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# Stepping Stones to Resiliency in Families: A Longitudinal, Mixed Methods Study Following a Two-Generation Preschool Program

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UNIVERSITY OF CALGARY

Stepping Stones to Resiliency in Families: A Longitudinal, Mixed Methods Study  
Following a Two-Generation Preschool Program

by

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
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## Abstract

Complex inequities exist for Canadian families living with low income, affecting social relationships, well-being, and mental health. A two-generation preschool program at Calgary Urban Project Society (CUPS) Health Education Housing Child Development Centre (CUPS One World) has been ongoing since 2001. Program objectives include improving early childhood development and school readiness through strengthening children's environmental influences. Program eligibility includes living with less than half the low-income cut-off (LICO), and mental illness, addiction, or social isolation within the family.

The aim of this explanatory sequential mixed methods study (quant → QUAL) was to conduct a longitudinal follow-up of families after children reached age 10 years, to develop an understanding of the mechanism of change. In Phase I (quantitative), the top and bottom 25<sup>th</sup> percentile of children's receptive language scores were identified, using the Peabody Picture Vocabulary Test 3<sup>rd</sup> Edition (PPVT-III), informing participant selection for Phase II (qualitative). In Phase II, constructivist grounded theory was used to explore experiences of 14 biological mothers as they moved through CUPS One World.

The core category, Stepping Stones to Resiliency, included four categories: Perceptions of Family; Moving Forward; Achieving Goals; and Completely Different. Perceptions of Family included the categories of CUPS Like Family (for recent immigrant families), and CUPS in Place of Family (for other Canadian-born and Aboriginal families). Recent immigrant mothers had experienced positive, trusting relationships with extended family, while other Canadian-born and Aboriginal mothers

had experienced dysfunctional, chaotic relationships (due to abuse and neglect, addiction, and ongoing effects of colonization including residential schools).

Moving Forward was linked with Perceptions of Family: recent immigrant families could step lightly onto this stone, as it encompassed adjusting to life in Canada; other Canadian-born and Aboriginal families required extra struggle in order to move on to the next stone, following years of overwhelming life circumstances. Achieving Goals required self-worth to set and work toward them; Completely Different included leaving CUPS One World with newfound Strength, Independence, Freedom, Competency, and Connection. Stepping Stones to Resiliency was not a linear process, it involved occasionally stepping backwards, sometimes slipping and falling, and most importantly, continued resolve to get back on.

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Dear Craig, Sarah, Bobby, Beatrice, Aron, Connor, Silas, and Rachael

My heart and life is full because of you

To my parents, Gerald and Sybil, and my siblings, nieces, and nephews

Shannon, Sheldon, Kyle, Kloe, Grayden, Sherry, Brookelyn, Tyra, Cameron, Michelle,

Samuel, Lucas, and Mirah

Thank you for your unending support across the miles and across the years

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## **Chapter One: Introduction**

Living with low income is a societal problem, exposing Canadian children and families to multifaceted inequities, including a lack of readiness for school (Human Resources and Skills Development Canada, Public Health Agency of Canada, & Indian and Northern Affairs Canada, 2011). Canadian children and their families living with low income experience intergenerational, intertwining challenges in health, education, family functioning, and well-being (Baker, 2011; Gupta, de Wit, & McKeown, 2007). Low income is used throughout this thesis, except when authors use other terms such as poverty, poor, or low socio-economic status. Childhood socio-economic status is associated with measures of prenatal and early neural systems, parent-child interaction, cognitive stimulation, and brain development (Hackman, Farah, & Meaney, 2010). Pathways exist between mental health, cognition, and academic achievement, with the strongest negative effects seen most frequently in the people with the lowest income levels. Poorer outcomes in child development and well-being are associated with the length of time spent living with low income, and these effects persist throughout childhood (McEwen & Stewart, 2014). Individual children vary in their vulnerability to adverse environmental conditions, as well as their openness to nurturing environments (Bouvette-Turcot, Bernier, & Meaney, 2013); children are also affected by caregiver readiness and ability to nurture. The term caregiver is used throughout this thesis as the one most responsible for the child's care except when authors use other terms such as other kin caregiver, biological parent, father, mother, parent, or foster parent. See Appendix A for definitions of caregiver, low income, poverty, socio-economic status, and well-being.

