand for community support and advice services.

Degrees of Deprivation in New Zealand Index 2000 (which has drawn on Census 1996 information) identified that the centres chosen all fell within “deprived” areas (Crampton et al 2000). Both the Dunedin and Wellington centres were situated in decile 10 areas and the Gisborne centre in a decile 9 area. The decile ratings go from 1, as the least deprived, to 10 as the most. What is interesting in these ratings is that they combine more than just socio-economic status to address the levels of deprivation that a community is experiencing. This index included the following deprivation variables: communication, income, employment, transport, support, qualifications, home ownership and living space (Crampton et al 2000:15).

Once the EC management associations and organisations had given their consent for the researchers to approach the nominated EC centres, each centre was visited and the staff and researchers together verified the suitability of each centre for inclusion. The three centres were chosen and the research team provided staff and families with information about the study. Formal letters were then sent out to staff along with consent forms (see Appendix J). Some EC centre staff carried out informal consultation with families at this early stage to gauge their interest in the study.

Following the provision of consent on the part of the EC centre management and staff, researchers asked the staff to identify the advisory support and social agencies that they had direct links with and whom they considered to be vital to the support they provide families. Researchers then formally approached the management and nominated personnel of these agencies to invite them to participate in the research. They were provided with information about the study and consent forms (see Appendix J).

Selection of families

Families who had at least one child enrolled at the one of the centres and who had been participating in the programme for at least three months were asked to volunteer for participation in the study. Three months was deemed a sufficient period of contact for families to be aware of, and to have experience of, the supportive practices offered by the EC centres, staff and relevant advisory support and social agencies that have contact with the centres. During the period of first contact with an EC centre, it is usual for EC staff to spend increased time getting to know parents, providing information on policies, practices and routines and orientating children and families with the centre. Arguably, this can be a time when staff are very aware of families and family needs and families are very aware of the centre’s policies and support roles.

Most participants in this study had been using the centres for a considerable time. Two families had attended for only 3 and 3.5 months respectively, but the average length of time the families had been attending across all the centres was 16 months. The longest length of time was 69 months for one family. The most common length of time for all the families was 12 months.

There were several reasons why the families were asked to volunteer instead of being chosen or targeted. Firstly, as we had selected centres in areas that provided service for families in communities at risk, we were confident that we would have families that represented this position in our study. Secondly, our understanding of “at risk” had a wider perspective than simply low income or socio-economic status; thus indication of income from the participants was not a sole deciding factor in whether a family was “at risk”. Finally, we also wished to avoid labelling any family or child within the centre community by targeting them as “at risk”.

It is important to note that the families who participated in this research differ from those in previous resiliency research who have been drawn from clinical sub-samples (Kalil 2001). The participants were recruited from three geographical areas in New Zealand described as low-income and/or servicing families of high need. This does not necessarily mean that the individual families themselves identify in this way, or that this description categorises each individual family. However, both the individual stories of the participants, and the communities in which they resided situate these families along the continuums of both risk and resilience (Kalil 2001).

Data collection

The study involved a one-month period of intensive data collection in each EC centre. Researchers spent the first week in each centre collecting background information, developing knowledge of the EC centre programme and policies and, most importantly, developing relationships with EC staff, children and families. During this time researchers acted as “parent helps” and were often involved in the day-to-day aspects of programmes.

Following this “settling in” period, researchers spent three mornings and two afternoons recording observations of staff–family interactions. The content of interactions was not recorded, as the focus was on identifying the qualities of interactions (eg who they occurred between, where, at what times during the programme/session and who initiated the interactions).

During the third week, EC staff completed their reflective records, ie made observations about their own practice and the reasons and motivations behind the ways they work with and support families.

At this time, researchers also undertook their focus group interviews with the EC staff (including supervisors/head teachers and teachers), interviews with families/whānau (parents, children and extended family) and interviews with personnel from relevant advisory support and social agencies. Interviews were completed over the following weeks and took place in a range of settings (including the EC centre, the homes of families and in advisory support agency settings).

Community consultation and dissemination

When the project and preliminary report of key findings were completed, all participants were provided with summaries of the key findings and invited to attend a community dissemination and feedback meeting at each of the EC centres. The meetings provided an opportunity for the researchers, project manager and supervisor to share key findings and outline some preliminary recommendations with the participants. It also served as a check with participants that the themes identified in the report were an accurate reflection of those identified by participants during their

interviews. The discussions held at these meetings have been incorporated into the final report.

Information on the EC centres

Three EC centres were chosen for the study: a childcare centre and two kindergartens (Kindergarten A and Kindergarten B). All three centres were identified by staff as being located in areas where families experience socio-economic disadvantage and financial adversity or where families demonstrate high needs, eg reliance on government financial assistance and local advisory support and social services. All three centres were in areas of high deprivation – both the Dunedin and Wellington centres were situated in decile 10 areas and the Gisborne centre in a decile 9 area on the 2000 Deprivation Index (Crampton et al 2000). The three EC centres differed in their philosophies, programmes and practices but all had a strong focus on supporting families both formally and informally.³

The childcare centre had five full-time and one part-time teaching staff, one relief teacher, a cook and a relief cook. It had a roll of 44 children and is licensed to take children from birth to five years of age. At the time of the study, the centre had children ranging in age from five months to 52 months.

Kindergarten A had three full-time teachers and is licensed for 90 children. At the time of the study, the kindergarten had a roll of 62 children ranging in age from 32 to 60 months.

Kindergarten B had three full-time teachers and was also licensed for 90 children. At the time of the study, the kindergarten had 88 on the roll.

The childcare centre's six staff were all female (with two self-identifying as Māori). All six had their Diploma of Teaching (ECE) and were registered teachers or were working towards registration. The cook had a food-handling certificate and all staff held current First Aid Certificates. In addition, there were two female Education Support Workers who worked part-time at the centre with children with additional needs. The staffing situation of the centre had been very stable, with only one staff member having left in the past three years and nine months. Four new staff had been hired as additions when the roll increased and the Supervisor had been employed there for three years and nine months. The age range of the staff (including the supervisor) was 20–46 years.

At Kindergarten A, there were three full-time teaching staff (all female). All the staff held the Diploma of Teaching (ECE) and all were at different stages of completing their Bachelor of Education degree. All three were aged 31. There was also a female support person (Educational Specialist Worker from Specialist Education Services) who worked part-time and independently with one of the children at the kindergarten over a couple of the morning sessions. This support person also had children attending the kindergarten. The teachers had considerable teaching experience, but the combined team had only been together for one year.

At the time of the study, Kindergarten B had three full-time teaching staff – two female and one male. All of the full-time staff held a Diploma of Teaching (ECE) and one had a Bachelor of Education degree. There were two Educational Support Workers (one female and one male) who had a close relationship with the

³ See Appendix L for more detailed information on the demographics, programmes and policies of the three EC centres.

kindergarten staff, children and families. The kindergarten was also visited by one female “English as a Second Language’ (ESOL) volunteer who attended two mornings a week, a female Community Placement Worker with 100 hours to complete and a female Work Experience Person who attended one day per week and has been at the kindergarten for nine years. The Head Teacher had been at the kindergarten for four years, one teacher had been there for three years and the other teacher had been there for just 10 weeks.

Information on participating families

Number of participants

Twenty-nine families (29 mothers and 2 fathers) participated in this research project: ten families from Dunedin, eleven from Wellington and eight from Gisborne. To be eligible to participate in this study, each family was required to have at least one child who had been attending the centre for at least three months. Four of the families had more than one child attending the centre at the same time, however, only one of the children was included as the “participating” child in the study, with any other children counted as siblings. For particular confidential reasons, one family interview has been excluded from the project, leaving the interview results to be based on 28 family responses.

Children attending the EC centres

- **Gender:** 11 males and 18 females.
- **Age range:** from 5 months to just over 60 months. While there was a larger range in ages of the children from the childcare centre (10 months to 54 months), the participant ages at the two kindergartens were similar, ranging from 32 months to 60 months.
- **Ethnic identification** of the families: the ethnicity choices in the questionnaire allowed for multiple identifications, which several families provided for their child. See Table 1.

Table 1: Ethnicities of families

(NB: several families chose more than one option)

Ethnic origins	Number of children	Number of parents
European / Pākehā / New Zealand European	25	24
New Zealand Māori	8	8
Samoan	2	1
Tongan	2	2
Chinese	1	1
Indian	1	0

Welsh	1	1
Scandinavian	1	1
Dutch	1	0

Of the eight families who identified as New Zealand Māori: two families chose only that option; four families chose European/Māori; and the remaining two chose Māori/Samoan. One family who selected Samoan also identified the child as Welsh. Two families who identified themselves as Pakeha also identified their children, respectively, as Indian and Tokelauan.

- **Māori tribal affiliations** provided for the children: Ngāpui, Kāi Tahu, Tainui, Ngāti Kahungunu, Ngāti Awa, Ngāti Pūkiao, Ngāti Porou, Ngāi Tahu.

The child's family and family context

- **Age range of the parents:** mothers ranged in age from 21.5 to 44 years (average: 34 years); fathers (or the males of the households) ranged in age from 24 to 50 years (average: 36 years). The data for the male partners, however, was provided by only 17 of the participants.
- **Marital status of the parents:** 18 of the 29 families identified as being currently in married or de facto relationships (62%), 10 families identified as separated/divorced/single (35%), and one did not answer the question (3%). There were more married couples in Gisborne, more de facto and single relationships in Dunedin and Wellington compared to Gisborne and equal numbers of separated/divorced participants across the three areas.
- **Family groupings and siblings:** the number of children in the families ranged from one to five (ranging in age from 18 months to 20 years). The majority of the families had two children: nine families had only the participant child, 11 families had two children, five families had three children, three families had four children and one family had five children. The largest family groups were in Dunedin, where the families also fell into the lowest income grouping.

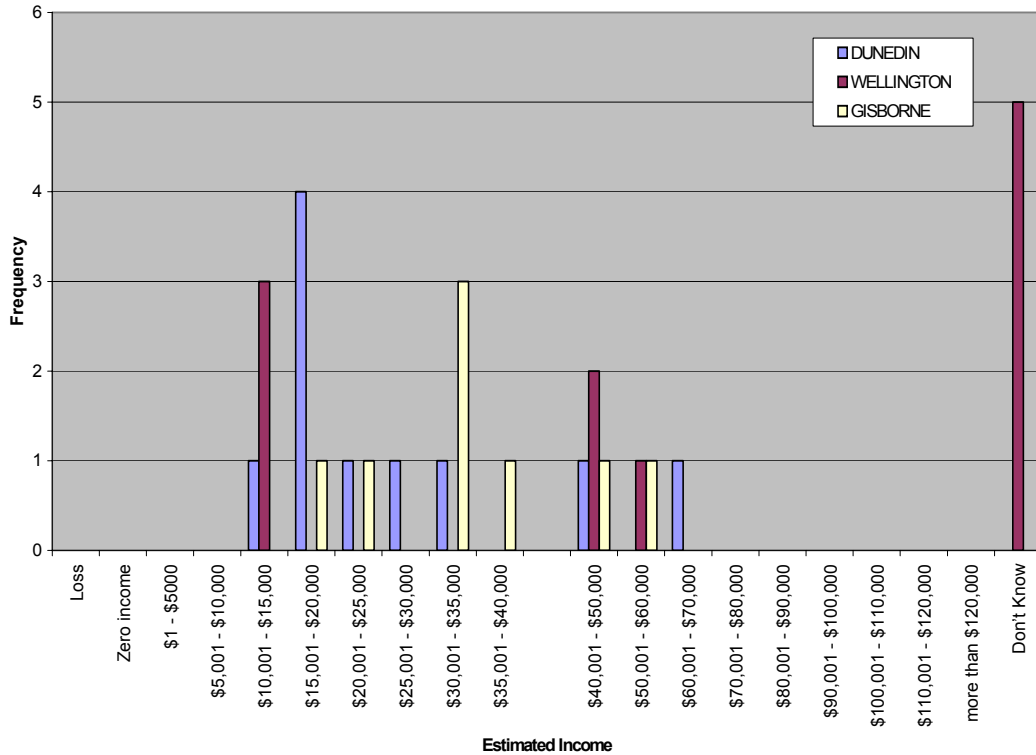
In the description of the families, while the nuclear family and the single parent were the dominant groupings, there were variations within those groups that are worthy of note. Step-parenting (one family had two stepchildren full-time in their household), two families included children who were relatives (not siblings) and one family (mother and child) lived with the maternal grandparents.

The question that compared family number and household number was excluded in the questionnaires given to the Māori participants but this question generated some insightful differences in two of the other questionnaires. There was a difference between those the participants termed and counted as their family and those who lived with them in their households – eg in one family, the mother identified 10 family members but lived with only one son while her other children lived elsewhere.

- **Estimated family income:** the reported average estimated combined annual income per family was in the range of \$25,000–30,000. This, however, varied between the regions, with Dunedin's average the lowest at \$20,000–25,000,

Wellington's average \$25,000–30,000, and Gisborne's the highest on \$30,000–35,000. Please note that these are reported estimates only. See Figure 2.

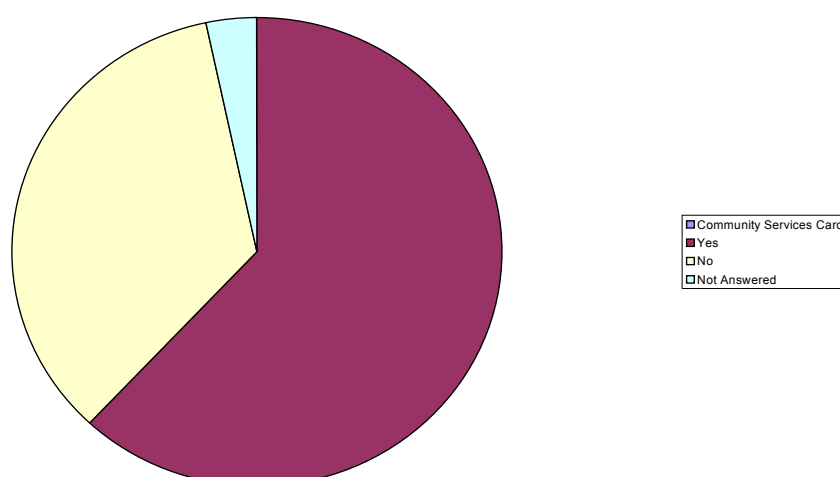
Figure 2: Total estimated combined family income



Thirteen participants (45%) identified themselves as the main income earner of their family unit, with 14 participants identifying their partner (48%) (one participant did not answer this question and one identified both adults as the main income earners).

Eighteen of the families (62%) identified that they were eligible for the Community Services Card (please note that this included those who identified that they had High User Cards rather than being eligible on income criteria). See Figure 3.

Figure 3: Community Services Card holders



Disabilities

In this sample of families, there was high self-reporting of a disability within the family. Fifteen families (52%) identified a family member as having a disability. Of these families, seven (47%) identified more than one disability, and two (13%) identified more than two disabilities. These disabilities ranged from health problems (eg eczema, asthma, glue ear and cleft palate) to intellectual disabilities (eg autism spectrum disorder and delayed learning difficulties) and behaviour difficulties with ADHD. In one family, there was also a serious illness of child cancer.

Sources of support

Participants were asked to identify the people in their lives who shared the responsibility of caring for their child/children. The mothers' partners and grandmothers were the most often chosen option in all three areas. Friends, while mentioned, were often described as "some support" and "not often used", while a paid caregiver was listed in the "other" category.

Information on advisory support and social agencies

The staff from the three EC centres nominated key advisory support and social agencies or organisations as providing ongoing and significant support to the EC centre and their work with families. These nominations were grouped into five key agencies:

- the Regional Public Health Unit
- Department of Child, Youth and Family Services (CYF)
- Special Education Services (SES) – now known as Group Special Education (GSE) under the Ministry of Education (MoE)
- local educational institutions (eg primary schools and other EC centres)
- a local library.

In the course of the interviews, EC staff also identified a number of other advisory support and social agencies that they have limited contact with on a "needs be" basis. In their interviews and in the background/demographic questionnaires, families also identified advisory support and social agencies with which they had both periodic and ongoing contact (see Appendix L).

4 Family stress, adversity and resiliency

Introduction

This chapter discusses the perspectives of the participants in this study on the stresses and risks families experienced on a day-to-day basis and the buffers which enabled them to cope with these. It presents some of the issues raised by the 28 families,⁴ three EC centres and five support agencies in the study, in relation to poverty. In order to look at how families need support, it is important to determine the types of challenges they face. The model we developed in Chapter 2 presents the risks as a box on the upper left-hand side, and the buffers in general terms in the lower left-hand side. These buffers and risks are depicted as impacting on the roles, relationships and activities engaged in by the participants in the family microsystem. We will now test the model against the reported experiences of participants in the study.

In this study, stresses and risk factors appeared to have both direct and indirect effects on family members. While a caregiver may have experienced the direct and negative effects of stressful circumstances and factors, children and other family members also experienced the negative effects, even if only indirectly through parents being grumpy or lacking energy or ability to meet the needs/demands of children and other family members. The enmeshed nature of some family systems can increase or decrease the amount of stress experienced by family members – “If something affects one person or one part of the system then it affects all parts”. For example, unemployment, relationships at work or wider family relationships can all impact on parents/caregivers as well as on children and this can add to the stress parents face in dealing with issues that are in a direct sense outside of their parenting role and influence.

All participants in this study (families, EC staff and staff from advisory support and social agencies) discussed factors that were perceived to cause stress, to individuals and on the family as a whole. The interviews suggest that it is not necessarily the presence of any single factor (eg low income, sole parenting or unemployment) or the absence of any protective or recovery factors that contribute to the stress and difficulties experienced by families. Rather, it is the particular combinations of factors in the context of a particular environment (ie ongoing or long-term problems and difficulties) that can lead a parent to experience distress and feel less able to cope or manage. This chapter will indicate which factors stressed and supported families. A multiplicity of factors and stresses were experienced by the families on a recurring basis – ie at any one time, more than one of the stressors (or risk factors) would be present for any one family.

How do we know that the families in this study were at risk?

The experiences of parents in this study demonstrated the multiplicity of contexts and circumstances that worked cumulatively to add risk and stress to their lives. In all the interviews, it became clear that parents were very busy and faced with many demands. They demonstrated many of the same stresses and issues that have been identified with increased risk such as: poverty and low income (Letourneau 1997), sole parenting (Kalil 2001), lack of family and social/community cohesion (Putnam 2000), job loss, divorce, death, and chronic illness (Kalil 2001). The next sections outline the reported challenges faced by families.

