

PERCEPTIONS OF SERVICE PROVIDERS AND PARENTS REGARDING
IMPROVING OUTCOMES OF YOUNG CHILDREN LIVING IN
CIRCUMSTANCES OF DISADVANTAGE

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By

Marie Dietrich Leurer

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ABSTRACT

Many children live in circumstances which make it difficult for them to develop the capacities needed to succeed later in life. Previous research has focused on determining the risk factors for impaired outcomes and on evaluating the impact of specific programs. There has been a lack of research exploring the wisdom of people at the grassroots level and across programs. This research asked service providers and parents to describe the challenges that are faced by families with young children living in circumstances of disadvantage, the barriers preventing participation in programs, and the strategies that would address these challenges and barriers.

Three research approaches were incorporated into the design of this project; qualitative policy research, community-based participatory research, and knowledge transfer methodology. These approaches were applied in order to encourage the participation of community organizations, to produce information that would provide guidance to policy-makers, and to promote implementation of the strategies recommended by research participants.

In Phase One, 28 service providers from 24 Regina programs were interviewed. In Phase Two, the results from the service provider interviews were presented to focus groups of target parents to obtain their feedback. This process served to acknowledge the expertise of the parents as those with firsthand experience of their own reality.

The categories of challenges, barriers and strategies that were identified by participants were psychosocial (related to personal connections and mental well-being) and/or structural (concrete and tangible issues). Four themes emerged from these

findings. First, interrelatedness and synergistic interaction among the social conditions faced by these families was evident. Second, instability was present at both familial and program delivery levels. Third, target families faced power imbalances from multiple sources. Finally, a lack of belonging or connectedness was experienced by families as a result of their circumstances of social exclusion.

The results point to the need for policies to address the following areas: adequate household income, childcare, funding of non-government organizations, housing, and mental health and addictions. By presenting the views of people at the grassroots level, it is hoped that these research results will provide direction to policy-makers.

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DEDICATION

This dissertation is dedicated to my family for their unfailing love and encouragement. I want to recognize the sacrifices you all made, without a word of complaint, so that I could achieve this goal. So, to my husband Bob, and our daughters Rebecca, Christina, Catherine and Ellen, thank you. You are the best!

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CHAPTER ONE

INTRODUCTION

1.1 Overview

We know a great deal about the conditions in which children thrive and, conversely, those that get in the way of optimal development. The children who are most likely to experience behavioural, cognitive, and health problems in childhood and in later life are not randomly distributed across society—they are disproportionately found among those growing up in poverty and in families with high stress levels, those whose mothers are young, single, with poor mental health, and limited understanding of child development. Our concern for the well-being of children, and that of the adults they will become, prompts us to search for ways to help all children, especially those in such circumstances of disadvantage, develop to their fullest potential.

Many programs and policies have been developed and implemented with the aim of enhancing childhood development, from federal and provincial efforts to reduce child poverty and increase access to childcare and preschool, to community-based programs designed to support and educate parents. Evaluations of many such interventions have shown that it is indeed possible to have a positive impact on children's futures. Yet our understanding of how to accomplish this is far from complete, and we could do much more to apply the understanding we do have. The current study was designed to address four deficits in this area.

First, as valuable as program and policy evaluations are, they are only one source of information on effective strategies, and they are limited to existing interventions. Those who are involved in providing services and programs to parents in circumstances of disadvantage are another important source, as are the parents themselves. As well as offering their perceptions of the utility of current approaches, both these groups may have insights into what more could be done to support children's development. Second, while many interventions focus on helping parents and children cope better within their environment—for example, by learning how to cook on a limited budget—childhood

development is determined by a multifaceted, interconnected web of conditions and factors that is itself embedded in historical, cultural, political and economical complexities. How much impact can be expected from small-scale community programs aimed at personal skill development, if we do not also address the ‘upstream’ factors that shape the context in which parenting occurs? Third, even the most effective programs will be unsuccessful if the families who could benefit from them fail to take advantage of them. What gets in the way of families participating consistently in community-based programs, and what can be done about this? And fourth, while it is generally agreed that the most effective interventions are based on good research, relevant study findings are often hard for policy-makers and program planners to access and apply. Thus, in this study I sought the views of individuals who provide a wide array of programs to families in circumstances of disadvantage, and of some parents, on how to best support childhood development, the barriers that impede parents’ participation in programs, and ways of overcoming those barriers, using a research approach intended to facilitate the utilization of the study findings.

1.2 Purpose

The purpose of this research was to explore the insights and recommendations of service providers who deliver programs to families with young children living in disadvantaged circumstances and of parents who are living this reality. Using qualitative methods, this research project elicited the views of the participants regarding the challenges faced by these families, the barriers that impede their participation in programs and the types of strategies they recommend to improve childhood outcomes. A knowledge transfer process was incorporated into the project through the participation of local organizations which deliver supports to the target families in Regina. The intent of involving these organizations was to increase the likelihood that the research findings will be used to guide program planning and delivery.

1.3 Research Questions

The central research objective was to discover what service providers and parents

believed would most effectively facilitate the development of children living in circumstances of disadvantage. The perspectives of the two groups were compared in order to develop a deeper understanding of the commonalities and divergence of their respective viewpoints and the program planning and policy implications of any differences. A number of sub-questions were explored in this research, including the following:

- What challenges do families living in circumstances of disadvantage face in providing an environment that facilitates early childhood development?
- What barriers impede participation in programs intended to support these families?
- What strategies most effectively improve childhood outcomes in families living in circumstances of disadvantage?

1.4 Definition of Terms

The *Oxford Dictionary* defines a program as “a planned series of events; a set of related measures or activities with a long-term aim (1). Since the focus of this research was to improve early childhood development, any programs designed to mitigate the circumstances of disadvantage that make some children vulnerable to impaired outcomes fit the criteria for this project. Using this deliberately broad definition, service providers from a range of financial, educational and social programs were invited to participate in this research.

Participants were parents of “preschool children,” defined as children under five years of age and service providers delivering programs aimed at assisting families with at least one preschool child. “Service provider” was defined as any staff member or volunteer working for organizations, either governmental or non-profit, that deliver programming to this population. “Parents” included either mothers or fathers who have at least one preschool child living in their home. “Circumstances of disadvantage” included those risk factors that negatively impact early childhood development as identified in the literature. These include lower socioeconomic status, younger maternal age, maternal

mental illness, single parent family structure, lack of maternal knowledge of child development, and elevated parental stress.

1.5 Significance

As explained earlier, previous research on this topic has largely centered around determining risk factors for impaired childhood outcomes, and on evaluating the effectiveness of specific programs in ameliorating the impacts of these risk factors. Most such programs, and the resultant research, focus on parental and child skill development. Little consideration has been given to external influences, despite evidence that economic hardship and material disadvantage have a direct effect on parenting behaviour (2). Taylor, Spencer and Baldwin write that the “consequence of this approach is that socioeconomic status is inadequately accounted for in many studies that focus on the individual characteristics of parents and their effects on child health outcomes” (2). The present study sought to gain an understanding of the situational context of parenting in an environment of disadvantage from the perspective of service providers and parents. In reality, those living in circumstances of disadvantage frequently must deal with a combination of risk factors and the interaction of such factors serves to make life even more difficult. The design of programs that aim to assist these families often fails to consider the interplay of factors that families must address in order to enhance the outcomes for their children. The use of qualitative methods allowed for a non-directive avenue of inquiry in order to explore more holistically, and from a grassroots point of view, the issues which must be considered when developing and implementing programs aimed at improving childhood outcomes.

In addition to shedding light on the contextual challenges inherent in parenting in circumstances of disadvantage, this study also explored the barriers which prevent target families from participating in capacity enhancing programs. Despite ample evidence demonstrating beneficial outcomes for program participants, little research has examined the situational and personal barriers which may impede participation in early childhood intervention programs aimed at families living in circumstances of disadvantage (3). Unger, Jones, Park, and Tressell have argued that a deeper understanding of the

impediments to participation encountered by families is needed (4). They highlighted the importance of considering the “larger family and programmatic context in which efforts are made to reach out to low-income caregivers as part of early intervention services” and contended that the complexity of the lives of these families combined with the barriers and constraints faced by staff and programs must be addressed in order to effectively improve childhood developmental outcomes (5). Daro and Harding’s evaluation of the Healthy Families America program concluded further research was required to understand which families are less likely to engage in programming, and the relationship between dropout rates and program variables (6).

Research highlighting the perspective of service providers and primary caregivers of young children living in circumstances of disadvantage could facilitate a broader understanding of the challenges which must be attended to in developing relevant, accessible, and effective programs. Luster, et al. suggested that staff and volunteers in support programs are a valuable and frequently overlooked source of qualitative data and that by “drawing upon their extended contacts with families, they can offer insights into family processes that may not be revealed by quantitative analyses” (7). This research has provided a more expansive exploration of the strategies needed to improve childhood outcomes by considering the larger context of the challenges and barriers that arise from lives lived in circumstances of disadvantage. As Daro and Harding, evaluators of the Healthy Families American home visiting program, concluded:

No system of universal support for new parents, regardless of scope or quality, will solve all of society’s ills...In that sense, the more that is learned about planning and implementing prevention services, the more it becomes clear how little is known about the appropriate scope of these efforts and their ultimate impacts. (6)

Finally, the knowledge transfer approach taken in this study is an integral contributor to its significance. The explicit aim of the research is not just to provide answers to the research questions, but also to facilitate the application of the knowledge produced. In order to accomplish this, the local nature of the study is central.

1.6 Researcher's Perspective

I have brought to this research project my own personal views and perspectives from my years of experience as a public health nurse, a research assistant and a parent. As a public health nurse in rural Saskatchewan I worked with a diverse range of community members, including many families living in circumstances of disadvantage. The primary programs that I delivered in my public health nurse role included individual and group parent education, home visitation, and facilitation of the Nobody's Perfect parenting program (which has the same target population as this research project). The second perspective I have brought to this project is derived from my employment for two years as a research assistant on a qualitative project exploring food security issues among low socioeconomic families with young children.

Through my interactions with families living in circumstances of disadvantage as a result of these two roles, I have slowly come to appreciate the complexity of the issues they face. Because I have not had to address many of the risk factors which impair childhood development within my own life experience, throughout much of my professional practice I did not fully grasp the difficulties many families encounter and did not always adjust how I offered health services with these challenges in mind. For example, as a public health nurse I would teach parents the importance of following Canada's Food Guide while failing to consider how such contextual factors as a lack of transportation and lack of financial resources made it much more difficult for some parents to offer their children a nutritious diet. Although I cared about the welfare of these families, I was ignorant of the contextual barriers they faced. As my understanding increased, it created within me a desire to embark on research that would enhance awareness among other professionals and policy-makers. This research provided an opportunity to document the contextual challenges and barriers, and to explore strategies to address these inequities, from the perspective of both service providers and parents. I hope that this will promote greater understanding among others like myself, who would like to help improve the lives of these children, but who do not have a comprehensive grasp of the intensity and complexity of the multiple risk factors they deal with on a daily basis.

Finally, I have also brought to this research the emotions, experiences and opinions I hold from my years as a mother. I am a married parent of four daughters who has had the luxury of parenting in circumstances of advantage rather than disadvantage. Thus it has been necessary for me to reflect on, and be sympathetic to, the differences between my own ability to make parenting choices and the constraints faced by some families who must parent in contextual circumstances different from my own. I feel society has an obligation to support families so that parents have the resources they need to help their children achieve their full potential. I believe society should attempt to ensure children do not suffer because of the circumstantial situation into which they are born.

Another value I hold which has influenced my views during this project is that I am a proponent of using a bottom-up approach to policy/program development. I believe in the importance of seeking to understand the commonalities and differences among the perspectives held by people impacted by policy at all levels, with particular attention paid to the views of those at the grassroots level, especially the people who actively implement programs and the population that is the target of the programs.

CHAPTER TWO

REVIEW OF THE LITERATURE

Considerable research had been conducted on the risk factors that adversely effect childhood outcomes, and on interventions' effectiveness in mitigating the effects of these factors. Much less has been done on the perceptions of service providers and parents regarding these topics, an important additional source of information that is the focus of this present study. In this chapter, I summarize the results of mostly quantitative research on (1) challenges which negatively impact childhood outcomes and (2) interventions shown to enhance specific childhood outcomes. In the third section, I present the findings of research examining the barriers to participation, some of which does reflect parents' perceptions. I conclude with a discussion of the ways in which the present study contributes to the literature.

2.1 Challenges That Negatively Impact Childhood Outcomes

Early childhood is a critical period in the developmental cycle with biological and environmental factors interacting in a dynamic progression to shape the cognitive, social and behavioural characteristics required for adult success, and impact health later in life (8-10). The Committee on Integrating the Science of Early Childhood Development (United States), following an extensive analysis of the literature, concluded that nature and nurture are inseparable and complementary components impacting development (10). According to Rintoul et al.'s model of child well-being, developmental characteristics and behaviours that contribute to positive or negative adult outcomes take root in early childhood, with such characteristics typically in evidence by 10 to 12 years of age:

The development of personal characteristics related to a successful life depends on the *integration* of earlier competencies into later modes of functioning. In this way, early adaptation tends to foster later adaptation and integration of mature social/emotional, intellectual, and behavioral competencies. In contrast, when development is impaired at an early age, there is a lack of integration of the various competencies that are required for adaptation at succeeding levels of development. Thus, disturbances in young children's social, emotional, behavioral, and cognitive functioning may cause more pervasive disturbances at older ages (9).

Extensive research has determined that the quality of the parent-child relationship plays a critical role in assisting children to develop the social, cognitive and behavioural characteristics required for adult success (9-11). Early studies of childrearing were focused on determining which parenting styles promoted positive behavioural outcomes (10). Warm and responsive parenting, and the resultant security of attachment, was found to be linked to improved language and cognitive development, school success and appropriate behavioural adjustment (9). Subsequent research has provided evidence that parenting style evolves over time and varies according to the child's characteristics (10). This has led to a decreased concentration solely on parental characteristics, (10) and a greater recognition that parenting is both complex and conditional (10,12) and that "parental influences on child development are neither as unambiguous as earlier researchers suggested nor as insubstantial as current critics claim" (13). One review of the literature concluded there is a complex interaction between risk and protective factors with "few examples of specific or linear links between risk conditions and outcomes during or beyond the first three years of life. Infant development is best appreciated within the context of caregiving relationships" which mediate these risk conditions (14). Thus, while the interrelatedness of multiple factors makes it difficult to determine the influence of each in isolation, it is clear that the negative effects of such structural factors can be lessened by the presence of a caring and nurturing psychosocial environment.

The ability of parents (or other primary caregivers) to create the high quality parent-child relationship necessary for successful parenting is impacted by numerous factors (9, 15, 16). Using data from the American National Longitudinal Survey of Youth (NLSY), Levine found that, even when controlling for background factors and maternal characteristics, younger maternal age at first birth was a risk factor for such childhood problem behaviours as fighting, truancy and early sexual activity (16). Mental health is another factor which has been found to affect the quality of the parent-child relationship. Maternal depression has been linked to insecure attachment, increased depression rates, language and cognitive delays, and social problems among offspring (14). Campbell, Cohn and Meyers found evidence that the severity and length of maternal depression was directly related to poorer infant outcomes (17).

Other factors impacting the quality of the parent-child relationship include stress, knowledge of child development and family structure. Maternal supportiveness, which has been found to have a direct influence on child cognitive development in low-income families, is affected by maternal knowledge of child development and maternal stress (15). Single parent family structure can also have an adverse influence on childhood outcomes (18, 19). Using data from the NLSY, Cooksey found that nonmarital childbearing by young mothers was associated with adverse academic outcomes during the early school years, although children from continuously married families did not always attain significantly better academic outcomes (18).

The most widely studied risk factor adversely affecting childhood outcomes is low-income. There is extensive evidence showing that children from low-income families are exposed to multiple risks which interact to result in an increased incidence of developmental delays and behavioural problems (2, 20-23) and higher morbidity and mortality rates (24-26). Data drawn from Canada's National Longitudinal Survey of Children and Youth showed that living in a low-income household was a significant predictor of poor developmental attainment among preschool children (27).

It may be helpful to differentiate between the terms 'low-income,' 'poverty' and 'socioeconomic status.' Although these terms are often used interchangeably, they have different meanings. Low-income generally refers to the level of household income in relation to the general population; since it focuses simply on income, it is the most straightforward of the three terms. Poverty is a more complex concept. There is no real consensus on a definition of poverty or how it should be measured. Absolute poverty refers to a household having less income than that required to meet the cost of basic needs. Relative poverty relates to having less income than the average standard for a society, while subjective poverty relates to an individual's feeling that they do not have adequate income to meet their needs (28). Socioeconomic status is a broader concept that considers factors beyond income. The term socioeconomic status "encompasses possession of material and social resources (such as income and education) and rank or status within a social hierarchy in relation to the access to and consumption of goods, services, and knowledge" (29).

The timing of poverty during childhood as well as the overall amount of time lived in poverty affects childhood outcomes. Using data from the 1958 Birth Cohort Study (Britain), McCulloch and Joshi found that the poorer average cognitive functioning among children from the lowest income families could be largely attributed to the longer-term material disadvantage they had experienced (21). Their evidence suggested that the degree of disadvantage which arises from low household income accumulates over time, such that sustained long-term deprivation is a better indicator of adverse cognitive outcomes than current income (21). Votruba-Drzal's examination of the data from the NLSY determined that income has an independent impact on parenting behaviors that is not explained by established parental characteristics and that the "home environments of children in low-income households are particularly sensitive to income changes over time" (23). Guo's analysis of the NLSY found that while long-term poverty influenced both achievement and ability, childhood poverty had a more adverse effect on cognitive ability than poverty during early adolescence (30).

The exact pathway through which poverty negatively impacts childhood outcomes is not clear. Rather, there appears to be a complex interaction of risk factors that act in combination. Research has consistently shown that children raised in lower-income households are generally exposed to more multiple physical stressors (such as substandard housing) and psychosocial stressors (such as family turmoil, community violence) than children raised in middle income households (31-33). Taylor, Spencer, and Baldwin suggested socioeconomic status is a confounder in the relationship between the quality of the parent-child relationship and childhood outcomes with poverty having a negative impact on several of the other personal factors which affect parenting behaviours (2). The authors suggested that families living in poverty "have experienced both acute and chronic material deprivation and it is reasonable to suppose that parenting styles have been directly affected by these factors" (2). They warned of the "danger of a focus on parenting becoming, as it has in the past, a further stick with which to beat the poor; such an outcome is inevitable when the social context of parenting is ignored or minimized" (2).

Evidence surrounding the individual risk factors for adverse childhood outcomes

has illustrated the difficulty of establishing causation for each of these above mentioned factors in isolation since in reality they often occur simultaneously. For example, while Cooksey found single parent family structure had a negative impact on children's math and reading scores, the difference was primarily attributed to the reduced human capital of the mothers, the lower household income and the less stimulating environment inherent in the circumstances of a single-parent household (18). There is also evidence of a relationship between mental illness and income, with low-income parents having a greater risk of mental illness (34). More recent research points to the interaction of both risk and protective factors. Zeanah's literature review of infant development and developmental risk concluded that "complex and evolving interrelationships among risk factors are beginning to be elucidated" (14). Huaqing and Kaiser's systematic review of the empirical literature from 1991 to 2002 concluded child problem behaviours are due to the interaction between child characteristics, parent characteristics and socio-demographic risk factors (20).

2.2 Strategies To Enhance Childhood Outcomes

2.2.1 Focused Approaches

While the negative consequences of being raised in circumstances of disadvantage can be significant, there is evidence that these impacts can be mitigated. Research has shown there are a variety of programs which can improve childhood outcomes. Many of these efforts are focused on single risk factors, with skill development (parental and/or child) being a common focus. McCulloch and Joshi, in their analysis of the second generation (1958 British birth cohort), concluded "material disadvantage can at least partly be overcome by positive parental behaviour" (21).

There is compelling evidence that home visiting programs targeted at families living in circumstances of disadvantage can positively impact parenting behaviours and childhood outcomes (6, 35-39). An evaluation of Hawaii's Healthy Start Program found that participating mothers had improved parenting efficacy and decreased parenting stress (35). A seven-year evaluation of the Early Head Start program found children in this

home and centre-based program had better cognitive skills and vocabularies and more positive attitudes than non-program children who had been eligible for the program but did not participate (35). These improvements were more marked among families with a greater number of risk factors than those with fewer (35). The positive effects of home visiting programs have been shown to extend into adolescence. One 15-year follow-up of a randomized controlled trial of a nurse home visitation program (prenatally and up to two years postnatally) targeting unmarried, low socioeconomic status mothers found intervention children had fewer serious antisocial behaviours and were less likely to abuse substances as adolescents (40). An evaluation of the Healthy Families America home visiting program found that the program improved parent-child interactions, health care status and utilization, and maternal life course outcomes, while decreasing child abuse and neglect (6).

Group parenting education is another intervention shown to improve parenting practices. A randomized experimental study by Forgatch and DeGarmo found an intervention group exhibited fewer coercive parenting practices than a control group (41). Barlow and Coren's systematic review found that parent-training programs can improve maternal psychosocial health (42), which has a positive impact on maternal parenting skills and knowledge (43). Rueter, Conger, and Ramisetty-Mikler found improved parenting resulted from a parenting skills training program, although the level of benefit varied according to the gender of the parents, their pre-program skills and their level of marital and financial stress (44). A community-based parenting program for low-income mothers with young children resulted in mothers exhibiting decreased verbal abuse, decreased corporal punishment and increased nurturing behaviours, and children exhibiting a lower occurrence of behaviour problems (36). Parenting education programs have also been found to increase utilization of preventive pediatric health care services among low socioeconomic minority mothers (45).

In addition to professional and paraprofessional home visiting programs and group parenting education programs, a variety of other interventions have also influenced parental behaviours and/or childhood outcomes. Educational videotape has effectively produced behaviour changes in adolescent mothers such as a delay in early

complementary feeding (46) and improved maternal-infant mealtime communication (47). A randomized evaluation of a parenting education television series resulted in significantly lower reported levels of disruptive child behaviour and increased perceived parenting competence (48). Mentoring programs which link experienced volunteer mothers with first-time parents have also produced long-term benefits on parenting skills, maternal self-esteem and childhood health outcomes (49). Preschool programs for three and four year-old children have been associated with improved utilization of preventative health care services (50) cognitive development, psychosocial well-being and parenting practices (51-53).

2.2.2 Broader Approaches

One broader approach, which aims to address the root cause of disadvantage, is income assistance for families with low incomes. Such support programs recognize poverty as an underlying factor which is associated with the other circumstances of disadvantage. While there is compelling evidence that various parent and child education and skill development programs improve childhood outcomes (35, 36, 38, 39), there is emerging evidence showing the impact of household income increases on childhood outcomes in the absence of other programs. A recent systematic review of randomized or quasi-randomized studies, which measured childhood outcomes resulting from the provision of additional financial assistance to low-income families, concluded there was no effect on child health and development (54). The authors cautioned, however, that most of the studies had very little impact on total household income, and that strict conditions accompanying the payments, such as working hours, may have increased family stress (54).

The above review is in contrast to other research that has shown increased family income from employment and earnings supplementation has a positive effect on childhood outcomes, while increased employment without a corresponding increase in income has few, if any, effects (55). A review of the evidence from studies of three welfare programs, which increased income through employment earnings and income supplement, showed positive childhood outcomes in school achievement across all three

programs. Effects on children's behaviour and health were not consistently positive across all three programs, although observed effects were either positive or neutral for these outcomes (55). Conversely, this same review found six welfare programs that increased employment without a corresponding increase in income showed few effects on children and any observed effects were not uniformly positive or negative across sites (55). Another synthesis of the evidence from seven studies, which assessed the effects of welfare reform on childhood outcomes (academic/cognitive; behavioural/emotional; health and safety), found favourable outcomes tended to occur when the program resulted in an improvement in family economic status. Unfavourable impacts on children tended to occur in programs where the family income remained stable or decreased as a result of the welfare-to-work program (56).

A random assignment evaluation of 900 children in a pilot welfare reform program in Minnesota examined the separate effects on children's development of increased income from the effects of increased employment. The study found that increased income alone appears to improve children's engagement in school and positive social behaviour and that income has a causal and reversible effect on the functioning of the children of long-term welfare recipients (22).

This is consistent with recent research that explored the impact of welfare reform in Alberta. The study used bivariate and multivariate analyses to assess the relationships between caregiver activity, household income source, and family characteristics (including income adequacy) on the cognitive development of 59 impoverished children less than three years of age. The researchers found "the cognitive development of young children is influenced as much by the actual amount of household income as by their parents' activity and source of income" and concluded that "until welfare-to-work initiatives, as well as other social and economic policies, significantly reduce the rate and depth of poverty, it is unlikely that the development of young Canadian children in poverty will improve" (57).

Data from the NLSY was used to study the influence of household income on cognitive stimulation for children aged 3-4 years and 7-8 years of age. The author found income has an independent and positive effect on the level of cognitive stimulation in

children's home environments across both age groups, with increased income being especially beneficial for the most disadvantaged families (23). She concluded "improvements or reductions in families' economic resources have significant implications on children's early learning experiences in their home environments" (23).

While research has highlighted the effectiveness of a variety of specific family support approaches in improving outcomes, there is a growing recognition that a multi-pronged approach may well provide the most impact. The Committee on Integrating the Science of Early Childhood Development recognized that "successful policies for children who live in adverse circumstances may have less to do with the impact of specific services and be more a matter of changing the larger environment in which the children are reared" (10). There is evidence to show that a coordinated effort to provide comprehensive support yields cost-effective results (58). A randomized study showed provider-initiated comprehensive interventions (health promotion, employment retraining, and recreation/childcare/skills development) to a sample of 88 sole-support parents receiving Social Assistance resulted in 15% more separations from Social Assistance as compared to a control group of 60 sole-support parents who received services on a self-directed basis only. The intervention group receiving multiple services also exhibited reductions in parent mood disorders and child behaviour disorders, and increases in parental social adjustment and child competence levels (58).

2.3 Barriers to Program Participation

The benefits of programs which aim to assist families with young children living in circumstances of disadvantage can only accrue to those who are able and willing to participate. Numerous research reports have found that programs offered to this target population often experience difficulties with recruitment and retention (6, 59-63). Heckman and Smith developed a framework for studying participation in social programs and proposed that there are four stages in the participation process: (a) eligibility; (b) program awareness; (c) application and acceptance into the program; and (d) formal enrolment in program (64). They concluded that an understanding of the process of participation in social programs is required in order to examine inequalities in

participation levels. Program providers need to be aware that there are different factors impacting participation at each stage in the process. For example, the decision of whether or not to apply is made by prospective participants and is based in part upon their perceptions of the expected benefits and opportunity costs. Acceptance into the program is often determined by bureaucratic preferences for applicants with certain characteristics (64).

Heinrichs et al. found that recruitment rates in prevention programs differed according to the type of intervention (universal, selective, indicated) and the target population (child, parent, teacher) (62). They found recruitment rates of 66% to 97% for universal preventive programs focusing solely on the child, and rates of 38% for a universal parent training program. Families of lower socioeconomic status had even lower recruitment rates (62). Selective programs focusing on parents had recruitment rates between 40% and 70% (62).

Why do many parents living in circumstances of disadvantage fail to fully utilize programs designed to assist them in spite of research showing they have a desire to have “more value placed on parenting” and “better education and support” (65)? The reasons for low recruitment and retention rates appear to be multifaceted. There is evidence that informational barriers such as a lack of awareness of programs plays a major role in program participation rates (64). Even when families are aware of programs, there are other factors which may decrease enrolment. A study which assessed the ability/willingness of low-income mothers in Minneapolis to participate in a nutrition program found the barriers most frequently cited as important by the mothers were program costs and the availability of childcare (66). An examination of the reasons families declined participation in a family-focused skills-training in Iowa found the most frequently cited barrier was related to time demands or scheduling concerns (67). Heckman and Smith’s research showed that, consistent with their framework, barriers to recruitment into a program may differ from the factors impacting retention in a program once enrolled (64).

Once families have been successfully recruited into a program, retention in that program is often an issue. An evaluation of Hawaii’s oft-cited Head Start program found

attrition rates of 10% by the time the child was three months old, 30% by six months, 44% by nine months and 51% by twelve months (35). Heinrich et al.'s review found that commonly half of parents recruited to parenting skill training programs attend 50% or less of the sessions (62). Gross, Julion, and Fogg found the most common reason given for withdrawal from a parenting education program for low-income parents was time and scheduling constraints (68). This is consistent with research showing low-income families lead complex lives marked by a lack of control over work schedules, time spent managing sparse resources and frequent crisis management (69, 70). Unger et al. also found that "daily stresses experienced by low-income single caregivers" are a barrier to regular participation in programs (4).

There is evidence that the recruitment and retention of parents into early childhood prevention programs is enhanced if parents do not feel targeted or judged as "bad parents who need help" but rather if the program is universally open to all (71). Keller and McDade discovered that low-income parents relied more on informal rather than formal supports because they did not trust professionals to help them in a non-judgmental manner (72). Unger et al.'s research showed that low-income single caregivers were more likely to become involved in their children's programs if they perceived the programs as supportive and respectful of them (4). A qualitative research project in Britain found families living in situations of social exclusion valued programs where service providers were respectful and knowledgeable, where there was continuity of relationships with service providers, where they felt listened to and where confidentiality was maintained (73). Service providers in the same study felt that effective programs had front-line service providers who got close to users and adapted program delivery to fit the unique needs of target families (73).

Most of the existing research examining recruitment and retention issues has been survey based, with few studies seeking to uncover the reasons behind predictive factors or the interrelatedness among factors that impact program attendance. Spoth et al. wrote of the need for further study of participation barriers for family-focused prevention programs in order to better understand how these factors influence familial participation in interventions (63, 67). This is particularly true of the unique needs of families with

young children living in disadvantaged circumstances. Heinrichs et al. suggested that “different recruitment methods may be required to engage high-risk families from socioeconomically disadvantaged areas to further improve community-level impact on child mental health” (62). Unger et al. concluded that further research is needed that considers not only the predictors of involvement but also additional dimensions such as the “larger family and programmatic context in which efforts are made to reach out to low-income caregivers as apart of early intervention services”(5).

2.4 Conclusion

As described above, most of the existing literature exploring the issue of improving childhood outcomes for children raised in circumstances of disadvantage has been focused on determining the risk factors, on evaluating the effectiveness of particular programs in improving specific outcome indicators or on assessing the barriers to program participation in certain programs. However, the vast majority of this research has been quantitative and program specific. Few, if any, studies have collected the insights of people, at the grassroots level and across programs, into the strategies they feel would best mitigate these risk factors. Additionally, few studies have explored these issues from a broad, contextual perspective, unrelated to particular programs. Finally, there is very little research that has involved multiple, intersectoral organizations in the research process in order to facilitate knowledge transfer and ultimately utilization of the research findings at the local level.

Several aspects of this research project serve to advance knowledge in this area. First, qualitative methods have rarely been used in previous research examining factors impacting program participation. Previous research on barriers has primarily used a variety of survey techniques that failed to examine the reasons underlying the barriers or to offer solutions to address such barriers. The use of a qualitative approach in this research project allowed for a more in-depth exploration of the perspectives of both service providers and parents by acquiring rich descriptions that help to deepen our understanding of the issues.

Second, very little research has sought the insights of service providers who work

directly with families living in disadvantage. Although service providers are in an ideal situation to witness the challenges faced by target families, to have first hand accounts of the barriers to program participation and to offer suggestions for strategies that may improve childhood outcomes, they are an often overlooked resource. In this study it was important to explore and document their insights in order to provide more extensive information that will help to inform policies in these areas.

Third, the use of focus groups of parents to provide feedback on the views of service providers was an innovative means of obtaining input from parents in a respectful and empowering manner. This study was unique in having the parents' critique the perspectives of service providers from a variety of different organizations and provide their own opinions regarding the accuracy and pertinence of the service providers' perspectives in relation to their own experiences. Parents were able to highlight the issues that were most important to them based on their own lived realities and to provide examples from their own circumstances which served to illustrate the themes that had been identified by service providers. This helped to validate and greatly enrich the research findings.

Finally, the incorporation of a knowledge transfer component into the research design was a unique feature of this project not evident in the previous research. By involving potential end-users of the research in the early stages of this project, increased awareness and avenues of communication were created. The presentation of preliminary findings back to community organizations further reinforced this awareness and communication, and served not only to help validate the results but also to begin the process of disseminating the results to stakeholders and organizational level policy-makers.

The next chapter presents a detailed description of all these aspects of the research process.

CHAPTER THREE

RESEARCH APPROACHES AND PROCEDURES

The previous chapter provided the research context by describing studies which laid the foundation for this research and outlining how this research advances existing knowledge. In this chapter I will present the demographic context for this research, which was conducted in the city of Regina, a city of 200,000 people in the western Canadian province of Saskatchewan. Next I will describe the research approaches which guided this design of this study and the procedures used in implementing this design. Finally I explore my own personal lens through which this study was conducted and how I have tried to ensure the trustworthiness of this research.

3.1 Research Environment

3.1.1 Demographics

An exploration of how to more effectively improve outcomes for children raised in circumstances of disadvantage is very relevant to the situation in Regina, as well as at the provincial and national levels. Risk factors for adverse childhood outcomes are evident across all three levels, with certain population subgroups particularly vulnerable to these risk factors. In the following paragraphs I will present statistics to illustrate the national, provincial and local context, and to show that existing efforts to reduce the numbers of children raised in disadvantage have had limited impact.

Canada is not immune to the impact of poverty on childhood outcomes. Evidence from the National Longitudinal Survey of Children and Youth has confirmed the risks of impaired childhood developmental outcomes in the areas of health, learning, behaviour and socialization increase as income decreases (74-76). Despite the federal government's pledge in 1989 to eliminate poverty among Canadian children by the year 2000, childhood poverty rates have not improved. While child poverty rates decreased slightly during the late 1990s, there are signs that this positive trend has been reversing (77).

Canada's child poverty rate was 15.8% in 2006, up slightly from 15.0% in 1989 (78). At the provincial level, Saskatchewan's child poverty rate (19.9% in 2006) has remained consistently above the national average (78).

Demographic projections suggest groups vulnerable to poverty will make up an increasing proportion of the Saskatchewan population (79). Nationally, lone-parent families accounted for 25% of all Canadian families with children in 2004, up from 21% in 1994 (77). According to the 2006 Census, 22.5% of Saskatchewan families with children at home were headed by a lone-female (80). The poverty rate for Saskatchewan children living in female lone-parent families in 2006 was 47.5% (78). In 2004, the average Saskatchewan low-income family needed an additional \$8,150 to reach the Statistics Canada Low Income Cut-Off poverty line (79).

Aboriginal persons represented 14.7% of Saskatchewan's population in 2006, with projections that this number will reach 33% by the year 2045 (81,82). The Aboriginal population is relatively young, with 35.7% of Saskatchewan's Aboriginal population under 15 years of age in 2006, representing approximately a quarter of all children in the province (80, 83). The incidence of child poverty among Aboriginal children in Saskatchewan in 2001 was 52%, as compared to 41% among Aboriginal children nationally (83).

The demographic situation in the city of Regina is similar. While the overall childhood poverty rate in Regina in 2001 was 19.0%, the rate was 43.5% in households headed by a lone parent (84). Among the city's Aboriginal population, the child poverty rate in 2001 was 61.3% among First Nations children and 45.7% among Métis children (85). Regina has a larger Aboriginal population than most Canadian urban centres. In 2001, 8.3% of the population of the Regina Census Metropolitan Area (CMA) was Aboriginal (85). Almost half of this Aboriginal population was 19 years of age or younger, which was much younger than the non-Aboriginal population in the city (85).

3.1.2 Public Opinion

Efforts have been made to gauge the reaction of members of the general public to these provincial demographic trends. According to provincial government opinion polling

in 2002, the majority of people in Saskatchewan (66%) considered support programs for disadvantaged children to be a valuable service (86). While provincial opinion polls have not been stratified to include the specific views of the low-income segment of the population, other provincial research has shown low-income parents are having difficulties surviving on current Social Assistance rates and would like to see them increased. In a recent qualitative research project exploring food security issues among low-income families with young children in Regina, parents overwhelmingly indicated their frustration at Social Assistance levels which were inadequate to cover the basic costs of living. They desired sufficient financial resources to last until month end (87). Consultations with 26 focus groups of parents, human service providers, organizations and professionals across Saskatchewan identified a need for a universal early learning and care approach in this province that would include “providing access for every child and family, not just at risk children” (86).¹

3.1.3 Recent Government Initiatives

In September, 2000 Canada’s First Ministers agreed on a joint Early Childhood Development framework with the federal government allocating \$100 million for programming in Saskatchewan over seven years (88). In response, Saskatchewan developed an Early Childhood Development (ECD) Strategy in 2000 as a joint effort of Department of Community Resources and Employment, Saskatchewan Health and Saskatchewan Learning to “provide a coordinated, comprehensive approach to assist vulnerable families to nurture their children” (88). The strategy focused on parental and child skill development programs, but did not include income support initiatives.

By 2004, Saskatchewan’s ECD strategy was delivering the following programs:

1. *KidsFirst* – Home visiting program offered to high-risk families with children up to five years in nine targeted communities;

¹ While “at-risk children” is used in this government publication, several authors have suggested this term de-contextualizes the situational factors which impact on these children and implies there is something inherent in the children that places them at-risk. This term will not be used in this document to reinforce that it is the circumstances of their childhood environment which poses the risk for these children. (70,71)

2. *Childcare* - Funding to assist licensed childcare centres improve wages and enhance quality of childcare;
3. *Prekindergarten Program* – learning experiences for three and four year olds living in vulnerable circumstances at 104 sites;
4. *Early Childhood Intervention Program* – Home-based support through 16 community-based programs serving 696 children birth to school age with/at risk of developmental delays;
5. *Infant Mortality Risk Reduction Initiative* – funds programs in five regions targeted because of high infant mortality rates (88).

Other more recent Saskatchewan government initiatives announced in 2008 that may impact childhood outcomes include an expansion of the province’s prekindergarten programs, an increase in licensed childcare spaces accompanied by increased funding to subsidize the new spaces, and an increase in housing shelter rates for low-income renters (89, 90).

3.2 Research Approaches

Three related research approaches guided the research process. Qualitative policy research, community-based participatory research, and knowledge utilization and transfer methodology are all genres of inquiry which attempt to engage those impacted by a research question in the search for possible solutions. All three approaches advocate the use of a research design that promotes dialogue among stakeholders in order to facilitate findings that are seen as relevant and more likely to be incorporated into policies and programs.

3.2.1 Qualitative Policy Research

Qualitative research methods allow the researcher to explore the understandings and perceptions of others and the deeper meanings they attach to their situation. It is an ideal approach to use in order to attain a deeper understanding of the complex social issues which need to be addressed when developing policies to enhance early childhood

development in families living in circumstances of disadvantage. The aim of qualitative policy research is to “provide information that helps government, institutional, or organizational authorities develop programs or make policy decisions” (91).

While there are many definitions of policy, there is no consensus on any one precise definition or even on the breadth of the term policy (92). Policy definitions range from narrow definitions which see policy strictly as sets of laws and regulations passed by public officials to broader definitions that encompass the actors and activities required to implement such directives (92). Peters defined public policy as “the sum of government activities, whether acting directly or through agents, as it has an influence on the life of citizens” (93). Schneider and Ingram similarly provided an expansive definition of policy under which “policies are revealed through texts, practices, symbols, and discourses that define and deliver values including goods and services” (94). Under this definition, policy continues to evolve beyond the law or regulation stage as people put the policies into action. Michael Lipsky, one of the first advocates of a bottom-up policy framework, argued that bureaucrats at the grassroots level of policy implementation should be viewed as policy-makers since their discretion directly affects the impact of policy on the target audience. According to his view “the actions of most public service workers actually constitute the services ‘delivered’ by government. Moreover, when taken together, the individual decisions of these workers become, or add up to, agency policy” (95). Such bottom-up theorists see policy implementation as more than simply the transfer of policy intent into action. They suggest policy implementers influence the form that policy takes and that their actions are in turn influenced by the culture of the organization and community where they work. It is this broader conceptualization of policy which will guide this research (95).