⁴ Data for one family was excluded from the analysis for confidential reasons.

Income and financial issues

Table 2 is a selection of quotations illustrating poverty-related issues raised by parents, teachers and support agencies. The participants all mentioned financial concerns as high in the stresses of their day-to-day experiences. Poverty and low income has regularly been associated with increased risks for families, and particularly for children.

The majority of the 28 families in this study had two children (n = 11), but the numbers of children in the families ranged from one to five. The largest family groups were in Dunedin, which also had the lowest income group (average family income \$20,000–25,000). Financial difficulties, such as pressures related to lack of a sufficient income, being unable to afford to pay basic bills (eg childcare fees, food, child health care), inadequate housing and lack of affordable housing options, were raised in many of the interviews.

These were stresses not only for those on government-assisted income, but also for the low-to-middle wage income earners. For example, affording childcare fees/kindergarten contributions/after-school care was a continual issue for most of the families. Many families had incomes falling just short of subsidy levels for income assistance with childcare and other benefits. Staff from all three EC centres also identified that inflexible cut-off limits for financial assistance and childcare subsidies were likely to contribute to the stress and adversity faced by many parents/caregivers.

The EC staff and support agencies identified housing concerns to be a major stress for families, including those on government benefits and low-to-middle incomes. Staff from one EC centre identified that families were often forced to choose to live in areas with cheaper accommodation. This raised three key risks for families:

- cheaper accommodation is often in unsafer and more poorly resourced and serviced areas of the city
- these areas are often physically isolated (ie suburbs with limited community resources)
- families/whānau are often forced to move on a regular basis to continue to find affordable rents.

Families made regular connections between lack of money and feeling depressed and feelings of being trapped and unable to escape poverty. These negative feelings made approaching agencies or state organisations for assistance difficult for many participants. One support provider commented that families often found it difficult to ask for help because they had to first overcome a perception that they did not deserve to receive assistance. Not feeling entitled to support could prevent people from accessing the support they required and compound the stress they were experiencing. This perception was supported by parents who found it difficult to ask for help.

One-third of the parents reported feeling stressed when they perceived that others had a negative perception of them, judged them negatively and/or blamed them for their situation by assigning labels, eg “client of state”, “dole bludger”, “DPBer”, “solo”.

Table 2: Financial stresses for families

Paying the bills
<p>Last winter was really hard because we were really strapped for cash and like some weeks [husband's] earnings would only just cover the mortgage and maintenance and you've still got the bills and the kids to feed. And you worry about how you are going to feed them and worrying about the electricity getting cut off ... Everything is just so much harder to cope with and it can almost get so bad that you get depressed. When times are really hard I get short tempered and don't sleep well and the whole thing is hard on everyone. (Parent #28)</p>
Childcare fees and kindergarten contributions
<p>And families are struggling with our fees you know, fifty dollars a term is still a hell of a lot of money for fees. (Teacher #8)</p> <p>I don't get any subsidy at all. It just infuriates me ... I find it extremely frustrating because the government's threshold is really really low ... And the only people who really qualify for it are the people who are on benefits or on the equivalent of a benefit. And I certainly don't begrudge people in those situations getting it. But it just seems silly that the working class can't get it when they are probably the ones that need it more to get out there and work. (Parent #8)</p>
Housing
<p>We've seen families that have to move out to [suburb]. They really don't want to go out there but they've got no choice. (Teacher #7)</p>
The poverty trap
<p>That's probably what's made me depressed as well ... There's just no escape. I mean I don't really give a shit about the rent. Like – of course I'd like a place to live, but just not being able to escape the poverty ... So I find it really quite hard being poor in a lot of ways. (Parent #17)</p>
Negative experiences limiting access to help
<p>⁵Like this whole trend to sort of force solo parents out to work. Like they haven't got a job already? ... I think it's [parenting] a very important job and it's not given the recognition that it should be. Whoever does it, whether it's the mother or the father you know. It's sort of like it's just taken for granted ... but people consider that if you are a solo parent at home you are doing nothing which is rubbish. You know, you were bludging off the state. You couldn't win. You were either a bludger or you were neglecting your kids. (Support Provider #7)</p> <p>My biggest problem is I'm proud. I try to cope as best I can. I'll only ask for help if I really, really, if there's no other option – I have to – you know. I try to do it on my own. It's embarrassing for me to have to ask for help. Especially – I mean we live in New Zealand. I mean it would be different if we were in Kuwait or say Afghanistan at the moment. And I think to myself, "Well you can't survive and you're in a welfare state. Imagine what you'd be like over there". (Parent #15)</p>

⁵ The views of this support provider differ from other participants experiences provided later in the report (See for example, Table 9 on page 56).

Work issues

Table 3 gives a selection of quotations about the pressures that work or partner’s work situations placed on families. Sixteen of the 28 families in the study mentioned work pressures as being a source of stress in their family. Working was seen as a source of stress because it impacted on the time the family spent together. For example, a mother explained that her husband’s newly formed business had been a source of stress because of the long hours her husband worked and the worry of the family’s financial security.

In another family, with three small children, the father worked full-time and the mother worked part-time and the different hours that the parents worked meant there was little “family time” and the family did not often share meals together. Support agencies talked about the stress that shift-work, seasonal work and multiple shifts placed families under. Not only did these work conditions mean reduced family time as a unit and exhausted parents, but often childcare services could not match the hours needed for care arrangements and working hours.

Table 3: Work pressures

Father absence due to long hours
Yeah, I haven’t seen [husband] probably since Sunday. And I think that has an effect on your relationship.. Well I think they [children] certainly miss [husband] when he is not around. He didn’t get home until late last night and ... so they haven’t seen him for two days. So they miss him. And if I’m stressed this has an effect on them. If I’m getting shitty and isolated and shout at them, they they bear the brunt, and I’m bad. (Parent #21)
Competing demands on time
Because the only time I can do it is at night time when they go to sleep and often they don’t or they’ll just wake up you know ... Well yeah, I want to go to sleep too. I often lie down and read my books and go to sleep. (Parent #16) I am at busting point especially if I have got like exams at tech or I have got an assignment due in and the girls know I have got to do this and they just decide that they are going to act up. (Parent #9)
Multiple jobs and shift work
Because, with me working, I’m away over the tea hour and by the time [husband] gets home – it’s sort of really broken. We don’t sit down as a family during the week to have tea or anything like that. (Parent #1)
Seasonal work and fluctuating incomes
It’s hard because in [husband’s] last job his pays would fluctuate depending on the weather and the availability of work and things and so it was really hard to budget ’cause you knew the bills would keep coming in but some weeks the pay wasn’t that good. (Parent #28)

Sick children and work

He had been sick for six weeks solid and I just, six weeks I was having not only to deal with a sick child but ringing up work. Telling people who relied on me to be at work. Work building up. People at work stressed because I'm not there. I'm here stressed knowing that they're stressed because I'm not at work you know. (Parent #8)

Health

Table 4 shows some of the stressful experiences of families in relation to health and disability issues. Families reported many health and health-related problems, both for themselves and for their children and other members of their family and whānau. The Dunedin families were most likely to identify a significant disability for one or more of their family members (7 out of the 10 families, compared with 4 out of the 8 Gisborne families, and 4 out of the 11 Wellington families). There were 15 families identified as having a child or children with a disability or additional needs. Of these families, seven identified more than one disability and two identified more than two disabilities.

All of these parents discussed the impact it had on them, their children and family. The types of disabilities and health-related problems identified by families included: intellectual and learning disabilities, depression, disorders such as Autism Spectrum disorder and ADHD, eczema and asthma, cancer, vision and hearing problems, speech impediments and heart conditions. Several parents also identified having health-related problems themselves (including asthma, depression and eczema) and other adult family members (grandparents) as having conditions (cancer, arthritis, asthma).

Having family members (including children) with additional needs was related to increased stress in a number of ways including:

- placing parents under greater financial pressure (to meet costs of medical treatments)
- placing parents under time and organisational pressure (to meet with professionals and specialists and meet the needs of other family members)
- contributing to tiredness and worry for parents.

The whole family unit, including other children, were often affected by illness and problems in other members of the family. Coping with a family member or relative who has a mental illness, or dealing with substance addictions, was also listed as a major source of stress by several families and participants from support agencies.

There were other health- and wellbeing-related issues that also contributed to the stress parents experienced. Lack of sleep was a major issue for eight parents. When they did not get enough sleep, they were not only unable to cope but their whole family functioning became severely limited. Several parents also commented on the additional stress they feel when they are sick and their children are not. This type of situation made it very difficult for the parent to take care of children when s/he is low on energy.

For the families with children with additional needs, the stresses were compounded with life at home containing more challenges because of the children's health and behavioural needs and from the associated social stigma. The negative reactions and

perceptions of others (the public) to one boy's behaviour, for example, contributed to his mother's reluctance to go out with her children and compounded her isolation.

Table 4: Health, disability and illness

Child health
<p>[Son] suffered sleep apnoea as well. I had ten nights sleep in two years. Yeah. So it just added and added and piled on and piled on and BANG it just got to the point where I was just too stressed ... I mean you're grumpy, they're grumpy. [If] you're okay, they're okay. (Parent #10)</p> <p>It affects the fact that it is very hard to function as a family when you have a child with cancer. Not only physically, with the care, but also with the emotional trauma. So getting meals on the table can be overwhelming. [Partner] and I have been very depressed about it. (Parent #7)</p> <p>Plunket is one of my favourite groups. I love Plunket – the Plunket Family Centre ... I just used to go there all the time, because I had problems with feeding and sleeping – all that kind of thing and they were just really wonderful ... Well, the family centre is a place where you can go [pause] you go there every day when you've got a new born baby and you don't know how to feed it properly. You stay there the whole day and they help you with the feeding and they let you go and have a sleep in the bed and they look after the baby – that kind of thing – practical things. (Parent #16).</p>
Parent health
<p>Well, because when they're not sick, when they're full of energy, when they still want to be doing this and doing that. I don't get sick very often, but this occasion I was SICK. I had the flu. I felt dizzy and achy and crap, you know. I just wanted to go to bed. But I had this little kind of power pack jumping around. (Parent #14)</p>
Drug addictions
<p>Well, with some things like yeah, say my husband's drug addiction, I mean no one I know can relate to that at all ... but the repercussions for us, I can't talk to other people about that because no one I know has any understanding of it whatsoever, so you don't talk about it. (Parent #11)</p>
Disability
<p>They [the public] don't know what it's like. You know like when you see people at the supermarket with screaming kids everybody is standing there you know, "If that was my child ...". And I know how that person feels. And the worst thing to have people staring at you because the child looks normal, you know. And all the attitudes you come across and that sort of thing ... Oh you just don't go places. It restricts you ... you have to plan ahead ... and sometimes you get all worked up and nothing happens. (Parent #1)</p>

Family dynamics and composition

Table 5 identifies some examples of how parents experienced changes in family composition. There were many reported changes in family structure/dynamics that were identified by EC teachers and parents as sources of stress for families/whānau which included:

- parental separation

- disintegration of adult relationships
- partners spending long periods away from the family for work or wider family obligations
- management of shared custody arrangements
- the re-entry of the children's fathers into their lives (in some cases).

Sole parenting compounded the stress of being a parent for those parents who identified that they were "going it alone" with their children. Of the 29 families, who answered the questionnaire in this study, 13 parents were in a married relationship, five were in de facto partnerships, three identified as separated/divorced (and single), seven chose single, and one participant did not answer this question. Thus 62% of the families were in partnered relationships, with 35% of the families in a sole-parenting role. Twelve parents, however, reported that they were parenting alone. This included those who were sole parents, but also those who reported that their husbands/partners were unavailable through the day (due to work commitments or other reasons), or unavailable for long periods due to working away from the family in a different geographical area, and those whose husbands were incarcerated.

While it is not common for partnered families and sole-parent families to be grouped together in discussions in terms of solo-status, the participants in this study identified many of the same issues – all relating to the lack of another adult with whom to co-parent and/or to share the adult responsibilities. Several of the parent participants said that although they had immediate family/whānau for support, in reality, these members were often unavailable to help. The reasons included: the "busyness" of the extended family who were working or caring for elderly or sick family/whānau members themselves, living far away, personality differences and difficulties between family members.

It appears that immediate and extended family members and their individual problems can add to the stress experienced by a family unit. While they are sources of support for parents/caregivers and families with small children, their help was not sufficient by itself for families to only have access to immediate and extended family (including whānau). Participants said that the family members who they drew upon for support needed to have some important qualities including:

- an accepting and positive attitude towards members who have crises (eg a 16-year-old daughter who has a baby)
- a focus on the future
- an attitude where they assist family members to make the best of the situation
- an inner strength and composure in times of stress
- experience, education and a world view that extends beyond the four walls of their house and immediate situation.

Education plays an important part in supporting and developing social and human capital for both individuals and families. For several participants in this study a lack of formal education, and in particular their own literacy skills, impacted considerably on their involvement in the community and their relationships with their children. Two parents discussed how their difficulties with literacy impacted on their parenting and their relationships with their children because they had problems accessing information and support for their children and helping their children with reading and writing. As well as being concerned about their parenting, poor literacy levels also presented barriers to meeting the parent's own personal needs, eg obtaining a driver's licence, gaining employment, requesting information, understanding their rights and being able to improve their situation.

Concerns and worries about child development, and wanting the best for “your child” was a major issue for parents in this study. Several of the parents commented that they experienced worries about the development and progress of their children. These worries were particularly pressing for the families with children with additional needs. Parents felt stressed because they found it both difficult to manage some of their children’s challenging behaviour and because of the effects this behaviour had on the whole family and whānau. In some situations, children’s “normal” behaviour (eg testing boundaries) was a source of great stress for parents. These situations were exacerbated by the parent’s general lack of understanding of child development and particularly if they already felt insecure in their parenting role.

Table 5: Family dynamics and composition

Adult relationship changes
Well, he’s [husband] turned my life upside down again. You know, you make your life and try and start again and then they poke their nose back in ... Sometimes it’s good, because it makes it easier for him and I to communicate, whereas before we didn’t have that ... Sometimes he doesn’t understand, you know, like how I’ve tried to raise [child] and he suddenly comes along and things are different. (Parent #23)
Parenting alone
I was feeling trapped and stuck. And confined to twenty-four hours a day with [child] ... and if he was ill with a bug ... it’s hard going. Twenty-four hours a day. Teething and stuff like that. Just because I’ve done a lot of it on my own. I’ve done it all by myself. (Parent #4)
Internal family support
Having support, whether that be someone to talk to or someone who will take your kids for a while when you are feeling desperate, which is very important, and I mean some people have that on tap. Others don’t and I certainly don’t. (Parent #11) After Mum died things became a bit of detached, a bit estranged there, and he’s [father] now remarried, and although we see them, we don’t see them ... And I mean we see my brother, but he’s got a job and a family and he’s busy. (Parent #4) Different bits of family depending on what is needed. Those you can trust and you can turn to. We can turn to some for some things and others for other things ... Varying. Like my sister-in-law in Australia who I ring when I’m annoyed with my husband, because I’m certainly not going to tell any of his family here and I’m not going to tell my mum because I’d never hear the end of it. I could tell my friend but my sister-in-law is better. And her husband is a lot like mine and so I can whinge to her and I can do the same for her. So different people for different circumstances. (Parent #20)
Parenting – childrearing and education
I was having problems with [son]. Just me dealing with his behaviour. It just got too much ... [He] doesn’t listen to me. He answers back. People say it’s a normal thing but it’s just so stressful at times when they don’t listen. I’m the mother. It’s like the roles are switched. Terrible. (Parent #2) And my level is I read children’s books and things like out of the paper that’s too hard, I can’t read ... I feel like I’m letting down the kids by not being able to help them do their homework. (Parent #5) It was really good just getting ideas about how to cope with different social situations, developmental things with kids, behavioural things, problems, you know. What makes kids

tick really ... Just even getting some ideas and you know swapping stories once again. That's kind of an important thing when you[re] ... sort-of floundering along and you realise that someone else is going through similar things. (Parent #11)

Adult education

Because every now and then you get a form to write out ... I think that's what stops me with getting out there and doing things. My writing and spelling and all that is not that great. That puts me off. That backs me off. If I've got to go somewhere and I know I've got to do writing, or anything, then I just won't go. (Parent #2)

Isolation

Geographical isolation was a factor in one area, although personal isolation was a more widespread issue. Dunedin families were the most isolated geographically because the area in which they lived, while close to the EC centre, was set in a suburb that had no shopping, banking or social services plus a limited and unreliable public transport system.

Isolation was identified as an issue by all the participants and as a major issue for many. The contexts of isolation were slightly different for each family. For example, some commented that they felt isolated from their community, lacked friends, and were isolated from immediate and extended family and whānau because of geographical distance or because of relationship difficulties with family members. The lack of a supportive relationship was a recurring problem, both for those who were parenting alone and those who were in partnerships.

This "isolation" or breakdown in family and community cohesion places both the individuals and the community at risk. Several researchers argue that this increases violent communities and crime and decreases population health and educational achievement (Putnam 2000; World Bank 1999). Both the isolation that parents felt in their homes and the geographical isolation of communities were perceived to be a very important factor in families' lives.

Two support providers and one family reported community isolation to be a stress for families because they lived in geographical areas where the housing was affordable, but where public transport and community resources were severely limited. The sense of community that had previously existed in these areas had gone with the closing of local Plunket rooms, Post Offices, etc. Not having access to transport and having to take multiple forms of public transport, while managing children, was seen as particularly stressful by some parents and EC staff and one support provider agreed. Another parent spoke about the stress caused by the lack of any safe community spaces for children or families (Parent #17b).

Table 6: Isolation – geographically and socially

Family isolation
<p>Some days I could scream and leave them behind ... but I think that's just the demanding job as a mum. They [children and wider family] think you're sort-of there for everybody, and no one is sort-of there for you, some days ... Like you're always giving, you're always giving and no one sort of gives to you ... I think it's a thankless job, being a mum. Or being a parent, you know, especially just the one that's with them all the time. (Parent #25)</p> <p>[I] was feeling trapped and stuck. And confined to twenty-four hours a day with [child] ... and if he was ill with a bug ... it's hard going. Twenty-four hours a day. Teething and stuff like that. Just because I've done a lot of it on my own. I've done it all by myself. (Parent #4)</p>
Community isolation
<p>And because of what's happened with everything closing down, and a lot of areas, particularly like State housing areas like here ... there's no community heart. There's nothing centred around where people can gather. I mean you've got no shops. There's no Post Office. There's no this. There's no that. (Support Provider #6)</p>
Geographical isolation
<p>People do have cars, but if you can't afford your registration or your warrant on it and things like that and you're having to rely on buses, it wouldn't be fun traipsing all the way down to Pak'n'save on the bus with a couple of pre-schoolers and, you know, heading back up again. (Support Provider #1)</p>

Cohesion, communication and support

Table 7 presents some perception on families' cohesion and belonging within and outside the immediate family. Families informed us of a range of stresses and demands that they found "challenging" but explained that they could cope with these demands on their attention and time when they had access to support. It has been argued that where there is a lack of community cohesion (a breakdown in networks and links), an individual may experience feelings of "blame" for situations that are, in fact, socially or economically constructed (Putnam 2000). The perceived negative opinions from society members towards recipients of government benefits or people who are "marginalised" for cultural/religious or other reasons, were powerful influences in the lives of several of the families.