This research project considered the term policy to include both public policy and the policies of organizations which may be independent of governmental influence. This expansive view of the term policy acknowledges that programs are delivered to families living in circumstances of disadvantage not only by government departments and publicly funded organizations, but also by non-governmental agencies and charities, which have their own policies and may or may not receive public funding. Thus,

decision-makers at organizations involved in this research were considered policy-makers to the extent that they may control the specifics of how broader government policies are put into action through program development and delivery, and to the extent that they may be determining policies specific to their own organization that are outside of the public domain.

Just as there are numerous definitions of what constitutes policy, there is a similar divergence in theories seeking to describe the actual policy process with no universally recognized dominant framework (96). Frameworks that describe the policy-making process have generally evolved from hierarchical, top-down bureaucratic models, toward conceptualizations of rational policy formation with clear stages of policy planning that consider inputs from a variety of stakeholders. One such model is Howlett and Ramesh's policy cycle consisting of five stages: Agenda setting, Policy formulation, Decision-making, Policy implementation and Policy evaluation (97). More recent policy frameworks have further progressed to recognize that the policy process is more cyclical than linear (98). One current view suggests policy development occurs as a non-linear process within an adaptive environment characterized by competing, interactive and complex forces (98). In describing this view of the policy-making process, Glouberman suggested that "people have long recognized the difference between what they considered the 'pure' policy development process and the messy one that they encountered on a day-to-day basis" (98). Barrett and Fudge have similarly argued that the policy process is a non-linear and dynamic entity. They contended that it is difficult to isolate the policy implementation stage from the policy formation stage due to the continuing political processes that occur during implementation such that "policy cannot be regarded as a constant. It is mediated by actors who may be operating with different assumptive worlds from those formulating the policy, and inevitably, it undergoes interpretation and modification..." (99).

The messiness and complexity of the policy process is particularly evident when considering policies aimed at improving outcomes for children raised in situations of disadvantage. Clearly the policy actions required to improve the situational circumstances of these children cut across many different policy fields and levels both within and

outside government. While many programs aimed at this target population are delivered by government departments or government funded agencies, there are also numerous initiatives delivered by non-governmental and charitable organizations which have their own policies independent of government.

Qualitative research provides enriched data that has value at all policy levels and throughout all stages of the dynamic policy process. Lomas et al. (2005) conducted a systematic review which explored how health researchers and policy/decision-makers conceptualized evidence (100). They found that health clinicians, managers and policy-makers relied on three types of evidence when making decisions:

1. Context-free scientific evidence
2. Context-sensitive scientific evidence
3. Colloquial evidence (the expertise, views and realities of stakeholders)

Among these three forms of evidence, the decision-makers were more likely than the researchers to include the colloquial form as part of their overall assessment of the evidence (100). Qualitative research is an ideal genre for providing evidence to policy-makers because it presents colloquial evidence using a systematic methodological approach, thus merging both levels two and three from the Lomas categorization of types of evidence. The applicability of qualitative evidence for social policy development was reaffirmed through interviews with British policy-makers who saw qualitative policy research as:

Having the potential to get below the surface of things, as a means of understanding people's views, attitudes, experiences and perceptions and as a way of understanding processes. They also saw it as being able to give a 'general flavour' of an issue quickly as well as providing real-life stories that can be used to influence ministers and decision-makers (101).

In their analysis of the role of qualitative researchers in the policy arena, Roller and Long suggested that researchers have many points of access during the policy process since policy-makers require information at each phase of the policy cycle (102). For example, they suggested qualitative research can provide historical accounts of what has been tried before and its level of success during the policy formation cycle, can assist

in the selection of appropriate strategies during the decision-making cycle by shedding light on what the stakeholders see as the issues, can answer questions about the consistency between policy vision and the realities of its enactment during the implementation phase, and finally can help explore the impacts of these policies from the ground up during the evaluation stage (102).

Involvement of relevant organizations is encouraged in qualitative policy research to promote instrumental utilization of the research findings. The main characteristic of the instrumental use perspective of qualitative research is the researcher working with the intended users to translate the research findings into knowledge leading to action, thus creating a direct link between knowledge generation and knowledge utilization (91). Loue highlighted the need for researchers to identify appropriate collaborators if they hope to bridge the research-policy gap (103). There are communication and cultural barriers inherent in such joint research-policy endeavours. While encouraging qualitative researcher involvement in the policy arena, Roller and Long warned that policy-makers and qualitative researchers hold different mindsets that can result in a cultural clash rather than productive interaction (102). They argued “that qualitative researchers must provide relevant information, communicate in a straightforward manner, understand the conditions of policy-making, offer positive solutions, and be prepared to compromise” (102).

This research project was designed to promote the sharing of the findings with policy-makers in community organizations. Service providers from organizations delivering programs to families with young children living in circumstances of disadvantage were initially approached in a group setting prior to the commencement of Phase One data collection in order to create early awareness of the research project and to obtain feedback regarding its purpose and design. Qualitative data was then collected from service providers at 24 Regina programs that offer a variety of services to target families. Preliminary Phase One results were presented to service providers from multiple organizations to obtain their feedback regarding the findings, to obtain their advice on how the results should be disseminated and to determine their interest in becoming involved in a second research phase that would seek input from parents. Such an exercise

was meant to facilitate knowledge transfer and utilization by delivering the findings in a timely fashion directly to the member organizations that may be in a position to incorporate the results into their programs.

3.2.2 Community-Based Participatory Research

Community based participatory research (CBPR) is a term that has emerged to describe a range of research approaches that evoke participation, collaboration and action inquiry by researchers, organizations and community members (104). This form of research is seen as ideally suited to complex health and social issues for which traditional research approaches have failed to find effective community interventions (104). As such it is a valid research approach to utilize in exploring support approaches to enhance outcomes among children living in circumstances of disadvantage.

Key principles of community-based participatory research are:

1. Acknowledges concept of community as a unit of identity;
2. Builds on the community's assets and strengths;
3. Promotes collaborative research partnerships throughout entire research process;
4. Recognizes research as a cyclical and iterative process;
5. Develops knowledge and action for the benefit of all partners;
6. Facilitates co-learning and empowerment in a manner which attempts to address social inequities;
7. Views health from positive and ecological perspectives;
8. Findings disseminated to all partners (105).

The ecological perspective is appropriate for exploring how to improve childhood outcomes. Such a perspective highlights broad, contextual factors and assumes that the well-being of individuals is influenced by the interaction of multiple factors including both their physical and social environments (106, 107). Stokols, an early proponent of this approach, suggested that "efforts to promote human well-being should be based on

an understanding of the dynamic interplay among diverse environmental and personal factors, rather than on analyses that focus exclusively on environmental, biological, or behavioral factors” (106).

The nature of this doctoral research made strict adherence to these principles difficult since the research parameters had to comply with academic rigour, procedure and timelines rather than community goals and desires. Nonetheless, the research design attempted to embrace as many of these principles as possible within the academic constraints inherent to a doctoral student research project. There are numerous challenges and issues inherent in the application of CBPR in its purest form (108). Several of these needed to be addressed within this research project. The first issue was the degree of decision-making authority the participating organizations had over the research process. In this project complete control of the research process could not be turned over to the community organizations, as might be the case in a truly collaborative research partnership. For example, the first phase of the research project had already been planned prior to the idea being presented to community organizations. This occurred because of the academic requirement for a detailed research proposal prior to commencement of doctoral research. While flexibility to consider organizational input into a potential second phase of the research was built into the proposal, a detailed and specific proposal was necessary early on in the process of contacting community partners. Thus, substantive consultation regarding research design and implementation did not occur until the end of the first phase, simultaneously with the interpretation of the Phase One results. Thus, the level of control and involvement of the community organizations fell short of that of co-researchers.

A second issue was to define the community participating in this research. The ‘community’ I approached to be involved in this research project was the Regina Area Early Childhood Network (RAECN). The RAECN, formed in February, 2000, is a voluntary, broad-based interdisciplinary, interagency group. At the time this research project was initiated, there were 35 member organizations including community-based agencies, government departments and health region departments. Membership is open to any organization with an interest in early childhood development. The stated purpose of

RAECN is “to improve the development of children (prenatal to age 6) and families in Regina and area through enhanced communication, more collaborative policy and program development, and more coordinated service provision” (109). During the course of this research project, RAECN was holding monthly meetings, had already undertaken several collaborative projects and had hired a coordinator to assist in the work of the network.

McMillan and Chavis George propose a definition of community which requires four elements (110). I believe that the RAECN constitutes a community according to this definition. The first element is membership and belonging. The RAECN has a defined list of members, although membership is open to any organization that shares the same purpose. The second element of the definition of community is influence or ‘a sense of mattering, of making a difference to a group and of the group mattering to its members’ (110). Given the resource and time constraints faced by most organizations, this level of commitment would suggest that members feel the network and its work are important. The participation of members in initiatives undertaken by the RAECN, such as the *Better Futures for Regina’s Children: Final Report of the Community Planning Process*, also provide evidence that members feel that by acting together as a group, they can make a positive difference in children’s lives. The third element of a community is fulfillment of needs and reinforcement. For any group to continue to exist, it must be rewarding for its members. This element is evidenced by the frequency of RAECN meetings, the level of attendance (approximately half the member organizations were present at the two meetings I attended) and the generally enthusiastic attitude I sensed on the part of members toward the RAECN. Members appeared to value the chance to work together and share information. Meetings included an opportunity to share with one another any news from their organization. The final element, shared emotional connection, presumes that members “share history, common places, time together and similar experiences” (110). The common bond in the RAECN is that members all work with families who have preschool children in Regina and area, and share the same vision of improving the development of these children.

MacQueen et al. outlined the need for a definition of community as applied to

community collaborative efforts. They define community as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or setting” (111). I propose that RAECN also fulfils the terms of this definition.

A third issue that needed to be addressed in using a community-based participatory research approach is the exact role of the service providers who were members of RAECN during each stage of the research process. Ross, Lavis, Rodriguez, Woodside and Denis found organizational decision-makers participating in research partnerships did not expect or see a need for their involvement in tool and methods development, data management, and initial data analysis but valued active engagement in research conceptualization, data collection, interpretation of results and knowledge transfer stages of the process (112). This is fairly consistent with the level of involvement desired by service providers from the community organizations in this research. They were generally agreeable to being participants for Phase One data collection, to assisting with the interpretation phase, to providing advice regarding dissemination and to being recipients of the final research results. However they did not wish to be involved beyond those activities.

Despite the deviations outlined above, this research remained consistent to most of the CBPR principles as outlined by Israel et al. (105). First, this research acknowledged the concept of community as a unit of identity. Second, through working with existing organizations, it built on existing community assets. Third, it recognized research as cyclical and iterative through the use of a flexible design that included consulting with organizations and extending an opportunity for deeper involvement in a proposed second phase of the project. Fourth, knowledge was provided directly to the community organizations through the use of meetings where preliminary results were presented. One goal of such a process was to promote the translation of this knowledge into action. Fifth, the research process was designed to encourage an environment of information exchange and co-learning between the researcher and the participating organizations. Sixth, by considering the broad, contextual challenges of families living in disadvantaged circumstances, this research project viewed health from an ecological

perspective. Finally, consistent with CBPR, the research findings will be disseminated to all organizations involved in this research, any parent participants who wished to receive results and more broadly to policy-makers at various governmental levels.

3.2.3 Knowledge Transfer and Utilization Methodology

Evidence has shown that a key factor predicting successful research utilization is involvement by end users in knowledge creation (113-116). This has led to an increased emphasis on research designs that foster interaction between researchers and practitioners early in the process (116). As a result, research funding has evolved from the sponsorship model, to the managerial model, and finally to the current collaboration model with collaborative research being increasingly advocated by many funding bodies (115-117). As part of this collaborative research trend, research partnerships involving multiple organizations are more frequently being developed.

There are distinct advantages inherent in multi-organizational modes of inquiry in promoting the transfer and utilization of research findings. Several of these advantages were evident in this research project. The first advantage was access to multiple data sources, providing the potential for improved applicability of the research findings across organizations and levels (117). In Phase One, interviews were conducted with service providers from 21 different Regina organizations, representing 24 different programs (some large organizations deliver numerous programs). Second, interdisciplinary and intersectoral approaches are required in order to address complex policy issues such as the improvement of childhood outcomes for children raised in circumstances of disadvantage (118). This research involved organizations from a variety of sectors.

A third advantage was the creation of a forum for the exchange of information related to the research findings (117). One review of knowledge transfer research highlights the need to create situations where tacit knowledge (personal, context-specific knowledge) can be shared and describes the “strong advantages of face-to-face interaction for knowledge transfer between groups with widely differing perspectives” in order to “produce some form of shared mental model, metaphor, analogy, or culture that can then serve as a framework for moving forward” (119). Other experts recognize the

importance of using processes that promote data interpretation from multiple points of view to “enable surfacing of different knowledge structures for collective examination” and to “facilitate the ability of each party to translate between, and at least partially integrate, their own and the other’s frameworks” (120). One study assessing the usefulness of a research project that involved ten corporations found the research was perceived as more useful when researchers and practitioners engaged in communication that promoted an understanding of each other’s perspective (113).

Effective communication is also essential for the reflexivity that leads to knowledge utilization. The authors of a case study that analyzed a partnership between researchers and decision-makers in Alberta propose a communicative perspective for collaboration in research. Such a perspective highlights the importance of enacting knowledge-sharing practices, such as presenting research findings along the way, and creating joint interpretive forums in order to promote knowledge sharing. Such two-way communication during the course of the research facilitates the researcher attending “to the people who use and generate knowledge and to the settings in which they conduct their everyday work” (121).

In this research, such an interpretive forum was created at meetings where preliminary results were presented back to community organizations. Following my initial coding of interview data and preliminary category development, these preliminary findings were then taken back to community organizations for input regarding the appropriateness of these categories and the possible overall themes that were emerging from the results. I then considered this input and made adjustments to categories and themes as a result of my increased understanding of the issues that arose out of this dialogue. Examples of this process are explained in the next chapter. Due to the academic purpose behind this research project, as a researcher I retained final authority over the coding and theme development process. However, it is hoped that this sharing of early theme development and the resultant discussion around how to interpret this data promoted buy-in from member organizations, which in turn created a reflective environment that was conducive to knowledge transfer and utilization of the findings in policy decisions at multiple sites and levels.

3.3 Procedures

3.3.1 Initial Organizational Involvement

Prior to the formal initiation of this research project, I contacted the coordinator of the RAECN and asked if I could have a few moments at the next RAECN meeting to explain my research idea and to receive feedback. The coordinator was receptive and so on February 9, 2006 I spoke at an RAECN monthly meeting. Feedback was generally positive, with several network members approaching me afterward to provide me with their specific contact information and asking me to be sure to contact their organization to invite them to participate in this project. Over the next several months as I worked toward receiving ethical approvals and commencing the data collection phase, I sent updates regarding the progress of the research project to the RAECN coordinator for inclusion in the Network's monthly newsletter.

3.3.2 Phase One Service Provider Interviews

3.3.2.1 Ethical Approval

Ethical approval for the first phase of this research project was received from the University of Saskatchewan Behavioural Research Ethics Board (Appendix A) and the Regina Qu'Appelle Health Region Research Ethics Board (Appendix B), since some of service providers who were invited to participate were employed with the local health region. Documents approved through this ethical process included the Phase One Recruitment Letter mailed out to service providers (Appendix C), the Consent Form (Appendix D), the Interview Guide (Appendix E) and the Transcript Release Form sent out along with the transcribed interview for editing/approval by service provider participants (Appendix F). The ethical approval process was fairly straight forward since the participants being recruited were all professionals or para-professionals and therefore not a vulnerable population.

One ethical issue arose as part of the research process that my supervisor and I felt required the advice of the University of Saskatchewan Behavioural Research Ethics

Board. When I arrived at the second interview, the service provider I had arranged to interview had invited a colleague to participate in the interview as well. I explained that I only had ethical approval for one-to-one interviews and asked if I could send a recruitment letter to the new potential participant asking her to be involved in this research as per the process approved by the ethics committees. She was agreeable to this. I faced the same situation, however, when I arrived at the thirteenth interview. In this case the additional potential participant had come from another agency site for the sole purpose of participating in the interview, and had arranged work coverage at that site. I decided to go ahead and conduct an interview with both persons simultaneously, since this was the desire of both of them. I then sent a letter to University of Saskatchewan Behavioural Research Ethics Board (they were not health region employees) informing them of what I had done and seeking their advice. The response from the ethics board was that it would be fine for me to conduct multi-person interviews if that was the desire of the participants. It was timely that I was able to adjust my research design to accommodate the desires of the participants on this matter, since I again encountered the same situation at the 24th interview. In that instance, the service provider I had arranged to interview had invited two other colleagues to participate. I was able to accommodate that desire under the revised ethical guidelines.

3.3.2.2 Recruitment

Consistent with qualitative research methods, this research project used purposive and snowball sampling techniques to contact potential Phase One participants. In purposive sampling the researcher contacts participants who are representative of the population under study (122, 123). Researchers use knowledge about a particular group to select potential participants who they believe are likely to have the knowledge they are seeking and to ensure people with certain attributes are included in the study (123). This is in contrast to quantitative sampling techniques, which are concerned more with probability sampling and trying to ensure that the participant sample will mathematically represent subgroups of a larger population of interest (123).

Recruitment letters were mailed out to service providers who were listed as the

organizational representative on the RAECN according to the RAECN membership list supplied to me by the coordinator. Due to the grassroots nature of the RAECN, the majority of these service providers were front-line staff who currently provided services directly to target families. In a few cases, they were service providers who had previously provided services directly to families, but who had moved on to supervising front-line service providers. In such cases, these supervisory service providers still dealt directly with families on issues such as coordinating the services families received. Recruitment letters were also mailed to a few organizations that I knew provided programs to this target population, but who were not members of the RAECN. This letter described the nature of the research project and informed them that I would be making a follow-up telephone call to request an interview with them.

In snowball sampling, as part of the interview process, interviewees with relevant characteristics are asked to provide the names of other people with similar attributes (123, 124). In this research, service providers were asked if they would like to provide the name and contact information for any other service providers they felt would have valuable knowledge to contribute to this project. The persons they identified were then mailed a recruitment letter if I felt they fit the recruitment criteria of providing programs aimed at helping families with young children living in circumstances of disadvantage. In many cases they identified people who I had already or would be contacting. Quite a few participants did not offer any names, perhaps because they were aware, through my attendance at the RAECN, that I was contacting service providers at other member agencies and felt that covered most organizations with similar goals.

The recruitment letters were followed by telephone calls a week or two later asking the service providers if they had any additional questions and if they would be willing to be interviewed for this project. Recruitment of participants continued until sufficient data were collected from service providers to reach a saturation point, where participants were generally giving answers consistent with categories of answers I had previously heard from earlier participants. By this point, participants were no longer raising any new challenges, barriers or strategies (122). Out of a total of 39 recruitment letters mailed, 29 service providers in total agreed to be interviewed from 21 different

organizations, representing 24 different programs. Service provider participants represented a variety of disciplines and roles including nurses, social workers, teachers, daycare staff, supervisors, and para-professionals such as those offering in-home support. The most common reasons given by the service providers who declined to participate were they were too busy, they felt they were not grassroots enough if they didn't directly provide services to families, or their organization does not participate in research projects.

3.3.2.3 Service Provider Interviews

Interviews were conducted at a time and site of the participant's choosing. In all cases they chose to be interviewed in a private room at their work site. Participants were given time to go over the consent form and to ask any questions they might have about the research procedures prior to signing the consent and commencing the interviews. The interviews followed a guided interview format (see Appendix E). Rossman and Rallis (1998) described the interview guide approach as one where:

The researcher develops categories or topics to explore but remains open to pursuing topics that the participant brings up. The researcher identifies a few broad topics (perhaps framed as questions) to help uncover the participant's meaning or perspective but otherwise respects how the participant frames and structures responses. The balance of talk, then, is in favor of the participant: The researcher poses open-ended questions followed by requests for elaboration; the participant responds with long narratives (91).

Such an interview style allowed for flexibility in the wording of questions, rearrangement of the sequence of questions and the use of appropriate probes according to the contextual situation (123).

Interviews were audio-taped. I recorded my thoughts, impressions and feelings immediately following each interview onto the audio-tape and then typed these up as part of my reflective journal. Details, such as a description of the physical layout of the interview, were recorded in field notes. I transcribed the interviews myself at a later date, which allowed me another chance to re-listen to the dialogue from each interview while reflecting on the emerging categories and themes, and on my interview skills. A total of 29 service providers were interviewed in 26 interviews.

3.3.2.4 Member Checking

One method recommended to enhance the trustworthiness of qualitative research is member checking, i.e., soliciting the views of participants regarding the accuracy of the transcripts and the credibility of the findings and interpretations (122,124,125). Member checking was incorporated into the design of this research in two ways. First, transcripts were typed from the audio-tapes and then mailed back to service provider participants for their feedback. Transcripts were then edited to reflect any changes that the participant wanted made to their transcript. Most participants did not make any changes to the transcript although a few made some changes that were more grammatical corrections than changes in content. Participants also signed and returned a Transcript Release Form that reaffirmed their agreement that the transcript could be used as part of the research data. One interview transcript was lost through this process. By the time the interview audio-tape had been transcribed, the participant was no longer working for the organization with which she had been employed when the interview was conducted. The organization was unable or unwilling to provide me with her home address or a forwarding address where I could send the interview transcript for approval. Thus a total of 25 transcript release permissions were received, so 25 interviews were entered into the qualitative software for data analysis.

A second member checking procedure that was used in Phase One was the presentation of the preliminary results to service providers in a group setting. I mailed out an invitation to service provider participants inviting them to attend a meeting to discuss the preliminary research findings, to seek their advice regarding how to disseminate the results, and to see if they were interested in participating in a possible second phase that would seek input from target parents (See Appendix G). Participants were encouraged to extend the invitation to any other service providers they thought might be interested. Thus the meeting was not limited to Phase One participants. The meeting was held over the noon hour on Monday, February 5, 2007 at a Regina inner city agency and lunch was provided. The choice of location and timing was meant to reduce the possibility that meeting attendance would interfere with regular work commitments.

Potential attendees were asked to RSVP to assist in determining the amount of

food to order. Ten people indicated that they planned to attend. On the meeting day, however, only six service providers attended, four of whom had been participants in the study. It is unclear why fewer people attended than the number expected; however, the fact that it was one of the coldest days of the winter may have been a factor. Despite the fact that fewer people attended than I had hoped, I felt the discussions were very helpful.

While attendees generally agreed with the categories that had been identified, they had a few suggestions that I incorporated into the findings. These will be discussed in more detail in the next chapter. A few examples may serve to illustrate the evolution of the categories based on the advice I received. First, while I had named a category ‘survival mode,’ attendees identified not only survival mode but also ‘crisis mode’ as significant barriers to program participation. They recommended the category title should contain both. A second example of advice received involved the ‘cultural barriers’ to program participation category. Attendees felt this category should remain broad enough to include ethnic groups, newcomers and poverty as all being cultures that require consideration when planning and delivering programs. Third, attendees reaffirmed my decision to have lack of family support and lack of role model as separate challenge categories. They felt it was important to clarify that role models are not necessarily family members. Fourth, attendees said I should be careful in assigning a particular gender when referring to parents, since they reported that they were seeing more and more fathers as the primary caregiving parent. Finally, they suggested that the category called “unhealthy relationships” should be more specifically entitled “unhealthy partner relationships”. They felt that there are many types of unhealthy relationships such as those with families, friends and organizations, and that I needed to be clear that I was referring to the partner relationship.

Meeting attendees identified two overriding themes: the need for connectedness and the concept of longevity. The term connectedness was suggested because it was felt that it fits all cultures and includes many types of relationships including familial and social relationships as well as relationships with organizations and the wider community. The concept of longevity was seen as arising throughout many of the challenges, barriers and strategies that were presented.

When asked for advice regarding how the research results should be disseminated, attendees wanted to receive the results in a format that is usable for organizations. I reaffirmed that I would prepare a shorter, user-friendly version of my findings that I would send to participants. They also advised that they would like the results sent to decision-makers at multiple levels including not just community level organizations, but also municipal and provincial governments. Finally, they recommended that the preliminary results should also be presented at a RAECN meeting.

The final question I had for attendees was whether they would be interested in being part of a multi-organizational advisory group that would take an active role in a second phase of this research project seeking input from parents. Attendees felt they were too busy with their work commitments to become more involved. They stated that they appreciated the first phase of the project because they did not feel service provider views had previously been solicited across organizations in a neutral way. However, not all the attendees felt it would be worthwhile to access parents, with some feeling that parents had been researched too much already. This was consistent with the Phase One interview findings, with some service providers feeling it would be important to seek the perspective of target parents, while others felt this had already been done.

On June 28, 2007 the preliminary findings, revised to reflect the advice given at the February meeting, were presented at a regular meeting of the RAECN. There were about a dozen service providers in attendance from member organizations, some of whom had been Phase One participants. I was given only a half hour on the agenda, so there was not as much time to elicit in-depth discussion regarding the preliminary findings as at the February meeting. The attendees generally seemed to be in agreement with the findings and their discussions centered on the necessity of having the findings disseminated to decision-makers. Unlike at the first meeting with service providers, the attendees at this meeting did not recommend any changes to the current categories.

3.3.3 Phase Two Parent Focus Groups

3.3.3.1 Rationale

Although I had hoped to form a multiple organization advisory group to guide a second phase of this research project, it was clear from my two meetings with service providers that they did not wish to be directly involved in a second phase. While they were satisfied with the preliminary results from the first phase, and they expressed their appreciation for the uniqueness of that approach, there was not a consensus on whether or not parent input should be sought during a second phase. In consultation with my doctoral committee, it was decided that parents would be asked to provide feedback on the preliminary findings from the service providers in a focus group format. This format was chosen for several reasons. First, it was seen as a respectful and empowering way to consult with parents and receive feedback from them regarding the research questions and their own lived experiences. This created an unusual power dynamic, with parents now able to express their opinions on the accuracy of the Phase One findings based on their own perceptions, in a format where they could freely critique the views of the service providers without fear of repercussion. Second, it acknowledged the views of those service providers who felt this research should attempt to gain the insights of parents. Finally the use of different data gathering methods and sources (individual interviews with service providers and focus groups with parents) helped to provide corroborating evidence and added to the rigor, depth, richness and trustworthiness of the research findings (91, 123, 125).

3.3.3.2 Ethical Approval

There were several potential ethical issues that were addressed in the Phase Two ethics application that received approval from the University of Saskatchewan Behavioural Ethics Board (Appendix H). First was the issue of whether parents raising children in circumstances of disadvantage were themselves considered to be a vulnerable population. Under the University of Saskatchewan ethical guidelines, the format in which I proposed to consult with the parents did not make them vulnerable and the application

was assessed under the minimal risk category. A second potential issue was my proposal to provide parent participants with a \$30 honourarium. Providing a small honourarium, even to disadvantaged participants who may find such remuneration to be an enticement to participate, is becoming accepted as a respectful acknowledgement of the value of the knowledge shared by participants and of the value of the time they contribute to such a research endeavour (126, 127). The ethics board concurred with this view. A third issue was the possibility that participants could have low literacy levels and thus would have difficulty understanding a standard consent form. To address this, the Phase Two consent form (see Appendix I) was written at a lower literacy level, and I, as the group facilitator, verbally went over the contents of the consent form with the focus group participants in plain language, answering any questions participants had. A final issue was the possibility that focus group members might not respect group confidentiality. Participants were told that while I, as the researcher, would safeguard the confidentiality of the focus group discussion, I could not guarantee that other members of the group would do so. Participants were asked to respect the confidentiality of other members of the group by not disclosing the contents of the focus group discussion outside the group, and were made aware that other focus group participants may not respect this confidentiality.

3.3.3.3 Recruitment

Network sampling was used for recruiting Phase Two participants. Such sampling “obtains knowledge of potential cases from people who know people who meet research interests”(107). The criterion for potential focus group participants was that they be parents who were the primary caregivers of preschool children living in circumstances of disadvantage in Regina. These caregivers were to be participating in programming at an organization in Regina aimed at this target population. Current participation in programming was chosen as a criterion because I felt it would be simpler and easier to access parents who were already participating in programs. Additionally, I felt I would likely have greater success in recruiting parents if my arrangements were made in cooperation with an organization with which the parents already had developed a trust relationship.

I decided to approach two Regina organizations to see if they might be willing to allow me to recruit parents attending programs at their organizations for Phase Two focus groups. These organizations were chosen for two main reasons. First, the importance of seeking input from parents had been expressed during the Phase One interviews with service providers located at these agencies. Second, both organizations offer programs aimed at both parents and children which are well-regarded by target families as evidenced by strong demand for these programs. Finally, since neither organization operated under the control of the health region, ethical approval was only required from the University of Saskatchewan Behavioural Ethics Board.

The three programs from which parents were recruited all have criteria for enrolment that fit the criteria defining circumstances of disadvantage in this research as earlier identified from the literature. The first program describes itself as providing services to low-income families. The second program provides employability training to those who are unemployed, on social assistance, lack job experience and have not finished high school. The third program provides services and supports to young parents under 25 years of age. All three programs are located in inner city, low-income areas of Regina. Thus, it was assumed that since the participants had met the enrolment criteria for each of these programs (in addition to being the primary caregiver of at least one preschool child), they were living in circumstances of disadvantage. Given the interconnected nature of the challenges faced by such families, it is likely that many of these parent participants would qualify under several criteria such as having a low-income and being a young and/or single parent. Not surprisingly, given Regina's demographics, the majority of parent participants were Aboriginal.

Service providers at these two organizations distributed a recruitment handout outlining the nature of the focus group to parents who were participating in programming at their organization and who fit the criteria for that program and for the requirement to be the primary caregiver of a preschool child. (See Appendix J). Participants were offered a \$30 honorarium for participating in a focus group which lasted approximately one hour. Three focus groups were held with a combined total of 20 parents participating.

3.3.3.4 Parent Focus Groups

Focus groups were held at the organizations where the parents were participating in programs. They took place in a room with the door closed to ensure the proceedings of the focus group could not be heard by organizational staff in order to promote confidentiality. The first two focus groups were held on September 7, 2007 at the same organization. They were held in a large room, with participants and me sitting around a large table. The third focus group was held on November 5, 2007 at the second organization. The delay between the first two focus groups and the third one occurred because the second organization needed to receive permission from its board of directors to recruit clients for the research. The third focus group was held with everyone sitting in comfortable chairs or couches in a circle, with the tape recorders situated on a coffee table in the middle.

One advantage inherent in having recruited parent participants from existing programs was that the parents in each focus group knew one another as a result of being enrolled in the same program, and thus there was a comfort level already in existence among the participants. In general, the parents became more talkative as time passed during the one-hour focus group time period. I believe this was because they needed some time to assess my role as researcher and the involvement that they perceived I expected from them. My sense was that once they realized the questions were quite open-ended, and that I was welcoming their open discussion of the issues, they felt freer to participate. I tried to allow the discussion to flow with as little direction as possible, and to smile and nod and use other such body language throughout to indicate my interest in their opinions. The participants seemed to appreciate the fact that I was wanting their opinions and valuing the ideas they expressed. Following the formal focus groups, participants from two different focus groups suggested that this type of research should be conducted more often as they feel that their voice is not heard often enough. I took this as a sign that they had felt encouraged and respected in my efforts to seek their opinions and that they had not found the process to be a demeaning or difficult one. One participant even joked that she would be happy to participate in more focus groups if I required and that the money received was good value for such a process.

Each focus group had its own unique personality, as is typical of group process. In the first focus group, one participant did a lot of the talking. This seemed to be normal for this group, however, as she joked about how she is always the one who talks the most, and the others grinned and nodded. There were a couple of participants in the first focus group who did not talk. I decided not to try to force their participation out of respect for their decision not to speak. Rather, I tried to record in my notes their nonverbal contributions, such as when they would nod in agreement with what was being said. My sense was that these parents were normally quiet when this group gathers as the others did not seem to notice their quietness or to be surprised by it.

At all three focus groups I presented the Phase One findings verbally, supplemented by PowerPoint slides, and participants were asked to provide their feedback on these findings. Open-ended questions were used to elicit comments regarding the perceptions of the service providers and to facilitate group discussion. Examples of questions used included: What do you think of this list? Are there any challenges/barriers/strategies missing? Are there any that should not be there? Which ones are the biggest/most important? Why? Can you think of any examples?

Participants were invited to sign a sheet with their name and address if they wished to receive a copy of the research report. They were told it could take a year or more before they received this report. About half of the parent participants indicated they would like to receive a copy of the report.

The focus group discussions were audio-taped and I took notes to assist in remembering details such as identity of the different speakers for transcription purposes. I then personally transcribed the audio-tapes at a later date. The transcription process allowed me to re-listen to the tapes and recall the contextual nuances while also focusing my attention on the parents' comments and on recognizing emerging categories and themes.

3.3.4 Data Analysis

An inductive approach was used for data analysis. In such an approach researchers begin by "immersing themselves in the documents...in order to identify the

dimensions or themes that seem meaningful to the producers of each message” (123). Tesch categorized types of qualitative research into four main areas: characteristics of language, discovery of regularities, discerning meaning, and reflection. According to this categorization, the area of qualitative research interest used for this project was the “discovery of regularities” (124). By transcribing the data, re-listening to the audiotapes and reading through the transcripts, I was able to uncover regularities that became emerging categories and to discover overriding themes. Typing the transcripts myself helped with this immersion process. As I listened carefully to the audio-tapes, my imagination was returned to the interview/focus group and the context of the situation. As I typed, I was simultaneously thinking about emerging categories, and making comparisons with the statements made in other interviews/focus groups I had recently typed.

I was assisted in this process by NVIVO₇ qualitative software. Each transcript was entered into the software package, and then relevant quotes were sent to categories I had created based on what I had heard during the interviews. During the transcribing process, I jotted down early categories I was hearing according to the major question categories. The use of this software made it easier to reorganize the data categories as I began to develop a deeper understanding of the issues described by the participants.

Rossmann and Rallis described qualitative analysis and interpretation as the process of organizing “materials into ‘chunks’ (analysis) and bringing meaning to those chunks (interpretation)” (91). The member checking processes used in this research also provided me with a richer understanding of the data and helped me to clarify the emerging categories and themes.

3.4 Personal Lens

In qualitative research subjectivity is recognized as an integral and legitimate part of the research process (124). Researchers must maintain an awareness of the feelings and opinions they bring to the research and must continually monitor how these personal factors might influence their interpretation of the research findings. One tool frequently used in qualitative research to consider one’s personal perspective is a reflective journal

where the researcher records her emotional reactions, insights, questions and thoughts regarding research interactions.

During the course of this research, I kept a reflective journal to explore my own emotional and analytical reactions to the research story as it unfolded and to remain attuned to the unique researcher perspective I brought to this project. I also maintained a notebook of field notes where I recorded specific details from the field (where and how the interview was conducted) and observations regarding the physical environment, the actions and interactions of people, descriptions of events, sensory impressions, etc. (91). The reflective journal and field note entries were added to the end of my audio-tapes immediately after. I then typed them into my journal and field notes at a later time. I felt it was important to capture my impressions and emotions regarding the information exchange that occurred at the earliest opportunity.

Having lived both the roles of service provider and of parent, I found I was continually comparing the narratives I was hearing with my own previous experiences. My own experiences as a service provider were fairly consistent with many of the issues that were raised by the service provider participants. Thus, their answers logically fit with situations I personally faced in the past. My experiences as a parent in advantaged circumstances, however, were quite different from the experiences of the parents raising their children in disadvantaged circumstances. I was struck by the many differences as I envisioned, through their stories, what it must be like to parent while facing challenges such as a lack of transportation, a lack of family support and a lack of affordable, accessible nutritious food. At other times I was struck by the commonalities such as the worry that our children were receiving adequate and compassionate childcare. Thus, because of my own lived experience as a parent, I experienced a stronger emotional response to the narratives shared by the parent participants.

3.5 Trustworthiness of the Research

The trustworthiness of qualitative research can be enhanced through the use of verification procedures (124). Multiple techniques were incorporated into this research project in order to promote research validity. First, external reflection and input into this

work occurred through the guidance of my doctoral committee. I was disappointed the organizations did not want to be actively involved in the second phase of this research and was thinking I should abandon the idea of attempting to gain parental input. My doctoral committee, however, suggested there would be still value in accessing parents. In retrospect, it is clear that the contributions of the parents greatly enriched my understanding of the research data and reaffirmed the findings from the service provider interviews. Second, the reflective journal assisted me by creating an avenue for me to explore my subjectivity and served to illustrate my alertness to, and examination of, any biases. For example, I was surprised to discover how distrustful parents were of the childcare available at daycares and at programs they might attend. I needed to think a bit about why I would think these parents would be more trustful of such situations than other parents. Certainly as a parent I had been very nervous about the quality of any childcare my children might receive. Thus, I needed to examine my own biases in thinking that parents in disadvantaged circumstances would be any less concerned about the same issue. Deep down I think I had been making a judgment regarding the quality of care these children might be receiving in their own home, and it was important I analyze such a deep-rooted belief and recognize that in reality I was making a negative judgment.

A third technique was the creation of a clear audit trail through the careful organization and storage of the field notes, reflective journal, transcripts, audio tapes and computer software files. Rossman and Rallis recommended that careful documentation of the research process will “serve to document the intellectual odyssey of your study and help you establish its rigor to readers and potential users” (91). Member checking, the fourth technique, helped to ensure that the preliminary Phase One findings reflected the views of the participants (91). Returning transcripts to service provider participants for review allowed them an opportunity to ensure their views were accurately represented in the transcript of their interview. Presentation of the findings at meetings created an additional opportunity for service providers to confirm the reliability of the early research findings in a group setting. Finally, interviews were sought from a wide variety of organizations delivering diverse programs to families with young children living in circumstances of disadvantage. Care was taken not to conduct numerous interviews with

a few agencies but rather to ensure that a broad scope of perspectives was explored. In all, 24 different programs were represented among the 26 service provider interviews that were conducted.

3.6 Limitations

Several limitations to this research design need to be considered. The first relates to the fact that I have lived and worked in the Regina area for over 20 years. Thus, I had worked collaboratively with many of the organizations that were involved in this research on previous projects in my role as a public health nurse with the local health region and as a research assistant on an earlier research project. Since I am currently employed with the health region on a casual basis, I am also a co-worker of some of the participants, albeit with a different program at a different office. Disadvantages to selecting one's home agency as a research site include role confusion on the part of the researcher, a history of previous experiences and interactions that can constrain effective data collection, and ethical and political considerations that arise from being an insider (124).

A second limitation relates to the dynamics involved in working with multiple organizations on a research project. The complex nature of such collaboration for research purposes presents numerous challenges that include competing agendas of participating organizations, organizational staff turnover, power differentials and significant investments of time and commitment (128). Others have pointed to the unpredictable, ambiguous and untidy nature of multi-organizational research as a challenge that is often not recognized by individual researchers or the academic system (112, 129, 130). Such issues must be dealt with in order to effectively conduct research with and across organizations.

A third challenge in this research design is the use of different data collection methods between the first phase and second phase. The range and depth of data collected from individual interviews with numerous service providers is much greater than that of the data collected from a few focus groups with parents. Additionally, parents were asked to comment on the Phase One findings, rather than being asked to same open-ended questions as the service providers. The data analysis of the Phase Two findings must

recognize that parents were not asked for their opinions in the same manner as participants in Phase One.

A discussion of the implications of these limitations and a description of how these were considered in this research are discussed in Chapter 6.

CHAPTER FOUR

FINDINGS: SERVICE PROVIDERS

The previous chapter described the environment in which this research was conducted, the research approaches that guided the research design and the procedures that were used during the course of the research. This chapter presents the findings from interviews with 28 Regina-based service providers. First, the types of programs offered at the organizations that participated in this research are presented. Next, the perceptions of service providers are outlined in three areas: (1) the challenges that families living in disadvantage face; (2) the barriers which prevent these families from participating in programs designed to assist them; and (3) the strategies that would help to improve childhood outcomes. Following each of these topic areas, I provide a summary of my impressions of what the service providers had to say.