Family cohesion and communication has been argued to be important for family resilience (Walsh 1998). The results of the present study suggest that one of the key resources for supporting resilience in families is immediate family and family/kin networks. Immediate and extended family provided emotional and practical support during times of crisis and on a day-to-day basis. Family networks assisted families in coping with stress and challenging circumstances (sustaining competence while under pressure) and also assisted them in recovering from trauma and negative experiences. Furthermore, family members provided and helped families build sources of protection from the ongoing stress and adversity that many faced.

Families' access to and effective use of external support depended on the quality of the relationships that existed. The dynamic processes that occurred between family members and the providers of support were very important. The availability of family

alone does not necessarily contribute to resilience in families, because whānau and family networks can be sources of both stress and support.

Hawley and De Haan (1996) support the view that the family can be either a source of protection for children and its members or a risk factor that contributes to the stress and adversity that family members experience. Family members, their experiences and personal characteristics and patterns of family functioning can either contribute to or hinder a family from adapting and adjusting to risk.

Spending time with children, as a family and on a one-to-one basis, was a positive factor for families. This was evidenced in participants' discussions of what it meant to be a "tight family" and the importance of stability and routine for children to create a sense of normality within stressful and changing family circumstances. Several parents commented on how they had made choices and sacrifices, developed routines and made time to spend with their family in order to protect children from the negative effects of adversity. This often involved putting the needs of children before their own.

Establishing and maintaining family routines (having breakfast and meals together, cleaning the house, shopping, having the same reliable caregivers) enabled families to maintain an element of stability in their own lives and the lives of their children, even when the family was experiencing stress and upheaval. These "shared times" also provided opportunities for parents and children to communicate with one another and to ensure that every family/whānau member felt loved.

It is not just parents who foster resilience in families – children are also important in the family dynamic and are active agents in these processes. They can be a great source of support and help parents cope, through providing them with strength and a sense of success and accomplishment when they achieve good outcomes which provide their parents/caregivers with a sense of pride. One mother said that thinking about how her children were growing up as "good kids" helped her cope with being alone.

Several families discussed accessing assistance in order to ensure that their children learnt about their cultural heritage and developed strong cultural identities. Three families were involved in kapa haka groups, one family had access to a teacher from a Pasifika network to assist the children in learning their father's native language and culture, and another had strong involvement with a Pasifika Church community. These helped build the families' self-esteem, sense of belonging and connections with people and places. A community kapa haka group provided support to one family by assisting the mother in teaching the children about their heritage and helping establish a strong cultural identity. Teachers from the EC centres and several support agencies commented that familial, cultural and religious groups were also seen to be an important source of support for some families who may be isolated from immediate family.

During the course of interviews, participants identified various social networks that they drew on for support, including families, friends, community groups (eg kapa haka and new parent groups), and government and non-government agencies and services. The nature and quality of these relationships was crucial. They described some of the benefits (ie emotional support, financial assistance, time out, information and advice) as well as shortcomings of being part of these social networks. We can only assume that the families and social networks received some mutual benefit from the families approaching and being a part of these networks (as we did not interview all the people who were part of their social networks).

Families/whānau and friends were most often called upon to provide practical support (eg taking care of children and providing time out) and personal support (eg listening, offering advice and “being there”). Twenty-three families identified family and friends as being their main sources of practical and personal support. EC teachers and support agencies also noticed that, in some communities, neighbours also played an important role in supporting families.

Nearly all of the families discussed how talking with others when stressed helped them cope with ongoing stress and challenges. Families indicated that talking to family, friends, neighbours, EC staff, and professionals from advisory support and social agencies helped them cope with stress by providing them with an “ear” but also by acting as sounding boards and sources of support, empathy, information and advice. Parents relied on having family and friends to leave their child/children with for short periods of time. They also stressed the importance of having some time, on a regular basis, to talk with their partner. This contributed to “de-stressing” and keeping issues “in perspective”.

Table 7: Cohesion, communication and support

Family cohesion
<p>I rely on him [husband] completely ... I can ring him anytime. And there have been times when I have felt that I was so stressed that I felt that it was unsafe, that [child] was unsafe. And I remember that only happened once. And I rung [partner] and I says, “You need to come home. I just don’t think the situation is safe right now”. And [he] just dropped whatever he was doing and just come home. Yeah, and that was because [child] had been sick for six weeks solid. (Parent #8)</p> <p>We’re trying to set up the children with daily routines. [Older daughter] has her stuff that she gets through every day. Which are things like making her bed. For [younger daughter] for her it’s things that we try and set up for her is breakfast – she can make her own breakfast now and her and [older daughter] breakfast together. She has a routine she goes through every morning, on kind[ergarten] days. (Parent #13b)</p>
Cultural cohesion
<p>We got involved with the kapa haka group ... because it is really good for the kids to be involved in that. Yeah, all the children go. It is good for their tribal affiliations and we speak Māori at home and we investigate their heritage. (Parent #7)</p>
Community cohesion
<p>Well it’s a connection thing really. Just, it makes me feel that, y’know, I’m not an island ... I think that anything that makes you feel part of your community, that makes even my sister’s family feel part of the flow of what happens in [city], and that involves the kindergarten, the school, the [suburb] shops, the library. They’re all as familiar to my niece as they are to my own children. (Parent #18)</p>

Spiritual cohesion
<p>My belief in God, actually. Or the love source or whatever you want to call it ... I don't have the words – it's a spiritual thing ... I have to just say how much it did to us, but there's been some good things. It's made me realise that I have rights ... it's made me realise how much [husband] stands by me, but it has been – it's affected me so deeply. (Parent #13a)</p> <p>If you need you just ask the church to help you through prayer. That's the only thing can help you – the prayer. They can't help you with money or help you with any food and thing, but just need prayer ... I try my kids to know the Light – you know, to know Jesus. If they don't know Jesus, that mean they go out in the road and they drink and smoke and it's no one care about them. But I teach them the right thing ... Because they're singing in church and everything like that. (Parent #12)</p>
Social cohesion
<p>Discussing neighbours: And they care. They help each other. You'll see a parent waiting for their child and you say to another parent, "Oh, could you possibly bring the money for so-and-so's trip tomorrow?" The first parent will say, "Here here," and give them the money for the trip. And they might never get that money back, they may only have \$5 in their own wallet, but they'll pay it out for somebody else's kid to go on the trip. You know, they're very caring about each other. (Support Provider #8)</p> <p>There's often the resources available and people don't literally know how to navigate the systems. I think that's still an area that needs to be attended to. Like it's quite complicated navigating Inland Revenue for your family tax credits and stuff. And then you've got to navigate WINZ for things. That's actually quite complicated. I remember navigating it myself once in the past, for a while in the past. I found it quite difficult to understand so I'm just imagining people coming from [different] countries. (Support Provider #7)</p>

Attitudes and perspectives

Table 8 gives examples of how individuals drew on personal characteristics to assist them. Some families in this study were able to “see the positive in the negative” which helped them maintain resilience. While the concept of resiliency has come under criticism for its tendency to be interpreted as personality “traits” and/or personal temperaments (Kalil 2001), the participants in this study did identify particular behaviours which they felt supported their coping, protecting and recovery strategies.

A theme emerging from nearly all of the families, and the staff from two of the EC centres, was how important it was for families to have particular attitudes, personal qualities and characteristics that contribute to how well a family copes. A sense of humour, perseverance, a positive attitude, being motivated (and having goals) while maintaining realistic and positive expectations and continuing to have hope that things will improve, were all reported as attitudes that help individuals within families cope.

At least four families commented on treating negative experiences as opportunities for learning and growth. Seeing negative experiences as opportunities to grow and learn was associated with families recovering from adversity and stressful events.

Taking time out was identified by most parents as an effective coping strategy, particularly for those parents who were parenting alone. The forms that “taking time

out” took ranged from placing their child/children in an EC centre for several hours, to giving oneself a moment to think by walking around the outside of the house, taking a deep breath of fresh air, to listening to loud music. Seven families identified that they were often able to protect themselves from reacting negatively to stressful and negative events and set backs because they were aware of the conditions and factors that triggered their negative reactions.

Being aware of how one’s mood can affect the whole household and family dynamics, can assist a parent in handling his/her reactions differently. Three families discussed how family members managed stress by ensuring that they had some balance in their life. This balance consisted of sometimes having to make difficult decisions about resisting working long hours, or focusing too heavily on one area, such as family or work, to the detriment of the other. Learning how to say “No” to people and additional commitments also enabled family members to avoid over- or under-committing themselves to additional demands and activities which could contribute to stress.

Interestingly, only two of the 13 advisory support agencies mentioned the inner qualities and attitudes of families and their role in helping families cope, adjust and recover from stressful and challenging circumstances. This could be due to the fact that most agencies predominantly identified external sources of support that were used by families when coping with challenges and crises.

Table 8: Attitudes and perspectives

Positive attitudes
<p>Life is only stressful if you let it be. Like you don’t have to – there’s some thing that – talking to friends you know – talking to other people with the same age children who are friends I mean, stress them out really heaps you know. Like I know of one person I can think of or two that I can think of that have more money than us and get more stressed out about not having any money, whereas I don’t really care, you know. And I’m a real believer that we make our own problems. (Parent #17)</p> <p>I mean financial pressures, everyone has financial pressures, so if you know that you are not the only one and eventually the sun will shine, and it does, for everyone else, then you get through it I think. But if you feel alone in that situation or it’s unique to you, then I find it hard to put up with. (Parent #11)</p> <p>Sometimes also with disaster or something there is always something you know people have got the attitude that there is something good that comes out of it. (Teacher #8)</p>
Placing limits
<p>As sometimes I have commitments and visitors and stuff and sometimes I just turn the phone off. I’m just not going to be receiving calls this afternoon. Being non-committal when asked to do things. (Parent #27)</p> <p>So I just sort of focussed on the bad one at the time and, you know, like Dad has been the focus for the last few weeks. I think your brain just does something where it says, “Okay, I can’t actually handle these 10 things, so those nine have to go over there and I’ll focus on that one right now”. Well, that’s my way – that seems to be what I’ve done – otherwise you go bloody mad (laughter). (Parent #21)</p>

Self-care and time out

[T]here's all sorts of ways that we sort of deal with those stressful – the one I like most is giving yourself space – it just gives you a second to think, because you can feel yourself sometimes if you want to – if there's a bit of an issue, and then you think "Oh, get out of it" and let's you think about it. And then go back in and refresh your mind. Because quite often issues are absolutely nothing. You know, after you've thought about it, you think, what? Come on, don't worry about it, it's just a little bit of whatever. (Parent #24)

External supports and resources

Table 10 shows some participants' perspectives on external sources of support. Agencies and government support, such as income and housing, were seen as important in supplying the provisions needed to assist families to be and to become resilient. The State was identified by at least one third of families as providing the cornerstone of their financial support, and the staff from one EC centre and two support providers saw the State as having an important role in terms of providing good housing. For example: Work and Income (W&I) provided one family with much needed financial assistance because their son's health care needs were crippling the family/whānau financially, while another mother recognised the role of the state for providing her with an opportunity to be a single self-sufficient parent by allowing her to be supported with the Domestic Purposes Benefit (DPB). Free visits for under-six year olds to GPs were also seen as particularly supportive and making a difference for families (Parent #13).

The Public Health Nurse Agency was another type of support accessed by several families for information and services relating to immunisations, child health checks and because they provided a telephone service where a nurse was available to talk to. Likewise half the families interviewed spoke highly of the Plunket 0800 Help Line and the Plunket/Karitane Family Centres. Many of the participating families identified talking to professionals from many different agencies and services when experiencing problems (eg Plunket Line, GPs, public health nurses, counsellors). This was particularly the case for families with children with additional needs and health related problems as well as those who lacked access to immediate and extended family and whānau.

The importance of having support from others outside of the immediate family situation was continually emphasised by all the participants – those who had this support recommended it, those who didn't, identified the lack of it in their lives. Support agency participants and EC staff all identified the difference these relationships could make to the overall wellbeing of the family.

All of the families in the study mentioned having contact with at least one kind of advisory support and social agency. Many families (particularly those who were parenting alone, had children with additional needs or described themselves as facing financial adversity) had contact with more than one type of agency or service. At least seven families described agencies such as W&I as providing parents/caregivers access to financial assistance and two families said they relied on other agencies (eg Salvation Army) for food parcels and other forms of practical and financial support.

Agencies were typically seen by families, who had contact with them, as providing information and access to resources that enabled them to become more self-determining and better able to meet the needs of their own family (but not as forms of social or personal support). The majority of parents reported being supported by and using many different advisory support and social agencies and services including: Plunket Line, Plunket, midwives, Barnardos, Benefits Rights Service, libraries, Budget Advice, new mothers' support groups, Parents As First Teachers (PAFT), SES and counsellors. They received information and advice on the development of their children and assistance with aspects of parenting. In particular the fifteen families with children with health-related problems reported being supported by agencies such as IHC, SES, Plunket, Public Health Nurses, GPs and other health specialists (paediatricians). See Appendix L for further discussion.

Advisory support and social agencies were also described by some parents and by all the support providers, as providing information, advice, and strategies to parents that helped them function better as a group, and which could be used to improve the lives of individuals. One parent described the parent group offered by a kindergarten association as effective and helpful because the parents could discuss shared issues.

One support provider described how support people can provide valuable reassurance (particularly to those parents with children with additional needs) as well as information and strategies to families who have children who are experiencing problems or difficulties. However, these same supports were also a source of stress. For example, the Inland Revenue Department was seen as a service that presented many barriers to families and whose image was less than family-friendly. Complaints about this service included long waiting times in phone queues, and a bureaucracy that did not take into account individual circumstances.

In discussing the services which families and whanau accessed on a regular basis, participants reported that the present services, such as W&I, CYF, and health providers were a potential source of support but could also be a source of stress. While structurally, the systems were perceived to be able to offer the much needed support, financially, physically and emotionally, the process which the families had to go through often made the contact with the agency a negative and stressful experience, for example, the perceptions of being judged negatively, being blamed, and having labels assigned (see pages 41–42).

Also in some situations families were not informed of additional benefits they were entitled to (in one case two years after they had entered the system and identified a need). For example, a mother described how the high turnover of staff at W&I had prevented her from getting the support she needed. She had had six different W&I caseworkers and found it stressful having to repeatedly explain her situation.

Increasing information on the availability of services was identified as a need for families by EC staff and several advisory support and social agencies. Staff from one EC centre commented how visits from the Public Health Nurse had dropped off. This drop off in services was also noted by EC staff from another centre as impacting on the families' use of these services, and the development of trust and working relationships between support providers and families and between support providers and EC centres/staff. The support provided by advisory support and social agencies was identified by all participants who had contact with them as impacting on the ability of parents to gain access to financial and health-related resources. GPs, SES, W&I, Plunket and other services and agencies were either seen as helping or hindering families' access to support.

Table 9: External provision and resources for families

Positive experiences
<p>I want to take the opportunity to say that I am immensely grateful that I am able to be a self-sufficient single parent in our society and get paid for doing that job. And I know that there is a lot of bad feeling out there towards the DPB [Domestic Purposes Benefit] and I think I personally want to really acknowledge, you know, my gratitude for having that service ... Just that freedom to be able to look after my son and not have to grub a living from doing people's laundry or washing cars or whatever I can do to make ends meet, means that I can be so much more of a constructive parent than I would be otherwise ... And to think about what I can make of myself. It's a real luxury to be able to have an income while I can think – not just “What can I do to make a living?”, but “What can I do that's really going to enrich my life that I can enjoy and that is going to contribute to society on some sort of level?”. I think that I'm really grateful for that. (Parent #14)</p> <p>WINZ [W&I] is very supportive with financially. Because with [child] being diagnosed [with cancer], it has been really crippling financially. And they have been great. Absolutely great. We don't get a benefit but they put us on a special benefit to help us over this hard time because we couldn't pay the mortgage for a month, because we didn't have any money because we spent hundreds of dollars on petrol a week ... and probably thirty dollars on parking because there is no parking in the hospital anymore. (Parent #7).</p> <p>It was really good just getting ideas about how to cope with different social situations, developmental things with kids, behavioural things, problems, you know. What makes kids tick really ... Just even getting some ideas and you know swapping stories once again. That's kind of an important thing when you[re] ... sort-of floundering along and you realise that someone else is going through similar things. (Parent #11)</p>
Negative experiences⁶
<p>Like any sort of agency, if you go in and ask the wrong questions you are going to get the wrong information. Like WINZ [W&I], they are not helpful at all and they give you no support. And if anything they make you feel worse than when you went in. If I can get around not dealing with them I do, or else I find out as much information beforehand, and then you know what you are asking for because they don't give you any help. That's not their fault. They can only give you x-amount of help anyway. (Parent #19)</p> <p>The quality of the service that you receive from WINZ [W&I] depends entirely on who your caseworker is. Because they have the discretion in terms of how they interpret you know, the rules ... so it depends [pause] yeah, how human your caseworker is really ... there seems to be a lot of workers that go in there for six months between university and overseas, so you're constantly getting passed around people. And they're all seem to have case loads with like sort of 30 to 60 cases on their plate. (Parent #14)</p>

Discussion

This chapter has discussed the perspectives of the participants with regards to the stresses and risks they experience on a day-to-day basis. In identifying the strategies for dealing with stresses and risks the importance of relationships and positive

⁶ The assurance of confidentiality made to participants in this research meant that specific examples reported here could not be reported to W&I.

attitudes were emphasised by all the participants. Where these factors were missing the stress levels were much higher for both individuals within families and for the family as a unit. This often reinforced the negative feelings and perceptions of family members, which in turn made it harder for them to seek or accept help and support when they needed it.