The service providers work for organizations that deliver a diverse range of programs intended to improve the lives of families with children who are living in circumstances of disadvantage. Twenty-five of the participants were from organizations which are members of RAECN. Table 1 illustrates the breakdown of participants according to the type of organization with which they are associated.

Table 1: Number of Participants by Organizational Classification

Type of Organization	Number of Participants
Community-Based Organization	16
Health Region Program	5
Government/School Board	7

This research sought to find common perceptions among these service providers through a process that would allow them to express their thoughts and ideas in a safe and

confidential environment. Such a context allowed for free expression of their opinions, related both to their own organizations as well as broader government policies that impact these families, without fear of negative repercussions.

4.1 Nature of Programs Offered

As part of the interview process, service providers were asked to describe the types of services their organizations provide to target families. These programs fit into four main categories. In most cases, organizations provide services in multiple categories. While the main focus of most programs is childcare/skill development or parental skill development, most organizations find it necessary to build into their services some supports to help families meet their basic needs for everyday living and to help parents navigate the system.

Table 2: Type of Service Provided by Participating Programs

Type of Service Provided	Number of Programs
Childcare/ Child Skill Development	17
Parental Skill Development	22
Assistance in Meeting Basic Needs	18
Individual Advocacy	24

4.1.1 Childcare and Child Skill Development

Many of the organizations provide childcare and child skill development onsite. For some organizations, like daycare centres, this is the main purpose of their program. However, while the primary purpose of daycare centres is to provide childcare, there is also a strong educational component to this service. Conversely, preschool type programs could be considered as having child skill development as their primary goal; however, relieving parents of childcare duties is also inherent in the service they provided. In

addition to daycare centres and preschool/pre-kindergarten type programs, some programs that focus on parental skill development also offer childcare and child skill development as a way to remove a barrier that may otherwise prevent parents from participating in their program. Thus, it is difficult to further divide these types of programs, since all offer parents some free time to devote to other purposes, all assume responsibility for the care of preschool children for a period of time and all include child skill development in the service that they provide.

One service provider described their primary goal as providing the children with skills that would give them a good start in life.

The main purpose of the program is just to have children come into a loving and caring environment and hopefully along the way we teach them ... [about] some challenges that they may have to overcome as they mature, [and] give them a good base. I feel it all starts here. Even though they're as young as three and four, some of the children are coming from situations where they are already having to, to some degree, take care of themselves under some circumstances. So we hope that in providing them with a loving, caring environment, that we'll give them some stability, give them a good start. (A10)²

In one daycare setting, the service provider highlighted the need to provide specialized skill development programs to children with unique needs, and the monetary challenges around providing this component.

What do we do with our families? Well, a lot of our kids are identified as having developmental delays or speech and language difficulties, behaviour issues, so a lot of our kids are on inclusion grants which allows two to three hundred dollars a month extra funding to the daycare to lower our ratios and provide more support for those kids. (A3)

Sometimes, childcare is designed to allow parents to pursue their own skill development initiatives by addressing this as a barrier to enrolment in their programming.

One other program that some of our moms ... take advantage of is the GED [General Educational Development] program. So once a week we have, and we say we don't teach it, we coach it, we help them. We will buy the books because it is often just prohibitive for people to buy the books. And too, when you're living

² Each interview was assigned an identifier from A1 through to A26. Quotes are followed by an identifier to show which interview is the source for that quote. This was done to illustrate that the quotes were drawn from a wide range of interviews.

in a pretty unstable household, like there might be drinking and drugs going on, so if they can bring their child here, they can do their work here. We do childcare; we'll provide transportation for any of our programs. And that's the big thing, childcare and transportation. (A19)

4.1.2 Parental Skill Development

Parental skill development programs are offered by many organizations. The programs range from a focus on parenting skills, to broader employment, literacy and general life skills. In some instances, the parents are the primary focus of organizational programming.

So the programs that we offer here? They change over time. It depends on the needs of the parents, so what we see the needs are. We've been doing [a particular parenting program] since our program began almost. But we change, like depending on the training, the facilitators, and what the needs of the parents are. (A2)

For other organizations, although child skill development was the main focus, parental skill development is incorporated into their routine offerings.

...we've held true to that goal ... not just to help children to get a better start in life, but to make sure parents are intrinsically involved as partners in that ... the high parent involvement has developed into significant programs to deal with parenting, family literacy, community kitchen, health, and social opportunities to socialize and come together. (A9)

4.1.3 Assistance in Meeting Basic Needs

Although it was not the primary purpose of most organizations, service providers reported that they often assisted families in meeting their basic needs as one element of their programming. This took a variety of forms including such services as providing transportation on occasion, having clothing banks, supplying diapers, being a food bank referral agent or Good Food Box³ drop-off site, assisting with filling in income tax forms, supplying access to office machines and phones, etc. A common sentiment seemed to be

³ A Regina non-profit program that delivers fresh, nutritious and reasonably priced boxes of food to neighbourhood drop-off sites every two weeks.

that it was insensitive to provide other programming while ignoring that people were struggling to meet their basic needs.

One agency allowed clients to access their office equipment and supplied a public telephone. The service provider highlighted how important it is for organizations to try to be flexible in order to help their clients with the fundamentals needed to try to get by day-to-day and to improve their employability.

Another thing is just having a public phone so then people don't have to pay to use the phone. Or sometimes we can fax things. So I think agencies can do some things that are fairly minor, but are actually quite important. So that if you are writing out a resume for a job, we can help you. We can photocopy it for you, if you need six copies, and save you that cost. (A15)

Assistance in acquiring food seemed to be the most common basic need that organizations routinely tried to meet.

I can list [clients] that come just to get food. And that's sad, but I mean it's great that they have a support and a service that offers that to them. Or diapers or formula or a ride to the food bank if we didn't have items here. They're just coming for those things. (A7)

Thus, although most programs were not set up originally to help clients address their day-to-day needs, staff described their willingness to offer this type of aid as much as possible, and in many cases, organizational policies were flexible enough to incorporate this as a component of the programs delivered.

4.1.4 Individual Advocacy

A common theme was that parents require assistance in making their way through the “system.” In fact all participants reported that they try to provide such individual assistance to some extent, even if it is through basic services such as making parents aware of other services and initiating referrals. Participants described advocating for parents in a variety of situations. One example of this was helping families access supports to which they are entitled but are having difficulty obtaining for a variety of reasons.

And sometimes they're just like, 'I'm better off on Social Assistance' and we're like, 'Well, wait. Did you know about the income supplement?' 'Oh no.' they

didn't know about that. And [we] get them all set up with that. Or you know, their marital circumstances changed and they didn't know they could apply to get their child tax [benefit] immediately. (A3)

One service provider described the difficulty newcomers with poor English language skills have in acquiring the necessary information from government call centres in order to receive assistance. At the time of this research, Social Assistance clients were encouraged to phone in to call centres for their Social Assistance needs.

The other thing is they have call centres, which is another huge problem. Newcomers cannot access call centres because they don't speak the language. There is also literacy needs. So really, when people want to do this, they come to us, which we are not funded to provide those kinds of services...And it takes three hours, four hours to access the call centres. And the other thing is they [call centre staff] don't believe that we ... sometimes also they see us as part of ... they don't see us as colleagues. They see us more as somebody who is trying to take away from the government. So they treat us the same way they treat the client. (A26)

Similar to the duties of assisting families meet their basic needs, service providers were, in most cases, willing to assume this role of individual advocate for their clients as an adjunct to their regular role. Individual advocacy was not the core service for most of the organizations; however many acknowledged this as an area of need and tried to incorporate individual advocacy into their daily practice.

Advocacy is not a huge part [of what we do] but since our frame of reference is social justice, we can't provide a service without a context. And the context is understanding, helping people and helping ourselves understand what's really happening here. What are the systemic forces at work? I mean, we don't put it that way when we're talking about it, but certainly part of our work, our approach is holistic. (A9)

4.1.5 Commentary

Service provider participants worked primarily with programs that are rooted in a focused approach to assisting families living in circumstances of disadvantage. Skill development (children and/or parents) was the most common base service offered. However, although the programs were set up to reflect a more focused approach, the reality of the lives of the clients served to bring an awareness to program staff of the necessity of broadening their approach. Meeting the basic needs of family was often not

one of the official program objectives, but rather had evolved over time as staff realized that a single, focused approach to program delivery did not remove some of the barriers to program participation or address some of the day-to-day challenges faced by their clients. Since most programs did not have extra financial resources to offer more broad based services, staff generally tried to incorporate low-cost initiatives into their routine services. For example, in response to client needs, some programs began providing transportation to appointments, acting as food bank referral agents or serving as Good Food Box depots.

Individual advocacy was also an area where programs seemed to be spending more time than they had originally intended. A couple of participants spoke of how their program was able to eventually obtain funding for a position within their agency which was devoted solely to individual advocacy. Other participants spoke of the importance of individual advocacy and of how much time they devote to trying to assist clients in navigating their way through the system while at the same time trying to juggle their other duties since they had not been able to fund such a position.

My sense was that funders tend to provide financial resources for skill development programs but that such funding often fails to consider the broader context within which these families live. Thus, it was rare for organizations to receive direct funding to help clients meet their basic needs or to provide individual advocacy, resulting in programs offering these services as a by-product of the core function for which they had received funding. Staff was thus caught in the middle. They realized the necessity of offering these extra services if they truly hoped to make a difference in the lives of their clients and yet were forced to do so without any extra financial resources and in addition to their regular duties.

4.2 Challenges Faced By Families

In the interviews, service providers were asked to describe, in broad terms, the challenges that families with young children living in circumstances of disadvantage face in their day-to-day lives. The inquiry was deliberately broad in order to capture the perceptions of the participants regarding the contextual issues that are inherent in the

lives of the target families. I categorized the challenges that were identified as psychosocial, structural or both psychosocial and structural in nature.

4.2.1 Psychosocial

The psychosocial challenges were those that describe personal connections and relationships, or a lack thereof, and overall mental health. These challenges are less tangible than the structural challenges, which are presented later. The psychosocial challenges are mental illness and addictions, lack of a role model, lack of family support, lack of self-esteem, unhealthy partner relationships, and societal attitudes.

It is important to make a distinction between the terms ‘mental health’ and ‘mental illness’ that are used in this research. A Health and Welfare Canada report defines mental health as:

The capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), and the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality (131).

In contrast, ‘mental illness’ is defined in the same report more narrowly as “a recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective or relational abilities” (131).

4.2.1.1 Mental Illness and Addictions

Both mental illness and substance abuse were frequently mentioned as challenges in these households. Mental illness and addictions are presented here in one category because service providers discussed the interrelatedness of these health concerns and the impact on households where they are both present.

I think we’ve had a lot of difficulties with the mental health system because it’s a question of diagnosis and are you abusing alcohol because you’re depressed, or are you depressed because you’re abusing alcohol? ... I don’t care whether it’s the chicken or the egg. The issue is we have a person who is depressed and who is abusing alcohol. And the chicken and the egg doesn’t really make an awful lot of difference if we can’t offer that person timely help in order to mitigate the effects of alcohol on her fetus or on her family or on her ability to keep a child or on her

ability to parent. (A15)

Addictions is a huge gigantic piece, mental health issues ... just the combination. And it takes a while to kind of sort things out [regarding what] they can start working on. (A6)

Interestingly, while participants often mentioned mental illness and addictions as big concerns, they did not tend to go into elaborate detail on the topic. However, in their descriptions they often used adjectives such as “big” to indicate the magnitude of this issue. Service providers also alluded to high percentages in order to illustrate just how pervasive this challenge is among the families with which they work.

And one of our biggest challenges, we think probably maybe 70% of the people we deal with, they don't maybe have a mental illness but they have challenges relating to depression or feeling inadequate ... so mental health is a big thing. (A19)

Referrals to mental health is becoming a very big part of the job. (A17)

Well, there's addiction issues ... A certain percentage of them, have addiction issues. And if they themselves don't have addiction issues, there's someone in their home who would have an addiction issue. (A7)

The perceived basis for these two challenges varied slightly. Addictions were repeatedly described as an intergenerational phenomenon, i.e., a learned behaviour passed on primarily through familial interactions. Depression was reportedly the most common form of mental illness seen. It was described as a byproduct of life circumstances, an uncontrollable outcome arising from the stress of living in poverty.

I think just their intergenerational transmission of poverty and of abuse and of addictions issues. It's just so hard for them to untangle and find their way through that. The kids come into [program] here and we talk about that. And they have a good understanding, but they say, 'The reality is [name], when I go home, everybody's loaded. I'm going to get loaded. How am I going to stay sober when Mom's loaded, Dad's loaded, uncles, aunties, grandma?' (A18)

I have seen parents who have been depressed, suicidal and I think it's just their living situation. (A8)

4.2.1.2 Lack of a Role Model

Participants felt there were few healthy role models for many of these parents, not

only from within their family, but from the larger community as well. No one in their support circle models healthy parenting and relationship behaviour. Therefore, cycles of addiction, unemployment, poor parenting skills, unstable relationships, and so on all become normalized because they haven't been shown a different way.

They need a mentor. Somebody that is willing to take that time. It used to be our families, our grandmothers, our aunts, our neighbours. But these people don't have that. And so, I don't want to criticize, but I think a lot of people that they would have in their circle are in the same position they are. They don't have those skills either. (A1)

And I think one of the main challenges that we really note is the lack of role modeling. So when you're in a community such as this, there are good role models available, but they're few and far between. And when the majority of your friends and social supports are in the same predicament that you are; running out of food constantly, not having the transportation, transiency, multiple partners, whatever the issues of the day are for that particular family. But if everybody around them has those same issues, it becomes the norm. And so all of their behaviours and all of the children's behaviours reflect that same norm for them. (A21)

The legacy of residential schools was seen as exacerbating the lack of role modeling for Aboriginal people in particular.

This inability to know what it's like to parent because their parents and grandparents weren't parented. They were in residential schools. I should say grandparents and great-grandparents really, although we still have one or two who have older parents who were in those schools themselves. So the major challenge is the disruption of their culture and family structure and their way of life. And it was replaced with institutionalization. So there's a tremendous loss of skills, culture, language, sense of self, sense of confidence. (A9)

4.2.1.3 Lack of Family Support

A lack of family support was identified as another common challenge. This could be related to not having family living nearby or could be a function of being estranged from family.

And when I met with the staff [they] wanted me to express that the support networks aren't there often. Like there's no parents or grandparents or friends much. (A19)

I mean sometimes the ones who end up getting child protection called on them, as

upset as they are, then they're so grateful when they get this parent aide who can help them because a lot are so isolated. They have no family in town. And so to have someone call protection on you is not great, but the end result, some of them are quite grateful to get that. (A3)

Even the presence of family nearby was no guarantee that a parent would receive positive support as a result of that presence in their lives.

And another reason is that the rest of their family may be caught up in their addictions and associating with them would pull them back into it. So there's a need for them to find people who want to get away from addictions and sometimes that's hard for them to reach out. And we have some families whose main supports are in a different province. (A24)

Not only are family members often not able to provide support, they may actually cause more stress because of their need for help.

Lots of extended family are still out on the reserve, or they live in different parts of the city. And they are always scrounging. When extended family do come, it's more of a burden because then, 'I have to stretch my budget and I don't have enough to feed me and my kids, so if my family comes, they're going to expect me to feed them.' And so they kind of chase them away too, so they're living isolated. (A1)

4.2.1.4 Lack of Self-Esteem and Self-Efficacy

Many parents living in disadvantaged circumstances were described by service providers as lacking 'self-esteem'. The concept of self-esteem is commonly described as one's personal feeling of worth, self-competence, self-respect and self-integrity (132, 133). A perceived lack of self-worth or esteem was seen by service providers as having a negative impact on the lives of parents in multiple ways.

Low-self-esteem was described as a factor in unhealthy relationship choices, which then reinforce feelings of worthlessness and further decreases self-esteem in a cyclical pattern.

Yeah, I would think primarily self-esteem as it relates to relationships [is an issue]. They almost are always in some kind of violent relationships ... or abusive. There's definitely abuse. So it could be violence or not, but be it physical, emotional, financial, sexual abuse, that's always the case. And their self-esteem and their lack of knowledge that they could leave the relationship, that they don't need a man in order to exist, I guess. (A14)

Service providers saw low self-esteem as related to parents' lack of confidence that they can bring about change. A more fitting term to describe this situation may be 'low self-efficacy'. Self-efficacy refers to beliefs concerning one's ability to effectively perform a particular task or behaviour. Individuals "create constructs of self-efficacy by combining an environmental context with personal beliefs regarding possibilities for success in difficult situations" (134).

Some parents were said to have difficulty advocating for themselves in order to improve their life circumstances.

They may be living in a house that's been condemned and they don't have the self-confidence to demand that the landlord do something or they don't have a feeling of security to leave and go and find a different place to stay. (A24)

This lack of self-efficacy also means that parents are less likely to participate in initiatives that might be of benefit to them. Entering into such programs requires a belief in one's own ability to succeed, and this was often seen as lacking.

'Cause a lot of times, families that I've worked with, there's the issue of self-esteem. If their self-esteem is low, they think they can't do something because they've been told they can't do something, whether it's because of their economic background or cultural background or whatever. And they've been told that enough times, they believe it, right? So how do you get past that? (A12)

4.2.1.5 Unhealthy Partner Relationships

Unhealthy partner relationships were seen as a widespread challenge, with a strong majority of participants discussing how this reality affects families. Four main factors were mentioned as contributing to this problem. The intertwining nature of the challenges is evident, as all four factors contributing to unhealthy relationships were identified as other individual challenges by the participants. As with addictions, abusive relationships were described as an intergenerational occurrence, with unhealthy partner relationships accepted as normal behaviour due to previous life experiences. The lack of role modeling of healthy relationships was discussed as affecting both people in the relationship.

Abusive relationships are very much a part of their world, both from their family of origin and their partner's. And having them break that cycle, it just doesn't

happen because the only family they know are maybe the parents that abused them or the father that abused them. The only one that loved them is their boyfriend, who has no problem mentally and physically abusing them and feels it's just fine that they do that. 'But he loves me.' We hear that over and over and over. (A15)

The second factor is the lack of self-esteem and its impact on relationship choices.

As I said, there's family violence. Quite often their partners will go to the correctional centre on a regular basis. And even if that relationship breaks down, because of their self-esteem or lack thereof, they quite often will connect with another like partner that has some of the same similarities. (A6)

Isolation and loneliness were also identified as motivators to enter into or stay in an unhealthy relationship.

And if they feel isolated, they [also] feel lonely. There's poor self-esteem. At least with a man, 'Even though he might hit me (or whatever it is he does). He might tell me I'm fat, I'm ugly, the horrible things that are said, at least I have someone there. It's better than being on my own because when I'm on my own I have all these feelings and I feel overwhelmed.' I've heard that lots over the years. (A10)

Finally, poverty sometimes forces individuals to stay in an abusive relationship.

She was with an abusive partner. It wasn't the father of any of her kids. But one of the reasons she was with him was because she couldn't afford to live on her own. She got \$200 a month for rent. Where do you find a place for \$200? So she was living with him because he's working and so they were just sort of living together as friends for awhile and then I think things changed. So she's in the process of trying to get away from him. (A1)

4.2.1.6 Societal Attitudes

The final psychosocial challenge acknowledged by service providers was societal attitudes such as racism and prejudice against people living in disadvantaged circumstances. Racism, particularly against Aboriginal persons, was mentioned as a societal attitude that negatively impacted families.

Part of the barriers is not really understanding the cycle of abuse, the cycle that perpetuates itself. I know a lot of people get angry and they say, 'Oh no, not the residential school thing again.' But it has a huge impact on society, [whether] they want to hear it or not, it has. 'Cause if you don't break the cycle, it will continue. (A25)

Judgmental societal attitudes towards those living in poverty were also highlighted. Service providers felt that most people have no idea of the challenges faced by those living in disadvantage.

There's a stigma that goes with them as well. There's lots of belief that if you live in poverty, you're lazy. And they're not. They just, due to circumstances, it's really hard to dig themselves out of the hole that they find themselves in. They're wonderful people. (A6)

Another specific group mentioned as being a particular recipient of judgmental societal attitudes was teen parents.

Well, first of all, being a teen parent, they get a lot of ridicule that way. People will make their comments not really realizing what kind of impact they're having and they seem like they are making just a little comment, but it means a big thing to [the teen parent]. I think being Aboriginal, [the teen parents] think they're being judged because of that. (A8)

4.2.2 Both Psychosocial and Structural

One of the challenges that was identified could not easily be classified as either psychosocial or structural because it contains elements of both. Families were described as being geographically isolated and/or psychosocially isolated for a variety of reasons.

4.2.2.1 Isolation

Two terms frequently used to describe target families were 'lonely' and 'isolated.' There are several factors that service providers felt contribute to this isolation. Psychosocial factors behind the isolation include realities such as strained relations with family or fear for own safety due to the high crime rate in some neighbourhoods.

But more often than not I sense that they're lonely. They may be isolated from their own family. Maybe they don't have the family support that they wish that they did have. (A10)

Isolation in the fact that [there are] people who are just afraid to come out of their houses. (A6)

Transiency contributed to this isolation. Constant moving due to circumstances such as inadequate housing (a structural factor) or unhealthy partner relationships (a

psychosocial factor) meant families did not have the opportunity to develop a sense of belonging to a particular community.

They move so much that they don't have a supportive community. We're sort of a supportive community for them ... But when they go back home, maybe they know their neighbours, maybe they don't want to know their neighbours. They don't have, really, that supportive community, so that's a big one. (A1)

Well, one of the things is just the vastness of the inner city. They might have radio, they might have television, but they are isolated. They're isolated because they move a lot. There's not a sense of neighbourhood. (A6)

4.2.3 Structural

The structural challenges described in the following section are more concrete and tangible than the psychosocial challenges. The structural challenges identified include poverty, inadequate housing, food insecurity, lack of transportation and lack of education.

4.2.3.1 Poverty

Service providers spoke of the extent of the poverty faced by many of the families they worked with. Inadequate income was a challenge for both Social Assistance recipients and the working poor.

Well, finances is a very common issue in the families. Even when you think about providing nutritious food and safe housing, many of our families are living on Social Assistance and the Social Assistance rates make it very difficult to provide nutritious meals and a safe home. So many of our families spend more than their allocation on the housing piece, which leaves very little else. So, I mean, that's a huge issue. (A22)

But if you are working for minimum salary or just a little bit more than minimum salary ... that does not stretch very far. Even if you are entitled to a supplement, these families are so struggling and those are the families that really, in my estimation, need the help. (A10)

This poverty impacts many facets of life that affect the quality of the childhood experience for a young family: housing, food, recreational activities, transportation, and so on. Many parents struggle to provide the basic necessities and are unable to make some of their preferred choices for their children due to financial constraints. Poverty was the overriding challenge with many of the other challenges related back to insufficiency

of available funds.

I think the absolute biggest challenge is poverty. It's the number one issue that results in other issues, so the struggle of not having those resources, not having the transportation, you know? That focuses back to poverty. Not being able to put their children in programs that help children learn social skills. (A2)

One thing I have come to the conclusion of is that over time what you find is that poverty kind of intensifies every other problem and every other crisis that families are dealing with, so there could be a range of issues in terms of problems within the family. Whether it's dealing with addictions for the parents, or a range of factors that might lead to family breakdown and family dysfunction, but ultimately, not having the income and the services to meet the basic needs will intensify all those problems. (A5)

4.2.3.2 Inadequate Housing

The current rental housing supply in Regina was described as inadequate to meet the needs of low-income families. Participants reported that recent rental increases have resulted in families being forced to reside in substandard housing because they were not able to afford housing of better quality.

They're living in poverty so most of them are on assistance with very limited funds for housing. And the housing out there is limited and in dire need of repair. And what they can find with what assistance allots them is in areas that aren't the safest. When there is really secure buildings that are excellent, they're full. And so they have to be in dangerous situations. (A17)

... a house might look great to someone and then you get into it and you realize that the sewer's backing up in the basement and the landlord that you're paying rent to isn't coming over to take it out, and you've got children living in a home with sewage in the basement. That has happened to a couple of our [clients]. (A7)

The substandard nature of the rental units available was seen as directly contributing to increased transiency. Service providers portrayed a situation where families are constantly moving in search of a higher standard of housing, with the constant upheaval acting as a destabilizer in the life of the children.

I think that living in substandard housing is another problem. A lot of transiency in terms of attempts to find better living arrangements which causes a greater degree of instability for the children and the family unit. (A5)

In addition to the instability caused by transiency, the participants identified other

health impacts on children as a result of living in substandard housing.

We were talking yesterday about parents in the [parenting program] learning that it's really important not to leave your child in a little car seat all day but also to be put on your tummy on the floor so that baby's frontal muscles can develop. But one of the staff was commenting, 'But it's not always safe. You know, the floors are old, or stained carpet or rough floor, and cold and drafty and all of those other things.' So all of that has a huge impact on health, well-being and ultimately child development. (A9)

I work here in Regina, and my kids are in houses where the windows are all boarded up and there's water in the basement and there's black mold on the walls. How can I expect the family to talk about not hitting their child when they aren't even breathing clean air? (A18)

4.2.3.3 Food Insecurity

Food security is a concept that encompasses having access to a sufficient amount of nutritious food to maintain health. Participants depicted a situation where many of the families they work with face food insecurity. The main factor identified was the lack of funds available to parents in order to purchase a nutritionally balanced diet for their family.

It appears that the children in the families are doing quite well in terms of their security, primarily because most of them attend programs where food is provided or community schools where food is provided or live in neighbourhoods with Chili for Children and those types of programs. What it seems like we're finding is that the moms in the family are the ones who are not eating well. And so we may need to look at what we do in that area because it's really hard for a woman to improve her parenting skills or get a job or go back to school when she's not eating. And so that I think is a huge problem. And many of our families are run by single women, so if moms are not functioning well, that's a big problem for the children. (A22)

The other thing that happens is that there are a lot of people visiting back and forth. So you think you have food for today and then you have people come in, and according to your culture and tradition, you share. So if you're having grilled cheese sandwiches, then you're making more grilled cheese sandwiches but that means you have no bread for tonight because you've given it all away. It then constitutes a crisis for you because now you have nothing for breakfast either in the morning. (A21)

In addition to a lack of money, a lack of transportation was also cited as a major

contributor to food insecurity. There are no major groceries stores in the lowest income neighbourhoods of Regina and the foodbank is located a considerable distance away.

My families are spending money on cabs which could go to milk or they're buying a \$2 loaf of bread at [a convenience store] because there's no grocery store close to them so it's not good financial management for families who are already in poverty. (A18)

The food bank is available, however, again we have the transportation issue. And when you've got one to three children, sometimes four children in tow, it makes it very, very difficult to even carry one or two bags from there. So that needs addressing because I cannot tell you the number of bags, backpacks we've filled up from food that we've had donated at Christmas time and that we've stock piled it for high need times. It is a huge issue. (A17)

Interestingly, service providers did not tend to mention a lack of knowledge of nutrition, mismanagement of money or poor shopping skills as factors. The food insecurity was considered a function of two main structural factors: lack of money and lack of transportation to travel to stores primarily located in suburban areas.

4.2.3.4 Lack of Transportation

A lack of transportation was reported as negatively impacting other areas of life in addition to food acquisition. The magnitude of this impact was evident as service providers frequently used the adjective “huge” to describe how this lack of transportation affects the day-to-day lives of the families they work with.

Transportation is just huge. Many of the families have no car and sometimes no license, and so we really encourage families to participate in the \$15 bus pass that our community offers, but even so when it's very cold, or even when it's not very cold, to travel a long way, to make several changes on a bus with two or three little babies is not the easiest thing in the world to do. Or have to take a child to school and another to daycare. You know those of us who drive really don't realize what a privilege that is. So transportation is a barrier to families participating in the community for sure. (A22)

Well, I'd say transportation is a huge issue for our families. I mean we've got families of five to six, seven kids and they don't have vehicles and they're bringing their kids in strollers in the winter and by sled. (A3)

They can't get around to get where they need to get without having to take a bus. Now imagine having two toddlers in tow, and trying to take the bus. And then

when they closed down the [supermarket], well it's kind of hard then to get, like they just, like the location, the things that are in this community are kind of far away. (A8)

4.2.3.5 Lack of Education

Participants felt that parents often lacked basic education and did not have the literacy skills that are required to help them improve their lives through gainful employment or post-secondary training. Low literacy levels were widely reported and were seen as a barrier to obtaining employment which could potentially pull them and their families out of poverty.

A lot of parents don't have even their Grade Twelve so it's hard for them to go on to post-secondary education or even find sustainable employment. (A2)

In many cases literacy levels were so low that parents were not functioning at a high enough level to realistically succeed in standard GED programs.

There's this big push for Grade 12 or GED, when most of these people come in with realistically, a Grade 8 level that they're at. They can't write the GED. It's a pie in the sky dream and it's sad. (A14)

And they're severely lacking in education and again that's not their problem. It's the education people that have put them through the system so that they're behind quite a few grades in school. There is a huge problem with literacy. A lot of them don't read at all. (A6)

Factors highlighted as contributing to this situation included unidentified learning disabilities, being “pushed” through the school system without attaining the standard for each level, and lack of family support for education.

And a lot of those families, literacy is part of it, their reading levels, because a lot of families that are in those positions didn't complete high school. And it could be for a number of reasons. It could be because the families that they grew up in, it wasn't encouraged, education was not encouraged. Or it could be they had a learning disability that was never identified. It could be their learning style is completely different to what is available within the school system. All of those sorts of things. So that leads to a certain amount of frustration. (A12)

4.2.4 Commentary

The challenges identified by the service providers were generally consistent with literature describing the lives of people living in disadvantage. For example, research has linked many of the psychosocial challenges to lower income. Low-income parents are at greater risk of mental illness, with poverty being one of the most consistent predictors of depression in women (34, 135). The identification of a lack of self-esteem as a challenge is supported by research showing women who scored lower on self-esteem and self-efficacy tests earlier in life were more likely to become Social Assistance recipients (136). Unhealthy partner relationships have also been linked to living in circumstances of disadvantage. Poverty and heavy alcohol consumption have been shown to increase intimate partner violence (137). Other risk factors for spousal violence in Canada include younger age, those in a relationship for three years or less, Aboriginal persons, and those in common-in-law relationships (138). In terms of the magnitude of this challenge, Statistic Canada reports Saskatchewan had the second highest reported rate of spousal violence in 2004 among provinces at 9% (138).

Similarly, the structural challenges identified by the service providers are also evident in the literature. Certainly poverty is a challenge for most of the families with which the service providers work. The incidence of childhood poverty in Regina in 2001 was 19% overall, with a rate of 43.5% in households headed by a lone parent (84). Another example of a commonly recognized structural challenge for families that the service providers identified was food insecurity. One study found that 96% of low-income, mother-led households in Atlantic Canada had experienced food insecurity over a one-year study period (139). Other Canadian studies found both families on Social Assistance and those living on minimum wage were receiving insufficient funds to afford a nutritious diet for their families (140,141). Similarly, the inadequacy of available housing has been highlighted in the literature. Generally, children in poverty live in homes that are more crowded and are of lower quality as manifested by characteristics such as structural defects, rodent infestations and inadequate heat (32). According to one 2005 report, families in Regina enrolled in either the Social Assistance Plan or the Transitional Employment Program did not receive sufficient funds to cover actual market

rental rates (142).

Although the challenges that service providers identified are consistent with the literature, I found several aspects of their descriptions of these challenges to be striking. First, I was surprised by how participants glossed over certain challenges as if they were so self-evident that no explanation was needed, while they went into greater detail when discussing others. One area that was mentioned briefly but frequently was mental health and addictions. At first I thought maybe this was because of stigma issues, although since participants were referring to the challenges faced by target families and not themselves, I found this rather curious. However, as I undertook more analysis, I realized the same matter-of-fact, no-need-to-go-into-details approach was also evident when discussing other challenges like lack of transportation. For both of the challenges, despite their lack of elaboration, participants used adjectives like “big” and “huge” to describe the magnitude of these issues. Eventually I concluded that the challenges mentioned frequently but briefly were ones that service providers considered to be so self-evident and widely recognized that they did not feel the need to justify their naming of these challenges with longer explanations.

A second aspect of the challenges identified that was remarkable to me was the emphasis on psychosocial issues. I think I had expected that service providers would mainly discuss structural challenges with poverty as the root cause. While I did not expect them to avoid psychosocial challenges completely, I was surprised that this aspect received as much emphasis as did the structural challenges. Perhaps my bias comes from the fact that programs aimed at this target population are overwhelmingly directed toward the structural issues, with far fewer resources being directed toward issues such as promoting self-esteem and healthy relationships, and changing societal attitudes. It seems that funding initiatives tend to neglect a large range of psychosocial challenges that service providers describe as being very important. An exception would be the lack of role models. Much of the funding is directed toward skill development, while the other psychosocial challenges identified are largely ignored.

The structural challenges that service providers identified were not a surprise to me and I had expected them to be central to the challenges that were identified by service

providers. The direct causal link between poverty and the other structural challenges is much more evident than is the case for the psychosocial challenges. It is easy to recognize poverty as the root cause of these structural challenges. This is in contrast to some of the psychosocial challenges that are not as concretely quantifiable as the structural challenges. It is much easier to assess how a low income affects food purchases than how it affects self-esteem.

I found that there seems to be a disconnect between the challenges that were identified, and the majority of program offerings to assist these families. Several of the challenges (such as healthy relationships, societal attitudes and isolation) are rarely the focus of programs and appear to receive very little attention from program designers and funders. My overriding impression of the challenges that service providers identified was that those who work closely with target families really do have a holistic view of the lives of their clients and an appreciation of the complexity and interrelatedness amongst these challenges. I sensed their frustration, however, that those who design and fund programs tend to take a more focused approach, and thus resources are often targeted to singular challenges in isolation of the others. The policy implications of simply addressing the structural challenges while ignoring the psychosocial challenges became clearer to me as I considered the complete range of challenges identified. While increased family income would help mitigate the effects of many of the structural issues, that focused approach in isolation is not likely sufficient to improve childhood outcomes. Similarly, parental skill development programs alone are often insufficient if other life areas are not addressed. The service providers enunciated the need for more holistic, broader programs which address both psychosocial and structural issues.

4.3 Barriers to Program Participation

Service providers were asked to describe barriers they felt may prevent families from accessing programs that could help them to address the challenges they face. The term ‘program’ is used broadly here to encompass any service offered by organizations that aims to assist families living in circumstances of disadvantage. Thus, the term covers all four types of programs delivered by participating organizations: assisting families to

meet their basic needs; childcare and child skill development; parental skill development; and individual advocacy. Participants outlined a range of barriers, some of which could be characterized as psychosocial and others structural in nature.

4.3.1 Psychosocial

Psychosocial barriers are those barriers to program participation that have a basis in the nature of personal relationships. These psychosocial barriers include: (1) feelings of fear, mistrust, and discomfort; (2) feeling judged; (3) cultural barriers; and (4) being discouraged by family or peers.

4.3.1.1 Fear, Mistrust, Discomfort

Feelings of fear, mistrust and/or discomfort were described as a major impediment to program participation. Parents may not be willing to take part in programs because of negative psychological concerns. Three particular feelings were discussed as being commonly experienced by parents; a general distrust of people, a fear of change, and discomfort in institutional environments.

Service providers believed that many individuals in the target population have a general mistrust of people and programs, especially those with which they are not familiar. Levels of trust could be enhanced through positive communication, as programs and people gained credibility via positive reports from others in the community.

I know working in a lot of those communities; I've had parents who come to programs based on word-of-mouth. And it was because they'd heard that the facilitator of the program was a really nice person and they really enjoyed it. And it can go the opposite way too. If whoever's running that program does not leave a trusting and positive impression on those people who have participated, that can also lead to closing doors along the way. (A12)

Trust was described as something that took time to develop and that, while difficult to gain, was easily lost.

And it takes a while, too ... you don't immediately have their trust. And so it's usually a couple of times that you're showing you're sticking with them. You will do some service that they need. You listen to them. You respond in a way that is acceptable to them. You get results for them. And after one or two times they

realize that you are here for them, and that you're not going to let them go, and that it is more than this is my job. I'm doing it because I really do care about you. After you've done three things for them, in whatever capacity, whether it was giving them two litres of milk or just giving them five minutes of your time so that they could say what a crappy night they had, saying hello to them, making eye contact with them in the morning ... they will build trust with you. However, if you ever do something that breaks that trust, good luck trying to get that back. That's not going to happen. But trust is critical to them. (A17)

A second emotion which was identified as a barrier to program participation was a fear of change. Parents were described as being leery to attempt to make changes in their lives, despite living in very difficult circumstances, because of their fear of the unknown.

There's also barriers like, 'If I do get involved with this organization, can I overcome my fear of change?' So there's a lot of psychological barriers. It's the fear of changing and for all of us that's very scary. It's much easier to stay in a bad situation that we know than to jump out and go to what could be potentially a better situation, but it's completely unknown. So people's comfort level with change is, I think, a huge barrier. (A15)

Fear of change. Fear of looking at yourself, looking at your problems or your issues. (A23)

A third sentiment mentioned by participants was the discomfort that some people experience in an institutional setting. Past negative experiences in institutional environments may make it difficult to participate in programs offered in schools, health care facilities and other such settings. The power inequalities inherent in many institutions were cited as contributing to this discomfort.

A lot of people have had very negative experiences with the education system. So they're not going to sign up for a class. They're not going to sign up for any kind of continuing education in parenting or something. (A21)

I think that people get a sense of the power dynamics and hierarchical dynamics that come into play in dealing with a wide range of institutions and often the comfort level just isn't there. And certainly, even for our office, it often will take some time to develop trust. (A5)

4.3.1.2 Feeling Judged

Another psychosocial barrier which service providers reported was a fear of being

judged and considered inferior by the people running a program, or even by other program participants. It was reported that some parents worried that their parenting would be viewed as not fitting within societal norms. Negative judgments were perceived as being made around issues such as the age of the mother, the number of children, and the appearance of the children.

I hear all sorts of issues when the [teen moms] actually are in the hospital for various reasons, whether it's having their baby or baby's sick. Maybe baby's getting good care and maybe they're getting physically good care but often they will complain that they were viewed as a teen mom and they just feel like they are being looked down on. I've heard that a number of times. (A17)

And then once you're there, how welcomed are you? Because if you're bringing in six kids and we're doing childcare for you, when we get six to eight kids in the room, then we have to hire another childcare person, so are you feeling judged? Whether you are or not, are you feeling judged? (A21)

Some of the moms I work with think that people are always watching them or looking for information on them, always afraid of Social Services. Or their children don't have the right clothing, or their hair cut isn't done because they don't have the money to do the hair cut. So sometimes parents fear participation because of how they might be judged in the community by professionals. (A18)

The stigma associated with some programs was mentioned as a deterrent to participation. Service providers thought that some parents were hesitant to be involved in programs that they felt were directed to those with poor parenting skills. Parents were reluctant to participate if they feared they would be judged as being a bad parent simply by association if they enrolled in parenting programs.

And sometimes it's the stigma ... I've had parents who were not interested in coming to parenting classes because that would indicate they were a poor parent. But they would come to a family literacy [program] and if you throw parenting in there, well that's just a bonus, added information. But because you didn't call it a parenting program, it's okay. (A12)

The stigma attached to programs directed toward lower income families was also mentioned as an obstacle to participation.