All the families were able to tell us about the different types of support and the different strategies they employed when faced with different stressors and problems. Their choices of support also demonstrated that they had very clear ideas about who and what were the appropriate forms of support or contacts to make for particular issues. For example, several parents spoke about using Plunket and PAFT for advice about feeding, toileting and general parenting advice. Most of the families talked about using family/whānau for additional care for children, and friends for “letting off steam”. They saw it as appropriate to talk to the EC staff about particular behavioural or developmental concerns about their pre-schooler, but if their concerns were more health or nutrition focused other agencies were seen to be more appropriate, ie the Plunket Helpline.

Families identified the importance of social support networks that could be accessed in time of crisis and adversity. Another indicator of their resilience was that the families appeared to be more than just “coping” in their day-to-day lives and felt that they were actually achieving positive outcomes for themselves and their children. Families who were demonstrating resilience had several strategies and attitudes in place. They had strong, trusting relationships both within their immediate family and their wider whānau, as well as friends or others to turn to in difficult times. They were able to see difficult times as problem solving and “character forming” occasions, where a positive attitude was important. They had skills and abilities to access the knowledge and support they needed when they needed it.

Connection and belonging within a community of others outside the immediate family was also a key strategy for wellbeing and resilience for the families. What was vital was the family’s ability to match the right strategy to the right situation (accurate appraisal), their effective implementation and the family’s ability to access support and mechanisms for support (for evaluation/feedback on outcomes and for additional strategies).

McCubbin and Paterson (1983, cited in Walsh 1996:270) emphasised the importance of fit and balance in adaptation to achieve a level of functioning that promotes the development of both the family unit and individual members. According to these researchers, families need to achieve a functional fit between their challenges and resources, between individual and system priorities and between different dimensions of family life.

Agencies and government support, such as income and housing, were seen as important in supplying the provisions needed to assist in all of the above factors. All participants in this study (families, EC staff and providers of support from advisory support and social agencies) discussed factors, which were perceived to cause stress, both to individuals, and which also impacted on the family as a whole. No single factor (like low income) is responsible for family risk but specific factors combined in the context of a particular environment mean that families experience distress and feel less able to cope or manage.

This study suggests that certain attributes and resources may produce resilience in families in one social context, but not in another (Hawley and De Haan 1996; Rutter 1989), and that resilience varies across time and context (McCubbin and McCubbin

1988). The strategies which the participants identified as ones they used to address the stresses and issues in their lives, demonstrated that they were able to:

- effectively assess a situation
- match the right strategies to the right situation
- become aware of the triggers and/or anticipate negative outcomes and begin strategies
- have a good range of strategies, and ones which promoted positive outcomes that do not further add to the stress or risk of the family
- have in place multiple sources of support – not being reliant on only one
- have both the personal temperaments and the existing, or emerging, social capital to promote positive outcomes for themselves and their families.

All three participant groups (parents, EC teachers and support agencies) said that resilient families used a range of strategies to help them cope with, recover from and protect themselves from the negative effects and influences within their lives. The families in this study demonstrated that they knew of many ways of coping with and recovering from stress and adversity. They also identified factors in their lives and the lives of other families that helped them protect themselves from the negative effects of challenging and stressful circumstances. Likewise, EC staff and support/advisory providers identified coping, recovery and protective factors that were similar to those identified by families, but families were more able to identify personal factors and those that involved communication and dynamics within the family. EC staff and support providers tended to focus more on those factors and resources that occurred within settings outside of the family.

In looking at the combined responses of the participants, the families, EC staff and advisory support and social agencies representatives all identified similar general stresses and risks for families. However, there were differences between the participants. Families were more likely to identify those risks that were situated within the family microsystem (relationship, health, and personal problems). EC staff and advisory support and social agencies representatives were more likely to identify stresses and risks within the family's macrosystem (policy and economic provisions, employment issues) and mesosystems (negative relationships and experiences between families and agencies, inability to access support systems).

Families appeared to be more aware of the risks and stresses that were located within their immediate social contexts and those that affected them directly. For example, families explained that their lives were very "busy" and that they often experienced difficulties managing the multiple demands and factors that complicated and made their lives stressful. Such demands and stresses included: the occurrence of negative events (dealing with grief and loss), financial difficulties, relationship problems (partners being away from home, or reappearing in family life), children with additional needs or behaviour problems, managing or negotiating with government agencies, arranging and juggling multiple forms of childcare, coping with the demands of work combined with family commitments and personally experiencing negative attitudes, perceptions and judgements of others.

EC staff and support providers were more aware of the stressors and risks situated within the families' wider social and cultural environment. For example, lack of wider social support for families, limited public transport, community resources with very limited hours or closed down (closed Post Offices, Plunket rooms, etc), housing concerns, geographical isolation, difficulties accessing support agencies and government services and EC centres limited hours which often do not match shift work hours. Only two of the 13 advisory support agencies mentioned the inner

qualities and attitudes of families and their role in helping families cope, adjust and recover from stressful and challenging circumstances. Rather, most agencies identified only external sources of support that were used by families when coping with challenges and crises.

Family resilience was demonstrated when families showed some of the following characteristics:

- had family members that were working, engaged in study, or participating in volunteer work
- had children regularly attending EC centres even during crises
- had goals for the future
- were developing skills and knowledge
- maintained a sense of wellbeing and were able to meet the wider needs of their family members.

Furthermore, the families in this study appeared to have many of the attitudes identified as being present in resilient families (McCubbin and McCubbin 1988; Hawley and De Haan 1996) including the following:

- positive attitudes, maintaining a sense of optimism while retaining a realistic view
- an active problem-solving approach that involved identifying issues, establishing good communication and planning
- were self-aware, had knowledge of factors that were “triggers” of stress and knew when to seek help
- saw problems and difficulties as opportunities for learning and growth
- used positive attitudes and focused on the future.

Similarly, the families also identified using a number of strategies that supported their ability to protect themselves from the ongoing negative effects of adversity and stressful circumstances. They had:

- developed connections and networks within the community that provided them with access to people and places that helped them maintain and build their self-esteem and sense of self-efficacy
- established family times and routines that helped family members (including children) stay organised and that contributed to a sense of stability
- established family traditions and values
- used “time out” and recognised that it was important both for children and for significant caregivers in order for personal needs to be met and to ensure healthy family functioning.

We are therefore able to argue that all of these factors enabled family members to cope, recover and protect themselves from ongoing adversity and to demonstrate resiliency.

Conclusion

This chapter has enabled us to elaborate and build on the model we proposed in Chapter 2. It enables us to add to the boxes on the left hand side of Figure 1 as follows in Figures 4 and 5.

Figure 4: Risk factors

<p>RISK FACTORS</p> <p>Unemployment and welfare dependency</p> <p>Poverty and financial difficulties</p> <p>Community isolation</p> <p>Health and disability issues</p> <p>Changing family structures and dynamics</p> <p>Work/Family conflicts</p> <p>Work stresses</p> <p>Sole parenting</p>

Figure 5: Buffers against risk (resiliency characteristics)

<p>HUMAN CAPITAL</p> <p>Education</p> <p>Positive attitudes</p> <p>Coping strategies</p> <p>Family cohesion</p> <p>Personal goals</p>
<p>SOCIAL CAPITAL</p> <p>Access to social and personal support</p> <p>Access to financial support</p> <p>Access to external resources (for health, welfare, work, parenting)</p> <p>Community support</p> <p>Quality family time</p>
<p>CULTURAL CAPITAL</p> <p>Cultural heritage</p> <p>Cultural identity and values</p> <p>Religious and spiritual beliefs</p>

5 EC centres and family resilience

How do EC centres support family resilience? This chapter looks at the forms of support that were offered both directly and indirectly to families by the three EC centres participating in the study. It also includes issues related to barriers which prevent EC centres supporting family resilience. This chapter can be related to Figure 1 in Chapter 2, which has a circle in the upper right hand side depicting the EC microsystem and a double sided arrow showing mesosystem connections between the family microsystem and the EC microsystem. This chapter also provides data which addresses the three research questions relating to the policies and practices EC centres put in place to support families, how families responded to these policies and practices, and how EC centres collaborate with other agencies to support families.

The information gathered from the centres in this study, regarding the goals and strategies of the EC centres and staff, how they supported families and the barriers to supporting them, came from several sources. Background information about the EC centre's goals, philosophies and strategies was obtained from documents, such as the centre's charter and policies and from the information provided by centres to parents upon enrolment. Further information was collected by researchers during the participant observations of staff-family interactions, as well as from the interviews with EC staff, families and advisory social and support agencies.

Additional information about EC staff support along with family and staff philosophies was collected from the staff-reflective records, completed by EC staff over the course of one week. Collecting information on the supportive policies and practices of EC centres and staff in this way enabled triangulation of the data. For much of this report each of the three centres are referred to as centres, rather than kindergarten or childcare centre to protect the identity of the participants and the centres. Where there were key differences between the centres which needed to be highlighted, eg in the structural provisions provided due to the nature of their services, then these centres have been selectively identified as either kindergarten or childcare.

What do EC centres do to support family resilience?

This chapter of the report discusses how the three EC centres in this study supported family resilience and addressed the risks that the participant families faced. Two of these centres were kindergartens (one in Gisborne and one in Wellington) and the third centre was a full-day community-based childcare centre in Dunedin (see Appendix L for full descriptions of the centres). All three centres served low-income, economically disadvantaged communities and were established centres in their communities.

Financial and work issues

Table 10 gives examples of participants' perceptions of how EC centres can ease financial and work pressures. While EC centres themselves cannot directly impact on the income levels of families, or provide them with employment, there are several ways that centres can help families with these issues (Callister and Podmore 1995). The obvious way in which EC centres supported families with financial difficulties was by providing care and education for their children, which allowed parents to undertake some form of work and/or study. The childcare centre was able to provide services for families in terms of extended hours and sleeping and eating facilities for

children. Even the shorter hours of the kindergartens enabled parents to have time to engage in other activities (eg study, part-time work, attend appointments) in addition to their parental responsibilities.

All three centres gave direct support to families which helped to ease their financial difficulties. The EC staff played a major role in providing information about and linking parents with other agencies who could also support them when they were experiencing difficulties for a wide range of reasons. The staff from one kindergarten and from the childcare centre reported that they often helped families fill out forms (particularly those who had English as a second language and those with reading and writing difficulties) and linked them to appropriate support agencies some of which offered financial assistance (eg W&I).

Providing parents with opportunities to pursue work, study and other interests, was seen by many families as assisting them to build upon their social capital. The centres helped augment families' financial resources, knowledge, skills and networks. This was further described as assisting families in providing their children with more opportunities and experiences to maximise their own and their children's chances of achieving positive outcomes.

Working parents find juggling family commitments and work pressures to be stressful if there are not suitable and/or appropriate EC facilities for their children (Smith, et al 2000). Offering a safe, accessible and quality environment for children when parents are at work was a significant factor in all three EC centres' ability to support families, despite the limited sessional hours that the kindergartens provided. This issue was raised by almost all of the families, and not just in terms of work, but also in the wider opportunities that having their child cared for outside of their home allowed them.

The childcare centre, was able to provide more support in terms of number and flexibility of hours for parents, than the kindergartens. The teachers at the childcare centre were particularly aware that the hours and service they provided were more likely to meet the need of many working families, and they identified how parents were able to access not only longer hours but additional casual hours at short notice. The teachers and the family participants talked about the importance of this flexibility in attendance.

The staff at all three centres had a flexible attitude when it came to enrolment practices, despite official organisational policies that were less flexible and less responsive to family needs. Children within the two kindergarten association regions were usually able to start kindergarten at two years of age. As a general practice the oldest child who was on the waiting list was usually the next child to attend a session, as a space became available. In most instances children started on the afternoon roll (at the age of two) and then moved into the morning roll (when they turned four or earlier when there was a space).

The two kindergartens had a policy and strategy of whānau placements and this was deemed to be very supportive by staff and families. Whānau placement means that children from the same family, or a relative of the family, attend the same session, regardless of age. In one case, this enabled one family to have both children at the same session, even before one child would have officially reached the starting age. This was very helpful because of the large distance the family had to travel from home to the centre.

The two kindergartens also had policies and strategies where children were taken from the waiting list onto the roll, in order of "need" in the first instance and

“chronological age” in the second. For example, if the staff were aware that a family was under stress, or if the family had English as their second language and needed to be attending the centre, then they would be offered the space ahead of the next eldest child on the waiting list. The staff believed that this flexibility was imperative, since the kindergarten provided a support network for some families who lacked other sources of support. The head teacher of Kindergarten B was concerned that if admission procedures were not flexible enough to recognise the unique needs of families, then the families and children may never attend kindergarten.

There were differences between the centres in the way they were able to manage their fee and contribution structures to address the financial stresses of families, but also to keep their centres open and financially viable. The childcare centre was able to offer subsidised childcare fees to parents under the W&I subsidy criteria (determined by the parental level of income). Staff indicated that approximately 95% of their families had their childcare subsidised. Parents with the subsidy paid around 57 cents per hour, while W&I paid the other \$2.43 of the \$3 per hour fee charged.⁷

Kindergartens have historically operated on voluntary donations. While this is still the “understanding” of users of the service, associations have moved to make these “voluntary donations” more formalised. The parents are now strongly encouraged to make a monetary contribution and parents receive either invoices or accounts to pay for their child’s attendance. In this study, both kindergartens encouraged a contribution or donation of \$1 per session in 2002. (The amount of donations can vary in different kindergartens and are usually decided at the association level). The two kindergartens took a flexible approach to payment of contributions and donations, allowing families to pay later or pay in kind. Staff at one kindergarten encouraged parents/caregivers to continue to use the EC centre even if they could not afford the fees or donations and to “pay them back later”. The staff were flexible about paying fees and took into account the financial adversity of families.

Another example of a financial concession was provision of greater support for low-income families. This occurred in the childcare centre where parents did not have to pay for the days when their child was sick and absent from the centre. The staff from the three centres identified both the low cost and subsidised cost of childcare and education as an essential component of being able to support families.

Offering meals for the children in the childcare centre was identified by the parents and support providers, as an important provision for families. Not only was the provision itself a relief for parents, who often struggled to find the time to prepare food for the following day, but parents were reassured by the nutritional value of their children’s diet, and the positive role modelling of eating with a group of other children, where good eating habits were acquired.

The centre provided morning and afternoon tea and nutritional lunches at a little extra cost (eg \$1.50 for lunch). Over a full six–seven hour day the centre provided up to 85% of the children’s nutritional needs for the day. This meant that some of the pressure was taken off parents to prepare large meals at the end of the day. In some cases the centre also provided breakfast to children when the parents had been in a hurry to get to work or had been unable to get the children fed before leaving home.

⁷ These amounts were correct in 2002.

Table 10: EC centres – support with financial and work issues for families

Providing out-of-home care
<p>It looks after [child] while I'm at work or while I've dropped him off, you know. I feel safe leaving him there in their care. And that helps me in that respect that I don't have to worry about him. (Parent #1)</p>
Out-of-home opportunities
<p>That's what [centre] really encourages for our family. That we've got other things to go and get done. I think anyway. Like I've got cleaning jobs to go and do and [husband] has got school work to go and do and it gives us that time and there's no guilt. (Parent #17a)</p> <p>Being a full-time centre in the community means if parents get the offer of even a part-time job, they are able to take that up and know that their child's having their care and the education. And it's the hours that suit them ... Lots of our parents have taken up study in the last eighteen months. More and more parents are taking up study and most of these parents are sole parents. They're looking at the children maybe two's, three's, four's, and they may have just one child and you know "When he's away from school what am I going to do?" So they're taking that opportunity to get out and study. (Teacher #4)</p>
Flexible arrangements and subsidies
<p>Even though we've got ratios, being sort of flexible within those. For example, a parent might ring up and say "I've been asked to work an extra hour. Can so and so stay?" And if that's possible then we can say "Yes. That's fine". Supporting them in that way (Teacher #2)</p> <p>But because we put them together as a whānau placement in the beginning we were able to support that family right through that crisis even when they became dots, we never crossed them off the roll. We kept them going and um, you know there were some real stresses in that family and it ... you'd have to say that, that whānau placement of those children had to impact on them being supported or not. You know right in the beginning ... "cause the older child wouldn't stay without the younger child. Now with the system the way it is set up in the book, that younger child wouldn't have started and the older one wouldn't have settled so maybe they would never have come to a Kindergarten. (Teacher #8).</p> <p>One teacher provided an example of how EC teachers often empathised with the financial adversity of families said that a typical parent might say: "I've got \$2 here for my fees. I'll pay, I will pay that other \$3 maybe Thursday, maybe Friday". "Look whatever's fine. If it is tough on you at the moment." That's when we'll go the extra mile" (Teacher #8).</p>

The provisions of meals and healthy food

I used to stress about making the meals for the next day. And they have drinks and that as well. And it's healthy so that's good. And the kids, they know about what's healthy and what's not healthy and even tell us sometimes, "You shouldn't be eating that. It's not healthy. We don't eat that at the Centre" ... And they have a healthy food pyramid right next to where the children sit. So the children see it. They get like lasagne ... We know that they're getting the healthy food and that they're eating all of it. (Parent #3)

And quite often if the parents are working and the child is here all day and they know that they have had that big nutritional lunch and their morning teas and afternoon teas then they can easily go home and say, "Well, we don't have to prepare a big cooked meal for so and so. We'll just provide this". That helps them at the end of the day if they're trying to get children to bed. (Teacher #4)

Family dynamics and composition

Family cohesion and communication has been identified as an important factor in family resilience, and positive outcomes for child development (Hawley and De Haan 1996; McCubbin and McCubbin 1988; Walsh 1996). The centres in this study were seen to be assisting family cohesion and communication by providing the various forms of support that eased the pressures and contributed to the fostering of social capital and family resilience.

Building relationships with the family of the children in their care was an important philosophy and goal for the staff of all three centres. They all discussed supporting the whole family as part of their job. They felt that they had created an environment where families felt welcomed and comfortable and would come and talk with staff about issues and problems. They saw the development of a welcoming and positive environment as essential to supporting families. This was also endorsed by the advisory and social support agencies, as a major contributor towards decreasing parental levels of anxiety and worry.

Table 12 indicates how family dynamics were perceived to have been influenced by the EC centres. Almost all of the families identified that their EC centre was somewhere that they felt their child was safe, and where they felt a sense of belonging for themselves and their child. Taking a genuine interest in the lives of family members was a strategy that was identified as helping families feel welcome, supported and safe about leaving their children at the EC centre. For example, taking an interest in the activities of children that occur at home and attempting to link these with their experiences at the EC centre was a daily practice of the EC staff. Similarly, the relationships that the staff had built up with the children was explained as one of the main reasons that the parents felt good about the centre and why other siblings were attending, or had attended, the centre as well.

These positive relationships with children, took a lot of pressure off parents because they knew they had a place where they could relax about leaving their child, where the staff understood their child's unique needs, and where the environment was safe and designed for children. This was a particularly important provision for families who had children with additional needs. The EC centre was identified by several families as an environment where the staff knew the children and the family situation, and

parents did not have to spend time explaining to other people their child's needs or making alternative arrangements.

The provision of a quality EC service provided parents and family members with much needed "time out" from parenting demands. This time out also enabled parents to undertake other tasks that were needed for family functioning and time to meet their own needs. This impacted both on the individual and also on the way the individual interacted with others in the family, eg allowing mothers to rest and then spend more quality time with the child. The support provided by EC centres also enabled parents to recharge and look after their own wellbeing so they could better provide for their family as well as allowing them time to focus on other family members who may have required special attention (eg those with special needs and illnesses).

Having appropriate structures such as small group sizes and low adult-child ratios was identified by all of the participants as an important determinant in whether or not staff could support families. The staff from the childcare centre, and the support providers, believed that the higher staff-child ratio, compared to kindergartens, enabled them to offer more support to families because they had more time to interact and talk with parents/caregivers than staff from kindergartens.

The staff from one of the kindergartens, with 30 children per session attending and three teachers, also saw themselves as providing better ratios than other kindergartens with larger group sizes. They stated that they felt they were more accessible and could offer a level of personal support because they had good staff-child ratio. Having a third teacher allowed the team time to be available to parents/caregivers and to do simple but effective tasks such as being able to greet every family as they entered the kindergarten.

Access to support from EC staff was important for parents. Parents without a partner, or who felt that they did not have friends, could turn to the staff at the EC centre for a listening "ear", and for information, advice and support. For another parent – coming out of an abusive relationship where her children had witnessed violence and abuse – sending the children to a stable and safe EC centre environment was one way of ensuring that they experienced a "normal" and "happy" environment.

The parents (particularly those who had experienced adversity), staff and several support providers, all mentioned that continuity and stability in the support provided to children and families, was an important factor in assisting families to protect themselves from the negative effects of adversity. For example, having the same caregiver, EC teacher, advisory support and/or social agency worker for the parent and having a predictable centre routine for the child. For a family who was experiencing great stress, due to their eldest child's serious illness, the stability and the importance of routine was very important for the youngest child as the parent could relax and feel assured that this child's life was "chugging along" while the parent concentrated on the elder child.

All of the EC staff commented that children needed some stability in their environments, and in their carers/teachers. The staff viewed their efforts to provide a stable environment and "stable workers" as a vital aspect of their capacity to support families effectively. In the case of the childcare centre, this extended to developing a stable base of long-term relievers, who were familiar with the centre, the children, and the routines and could relate well to families.

The reflective records kept by the EC staff, as part of this study, demonstrated that staff often approached parents whom they knew or sensed may be stressed or experiencing difficulties and required some support. This also included parents who might be new to the centre or who were known to be lacking in support. The observations of, and reflections by the staff, demonstrated that many were sensitive to and aware of the needs of families caring for young children and parental levels of stress. For example, the staff often assisted families on arrival and when leaving the centre to ease the transition. Staff commented that they understood that parents might be stressed/tired at this time of the day (particularly for the working parents) and that they were in need of support at that difficult time.

The researchers observed that staff knew the families well and seemed to have an understanding about who needed and welcomed contact with them – and when it was appropriate or not. These observations suggested that daily, or ongoing, interactions provided opportunities for staff to observe any immediate stresses or pressures on families. Informal conversations not only helped parents/caregivers feel welcome and demonstrated that staff took an interest in the family, but also provided opportunities for information sharing and relationship building.

Interactions between staff and families occurred primarily during the time children were dropped off and collected from the centre. The duration varied: some were one–two minutes or less and involved quick “hellos” and “goodbyes”; while others lasted between five and 20 minutes and involved sharing of information between staff and parents. The informal nature of these interactions and the reciprocity and trust involved was a significant part of the communication (and relationship building) between staff and parents. They provided both staff and parents with opportunities to get to know each other and to share vital information about the needs and interests of children and their families.

That this “informal” support is effective was highlighted in the family interviews. Families tended to see informal support as putting less pressure on parents, and as more respectful of their parental rights and choices than other forms of “organised” activities or meetings. Interestingly, most of the EC centre support which was identified by the parents as helpful was informal and incidental.

At least one staff member believed that this type of informal support was more effective than support that was planned, eg parent education evenings. Staff and parent interviews suggested that the staff could demonstrate genuine interest in families in informal situations. Parents and family members felt validated and that they mattered. This validation, arguably, may also help parents cope with ongoing stress. It was identified by both EC staff and several support providers as important for EC staff to empower parents/families by assisting them to learn to help themselves and to develop their own coping strategies and skills which they may be able to apply to other situations.

Supportive EC staff were identified as taking an empowering and collaborative approach rather than “taking over” or referring parents onto other advisory and support agencies (Support Provider #7). One mother indicated that she would rather go to the staff than to other support agencies that were less approachable.

Being involved in the lives of children (eg sharing celebrations and special events, meals and routines, leisure activities, traditions, beliefs, emotions and information) has also been shown to be important for family cohesion. The development of “togetherness” is associated with positive outcomes for children (McCubbin and

McCubbin 1988). The staff from all three centres were identified as assisting parents with their parenting roles.

This occurred through a variety of means such as: information sharing, role modelling, informal discussions and by the inclusion of the children and parents in the programme itself. All of the EC staff identified that they used role modelling and talked through options and strategies with parents, directly addressing the concerns parents had about their children's behaviour. Several of the parents (first-time parents and those who acknowledged they lacked parenting skills or had difficulty managing children's behaviour) felt that they had learnt a great deal from watching EC staff interact with children, particularly from the more experienced staff. Staff were observed providing families with information about parenting, discipline, and feedback about the effectiveness of strategies that families and staff were using, both within the centre and the home environments.

EC staff in the three centres told researchers that parents often sought reassurance about the development of their children within the course of their day-to-day interactions. Several support agency staff also reported that EC staff provided families with reassurance and support when they had worries about their children's development and progress. Providing feedback to the families about their children's development, an essential aspect of the EC curriculum, was a supportive strategy which helped "build on" the relationships between the parents and the child. By involving the families in the consultation process and keeping them informed of their child's progress the families were able to become more involved in their child/children's lives. At all three centres, the staff kept a form of learning book or individual profile folder about each child which the parents could read, contribute to and keep when the child left the centre.

EC centres provided a range of information for parents and families to extend their children's learning and to develop their own skills as parents/adults. Some of this information provided by centres came in the form of educational resources, such as books, booklets, pamphlets and videos on parenting skills, health and education related issues. Centre libraries for parents provided access to resources that many parents would not have been able to afford to buy or may have had problems otherwise accessing, because of transport difficulties in getting to libraries for example.

EC centres were a source of skills and knowledge for families to support them in maintaining a protective and nurturing environment at home. The centres were seen by parents as places where the focus was on their child, where children's holistic needs could be met – educationally, socially, culturally, physically and emotionally. EC centres were viewed as places of expertise related to children, which could be called on to support their child and their own parenting.

EC staff said that they wanted to offer formal educational programmes and workshops to parents and families. One centre had planned to run a workshop on the centre's programme to help parents understand the centre and the roles of the teachers better, but they found it difficult to find the time to do this. Staff at another centre said that they offered parenting skills workshops, but that they were "preaching to the converted" because only a handful of "concerned" parents came along. A few families said that they had problems with attending meetings that were outside of work hours and at night when they had other commitments. Those that wanted more formal feedback did not however, wish to have more "hands-on" involvement within the programme and centre.

One EC centre organised a joint parent/family educational programme with *Literacy Aotearoa*. The centre identified five parents who, it was felt, would benefit from improved literacy skills. They encouraged parents to attend a *Literacy Aotearoa* reading skills programme by suggesting that their learning could benefit their children. For example, they would be better able to read their children's stories and help them in the future with their homework. Unfortunately the programme was poorly attended – only two women attended. The focus of the programme changed to meet their need to pass the written road code for their driver's licenses. The women did complete the course and passed their test, which has had a significant impact on their lives and the lives of their family.

Table 11: EC centres supporting family dynamics

Building a safe and welcoming environment
<p>They are very welcoming. Like when you walk in the gate and you walk in the door they greet every child by name and that child is made to feel quite special. And my kid, she gets quite embarrassed, but she loves it, absolutely loves it. The fact that someone would single her out and say "Hello [child's name]" you know, that makes her feel quite good, and makes us feel good. Like it makes you feel part of the [centre] really. (Parent #11)</p> <p>But what really convinced me was the teacher, that was a primary caregiver to [child], picked him up, and gave him a big kiss. And I thought "I just want someone who is going to love him. Someone who is going to teach him and care for him" ... So it was that feeling it was the right place. He was happy and I was happy. (Parent #7)</p> <p>Talking to them. Talking about day-to-day things ... you've got to build up a relationship with them, don't you? And building up a relationship is by talking to them and talking about day-to-day things. (Teacher #5)</p> <p>Being committed, you know, that [pause] and having the same basic philosophy probably about you know, that families are, you know, they are important and our job isn't just about being with kids. It's about being with families. (Teacher #10)</p>
Parenting – wellbeing
<p>When I was pregnant, it was ... I could sleep every afternoon, knowing that [eldest child] was y'know occupied, busy, safe, having fun, and I wheel [son] home in the buggy. By the time we got home he was ready to be popped into bed, and then I could sleep – every afternoon for 2 hours. And that was a lifesaver actually, a lifesaver. And to know it was going to happen every afternoon and ... to rest And it certainly it meant that the whole family benefited from the fact that I had enough energy to keep going for the rest of the day. (Parent #18)</p> <p>How does it help my family? Our family means that the pressure is off me every day ... Because I am the one that is giving and giving and giving. So having him in care, knowing that he is cared for gives me the freedom to have time with [eldest child with a serious illness]. Like if I get some time on my own that is even better because I need that support because I needed that time out to do my own thing ... I know that [child at centre] is getting all the care that he needs. And he is learning the skills. Where I haven't got the time to teach him at home, like social skills, and we don't go to play group and things like that ... And it is so so supportive for us knowing that where he is going he is loved and he is educated and he is cared for. And it means that the rest of us can have our own lives and he can participate in that during the day or not. So it's incredible. (Parent #7)</p>

Structural supports for relationships

You see at a Kind[ergarten] you might only have 2 teachers or 3 if you're lucky for about 45 children. Whereas at a day care you have that far better ratio of adults to children. It might be only 1 to 5, I think, or something like that. So you have that bit more time when parents drop their children off to actually talk through how the weekend's been or how their health has been and all that sort of thing. It is that, it is such a much better ratio of adults to children and it is a safety and it would be great if Kind[ergartens] could have that. (Support Provider #1)

We are fortunate to have a third teacher though. I think that we can do that sort of stuff. Like speak to the parents. Because we have a third teacher to thirty children. (Teacher #8).

When we can allocate a certain amount of time each day, we know that one teacher is going to be greeting every parent that comes in the kindergarten. If it was a two teacher kindergarten like most thirty, [pause] thirty kindergartens are, there is just no way because you have to stay on there for the children at the moment. I can't work with children AND talk to parents. That we actually have made a decision as a team that there is always somebody greeting those children and families every day. So we have time, we have the staff to do it at present. (Teacher #7)

Parenting alone

Being on my own it's nice to know that there is someone there. It might be different for a two-parent family because they have got each other to a certain extent. Whereas I rely on outsiders and it's really nice that if I really do need someone they [the EC teachers] are there. They will listen and I think that's great because it's not really part of their job description to be counsellors and all the rest of it ... I don't have anybody. That's where the teachers at [centre] have been great because I have been able to go to on the odd occasions. But they are not always going to be there because [son] goes to school next year so I'll be in a totally different situation. So I'll be back to having no support at all. (Parent #26)

Routines and stability

Also just having that stability of support that they can go to. Like our [centre]. It doesn't change. We are there every day. The children start at the same time and do the same things with the same things and they've got the same friends, and the same teachers, and they're placing no judgements ... It's predictable. (Teacher #7)

By having him [at centre] it means he has got a regular routine he goes through ... Yeah and sometimes it feels bad that I'm at home and he's in care. But at the same time I think that he's got his routine and that is really important. He has his little life and little routine chugging along. (Parent #7)

Informal and incidental family support

The teaching team is very good at doing the informal communication and support for parents without probably realising that they have done it. (Teacher #1)

So it is not just like frivolous conversation – she is actually really taking in what is happening in my life ... It tells me that we matter to the centre and they understand people's feelings. They don't see parents walking in the door as just business. They see us as humans. Yeah,

real people with real issues and problems coming through the doors. Not so much problems but good stuff as well and things to offer and skills. They are always interested in what I am doing and who I am doing it with. Yeah, so makes you feel good because it makes you feel like you matter and you're not just a business to them. (Parent #8)

To actually have the child prepared if you know that Mum has had a stressful day the day before and you know having that child prepared with all the lost clothes that they might have taken off throughout the day and be all ready and rearing to go. So like greet Mum in a happy mood and hopefully Mum will be. Mum or Dad will pick them in that same frame of mind. It's the same when parents come in and may have had a hassled time. You know particularly getting like, one of our, a couple of our families have three children to get ready. (Teacher #4)

Parenting skills and education

We probably do a lot of role modelling. Like behaviour problems and that sort of thing, and then they probably see how we deal with it and think "Oh, we'll try that out". Or just the way we talk to the children or how we ask them questions, they probably pick up a lot of things like that. (Teacher #2)

Well, I have watched them with the children and seen what they're like with the children, and what they do, and get ideas from them really ... If I've got something that's bothering me, I'll ask them about it. (Parent #6)

It gives them an understanding on what their child is doing at [centre] and... we are very good at creating an environment where it looks like it is all fun ... and that everyone's doing things, and that it's quite relaxed and casual ... To give them their profile and they can look behind what they see and see that there is educationally [a] big benefit on them attending kindergarten. And this is what they [the child(ren)] are achieving. (Teacher #9)

Reducing isolation and improving cohesion and communication

Community and family isolation can place individuals in a heightened risk situation, and decrease population health and educational achievement (Putnam 2000). The EC centres in this study played an important role in helping to combat the isolation of families in the community and working towards building micro-communities (Scott 2000). They also offered a safe, stable, predictable environment for families some of whom live in high-risk situations and community environments.

Table 12 presents the views of participants in the study on how EC reduced isolation and increased cohesion. Just "being there" for families was a major theme recurring through all of the interviews with EC staff and families. The provision of an EC centre in the community was identified by all the participants as a key form of family support. This cannot be over-emphasised in its importance to families and their communities. We noted that if NO other factor had been identified as important to support families, the mere presence, and availability of the centres in their communities was a major factor in these families' lives.

EC centres directly supported families and helped them to cope with such risk factors as isolation. They also indirectly supported families' resilience by fostering their social capital and the development of social support networks. Social capital exists in the social relations, networks and norms (of trust and reciprocity) that exist among parents/caregivers, between adults and children, between members of immediate and extended family, kin and whānau and their relationship with institutions and

agencies within a community (Giorgas 2000). Social support networks are an added resource that resilient families draw on in times of challenge and crisis. They can provide families with additional knowledge, information, skills and opportunities that may promote the capacity of families to adapt successfully and achieve positive outcomes (Walsh 1996).

Many of the parents felt that their centre provided opportunities and space to develop social relationships with other families. However, while the majority of the families recognised that the opportunities existed, all but a few said they did not have the time or the desire to spend additional time in the centres developing or maintaining relationships with other families. The “culture” of the EC centre played a role in influencing whether parents and family members felt welcome and were able to develop friendships. Factors such as group size, the attitudes of the staff, the welcoming atmosphere and the recognition of families’ cultures made a difference.

Those who had formed relationships through the centres had done so either through the three main structured participation opportunities at the centres, for parents to meet other parents, or by simply walking to, dropping off and picking up children from the centres. The three main structured opportunities for participation for parents were:

- participation in the programme
- attending social events and activities (or parent education/information evenings)
- becoming a member of the parent/management committees.

Participating in the programme

Participating in the EC programme was identified as being an important variable in making contacts through the centre. The level of involvement parents have within the EC centre influenced the amount and type of relationships they developed with other families/whānau. For example, those parents who reported that they just dropped their children off and did not have much involvement with the centre tended to report not having made friendships or developed relationships with other families/whānau. While others who had a lot of involvement (eg in fundraising, spending time within the centre, and being on committees, etc) said that they had formed friendships and relationships with other parents within the EC centre setting that also extended beyond that setting.

Centre organised social events and activities

Centre organised social events and activities (eg fundraisers, working bees, cultural nights, and shared meals) appeared to have some success as a means of connecting families. These gatherings enabled parents/caregivers to share information and knowledge, to discuss issues, raise concerns and seek help. In several cases staff and parents indicated that providing a point of contact for parents to meet with common interests led to parents/caregivers forming friendships. This was particularly important for parents who were isolated within their community.

Committee involvement

Joining parent committees enabled several parents to meet other parents and encouraged them to have an input into the development of the policies and decisions that affected how the EC centre supported families. The EC staff at all three centres provided parents with information about schools (pamphlets and posters), physically arranged and supported families to get appointments to visit schools, assisted with information on how to enrol children at school, and undertook translations of

information for families for whom English was a second language. The EC staff also organised school visits using local school facilities to help familiarise children and families with the school environment.

Families and children were provided with access to additional educational support and personnel through their EC centre, eg teacher aides and Education Support Workers, who work on a one-to-one basis with individual children (particularly those with special needs and learning difficulties). Some support workers also worked with children within the home and they provided an important link between the EC centre and home, sharing information and giving feedback to both parents and EC staff as to the progress of children. EC staff from all three centres often took on the role of mediators, advocates and referral agencies, when linking families with other advisory support and social agencies in the community. Staff at all three centres referred families to advisory support and social agencies such as the Public Health Nurse, SES (now Group Special Education) and CYF.

Both the EC staff and support providers were asked to identify some of the advantages of working collaboratively in supporting families and children both within the EC centre and in other settings. There were three advantages identified by EC staff and support providers related to working with other advisory support and social agencies.