When the Saskatchewan employment supplement came into place for working families with children, the initial take up was fairly low. And part of that was, and part of that continues to be, the fact that people would prefer not even the stigma

of having to be receiving the employment supplement. (A5)

Even though a lot of these programs are free, the stigma that goes along with identifying themselves as a welfare client can preclude them from participating in a lot of things ... we have what they call a Fun Pass or something, I don't even remember what it was called, through the city. But it's for people that are on assistance, and they have to sign a sheet and they get this. Well these kids came in [to the city facility] with one and [the clerk] says 'Oh, you're one of those.' She says 'You're on welfare.' And there were people standing around there and it was totally inexcusable. She was a very young worker. She didn't know any better and it was such an embarrassment that the next year we had a drop of people requesting of about 50% because they just didn't want the embarrassment to happen. (A6)

The ultimate fear surrounding being judged deficient is the fear of having your children taken into care by child protection. Some parents have experienced this in their own life experiences (being apprehended as a child themselves, having children of their own apprehended, or having friends and family who have experienced such situations), so this fear is a very real one to them. A situation in which someone's parenting is open to judgment provides an opportunity for people to provide evidence to child protection services.

Some of it is a little bit of fear, I think. Those women have been in the system for a long time, they've been sort of eagle's eye view on them for many years, and so they're always a little bit afraid that if someone picks up on something that they're doing wrong, that it might get reported or, and so they're a little bit afraid to come and expose themselves, and maybe their lack of parenting skills, you know, in a public way. So I think that's one of the reasons. (A1)

Sometimes some of our most vulnerable families don't hook into programs because they're afraid of having their children apprehended. They're afraid of identifying their issues because it almost for sure will mean that the children will be taken, and so I think that's a pretty scary thing for women... and many of them have experienced apprehensions. I think the whole relationship of the Department of Community Resources, many of the women in the program experienced a relationship when they were children and it's changed a lot now, and they do a lot to keep children in their homes and with kin. The experience and the memory is of a different system. But I think that's a huge issue for lots of women. They are just scared to death of losing their kids. (A22)

4.3.1.3 Cultural Barriers

Cultural divisions were perceived as an issue which acted as a barrier to program participation. People were reportedly less likely to become engaged with a program if the people delivering it were from a different culture.

I think a barrier might be if programs are solely run by people by whom they don't share a cultural heritage. One of the things that we have done since we started was to make sure that we had good representation so most of our, at least half of our staff, if not more here, are First Nations or Métis. We have a few immigrant families, but we haven't anyone on staff currently who is immigrant. We have had in the past. But since the majority of the families are Aboriginal, we try to make sure the majority of staff is also Aboriginal. So I think if you don't see that, that is a barrier. If you are a minority person and your minority group isn't represented, I think it is a barrier. (A9)

Not surprisingly, given Regina's demographic breakdown, Aboriginal cultural barriers were discussed most frequently. Service providers highlighted the need for organizations to have a representative workforce delivering their programs and to incorporate Aboriginal cultural into the way they deliver their programs.

A lot of families might not access programs if there's not a cultural component or they walk in and it's primarily not First Nations people. I think that that's definitely a barrier. A sense of not feeling secure, welcomed, part of ... this is an agency that has 76% First Nations youth, Inuit and Métis children [and] we have 1% First Nations staff, okay? Now, if that isn't an indicator that we look different and have different values and ideas of how things run. It's a concern and the agency is addressing it. (A18)

Cultural sensitivity is a big thing. I know that the Aboriginal tradition is an oral kind of tradition and a lot of our staff is paper and envelopes and everything, so if we could get our [staff] to go and knock on doors and talk to people that might be a bit better. (A13)

Cultural acceptance was described as a two-way street, with service providers recognizing they were not always accepted into a helping relationship, the way that they would like to be, due to cultural differences.

And especially if they're First Nations folks, they don't want to have a white [staff member] come in and show them how to do it, regardless of how good the [staff member] is, and we've got some wonderful ones around, because it's that stigma they have of the past, 'Oh another white person coming in to tell me how to run my life.' So they've got that mental kind of 'I don't want your help.' (A14)

Newcomers were mentioned as another demographic group that faced cultural barriers to program participation.

The one thing is also the service providers don't want to work with newcomers because they require interpretation and it takes longer. (A26)

Participants also mentioned more broadly the 'culture of poverty' and how some organizations are not understanding of the challenges faced by those living in disadvantaged circumstances. As was mentioned in the 'feeling judged' section, parents may feel they are being judged due to the insensitivity of some service providers toward those living in poverty and the realities that accompany that experience.

I think also there is sometimes a perception by our families that they are not viewed well at some places—that many organizations are not culturally sensitive, or sensitive to the needs of somebody living in poverty. (A22)

With any agency that people are coming in contact with, I think that there are often middle class biases, cultural biases that come into play in terms of dealing with people. (A5)

4.3.1.4 Discouraged by Families or Partners

Parents do not always have people in their support circle who encourage them to try to improve their skills. Sometimes the people closest to them actually hinder their efforts to participate in programs. This is consistent with two of the general challenges identified, lack of family support and unhealthy partner relationships. Service providers used the word 'big' and 'huge' to express the magnitude of this barrier for those affected.

If a Mom wants to go and take a program, if the current partner in the household is at all resist either to her bettering herself or it becomes a threat to him, he will sabotage her from coming. He'll pick a fight the night before, if he's agreed to babysit he'll renege on that, steal money, steal cab fare, steal bus passes, whatever, if he doesn't want her to go. And that's not just the partner. Sometimes it's family members too that'll do that. So that's a huge barrier. (A14)

Some of the parents that I have dealt with, [it] is things like maybe their partner doesn't want them to participate in this program 'cause it draws too much attention onto them. I've recognized that as a big barrier. Some of these girls are wanting to get help and move on and move up and they just are being held back. And then their own parents, their own family, the cycles that are going on in the family, they will hold them back. That's a big barrier. (A8)

4.3.2 Both Psychosocial and Structural

One barrier to program participation is the situational circumstances of many target families who live in perpetual ‘survival mode,’ punctuated by bouts of ‘crisis mode.’ This barrier has both psychosocial and structural elements.

4.3.2.1 Survival Mode and Crisis Mode

The stressors inherent in living in disadvantaged circumstances converge to create an environment where parents were described as constantly struggling to meet the day-to-day needs of their family, which make attendance at regularly scheduled programs very difficult. Added to this is a high frequency of unpredictable crisis situations they have to react to immediately. Thus, being in either ‘survival mode’ or ‘crisis mode’ makes it difficult to plan ahead in order to participate in programs routinely over the long term. The factors behind these unpredictable circumstances had both psychosocial and structural components.

The difficulty of trying to provide the necessities of life to their children was seen as a constant battle for these parents. Naturally, providing the short term basics was prioritized over other activities that may provide positive benefit in the long term.

They’re just so busy with appointments, and they’re so busy trying to get the necessities of life. Always got appointments with social workers and trying to get a new place to live and always looking through the paper to get a better house because their housing is inadequate and scrounging around to get enough money for food and diapers and milk and so that’s like on a daily basis they’re having to look for their necessities...and so looking after those needs, the educational needs, the discipline needs, that’s really kind of pushed to the side. They don’t see it as important and obviously housing and food is top priority. So they don’t see the importance [of attending programs] as much maybe as we can looking from a distance. (A1)

Parents are struggling to provide for their children, right? And so they are so focused on, ‘Okay, how am I going to get food on the table? How am I going to get my child to school? How am I going to take my child to the doctor’s? I’m pregnant with another child. How am I going to survive?’ And so it sucks up so much of their attention, their time and they’re so highly stressed that they don’t, a lot of time, have the chance to interact with children or be helping [at a program] because they are so occupied with surviving. They’re in survival mode instead of just living as a family. (A2)

In addition to the constant struggle to meet basic needs, participants also spoke of the frequent crisis situations that arise in the lives of these families and those around them, often of a tragic nature. Such crises prevent parents from participating in programs, usually with little advance warning. Affected parents, although motivated to attend a program, would simply be unable to due to circumstances beyond their control.

And with First Nations families, it's family issues, death, funerals. Had some people come in and it's like once a month they've got a funeral to go to. And it's not made up. It's real. So they have to drop out of programs 'cause it's just, they're constantly gone. (A14)

They're a single mom living with their own single mom and they're living in poverty. And their brother has addiction issues, he's in a gang, and so life is constantly revolving around his drug use and these people coming to the home. And I just think, how could you be involved in a program when you don't have stability and you don't know what your day-to-day life is going to be? How do you go somewhere every day and commit to a program? (A7)

The pre-packaged programs just so often don't work. And again it's because people do seem to have these crises so much, whether it's due to unhealthy relationships, poverty, just not knowing what's going to happen the next day kind of thing. (A19)

4.3.3 Structural

Several structural barriers to participation were identified. These barriers tend to be ones that prevent families from participating in programs, even if they have successfully addressed the psychosocial barriers and are ready and willing to participate. These barriers include lack of transportation and/or quality childcare, programs where demand exceeds capacity, ineligibility due to rigid criteria, transiency, and lack of awareness of available programs.

4.3.3.1 Lack of Transportation

Lack of transportation was previously mentioned as a challenge that impacts many aspects of life. Inability to get to programs is an obvious consequence of this challenge that acts as a barrier to program attendance. Regina's cold climate and the trials of traveling longer distances on public transit with small children serve to exacerbate the

impact of this lack of transportation on program attendance.

Up until [we began providing transportation] we had a really difficult time getting children to stay at the [program]. They would come in September [when] it's lovely outside. Almost by November, half the attendance had dropped because it's very difficult. You know, you have maybe a small baby at home, maybe a toddler, or maybe another toddler and it's minus 30 [degrees]. I have a car, easy for me. Even just several blocks away, even though you may know that it's really important and it's really good for the preschooler to get to [the program]...easier said than done, so since we've had transportation, that has helped enormously. (A10)

Transportation is always the biggest barrier, I think, because how do you get from point A to point B when you've got two little ones, or five little ones or whatever the number? (A21)

Well, you can imagine in the Saskatchewan climate, say you live in northeast Regina and you have to catch the buses you have to get down here for a program that starts at 6:30 or 7:00, and [you have] a baby, a toddler, a preschooler ... it would be absolutely impossible. (A9)

4.3.3.2 Lack of Quality Childcare

Provision of childcare was described as an essential service for organizations trying to attract parents to programming. Participants suggested that parents often do not have family or friends who can watch their children while they attend programs. It seemed to be widely accepted by service providers that childcare and transportation are two of the biggest barriers to program attendance and the two were frequently mentioned together.

Transportation and childcare is a huge issue. Our program does offer transportation and childcare, but I know when we're full and we try to refer someone somewhere else, sometimes they don't go because they don't have transportation and they don't have childcare. (A2)

We help with childcare. We know that that's a big barrier for people coming in. They may not be able to access a program because they don't have the type of social support or family support where somebody will look after a child for them or help them get a ride here, or some of those concerns. So we offer childcare as much as possible whenever we have a program or a special event. (A21)

This lack of childcare was also seen as denying the children the developmental advantages that can accrue from placement in a quality daycare setting.

I think [another barrier] that we certainly hear about is inadequate, or people not able to access, quality childcare and the need for greater affordability and accessibility and more spaces. Quality spaces for children and the kind of developmental supports that childcare can provide. So difficulty accessing quality childcare would certainly be in there as well. (A5)

4.3.3.3 Program Demand Exceeds Capacity

In addition to a lack of childcare spaces, service providers mentioned several other program areas where demand chronically exceeds capacity. The first area was child skill development programs for infants and preschool-aged children. Wait lists for early childhood education programs were seen as precluding children from participating in a program at a critical age from a developmental standpoint.

And that brings to me a bone of contention that I have with our program is that we sit with a waiting list...we have been sitting with that wait list probably for the past two to three years hovering right around that same amount...So we know that the windows of opportunity for learning are from birth to three and birth to five and if we've got them sitting on a wait list, we're missing some real crucial times for families so I would think that would be my number one [barrier]. (A4)

I think we have some really good programs in Regina. Quite often I think with some of the early childhood programs you'll see waiting lists and I think that's unfortunate because when you're talking about early intervention, kids can't wait. They need to get into the program now. (A22)

A second area identified as having greater demand than current programs could handle was mental health and addictions services.

I think psychiatrically or mental health concerns, there's still long waiting lists. Other agencies that do community work, like even some of the counseling agencies, I mean it's hard, there's long wait lists unless you're EFAP [employee family assistance program] and there's nice money attached to you. (A18)

There's long waiting lists for addictions. That seems to be a big gap...really the treatment of those with addictions has still got a long way to go...[and] with mental health, we try to get people in and [they're told] 'Yeah, you can come in in six months.' So in mental health there still seems to be a lot of bureaucracy. (A19)

A third area commonly mentioned as having wait lists was educational initiatives for parents, particularly upgrading initiatives. One participant described the negative

impact of people wanting to make a positive life change, but being frustrated and discouraged at the inability to enter into such programs.

For the most part I see people waiting in line, people frustrated because they can't get in, like again, employment programs. I know people that sit and wait for four years to get into an employment program so that they can get their GED because they want to work and they know that they can't even get a job 'cause they have a Grade Eight. And it's four years of waiting. If they could have got their GED, their intentions were, say, to go on to post-secondary education. They could be almost done their four-year degree and having a career and they're waiting. And a lot of times, though, ... people want to make changes in their life and they're waiting and waiting and they don't know how, and they don't know where to go and they sometimes fall into a rut. And then they start abusing drugs or alcohol or have another child, like to fulfill the need of what they are supposed to be doing because they just don't know where to go. (A2)

4.3.3.4 Rigid Criteria

Another barrier to program participation was rigid criteria that reduce the number of people eligible to participate. Service providers encountered situations where they felt families would greatly benefit from a particular program, but due to restrictive eligibility criteria, the family did not qualify.

Often we start off with programs like that and if your entrance requirements are very rigid, then you eliminate lots of your clients. (A11)

We've had [particular] program come here and I'm like 'Oh, everybody sign up for this. This is just the greatest program and all these resources that you can get.' Most of our [parents] have applied and they didn't qualify. And it was silly reasons why they didn't qualify but let's say out of 80 of them, 25 qualified and the rest of them didn't. (A17)

And I'm sure still there's lots of kids that aren't getting served that should be getting served. We know for sure in the city of Regina [particular program] is targeted. It's targeted to those four core areas. And I think that is where the main gist of the kids are that really need to have the help, but they should just open it up. I mean, these families are very transient too and they move all over the place, so you need to be able to follow them that way. (A4)

4.3.3.5 Transiency

Families were described as being very transient. This transiency was related to a variety of factors such as poor quality housing, unhealthy partner relationships, safety

issues and moving back and forth between Regina and their First Nation community. This constant moving was seen as impeding the ability of families to maintain participation in programs.

Living transient lives [is a barrier]. So they may be living on Retallack Street for a while and get hooked up in a program. And then something might happen that causes the family to move, so if there's domestic violence and maybe he's incarcerated, then she may choose to move out of the home because it has bad memories. And then it's easy to fall through the cracks and not get involved in programs when you're constantly moving and not having a stable home for yourself and for your family. (A7)

My families surf and not only within the city but to the reserve and back depending on employment or waiting because uncle's house comes open and they get the house back on the reserve. So they're in the city for a bit and then on reserve, and then back in the city once they get sick of the reserve again. Yea, it's a big issue. And then for agencies to follow and help them or stay involved long-term to help with some of those more long-term issue—it's not a reality. (A18)

I think a lot of people are transient and they move out of their community quickly before they can connect, and move on and off reserve, move to different cities, very transient. Many people are [very transient], so it is harder to make a connection and to get comfortable with a community and an area and programming if you're moving everywhere from place to place. (A2)

4.3.3.6 Unaware of Available Programs

Another barrier identified was a lack of awareness, on the part of families, of programs that may be beneficial for them. It was felt that some parents did not know what programs were available, or where to get assistance in finding out about and learning how to access what was available. There did not seem to be any one program that takes responsibility in a universal way for ensuring families living in circumstances of disadvantage are aware of and assisted in accessing programs that would be helpful for them.

Clients or participants that I come into contact with are unaware of resources that they could be tapping into and it blows my mind because I think that Community Resources and Employment are not providing the information of what they're entitled to or what they can do. A lot of times they're missing the information and information is power, and if they don't have it then they're going to stay stuck. It's hard enough to advance, but not having the information to do it

is ten times worse. (A2)

There are some good programs in Regina, though. It's, I think, difficult for families on the early childhood side as there's no kind of a place where you can phone and find out all that information. So I think it's actually quite confusing for consumers and so that's one of the things our [staff] try and do is know what's out there and what the contact information is to try and help families look at what programs are available to them because we do have quite a few options. (A22)

4.3.4 Commentary

Many of the barriers to program participation that service providers identified are found in other research. For example, research has shown parents often do not trust service providers to help in a non-judgmental manner and are thus more likely to attend universal programs where they don't feel judged (71,72). Another barrier frequently mentioned in the literature is time demands and scheduling concerns. This relates to the barrier of survival mode and crisis mode that service providers discussed. The daily stress and time demands experienced by low-income caregivers has been found to be a barrier to regular program participation (4, 5, 68). Similarly, a lack of available childcare (66, 143) and lack of awareness of available programs (64) have also been cited as barriers in the literature.

As with the challenges that were identified, service providers highlighted more psychosocial barriers to participation in programs than I had expected. Yet, I now realize that it is critical these be recognized, because even if the structural barriers are addressed, families will not participate in programs until the psychosocial barriers are removed. And, as with the challenges, these psychosocial barriers are not as easy to measure or deal with as the structural ones. While funding initiatives can quickly give rise to transportation assistance, trust issues are not so quickly or easily addressed.

It seems there is a great need to create connectedness among people, particularly among those offering programs and the families they are aiming to help. I see the barriers of fear, mistrust and discomfort, a feeling of being judged, and cultural issues as being symptomatic of this need to develop personal relationships. Service providers expressed the desire to work harder on creating such relationships but felt they faced their own systemic barriers that impeded this process. For example, many spoke of short-term or

inadequate funding arrangements that result in constant staff turnover. This in turn negatively impacts the ability to develop the personal relationships that might address some of these psychosocial barriers to program participation.

I was left to wonder if those who develop and/or fund programs aimed at assisting families living in disadvantaged circumstances really understand the psychosocial barriers that exist. If I had failed to grasp the magnitude of these barriers, then maybe others in the top-down policy model through which most program design and funding flows are also lacking in awareness of the importance of these psychosocial issues. For example, having been raised in a middle-class home where I was encouraged to do well in school and pursue post-secondary education, it is difficult for me to envision that for many of the target families, such efforts at self-improvement are sometimes discouraged by family and friends. Perhaps a lack of self-esteem causes family members to disapprove of their loved one's attempts to improve their lives. Perhaps they worry that such improvements might be seen as a negative reflection on themselves for not making such attempts in their own lives, or might create emotional or intellectual distance between them and their loved one. Perhaps a lack of understanding of such issues is present among policy-makers who fund and/or design programs aiming to assist families living in circumstances of disadvantage, leading to programs that do not adequately consider all the contextual barriers faced by these families. Parents should have more input into the development and implementation of such programs.

The service providers described how psychosocial and structural barriers converge to create a lifestyle marked by survival mode and crisis mode. This is another barrier that, although I had some awareness, I had not fully grasped the significance of prior to commencing this research. It may be easy for people living in circumstances of advantage to mistakenly believe that people who are not employed or going to school have lots of free time and do not have important time commitments. Service providers, however, showed their understanding of the real life experiences of these families by explaining how very busy target families are with such activities as managing various appointments, trying to obtain the necessities of life and dealing with crises that frequently occur within their immediate and extended families. While regular attendance

and the meeting of deadlines is an expectation of many programs, service providers explained how the realities of the lives of many of these families make such expectations unrealistic. I couldn't help remembering how unforgiving and judgmental some service providers I have met in my previous professional life were towards families with poor attendance at programs and how the structures of many programs are not flexible enough to accommodate the realities of life for those living in disadvantaged circumstances.

Among the structural barriers to program participation, two inconsistencies among current practices and the needs of the target families became glaringly apparent to me. The first is that program funding frequently covers only the narrow focus of a program and does not extend to funding to alleviate barriers such as transportation or childcare. Service providers spoke of their frustration in offering programs with insufficient resources to address these generally well-acknowledged barriers. I was left wondering how program funders expect programs to be successful without addressing these issues. Do they simply expect that the organizations have extra resources available to address these barriers (which I gather they do not, based on the participants' comments) or are they unaware of the significance of these barriers? I noticed that the programs with wait lists were often ones that did have sufficient resources to address these barriers.

A second inconsistency was that, while some families do not participate in programs because of psychosocial barriers, there are at the same time programs that seem to have addressed these barriers adequately enough to have a greater demand for their program than they are able to accommodate. Service providers spoke of families that required help, and were interested in entering into programs, but were unable to do so due to wait lists or rigid criteria. There are programs that have successfully managed to make personal connections, create a level of trust, and remove cultural barriers but are unable to offer their programs to all interested target families because of a lack of resources. Similarly, interested families are turned away due to rigid criteria such as residing in an ineligible neighbourhood. Structural barriers such as waitlists, transportation and childcare must be addressed so that more families can participate in high-demand programs which have successfully removed the psychosocial barriers.

4.4 Strategies to Improve Childhood Outcomes

Service providers were asked to describe both strategies they felt would specifically address the barriers to program participation and more broadly the strategies they felt would help to address the general challenges faced by families living in circumstances of disadvantage as two separate probing questions. However, because of the frequent overlap between the general challenges faced by families and the barriers to program participation, the strategies that were recommended often addressed both areas simultaneously. For instance, lack of transportation was identified as both a general challenge and as a barrier to programming. In another example, unhealthy partner relationships and lack of self-esteem were identified as general challenges. A related barrier to programming identified was being discouraged by family and partner. A strategy that was recommended (healthy relationship and self-esteem programs) would help to address both the identified challenges and barrier. Thus, I have concluded that the strategy categories should be collapsed so they are holistic approaches that address either general life challenges or barriers to program participation, or in many cases, both. As with the challenges and barriers, I classified the strategies as primarily psychosocial or structural in nature or both.

4.4.1 Psychosocial

Several strategies that were recommended by service providers are meant to address some of the psychosocial barriers to program participation. These include creating a welcoming atmosphere at programs, and ensuring programs are culturally sensitive. Other strategies describe programs that service providers felt should be enhanced or expanded in order to address psychosocial challenges. These include healthy relationship and self-esteem programs, parental skill development programs, and mental health and addictions programs. Finally, two strategies address the broader issue of connectedness through building a sense of community and changing societal attitudes.

4.4.1.1 Welcoming Atmosphere

Two barriers to participation were ‘feeling judged’ and ‘fear, mistrust and

discomfort.’ Striving to make programs have a welcoming atmosphere was felt by service providers to be a strategy that would help encourage participation. Two concepts in particular were mentioned as keys to creating such an atmosphere. The first was to ensure that people delivering programs do so in a non-judgmental manner. Clients must be respected and accepted regardless of the choices they have made, the clothes they wear, their attendance record, their age, their skill level and other such issues that may be the basis of negative judgments by service providers.

Trust and non-judgment, probably, and that’s a big thing for us, is you come in and we take you at face value. It doesn’t matter what your past is or whatever else. You come, if you show that you just want to make the change, or you’re tired of your life the way it is, we’re going to say to you, ‘Okay, let’s help you help yourself. What is it that you want to do?’ It’s all their choice of how they want to do it, if that makes sense. And that’s really empowering for them as well, to know they can come here and they can just be themselves and not be told what they have to do, because so many of them have been in the system and they’re tired of workers telling them this that and the other. (A14)

So when you’re looking at having the ability to be given a chance, the ability to be accepted in a non-judgmental environment, that you can try some of these skills, that you can learn some of these skills. And then you’re given small incremental steps that let you take that knowledge and become more independent with it and see where it can also be applied to other areas in your life. Being validated for some of the decisions that you’re making, the decision to come in and work as opposed to dealing with that family member. You know, ‘Was that an okay thing to do?’ ‘Yeah, look after yourself. You’re important too.’ And so that validation of some of the decisions and options that are being made, the non-judgmental attitude, that people do fall back. (A21)

The second concept that was evident in service provider responses was the importance of taking the time to make a personal connection with the families with which they work. The idea was expressed that building trust takes time, and respectfully spending time to talk one-on-one with parents was seen as a basic but critical approach to creating a welcoming atmosphere.

We have to take the time. Be better humanitarians...a few minutes to talk to that person because when you talk to that person, they feel like they’re worth something, instead of just giving them the answer, giving them what they want. Encouraging each other, you know? (A25)

My own personal situation here is taking time with the parents, taking the time to talk to them. Not treating them like they’re a number, like we have to get them

out. 'Okay what's your problem? Okay let's go.' Someone from the outside might come in and it might look like we're just sort of visiting, like you're not helping this person. But that's building trust, that's building relationship. And then they're open to having this information given to them, they're open to suggestions, they're open to education. And so I think it's really important that we are given time to build these relationships. (A8)

4.4.1.2 Culturally Appropriate Programs

The importance of having programs which are culturally appropriate to the families that they serve was discussed by participants. Given the demographics of families living in circumstances of disadvantage, it was not surprising that Aboriginal culture initiatives in particular were mentioned. Three main strategies were highlighted as ways to better incorporate Aboriginal culture into programming. The first strategy was to try to increase the number of Aboriginal service providers employed by organizations delivering programs to this target population.

We don't need more white people who are not being culturally okay with these kids. We need some of their own people to do it. (A11)

We have a lot of Aboriginal children here, sometimes over fifty per cent... We only have one Aboriginal staff and we try to make sure that she's involved in intakes or meetings with an Aboriginal parent or an Aboriginal family. Some of our Aboriginal children enrolled are in foster homes and they're white foster homes. So we've worked really quite hard trying to get Aboriginal staff and haven't had much luck. (A20)

A second strategy mentioned was for organizations to provide educational opportunities to their staff in order to increase the current service providers' understanding of Aboriginal cultural issues.

So that's the kind of education we will provide for our staff here. We try to make them culturally aware, especially with the North American Aboriginal community. We need to be really up on those things, and not step on toes. We are constantly trying, we don't want to offend. We want to serve these families. (A4)

A third strategy was for organizations serving particular cultural groups to incorporate elements of that culture into the way that they deliver their program. One service provider described some Aboriginal cultural elements that their program has implemented.

Lots of our programs actually have a cultural component to them such as the parenting [program] which is the teachings of the teepee poles...And lots of our programs are done in a circle because that was traditionally a way to impart knowledge and wisdom. So if anything it's kind of that reverse, in that somebody coming into this program as a walk-in and sitting down, if they're not willing to accept that we may be teaching in a manner that is not to their culture, is not mainstream, they may be a bit uncomfortable. They're more than welcome. We don't put a barrier up for that, but it may become a barrier because if they are uncomfortable with that particular piece of culture, [if] they want just the white bread and not any different colours of loaves, or different culture, different ideas, different ways of expressing yourself, [then] they may be uncomfortable with that. (A21)

In addition to the Aboriginal culture, some participants spoke of the need for organizations to be culturally sensitive to newcomers who may participate in their programs.

We have to be very aware of all those other cultures and when we do have another family that comes in, like the other day a family from [an African nation], we need to find out about their culture. And they might have different types of childrearing kinds of things, so we need to kind of make ourselves aware of that. You might be telling them to do something that might be totally taboo to their culture that you just don't do. (A4)

4.4.1.3 Healthy Relationship and Self-Esteem Programs

Self-esteem and self-efficacy were described as essential building blocks to success in other aspects of life, including relationships and successful integration into employment situations. Yet it was felt by service providers that there are not sufficient programs aimed purely at addressing issues of self-esteem and that such programs need to be recognized as essential in order to address some of the other challenges faced by these parents.

I think that's something that we really have to work on is their self-esteem and self-worth. And that comes with time and encouraging them. I think it goes a long ways. (A25)

If I could set the policy, I would have many places in town each having a life skills/literacy [program] for one year. Yes, definitely a year, with built in self-esteem issues. Forget the employment stuff, because without the basic building blocks they are not going to be success[ful] in employment. Short term they will be, but not long term. The person needs to be addressed. And I say life skills because that's my bias but I've seen it work. It's core. It's self-esteem,

communication, relationships and assertiveness. (A14)

Self-esteem and healthy relationship initiatives were seen as something that takes time and that ideally should be introduced at a younger age, before becoming a parent.

You need to help build them up. And so I think with the nurturing, they need to be building their self-esteem up and ... it would be nice to see some sort of program in the schools also, kind of a life skills class. I don't really see that. (A8)

Like the mothers against drunk driving campaign has changed attitudes about drinking and driving. But family violence attitudes haven't changed much in the past 10 to 20 years so I think if someone could throw more money at programs for kids in the elementary schools around what's a healthy relationship and how do we respect [each other]... (A7)

4.4.1.4 Build Sense of Community

Psychosocial challenges identified included people being isolated and lonely, and lacking in support circles. Service providers spoke of the role that organizations can play in trying to bring people together to help create local support systems for families.

Trying to gather in the people that are marginalized [is important]. I think people join gangs and things when they feel that they don't belong, so it's building that sense of community. I think it will take time. (A9)

Helping them to find supportive friends [is a strategy]. Build communities. Like I've tried to do that with the women, hook them up together. I'll say, 'Well, you two should visit either other. I think you'd really be able to help each other a lot.' And so they agree but then they don't do it. There's that gap there and so again I think somebody [has] to make it happen. I really find I'm only one person, so if I had three or four people like me, that I would appoint this one, like you know, get them together. And once they start meeting either in another agency or at each other's homes, then they would build those friendships. But they don't take that extra step. And I'm not sure, I think whether it's the fear again and lack of trust, or, 'I don't have enough food in my house so if I invite her for tea, then what am I going to give her?' So there is a lot of that kind of stuff preventing them from building those friendships. (A1)

Social gatherings were seen as having importance in their own right and participants felt that such initiatives did not always have to be included as part of a formal, education-type program. It was articulated that not enough priority is placed on having organizations involved in efforts aimed purely at socialization, and participants

felt that such efforts are enormously important in building a sense of community and assisting parents to enhance their support networks.

Offer them coffee or cookies or whatever. Get them into a group discussion where they can just [talk] with somebody who's totally non-threatening. It couldn't be me. They'll open up to me individually maybe on a daily basis. It cannot be me. I'm not even talking about parenting classes. Just maybe good old-fashioned get-togethers... somewhere where it's safe, where they're not being looked upon, they're not being taught at, they're not being looked down at, they're not being spoken to. Just where it's a safe environment for them to share, like maybe a drop-in centre. (A10)

Well, I think I would encourage more parent support groups. Like not necessarily in counseling or things like that, but a place where parents get together to socialize, you know what I mean? That is lacking in terms of that's not considered really a priority. (A26)

4.4.1.5 Parental Skill Development Programs

Parents were described as lacking in general life skills. These skill deficiencies were attributed to the lack of role modeling identified as a common challenge for many of these parents. The solution was seen as having more programs directed toward developing general life skills such as financial management and literacy, and more specifically, parenting skills.

So much of it is life skills, if you're looking at being able to do and manage life in general. If you've never had the role modeling and never had anyone show you how to boil water, it's very difficult to do that. (A21)

What I'm noticing is that there is a real need for these girls, for role models, positive role models in their life. Because I think they haven't been taught a lot of different life skills, and so they are finding it difficult. (A8)

Two main delivery models were mentioned to address the need to further develop parental skills: parent skill development classes and one-to-one mentoring type programs. Of these, mentorship was generally emphasized as the preferred approach.

[Parents] are not as well versed at being proper parents because of the cycle that they have been living in, whether it be in addictions or abuse, physical, emotional or sexual. So they just carry on. So a lot of the parents need that guidance, that mentoring... But our young parents, in order to be good parents, need that one-to-one. They need that constant one-to-one to show them. Because we see a lot of parents or even fathers or mothers, getting their children back from Social

Services and not really knowing that these children need to eat three meals a day and snacks in between and they don't know that because they've just come from a home that has been, 'We move here, we move there' and you just eat when you can because there's not enough food for three meals a day. (A25)

What kind of help? One is education which is like for example with the [specific] program... what they tend to do is spend a lot of time with families, visiting families. The [staff] provide education to the families, one-on-one. They also facilitate for the families to access services. They also work to address some of the barriers, like for example providing transportation. And when they do those kinds of things, the outcomes for those children gets better and better. But you need to spend a lot of time with the families doing education one-on-one. (A26)

A gap identified in current parent programs was a lack of parenting initiatives directed toward fathers.

[We need] more dads' programs. We're getting better with the moms' programs and the parenting programs. We need the dads involved now... they really want to be involved. They've got problems all over the place, but they want to be involved. They love their children and they want to do the best that they can. And there's very minimal support for them out there. So that would be a place that we'd be looking at here. (A14)

4.4.1.6 Mental Health and Addictions Programs

Mental health and addictions issues were described as major challenges impacting many families in the target population, and so not surprisingly service providers felt more resources should be directed toward addressing these issues and new models of delivering explored.

People spoke of the need to make mental health and addictions services more accessible. Three main strategies to achieve this goal were mentioned. The first was to direct more resources to these services so that wait times could be reduced.

I think that it would be more helpful to have money put into addictions so that more people could get in to get help with addictions. (A7)

Sometimes I've had [young parents] say 'I already have a psychologist at [specific program] or a counselor or whatever, but can only get in once every month or ... like it's very limited. And I'm thinking, 'Wow, I'm worried about you committing suicide tonight.' So there's ... the mental health issues, there's huge need there. (A17)

The second strategy participants outlined was the continued movement of mental health and addiction services into the community.

[There is starting to be] some community outreach with addictions services... and that has never really been that accessible in the community so I think it's going to be the beginning stages of it being an ongoing for North Central and in Core [communities]. And Mental Health Services, the same ... to kind of bring it to the community rather than ... I just think it makes it easier for them [clients]. (A6)

The final strategy advised by participants was for more integration of mental health and addictions services. In the challenges category, service providers spoke of how mental health and addictions can co-exist as issues for families. Some participants recommended further integration of services so that these issues could be addressed simultaneously when necessary.

I'm talking about diagnoses such as schizophrenia, mental health, maybe with alcoholism. Usually with alcoholism though, there's numerous things going on. I know the big talk is, why don't we follow the Alberta model, where they address both mental health and alcoholism at the same ... treat it as the same? But in Regina it's two separate entities. (A25)

4.4.1.7 Change Societal Attitudes

It was recognized that societal attitudes are not easily changed, but service providers felt efforts were needed to change attitudes on a number of fronts. First, it was felt that the average citizen needs to be better informed regarding the issues faced by those living in poverty because currently there are many misconceptions.

I think there needs to be more awareness of social issues, because people live in the dark and they think like, 'Oh, this person deserves to be on welfare and live in poverty because they didn't make a right choice. They had a choice. We all have choices.' Well, a lot of people don't have choices. Like we all have choices? That's wrong. We all do have choices but it's a lot easier for some than others to make those choices. And I've had way more opportunities than probably all the participants in my program, because of just my life and my situation. And people don't understand that. And as long as people are going to judge others, people are going to feel oppressed and judged and then they're going to ... it's easy to stay in a cycle when the rest of society says, 'You're good for nothing. You shouldn't do anything. Or you're lucky that we're giving you Social Assistance, and you should just bear with it because you chose to be that way.' So again, the whole attitude of society. (A2)

Secondly, the public needs to be educated regarding the importance of public spending on social programs aimed at assisting those living in disadvantaged circumstances.

I guess just making the higher bracket wage earners realize how important these programs are, and that they're needed, and they're just not a waste of government funding. (A13)

A third area where participants felt more awareness is required on the part of the general public is around issues of racism.

I think about those trust issues and things happening with the girls and their fears of being judged and it's such a huge problem because some of it lies with racial factors, and how can that be helped? It's socializing everybody. It's going to take more than just a program to say, 'Hey, stop' ... it's not necessarily racism but just to kind of stop that kind of division, racial division that's kind of happening. (A9)

Exactly who was responsible for spearheading efforts to increase awareness on these issues was not clearly identified by participants, although some did mention the necessity for public campaigns to educate the public, which may have implied that they saw this as a role of government.

4.4.2 Both Psychosocial and Structural

One strategy, individual advocacy, could be effective in addressing both psychosocial and structural issues.

4.4.2.1 Individual Advocacy

Service providers believed that many parents require some assistance in dealing with the system. This strategy was classified as both psychosocial and structural since there were both psychosocial challenges that parents required assistance to overcome, but also bureaucratic, structural systemic barriers that make it difficult for parents to receive the assistance they require.

Parents are sometimes afraid or lacked confidence to request services, treated disrespectfully because of their circumstances of disadvantage or lack the skills required to figure out how to access services.

And that's part of self-esteem. If you've never been assertive, especially for women who've withdrawn and been abused and they feel meek, I guess is the word, and they've never been listened too, they've never had their rights respected, they've always been told what they have to do, they won't ask. Or if they ask they'll ask in the wrong way, because they're finally fed up and they'll become angry and frustrated and the worker will perceive that as aggression, and will just cut them off. And so it's a real lack of understanding of the person's assertiveness and their rights too as just a human being, because nobody's explained the whole thing to them. (A14)

They're not world-wise. You know we talk about people that live on the streets as being streetwise, but they're not world-wise. They don't understand how the world works and how what you have to do to be able to, to stand up to somebody in a proper way. And so they don't know how and so what happens is they end up getting angry, and maybe yell and scream and really blow it for themselves so they have no way of communicating. (A1)

I think one of the big things that the parents need is some relief from the stress that they are under, of trying to find their way through the system, trying to find out who offers what, being faced with a lot of rules and a lot of hoops to jump through, such that it almost becomes useless to try and do it. (A20)

Participants felt that their clients are not always treated with respect by other professionals in the system. They suggested that sometimes other service providers in other organizations do not treat people with the same level of concern and caring as they themselves do, although they did not expand on why they thought this occurred. Several service providers described situations where their clients were treated with more respect when they acted as an advocate for them than was the case when their client attempted to deal with the system alone. One service provider described accompanying her clients to appointments with authority figures to ensure they were treated respectfully.

I hear them [young parents] talk about how they get treated by the police, hospital workers, court workers. And they basically say they are treated disrespectfully. And so if I go with them, it seems as though they get taken more serious and get treated with a higher level of respect. That's not always true. I've even been treated poorly at the [a particular agency] myself when I've been there with a number of clients, but I think it generally helps. (A7)

And making phone calls to complain about stuff that isn't fair in their lives, they are afraid to do that. I make phone calls for the women and I try and encourage them to do it. They're still scared. They're afraid they'll be rejected and they're afraid that nobody will listen. And they tell me all the time, 'I phoned and this person was rude to me.' And I say 'Well, maybe they had a bad day.' But I can pick up the phone and phone the same place and they'll be fine. (A1)

Participants felt that all target families should have access to individual advocacy services, not just those involved in programs with organizations. Although it was felt this role should be formalized within the system somewhere, there were varying views regarding exactly where such services should be located. Although the current social service system offered some degree of individual advocacy, questions were raised about whether this was the most appropriate place to offer this service. There were several reasons behind this view. First, it was felt that some parents may be fearful of Social Services (Department of Community Resources and Employment) and therefore may not trust advocacy services provided there.

In this particular area, our families need help other than what they're getting from DCRE [Department of Community Resources and Employment⁴], because they see DCRE as an agency who comes in and they take children. We know that is not necessarily true, and I'm not criticizing DCRE. They do an awesome job. They really do. But it would be so good if there could somehow be a separate agency that is not in to judge. Just to maybe help them. (A10)

And so when they [parents] go to Social Services, they don't tell them everything because they are scared that they'll use it against them. So they need to have a mentor or an advocate or like a host family. (A1)

Second, it was also felt that staff at Social Services were simply too busy to have the necessary time to invest in individual advocacy.

The worker's too busy. And that happens. You know you try to get a hold of their social worker too, they're too busy. Protection workers ... too busy. I mean we really try to work together with phone calls and all that kind of stuff. There's just so much, kind of like an overload of the system, you know? So I think that's kind of where we are a little bit trapped. People can sit and just kind of complain about the system but really if you were in that person's position, like as a social worker or protection worker or any of these kind of helping positions, it's a big case load. And a lot of our parents are kind of getting lost in it. (A8)

Third, service providers did not see the call centre system as an adequate replacement for personalized, one-to-one advocacy.

⁴ This provincial department was called the Department of Community Resources and Employment during the time that the interviews and focus groups were conducted. The department has now been renamed the Ministry of Social Services.

And you know another thing with that was the call centre. If you don't have a phone, you go out to find a phone, [and] the wait period was so long your quarter would run out before you got someone. It's kind of an example of how we tend to think of people who are poor as lacking, and certainly there often are gaps in their skills. But there are also these huge gaps in societal structures...imagination of what it's like and what's needed to enable people to be fully participating citizens. (A9)

Some organizations had tried to assume responsibility for individual assistance and advocacy, either formally or informally.

We found that we needed someone as a go-to for the parents, so they knew where to go if they needed help. (A8)

And I think using advocacy to help people with ... well I'll coach them and explain this and then 'When you go in, here's the questions to ask' and helping people get prepared for things. I'll coach people on questions to ask at the doctor's office or when they meet with an agency, so they can have an effective appointment with a clear outcome. (A15)

One systemic solution suggested was the introduction of community-based social workers to act as individual advocates. Some advantages seen with such a role included a holistic approach, the appearance of neutrality, and the positioning of this person as part of the community.

They should have a community social worker in every community association. So that social worker, when someone would come and say, 'There's violence in our family' [would] hook them up with, 'Well, here's the domestic violence outreach program,' or 'Here's Transition House,' or 'Here's Alternatives to Violence programming.' I know that because I work in the field. Does the family know that? No. Does [particular person] who's the community association president know that? I don't know. He's not a social worker. I'm not sure. But if we could have that [at] a central place where North Central community families could go, Cathedral people could go... (A20)

4.4.3 Structural

The strategies I have categorized as structural in nature are those that seek to address the structural challenges and barriers to program participation outlined earlier.

4.4.3.1 Assistance with Transportation

Providing families with transportation assistance was described as critical in order

to facilitate participation in programs. Participants felt transportation costs should be covered when programs receive funding and that such costs should be considered as standard for any programs aimed at families living in disadvantaged circumstances.

[Funders] used to fund us the driver's salary but then they wouldn't fund us for the vehicle, which means we have to come up with our own way of maintaining the vehicle and gassing it. Fund the whole cost of transportation if you want to have families attend classes. (A26)

Well there's some [barriers] that could be easily addressed within programming. I think standard funding for such things as transportation, childcare, snacks, all of those things that help a parent to become actively involved in different programs and initiatives in the community. Because it deals with some of their basic needs that maybe are not being met. (A12)

They have no way of getting to these programs. So I do feel that is an area that [transportation] really needs to be addressed. I realize a very costly area, but necessary. (A10)

4.4.3.2 Flexible, Client-Centered Programs

Participants described the need for organizations to be flexible and client-centered on a number of fronts. Flexibility was urged with regards to such things as admission criteria, participation levels/attendance requirements, hours of operation, and ability of staff to bend the rules in order to accommodate the needs of specific families.

We'd take people on our wait list. And if you're eclectic and you're working that way, and you don't have very strict criteria, and you don't have endless recordings that you have to do, then you can often do innovative stuff. You can get people in. If someone phones up you can say, 'Yes, come in' and if you hear that somebody's really in trouble, it behooves you to get on and do something doesn't it? ... So we have policy and someone can interpret policy. Overriding policy may be what's best for your client. (A11)

The parents often can't come during the work day if they're in school, for example. Some of them work. But if they're in school, we so far haven't established an evening program for parents and so that may be an internal barrier for us. So we try to get them to come during the day if they can or after work if they can. And we'll go out to their work place and meet at lunch time, that sort of thing, but that may be a barrier ... I know some of the agencies do offer evening sessions. (A20)

Certainly within this community we're aware. And I think you'll find most of the [inner city] agencies, they recognize the need to be open different hours, or

planning your programs for afternoons and not mornings ...they've seen what needs to be done and they're addressing those issues. I think it's when you get more into the mainstream and people don't ... you know, 'Our office runs on an appointment system, therefore you have to be here some time between 8 and 4 and that's all there is to it'. That's hard for them to change a bit, to get out of that rigidity. So when we're looking at things like ultrasounds-you know, 'If I don't have a phone...so the appointment's been made for me here, I don't have a phone, the ultrasound is three weeks from now. I might forget. There's other things that come up. What happens if I miss it?' And again it becomes very much a 'Oh, those people. They forgot. They didn't meet it' kind of, and there's no allowances made. (A21)

And we do sometimes set up programs in a way that is very clinical and structured and that doesn't sometimes suit families who don't have a car and have four little ones at home so if somebody's sick, nobody can go anywhere and so you miss your appointment and you get labeled as non-compliant and you know it's just sometimes that clinical structure ... although I think we see more programs moving into the community where people can walk to them. (A22)

4.4.3.3 Assistance Finding and Accessing Programs

Parents are not always aware of programs and services that might be beneficial for them. Service providers spoke of their efforts to help inform families of what's available but also found it was difficult to keep abreast of the programming available themselves in order to help direct their clients.

Well, individually, if I'm there and somebody needs help, they ask about [specific program], or else we have all the pamphlets and all the information there. We can make them all a package of whatever they need and kind of help them on how to go about it or if they get misinformation somewhere else, they can ask me and I'll direct them to the right person who they can get the correct information from. (A13)

We're not even aware of everything. There's just constant learning. There are so many different organizations and I think every agency gets to know other services and organizations and you will tend to refer to those. You might be in some sort of a networking group. For example, I wouldn't know all of what's available through [another program]. (A15)

One example participants reported was that they saw families missing out on programs providing financial assistance, often because they were not aware. Service providers felt the government should do a better job of publicizing such programs in targeted ways so that the information will reach the families who need it.

Plus, don't put the onus on the families. Like for example, if you are in the employment supplement, if you don't know about it, you don't apply, you don't get the money. During taxation year, when they do assessments, if they saw somebody working for that year, they should encourage that person by some kind of means to apply. Many families they don't know that these programs do exist and they don't take advantage of them. Employment supplement is one, housing supplement is another one. (A26)

Like when the Saskatchewan employment supplement came into place for working families with children, the initial take-up was fairly low. And part of that was, and part of that continues to be the fact that people would prefer not even the stigma of having to be receiving the employment supplement. But part of it also was just a marketing question and so you know there certainly was a large uptake after there was a billboard campaign and more materials out in the community through newspapers and other things. And right now that's one thing that we find with the rental supplement which provides a boost for people in rental housing, well, for families with children and for disabled people including now cognitive disabilities that it's all done on application basis. And the take up on that still continues to be low. So one of the things we've been promoting is that the department go back to a billboard system and providing or having information out as broadly as possible to community organizations that are going to be in contact with families with the need. (A5)

One specific recommendation around early childhood programming was to have one place where people could phone to learn more about what is available.

I think [lack of awareness is] a huge, huge problem in terms of early childhood programming. I was part of a [group] community process some years ago, but that's what parents said. They needed one place they could phone to get good information. The problem with the programs is that that contact information changes over the time and it's just very, very difficult. (A22)

4.4.3.4 Provide Quality Childcare

Along with transportation, provision of childcare was described as an essential component for any programs aimed at parents. Participants suggested that funding for childcare needs to be built into programming budgets. Without childcare, many parents would be unable to attend since they did not necessarily have the support circles to have someone child-mind as a favour and did not have the financial resources to hire a babysitter.

We offer childcare and that's a huge thing. Most people need to bring their children with them and having access to childcare in the facility is a really, really important thing. (A15)

You know, parents make it to ours because there is childcare and there's meals so to make sure there is money available [for these services]. (A3)

And I think another barrier can be if you are not a family friendly organization. We also provide childcare in the evenings for the children that the families bring with them and we're lucky because we have the [space]. (A9)

4.4.3.5 Funding for Early Childhood Programs

Service providers felt that more funding should be provided for early childhood programming. They spoke of the need for governments to invest more in educational opportunities for preschool children and of the long term benefits they felt would accrue from such spending.

There appears to be a gap between what we know, between what research tells us is necessary for early childhood intervention programs to be successful and what we practice. And I think that exists in all kinds of places. So I think our policy needs to be research driven. And there's really a lot of research in the early childhood area now and it's sort of irrefutable evidence. And we know that if we had appropriate early childhood services, like the thing you see in the research all the time is every dollar spent saves seven down the line, so without that kind of paradigm shift to more preventive programs and early intervention programs, we still will have more emphasis in our systems on more acute, downstream, treatment oriented. (A22)

I know that we have some free preschool programs in the city but the waiting lists are huge, typically. Children sometimes miss out on preschool and it is so important. You can start at three years old and they should be starting then. They learn social skills, they have positive role models. I think having activities and programs for children [is important]. (A2)

In addition to preschool programs with the primary goal of education, participants also described the need for additional subsidized childcare spots. A lack of childcare was seen as a barrier to parents entering gainful employment situations. Although parents are being encouraged to enter the labour force, the insufficiency of affordable daycare spots reportedly makes this a difficult goal for many to achieve. It was suggested that policies need to be enacted to ensure the availability of such services.

But one of the biggest challenges to being successful in the workforce is the lack of high quality accessible, affordable childcare. And we all know what's just happened with that at the federal level. So there are not those external supports necessary that in many other European countries are a given that all those things are there. Here they're not, so parents are not just struggling with their own personal, negative experiences, they're also struggling with societal structures that don't facilitate their successful entry into the workforce. (A9)

Well I guess with the childcare issue going on right now with the federal government and their new childcare plan, like more childcare spaces. Because often the girls are having a hard time finding subsidized spaces for their children to go to. If you can't find a subsidized space for your child, how do you go to school? How do you work? It's a huge barrier. (A7)

One policy recommendation made was for universal programs. Universality was mentioned both in the context of preschool educational programs and daycare spaces.

But seriously though, I think if we did it right there wouldn't be a need for targeted programs. The ultimate goal is to have universal programs. We have visitors that come here who say, 'Oh, I wish my children had had this' and these are middle class people who are coming to look at our work. And I say, 'Yes, all children should have it'. And if there were universal programs, there wouldn't be the need for targeted [programs]. I think you still need to have universal programs reflect the flavour of the community that you are serving so it's not a cookie cutter approach, but I think universal is the ultimate goal. (A9)

More childcare spaces [are needed]. I mean we are fairly happy with the recent changes to increase the low-income childcare subsidy to 85% of the average cost. That is something that we had been calling for for some time. So that is certainly movement in the right direction. I mean the ideal would be to have some form of national childcare plan or a universal childcare, public childcare plan but in the meantime I think making sure that low-income families have more affordable childcare would make a difference. (A5)

4.4.3.6 Housing Programs

Participants spoke of a lack of quality, affordable homes for the families with which they work. A common concern was that families are forced to live in substandard housing. They highlighted the need for more regulation and monitoring to ensure that rental homes meet minimum standards and spoke positively of some recent initiatives to improve housing quality.

I think they're trying to upgrade the houses around here, which I think is really positive. They're trying to condemn the ones that need to be condemned so that families are actually living in homes that are decent and don't have mice running around. And so the housing needs to be improved. (A1)

There needs to be regulations for housing. People shouldn't be able to rent slum housing and charge people six hundred dollars a month and the house is inadequate. And children shouldn't have to live in there ... They need to provide adequate housing that people can live in that's safe. Like a lot of houses are so run down, doors don't lock, there's leak, ...the plumbing is wrecked. It's an unhealthy environment. (A2)

We get some of these moms that can only afford so much for rent and they get stuck in homes that have poor quality, their basements are moldy. I've had a few moms have to deal with mice problems and landlords that are just terrible to them, lack of insulation in bedrooms, so they have to take the baby's crib into the living room and sleep with the baby because that's the warmest place in the house. So definitely trying to get extra money for that [would be helpful]. I guess have someone monitoring that situation. (A8)

In addition to more monitoring and regulation of housing standards, service providers recommended more initiatives to make affordable housing available to target families through increased social housing and home ownership programs.

I think we should build more social housing, scattered housing, not ghettoized, but more housing available so that low-income families have decent housing. (A9)

Having more, certainly easier, ability for home ownership I think is helpful in terms of stabilizing families. Home ownership isn't necessarily for every situation, but I think more social housing which can also sort of stabilize situations would be helpful. So more quality, affordable housing. (A5)

I think it would be great to have money put into areas so that people could take ownership of their homes. So not just renting from a landlord and getting a certain amount of money from assistance or the federal government to pay for my living here. Maybe if more like, I don't know if they would have mortgages, but if they take ownership for the property, I think that could help the poor areas clean up. (A7)

4.4.3.7 Food Security Initiatives

Food insecurity, or the inability to attain adequate amounts of nutritious food for optimal health, was identified as a challenge faced by many of these families. While

sufficient money was mentioned as a direct factor in this food insecurity, service providers focused their strategy recommendations more on increasing the physical availability of affordable, nutritious food. The lack of grocery stores in inner city areas of Regina, coupled with the lack of personal transportation, combine to make food acquisition a major concern. Participants praised recent initiatives such as mobile stores operated by a not-for-profit agency, and a program through Social Assistance which allows families to have money deducted from their payments in return for a food delivery to their home.

One of the things [specific agency] is doing now is having groceries at different locations in the city [like at] Al Ritchie and Albert Scott [inner city community centres]. And I think [the groceries are] cheaper too. In some ways that is helping some of them to think about nutrition more because when they go there they can see, 'Well I can get this and this for a certain amount, it's more expensive over at this place'. So doing that they bring in teaching on stretching the food dollar. (A24)

The biggest piece that a lot of people don't think about is food security. And food security is the right to independently decide whether or not they're going to get affordable, decent food. And so we have one particular initiative for our SAP [Social Assistance Plan] clients as well, and that is the Family Basket. For \$30 they can get a fair amount of fresh fruit and vegetables, meat, eggs and milk delivered to their door and it's debited from their SAP cheque. And it's their choice. They aren't required to do that. But because there's no store in North Central [neighbourhood], they don't have the opportunity to get these fresh fruits and vegetables anywhere else. And also there's a mobile store in both Al Ritchie and North Central [inner city neighbourhoods]...so rather than going to the convenience store and buying Coke for the baby's bottle, and not being able to access any fresh fruits and vegetables, it's available now in the community. (A6)

Others suggested that perhaps such initiatives do not go far enough.

So if there was some way to ensure better access. I know they have the [specific program] and they now have some movable stores which are coming into communities, which is fantastic, but I don't think that that's the answer. I think we need somebody to take a good look at that and to re-evaluate how we can get proper nutrition at decent prices for our families in areas of the city other than the 'burbs. (A18)

Some of the really practical things; in downtown Regina having an accessible grocery store that was easily accessible for people in North Central and Core communities would be helpful in terms of meeting nutritional needs. (A5)

4.4.3.8 Family Income

It was felt that many families simply do not have the financial resources necessary to provide a healthy environment for their children. Both those relying on Social Assistance and those working in low-paying jobs were seen as receiving insufficient funds. Recommended strategies included increasing Social Assistance rates, and increasing wage structures so that low income earners would receive a living wage—sufficient funds to meet the needs of their families. Both of these strategies would fall under the jurisdiction of the provincial government.

I think that our Social Assistance, our welfare program, doesn't provide enough. People are going to continue, people that have to tap into that resource, are going to continue to struggle endlessly with these issues because they're going to deal with poverty, which is so big, and then results in all these other issues. And I think that the Social Assistance needs to be increased so that people can actually live and not be starving and living in poverty and unhealthy conditions. (A2)

The ones that are financially driven, I think we need to be looking at our assistance rates, and what does a family require to provide a healthy environment for children? And so if we looked at what a safe home and nutritious food and all the basics, what does that look like? Social Assistance rates still put families below the low-income cutoff rate. We also have working poor in our program. We have families where the parents are working and they still are having trouble meeting the family's needs. So I think some of those kinds of support nets that we provide as a province we need to look at. (A22)

For the really big picture, I would like to see everyone have a decent standard of living, a living wage or income, so people don't have to use inferior food from the food bank, don't have to face the indignity of having to use the food bank. So a decent standard of living and adequate housing. (A9)

4.4.3.9 Support For Those Trying to Change

Service providers described a scenario where many parents may be lacking the supports required to assist them in moving into more productive roles in society, even if they have reached a point where they are motivated to change their life circumstances. There were several strategies recommended in order to better support those families trying to make changes. First, participants felt that some parents do not have the skills to be successful in an employment situation. Although they acknowledged that there are some programs available to develop job readiness, they felt that there needs to be more

programs that are flexible and welcoming as people learn skills conducive to employment.

Like adapting employment to meet the needs of where the people are at. I know a lot of employers are, 'Yeah, right. Be there 8 to 5 or I'll find someone who will be.' You know if they could find ways to get these youth or to get the families contributing so that they feel good about themselves, and they learn these skills, I think that's essential. To be able to think out of the box and have employment programs that aren't as traditional as they are. (A18)

In regards to employment, I think that if there was some type of public employment program that was in place where adults with family responsibilities or who are dealing with other responsibilities in their lives would be able to access some temporary employment to make some additional income when they needed to, but sort of without the fear that the first time that they don't show up on time or miss a day of work for whatever reason that they're going to be canned. I think some flexible employment opportunities, combined with perhaps with greater wage exemptions for people on income security programs so they can keep more of their additional earnings, that that's something that needs to be looked at as an additional family support. (A5)

Secondly, service providers suggested that parents require more direct financial assistance when they make efforts to improve their life circumstances through entry into the workforce from a Social Assistance situation or through entry into educational endeavours. They suggested, in the first instance, that the financial rewards are not sufficient as one transfers from Social Assistance to a low-paying job, typically the type of jobs available to those with low skills and/or little employment experience. While there was approval for the provincial government's employment supplement program, which targets low-income earners, some participants felt additional support is required to those transitioning off of Social Assistance as well as more forgiveness for those on assistance who might be a position to earn some additional income.

I think we need to build some rewards into systems. So, for example, something like the employment supplement program. I think that's a very good idea so people who are called "working poor" can access some additional funds that encourages them to stay in the paid employment sector ... to not lose the benefits that they had under social services. So I think there's some of those very proactive programs that give people credit for doing the right thing. (A15)

I would have policies that weren't as discriminatory to families if they make a little bit of income, so that they can be encouraged to try to get jobs. 'Cause I think it's proven that when a person has [a job], even if it's a little part-time job,

that they have better self-esteem and feel like they're supporting their families. So I really think Community Resources could somehow ease up, [so] that it isn't so rigid if you make a little bit. And we've had cases where, they make such a little bit but they're honest. And then the next month they don't get as much in their Social Assistance cheque. So they were penalized for being honest. (A19)

There aren't a lot of services available for the working poor. We have spent a phenomenal amount of money, time, resources [and] staff on a small segment of the population. And although I work within [that system], I really do think that there are times you would be much better off to spend a few of those dollars on the next strata up, where people are a bit more motivated, they can see how things would change. (A21)

Service providers also recommended increased financial support for those attempting to upgrade their education and improve their employability.

And people still have to deal with poverty while they're trying to get a Grade Twelve and go on to post-secondary education. The PTA, provincial training allowance, still puts them in poverty. So they're trying to get an education, change their lives around, and they're still dealing with how they're going to feed their children this week. So how are they ever going to? ...It's like a catch 22 and they're stuck in a rut. ... Education needs to be more accessible to people and childcare needs to change. Why would someone go off welfare to make less? Why would you go off welfare to pay \$500 a month to put your children in daycare and try to survive and not have that time with your children and you're still going to be just as bad off, if not worse? (A2)

One service provider spoke in depth of the need to invest more in helping people to move into employment and of the importance in looking at the bigger picture. Such short-term monetary investment was seen as potentially providing critical long-term gains for the entire family and society, which would more than repay the cost of the initial investment in variety of ways.

So maybe there are costs that are higher up front, but what is the cost to society of some decisions that we make? And I think maybe we have to pay a little bit more to have more people employed at certain levels. But the benefit of having somebody employed has an enormous impact on their family, on their physical health, on their mental health, on their education. And maybe we have to pay a little bit more for certain services or supported employment in order for people to be able to function as healthier members in society. And I'm speaking of health in all ways. So I think that's a really, really important thought for decision makers to hold. Because if you have no hope, if you have no hope of being employed, the message is, particularly if you're a man, the message is you're a useless person. And that leads down a very bad path ... I think a lot of job mentoring, and real mentoring, means it takes a lot of time, it takes a lot of dedication, it takes effort.

It's a slow process but I think it's effective and the one reason I say that is because we do it here, and I know exactly how much time it takes. But the satisfaction of seeing somebody develop and become a fully employable person is tremendous. Not watering down our expectations of people. Supporting them to meet expectations is very important. And I think doing all of those things that allow people to become employable. Maybe offering childcare until they can get established. (A15)

4.4.3.10 Long-term, Stable Program Funding

Long-term, stable funding for organizations delivering programs to families with children living in circumstances of disadvantage was seen as advantageous from the perspective of both the organizations and the families. The first advantage was that sustainable funding would allow agencies to offer longer term program. Service providers felt that some people require long term programming in order to successfully improve their lives and that significant, positive change does not happen quickly.

They [parents] need something that's not a 28-day program... They need a long term program and a long term plan, like one to three years in order for them to be successful. That's how long they need those supports in place for them. ... So if I was a policy-maker, or somebody with authority that had the opportunity to put something in place, I would put together a longer treatment plan or program. It would be a six months to a year program for families that can come in and do all their healing and address all their issues as to why they're down and out. Also get some culture in there. (A23)

A second perceived advantage of stable funding was that agencies would be able to deliver programs for a long enough time that the programs would become known, trusted and respected by community members, thus reducing the level of fear and mistrust that can act as a barrier to program participation.

And a lot of these positions are contract work or term positions. And you might get funding for a 3-year project to do something, but then you don't get additional funding. So everything that you have built within the community starts to fall apart because a new person has been brought in, or a new initiative has been brought in, and that falls apart. So I think consistency. If, when projects are funded, they're funded on a long term [basis], identifying those specific needs around building trust, building respect within that community ... I think there needs to be sustainability. Sustainability is a huge thing. Whether it's in long-term programming, whether it's in consistent staffing, consistent services and information, right? (A12)

Stable staffing was another benefit described as accruing from longer-term funding. From the agency perspective, staff could be hired for longer periods, which would reduce turnover and potentially attract a higher caliber of staff. From the client's perspective, having consistent staff members would promote increased trust between parents and staff members and facilitate the development of therapeutic helping relationships.

Some programs they just fund for six months and then they don't fund you for another six months and then they will ask you to start up again. You've laid off your staff already. You bring in new staff and by the time you bring them up to speed, the program burns out. So some programs will fund you for a year, but in a year you have to make a huge funding proposal again. So there isn't what you call three year funding ... that would be long-term and we could focus more on doing the work rather than the paperwork, but that doesn't happen. (A26)

It goes back to money again...if they had the ability to be stable over the long term and have enough money to pay their employees a living good parity wage, then the employees would be kept for longer and the trust in the families ... it just happens when they see the same face or the same agency ... So many of our families don't have any of that. They moved dozens of times, schools all over the place, family members all over. They don't have that connection, that root base to call home, so the agencies end up becoming that as they get older. So that's where that trust and connection with an individual person and/or the agency becomes crucial for them to move forward. And so if you can keep somebody for a long enough time, or have that core funding for the agency to be there, then that provides that home base for them to be able to come back. (A14)

Finally, it was felt that organizations, especially community-based, non-governmental agencies, would be able to cooperate and coordinate their service better if they did not always have to compete for funding dollars. One service provider felt that this is a common issue but yet is one that is not openly acknowledged.

It's almost a fantasy that people have that CBO's [community based organizations] are asked to partner and expected to work together and collaborate and so on. On the other hand, they're also pitted against each other for funding... it's very competitive. And yet this is the group too, that we have to rely on each other for resources sometimes. We have some of the similar staffing issues; small staff, no benefit packages, so you can learn from each other. But to open oneself up completely and really make use of the knowledge of the other

people, this funding carrot gets in the way. And I think it's been that way for a long, long time. And it's never acknowledged. No one ever says, 'Yes you are pitted against each other but yes you better partner for this application and get along.' In some ways it's ridiculous. (A20)

4.4.4 Commentary

None of the strategies recommended by service providers are new. Each of these is already being implemented in some organizations to some degree. These strategies generally address many of the challenges faced by target families and the barriers to program participation service providers identified in the earlier questions.

The strategies can be categorized in several different ways and not just according to their psychosocial versus structural focus as I outlined above. The strategies can also be broken down as those that suggest an expansion of certain types of existing programs (for example: healthy relationship and self-esteem, housing, mental health and addictions, food security initiatives), those that address resource issues (for example: funding for early childhood programs, and long-term, stable program funding), those that describe how programs should be delivered (for example: welcoming atmosphere, culturally sensitive) and those that help facilitate linkages between people and programs (for example: individual advocacy, and assistance in finding and accessing programs). The variation on types of strategies suggested is also indicative of the large scope of issues that need to be addressed in providing effective assistance to families living in circumstances of disadvantage.

Efforts to implement these strategies are also required at multiple levels. Service providers identified some strategies that can be acted on at the program or organizational level. These included creating a welcoming atmosphere, and promoting appropriate cultural content into the daily operations of a program. Certainly the service providers I interviewed were aware of this need; however this awareness must not be universal at the program delivery level since their comments suggested they felt more emphasis should be placed on these intangible aspects of many programs.

Some of the recommended strategies are, in many cases, controlled beyond the program level at which these service providers were working. Decisions on the types of

programs to offer, and on the focus of the funding grants that may be available, are beyond the influence of many of these participants. So, for example, even though they may see a great need for programs whose sole purpose is to address healthy relationships and enhance self-esteem, there may be no funding available for such initiatives either within their organization or from external sources.

One aspect of this research question I found particularly remarkable was that service providers identified several strategies for which it is unclear exactly where the responsibility lies. Examples of these strategies include building a sense of community, changing societal attitudes, and providing individual advocacy. Whose responsibility is it to ensure that families living in disadvantage have someone who they can go to who will advise them on programs that may help them or who will assist them deal with systemic issues? Whose responsibility is it to try and enhance society's understanding of the challenges these families face? Whose responsibility is it to try and build a sense of community and to promote those personal connections that will enhance mental health? I believe these are areas that really need to be addressed but I am not overly optimistic that a particular government or organization will decide to take the lead on any of them. In the meantime, individual organizations make small efforts in each of these areas, but alone they cannot bring about universal change.

CHAPTER FIVE

FINDINGS: PARENT FOCUS GROUPS

The previous chapter described the challenges that families living in circumstances of disadvantage face, both in general and as barriers to program participation, from the perspective of those providing the programs. These individuals also came up with many strategies for overcoming these challenges and barriers. But what do the parents themselves think about these issues? Do they see things the same way as the service providers?

Three focus groups of parents provided their opinions regarding the preliminary findings of the service providers. The major challenges, barriers and strategies identified by the parents are presented as a separate chapter because these findings are distinct from the perceptions of the service providers in several ways. First, the parents were not asked open-ended questions regarding their perceptions of these topics. Rather, they were asked to reflect on these topics within the context of what the service providers had described as the challenges, barriers and strategies. Thus, the nature of what they were being asked was inherently more directed. Second, the group dynamics of a focus group mean this qualitative data was collected using a uniquely different research method than the primarily one-to-one interview method used in Phase One of this project. Finally, there is a vast difference in the quantity of data to be analyzed between the two research phases. It is difficult to compare three hours of focus group data with over 23 hours of interview data.

This chapter will report the main topics that parents emphasized in their discussions, which were a reaction to the list of preliminary service provider findings that was presented to them for their feedback. Focus group participants reinforced the challenges, barriers to participation and strategies that were identified by the service providers. In each instance they were asked if there was anything missing or conversely, if they felt that any categories should be removed. Although some of the challenges, barriers and strategies were not discussed by parents at all or were only mentioned briefly

in their discussions, the parents said that they agreed with all the categories that had been identified by the service providers. It is possible they may have been reluctant to contradict or criticize the preliminary findings or that they simply did not have sufficient time in a one hour focus group to discuss each category individually. The challenges, barriers and strategies presented here are ones commonly discussed by focus group participants, and were emphasized by the participants as being the most important. This assumption is based on the fact that they chose to discuss these in more detail and that these were the ones they mentioned when asked to identify which categories they felt were the most important. In many instances they also provided a personal account of how they had experienced these in their own lives.

At the time the preliminary results were presented to the focus groups, the challenges, barriers and strategies were divided into major and minor themes, according to the strength with which I felt that topic had been expressed by the service providers. It was with regard to this aspect of the results that focus group participants disagreed with the service providers, suggesting movement between the major and minor designations I had assigned. So, while the parents did not disagree with the service provider perceptions regarding the actual categories, they did freely disagree on the major/minor ranking with which I subdivided the categories. On reflection, I was left uncertain I could definitively interpret the service providers' perceptions into a measurement classification such as major and minor. Thus, due to the focus group input, I dispensed with my attempts to classify the service provider perceptions by magnitude. This chapter will instead serve to present the views of the focus group parents regarding which of the service provider categories they felt were the most important.

5.1 Challenges Faced By Families

Parents were asked what they thought of the list of challenges service providers felt were faced by families, if there were any that were missing, and/or if there were any on the list that should not be there. Focus group participants agreed with those that had been identified and did not suggest new items. Parents were then asked which of these challenges they thought were the biggest or most important, and why they felt this way.

Figure 1 shows all the challenges that were identified by service providers in Phase One of the research. The challenges that parents then emphasized as the most important in Phase Two are shown with an asterisk.

5.1.1 Psychosocial

Parents agreed with the psychosocial challenges that were identified by the service providers and spoke in detail about five of these: mental illness and addictions, societal attitudes, unhealthy partner relationships, lack of family support and lack of self-esteem.

5.1.1.1 Mental Illness and Addictions

Parents felt that mental illness and addictions were big issues faced by families. Generally more discussion centered on mental health than addictions, although addictions were also mentioned as a challenge. Depression was the mental illness parents most often referred to.

It's not that my worker had made me feel bad about being on assistance, but when a person has mental health issues they can't concentrate. Even at home you can't concentrate, it's hard. And basically they kind of scoot you to work ... and then what ... to get fired again? And then if you're fired, you can't go back on assistance. (FG1P3)⁵

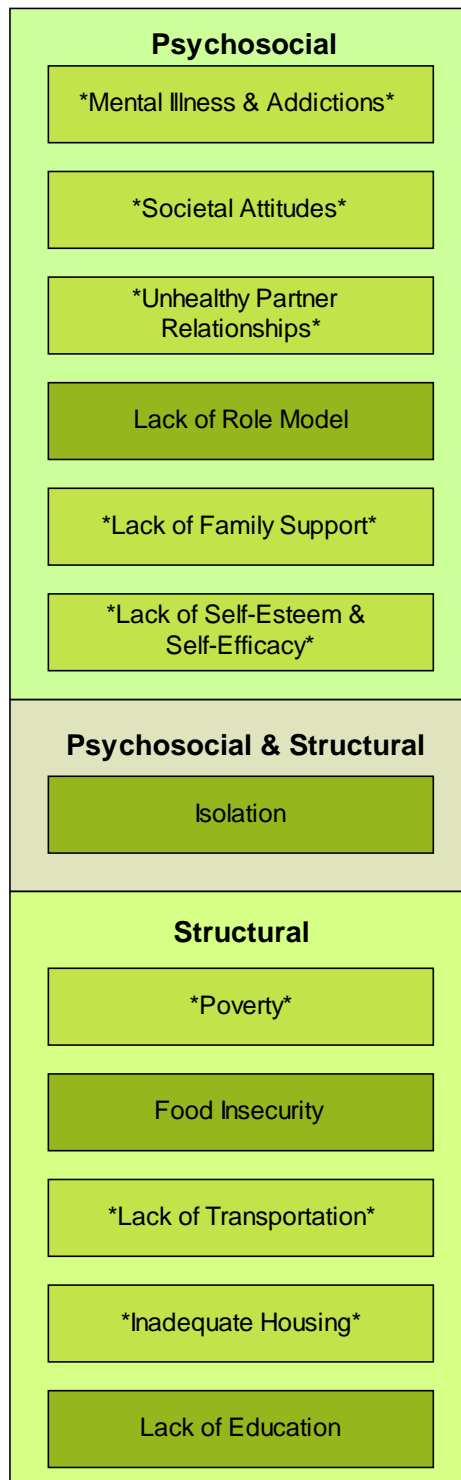
If there is just one [challenge] that is bigger [than the others] it's using their money for other habits [rather] than their children. (FG1P1)

I personally know that if I was really depressed, sometimes it used to make me feel good to come and other times I didn't even want to leave my house. I was too angry to leave. (FG1P3)

Based on my analysis of service providers' responses, I labeled mental illness and addictions as one of the "minor" challenges faced by families. Parents generally disagreed and felt this topic should be moved up into the major challenges classification.

⁵ Indicates this quote was from Focus Group One, Participant Number Three.

Figure 1: Challenges Emphasized by Parents (Signified by *)



I think the mental health issue should be in the main themes because regardless of whether someone admits it or not, everyone has them. (FG1P3)

I think mental illness should be up there, too. Because there's more than people realize, that people do have depression. (FG3P5)

5.1.1.2 Societal Attitudes

Focus group parents felt that negative societal attitudes were a concern that they must deal with and they described situations where they experienced such attitudes. Racism and discrimination based on income were the main societal attitudes that were highlighted. Not surprisingly, parents were particularly upset when their own children were the recipients of such negative attitudes.

We could do without that commercial with that little girl, that poor little girl sitting there and she's got no food because they go to the food bank. Like that ... I stopped going to the food bank for a couple of months I was so pissed off about that commercial. Like I know a girl that works at [Regina hotel] and she goes to the food bank, too, so it's not just Native people, it's not just single moms, it's a lot of people. (FG1P3)

I flipped out on my neighbour once because he called my daughter a little dirty Indian and that she was retarded and stuff. Like these are my neighbours, you know what I mean? And I live right directly with them and their kids are out there. (FG2P3)

One of the things that I had problems with in the day care system was the rich families, their kids picking on my daughters and it didn't quite work out. And then like they were favouring the richer kids. And my daughter, I don't know, she got scared off from the caregivers... She [caregiver] wasn't treating the kids fair and then I kind of thought it was probably to do with the ... I don't know, richer families than us. And my daughter wasn't quite that person I guess. So I thought that wasn't fair for her. (FG3P8)

5.1.1.3 Unhealthy Partner Relationships

Unhealthy partner relationships were reaffirmed by parents as a major issue. Factors identified behind the severity of this problem included lack of self-esteem, the lack of role modeling of healthy relationships and the lack of family support.

And a lot of young people now, like they're going into relationships where both people have issues. It's not just one person. Like as much as, like women become abused, the men end up being with somebody who was taught that from their

parents, too, right? And so they end up becoming abused. So I find that now days working with young people, seeing young people, even in my family, like the women can suffer the guys out just as much as ... they do just as much damage as men have done in the past to women. (FG3P9)

Several negative outcomes of unhealthy relationships were discussed. First, parents spoke of the large number of grandparents who are the primary caregivers for grandchildren and suggested that unhealthy relationships are a major factor behind this situation.

And there is a lot of people, a lot of grandparents raising their grandchildren over this stuff about unhealthy relationships and low self-esteems and all of these lists and whatever that are happening here that sometimes it's causing people to be unable to watch their children and then who do the children go to? The parents. (FG2P3)

Physical violence and the associated safety issues were identified as another stressor that arose as a by-product of some unhealthy relationships. Two parents shared their own personal experiences with trying to ensure they were protected from former abusive partners.

*I see [unhealthy relationships] a lot. (FG1P3)
Well I've charged my boyfriend three times before. But they didn't do nothing. They just left the one charge. (FG1P1)
Yeah, yeah, it's ridiculous. I just got a peace bond because I had to take the domestic violence and dispute advocator with me to the police station 'cause I had to get a peace bond for similar reasons, not as severe, but similar. It's ridiculous. (FG1P3)⁶*

A third negative outcome from unhealthy relationships relates to financial concerns. Parents spoke of the financial instability that can result from having a partner who leaves, or who comes and goes. Social Assistance policies were seen as failing to recognize the financial vulnerability of mothers in such situations.

I don't think it's just First Nations culture, I think it's right across the board that a lot of young women find themselves being single parents. Like even if they have the support there of a spouse, that person comes in and out of their life. It might

⁶ Two or more quotations grouped together, like these, signify that this was part of a continuous conversation between parent participants.

not be a stable relationship. And so accessing Social Services or any kind of subsidies, you know, if you're living with somebody for six months that qualifies as a relationship, so you have to declare that other person's income. And then that ends up putting you out, because in the end you can't depend on that person. So you end up being a single person. (FG3P9)

It's like if you're under their name and they're like, 'Well, okay, I don't want to be with you this month.' So they'll take off and all that money's to them and Social Services won't give you nothing. That's happened to me before and when he took all the money, they don't give even though you have kids. They're like, 'Oh that money came to both of you, you can get the money from him.' They don't have that support for women who are going through that kind of instability. A lot of women don't have the choice, right? Like, they do have a choice, but they feel like they don't, so they don't have the stability or that extra help to get them out of that situation. (FG3P3)

5.1.1.4 Lack of Family Support

Parents reiterated that a lack of extended family support is a challenge commonly faced by families. They agreed with the service providers that this lack of support could be related to parents being geographically isolated from the rest of their family due to distance.

Yeah, I really see that little family support because here in the city I only have ... there's only me and my mother. I don't really have family around here. (FG2P3)

One [challenge] might be little family support because some people move around and they don't have family everywhere. (FG1P1)

They also suggested that some parents do not receive emotional support and encouragement from their families in their efforts to change their lives.

I also find with little family support, when you're the only one trying to do something for yourself and everyone else wants you to be back to the way [you were] ... like just drink and ... forget about it and or else they're jealous. So they don't encourage you. 'Cause I find people that are working really hard [to improve their lives] ... besides people you're kind of working with, there's the other people who are not going to understand [your desire to change]. (FG2P4)

5.1.1.5 Lack of Self-Esteem and Self-Efficacy

Parents spoke of a lack of self-esteem negatively impacting people's lives, particularly in the area of relationships and in dealing with the system.

I think lack of education and lack of self-esteem. Those are two big issues. (FG3P9)

Given the focus group format, it is not surprising that participants might not disclose that they felt low self-esteem or low self-efficacy was an issue for themselves personally. One parent did admit she did not have the confidence to advocate for herself, after another participant spoke of her determination to make her way in life.

When I talk with people, they want to help me because I have a positive attitude. And if they say no, I won't take no for an answer. I'll find a window if they close that door. That's just how I am, because, like, you scratch the surface to make a living, to feed your children, to do that. So you have to be strong, you have to find something to survive. That's how I was. I always use my mind and sometimes my brain. (FG2P4)

Yeah, not me. I just...I just...[voice trailed off] (FG2P3)

5.1.2 Structural

Parents emphasized three of the structural challenges that service providers had identified. These challenges are poverty, lack of transportation and inadequate housing.

5.1.2.1 Poverty

Poverty was seen as a significant challenge that impacted many areas of life. Parents freely shared personal stories about their lack of financial resources, perhaps because they felt others in the group were in a similar situation, as shown in the following exchange.

Poverty [is the most important challenge]. (FG2P1)

Yeah, poverty ... I think the big one is poverty and also your partner relationships. I think that has a lot to do with it. (FG2P3)

Well, if they weren't making such less money they wouldn't be arguing as much ...Like, poverty is in absolutely everything. (FG2P1)

Inadequate income levels were not just experienced by those receiving funds under the Social Assistance Plan [SAP], but also those who had moved into employment situations. One parent shared her struggles in trying to get by on the provincial government's Transitional Employment Allowance [TEA]. According to the Saskatchewan Ministry of Social Services, the TEA "is an income-support program designed to assist applicants

participating in pre-employment programs and services or those who are ‘job ready’ and seeking employment” (144). A main criticism of this program has centered on the program’s flat rate for utility benefits, with TEA recipients described as being at a disadvantage over Social Assistance recipients because the utilities portion is insufficient to meet these costs (142).