- Firstly, working together with support agencies allowed each agency and service to provide their own expertise and strengths, thus enabling the best form of support to be available, without expecting the staff at the EC centre to be able to meet all of the needs of the family.
- Secondly, working co-operatively and being present at shared meetings enabled both the support providers and the EC staff to hear the same information. This was seen as reducing the time, cost, and effort for families, who often found it stressful attending multiple meetings to go over the same information. Staff from one centre and several agencies also saw collaborative work as reducing the time and effort taken to contact and keep all interested parties informed of progress and strategies. Several support providers also said that these joint meetings with EC staff and other agencies enabled them to establish links within organisations and build good relationships with other people in various organizations/services.
- Thirdly, people from outside agencies working with the families were seen – by the EC staff of two centres and several support providers – to be able to take the focus off the EC centre staff who were then freed up to work with children in the programme. Staff from one centre said that often issues for families were outside the “boundaries” of their teaching skills and abilities and so they depended on “trusted” other agencies to support families in this way.

Table 12: EC centres – reducing isolation and increasing cohesion

Family isolation: being there in the community
<p>I liked the fact that it was smaller and it seemed more connected. Whereas, these other places with lots of kids and lots of staff just seemed so busy and so full on. Whereas, I thought the centre was a lot smaller, a lot more close knit. They could all relate to each other. (Parent #4).</p> <p>Being on my own it's nice to know that there is someone there. It might be different for a two-parent family because they have got each other to a certain extent. Whereas I rely on outsiders and it's really nice that if I really do need someone they [the EC teachers] are there. They will listen and I think that's great because it's not really part of their job description to be counsellors and all the rest of it ... I don't have anybody. That's where the teachers at [centre] have been great (Parent #26)</p>
Family isolation: the culture of the place
<p>I spend a bit of time there in the mornings. You get to know people – having a chat. Once again it's such a friendly place. I've heard other people say about [another centre] that they haven't met anyone there and they just drop their child off and pick their child up. But I think that depends on the culture of the place, and because the culture of [name of centre] is such an emphasis on being open and friendly and accepting and welcoming that it sets the tone. (Parent #21)</p> <p>So it is not just like frivolous conversation – she is actually really taking in what is happening in my life ... It tells me that we matter to the centre and they understand people's feelings. They don't see parents walking in the door as just business. They see us as humans. Yeah, real people with real issues and problems coming through the doors. Not so much problems but good stuff as well and things to offer and skills. They are always interested in what I am doing and who I am doing it with. Yeah, so makes you feel good because it makes you feel like you matter and you're not just a business to them. (Parent #8)</p>
Community isolation: making connections in and with the community
<p>I have made friends who I wouldn't have met under any other conditions except from the [centre]. And because they live locally, it's very easy to have a true friendship. You start out just chatting and walking together ... and go to their houses, and they come to my house, and it's the children that know each other. It's something that I always thought was important. That you attend the facilities in your neighbourhood. That you don't live here and go to school across town. And it's for those very reasons, it creates..a feeling of community, that you count, that you belong, that people notice you, that you notice them. (Parent #18)</p> <p>It's kind of like team building, you know like you become a team, a culture in itself. Yeah, and you feel like you are part of that team and you all get together. I mean no-one really wants to come along to watch the kids ride their bikes round the cones, but the kids love it and you go along. Like, it's the same with the garage sale, you know, you end up, it's like a camaraderie forms. Quite often, unfortunately it's only a small group, you know you are not talking about 60 parents because you know that never happens but you know it spreads the net....You know educating your child, and hopefully your kid has a very nice time while they are here you know. Those things are really important. (Parent #11)</p>

Referrals and agency support

If I had to go to someone I would rather go to someone I did know. I would go to the teachers first off. Even once the children have finished there, if I knew that the teachers could help them somehow I wouldn't hesitate. And I know they would be willing to put me on to the right people and they wouldn't put me wrong. I trust them. (Parent #19)

I also believe that we're in the perfect position to be the referral agents too. You know, for their health and their mental wellbeing and a whole lot of aspects of their lives. Where else would they get the information? You know, if they lived in a community, service building was on their corner, they'd probably go down there for their information. But they don't you know. By and large we're set up so we can be that place ... Someone's got to be available to access that information and refer them on and make sure their needs are met. And so that means we've got to find time to do that. You've got to be prepared to drop everything in the middle of, maybe, what you are doing with kids sometimes to find out something about someone who's in a bit of a crisis. It doesn't mean having the answer but it means finding someone else who has. (Teacher #10)

Professional teaching attitudes and perspectives

Perceptions of the attitudes of EC centre staff and support agency staff, indicated that most parents and families saw them as positive and supportive of family resiliency. Table 13 provides some examples of participant perspectives on this issue. Many parents gained acknowledgement from EC staff, and felt that this supported their confidence in parenting when they were under pressure. One support provider said that she thought that it was important that EC staff supported parents, particularly young and inexperienced mothers and parents who might not have a lot of neighbourhood or extended family support. By encouraging parents to stay and participate in the programme the EC centres provided opportunities for parents to observe and be a part of their child's positive learning experience and reassured parents/caregivers about their own parenting.

Having a teaching team who were sensitive to family issues and difficulties and who shared a concern for looking after the best interests of children was seen by many parents to be important. Several of the families saw their EC staff as people who could admit their limitations and mistakes and this contributed to them being perceived as more approachable and supportive. Several families said that they related to and had a rapport with staff which was an important support for them.

Other personal factors that EC staff claimed contributed to the ability of teachers to offer effective support to children and families included commitment, persistence, being good communicators and listeners, empathy and being "people people". One teacher stated: "A look and a compassionate smile can mean more than a thousand words". Treating family issues with sensitivity was also seen to be important by families (particularly those who had children with additional needs and health problems and those who were experiencing crises).

Staff were perceived to be genuinely interested and motivated to improve the service they provided according to the ongoing and changing needs of families. Staff who were committed to, or who were engaged in, furthering their professional development were valued by several families and agencies. For example, one

mother explained how she was very pleased that one of the EC staff at the centre her child attended was away on a total immersion Māori language course (see Table 13).

EC staff we interviewed expressed considerable satisfaction in their work. They found it challenging, fun, full of variety and enjoyed the active aspects of their work. According to the EC staff in all three centres, job satisfaction and enjoyment contributed to the capacity of staff to support families, as they were able to share with families their delight in children's ways of being and their development/milestones and progress.

Another factor which was identified by several families as a key aspect for providing effective support was that staff recognised and respected cultural differences, and could be responsive to a diverse range of cultural needs within the centre. Staff who attempted to speak to children in their language, if they were able, and who encouraged Te Reo in the centre were also seen as supportive by three parents. Several other parents commented on the positive approaches of staff to other cultures. One parent commented that her children often remembered to use Te Reo and this encouraged their use of it in the home.

EC staff supported the cultural needs of families and children in various ways, which supported the cultural capital of families. One mother, felt her EC centre was very inclusive, and modelled cultural acceptance. She commented that the staff did their best to provide an environment that respected the cultural needs of different families. This was very important for her and the type of environment that she wanted her son to learn in (see Table 13). Staff from one EC centre said they used their curiosity, commitment to and enjoyment of learning about other cultures, to learn from the community, and this enabled them to be more sensitive to the cultural needs of the multi-cultural community their centre was based in.

The staff in all centres supported their families by providing centres that reflected and celebrated the cultures of the families in the community, and encouraged children and families to learn about other cultures. Examples included carrying out bridging work between their centre and the local primary school for Pasifika families, translating all documents into Pacific languages, incorporation of music and dance into their programmes, and staff learning Māori.

Table 13: EC centres – professional attitudes and perspectives

Validation of parenting
<p>You know that's kind of important because quite often, particularly parents at home anyway, you don't get that from anyone. You go to work and someone says "Great job", or "Bad job, do it better", whereas when you are a parent no-one does that for you. No-one pats you on the back and says "You're doing a good job". And it's kind of good to get feedback from [centre's] teachers because they know where they are coming from. They have seen it all before. (Parent #11)</p> <p>Because some of them don't know, like they think "I don't know if my child should be doing this or should be doing that, or should be doing this. That child there is walking. My child isn't". I just reassure them ... Like some times I go back to my children and I say, "My child didn't walk till he was fifteen months. My other one walked at a year old but, you know, they're all different. You know you don't compare". (Teacher #5)</p> <p>She's [teacher] great, really supportive. Like we have rapport – you know like some people you just click with – we have a personal rapport. And I can talk to her [pause]. I imagine I can talk to her about just about anything and vice-a-versa. And I think that would be good. And its really nice actually having someone that you're close to in a sense that you know they're caring for your child. (Parent #13)</p>
Sensitivity to family circumstances
<p>Well, I talked to a mum a few months ago who had no food at home, and they got to [centre] and her child got fed with Weetbix and then she got a food parcel when she picked him up. You know ... But they didn't draw any attention to her. They didn't get anymore involved than that, you know. And "Oh why have you spent your money?" You know. "What's happened?" It's like [pause] maybe it's not that they don't want to know but it's that they're really respectful of privacy. So [pause] I'm quite glad that they don't kind of try and get too involved in our personal situation for those reasons you know. (Parent #17)</p>
Cultural appropriateness and responsiveness
<p>I think there is a difference of being able to write the language than what there is to be able to speak it. They are completely different because you write Māori language like you would European. It flows in a sentence. You speak Te Reo with ... like an accent ... where words flow. Like "Kohanga Reo" and some people called it "Kohaaanga Ra o". So you know there is a difference between pronunciation. Yes, I think if [staff member] gets hold of the language properly then go for it ... I think it is being really positive. (Parent #9)</p> <p>I mean I think that's one point where little kids bring tears to my eyes in a way, because ... everybody's friends and I mean, sure, it's all korero Pākehā, and everybody here speaks English, but they cross over huge boundaries just through mingling with each other. And I think probably in a way that's the biggest step that you can expect out of [centre] is that you encourage everybody to bring their kids and then it's the kids that form relationships across those boundaries and hopefully they continue them on. Within sort of reason, I think that sort of change happens really gradually. (Parent #14)</p> <p>For me personally ... looking at all the cultures and how everybody gets along ... It's like this is a perfect scenario. And parents...come in, it's neutral ground. There's no [pause]. They come in, they're all coming to the one place, and it's everyone's just even. (Teacher #9)</p>

Barriers to EC centres supporting family resilience

Participants' perspectives also indicated that there were various barriers to the implementation of policies and practices to support families. These were barriers created by relationships (or lack of them), barriers created by attitudes, and barriers created by structures and processes. These themes arose consistently through the interviews with staff, parents and support providers when discussing family resilience with them.

Table 14 gives examples of the barriers within relationships reported by the participants in the study. Lack of good communication was identified as a barrier to building relationships between EC staff and families. Examples included a lack of feedback from parents and families; not having enough non-child-contact time to consult with parents; not having all the information that staff required; parents finding it difficult to approach staff and parents not wanting to share aspects of their personal lives.

Insufficient time and lack of regular (more formal) communication between EC centre staff and parents/caregivers were identified as barriers to EC centres supporting families. Almost half the parents felt that staff did not communicate enough with parents and would have preferred more formal contact and regular meetings – once a month or once a term instead of six-monthly reviews of profiles and/or parent–staff meetings. Several parents suggested that more regular contact would have been beneficial.

Several parents felt that their EC centre appeared not to need any assistance from parents because they were not asked to help, and because their centre seemed to be running smoothly and professionally. At least two families suggested that this may have deterred families from contributing valuable skills, knowledge, and resources to the programme and centre, which could be depriving staff of much needed support, and opportunities for families to access sources of social capital.

The staff from two of the EC centres said that it was difficult for the centre and/or advisory support and social agencies to work with families who had limited contact with staff. Staff from the two centres said that several parents/families kept their children at home when under stress, or for financial reasons, and this made it difficult for staff to offer support. Despite some families wanting more contact with staff, for the most part parents did not want to increase their participation within the EC centre. Only three parents expressed a wish to have greater involvement within their EC centre and its programme.

Many families had little involvement with their EC centre, and eleven families commented that they did not desire to have any greater involvement than they already had. Several families commented that they pretty much wished to “leave them to it” because they trusted that the staff and EC centre were supporting the development and learning of their child. The majority of parents described their level of participation in terms of the routines of dropping off and collecting their child/children from the centre, and meeting the requirements of attending – eg providing refreshments. Only one mother had previously been involved with the Parent Committee of her centre, and four parents were committee members of the same centre.

Staff from the EC centres noted that it was often difficult to get parents involved with the committees, or organise times for meetings that suited parents. This affected the

amount of feedback they received from families on policy and programme. Support providers also noted this barrier and remarked that those few who did work on the committees took on multiple roles and responsibilities, got burnt out and then the major roles fell back on the staff of the EC centre. Only one-third of parents commented on spending time (in varying amounts) with their children at the centre, or communicating with other children.

EC staff described the amount of paperwork required to meet legislative and association (employer) requirements as a barrier to staff being able to provide the amount of support families required. They found that they were spending a great deal of the little non-child-contact time they had each week completing paper work instead of consulting with and supporting families or building relationships with advisory support and social agencies. EC staff “burn-out” also discouraged parents approaching them for support. Where there were high numbers of children with additional needs this was a particular problem. The staff themselves lacked access to support, which was really important when they were trying to help families with multiple problems. and dealing with many agencies.

The issue of effective mesosystem linkages with agencies came up in several interviews. The disadvantages of providing collaborative support also came up: working with so many people can create difficulties in terms of accountability, trusting relationships and burn-out. One support provider said it was often hard to accommodate everybody’s different ideas and philosophies and described this as having to “walk a tightrope sometimes”. She also said that sometimes the Education Support Worker (ESW) was seen as the “bottom rung of the ladder” when working with other professionals (eg physiotherapists, occupational therapists and speech language therapists) and so was not given the respect that she felt the position deserved.

EC staff from one centre raised concerns that support providers may damage the relationship and trust established between families and their EC teachers, if families are referred to an agency that does not provide sensitive and appropriate support. Working with multiple agencies and support workers was also perceived by several support providers and families to cause families frustration and confusion. This was particularly acute when they were given conflicting information and advice about their child’s needs.

Support providers who lacked empathy and understanding of a family’s situation and circumstances were avoided by many of the families. Family members commented that they were less likely to return to such agencies for future help. EC teachers also indicated that they were wary of referring families onto some services. They acknowledged that there had been times when a community organisation or support agency or system had let a family down and this had the effect of making parents and families less willing to approach or use other agencies that they had been referred to, or needed to, use.

Another related barrier was a lack of funding for ongoing training and resources for EC staff and support agency workers. One professional spent a considerable amount of her own time and money pursuing ongoing training and collecting and producing resources for children and families. She also assisted families on a voluntary basis by providing transport for families to attend educational workshops (as this was not officially funded).

A lack of co-ordination between support providers was identified as an issue by several support providers and the staff at two EC centres. They commented that

fragmentation led to delays in families receiving support within the necessary time frame for it to be most effective. Some EC staff and parents were less likely to approach agencies and services who they perceived to be insufficiently sensitive to the individual and unique cultural needs of some families. This has the potential to prevent some families from receiving financial and other assistance they are entitled to and thus improve their family situation.

The quality of the relationship between personnel from advisory support and social agencies and EC staff is vital for providing effective support. EC staff reported that if they did not trust an agency, did not know their strengths, weaknesses and approach to working with families, they would be reluctant to refer family members to that agency. Staff from one EC centre stated that how well support people from outside agencies related to and connected with families could make a huge difference to outcomes and whether or not the support had a positive impact on the family.

The support providers echoed the perspectives of the EC staff commenting that support agencies and services needed to work as part of a team with EC staff; going into EC centres for meetings and planning sessions and consulting with EC staff about when and how it suited them to have the presence of support workers within the centre. One support provider suggested that it was important to have an integrated approach to working with families, ensuring that agencies and services worked together as much as possible, to minimise confusion for families and provide some co-ordination and consistency of information.

EC staff who worked as part of a team and who were willing to share information and consult with other advisory support and social professionals were seen as facilitating the support of families by several support providers. This included EC staff meetings and sharing information, discussing Individual Education Profiles, attending family group conferences, and providing a consistent approach across services.

EC staff and the support agencies said that it was important for services and support agencies to be co-ordinated and to co-operate with each other in working with families. In one area a key worker was in place to co-ordinate all the people and services involved with particular families. They maintained the links and ensured the passing of information between the services, thus minimising the number of people the family themselves had to deal with.

Table 14: Reported barriers within relationships

Communication about child
I have my daily records and we have them tucked away here somewhere. We have kept all of them. Sometimes it was a couple of words and that was it. Sometimes they forgot to fill in what they had for lunch or what they had for morning tea. You know silly things like that. (Parent #9)
Parents not needed
And the centre around here really runs itself. They don't ask for a lot of parent involvement which is where probably the closed doors come from. You sort-of feel that they have it all under control and whether that is the persona that they really want to put out or not I don't know. But they closed ranks amongst themselves and the parent involvement is very very

<p>limited ... As far as ideas and stuff in the centre go, there is never really any questions of “Do you think there is anything else that we need to involve?” or “Would you like to help out with?”. There is never any questions like that. That is a downfall. That is a definite down fall because they are not asking. (Parent #9)</p>
<p>Attendance</p>
<p>[I]t might be their circumstance. They’ve got to bike and it’s raining a lot so they can’t come or they are walking on foot. Some of our Pacific Island families, well, they walk and hell if the weather is bad and it’s freezing they don’t come because it’s not good for them to be out in the cold. So they don’t come ... I reckon it[’s] the parents’ situation that will get in the way of [participation]. (Teacher #10)</p>
<p>Demands on staff time and energy</p>
<p>I think there is a lot of emphasis on us from the Ministry [of Education]... You know, I think that we can meet individual needs, but there is a hell of a lot of paper work that’s not, you know that is unnecessary with it. And we have tried to keep that down to the absolute minimum. ... These days you’re fighting a paper war in your non-contact child hours. You know and there is very little time for that. (Teacher #10)</p> <p>But then that comes down also for staff and that because there’s not the funding for us. So therefore we also have to volunteer our time ... We do volunteer our time for social events and for those educational evenings for parents. We don’t get paid for that. (Teacher #3)</p>
<p>Problems linking with agencies</p>
<p>At the end of the day you’re trusting this agency with this family ... Sometimes when you refer you’ve got to be careful because we don’t want to refer somebody and have that fear that the agency that we’re putting them onto is going to damage the relationship that we’ve formed with those families. (Teacher #9)</p> <p>Well there’s one agency that I can think of, that I’m not going to name, and I know parents that aren’t working with them because they’ve felt that there is no communication and there is no collaboration and there is no inclusiveness, and there is no team work ... If you don’t have those things then how can you all work together. (Teacher #9)</p>
<p>Importance of integration</p>
<p>You know that’s where the key worker role comes in to ensure that you’re not getting professional overload. So that the family is not inundated with a whole lot of people. Because families when they do have a lot of people coming in and out, they start forgetting who is who and what they do. So that is valuable having me in a key worker role. (Support Provider #13)</p>

Another set of barriers for EC centres supporting families arose from attitudes. Some quotations from study participants outlining attitudinal barriers are presented in Table 15. Families did not seek support from EC centres if they did not know that this was offered. While many family members expressed gratitude for the personal support

they had received from EC staff members several parents did not perceive the EC staff to “be there” for them in a personal capacity. Nor did they wish for the EC staff to intrude into their private family life. Several parents commented that they did not need and were not interested in learning and support opportunities for families.