Like even the special food diet⁷, everybody’d tell me, ‘Oh you can get on. You can get a little bit of extra money for this.’ [Then] some people started finding out I was only living off of the \$660 a month ... They were like, ‘How are you doing this, living off of \$660 a month?’ And I had to go and work underneath the table. I had to go and do extra things just to get me and my little family by. It was like really hard and [my social worker] just gave me the slough [meaning to treat as trivial] every time I tried asking, ‘Well no, this is the TEA Program. We don’t have any extra benefits like that. You aren’t eligible for anything like that.’ And my understanding when I got onto the TEA Program was that it was for three months. I was on that bloody thing for almost a year and I didn’t get nothing. (FG2P3)

5.1.2.2 Lack of Transportation

Participants felt lack of transportation was a commonly experienced challenge that affected all aspects of life. One parent spoke of how difficult it is to get to the Regina food bank since it has been moved to the northeast area of the city further from most low-income neighbourhoods than the previous locations.

A lot of the times people are really in down right need. Like food and security, and like they had to move the foodbank out so far. My mom sometimes needs it, so bad, but she can’t get out there because it’s so far for her to go. And a couple of times she walked it and oh my god, was she ever sore when she got home, you wouldn’t believe. ... And it’s awesome that they got a bigger building and blah blah blah, but it had to be so far away. And there’s like no group or like anything that will provide transportation there, you know what I mean? (FG2P3)

Parents also identified reduced childcare options and an inability to maintain social connections as other challenges that arise due to this lack of transportation

Yeah, and it’s tough to fish around when you don’t have a car, you know, fish around for a good daycare. (FG1P3)

⁷ Social Services provides a special food allowance for those with a medical need. This provision also covers situations such a pregnant or lactating mother.

And like transportation and stuff [is a problem]. So that's why you're isolated.
(FG3P2)

5.1.2.3 Inadequate Housing

Inadequate housing was also acknowledged by parents as one of the bigger challenges they face from among the list service providers had identified. Although parents spoke briefly about some of the previous challenges, housing was one topic where parents readily shared their personal accounts and expanded on their experiences at greater length. It seemed to be one challenge they had all experienced. Another factor in their eagerness to discuss this topic might have been that there is no stigma attached to finding adequate housing, as compared to other issues such as unhealthy relationships or mental health.

Parents were quite animated as they spoke of their difficulties in trying to find decent housing they could afford. They also felt that the situation is worsening with the recent trend in Regina toward increased rents and lower vacancy rates.

I don't know, I think that adequate housing should be brought up to the top too. Because I think it's actually pretty terrible. Especially with a mom having three kids on their own, you can't get a three or four bedroom house. The best ... like I'm living in a two bedroom little house with three children, which is really hard.
(FG3P3)

Yeah, well, you can't afford a house with all the extra rent if you get a good house, it's terrible. (FG3P7)

Have you found that worse the last year? (Researcher)

Yeah, prices and things going up. Things went up this past year compared to three years ago. (FG3P7)

Going up. (FG3P3)

Yeah, especially in Regina and Saskatoon. People getting booted out of their place. (FG3P5)

Yeah, booted out...the rent's going up. Did you hear that rents going up in 90 days in that apartment? (FG3P7)

Oh yeah, and the one people, they got a letter saying your rent's going up at the end of the month to 1000 bucks, and they're paying 500 bucks. (FG3P3)

One mom was raising two kids and she had to pay almost \$600 or more. (FG3P5)

Yeah, and how can you afford that living on a budget every month and all of the sudden the next month you have to pay double and you can't afford it. Especially with children. (FG3P3)

Parents described the power imbalance they face in dealing with landlords given the shortage of affordable housing. Their extreme vulnerability was evident in the stories they shared in the following exchange among four women, discussing landlords' sexual harassment of low-income female tenants.

Like, I have so many friends who are screwed up just from moving all the time. They don't have that stability in life, so they don't look for it. (FG2P1)
What's the main reason people are moving all the time? (Researcher)
Landlords. (FG2P5)
Landlords. (FG2P3)
Housing, slum housing, yes. (FG2P1)
I moved out of two places because being a single parent, woman working or whatever ... they [landlords] are perverts. They are like literally perverts. They'd be like, 'Oh, you're short on your rent this month? You know, is there' ... oh my god... (FG2P3)
'Do you want to make it up?' That happened to my friend. (FG2P4)
'Do you want to make it up for, you know, you're fifty dollars short. Want to make that up?' I'm standing there, just me and my baby, I mean, like no man around. You know, what am I going to do? And he's my landlord. He can just throw me out and he can walk into my house. (FG2P3)

5.1.3 Commentary

As was the case with the service providers, I was somewhat surprised regarding the extent to which parents considered psychosocial challenges to be major factors impacting their households. I had expected parents to focus more on the structural challenges. While they definitely had lots to say about certain structural challenges, they were quite thoughtful in their discussions of several of the psychosocial issues.

I think it is possible there may be a stigma around some issues that might have limited discussion at times. For example, in one of the focus groups, a participant joked about not having any mental health issues and not being “nuts.” However, when I suggested that mental illness also included conditions such as depression, parents became serious and quickly acknowledged that depression was a very large issue. It seemed as though perhaps it was okay to admit to being depressed, but not to having experienced other types of mental health issues. In contrast, the other two focus groups both seemed to assume mental illness included depression and readily spoke of it as a commonly experienced condition among themselves and/or their peers. This view is supported by

research showing that almost half of mothers in a Head Start program in New York City reported often feeling sad and depressed, and that they lacked energy or had little interest in participating in activities (3).

I also wondered about a possible stigma surrounding addictions. While a few parents mentioned substance abuse is a problem, the discussion more often centered on mental illness. I was left unsure whether parents really do feel mental illness is a larger challenge than addictions, or if stigma and maybe even a fear of being reported may have prevented further discussion about addictions as a specific challenge.

Lack of self-esteem was acknowledged as a common challenge, and yet only one parent alluded to this as a challenge for themselves. There may be two explanations for this. One explanation is that perhaps participants felt stigmatized if they admitted to having low self-esteem. Another possible reason could be that parents with low self-esteem are less likely to participate in programs such as the ones these parents were enrolled in, so these parents may have had higher than typical self-esteem for parents living in circumstances of disadvantage.

Another psychosocial topic where I thought there might be a stigma was the challenge of unhealthy partner relationships. Parents, however, did not hesitate to share their experiences in such relationships, including their efforts to access the legal system in order to help ensure protection. One new aspect of such relationships that parents mentioned, but service providers had not, was financial abuse. Research has shown that 4% of Canadian women have been prevented from having access to the family income (as opposed to 2% of men) (138).

Lack of family support was a psychosocial challenge that was described as having two distinct components. The first was due to the isolation caused by physical distance, which in turn was related to other structural issues such as lack of transportation and transiency. The second component mentioned was a lack of emotional support and encouragement from families. One mother used the adjective “jealous” to express this lack of support. This is similar to an American study which found single, unemployed mothers perceived they did not receive emotional support from family and friends. The

term “jealous” was also used by a woman in that study to describe the reaction to her efforts to improve her life (145).

Although parents were clearly in agreement with many of the psychosocial challenges identified by the service providers, there seemed to be greater common experience with the three structural challenges. It seemed as if it was assumed everyone in their group had experience with poverty, inadequate housing and a lack of transportation. It was similar to the way service providers had reacted on some topics, that is to say, as if it is so widely acknowledged as a topic that great explanations were not necessary as to why. Parents, instead of explaining why these were challenges, tended to provide examples from their own family life of how these impacted them personally.

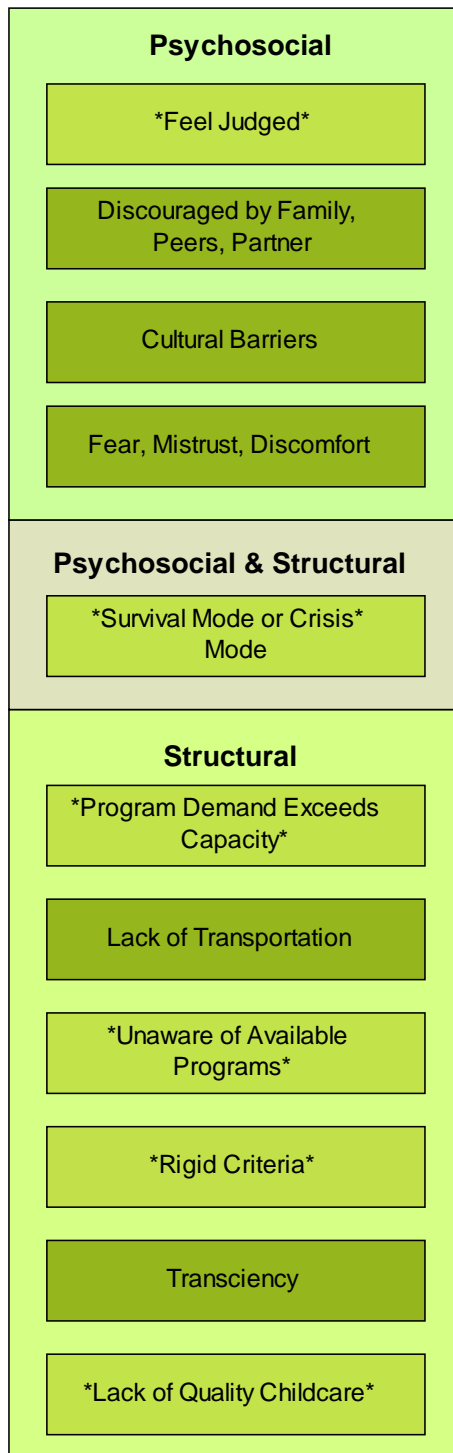
I found parents would speak of the interrelatedness of the various challenges. They gave numerous examples of how one of the challenges affects another. One discussion centered on how partner relationships are adversely affected by financial concerns, and how arguing was often driven by money issues. Another parent suggested that one cause of social isolation is the lack of transportation. Lack of sufficient funds was seen as the major cause of housing inadequacy. Mental illness was seen as impeding the ability to get a job, thereby entrenching poverty, and so on.

Overall, I found the parents quite willing to talk about the challenges they face. Because focus groups were only an hour long, I made the assumption that the challenges parents chose to point out and discuss were the ones they felt were the most important. There was simply not enough time to seek feedback on each of the challenges separately. However, I believe the process of asking parents to comment on the list of challenges the service providers identified facilitated an environment conducive to a non-directed discussion that allowed them to choose which challenges they felt they wanted to discuss.

5.2 Barriers to Program Participation

Focus group participants similarly concurred with the list of barriers to program participation service providers outlined. Parents did not think that any barriers on the list should be removed or identify any missing barriers. From their discussions, it was evident there were certain barriers on the list parents felt should be emphasized

Figure 2: Barriers Emphasized by Parents (Signified by *)



as the most problematic in interfering with participation in programs designed to help families such as themselves; these barriers are presented below. Figure 2 shows all the barriers to program participation that were identified by service providers, with an asterisk indicating the barriers parents felt were the most significant.

5.2.1 Psychosocial

Parents emphasized only one of the psychosocial barriers from the service providers' list; that of feeling judged when they access services.

5.2.1.1 Feeling Judged

Parents agreed they sometimes feel they are being judged when they interact with organizations, even when those service or programs are meant to assist them, and that this may dissuade some parents from participating.

And then feeling judged. That people are going to judge you. I think that's the most ... that's the first one. (FG1P3)

One thing I encounter, and it's not exactly the doctors or anything, it's the receptionist. Boy, do they ever treat us like crap, man. Just because they're sitting behind a desk and you're asking them for help. I hate that. God, but I don't get like all bitchy and swear at them because I can play their game ... I'll still be polite and just take it and sometimes they get to where I'll just take it to a higher person. But most people won't do stuff like that. Like in order for things to work, you've got to work the system... Well, I did it a few times, because like that's the only way you can do it. It's like playing chess, you know. But I just feel like that's like one of the things I feel about going to programs and stuff. (FG2P4)

5.2.2 Both Psychosocial and Structural

Parents provided descriptions of the combined psychosocial/structural barrier of being in survival mode and crisis mode.

5.2.2.1 Survival Mode and Crisis Mode

Participants agreed that the day-to-day tasks of trying to provide for the basics did make it difficult to participate in programs because survival has to take priority.

I would have to say ... it depends on where the person's at, right? ... survival mode and crisis mode. Because you, obviously you put your kids first, so it's roof over their heads, food, clothes on their back and as long as those are met, you have more time to better yourself. But if you're having a hard time, like, this comes first and foremost. (FG2P4)

Parents also spoke of a lifestyle where reacting to crises was a common feature and suggested such a situation does create a barrier to participation in programs on a regular basis.

And then the crisis mode actually makes me step back from it [program participation] 'cause in our family there is a lot of crises going on and that. And just from the crises mode you step back from that, from even letting your daughter or your kids go into daycare. (FG3P8)

I think mostly everybody I know ... a lot of them are in survival mode. Like they're always constantly just, you know, reacting. And then they get to that point where it's crisis mode. (FG3P9)

5.2.3 Structural

Parents emphasized four of the structural barriers to program participation service providers outlined. These are program demand exceeding capacity, being unaware of available programs, programs having rigid eligibility criteria and a lack of quality childcare.

5.2.3.1 Program Demand Exceeds Capacity

Focus group parents described programs they would like to participate in but were unable to due to wait lists. The most common program they were unable to access was childcare. Without childcare they were not able to participate in programs aimed at parents, enter the workforce or undertake other initiatives designed to assist them in bettering their lives.

I had my kids' names, actually all three of them, on the wait list [for daycare] for two years, and then I only got two into the daycare just this year ... I was supposed to start school actually a year ago but it was last minute. They said I would have got accepted but I couldn't start because there was no access to any daycare centres at all. No one in the city...and the only one that had an opening was all the way across town. It's hard. (FG3P3)

A co-op housing initiative was another example, cited by one parent, of a program where excess demand resulted in interested people being placed on a wait list.

Well I tried applying for a co-op and it's just, yeah ... waiting lists galore. There's so many families that do want to afford a house but it's just money-wise. Like they can only have so many houses a year ... buy so many houses a year. And there's like 40 or 50 families waiting. (FG2P1)

5.2.3.2 Unaware of Available Programs

Focus group participants agreed that one barrier to program participation is a lack of awareness of what programs are available. They suggested this is a bigger problem for those who are not already connected with a program, since that is often the source of information regarding what is available.

Well, one thing I do know, like programs or funding and stuff, there is money out there but where do you look? Where do you apply? (FG2P4)

When you're trying to access the program, the barrier would be right there like, the miscommunication [sic], or like the false information. (FG3P7)

5.2.3.3 Rigid Criteria

Parents reported being frustrated when they found programs for themselves or their children they thought would be beneficial, but then discovered they or their children didn't qualify because of the programs' eligibility or admission requirements. For example, some government funded pre-employment programs require participants to be receiving Social Assistance.

With a lot of these programs, when I was working and still trying to get into programs, get into schooling and stuff, I got the door slammed on me many times because I was working. They needed people on Social Assistance, just to be able to apply for ... even to come [to this program], you have to be on Social Assistance, you have to be on the TEA Program. When I got here two years ago I could have been back into school, but I wasn't allowed on Social Assistance because I was an able working body and I was working and I wasn't allowed to go into any programs because I wasn't on Social Assistance. That really just held me back and kept me out of school for a number of years. Like, this is my first time going back to school in almost seven years. (FG2P3)

Many programs aimed at children, or parents, are targeted at children in a particular age group.

They should have like more programs for the older children, like for their growing or whatever, because that would keep them out of trouble. (FG1P1)

Yeah, does [this parenting program] stop [when the child is] three years old? Like after your kids are three years old, are we still allowed to ... somebody said something about three years old and then you're out of the program or something? (FG1P3)

5.2.3.4 Lack of Quality Childcare

Of all the barriers to program participation, the one that parents spent the most time discussing was the lack of quality childcare. While service providers tended to speak of the lack of childcare, the word “quality” was added to this barrier because parents emphasized, not just the lack of childcare, but also their worries regarding the quality of childcare provided to their children at some programs. This was one area where there was a difference between service providers and parents. Service providers did speak of trust in general terms as a barrier to program participation, but it became clear in listening to parents there is a great deal of apprehension and mistrust in particular around allowing others to care for their children and grave concerns regarding the quality of childcare offered. Here two parents discuss their reluctance to place their children into a childcare situation. One of the parents who had managed to place both her children at the same daycare, described how she felt somewhat reassured now that her daughter is old enough to tell her what goes on.

That's why I haven't put my child in any daycare like forever, because I'm scared of how they treat them. Like yeah, they'll be all nice to the parents but then once the parent is gone, you know, these poor little babies... what can they do? That's why you rely on instinct. (FG2P4)

And that's why I would rather have my daughter and my son at least around in the same [daycare]... so at least in that way my daughter's older and she knows and she'll say something as opposed to my son being 15 months and you know, not able to say anything at all. (FG2P3)

Parents were aware of instances where children had been mistreated by daycare staff. One parent had friends whose children had been mistreated, while another parent's own child had been handled roughly by childcare staff.

I think it's for, what is it, the main theme for mistrust and that? Because it's hard to let go of the apron strings with my daughter. Yeah, that's the one. I kind of distrust the caregivers ... So I have to really trust them, like [my mistrust comes] from other friends too, and family. Their kids went to a program and they were mistreated and then just that trust of letting your daughter go into a facility like that. So, I don't know, I just get kind of scared. (FG3P8)

And I kept on finding little problems [at the daycare] that were insane. They were telling me my kid, like as soon as he got into the daycare, he would have to go to bed and the other ones got to go play outside and because he was smaller they put him with the babies. And I guess my common-in-law saw one of them shake my son and this was at [specific program]. And he walked in on them while she was going like that, 'You're supposed to stay behind the gate.' And she was grabbing my son and shaking him. (FG3P7)

5.2.4 Commentary

Most of the barriers parents emphasized are ones commonly found in the literature. Feeling judged, time/scheduling difficulties, lack of awareness of programs and lack of quality childcare, as discussed previously, have frequently been identified as barriers in previous research (3,4,67-70,72,143). Some of the other barriers parents emphasized, such as rigid criteria, and program demand exceeding capacity, are not as commonly identified in the literature. This could be because such barriers are more context specific, and may depend on the funding models implemented in a particular region.

In contrast to the challenges, parents tended to emphasize more structural barriers than psychosocial barriers to program participation. Perhaps this is because, by virtue of their current program participation, these parents either did not experience psychosocial barriers to participation to the same degree as non-participating parents might, or had overcome these barriers sufficiently to enroll in programming.

The main psychosocial barrier parents mentioned was feeling judged by people working at programs they may access. While parents did not really discuss cultural

barriers *per se*, it seemed to me that in their descriptions they felt they were being judged because they were “lesser.” They did not really say why they felt they were treated as second class citizens, so I am left to speculate whether they felt it was due to race, poverty or something else. This is an area that, in hindsight, I wish I had further explored.

The parents described survival mode and crisis mode as being a common occurrence and helped me to understand how one can lead to the other. One parent described survival mode as being in a state of constantly reacting until finally it reaches a crisis point. Discussions around this concept were very matter-of-fact and it seemed that most of the parents had experience living in such circumstances. There did not seem to be a stigma around living in a household that was constantly reacting to its environment, but rather it was recognized as a reality for many people due to circumstances beyond their control.

Two structural barriers the parents highlighted were barriers preventing participation in programs parents desire to attend. Both the categories of rigid criteria, and program demand exceeding capacity showed parents are sometimes unable to attend programs, even when their own personal barriers have been addressed, due to structural, systemic issues. Considering how difficult it is in many cases to remove psychosocial barriers to attendance, it seems a shame that families who are at the point where they are willing to participate in programs designed to help them are then denied access. Parents seemed frustrated that when they were ready to make positive changes in their lives, such barriers prevented them from moving forward. One parent spoke of having “the door slammed on me many times.” Her choice of words illustrated for me not only how it must feel to be unable to take the steps forward in order to begin a new journey (the opening of doors) but also of the feeling of rejection when one perceives that a door is slammed in your face, albeit figuratively.

As I have discussed earlier, I expected parents to mention a lack of childcare as a barrier to participation, but was surprised their concerns around this issue related both to the lack of available childcare and to the quality of existing childcare that may be available. This is in contrast to the service providers, who were only concerned regarding the quantity of childcare placements. Service providers did not express the need for

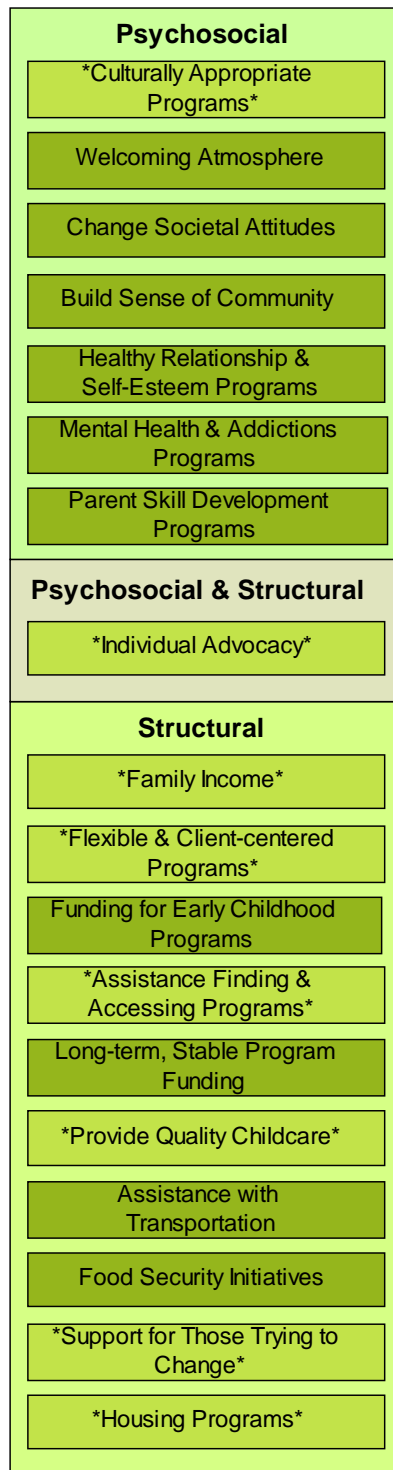
improved quality of childcare placements. Perhaps this is because some of the organizations provide childcare either as the focus of their program or supplemental to their programs, and the service providers may feel they are offering a quality childcare service. This difference in perception of barriers around childcare needs between service providers and parents is one that should be explored further.

Parents discussed their fears around the possibility of lower quality childcare at greater length than any of the other categories and shared not only their worries that their children could potentially suffer at the hands of childcare staff, but also some personal experiences where they felt their children had been poorly treated. This phenomenon has been reported in other research showing that trust is a critical factor in parents' choices around childcare options (145-147). The literature supports two explanations for this distrust. Although none of the parents in this research suggested they themselves had experienced childhood abuse, this was expressed as a reason for such fears by unemployed single mothers in one American study (145). A second explanation may be that there is some truth to the parents' fears of substandard childcare, as illustrated by a few of the personal examples they provided during their discussion. There is some evidence that daycares with predominantly low-income clients are of inferior quality (32). One study found that teachers in childcare centres serving children from low-income families were observed to be less sensitive and harsher than teachers in childcare centres serving more advantaged families (148). Certainly, this gap in perception between service providers and parents is one that needs to be recognized if this barrier to participation is to be removed.

5.3 Strategies to Improve Childhood Outcomes

Focus group parents were next asked to provide feedback regarding the strategies the service providers had recommended to improve childhood outcomes for families like themselves. Parents did not feel any of the strategies recommended by service providers should be removed; however, they did point out the strategies they felt would be the most helpful based on their own experiences. These strategies, and the parents' perspective of them, are summarized below. Figure 3 shows the strategies that service providers

Figure 3: Strategies Emphasized by Parents (Signified by *)



recommended to improve childhood outcomes. The strategies that parents felt are most important have an asterisk beside them.

5.3.1 Psychosocial

Out of the numerous psychosocial strategies service providers had recommended, parents chose to highlight only one.

5.3.1.1 Culturally Appropriate Programs

The vast majority of focus group participants were Aboriginal, so their perceptions regarding cultural appropriateness related primarily to First Nations culture. Participants felt this issue could be addressed in several ways. First, several parents felt that service providers need to receive more cultural training so they have a better understanding of Aboriginal ways and then actually apply this knowledge when they are delivering programs.

People [may have taken] Aboriginal Awareness programs within their whatever, whether it's within the government or at the university, but they never follow through with that information. They just, they pat themselves on the back saying you know what, I took that session, I kind of understand a little bit. But they don't really follow that through. (FG3P9)

For some of the people that are in the daycare system, do they learn about our people too? Because they sometimes don't seem to notice that, some of the child caregivers, they don't know too much about our people enough, First Nation people enough. And they've never taken a program at the university like on how to deal with our children. And then right away they say something like, to calm our kids down they need Ritalin or something like that, because they're hyperactive or something. And then all of the sudden there's a person inside there, in the daycare system, they're checking our kids to see if there's something wrong with them. So I don't know if they take any programs with First Nations. (FG3P8)

Second, parents suggested there needs to be more programs to teach Aboriginal people about their culture and history, and the results of colonization so they can become more empowered.

I think that too, people don't realize that when they are looking at those things, that our history, our history is what causes me to be, like I know in the past I have

been an unstable parent. What has caused me to be that? When I look back at my family tree and I look back at where things were at and my grandmother was a residential school person and she lost her parenting skills when she went to residential schools because she was taken from her family. And then so she couldn't parent my mom, who in the end ended putting us all in boarding school. So we never learnt ... all we ever knew was what my mom taught us and so like we're repairing that now. Like me and my sisters talk about it, but knowing your history and how it affects your kids now makes you able to make changes with it after all when you acknowledge the history that it's not really ... like I can't go back. I can't go back and say, 'Well it was my grandma's fault or it was my mom's fault.' They did the best they could, I guess, with what they knew at the time. And explaining that to our kids and being able to say you know what? Maybe I didn't do so well the other day or last week but I know what I did wrong now and I'm willing to try again right? Being able to have programs that address those kinds of things. Like it impacts, for First Nations people, and even people who are having kids with First Nations people. This impacts their family to a huge degree with not knowing the history of why things are the way they are. And then you're able to empower yourself and say you know that's happened to them. It's not happening to me. There's something that I can change right now for my kids. (FG3P9)

Finally, it was suggested that some programs need to be delivered specifically to Aboriginal people. One mother described her experience as the only Aboriginal woman attending a bereavement program.

One thing I noticed, 'cause I lost a baby, I noticed there wasn't enough programs that were targeting Native women ... we're trying to start a program for Native women that lost babies either before or right after because most people start to do drugs or drinking, and I know from experience, so I think there has to be more better things. 'Cause I did go to bereavement classes like after, and I was like the only Native person and nobody knew what I was talking about. 'Cause these women were like, 'Yeah I watched CSI and it scared me so I stayed up all night thinking about it.' And I'm like, 'Yeah, this woman got shot four houses down and she died. There's hookers right there on the corner.' Like I lived CSI. [laughs] But they weren't judging me. They opened up to me, but I felt so out of place and I wasn't judging them, but I just felt there had to be something else, something better to work it through. (FG2P4)

5.3.2 Both Psychosocial and Structural

Parents felt the one strategy that addressed both psychosocial and structural challenges and barriers (individual advocacy) was an important one.

5.3.2.1 Individual Advocacy

Focus group participants agreed that individual advocacy is required to help people deal with the system. They preferred there be a particular person who they can call for guidance, as opposed to the more impersonal call centre arrangement. A more personal connection was desired with somebody who cared.

And it's not that I want to be on assistance, but it's not that I want to be treated like crap and feeling like crap. And I think what they could do, you know if someone's on assistance because of whatever reason, they should be helping them get the help they need. Like you have to do a call centre, and they assess whether or not you're going to the TEA Program, Social Assistance Program or what you know? So I was put on the Social Assistance Program, but they didn't do any follow-up on it. They didn't say like ... well it's not like I need somebody to say well you do this or you do that. But it would be nice to know that somebody cared. Like what if somebody didn't have any family to ask about them? How are you doing, you know? (FG1P3)

In the following exchange, two parents compared their perceptions regarding the support they received from their government social worker. The first woman spoke of how she missed the regular contact with her worker which ended while she was pregnant. She felt somewhat rejected by the lack of contact and seemed to desire some sign of caring and confidence in her on the part of her worker. The second parent, conversely, felt very supported by her worker. In both cases, efforts to provide individual advocacy were appreciated.

I started that TEA Program ...but as soon as I told my worker that I was pregnant, right then and there I didn't speak to her again, she never phoned me, I never had to phone her. [Before that] I usually had to phone her twice a month or something. After I told her I was pregnant it seemed like she gave up on me. She didn't even help me get into this program. I applied for it and I went for it all on my own. And then when she did talk to [me] ... she's completely like, 'Oh, she's just another baby maker and that's it. She's not going to do anything. She's going to be sitting on her...' like that's just [the impression] I got from her. (FG2P3)

I think it depends on which worker. Like everyone is different because mine, she kind of did leave me alone when I was pregnant but, when she knew I wanted to help myself and I was in a long-term ... like welfare, she really helped me as much as she could. She helped me, any little extra kind of money I could get before I got off. (FG2P4)

5.3.3 Structural

Parents tended to emphasize the importance of addressing the structural challenges and barriers they face. Thus, they felt that the majority of the structural strategies recommended by the service providers should be implemented.

5.3.3.1 Family Income

Focus group participants felt families require more income to be able to provide the type of home environment they would like for their children. They believe Social Assistance levels are too low to achieve this goal.

[Families need] increased income. And seriously, living on this assistance, especially when you have a baby, you can't work for the first year anyways. So they still give you pretty much the same amount of money and they want ... you know you've got to budget everything and it's still not that easy especially having a newborn, you need formula if you're not nursing and you know like all of that kind of stuff. (FG3P3)

I think they need to raise the money for rent, because rent is going up extremely quickly. It's supposed to be going up an extra 75 bucks or something and like people on Social Assistance can't afford it... My worker's even getting mad about it because she knows that I can't find anything that I can actually afford. (FG1P6)

5.3.3.2 Support for Those Trying to Change

Parents agreed with service providers that there needs to be more assistance for those who have reached the point where they are trying to change their lives. Perhaps because these parents were accessed through their participation in a skill development program, many of them were at the point in their lives where they were trying to better their life circumstances. They described situations where they felt they were actually worse off, in financial terms, as a result of their efforts to change their life situation. In particular, they discussed the need for more financial incentives for those entering the workforce.

And if you're working too, it's hard. (FG2P8)
Well, see, I just started working a month ago and I find it harder now than when I was on assistance fully because now I have to pay my own rent. And it's getting harder to do that on my own. But they want you to work, so how do you do that [pay the rent] on your own? (FG2P3)

I mean, you can't have any sick days. (FG2P8)

Yeah, I know, and even ... like when [child's name] got sick there, when he had that seizure, I couldn't ... I had to take those days off work, so that cut me down ... three days of work missing. (FG2P3)

But maybe it'll give them incentive to go to these [employment] programs. 'Cause a lot of people I talked to said they got the same amount of money either on welfare [or working]... (FG2P4)

Or less [if working] (FG2P3)

Parents also felt more financial assistance is required for those who choose to upgrade their skills and further their education. They described circumstances where they felt financially penalized for their efforts to return to school, or for their summer earnings while attending school during the school year.

Well for me it's just like increased family income because I'm on, I've got that PTA⁸ and it's like not enough. It's like worse or less than Social Assistance so. Like they give you one lump sum and you've got to pay everything right? Like utilities and food and it's like well I need more money. I'd like to get my kids into programs and stuff but I don't have the money to do that. (FG3P2)

Well, with First Nations people, there's a cap on post-secondary funding so there's no money,⁹ and that PTA funding and all of that stuff. They have a lot of criteria you have to pass to access that education. ... I think education, like our Elders will tell us that education, that's our White Buffalo, that's the way that we're going to overcome a lot of those issues ... so [we need] easier access to education. (FG3P3)

Like, say, a university student, [who's] going to be employed during the summer, but going to be going back to school in the fall. And what happens with most university students, it's not only with childcare, but also if they're in subsidized housing, just from working that four months or three months, their [rental] rates go up, right? They have to pay more for their, for whatever little money they're trying to make. In addition to that, with university students, maybe it would happen at the technical institutes as well, is that those students are not able to apply for welfare during that time because it's such a short period, right? And so what ends up happening is they end up having to pay more for their job. And they

⁸ Provincial Training Allowance: Program through Saskatchewan Ministry of Social Services which provides funds to assist low-income adults with the costs of living while enrolled in basic education or bridging programs.

⁹ Since 1996, the Post-Secondary Education Program for Status First Nations students (administered and funded by Indian and Northern Affairs Canada) has had a 2% cap on funding increases. This cap is not adjusted to recognize inflationary forces or the large increase in potentially eligible students due to demographic changes and higher high school completion rates. (169)

really don't qualify for their subsidies after awhile ... if they're making a little bit more money than they normally would make, then those [rental] rates jump up, right? They don't qualify, so they're in a gap. They need to work to keep their families, but also they're being penalized for working. And yet that is what they need to do. (FG3P9)

Yeah, I found that too. Like I'm still ... from September to April I'm doing summer work and then my rent shoots up quite a bit and so most of my pay cheque goes to my rent and ... (FG3P1)

So you never get a chance to make it ahead. (FG3P9)

5.3.3.3 Assistance Finding and Accessing Programs

Parents suggested that more needs to be done to make people aware of programs and to provide assistance in figuring out how to access them. While these parents, who were already participating in a program, felt that information was provided to them about other programs that are available, they were concerned that parents not involved in programs do not have this advantage. They felt there needs to be some way to make people aware of programs using a more universal approach.

Because nobody knows, unless you are at a group like this, or [another program]. [Parents] have go to out and get ... like they get asked what kind of programs they want to enter into and then [people at the program] tell you about. And other than that, where are you going to find it? You're not going to be walking past where they tape them on the poles and stuff like that. (FG3P7)

Yeah, like they're not going to tape it, 'Group here!'" (FG3P3)

5.3.3.4 Provide Quality Childcare

Participants discussed the necessity of having childcare provided for programs aimed at parents, which was consistent with service provider findings. One parent mentioned that she felt none of the parents in the room would be able to participate in the program they are currently involved in together if childcare were not provided for them.

Actually, the [program] that we come to here, I think if it wasn't for childcare, none of us would be able to come. That's one of the biggest things I think should be on the top because every single one of us have kids. Most of us that have been coming to this group forever and if we all had our kids, and each of us have like one, or two, or three more ... you know, we can't bring all our kids in here and try to have a good conversation and relax. Because I really look forward to having that little couple of hour break. (FG3P3)

Parents described feelings of uneasiness in leaving their children in some childcare situations, however. Some felt that childcare providers should be required to have more formal training and there should be adequate staffing so they could feel more confident their children were receiving a high standard of care. Many felt this standard was missing in some instances.

I'm not always feeling great about leaving my son at the daycare because there's not enough care workers. Yeah, they can handle five kids at a time but can they be watching all five of those all the time you know? And do they always know what's going through their little heads. Did they take the [a specific parenting training program] training? I'd like to see every single daycare worker actively, daily, doing a conflict resolution at the end of the day about what happened, going through the [aforementioned parenting] program because now that there's handbooks for raising a child, I believe that all caregivers should be doing this. Because if we're all in the group and we're all actively and effectively parenting our children, and then it gets all turned around when they go to daycare because they just put them in time out ... which is fine. It's better than a smack on the hand, but it's different you know? So then they have to adjust constantly. (FG1P3)

5.3.3.5 Housing Programs

Another priority for focus group parents was more programs to improve housing options. During their discussions regarding houses, three strategies were emphasized. These strategies were consistent with the strategies service providers had proposed to address the issues of inadequate housing. First, parents described living in substandard housing and recommended that there should be more home inspections to remove unfit housing from the rental market.

When somebody is looking for a place, on assistance or not, I'm not sure if they have to pay for the health inspector to come in and the energy efficiency person to come in, or is that the landlord's job or does Social Services pay for that? Because I know it's quite expensive and there's a lot of crappy houses around. So it's a rough enough feeling knowing you're on assistance, but then on top of that you have to live in a house that's inadequate. (FG1P3)

Yes. (FG1P5)

I think every single house in Regina should be checked and quite a few knocked down. (FG1P3)

Yes, because in my basement I have mold. And it took them [landlords] like a month since they wouldn't do nothing about it. (FG1P5)

Second, they suggested that there need to be more low-income housing that is affordable

for larger families.

So I think that they need more low income housing [for larger families]. [The rent was] based on what wage I was making and [did] not factor in the fact that I had a huge family to support. (FG3P9)

Finally, parents want to have more programs to make home ownership affordable for low-income families, especially those with historically poor credit ratings based on banking standards.

And you have to have some credit. Sometimes you mess up when you're young and then when you're older you can't get much for credit. (FG2P5)

Yeah. (FG2P4)

Me too. (FG2P3)

Exactly. That's the problem I have now is credit. That's a big part of it. I think home ownership is a big thing. It's stability for your children. (FG2P1)

Investment. (FG2P5)

5.3.3.6 Flexible and Client-Centered Programs

Although the naming of this topic is quite general, parents interpreted the words 'flexible and client-centered' as describing the same program aspects that service providers mentioned as desirable to remove barriers to participation. Parents spoke of the need for more flexible admission criteria to address the barrier of rigid program admission requirements.

All right, like university and SIAST they have a thing called special admissions and that's like for higher education, so why can't we make it for other programs? (FG2P4)

They discussed the need for programs aimed at parents to be offered during the hours when parents are available to attend.

Could we add the time of day? And availability to go? Like some people, if they're working during the day they can't go, right? (FG1P3)

Parents also felt that programs need to have relaxed attendance requirements that reflect the survival mode and crisis mode reality in which many families exist.

So I think understanding what the demands are that most people are under. There is a wide range of problems or issues that people are challenged with, that people are dealing with and that's just like day-to-day ... and being able to gear or

market your programming to what they're going ... when they're dealing with just the everyday things. And then to know that they don't have to come when they're already in crisis. (FG3P9)

Finally, more consultation with parents during the development and planning phase of programming was seen as desirable.

I think another one too, that works really well, if you do more of these sessions like when you're building programs. Consult with the people that you're actually building the programs for so that you have more buy in. More people are, if you're building a program, that people actually tell you 'This is what I need to be successful.' I think doing that right from the get-go helps. (FG3P9)

5.3.4 Commentary

The majority of the strategies recommended by parents were structural in nature. I found this interesting since the majority of the challenges they had earlier emphasized had been psychosocial. My impression is that parents may feel many of the psychosocial issues are a result of their material disadvantage. Therefore, the strategies they chose to emphasize show a more upstream approach to dealing with the challenges since they tend to address root causes, especially poverty. Two of the strategies parents emphasized directly focus on a lack of financial resources. They thought overall family income levels need to increase, particularly for those on Social Assistance. Parents also described the need for better financial payments for those trying to change their lives by entering into employment or into education and training type programs. A third strategy, more housing programs, also suggests the need for additional funds to be directed toward ensuring sufficient, affordable housing is available for families within their budgetary constraints.

Unlike service providers, parents did not speak as much about the need for more skill development programs such as parent programs or relationship and self-esteem programs. Rather, they spoke generally about the need for assistance in finding and accessing programs, and the removal of childcare as a barrier to accessing programs without specifying the nature of the programs. I wonder if this reflects a difference in perspective regarding where funds should be directed. Parents were less likely to be concerned with strategies that would see money flow to the organizational level in the form of more program funding. Rather, they emphasized strategies that would mean

funds coming either directly into the home or indirectly (provision of childcare at programs would mean parents may not need to hire someone to watch their children).

The only solely psychosocial strategy parents emphasized was to recommend more cultural appropriateness in program offerings. This is despite the fact parents did not emphasize cultural barriers during the discussion of the barriers to program participation. I am not sure about the reason for this apparent contradiction. One explanation may be that parents may have interpreted the barrier entitled “feeling judged” as including aspects such as racism. Although they did not explicitly identify that as a basis for being judged, I suspect this may have been inherent in that category. Another explanation may also be that the majority of the participants are Aboriginal while I am not. Parents may not have felt as comfortable raising race as an issue at the beginning of the focus groups. I found discussion levels, especially in the last two focus groups, increased toward the end of the hour and participants seemed to feel more relaxed. I tried to facilitate an environment where people would feel free to openly share their thoughts. Perhaps it wasn’t until nearer the end of the hour that participants felt sufficiently comfortable to discuss race as an issue.

Parents and service providers both spoke of the importance of individual advocacy. While service providers described how staff at their organizations were being called on to perform this service more and more, parents spoke of their need to have someone in their lives who would fulfill this role. Parents wanted this person to help them find and access programs. It seemed, however, they were seeking more than simply information sharing. Parents wanted to be in a helping relationship with a person who would offer them guidance over time, and who knew them and cared about them on a personal level. Thus, this advocate would not only remove the structural barrier of a lack of information for parents, but would also help to meet psychosocial needs through the creation of a long-term, caring relationship.

Not every challenge or barrier emphasized by parents was addressed by the strategies on which they focused. I believe the time constraint was likely the main reason for this. Had there been sufficient time, parents could have been asked to recommend a strategy that would help to address each challenge and barrier. However, due to the study

design, parents were asked only to comment on the strategies that had been identified by the service providers, and had very little time to think about the issues in great length. One hour is a short time to ponder such broad issues. The nature of the focus group meant that parents were asked to choose which categories they thought were the most important or significant from amongst each of the list of challenges, then barriers and then strategies, all within a short time period. The result is that not every challenge or barrier is addressed by the strategies parents emphasized. However, each of the strategies they chose does address at least one of the barriers and challenges they had highlighted earlier.

In summary, parents in the focus groups generally agreed with the categories that had been identified by service providers, although there were certain categories they felt were more important. The strategies that parents emphasized tend to focus more on the underlying conditions that make their daily lives more difficult and that prevent families from participating in programs. For example, the majority of the strategies they emphasized as important to help improve childhood outcomes address structural issues such as income, housing, and childcare. The service providers, in contrast, recommended strategies more equally split between those addressing the root causes, those designed to mitigate the effects of the underlying causes, and those that were directed more to larger organizational funding issues. Despite some of these differences, there were certain larger themes that emerged from the various categories identified. In the next chapter, I will discuss themes common to many of the categories and evident across the perceptions of both service providers and parents.

CHAPTER SIX

DISCUSSION

In the previous two chapters I presented the findings from the service provider interviews and the parent focus groups. To provide a context for the themes that emerged from the findings, I begin this chapter by illustrating a possible scenario, based on the data collected for this research, that depicts the challenges and barriers a young parent living in disadvantage in Regina (Jessica) might experience. Second, I discuss some of the overriding themes that became apparent to me from the categories of findings presented in Chapters Four and Five. Third, I describe the connections between the challenges faced by families, the barriers to program participation and the strategies that were recommended to address these by both groups of participants. Fourth, I present the policy implications that flow out of the research findings. Fifth, I imagine what Jessica's life might look like if such policy changes were made. Sixth, I present the limitations of this research design, followed by some areas of future research that might provide further enlightenment regarding how best to improve childhood outcomes for children who are raised in circumstances of disadvantage. Finally, my conclusion describes the significance of this research in advancing knowledge in this field.

6.1 Scenario

Imagine Jessica, a young mother with an infant, who grew up in a family environment where there was not optimum parenting, a situation perhaps worsened by parental mental health and/or addictions issues. Effective role modeling of parental skills, healthy relationships and general life skills, such as time management and budgeting, were absent. Constant transiency during her childhood meant such role modeling is also not available from extended family, neighbours, teachers or the community. This young mother thus has had few opportunities to learn how to parent effectively or manage an employment situation successfully, and currently has little family support to assist her. Not only that, but her family tells her she doesn't need to be taking any of the educational

upgrading or parent skill development courses that are available, and suggests she is trying to be better than them if she talks about trying to register for any of these programs. As a result of the constant moving during her upbringing, the lack of familial encouragement to pursue an education, and getting pregnant at the age of 16, she has achieved only a Grade Ten education.

Jessica does not know many people in her community and does not have many friends or supportive relatives living nearby. She moved so often when she was growing up that she has few long-term friendships. She has low-self esteem and lacks confidence to try new things. While she lives with Dustin, the baby's father, their relationship is not a healthy one and he rarely helps to care for the baby. He does not have a steady source of income that would allow him to make financial support payments. Dustin is emotionally controlling and at times physically abusive. He is also from a family that faced issues and was abused himself as a child.

Jessica has wondered if it might be better for her baby if she ends this relationship. However if she does break up with Dustin, she will need to find a new place to live in Regina's extremely tight rental market where the rental portion of Social Assistance payments is no longer adequate to meet this need. She cannot afford a vehicle to assist her with her daily needs or to ease the move to a new location. She is vulnerable to the whims of a landlord because she has so few options.

Food insecurity is a real threat for Jessica since she has to use portions of the food budget to help subsidize her rent. Compounding this lack of funds for food is the absence of food stores in Regina's inner city (likely the only place she can find a rental situation she can afford). The only transportation option is public transit. Food acquisition, then, becomes a major difficulty. Due to the lack of family and partner support, unless friends are willing to help, Jessica will need to take the baby with her when she takes the bus to purchase groceries. Such a trip likely involves at least one bus transfer, which is not ideal when traveling with a baby and trying to carry groceries, particularly in cold winter temperatures. It also makes it very difficult to carry more than a few supplies at once. One option is to take a taxi, but this expense would really cut into her food budget. She could probably afford to take a taxi only once per month, likely at or near 'cheque day.'

Jessica also has very few kitchen utensils, cookbooks, etc. in her home and her cooking skills are very basic. If she is lucky, she will have a working refrigerator in her rental unit, but it is very unlikely she has much freezer space. Thus, Jessica can only purchase a few perishables on a grocery trip and likely will need to choose lightweight, cheaper foods that store easily, and that she can carry while shopping with her baby. Items like macaroni and cheese, juice crystals, and soup will be mainstays. Fresh milk, cheese, meat, fruits and vegetables are very expensive and perishable. They will be limited options.

Because food money is going toward rent, Jessica usually cannot afford to purchase enough nutritious food. To get by, she has to make trips to the food bank. To do this she must make a request at one of the food bank's referral agencies. She is then assigned a time and date when she can go to pick up a food bank hamper. Due to her lack of cooking skills, she sometimes does not know how to prepare some of the food supplied in the hamper. Jessica is only allowed to receive a food bank hamper every two weeks. If she misses her time and date for pickup, she will not be allowed to get another hamper for a certain period of time as a penalty. Unfortunately, hamper pick-up times often fall during the hours when she might potentially be enrolled in a program to help her develop her skills.

Jessica would like to try to change her life circumstance; however, she is not confident that she can make this happen. She hopes to take a GED program and further her education but the only one she knows of has long wait lists. The government social worker has suggested she should transfer off of Social Assistance, move on to the TEA program, and get a job. So far Jessica has resisted this because she can't find a subsidized daycare with openings for her baby. She also has concerns because of stories from her friends about the way the TEA Program operates. Her friends say they are worse off financially now that they are working than they were when they were on Social Assistance. Also, they don't have as much time to spend with their children and they worry that their children are not receiving very good childcare. Her friends speak of having no worker to call, but instead having to phone a call centre in order to speak to someone who they do not know and who does not understand their unique situations.

Jessica would really like someone to give her advice about what she should do with her life and about what options are available to her. She is having difficulty getting hold of her worker, who is very busy because he has so many clients. Usually she gets the answering machine when she calls. There is a community centre a few blocks away where she might be able to get some help, but she is not sure what programs they might have there and is nervous about going to ask for help. She has also been feeling really depressed lately and is not sure that she wants to go and ask for help. Recently she just does not feel up to it, preferring to stay home. Sometimes when she goes out of her neighbourhood for groceries, she notices other people looking at her disapprovingly. She suspects it is because she is a teen mom, or it could be because she is Aboriginal, or maybe both. She is not sure. She often gets the same judgmental treatment at the reception desk when she goes for medical appointments.

Much of the time Jessica is lonely. Dustin is not around very often and seems to come and go as he pleases without telling Jessica of his plans. If she decides to leave him, she is worried about what type of housing she will be able to find and whether she will find one close to the few friends she does have. She really doesn't want to lose touch with her friends. Although many of her friends drink and use illegal substances, Jessica has avoided such activities for the sake of the baby. She really wants to set a good example and be a good role model for her child. It is hard to resist though, when most of her friends are users.

One day a friend tells her about a parent skill development program for young moms. She would really like to go but she has some concerns and questions. Is there a wait list or certain criteria, or can anyone who wants to participate in this program? Can she get to it without a vehicle? Does it cost anything, because she has no spare money? Who will watch the baby? If they have a daycare at the program, can she trust that they will provide good care for her baby? What if she admits that she doesn't always have the best food for her baby? Will someone report her to Social Services? What if they treat her rudely because she is a young Aboriginal mother? Are they welcoming to Aboriginal people or are some of the staff racist or judgmental? Will there be other Aboriginal people or young mothers there? What happens if the baby gets an ear infection and she

has to miss a session? What if her assigned food bank time is the same day as the program runs? Will they be annoyed at her if she misses sometimes, maybe even kick her out of the program? If she stays with Dustin, he might be angry if she attends such a program and might even hit her if he gets mad. Can she handle that? If she leaves him and looks for a new place, what happens if the only rental accommodation she can find is far away? Would there be another program in that area? *Is there someone who cares about her who can give her some help and advice about what she should do?*

Based on the interview and focus group discussions, aspects of the scenario I have just described would be commonly experienced by many parents living in disadvantaged circumstances in Regina. While it may be rare for parents to experience every challenge and barrier that was identified in this research, the reality is that most target families do have to live within the constraints of a combination of these. The real difficulty is that, by virtue of being caught in such life circumstances, these parents have often had less opportunity to develop the skills required to address these challenges and barriers than the general population, increasing the magnitude of disadvantage exponentially.

6.2 Themes

The development of themes in qualitative social policy research has been described as involving both logical and intuitive thinking. “It involves making judgments about meaning, about the relevance and importance of issues, and about implicit connections between ideas. In applied social policy research, it also involves making sure that the original research questions are being fully addressed” (149). By listening to the interview and focus group tapes, determining commonly held perceptions, and coding them into topic categories, several overriding themes became apparent to me using this combined logical and inductive approach.

Service providers were also encouraged to identify overriding themes at the meetings where the preliminary Phase One findings were presented. Based on the Phase One results, service providers spoke of the need for connectedness and the concept of longevity or stability as issues that they felt were woven throughout the findings. I agreed with both these themes and found that they were also inherent in the Phase Two findings.

As I continued with my analysis, I felt two additional themes were also evident. The theme of interrelatedness, although not identified as a theme at the service provider meetings, was mentioned over and over by many Phase One and Two participants as they described the challenges and barriers families face. Finally, the issue of power was one that became more apparent when comparing the Phase One and Phase Two findings. The themes identified below are not only evident across the various topic areas (challenges, barriers, strategies) but also evident in the perceptions of both service providers and focus group parents.

6.2.1 Interrelatedness and Syndemics Theory

The high degree of interrelatedness among the challenges, barriers and strategies was the most obvious theme that became apparent to me early into this research, and I would suggest it is an acknowledged fact among those families living in this reality, and those service providers who work with them. Participants frequently made references to the relationships among factors. The interrelatedness was particularly striking among the challenges that face families living in circumstances of disadvantage. My preliminary attempt to diagram the relationships among the challenges was abandoned due to my realization there was an association between so many of the identified challenges that the diagram would end up with most challenges related to most other challenges, and so full of arrows connecting one challenge to another that it would be impossible to tease them apart. This interrelatedness is consistent with the ecological perspective, described previously, that underpins community-based participatory research. This perspective highlights the need to consider the nature of people's interactions with their broader physical and socio-cultural environment and the interconnections among and between these factors.

Syndemics theory has recently emerged within the fields of epidemiology and public health to describe the “synergistic interaction of diseases and social conditions at the biological and population levels” (150). Syndemics theory emphasizes that health and social problems arise as a result of broader adverse social conditions (151). For example, research showing the relationship between childhood poverty, childhood food insecurity

and the onset of heart disease later in life points to the complex interactions between social factors and negative health outcomes (150). While syndemics theory is typically applied to biomedical disease outcomes, it can also be applied to other negative social outcomes and considers both biomedical and socio-structural variables as part of a causal network (152).

A unique aspect of syndemic theory is the idea of synergism. While it has long been recognized that there are multiple causal factors behind a wide range of negative outcomes, this theory suggests the impacts of each of these factors are magnified by their co-existence (152). Acevedo proposes a structural syndemic theory as a sociological perspective that “interprets social phenomenon as a set of synergistic and mutually enhancing factors that develop and coexist at both the structural and cultural levels and that collectively impact the onset, prevalence, and severity of the social phenomenon in question” (152).

An examination of some of the challenges identified in this research will highlight the complexity of these associations. Food insecurity, for example, is driven by other challenges such as a lack of transportation, poverty and a lack of education (if poor budgeting and food choices impact the quality of food available to the family). Isolation was often described as being the result of other identified challenges such as a lack of family support, a lack of self-esteem, a lack of transportation, the presence of mental illness and/or addictions and unhealthy partner relationships. Unhealthy partner relationships, in turn, were said to exist within a web of causation containing challenges such as a lack of role modeling of healthy relationships, a lack of family support, a lack of self-esteem and the need for financial security as a direct result of living in poverty. A combination of the challenges was described as contributing to stress, which places people at risk for mental health and addictions issues. The connections among the challenges seem almost endless.

Although the degree of interrelatedness does not appear to be as high for the barriers as for the challenges, some barriers clearly do influence others. Take for example the barrier of a lack of quality childcare. Another barrier, lack of transportation, would negatively affect a parent’s ability to find a daycare placement because, by virtue of

relying on public transit, the parent would be restricted to daycares near bus routes and within reasonable public transit travel time of their home and the program they hope to attend. A second example would be the relationship between transiency and awareness of available programs. It takes time to make connections with people in a neighbourhood and to learn about community resources that may be available. Transiency makes it more difficult to learn about programs that may be available in one's own area. Third, the barrier of feeling judged by program staff can be worsened by other barriers. For instance, staff may frown upon participants who do not attend a program regularly or on time. The ability to attend in a regular and timely manner, however, is negatively impacted by both a lack of transportation, and by the reality of living in survival or crisis mode. Another barrier that may contribute to a feeling of being judged is the cultural barrier. Potential participants may feel that they will be judged negatively on the basis of their race or income level.

Additionally, there was a relationship between many of the challenges and the barriers. Some of the challenges were the root cause of the barriers to program participation that were highlighted. Unhealthy partner relationships and a lack of family support meant that parents were sometimes discouraged from participating in programs. The challenge of societal attitudes could be integrally linked to program barriers such as feeling judged or feelings of fear, mistrust or discomfort experienced by parents in a program situation.

It makes sense that the strategies identified to improve childhood outcomes would be related to the challenges and barriers since the strategies were primarily proposed as ways to help address the barriers and challenges mentioned earlier. Even among the strategies themselves, interrelationships were evident. Healthy relationship and self-esteem programs could be an upstream approach to eventually reduce the demand for additional mental health and addictions programs. If more early childhood programs were made available due to increased funding, the strategies of providing assistance in finding and accessing programs, and providing some type of assistance with transportation would still be required in order for more families to participate, since the simple existence of more programs would not be sufficient to address those barriers. Similarly, any

successful food security initiatives would have to incorporate strategies to address the issues of transportation and family income.

The existence of significant relationships among the challenges faced by families living in disadvantage, as identified in this study, is well-documented. Poverty is a recognized risk factor for depression among women and such poverty is perpetuated by societal inequalities and negative societal attitudes such as discrimination (135). A study of single Black mothers of preschool children who were current or former welfare recipients in New York City found the employed mothers had higher perceived self-efficacy, had more social support from their family, and reported less parenting stress as compared to the non-employed mothers (153). Substance abuse and poverty increase the risk for intimate partner violence (137). A report on women and poverty in Saskatchewan cited lack of available childcare and discrimination in the labour force as factors that restrict women's ability to participate in employment opportunities and improve their income levels (143).

The extent of the interrelatedness of the issues raised was striking and it quickly became apparent to me that there is a synergistic effect. That is, the interaction of the various conditions leads to a total effect that is greater than the sum of the individual effects. For example, the existence of other coexisting challenges makes it more difficult to address the individual challenges. The psychosocial effects of experiencing numerous simultaneous challenges would also impact a person's self-efficacy or their belief that they can successfully address the other challenges and better their position in life.

Previous research has shown that exposure to multiple challenges has a cumulative, adverse impact on childhood outcomes (32). Evans measured risk factor exposure between income groups and found that, compared to children from middle-income households, those living in poverty were exposed to more cumulative physical and psychosocial environmental risks, resulting in elevated chronic physiological stress (32). Risk factors measured included both physical (substandard housing, noise, crowding) and psychosocial (family turmoil, early childhood separation, violence) stressors (33). He concluded that "although each of these singular psychosocial and physical risk factors has adverse developmental consequences, exposure to cumulative

risks accompanying poverty may be a key, unique aspect of the environment of poverty. The confluence of multiple demands from the psychosocial and physical environment appears to be a powerful force leading to physical and psychological morbidity among low-income children” (32).

6.2.2 Instability

The theme of instability appeared throughout the discussions and was evident at multiple levels. For the parents, there was instability in terms of their personal support systems. In their innermost support circle, parents were commonly described as having unhealthy, short-term and/or unstable partner relationships. In some cases this meant numerous, short-term partner relationships, and in other cases, as a partner who came in and out of their lives. The results of this most intimate relationship instability included upheaval in terms of financial security and changing living situations characterized by frequent moves or transiency.

Transiency interfered with the ability to develop other long-term personal relationships with neighbours and community support systems such as with people at local schools, libraries or community-based programs. This transiency was driven by factors such as unhealthy partner relationships, employment opportunities and changing housing market conditions, which make finding and keeping affordable housing a challenge. Thus the recommendations by both service providers and parents to address the lack of adequate housing would be a step toward providing more stable living conditions for these families.

This transiency occurs at a higher rate among Aboriginal families. A Statistics Canada report labeled Aboriginal migration in and out of cities as the ‘churn effect’. The report found that 13% to 23% of Aboriginal people residing in western Canadian cities had moved into that city during the five-year period from 1996 to 2001. During that same period, 11% to 20% of the Aboriginal people who had been residing in that city had moved out (154). This transiency was not just back and forth between First Nation Communities and the city, or from one city to another. Mobility within the same city is also a significant form of transiency. Among Canadian cities, Regina and Saskatoon had

the highest percentage of Aboriginal people moving within their respective cities, with nearly 40% of Aboriginal families changing residences in 2000 (154). The Statistics Canada report acknowledged the impact of this mobility on multiple life areas and highlighted that this transiency “may impact service delivery agencies, school enrolments and student progress in schools, as well as the housing situation of Aboriginal people” (154).

Instability was also a characteristic of familial relationships due to factors such as the geographical distance from family as a result of transiency, or emotional estrangement due to familial issues. In situations where there was a constant familial presence, such a relationship was often marked by crisis situations being experienced by a family member that then impacted the rest of the extended family. Examples cited included having family members dealing with addictions, gang involvement or seeking assistance in meeting their basic needs.

In the literature, the term ‘chaos’ is frequently used to describe familial level instability, particularly with regard to day-to-day instability. According to Evans, children in low-income homes “live in more chaotic households, with fewer routines, less structure, and greater instability” as compared to children in middle-income homes (32). One longitudinal study explored the relationship between family instability and problem behaviours in children from low-income families (155). Instability indicators included the number of residences the child had lived in, the number of intimate relationships the child’s mother had had, the number of families with which the child had lived, chronic illnesses of the child and the number of negative life events experienced by the child’s mother. The results showed a direct relationship between family instability and childhood problem behaviour at both ages five and seven (155). Bronfenbrenner and Evans examined the effect of chaos within the context of the bioecological model of childhood development and concluded that: “Chaos has the potential to interfere with the development and maintenance of proximal processes¹⁰ that foster competence and

¹⁰ “Proximal process involves a transfer of energy between the developing human being and the persons, objects, and symbols in the immediate environment” and functions as the “engines of development”. Proximal processes produce two developmental outcomes: competence or dysfunction (156).

character. Chaos can also directly lead to proximal processes that portend dysfunctional social development” (156).

Instability was also experienced at the level of program delivery, particularly for non-governmental, nonprofit community-based organizations that were reliant on grant funding for their existence. Service providers spoke of the difficulties in delivering effective programs when much of their funding accrued from short-term grants. They reported several negative impacts on effective program delivery as a result of dealing with ongoing funding instability. First, it was difficult to maintain staff continuity when funding arrangements were of a short-term and uncertain nature. This impacted organizational ability to recruit and retain qualified and experienced staff to deliver programs. Second, staff turnover had a negative effect on relationships with the organizations’ clients. Since fear and mistrust were identified as barriers to participation, frequently changing staff members would serve to exacerbate this barrier because the establishment of a therapeutic and caring relationship requires time. A third impact of funding instability was a lack of awareness of current programs, both by the target audience and by other organizations who could potentially act as referral agents and as program collaborators.

Funding opportunities were described as ever-changing. One service provider spoke of her agency having to constantly change the nature of its programming to fit the latest funding priority or “flavour of the day” as she termed it. She lamented her organization’s ability to continue to provide a long-term commitment to their current programming (which was in demand and had long wait lists) due to financial instability. A similar perspective was found among executive directors of community development corporations in Detroit who articulated how “the goals and objectives of community-based organizations are circumscribed by the need to conform to funding and policy structures that are designed by organizations removed from local communities” (157). Such a funding model constricts the abilities of organizations to respond to the unique needs of their local communities because grants are not designed with a particular community in mind (157).

6.2.3 Power Imbalance

The theme of power inequity was woven throughout the research findings with power imbalances inherent in many of the challenges faced by families. The dictionary defines power as the “possession of control, authority or influence over others” and powerlessness as being “devoid of strength or resources; lacking the authority or capacity to act” (158). The concept of powerlessness has both subjective and objective components (159). Powerlessness, in the subjective sense, relates to an individual’s locus of control and the belief that he/she cannot influence the occurrence of outcomes (159). Powerlessness, in the objective sense, has increasingly been associated with social contexts where individuals have little or no power over the political and economic conditions that prevent them from gaining more resources and control over their own lives (159).

Hardy and Leiba-O’Sullivan developed a Four-Dimensional Model of Power which suggests that power works at several different levels (160):

On the surface, power is exercised through the mobilization of scarce, critical *resources*, and through the control of decision-making *processes*. At a deeper level, power is exercised by managing the *meanings* that shape others’ lives. Deeper still, is the suggestion that power is embedded in the very fabric of the *system*; it constrains how we see, what we see, and how we think in ways that limit our capacity for resistance.

This model provides a practical tool with which to examine the power imbalances described in this research. In the first dimension, there is unequal power to control scarce resources, with one party controlling resources required by another. Thus, the stronger party uses various resources to influence the decisions of the weaker party. This first dimension parallels pluralist philosophies (160).

In the second dimension, the power inequity is related to who manages the decision-making processes, with the less powerful party having a reduced ability to make decisions about their own situation. This dimension arose from the examination of theorists such as Bachrach and Baratz, who felt equal participation may be prevented through suppression of the options available to those not involved in the decision-making process. The first and second dimensions both assume power is only mobilized in the

face of conflict (160).

The third dimension addresses the ‘management of meaning’ on the part of others, related to awareness of political issues. This dimension, grounded in critical theory, suggests power may be used to prevent conflict from occurring in the first place by shaping peoples’ perceptions. Thus, the third dimension considers “the question of political quiescence; why grievances do not exist; why demands are not made; why conflict does not arise” and sees this as a result of “the legitimation of power through cultural and normative assumptions” (160).

Finally, the fourth dimension highlights the limits of power. It describes how power is embedded in the system and how, despite the apparent domination of one party, the less powerful party may still derive some benefits from the ‘overall network of power relations’ (160). This dimension is drawn from more recent studies of power, including the writings of Foucault (160).

The most striking example of a power imbalance in the first dimension is that of the power that landlords potentially wield in a tight housing market where low-income parents have few options. The story of the landlord asking a young single mom for ‘favours’ is a stark illustration of such power over another person. I was moved by her vulnerability in such a situation, and found the abuse of power by the landlord to be very disturbing. Clearly, the landlord in such a situation has the power to control a scarce and necessary resource.

If information is considered a resource, then another example of power imbalance in the first dimension relates to some parents being unaware of programs that are available to them. Certainly this suppression of alternatives impedes the ability of parents to make informed decisions about their future. In some cases they did not have a personal connection with someone who was familiar with their unique circumstances and who could guide them in making informed decisions. This lack of awareness of choices that could change their life circumstances, and/or of how to access such programs, acts to perpetuate current power imbalances.

Even with awareness, due to their circumstances of disadvantage, there are many

life choices that are simply not available to these parents. For instance, due to financial constraints, parents may be unable to provide a nutritious diet or enroll their children in certain educational and recreational programs. In this instance, the first dimension (lack of resources) impacts the second dimension by limiting choices. The inability to provide for one's own children as one might wish would certainly perpetuate feelings of powerlessness and inadequacy.

Another power imbalance that was evident is reflected in the high incidence of partner abuse that was described. Parents were said to enter into and remain in abusive relationships due to factors such as low self-esteem, loneliness and financial need. The obvious power imbalance between abused and abuser in such a relationship is indicative of the lack of control over one's own life choices that would be experienced by the abused parent in such a circumstance. For example, research has shown that victims of domestic violence are vulnerable to economic abuse that in turn causes food insecurity for the abused parent and the children, and no doubt severely limits choice in all other life areas (161). Again, this form of power imbalance crosses several dimensions. Financial resources may be denied, characteristic of the first dimension, while the lack of decision-making control inherent in abusive relations is characteristic of the second dimension. Finally, the historic lack of societal willingness to develop policies to address the issue of domestic violence could fall under the third dimension as exhibited through cultural values and normative assumptions. Parents described situations in which the abusive partner left, taking the month's social assistance payment with them, and how Social Services was not willing to provide additional funds to the victim.

In addition to the powerlessness that accrues from the limited choices available to those living in disadvantage, there is the perceived powerlessness or lowered self-esteem and self-efficacy that perpetuate the belief that they are unable to better their life circumstances. Research has shown that women who scored lower on measures of self-esteem and self-efficacy early in life were more likely to enter the welfare system (136). The World Bank conducted a qualitative study that captured the experiences of 60,000 women and men living in poverty in 60 countries. Among the commonalities was the finding that their lives were "characterized by powerlessness and voicelessness, which

limit their choices and define the quality of their interactions with employers, markets, the state, and even nongovernmental organizations” (162).

Feelings of powerlessness may be exacerbated by one’s environment. Living in a disadvantaged community may result in people reinforcing one another’s views regarding this sense of powerlessness. This would be consistent with the ‘management of meaning’ related to cultural values and normative assumptions described in the third dimension of power. Research in Illinois showed that persons with low incomes feel a greater sense of personal powerlessness as a result of their individual disadvantage and the high levels of disorder occurring in the neighbourhoods in which they live and that this contributes to feelings of mistrust (163). The researchers concluded:

Our analyses demonstrate that much of the association between neighborhood conditions and individual mistrust probably represents the impact of the physical and social environment on the individual’s perceptions of self and others. These analyses do not rule out a possible reciprocal effect on the aggregate level. Widespread mistrust and perceptions of powerlessness may weaken a community, allowing disorder to proliferate (163).

One significant power imbalance that was apparent in the research findings relates to the difference in social status between the service providers and the parents living in disadvantaged circumstances. This status difference is evident by the different perspectives offered by the two groups. Service providers made comments that positioned themselves as the experts in deciding what parents should be doing. Since I have been a service provider for much of my career, this expert positioning was not at first apparent to me. Once the issue was brought to my attention, however, it was easy to find words that portrayed the idea that service providers saw themselves as being in a superior position to decide what the “best” course of action would be for families they worked with. Such a paternalistic approach was illustrated by word choices such as “they’re not world-wise,” “they don’t understand” and “this inability to know,” all of which suggest a wiser person must guide the parents’ decision-making. One service provider remarked that “you need to build them up.” Inherent in this statement is the idea that service providers have the power to determine what is required or ‘needed’ and the ability to ‘improve’ the parents/families.

Perhaps this positioning of themselves as experts should not be surprising given that the majority of the service provider participants in this research are white and middle-class. This is a common phenomenon among human service agencies. Research in the field of social work suggests that in order to promote a partnership orientation in human service delivery, it must first be acknowledged that service providers have often “been socialized into the oppression of class, culture and gender” (164). Just as I did not initially notice some of the common language in the service provider transcripts that suggested a power imbalance, it is reasonable to assume that service providers themselves may be unaware of this underlying mentality.

This power imbalance is also apparent in the wording service providers used that sought to create a distance between the lives of the families they work with, and their own situation in society. ‘Othering’ is a term that is used to describe how people engage with those they perceive as different from themselves—as ‘other’. Othering is a concept that is frequently described as a negative and exclusionary process and a hindrance to the formation of an equal relationship (165). Service providers used words such as “those communities” and “those people” to place themselves apart from the families. Another descriptor sometimes used was that of having to “deal” with families and of “helping them,” verbs which suggest actions being performed on the families rather than a more equal relationship where actions are carried out “with” the family.

Symbolic of the status and power difference was the deficit thinking that characterized the views of some service providers regarding the “needs” of the families. In deficit thinking the emphasis is on individual aspects that must be fixed rather than on looking for strengths within families. Deficit thinking is characterized by the assumption that all members of certain “high risk” groups are deficit by association and will therefore automatically exhibit behaviours that result in adverse life outcomes (166). Parents were described as lacking in skills, “having problems all over the place” and not being “well versed at being a proper parent.” There was much less evidence of an assets approach in service providers’ descriptions. Although they identified many systemic issues that create difficulties for families, they tended to place more emphasis on individual level deficits than the parents did in their discussions.

Such paternalism has been increasingly evident in broader, societal policies. Under this form of paternalism, recipients of government assistance must satisfy certain behaviour requirements such as working and furthering their education. The Saskatchewan TEA program is one example of such an initiative. Mead describes this change in social policy:

Paternalism asserts the *authority to judge individual interests*. Society claims the right to tell its dependents how to live, at least in some respects. Whereas traditional policy defers to the capacity of clients to live their own lives, paternalism assumes that they need direction by others in order to achieve even their own self-interest, let alone society's (167).

This power imbalance between parents and service providers is typical of the fourth dimension of power where such power inequality is seen as embedded in the system. According to this perspective, both service providers and parents are subject to the influence of broader power plays. Service providers, although in a dominant power position as compared to the parents, are often lacking the power to deliver the types of services they may feel necessary due to such systemic issues as funding constraints and rigid program criteria. Parents, although in the less dominant power position, may still be the recipients of services that they find to be beneficial. This is consistent with the fourth dimension view that the less powerful party may still derive some benefits from the 'overall network of power relations' despite the inherent power imbalance. (160).

The contrast in views between service providers and parents is clear when analyzing the strategies that are recommended. Service providers recommended a combination of individual and systemic level strategies. Many strategies focused on developing individual skills such as healthy relationship and self-esteem programs, mental health and addictions programs, parent skill development programs, and more funding for early childhood programs. These are strategies where the funding flows to organizations and service providers, rather than directly to the families. An over-emphasis on individual level strategies would perpetuate a victim-blaming mentality, with the responsibility to change seen as belonging to individuals and with less focus placed on changing the societal structures that create circumstances of disadvantage.

Labonte (1994) suggests it is necessary for action to be taken at both individual

and structural levels (168). This view is consistent with the combination of individual and systemic strategies recommended by the service providers. Labonte highlighted that:

Unless professionals think simultaneously in both personal and structural ways, they risk losing sight of the simultaneous reality of both. If they focus only on the individual, and only on crisis management or service delivery, they risk privatizing by rendering personal the social and economic underpinnings to poverty and powerlessness. If they on focus on the structural issues, they risk ignoring the immediate pains and personal woundings of the powerless and people in crisis (168).

Parents, on the other hand, placed a greater emphasis on the strategies that address the root causes of their disadvantage such as increased family income, housing programs, and more support for those trying to change their lives. In these instances, there would be a more direct transfer of funds to the household level. Parents were less likely to see themselves as deficient and needing to be “improved” and more likely to seek change in the structural elements that place them in circumstances of disadvantage.

6.2.4 Lack of Belonging or Connectedness

Participants spoke of a lack of belonging or connectedness to others as a result of factors such as transiency, inadequate housing, lack of family support, unstable partner relationships, and fear or mistrust of available programs. Target families were frequently described as being isolated from extended family, from neighbours, and from wider community support circles. Service providers spoke of parents who were lonely, who spent most of their time at home alone with their children and who had little social interaction with the broader community. This was seen as a particularly acute problem for those parents who were not involved in any programs with a social component. In some instances, service providers felt that created a social environment that provided an opportunity for parents to make personal connections with other people in their community. They suggested organizations have a role to play in reducing isolation through the development of social support circles. As one service provider pointed out, young people join gangs in order to fulfill their need to belong.

Social support is an important, yet frequently overlooked, determinant of both physical and mental health. The Canadian Public Health Association has recognized that

“social factors associated with supportive environments are equally as important as material conditions in determining health” (169). Lack of social contact also has a negative impact on general life skills. Lee, Draper and Lee found that people with low connectedness have difficulty with social skills and being assertive (170). One study of 36,000 students found that caring and connectedness (particularly to family and school) in the lives of youth was protective against disturbed and acting out behaviour (171).

Social exclusion is a term with no clear consensus. Some definitions of social exclusion, such as that of the Social Exclusion Unit mentioned earlier, focus on the circumstances that may lead to social exclusion, while others focus on a description of social exclusion itself (172). Julian Le Grand suggested a definition focused on the existence of social exclusion:

An individual is socially excluded if (a) he or she is geographically resident in a society but (b) for reasons beyond his or her control he or she cannot participate in the normal activities of citizens in that society and (c) he or she would like to so participate (173).

Families living in poverty are more likely to experience social exclusion as defined by Le Grand. An Analysis of the *Poverty and Social Exclusion Survey* of Britain measured childhood social exclusion by assessing exclusion from three factors: social activities; children’s local services; and school resources. Results showed that children living in severe poverty experienced exclusion to a greater degree than children in more affluent circumstances (172).

The concept of belonging exists not just at individual levels but at societal levels. The negative societal attitudes reported, such as racism and judgmental actions and statements directed toward low-income parents, suggest that this feeling of belonging must be a two-way street. If parents feel they are being rejected by other members of society, it is difficult to address this issue only through initiatives aimed at those living in disadvantage. Efforts to reduce negative societal attitudes are also required to promote connectedness and feelings of belonging to the larger society on the part of families living in disadvantage.

6.3 Connections Among and Within Categories of Findings

The research findings point to the complex nature of the issues that impact childhood outcomes for children living in circumstances of disadvantage and of the possible strategies to address these issues. It is almost impossible to map direct connections among and between the categories of research findings due to this complexity and the interrelationships between the challenges and barriers. As a result, there is not always a clear relationship between the challenges and barriers identified and the strategies that were suggested. Although every strategy addresses at least one of the challenges or barriers, often they have the potential to address several. It thus becomes difficult to describe with clarity exactly which of the challenges and barriers would be addressed by some of the strategies because it would depend on the context and on how that strategy was implemented in particular circumstance. For example, the strategy of having more individual advocacy available to families is necessary partly due to the psychosocial challenge of a lack of self-esteem that may prevent parents from effectively advocating for themselves. An advocate may also assist families to seek help to address a variety of the structural challenges that they face including such challenges as poverty, inadequate housing, food insecurity and so on. Such individual advocacy may also help to remove some of the barriers to program participation such as families being unaware of available programs. As this strategy of individual advocacy illustrates, some of the strategies that were recommended address multiple psychosocial and structural challenges and barriers. I believe this is due to the interrelatedness of the challenges and the barriers, as discussed above. The fact that many of the strategies that were recommended are broad enough to address multiple challenges and barriers also speaks to the perceptions of the participants and their awareness that broader, multi-pronged approaches are required to effectively improve childhood outcomes.

Another example of the difficulty in establishing clear connections between the challenges and barriers and a specific strategy would be the recommendation to have more housing programs in order to ensure more affordable, adequate quality housing. While such a strategy would directly address the structural challenge of inadequate housing, it may also positively impact the barrier of transiency, since one of the factors

contributing to transiency is the inadequacy of available housing. However, it could be argued that better housing may in some cases also positively impact the challenge of a lack of education, since a more stable housing situation may also promote a more stable schooling situation, which may improve academic outcomes for children. More stable housing may also promote long-term community connectedness, which may positively impact the challenge of isolation and the program barrier of fear, mistrust and discomfort with neighbourhood programming. However, these are potential indirect outcomes that cannot be assumed to accrue in all situations since such broader benefits of this one strategy are context based.

The nature of the interview and focus group questions also contributed to the broader nature of the recommended strategies. Service providers were asked what strategies they would recommend to improve childhood outcomes for families living in circumstances of disadvantage. The question was purposefully open-ended rather than more focused on having them recommend a strategy to address each of the challenges and barriers that they had identified. While this makes it more difficult to make direct connections between the challenges and barriers that were identified and the strategies that were recommended, in retrospect I am comfortable with this approach. By asking a more open-ended question about what strategies they would recommend, it allowed the service providers the freedom to suggest broader, multi-pronged strategies to address issues. The more holistic strategies suggested by the service providers may be the more appropriate way to frame the actions needed to assist these families given the complexity and interrelatedness of the issues they face.

6.4 Policy Implications

These research findings have highlighted numerous issues which have policy implications at a variety of organizational and governmental levels. The collective wisdom of the service providers and parents provides a unique opportunity for policy-makers to consider the voices of those at the grassroots level when developing policies to address the needs of families with young children living in circumstances of disadvantage.

6.4.1 Interrelatedness and Syndemics Theory

The policy implications of the syndemic interaction of factors are that programs developed to assist families living in disadvantage must be developed using a holistic approach. Attempting to address one of the identified challenges or barriers in isolation is unlikely to have the desired positive outcome due to the influence of the other factors. While no one program can address all of the challenges and barriers, efforts must be made to understand the interrelatedness of the other factors and, where possible, to accommodate their existence in the design of programs. Attempts to address challenges and barriers in isolation are unlikely to provide adequate assistance to improve childhood outcomes in a meaningful way.

Service providers described their attempts to meet the broader needs of their clients within the context of funding that is primarily directed toward narrower, more focused programs. The descriptions of the programs that are offered by participating organizations showed that many service providers are struggling to assist families in meeting their basic needs and to provide individual advocacy for their clients despite a lack of funding directed toward these roles. As a result, these attempts to provide more comprehensive services to families remain invisible and unrecognized by policy makers and funders. The importance of comprehensive approaches needs to be acknowledged and organizations supported in their efforts to assist families from a holistic perspective.

There is a growing recognition in the literature that a multi-pronged approach to improving childhood outcomes may well provide the most impact. Using data from the 2002 National Survey of American Families, Ashiabi and O'Neal found that while poverty had an independent effect on health, its effects could be partially explained by parental depression, material hardship and parental behaviours. They concluded that improving children's health will "require a multi-pronged approach involving income transfers, health insurance coverage, food and nutrition assistance, and parenting interventions" (31).

Browne, Byrne, Roberts, Gafni and Whittaker concluded that a coordinated effort to provide comprehensive support yielded cost-effective results. Their randomized study

showed provider-initiated comprehensive interventions (health promotion, employment retraining, and recreation/childcare/skills development) to sole-support parents receiving Social Assistance resulted in 15% percent more separations from Social Assistance as compared to a control group which only received services on a self-directed basis. The intervention group receiving multiple services also exhibited reductions in parent mood disorders and child behaviour disorders, and increases in parental social adjustment and child competence levels (58).