While, as we have shown earlier, cultural sensitivity is an important attribute promoting resilience, differences in cultural values can present an obstacle to supporting families. For example, one teacher pointed out that in Samoa teachers were looked up to in a hierarchical system, and parents were not comfortable in chatting to them as equals. Another parent said her “pet peeve” was that EC staff did not know how to pronounce Māori words properly, but recognised staff were attempting to rectify this problem. Another family expressed concern that their son’s Chinese culture was not acknowledged within the EC centre. Another parent felt that the Māori language and resources provided by the EC centre were tokenistic and that some of the practices made her feel “exotic” (see Table 15).

Two parents were unhappy because they felt that EC staff were not taking their concerns about bullying as seriously as they would have wished, and this had affected their relationship. These experiences had left the parents feeling that any responsibility for change had been put back on the child and family. For one mother the experience had been extremely negative. While she had been unsure over how much of the problem was her child being over-anxious or oversensitive, she felt that the staff could have been more supportive in the issues of ensuring the safety and wellbeing of her child. The other parent found the staff responsive to her viewpoint when she was able to draw it to their attention, so the problem was resolved in a satisfying way.

Where agencies were perceived as taking an expert authoritarian attitude to families, they were seen as being less supportive by many families, EC staff and several support providers, who commented that families were less likely to seek support from these agencies. This had led to a great desire by centres and families to use non-governmental agencies and services who used volunteer staff and were seen as less threatening and more family-oriented (eg Presbyterian Support Services, Barnardos, Citizens Advice Bureau and Whanau Aroha). For example, one parent found the approach of a home support person from the hospital who had been referred from IHC to be intrusive. Another parent had issues with SES because they did not recognise her knowledge of her child and in her view “overstepped their boundaries and interfered”. Another parent commented that in taking such an expert authoritarian approach, CYF had not adequately supported her. Parents also stated that particular case managers at W&I sometimes lacked sensitivity.⁸

⁸ Other participants in the research expressed views contrary to these (see for example, Table 9 on page 56). The assurance of confidentiality given to research participants meant that specific details about these examples could not be provided to associated agencies.

Table 15: Reported barriers within attitudes

Perceptions of role of EC centres
<p>Nobody has actually never said to me what a [EC centre] is supposed to be is to help your child to develop and in a sense be helping you to help your child. Nobody has ever said that to me, never. If they'd said that to me at the very beginning, I would have had very different outlook or whatever... I think the first thing I read was a whole bunch of things about her developing and other things...I did not know that [centre], that that's what they were supposed to be there for – to support families. (Parent #13)</p>
Cultural barriers
<p>In Samoa the teachers – they're a hierarchical thing. Where as we here promote partnership and that's going against their whole belief system. (Teacher #8)</p> <p>I mean they do have a lot of Māori resources there and I always find that, oh how can I explain this? Sometimes you can walk into an institute and you feel they are sincere, a sincerity towards biculturalism and then in other places you can walk into and you just feel tokenism. Like you can see the Māori i words up on the wall and you can see me basic greetings.... Window dressing but there is no substance ... They will greet you in Māori but they change their greeting when somebody not Māori walks in. And I find that quite hard because ... I have been isolated out, made exotic. And I don't like being made exotic in my own country. Once people start realising that we are normal. Just normal citizens like everybody else ... We've different values and different beliefs ... but I just don't like being made to feel like I'm exotic, different. (Parent #8)</p>
Not being taken seriously
<p>They've [EC staff] sort of described the issue [bullying] as back on me. Where I have to basically say "he'll be alright", but I don't actually agree with that because I think it's on them to see that he's fine whilst I'm not there. And obviously keep him with people that he's going to be happy with. I just have a little bit of a disagreement that they think it's back on him, where I actually think it's their responsibility. Because if it is back on my boy to be strong or whatever, then it's actually not supporting, shall we say, the victim ... It's supporting the person who might have been the perpetrator of it. (Parent #24)</p> <p>And my example, like my, the eldest boy he was being picked on and they didn't realise. But because I sat there and watched what was going on and [child] told me he didn't want to go and I asked why? And he said he was getting hit and punched and that. And like I was a little bit angry, but then I realised hey, well there's 40 other kids there and they can't sit and watch what's going on all the time. And they don't see it... and then I [made] them aware and they were sweet. And they watched the situation and it stopped. So yeah, they were on to it. But I think if they don't know what's going on too, you know, it's good to let them know before you sort of say: "well what's happening here". (Parent #25)</p>
Insensitive agencies or services
<p>I had people coming into the home and helping me out and it didn't work because one of them was taking over and telling me what to do. And you know with me I don't like being told what to do. (Parent #5)</p>

They gave me a bit of a scare and said that if the kids keep wandering, the way they're going, they're going to be taken off me. And that upset me at the meeting we had. That was only this year. Mainly [two of the older boys] ... they were just coming home a bit late. But it was just the people that they went around with ... They would only be down at the school. I could hear them but I couldn't leave [younger child] in bed while I shot down. (Parent #5)

Structures and processes were the third main type of barrier to EC centres supporting family resilience. Table 16 presents some of the participants' perspectives on these barriers. The three EC centres served communities where many families were transient, often having bills at different EC centres and moving on without paying them. Moving also occurred because parents were looking for employment, which caused problems for EC centres trying to provide a stable environment for children. Insufficient family income meant that many families were unable to pay their childcare fees and donations. While a subsidy is available for low-income families the cut-off level was identified as being too low, with many families falling just above the threshold.

Inflexible policies were a problem for families and EC staff. The Kindergarten Associations' contribution policies presented problems, not only for families who were struggling financially, but also for EC staff who had difficulty interpreting the policy and enforcing regulations concerning records of contributions and invoicing families who could not pay the full amount of fees. The kindergarten regulations were also seen as inflexible and not taking into account the diverse and changing needs of families. For example, the staff from one kindergarten struggled with the MoE 9+12 attendance rule⁹ due to the enrolment and attendance patterns of families.

Staff from one EC centre commented on how some advisory support and social agencies had inflexible systems (appointment times and procedures) which did not consider the stresses and circumstances (eg lack of transport, no phone, lack of finances) that many families faced. A mother was turned away from a service because she did not have an appointment, according to an EC staff member, despite her having had to overcome many difficulties to seek this support in the first place.

Support agencies and EC staff complained that parents who needed support in terms of skills, knowledge and aspects of parenting did not attend formal workshops and parent education classes run by EC centres and advisory support and social agencies. In one case a support worker had approached an EC centre on an informal basis, once or twice a week, getting to know the parents. This person had posted notices and held literacy workshops, which had not been attended by any of the parents. Another example was that an EC centre had put out newsletters asking parents what services and information they would like, and just one family asked for a particular service. A teacher arranged for someone from that agency to speak to the families, but nobody turned up; not even the family who requested the information. However, the reasons given by parents made it very clear why they did not attend these sessions.

EC staff and support providers in this study often worked with families who were preoccupied with survival (such as getting food on the table, paying the rent) and for

⁹ The March 1998 guide to funding specified this "9 plus 12" rule. This means that a child can be absent for up to 9 calendar days per term and funding can still be claimed. But after the 21st calendar day all funding must cease if the child is absent whether or not they have a reason (Ministry of Education 1996b).

these families, attending parenting courses and learning more about child development was not a high priority. Secondly, parents were often too tired from their long hours of employment or from caring for children. Likewise, the meetings were often at times when parents did not have access to childcare to be able to attend, or were scheduled when they were working.

A provision which was perceived to be lacking at the EC centre was an adequate physical environment. Several support workers commented that EC centres were “poor” and “under resourced”, and that they lacked equipment and materials. However, one also commented that “they make the best of what they’ve got”. One support provider commented on aspects of the physical environment that were not particularly well-designed or presented, for example, small spaces (both indoors and outdoors), a lack of equipment, inaccessible areas, and, in one case, the centre was a re-modelled state house. The support worker, however, said that in no way did these physical aspects impact on the effectiveness of the service and that the quality of relationships between the staff and families remained the most important support.

EC centres may present barriers to families if they lack private spaces where parents can meet and discuss issues with each other or with EC staff. Another support provider perceived that not having a place for parents to gather and meet within the the centre was a major problem. The staff office was not seen as an appropriate place for committees and parents to meet and discuss issues, as there was confidential information stored there and they were often very small spaces. There was a need for a separate room where committees could meet, but building and planning of centres to meet these needs are limited by funding.

It is interesting to note that the MoE Centres of Innovation scheme (see Chapter 2, page 17) has provided capital funding for alterations to most of the EC buildings in the project to provide a space for parents to talk to staff and for staff to work together to on their planning. Provision of such spaces is an important resource for all EC centres, especially if they want to be responsive to family needs and build family resilience.

The other issue which was a barrier to centres supporting families was their access to resources and funding. Several families and EC staff commented that having to fundraise continuously was an issue for some parents who had enough pressure and stress without having to spend more time raising money for their EC centre. Some parents expressed concern at being “hit up twice” for fundraisers. This often meant donating the prizes as well as buying the tickets themselves. One mother thought that the fact that her kindergarten was under-funded and had to rely on constant fundraising was a burden for staff, parents, and the community and suggested that this did nothing to enhance the atmosphere of the EC centre supporting families.

A stressful situation that may place a family at risk of experiencing negative outcomes may involve lack of supportive relationships, negative societal attitudes blaming families for the situation and lack of access to support. Families need supportive relationships, not to be judged by their support networks and need to be able to access resources. Responsive and reciprocal relationships between families and EC centres are more likely to be supported when these factors are available. High staff turnovers and high family mobility limit the development of ongoing relationships with families. Lack of resources for EC centres and agencies also limit their ability to respond to family needs.

Table 16: Barriers created by structures and processes

Lack of parent income
<p>Like that child is getting an environment where they know teachers, they know the children and get friends and next thing they're upheaved to another centre and have to start all over again. (Teacher #5) [Note – families have to move because of low income.]</p> <p>I don't get any subsidy at all. It just infuriates me ... Well, we pay four weeks in advance and pay \$320 every four weeks which is a huge chunk of my part time administrative income..... I find it extremely frustrating because the government's threshold is really, really low and basically any family where both a husband and wife are working.... Couldn't qualify for a childcare subsidy even if they were on just the minimum wage. (Parent #8)</p>
Inflexible policies and systems
<p>They were telling us that we had to charge them fees and in the thing it says "a contribution". And our community said "We can interpret it and it says "contribution" We had a Māori woman in our committee who said, "Excuse me, but I know what a koha is, and it's not an invoice and you're saying invoice. That is not a contribution" ... So we just manipulate it from our end. We don't invoice people because we know what the constitution says. And we ask people for a koha contribution and they can give it in other ways. It doesn't have to be money it can be time and other things they could do for us. (Teacher #10)</p> <p>One of our mothers walked three blocks to go to the dental clinic, with her child in a push chair on a really wet freezing day who had a... really bad toothache and was told that she had to make an appointment and come back later. Now she walked three blocks, English – second language, had the guts to do it and then they told her to come back. (Teacher #10)</p>
Low priority for parent education
<p>Families – they're often overloaded. Like they are stressed out and like sometimes talking about early childhood, then how they should encourage their children to do this and mis, to them is not important. They are actually worried about the food on the table and how they are going to pay their rent and things like that. Really there is lots of things that we can offer but you've got to remember the load on families. (Support Provider #4)</p> <p>A lot of people are at work and if they're on two low incomes, there's two jobs in the family or part time jobs, their main interest is to find out [pause] is to get the money to pay for tile food. They're not interested in any of these other things. (Support Provider #6)</p>
Space restrictions
<p>Well I think that it's hard for mothers or families to come at opening time because there's lots of other children around and parents around ... I think perhaps that the locality of the [centre] and the layout isn't perhaps conducive to having a quiet room where you could take a parent to talk to because they're working here in conditions that are really abysmal. (Support Provider #9)</p>

EC centre funding

You know, so obviously they've got to keep just churning on whatever funding opportunities come their way ... But also I feel it's detrimental in terms of you get this feeling that the [centre] is always scraping by – I mean you know fair enough people have got to pay their fees and I think that's perfectly reasonable, it's very cheap at the price, but I think it takes up huge amounts of the teachers' time for example... Given that everybody involved in this scenario already actually seems quite stretched. And that's just more on top. (Parent #14)

I think that's a big part of our job is working to find money from places and worry about paying the bills. And our parents are responsible for paying the bills in that committee and they are expected to be accountants aren't they? And managers of people, cleaners. They are employees as well and we've got to, like sole charge principal's nightmare stuff, manage the committee and make sure there is a new committee every year and that they get the same information and that they become the same accountants and you know. (Teacher #10)

Discussion

EC centres and staff supported family resilience by:

- helping families to help themselves – EC centres help families to reduce the impact of risk on their own lives
- providing a protective environment within the centre – one that differs from that at home, or in the community and is a neutral and valued place
- providing families with access to information, social resources/social capital, support personnel, and encouragement that allows them to build their own protective environment at home.

The relationships and attitudes of the families/whānau, the EC staff, and the staff of the support agencies were key factors in providing support for family resiliency. They also provided the vehicle by which EC staff could provide information, advice, encouragement and feedback that contributed to parents/caregivers' abilities to manage their lives, cope, develop a protective environment and achieve positive outcomes.

All of the participants were able to identify the factors that supported their relationships and empowered them to ask for and accept support for themselves and their families/whānau. The fact that the EC centre was in the community and provided a central focus and a warm welcoming place, cannot be underestimated for its importance to both family/whānau and community life. The importance of highly trained, skilled, sensitive and stable staff in both the EC centres and other agencies has also been demonstrated.

All of the participants talked about the importance of trusting, caring, and stable relationships between EC staff and families. These relationships were often centred in the first instance with the EC staff and the child. Building a relationship with the child also meant developing a relationship with the carers and the significant people in the life of that child. Actively promoting the family as part of the centre community was an important philosophical goal of the three centres included in this study. Once these relationships were established the staff then often found themselves as the "trusted advisor", supporting parenting and encouraging involvement of parents in

their children's lives. Likewise, introducing families to other members of the EC community had become an important role – both in terms of supporting friendships and links between parents, and introducing referral agencies and support personnel from outside the immediate EC community.

While the three centres had approaches and environments that uniquely reflected their families' and communities' needs, there were some common factors and conditions that were identified as being very important in their approaches to supporting families and family resilience as follows:

- most families felt comfortable approaching the EC centre and staff
- offering support in informal ways, rather than in planned, structured evenings or programmes worked best
- the EC centres were able to reach out to families in an accessible, non-stigmatised settings (unlike some agencies or other settings that may focus on family deficits)
- the EC support was universal and not targeted at a risk group – it was offered to all families, so those who needed it most could avoid feeling stigmatised
- EC support goals were about supporting children and supporting families from a strengths-based model rather than from a deficit or abuse prevention model
- the EC staff were cautious about referring families to agencies and support groups when it could jeopardise the trusting and reciprocal relationships they had formed with families – this may have protected families and prevented them from being reluctant to access help from the appropriate agencies
- the support offered by EC centres and staff also focused on helping families meet their day-to-day goals that were often not problem-focused – much of this support was on building networks, family links and micro-communities.

The EC staff within the three centres took on a number of roles in assisting families in the above ways. These roles included the following:

- A supportive mediator – within the context of concerned, caring communicative bonds already established between the staff and the family, the EC staff were able to provide honest, accurate and situation-specific information. The staff needed to be able to read, accept and empathise with the feelings and experiences of families and sensitively pace the provision of information to assist them in understanding and formulating their responses.
- An information-provider – the EC staff were able to provide appropriate, individualised support, explanations and prescriptions for families to choose from within the context of a trusting and reciprocal relationship. Rather than telling families what to do, they provided information and a range of options that would suit the family's needs.
- EC centres and staff act as buffers – the EC centres and the staff offered a buffer for the stresses of families, providing them a safe place to rest, regain energy, work towards recognising and understanding their situation and how best to meet their needs. EC centres and staff may also act as filters working to keep other factors from upsetting family members, preventing them from feeling overwhelmed and enabling them to develop and implement adaptive coping strategies.
- A provider of coping strategies – the EC staff were able to provide families with a sketch or ground-map of alternative actions, which could be discussed and evaluated within the safety of a caring relationship, before the family decided on action. Staff also introduced families to others in the community, who might be able to provide them with additional strategies and ideas. By doing this they may help parents/caregivers to identify their possible support systems available to them when at home, in the neighbourhood and in other parts of the community.

- EC centres as a referral source and facilitator – the EC staff realised that there would be times when families needed to gain access to formal and professional support from other agencies or institutions. In such cases the EC centre functioned as a referral source and facilitator. EC staff also provided ongoing support and work with community advisory support and social agencies, explaining processes and facilitating meetings between families and other professionals working in the community and larger institutions.
- EC staff as role models of empowered citizens – the EC staff were able to offer appropriate support because they had experienced similar situations to families and/or because they had relevant skills and knowledge in particular areas. In providing a safe, stable and nurturing environment in their centre the staff were also modelling appropriate behaviours, attitudes and strategies that parents/caregivers could replicate at home which may benefit the whole family. Furthermore, by providing a safe and nurturing environment EC staff and centres demonstrated that despite their current situations and circumstances there was always the potential for families and children to become more empowered, to learn and grow.

The relationships that quality EC centres develop with children is one of the primary support relationships for the families who use their services. Not only is there benefit to children from quality EC experience (Smith et al 2000; Wylie 2001) but it can reassure families about the safety, health and development of their children, supporting them in their parenting roles. While families/whānau tended to see the principle role of EC centres and staff as providing support for their children, there is ample evidence in this study that demonstrated that EC centres and staff also provide effective and valuable support to family/whānau members in other areas.

The EC centres in this study provided a service for both families and the community by being a vehicle whereby links, relationships and opportunities for networking could develop – both on a micro, personal level (between centres, staff and families and between families) and on a community level (between agencies, organisations, families and the EC centre staff). The EC centres fostered and nurtured social capital, strengthened social relationships, enhanced civil society and the resilience of communities. There was very little disagreement between family, EC staff and support agency staff participants on these issues.