Some have questioned whether real progress can be made in improving childhood outcomes without addressing the root causes of disadvantage. The American Committee on Integrating the Science of Early Childhood Development has recognized that “successful policies for children who live in adverse circumstances may have less to do with the impact of specific services and be more a matter of changing the larger environment in which the children are reared” (10). The Canadian Public Health Association states that public health “must assume a leadership role in advocating for social change” and must broaden the health policy debate to include economic and social issues, given their overall impact on health outcomes (169). The British government’s Social Exclusion Unit has defined social exclusion as “what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, poor health and family breakdown.” The unit concludes that “in the past, governments tried to deal with each of the problems of social exclusion individually, but there was little success in tackling the complicated links between them, or preventing problems from arising in the first place” (174)

Despite such recognition that the root causes of disadvantage or social exclusion need to be addressed, much programming remains focused on addressing the impact of poverty, rather than reducing the prevalence of poverty. A study of 224 health sector initiatives addressing poverty in Canada found that “almost two thirds (64.7%) of initiatives focused on the consequences of poverty. Much less frequent were initiatives that aim to: raise awareness about poverty; prevent people from becoming poor; enhance skills and education of people in poverty; and alter social and economic conditions contributing to poverty” (175). Campaign 2000, a Canadian coalition of national and

community partner organizations, has called for a multi-pronged policy approach incorporating family income, early childhood development and childcare programs, adequate housing, and employment opportunities as the essential elements required to improve childhood outcomes (176).

In this research, parent participants themselves desired to have the structural issues addressed. Among the strategies identified by service providers, the parents identified as a priority primarily those strategies aimed at root causes such as family income, housing, and support for those entering education or employment. Research results from a Saskatoon project involving two groups of low-income mothers also found that, while health promotion programs tend to focus on skill development in areas such as cooking and parenting, the participants emphasized the importance of addressing the broader determinants of health (177).

6.4.2 Instability

Instability was described as occurring at both familial levels and organizational levels. The factors behind such instability are numerous, and thus the policies which support stability are wide-ranging.

Instability at the familial level was described as being driven by factors such as unstable partner relationships, inadequate affordable housing, and general household chaos. Policies which promote stability within the context of unstable partner relationships include ensuring parents in such situations have access to a safe haven when they make the decision to leave an abusive relationship, and ensuring government funding policies address the financial abuse which may exist in such circumstances. Easier access to mental health and addictions services would also encourage familial stability for those situations where these conditions are a factor. In addition to addressing the unhealthy partner relationships already in existence, funding for more preventative self-esteem and healthy relationship programs was a strategy that was recommended in order to help promote relationship stability.

Unhealthy partner relationships and a lack of adequate affordable housing were cited as two of the main causes behind the high levels of transiency that were described.

A housing strategy that would make decent and affordable housing available to families living in circumstances of disadvantage would promote families staying in a quality housing situation. Such stability of residence would allow families to develop relationships and to become aware of the resources available to them within that community.

Familial instability in the form of day-to-day chaos has been linked directly to low-income levels. Evans et al. examined both the relationship of chaos to income levels and the impact of chaos on child behaviour when the effect of income was attenuated. They found that higher levels of chaos (as defined by noisier, more crowded, more frenetic and less structured and predictable routines of daily living) were more common for children in homes with lower-income levels as compared to those in mid- to upper-income homes. They then controlled for income levels and found that chaos itself had an adverse effect on three psychosocial constructs: learned helplessness, psychological distress and self-regulatory¹¹ behaviour (178). Thus, a guaranteed minimum income for all families might help to reduce the levels of chaos in the lowest income homes.

Instability was found at the program level, in addition to the familial level. Greater stability at the program level would be facilitated by adopting funding models which allow community-based organizations to have access to more sustainable, longer-term funding. Government funding patterns in Canada have shifted from core funding toward a more targeted, project-based model whereby funding has tended to be shorter term and increasingly unpredictable (179). This is a major concern since governments are the largest funders of the non-profit sector in Canada (179). Discussions with representatives from Canada's nonprofit and voluntary sector revealed that they were concerned with the negative impacts of this funding trend. Two such concerns were the increased funding volatility, which undermined the ability of organizations to deliver consistent programming and retain staff, and mission drift, which forced organizations to adjust their mission to meet funding criteria (179). Other research has also shown that unstable funding limits organizational capacity. Fredericksen and London examined

¹¹ Self-control

organizational capacity in community-based development organizations and found the elements that determine capacity include predictability of funding and the ability to retain predictable levels of skilled staff. They suggested that long-term staff have developed an institutional memory that leverages service capacity (180).

Given the negative impacts of short-term funding arrangements for CBOs, why is this funding method becoming dominant? There are several perceived advantages for governments in such short-term funding arrangements. As Lipsky and Smith state, “by using nonprofit agencies, public officials recognize that they can change program direction with relative impunity and can cut back on services more easily than they could if public employees were involved” (181). Another rationale is the perception that competition between agencies applying for the same grants will create organizational efficiencies. Additionally, CBOs usually pay their staff lower wages than comparable public sector wages, thereby providing a similar service at less cost (181).

It is difficult to understand the rationale of market-style competition creating efficiencies when applied to non-profit human services agencies. The result of short-term funding arrangements negatively impact the relationships among the various CBOs who, unlike in a business model, will be more effective if efforts are collaborative. The service providers in this research outlined how they were encouraged by government to work together cooperatively, while in reality they also had to compete against one another for the same grants. This view is consistent with other reports of a trend toward mandated coordination of service delivery among organizations on the part of government and foundation funding bodies (182). When the survival of a program potentially depends on writing a grant proposal that is superior to that of other organizations offering programs for the same target population, obviously there is a cost in terms of the level of information sharing and cooperation that can be expected between complementary yet competing organizations.

A policy change required to address the instability inherent in short-term funding is for governments to implement sustainable funding mechanisms for CBOs. One approach that has been suggested is to restructure taxation to create autonomous funding mechanisms, such as a special property tax, so that CBOs would have autonomous

funding sources to provide a degree of economic stability (157).

6.4.3 Power Imbalance

Specific policy recommendations to address power inequalities are not as readily apparent as with some of the other themes. Getting families connected with community-based organizations may be one step toward this goal. Levens compared welfare clients involved with a community organization with other welfare clients (similar on key variables) who had no such involvement. The research found that organizational affiliation resulted in clients perceiving themselves as having more control over the problems they faced and having a less fatalistic outlook toward life as compared to those with no involvement (183).

One reason that being involved with an organization may increase feelings of power and control may be due to the presence of an individual advocate at such organizations. Participants spoke of the need to have someone who is available for parents to speak to and seek advice from, who is familiar with their circumstances and who cares about how they are doing. In some instances parents felt they had found this with the social worker assigned to them through Social Services, but in other cases this was lacking in their lives. Service providers spoke of how their organizations were providing this service in whatever way possible, usually without receiving funding specifically for this purpose.

A policy recommendation then, is to ensure that families living in circumstances of disadvantage have the chance to develop a helping relationship with someone who can advocate for them. This could take the form of having a social worker who is assigned to each person receiving government funding assistance and who is reasonably accessible when families have a concern. One service provider raised the idea of having a community social worker who could be based out of community centres and who could provide advice and assistance to anyone in that community without the need for a formal referral process. Such an individual advocate could help parents to deal with systemic issues, and ensure they are aware of the resources and services which might be beneficial to them in their unique circumstances. He or she could help parents to seek the best

solution when dealing with power imbalances around issues such as unhealthy partner relationships, housing problems and mental health and addictions issues.

The power and status imbalance between service providers and the families they serve could be addressed through increased training and sensitization of service providers in order to increase their awareness of potential paternalistic tendencies. Additionally, strategies that facilitate people from circumstances of disadvantage entering the helping professionals may also help to reduce such power imbalances.

Systemic power imbalances can also be partly addressed through governance structures which include representation from the target population. A survey of American human service organizations found only 51% reported that they have clients/consumers on their board of directors. Only 25% of surveyed organizations had a written policy mandating client board participation. Interestingly, of those organizations that successfully recruited clients to their boards, over half (55%) reported no difficulties in retaining these clients on the board (184). However, participants on human service organization boards are disproportionately from upper status groups (185).

One researcher in the field suggests that to achieve racial and social diversity and representation on boards, organizations must make affirmative action efforts toward this goal (185). Perhaps one incentive that might encourage such representative boards would be for funding bodies to promote client representation on boards of organizations as a funding requirement. Alongside such a requirement comes the need for funding bodies to help organizations to appreciate the value of such representation. The author of a study examining minority participation on boards of directors of human service agencies concluded:

If agencies and their boards are to work successfully toward diversity, *they must believe that diversity is important*. Almost all board members speak of diversity as a good thing—a beneficial, fair, helpful, noble thing to achieve. But when board members are asked why diversity is good, many are not sure or cannot say. If board members are to act to achieve diversity, they must have incentives to act. They must expect something valuable to come of their efforts (185).

Perhaps funding bodies, in addition to requiring client representation, could also include as their mandate promoting the valuable insights and rewards that would accrue from

creating a structure for client representatives to have formal input in organizational decision-making mechanisms.

The input of parents living in disadvantaged circumstances is valuable, not just at the organizational level, but also at higher policy-making levels. Poverty studies are increasingly exploring the life knowledge of people living in disadvantage and point to the important contributions they could bring to the social policy field (174). An examination of research studies which collected such life knowledge concluded there are two advantages to this approach. Such life knowledge not only “provides a full contextual picture of the actual realities of life in poverty” but also provides an opportunity to partner with those living in disadvantaged circumstances and to include their point of view in examinations of the solutions (186).

6.4.4 Lack of Belonging or Connectedness

At the policy level, more efforts are required to encourage connectedness and to assist families living in disadvantaged circumstances to make both formal and informal social connections with others. The majority of the programs directed toward parents in this research project sought to assist parents to meet their basic physical needs or to develop employment or parenting skills. There is evidence that some programs with a personal mentoring component do act to reduce social exclusion. A qualitative evaluation of the KidsFirst Saskatoon Home Visiting Program found that development of a one-to-one mentoring relationship provided emotional support, alleviated social isolation and helped connect parents to community resources (187). Expansion of such programs to include all families at risk of social exclusion would facilitate the creation of more connectedness. Only a few of the service providers worked with organizations that offered programs whose main purpose was to provide parents with an opportunity to socialize and to make connections with other community members. Given the prevalence of depression, loneliness and general lack of support circles experienced by target parents, there is a need to legitimize and fund more programs whose purpose is to offer socialization opportunities and to promote one-to-one relationships in order to facilitate the development of informal support systems. This would require a shift in thinking so

that spending to create opportunities for socialization in disadvantaged communities is not seen as a waste of money, but as an upstream mental health promotion approach.

The research findings revealed that families living in disadvantaged circumstances often feel they are judged harshly by those in our society living in advantage, based both on personal experiences of discrimination and judgmental actions and comments, and on the lack of societal structures to assist families like themselves. This begs the question, what are societal attitudes toward those living in disadvantaged circumstances and what are the public's views regarding policies designed to help them?

A telephone survey of Albertans, conducted in 2000, sought to measure attitudes of the general public toward the economically disadvantaged by assessing respondents' beliefs regarding the causes of poorer health among those living in poverty. The majority (67.4%) felt that the causes were structural, while 16.8% felt the causes were attributable to individual behaviours. A high percentage of respondents supported public funding for strategies such as childcare (81.7%), housing (70.9%), subsidized wages (72.8%) and nutrition programs (68.6%). Less support was evident for recreation programs (45%) and increased welfare payments (38.3%), although approximately one fifth of respondents were neutral on the last two strategies (188). Interestingly the general public, based on these results, were in favour of spending on many of the strategies identified in this research project.

A more recent opinion poll of Canadians conducted in the fall of 2008 found 90% of Canadians want strong leadership to reduce the number of poor people in Canada and 86% believe that poverty in Canada could be greatly reduced if governments took concrete action. The majority of respondents favoured an increase in the minimum wage, improved financial supports to assist poor families to raise their children, more low-cost childcare spaces, more affordable housing, ensuring welfare rates are adjusted to the cost of living and investing more in jobs and skill training (189).

One question that must be considered in analyzing the results of these public opinion surveys is, how informed is the general public regarding the specific challenges faced by families living in disadvantaged circumstances? While families living in

disadvantage say they experience discrimination and a lack of understanding of the challenges they face at an individual level, these opinion polls suggest that at an aggregate level, Canadians are concerned about poverty issues.

As a policy issue then, whose mandate is it to inform the general public about the day-to-day challenges of living in disadvantage and to change societal attitudes at the individual level? Governments need to recognize this as an important issue that requires specific initiatives. While governments sponsor some limited social marketing initiatives around racism and multiculturalism, there are few efforts to educate the general public about the extent and nature of the challenges experienced by those living in disadvantaged circumstances. Public discourse regarding the necessity of such initiatives would be a welcome first step toward increasing public understanding of the challenges faced by those in circumstances of disadvantage and toward creating a society where everyone felt a sense of belonging.

What is clear from these opinion polls, however, is that at a societal level a strong majority of the general public is concerned about poverty issues and recognize the need for government policies that address the root causes of poverty. The survey results show clear support for many of the same strategies that were recommended by participants in this research.

6.4.5 Key Policy Areas

Based on the literature and the strategies identified by study participants, several policy recommendations have been developed. Action on a few key policy areas would serve to address many of the challenges and barriers that were highlighted in the findings.

1. The federal and provincial governments should implement a minimum guaranteed income for all citizens that will ensure income above the poverty line. The specific policy and program(s) to be addressed should include, but not be limited to, minimum wage, social welfare payments, pensions, training allowances, and should be appropriate to family size, location and characteristics.
2. A housing policy should be established to ensure safe, affordable, quality housing for

all citizens of Canada. Such a strategy could be implemented at the federal level, with appropriate investment and implementation at the provincial level.

3. A national, universal childcare program should be implemented that includes the development and appropriate distribution of additional quality childcare spaces, appropriate remuneration for childcare workers, and easily accessible preschool programs. Such a program should be focused on developing a strong infrastructure of daycares throughout the province, and appropriate programming to support early childhood development.

4. Funding models for community-based and non-governmental organizations offering services to support early childhood development should be developed to ensure longevity and sustainability of programs, decrease competitive bidding between organizations, and support networks of organizations in providing seamless, integrated and appropriate access to the right services at the right time for parents and families.

5. The federal and provincial governments should enhance and target funding to mental health and addictions services, ensuring appropriate, timely and culturally competent services for families living in disadvantaged circumstances.

6.5 Jessica: The Possibilities

Let's imagine Jessica in a situation where some of the psychosocial and structural barriers she was facing have been addressed. In this new scenario, Jessica has access to resources which allow her to consider some different choices.

Imagine Jessica has received word from her social worker that there is social housing available for her use. It is a well-kept apartment at a rental rate that falls within her housing budget. She now has the option of a decent home in which to raise Ryan, and to make choices about her relationship with Dustin without having to worry whether she can afford a place to live if she leaves him. Jessica makes the difficult decision to leave Dustin and to move into the apartment with Ryan.

Social Assistance rates have recently been raised and Jessica is happy to find that it is not as much of a struggle to make ends meet. What's more, a community

organization, with assistance from the government, has opened a grocery store in the inner city within walking distance of her apartment. The store sells healthy foods at reasonable prices. Jessica can now afford to purchase enough food to last for the whole month. The store is also part of an employment program designed to train local residents in the grocery and retail industry. Jessica is wondering if she might enroll in the program when Ryan is a bit older. She thinks it might be interesting to work in a grocery store someday. In the meantime, she is just happy to have a store in her area. It used to be so hard to have to carry both the groceries and Ryan on the bus in order to get home from the store on the edge of the city.

Over the next few months, Jessica finds she has more energy and just generally feels happier. She has discovered a new parent centre in her neighbourhood. There is a social worker there she can talk to. Several of the staff there are Aboriginal like herself, and she doesn't feel like they are judging her for being a young single mother. Jessica can drop in anytime and they always make her feel welcome. She especially likes to stop by for coffee with some of the other young mothers in the area. Jessica has made several new friends at the centre. She is thinking of joining the walking club they have there, or maybe attending the parent skill development classes. She has also wondered about taking the GED program they offer. Luckily there is no waitlist, and they have a good daycare at the centre that seems to have well-trained, friendly childcare staff.

Jessica finds she seems to be out and about in her community quite a bit these days. In addition to going to the parent centre, she has started to drop in at the neighbourhood library that is just down the street from her new apartment. The librarian is really friendly and helpful. Jessica can't wait until Ryan is old enough to attend the "Toddler Time" program they offer there. She really wants him to get a good education and thinks that taking him to the library might be a good way to get him interested in reading as he grows older.

Jessica was talking recently to the social worker who is assigned to her through the Social Assistance Plan. The worker helped her get into her new apartment a few months ago. Jessica told him how nice it is to have a bit more money. Now she can afford to get a bus pass, and to buy a few clothes and some kitchen utensils she has desperately

needed. Her worker told her about a new daycare initiative. There are some subsidized daycare spots opening up in the neighbourhood. Jessica asked him if she could put the baby there if she decides to take the GED training or to try and get into the grocery store employment program. He assured her there were spots available. He also told her the new training allowance would still pay for her utilities and would cover her daycare if she does enroll in either of those programs. Jessica was relieved to hear that. She remembers when her friend took a training course last year and had less money than when she just stayed home. Things are better now for her friend though. The new minimum wage has meant that her friend is making better money now in her new job. Even Dustin has enrolled in a local training program. He is learning to build houses through an employment program that is building new housing units in the inner city. He seems happier and says soon he'll be making big bucks. Jessica hopes he will soon be able to make support payments for Ryan and is glad he seems to be more optimistic about his future these days.

Jessica is not sure what to do. Should she take the GED training or enroll in the grocery store employment program, or stay home until her baby is a bit older? Those early years are so precious and she would hate to miss anything. What to do? It sure is nice to have some choices. Jessica thinks maybe she should get some advice from Gladys. Recently Jessica has gotten to know her neighbour Gladys, an older lady who lives next door. She's really friendly and easy to talk to. Jessica decides to go have coffee with Gladys. Gladys always has an opinion. And maybe today, like yesterday, she has some fresh baking to serve with the coffee. It's so nice not to feel so alone anymore ...

6.6 Limitations

There were several limitations to this research design. The first limitation was the selection of a "backyard research" site. Having worked for many years as a public health nurse in the Regina area, I was personally familiar with some of the organizations providing services to families living in disadvantage and have met or worked with some of their staff on previous endeavours. One organization from which I recruited participants is a department within the Regina Qu'Appelle Health Region with which I

am currently employed on a casual basis. Although my casual work is not performed at the same office site where some participants employed by the same organization worked, I needed to think about my history with this organization and the impact that might have had on the interviews. It is possible their willingness to participate or their level of frankness during the interviews could have been influenced by the fact that we are colleagues, albeit fulfilling different roles at different sites.

A second potential limitation of this research design relates to the challenges inherent in collaborating with multiple organizations. One expert in the field advises that research in multi-organizational circumstances “can rarely rely on a classical research design of the type calculated to impress academic referees with its statistical elegance and methodological rigour; nor is it usually realistic to obtain convincing assurances of unimpeded research access before the project itself has begun” (129). This project was based on an evolving research design that was guided to some degree by the wishes of numerous organizations. The multiple organization advisory group that I had hoped to create and actively involve in the second phase of this research project did not materialize because organizations did not see the value of such involvement given their current workloads and interests. While a second phase was undertaken, it lacked the involvement, and the resultant buy-in, that I had hoped would accrue from organizational commitment to that phase of the project. This lack of involvement could potentially affect the degree to which the organizations utilize the findings.

A third limitation of this research that needs to be acknowledged is my inability to construct a thorough comparison of service provider versus parental perspectives due to the very different nature of the data collection which occurred in Phase One as compared to Phase Two. There were several key differences. First, the Phase One interviews were very open-ended, allowing participants a lot of flexibility to direct the conversation toward areas they desired. In contrast, the categories were presented to the parents in Phase Two. While they concurred with the categories identified by the service providers, it cannot be ruled out that, if asked in a non-directed, completely open-ended manner, parents may have come up with different categories. Parents may also have felt uncomfortable to disagree with those categories raised by the service providers. Second,

there was a lot of Phase One data to analyze when considering the information contained in 25 interviews, each averaging an hour in length. In contrast, the three hours of transcripts from the parent focus groups was a much smaller amount of data with which to interface.

6.7 Areas for Further Research

The findings of this study point to several areas where further research may be warranted. These research results show the complexity and interrelatedness of the issues faced by the families and suggest that broad, multi-pronged approaches are necessary to address these issues. Further research comparing the effectiveness of comprehensive, holistic interventions with more focused interventions in impacting childhood outcomes for this target population would help to provide further guidance to policy-makers regarding the breadth of interventions that should be offered. A second potential research area would be to explore the extent to which current programs consider the barriers to program participation identified in this research as part of program design, delivery and evaluation. A third possible research area is around issues of stability, both at the organizational and familial levels. Further research on how various funding models for community-based organizations impact client outcomes may provide guidance to funding bodies regarding the most effective way to administer grant monies in order to achieve program goals. At the familial level, it would be helpful to explore which interventions are most successful at promoting familial stability, reducing household levels of chaos and facilitating connectedness with the larger community.

6.8 Conclusion

Previous research has shown that some children are raised in environments that impede the likelihood they will attain optimum childhood outcomes. Numerous risk factors for impaired childhood outcomes have been identified; however, it remains unclear how best to diminish the effects of these factors, particularly when these factors frequently exist simultaneously within the same household. While research has shown that some programs do reduce the effects of certain risk factors, much of this research

examined narrowly defined childhood outcomes without considering the larger contextual issues. There has been little research examining the holistic needs of target families or the barriers that may prevent them from participating in existing programs.

Service providers and parents both have a great deal of acquired wisdom regarding the types of interventions and approaches that are needed to improve the childhood outcomes of families living in disadvantaged circumstances. Despite this, very little previous research has elicited their viewpoints regarding what is needed. In particular, although the views of service providers are often solicited within the context of program evaluations, their views on the broader issues impacting childhood outcomes had not previously been collected across programs. There was a need to obtain the perspectives of people at the grassroots level so that their real world insights could be conveyed to the people who fund and design programs that aim to assist families living in disadvantage.

Several features of this research uniquely addressed the need to explore grassroots perspectives across programs and in a holistic manner. First, service providers from a variety of programs shared their insights into the challenges faced by families living in circumstances of disadvantage, the barriers that prevent them from participating in programs designed to help them and the strategies they felt would be most helpful in improving childhood outcomes for this group. Parents then provided feedback on the insights of the service providers, by illustrating how these challenges and barriers had been experienced personally in their own lives, and by indicating which strategies they felt would be most helpful in their own circumstances. These participants were uniquely situated to provide such perspectives.

Second, this research acknowledged that not all families are willing or able to participate in programs that seek to improve childhood outcomes. Both participants groups described some of the barriers that prevent families from becoming involved in programs that are meant to help them. The strategies that they recommended also provide some ideas of what organizations can do to remove or lessen some of these barriers.

Third, by soliciting views across programs and in an open-ended manner,

participants were able to enunciate the interrelatedness of the challenges and barriers that families in disadvantage must deal with, and to offer strategies that were holistic and multi-faceted in nature. Thus, the strategies recommended included those that address the root causes of disadvantage, and were not simply limited to narrow strategies focusing on the symptomatic outcomes of disadvantage or strategies that were within the narrow context of a particular program.

Finally, this research was conducted with an understanding that policy is developed and implemented at numerous levels, ranging from organizational level policies to public policies. By involving multiple organizations offering a wide range of programs it is hoped that knowledge transfer will be facilitated and that these results will provide guidance to those organizations as they develop and refine their program offerings. The research findings will be written into a shorter, more user-friendly report that will be sent to each of the Phase One participants. Additional copies of this report will be available to any other interested individuals or organizations. Service providers had expressed interest in receiving copies of a final report in a format that they could use to assist in program planning and evaluation, and could reference when applying for funding. As well, Phase Two participants were offered the opportunity to receive a copy of this report. Those who wished to be mailed a copy provided their name and mailing address for this purpose following the focus groups.

The results of this research will also be disseminated to policy-makers at various government levels as advised by the service providers at the meetings held to discuss the Phase One results. One of the purposes of those meetings was to seek the advice of the people present regarding how they would like to see the research findings disseminated. Service providers recommended that a copy of the report be mailed to relevant policy-makers at both municipal and provincial levels of government. Therefore, copies of the report will be sent to policy-makers at the City of Regina and at provincial government ministries.

It is hoped that the research results will be used by policy-makers in multiple sectors and at multiple levels. In order to address the breadth of the challenges and barriers that were identified in this research, an intersectoral approach is required. The

strategies that were recommended by service providers and parents are not the sole responsibility of any single department or government level. Partnerships across sectors and governments are required in order to provide the broad-based, multi-pronged strategies that were emphasized by the participants in this research.

While there are many programs that focus on improving the outcomes of children raised in circumstances of disadvantage, such efforts need to consider the broader, contextual issues. This research has presented the views of service providers and parents regarding the challenges target families face, the barriers that prevent them from participating in programs and the strategies that could help to address these. Broader, comprehensive approaches that consider the root causes of these barriers and challenges have been recommended by the participants in this research. Through dissemination of the results of this study, it is hoped that these strategies will provide guidance to those who design and implement programs and to policy-makers at various government levels.

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APPENDIX A - Phase One University of Saskatchewan Ethics Approval



University of Saskatchewan
Behavioural Research Ethics Board (Beh-REB)

22-Mar-2006

Certificate of Approval

PRINCIPAL INVESTIGATOR
Kathryn Green

DEPARTMENT
Community Health and Epidemiology

BEH#
06-52

STUDENT RESEARCHER(S)
Marie Detrich Leurer

INSTITUTION (S) WHERE RESEARCH WILL BE CARRIED OUT
University of Saskatchewan
Saskatoon SK

SPONSORING AGENCIES
Centre for Knowledge

TITLE
Perceptions of Service Providers and Primary Caregivers Regarding Improving Outcomes of Young Children Living in Circumstances of Disadvantage

CURRENT APPROVAL DATE
22-Mar-2006

CURRENT RENEWAL DATE
01-Mar-2007

CERTIFICATION

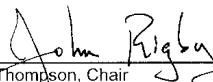
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

The term of this approval is five years. However, the approval must be renewed on an annual basis. In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions:
<http://www.usask.ca/research/ethical.shtml>.

APPROVED.


Valerie Thompson, Chair
Behavioural Research Ethics Board
University of Saskatchewan

Please send all correspondence to:

Ethics Office
University of Saskatchewan
Room 306, Kirk Hall, 117 Science Place
Saskatoon, SK S7N 5C8
Phone: (306) 966-2084 Fax: (306) 966-2069

APPENDIX B - Phase One RQHR Ethics Approval



Certificate of Approval
Research Ethics Board

PRINCIPAL INVESTIGATOR	Ms. Marie Dietrich Leurer	<i>Mailing Address:</i> 3336 Deiter Bay Regina SK S4V 2V9
APPROVAL DATE	July 12, 2006	
RQHR PROJECT #	REB-06-46	
TITLE	Perceptions of service providers and primary caregivers regarding improving outcomes of young children living in circumstances of disadvantage	

CERTIFICATION

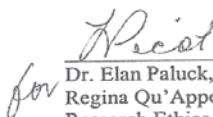
The protocol and consent form for the above named project have been reviewed by the Chair of the Regina Qu'Appelle Health Region Research Ethics Board and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.

The Regina Qu'Appelle Health Region Research Ethics Board meets the standards outlined by Canada's Tri-Council Policy Statement for Ethical Conduct for Research Involving Humans.

The Regina Qu'Appelle Health Region Research Ethics Board has met the criteria for purposes of Section 29 of the *Health Information Protection Act*.

Please note that all future correspondence regarding this project must include the RQHR project number.

Best wishes in your continuing research endeavours.



Dr. Elan Paluck, Chair
Regina Qu'Appelle Health Region
Research Ethics Board

/lgp
cc. Ms. C. Klassen, Corporate Services, WRC

This Certificate of Approval is valid provided there is no change in the experimental procedures. Any significant changes to the protocol must be reported to the Chair for the Board's consideration, in advance of implementation of such changes. You are required to provide a status report on an annual basis.

APPENDIX C – Phase One Recruitment Letter

3336 Deiter Bay
Regina, Saskatchewan
S4V 2V9
Phone: 775-1916
Email: marie.leurer@usask.ca

Date

Name, Title
Organization
Address
Regina, Saskatchewan
Postal Code

Dear Potential Service Provider Participant:

I am writing to ask you to participate in a research study that I am conducting as part of my Doctoral studies in the Department of Community Health and Epidemiology at the University of Saskatchewan.

I am conducting qualitative research into which types of supports are perceived to be the most effective in improving childhood outcomes for young children living in circumstances of disadvantage. During the first phase of this research I am interviewing service providers in organizations which provide supports to such families. As part of this process, I would like to interview you regarding the challenges these families face and the types of support you recommend to improve the outcomes of their children.

Your participation in this project would involve an approximately one hour interview. With your permission the interview would be audio-taped and transcribed. You would be given the opportunity to check the accuracy of the transcript and make any changes you might wish. Your comments would be kept confidential and would only be seen by the researcher and possibly a transcriber. Although direct quotes from the interview may be used in the overall report, no quotes would be used which would in any way identify you or your organization. Research findings will be presented in anonymized format through the use of non-identifying quotes to help illustrate the common themes that emerge from the interviews.

If you would like to be further involved in this research beyond the interview stage, you will be invited to attend a meeting, attended by other persons interested in this project, where anonymized initial findings will be discussed in a manner which does not identify

the contributors. The purpose of this meeting will be to explore the meaning of themes which emerge from among the interviews and to consider the possibility of a second research phase which would attempt to gain the insights of caregivers of young children living in circumstances of disadvantage.

If you are interested in learning more about this study, please feel free to contact me by phone or email and more details will be provided. I will follow-up this letter with a telephone call within the next two weeks to determine if you might be interested in being a participant or if you have any questions.

This research project was approved by the University of Saskatchewan Behavioural Research Ethics Board on March 22, 2006. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306) 966-2084. Out of town participants may call collect. You may also direct inquiries about this project to the research supervisor, Dr. Kathryn Green, at (306) 966-7839.

Sincerely,

Marie Dietrich Leurer
Doctoral Student
Department of Community Health and Epidemiology
College of Medicine
University of Saskatchewan



Consent Form

You are invited to participate in a study entitled “Perceptions of Service Providers and Primary Caregivers Regarding Improving Outcomes of Young Children Living in Circumstances of Disadvantage”. Please read this form carefully, and feel free to ask any questions you might have.

Researcher: Marie Dietrich Leurer, Doctoral Student, Department of Community Health & Epidemiology, College of Medicine, University of Saskatchewan, Ph: (306) 775-1916.

Purpose and Procedure: The purpose of this study is to explore the perspectives of service providers working with families of young children living in disadvantaged circumstances regarding what support approaches they perceive would most effectively improve outcomes for these children. You are being asked to participate in an approximately one-hour in-person interview by the researcher. The researcher will interview you privately, and with your permission, the interview will be audio taped. This taping will ensure that your views are collected accurately and completely. The tape will be transcribed and used by the researcher to gather meaning from the information you have provided. The researcher may contact you during the analysis stage to seek further clarification of your comments and input into the initial research findings. Participants who are interested in involvement beyond the interview stage will be invited to a meeting at a later date to discuss the findings of the study with other persons interested in this research project. It is not necessary for participants who are interviewed to attend this meeting in order to receive the research results. A report of the findings will be mailed to all participants.

Potential Risks: There are no known risks from participation in this study.

Potential Benefits: While there may be no benefits to you personally with participation, the information gathered will give a deeper understanding of the support approaches which are seen as most effective at improving outcomes for young children living in circumstances of disadvantage. It is hoped the findings of this study will provide guidance to organizations providing supports to this population.

Storage of Data: The tape and the transcription will be kept securely locked in the student researcher’s office. After completion of the study, the data will be stored by the research supervisor, Dr. Kathryn Green, at the University of Saskatchewan, for a minimum of 5 years. Please indicate if you would be willing to allow your interview data

to be used by this same researcher under the same conditions of confidentiality in future research projects. Yes No

Confidentiality: The data from this study will be published and may be presented at meetings and conferences. Although anonymity cannot be assured because of the nature of the study, confidentiality will be maintained. The researcher may use direct quotations from your interview, however, all identifying information (such as worksite, your position, etc) will be removed from the report. Moreover, the consent forms will be stored separately from the tapes and transcripts so that it will not be possible to associate a name with any given set of responses. If a transcriber is hired to type the interviews, they will sign a statement agreeing to confidentiality and will not be aware of the name of the person whose interview transcript they are typing.

Right to Withdraw: Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any sort. You may also refuse to answer individual questions during the interview. If you withdraw from the study at any time, any data that you have contributed will be destroyed at your request. After your interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcripts as you see fit.

Questions: If you have any questions concerning the study, please feel to ask at any point; you are also free to contact the researcher at the number provided above if you have questions at a later time. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on March 22, 2006. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306) 966-2084. Out of town participants may call collect.

Consent to Participate: I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participation in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

APPENDIX E – Phase One Interview Guide

Interview Guide

1. Tell me about your work with families with young children living in circumstances of disadvantage.

2. What challenges do these families face in providing a nurturing environment for their young children?

3. What type of assistance do these families require in order to enhance the outcomes of their children?

4. How well are current programs meeting the needs of these families and addressing the challenges they face?

5. What barriers may prevent families from participating in current programs?

6. How could these barriers be addressed?

7. What would you recommend could be done to improve the outcomes for children living in circumstances of disadvantage?

8. Do you have any other comments?

APPENDIX F – Phase One Transcript Release Form

Transcript Release Form

Perceptions of Service Providers and Primary Caregivers Regarding Improving Outcomes of Young Children Living in Circumstances of Disadvantage

I, _____, have reviewed the complete transcript of my personal interview as part of the study entitled “Perceptions of Service Providers and Primary Caregivers Regarding Improving Outcomes of Young Children Living in Circumstances of Disadvantage”. I have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Marie Dietrich Leurer. I hereby authorize the release of this transcript to Marie Dietrich Leurer to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

Participant

Date

Researcher

Date

*Perceptions of Service Providers Regarding
Improving Outcomes of Young Children
Living in Circumstances of Disadvantage*

Presentation of Preliminary
Research Findings

Marie Dietrich Leurer, Doctoral Student
Dept. of Community Health & Epidemiology, Univ. of Sask.

- When:** Monday, February 5th, 2007
- Where:** Rainbow Youth Centre
977 McTavish Street (Upstairs Classroom)
- Time:** 11:45 am – 1:00 pm
(Lunch will be provided)

Marie would welcome discussion around the preliminary research findings, how to disseminate the results, and where to go from here.

Everyone welcome! Please feel free to pass this invitation along to anyone that may be interested.

RSVP's appreciated to:

Email: marie.leurer@usask.ca or Phone: 798-1081



APPENDIX H - Phase Two University of Saskatchewan Ethics Approval



Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

PRINCIPAL INVESTIGATOR Kathryn Green	DEPARTMENT Community Health and Epidemiology	Beh # 06-52
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INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT
University of Saskatchewan
Saskatoon SK

STUDENT RESEARCHER(S)
Marie Dietrich Leurer

SPONSORING AGENCIES
CENTRE FOR KNOWLEDGE

TITLE
Perceptions of Service Providers and Primary Caregivers Regarding Improving Outcomes of Young Children Living in Circumstances of Disadvantage

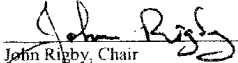
APPROVAL DATE 22-Mar-2006	EXPIRY DATE 01-Mar-2011
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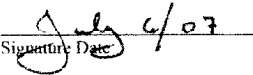
APPROVAL OF Will now include focus groups to look at the best ways to help families with young children living on a low income. The participants will be service care providers. Have included a new application, consent form and recruitment material. Have added Marie Dietrich Leurer as a student researcher.	APPROVED ON 04-Jul-2007
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CERTIFICATION
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the proposed revisions to your study. The revisions were found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: http://www.usask.ca/research/ethics_review/


John Rigby, Chair
University of Saskatchewan
Behavioural Research Ethics Board


Signature: _____ Date: 4/07

Please send all correspondence to:
Ethics Office
University of Saskatchewan
Room 308 Kirk Hall, 117 Science Place
Saskatoon SK S7N 5C8
Telephone: (306) 966-2084 Fax: (306) 966-2069



Consent Form

You are invited to participate in a study entitled “Perceptions of Service Providers and Primary Caregivers Regarding Improving Outcomes of Young Children Living in Circumstances of Disadvantage”. Please read this form carefully, and feel free to ask any questions you might have.

Researcher: Marie Dietrich Leurer, Doctoral Student, Department of Community Health & Epidemiology, University of Saskatchewan, Phone: (306) 798-1081.

Purpose and Procedure: The purpose of this study is to explore the perspectives of service providers working with families of young children living in disadvantaged circumstances regarding what support approaches they perceive would most effectively improve outcomes for these children. You, along with other interested caregivers at this agency, are being asked to participate in an approximately one-hour focus group of people who care for preschool children. The researcher will audio tape the discussions. You will be asked to comment on the opinions expressed by service providers in the first phase of this research. You will receive a \$30 honorarium in recognition of your contribution to this research.

Potential Risks: There are no known risks from participation in this study.

Potential Benefits: While there are no benefits to you personally with participation, it is hoped the findings of this study will provide guidance to organizations designing and delivering programs for families.

Storage of Data: The tape and the typed version of the tape (transcript) will be kept securely locked in the student researcher’s office. After completion of the study, they will be stored by the research supervisor, Dr. Kathryn Green, at the University of Saskatchewan, for a minimum of 5 years. Please indicate if you would be willing to allow your interview data to be used by this same researcher under the same conditions of confidentiality in future research projects. Yes No

Confidentiality: The researcher will undertake to safeguard the confidentiality of the discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of other members of the group by not disclosing the contents of this discussion outside the group, and be aware that others may not respect your confidentiality. The data from this study will be published and presented at conferences; however, your identity will be kept confidential. Although we will report direct

quotations from the focus group, you will be given a pseudonym, and all identifying information (such as your name or the program you attend) will be removed from the report.

Right to Withdraw: Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any sort. You may also refuse to answer individual questions during the focus group. If you withdraw from the study at any time, any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the study, please feel to ask at any point; you are also free to contact the researcher at the number provided above if you have questions at a later time. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on [insert date] March 22, 2007. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306) 966-2084. Out of town participants may call collect.

Consent to Participate: I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participation in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

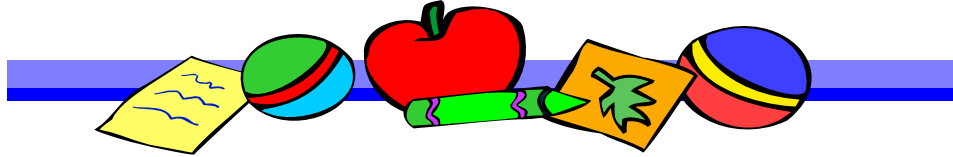
(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

PERCEPTIONS OF SERVICE PROVIDERS REGARDING IMPROVING OUTCOMES OF YOUNG CHILDREN LIVING IN CIRCUMSTANCES OF DISADVANTAGE



A research study by Marie Dietrich Leurer, Doctoral Student, Department
of Community Health and Epidemiology,

University of Saskatchewan

Project Goals:

- ❖ Provide guidance to organizations designing and delivering programs to families

Who I Would Like to Talk to?

- ❖ Parents of infants or children under five years of age
- ❖ Services you receive will not be affected by your involvement in this research
- ❖ Participation is voluntary

How?

- ❖ A one hour focus group of 5 to 8 parents
- ❖ You would be asked to comment on what people working in organizations identified as:
 - Challenges faced by families
 - Barriers preventing people from participating in programs
 - What types of services would help families most

- ❖ A summary of the results of the focus group would be shared with others, however no one person would be identified

To Thank you:

Participants will receive a \$30 honorarium for participating in the focus group.

If you have any questions or would like to participate, please contact Marie Dietrich Leurer at 798-1081.