All three EC centres in this study provided high standards of EC education and care. They demonstrated a strong commitment to providing quality education to children, families/whānau and that they care for the families/whānau and children they work with. Our study identified that high quality EC centres can provide support to families and whānau. They are places where parents feel safe, have established trusted relationships, and where there is a stable base of families and children who attend on a regular basis. While support agencies often find it difficult to access families, these families are voluntarily regularly attending their local EC centre.

Another key to the support offered by EC centres is their position in the suburbs, or as part of local communities. This support is two-fold: geographically the three EC centres in this study had become the heart of their communities, where once other services in the suburbs played that role (eg Plunket rooms, Post Offices); and they develop micro-community links between families and agencies that were locally based.

Eldridge (1994) argues that both the location and the contextual relevance of locally based support and networking is crucial for families, and the three EC centres provided both of these functions – location and a shared context. The EC centres in this study, all to some degree, engaged in “micro community building” (Scott 2000)

and developed natural social support networks for families. They also brought people from the community together in order to work with families in building their social capital. They also built bridges between families and community advisory and social support agencies.

The work of supporting families demands highly trained, skilled, culturally appropriate and empathetic practitioners – both in the EC centre and in the agencies. The study emphasised the need for supporting adults (and children) to build social and other forms of capital, rather than building a dependency on a particular individual or a particular service. This position is echoed by Milstein and Henry (2000) who advocate empowering families and communities. They recommend that families be assisted to spread their abilities to be resilient across different settings and time, and that this can be done by teaching life skills and building multiple supportive relationships between families and other social networks. The provision of support to families and the building of social capital in families were assisted by the expertise and experience of EC staff, who offered both formal and informal support, and matched appropriate levels and types of support with the needs of families.

EC staff demonstrated expertise in adopting a variety of roles, as educators and teachers, as advisors and supporters of families and as networkers and referral agencies linking families with advisory support and social agencies. They also acted as advocates and mediators and liaised with other providers of support, protecting families from agencies and services with family-unfriendly approaches. EC staff also provided families with resources and information and helped them prepare for visits to agencies and institutions. They worked alongside other advisory support and social agencies ensuring that the needs of children and families were met. Without positive relationships and attitudes plus access to adequate resources it would be difficult for EC centres and staff to continue to support families and provide them with access to resources, and opportunities to build upon their social capital. The continued expansion of the EC staff job roles as a result of cut-backs in other services have left EC teachers meeting more of the families needs than they often have the skills or resources to do (Duncan 2001).

Despite the geographical differences and the different influences of the centres, the similarities between them have enabled this report to refer to the EC centres collectively. The main differences between the EC centres in their abilities to foster family resiliency was in their structural arrangements. For example, the childcare centre was able to offer longer hours, meals and better adult–child ratios, which were all, identified as supportive structures. The kindergartens, on the other hand, did have limited staff release time which enabled them to undertake more contact with parents and the hours of operation meant that parents were arriving and departing at the same time which supported building of friendships with other parents, in a way not experienced at the childcare centre.

All the staff in the three centres had high levels of commitment, passion and energy in supporting families and used similar strategies to involve parents and support families. The one main difference was in the management aspect of kindergartens; where parents are expected to participate within the centre. Parents are not required to participate within the childcare centre. However, the kindergarten parents were reluctant committee joiners and it was a minority of parents who identified that being on the committee had helped them to build links with other families.

While we have been able to show that EC centres have great potential to build family resilience, there are a number of factors (outside of their control) which militate against them being able to do so. It was not always easy to develop positive

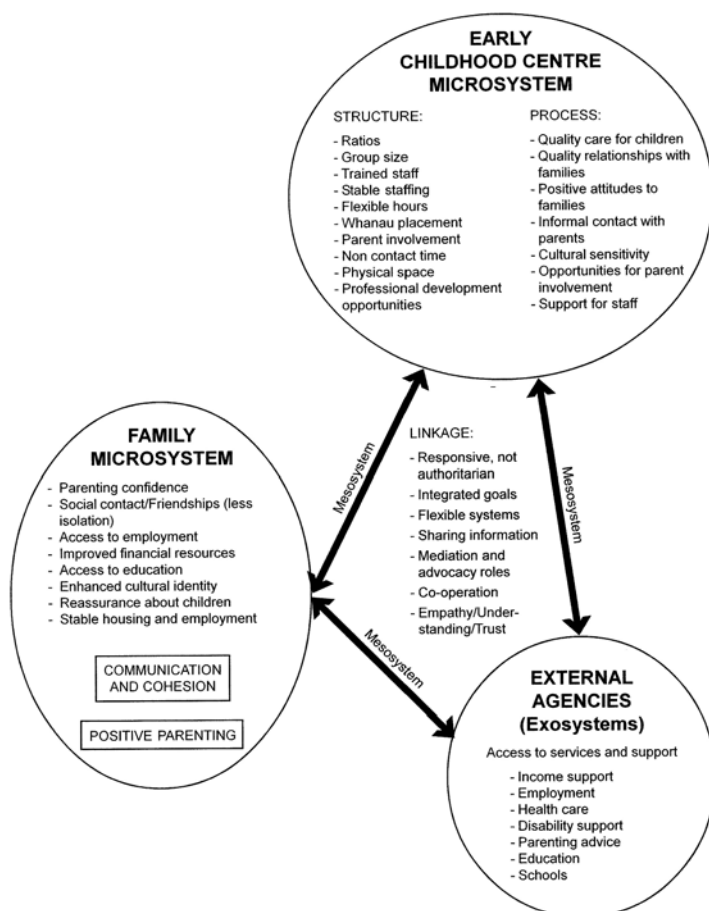
relationships with families, when staff had numerous demands on their time and energy, when they were attempting to bridge a cultural gap with families and when children from the families most needing help did not attend. Sometimes it was difficult for EC centres to work with other agencies that were distrusted or bewildering to parents. There were also a number of structural problems like inflexible policies at a higher level, lack of physical space and minimal resources and funding.

A family's enduring ability to assess situations, make sense of challenges, match or achieve a functional fit between their challenges and resources, organise solutions and mobilise collective efforts, have all been identified as important factors in contributing to how a family copes effectively and emerges hardier from crises and persistent stresses (whether from within or from outside the family). The availability of community resources and a family's ability to use them have also been identified as essential to family resilience because they can provide financial security, practical assistance, social support and a basic sense of connectedness through networks and affiliations (Walsh 1996).

Research studies of families have also suggested that the effects of severe risk conditions can be mediated in part by the care children receive from either their parents or alternative caregivers (Egeland, Carlson and Sroufe 1993). However, the quality of the environment is crucial. The debate surrounding the impact of EC education on positive outcomes for children, has demonstrated that not just any environment will do to achieve good outcomes for children (Smith et al 2000). The current research suggests that providing quality relationships, interactions and support for families may have a lasting effect on family resilience.

Figure 6 portrays the structures and processes within the EC centre microsystem which helped strengthen family resilience, according to the perspectives of the participants in this study.

Figure 6: How EC centres support families and mediate links to other agencies



The Early Childhood microsystem was able to be supportive to families if they had appropriate structures, such as trained staff, good ratios of adults to children and quality processes within the EC centre – particularly warm, responsive and reciprocal relationships between staff and children, and between staff and parents. Opportunities for informal contact between parents and staff was one way which parents perceived to be valuable for getting to know the staff. Such structures and processes within the EC microsystem enabled families to build their resilience through strengthening their social capital, building relationships and friendships, increasing their confidence, reassuring them about their parenting and generally supporting positive family dynamics. The EC microsystem also provided parents with opportunities to increase their economic and human capital by giving them opportunities to engage in employment or education.

Finally the EC microsystem built mesosystem linkages with exosystems and helped parents gain access to services such as health care, disability support, parent support, income support and employment opportunities. The centre of Figure 6 shows the important features of the mesosystem which should be characterised by empathy, flexibility, shared information and integrated goals. Lack of such factors is an important source of barriers to supporting family resiliency.

The final iteration of the ecological model emerging from the literature and from the data in this study, the macrosystem, is included in the conclusion. It concerns policies, structures and attitudes at a societal and governmental level which affect the wellbeing and resilience of families.

6 Conclusion

We began this study by framing it within an ecological perspective which was alluded to in Chapter 1, explained in more detail in Chapter 2 and elaborated on as we incorporated the findings of the study in Chapters 4 and 5. Figure 7 is the final iteration of the ecological model we proposed in Chapter 2, which integrates ecological theory, the experience of the participants in our study.

According to Silverman (2000:85–86), theory only becomes useful when it is used to explain something, and theory without data is “like a tractor without a field”. The qualitative approach enabled us to study the environment of EC centres and family life while looking at the meaning that families, EC staff and other external agency support staff, brought to their encounters with each other.

Rosenthal (1999) has written critically about our reliance on research from a small number of Western countries, particularly the United States for findings about the effects of child care. These studies provide a limited basis for generalisation to other cultures and are likely to reflect the assumptions, values and motivation of those particular cultures. Rosenthal argues that it is important to recognise how culturally embedded research can be – she is talking about research on child care but we believe that this point is equally applicable to research on family resilience.

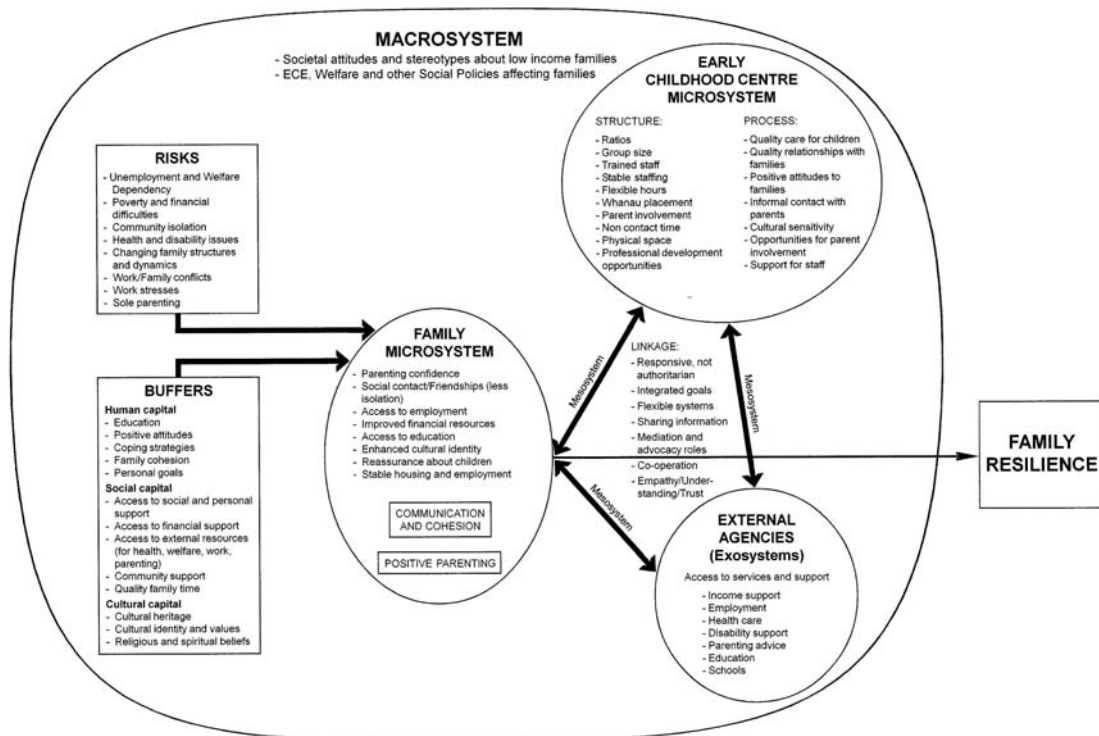
Our study has taken a contextualised approach by looking at three centres in different areas of New Zealand and their relationships with families and local communities. The study aimed to examine the policies and practices used in the three EC centres to support low-income families and how these policies and practices were perceived by the main participants (families, EC centre staff and external support agency staff).

We hope that the findings of the study will serve to inform larger more quantitative projects, which examine the relationships between these variables on a larger scale with more representative samples. While we recognise the limitations inherent in studying the issues in depth in a small number of families and centres which are not necessarily representative of populations, we see this approach as also having strengths and providing a useful basis for further investigation.

What has emerged from the study is that each aspect of the ecological system plays an important role. The family microsystem is subjected to risks from internal and external factors. Its internal characteristics and transactions with the wider environment are likely to largely determine family resilience. The internal risk factors include low levels of income and education, lack of parenting skills and conflict and lack of cohesion within the family.

The external risk factors are portrayed in the top left hand box of the model, and include the well known factors of isolation, poverty, unemployment and changes in family structures. Many of these risk factors were experienced by the families in our study, but the major risk shared by almost all was limited financial resources. There were also internal and external buffers which supported families’ resilience or capacity to resist the challenge of adversity and stress. These have been summarised in the lower left hand box of the ecological diagram. Talking to the participants in the study enabled us to see how human, cultural and social capital may be built up by factors such as community support, spirituality, family cohesion and cultural identity.

Figure 7: An ecological model of influences on family resilience (version 2)



The study has focused in detail on the influence of another microsystem, the EC centre, and how it was perceived to impact on family resilience. This study therefore makes a contribution to the relatively sparse literature on how EC services make a difference to families. In contrast there is copious literature on how EC centres make a difference to children (Barnett 1998a; Smith, et al 2000).

Structural and process variables within the EC microsystem had an important influence on the linkages and relationships that centres could make with families. For example, staff had difficulty in developing relationships with families if ratios or group size were unfavourable and they were too busy working with large numbers of children, to communicate with families. The structural influence of factors like length and flexibility of hours, physical space for private communication with families, age mixing of children and stability of staffing could also limit or promote the opportunities for staff to promote family resiliency.

The most important supportive factors for families within the EC microsystem, however, came from process variables which involved the relationships and interactions between EC staff and family members (including children). Parents/whānau could gain relief and reassurance from informal, warm and responsive contacts with staff, and from knowing that their children were experiencing quality child care. The professionalism and training of EC staff was absolutely crucial. Professionalism here is interpreted as having a non judgemental view of families and recognising and supporting family strengths rather than providing a top-down expert approach, or telling families what to do. Provided that families were able to trust and relate positively to the staff and their cultural background was respected and responded to, informal talk could provide families with relief from isolation, more confidence in their parenting and enhanced social capital.

The provision of quality care and education for children while their parents worked provided parents with opportunities to benefit financially from employment and build up economic and human capital. Previous research also indicates that EC care and education has an important effect on maternal employment (Gornick, Meyers & Ross 1998). All of these factors are related to family resilience.

Bronfenbrenner (1979) talks about the importance of N + 2 systems. N + 2 systems refer to the presence and influence of third parties on the relationships and interactions between the developing child and parents/whānau. Bronfenbrenner used the metaphor of the three-legged stool to suggest that the presence of third parties could upset the system if one leg of the stool was broken or shorter than the others. Relationships between microsystems, are called mesosystem linkages, and these are characterised by varying degrees of reciprocity, balance of power and affective relations.

The study reinforced the importance of partnership, warmth and a non-authoritarian approach in linkages with families, and supports Bronfenbrenner's description of supportive connections. The family microsystem has mesosystem linkages with their EC centre, but also with other external support agencies. Families avoided agencies which they perceived to be inflexible and unsympathetic to families and which lacked in reciprocity and warmth, but were attracted by those which had more welcoming and responsive approaches.

Sometimes EC centre staff could act as mediators to strengthen the mesosystem linkages of families to external agencies. Bronfenbrenner (1979) refers to the influence of third parties serving as intermediaries between individuals who interact with other settings. The EC centres were able to scaffold and support the parents' interactions with external agencies by providing knowledge, information and encouragement for parents when they approached other agencies, and by sharing information between parties and helping to build trust.

Finally it is important to highlight the influence of the macrosystem on the nature of the support offered by EC centres for family resilience. Bronfenbrenner (1979:258) refers to the macrosystem as "the consistency observed within a given culture or subculture in the form and content of its constituent micro-, meso- and exosystems, as well as any belief systems or ideology underlying such consistencies". Such belief systems or ideologies are important frameworks for public attitudes and social policy.

Parents can feel stigmatised and blamed when EC staff or agencies treat them in a stereotypical way, through defining people on benefits such as the Domestic Purpose Benefit as "bludgers", for example. Such attitudes can be reflected in the interactions of social agencies with families, and can be seen to undermine rather than support family resilience. The subtle effect of well meaning but misjudged attempts to promote Māori culture was described by one Māori mother, suggesting how the dominant culture can make Māori people feel 'exotic' in an uncomfortable way. Such lack of cultural congruence is another example of how macrosystem values frame the microsystem of the EC centre.

On the social policy level, there are a number of important factors which appear to have a high potential impact on family resilience. As this report is being completed (May 2004), a new budget is about to be released and pre-budget announcements have suggested that the budget will include significant changes and improvements to the provision of the child care subsidy for middle to low-income families. The difficulties which families in our study experienced with thresholds for accessing the subsidy indicate that such changes will be very welcome.

Social policy and appropriate funding to support the Early Childhood Strategic Plan's (MoE 2002) goals for improving EC quality, increasing participation in quality EC education and of the development of collaboration, are also strongly supported by the findings of the study. It is clear that quality structures and quality processes within EC centres, are likely to enhance family resilience, whereas poor quality may well heighten risk for families already facing challenge.

An insight gained from this study, is that perhaps more emphasis in defining quality should be placed on interactions and relationships between EC centres and parents/whānau, as well as their relationships and interactions with children. Provision of increased funding for EC centres should have a significant impact on improving the structural conditions for quality – such as ratios, group size, and staffing stability (and staff salaries which are highly related to stability). Our study has shown that it is likely that all of these factors will impact on EC centres capacity to support families.

This study fits in with what Gilligan (2001) refers to as an emerging school of thinking about 'helping' services and the promotion of resilience. We have to substitute the word family system for the word person in this quotation, but it seems to sum up the main conclusion of this report well. Gilligan's description of support for individuals, is the way we would like to see EC centres and other agencies supporting families.

(Helping is a) partnership between people in need, people in their social networks and professional systems. In this approach, helping seeks to identify and build on the existing strengths and capacities within the person and their social context. The emphasis on what the person can do, what the person is good at, what support lies waiting to be tapped, what is possible. Problems and vulnerabilities are not ignored or discounted, but they are not allowed to dominate. 'One size fits all' solutions are generally to be avoided, since each person is unique and needs his or her own specific package of help. (Gilligan 2001:64)

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