Positive experiences in early childhood, such as reciprocal or “serve and return” interactions with parents, family members, and primary caregivers, builds healthy brain architecture (Fox, Levitt, & Nelson, 2010). Chronic deprivation (such as abuse and neglect) activates children’s stress response systems, leading to toxic stress, negatively affecting brain architecture, and subsequent learning, social behaviour, and health (such as development of chronic disease; National Scientific Council on the Developing Child, 2012). Children living in families with low income are at increased risk of exposure to toxic stress. Two-generation early intervention programs are designed to mitigate the effect of toxic stress on children living with low income, and ultimately to improve developmental outcomes for children and families (Blair & Raver, 2016). However, little is known about the processes of change experienced by families who attend two-generation preschool programs.

The **aim** of this mixed methods study was to develop an understanding of the mechanism of change through conducting a longitudinal follow-up of families after age 10 years, following a two-generation preschool program. The two-generation preschool program was at Calgary Urban Project Society (CUPS) Health Education Housing, One World Child Development Centre, hereafter referred to as CUPS One World.

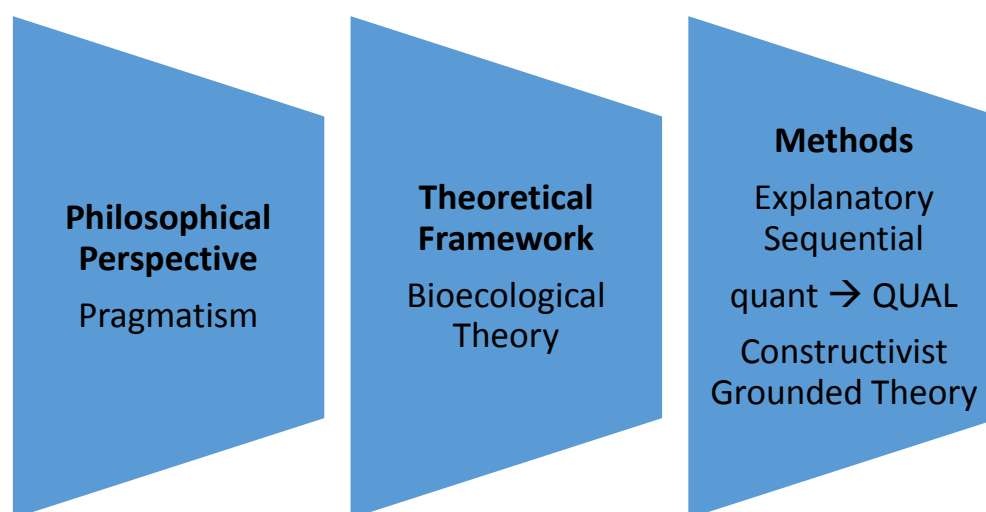
### **Significance of the Research**

This research, using constructivist grounded theory, was essential in gaining understanding regarding experiences of families following attendance at CUPS One World. Mothers held unique perspectives on their experiences, and the experiences of their children. Findings of this study will contribute to a better understanding of the mechanisms of change affecting families at CUPS One World. Findings of this study will

also contribute to knowledge about what components of CUPS One World may require adaptation or redesign to meet the unique needs of families currently enrolled in the program. The results of this study may inform decision-making regarding program development for future two-generation programs in jurisdictions with similar health and human service organizations. Finally, this study may inform policy and program decisions regarding the place of two-generation programs in decreasing existing inequities and facilitating meaningful change for children and their families.

### **Philosophical and Theoretical Perspectives**

This mixed methods study was grounded in the philosophical perspective of pragmatism, and guided by the bioecological theory of human development. Pragmatism is rooted in social constructionism and is associated with mixed methods, emphasizing knowledge acquisition through engagement with people, using methods that work, and implementing co-created knowledge practically. Bioecological theory views the environment as influential in children's development, emphasizing the place of emotional attachment, social support, and family within broader social contexts. See Figure 1.



*Figure 1.* Philosophical Perspective, Theoretical Framework, and Methods Model

**Pragmatism.** Pragmatism is a philosophy connecting ideas with actions, conceived and named by Peirce (1839-1914), and taken up by Dewey (1859-1952). Dewey wanted to help people solve everyday problems rather than just philosophizing about them, and was influenced by James, Cooley, and Mead (Meltzer, Petras, & Reynolds, 1975). James (1907) proposed the scientific study of physical, intellectual, moral, and spiritual resiliency, tapping into dormant human power, through interaction with others in society. Cooley (1909/1956) outlined the most important influences in learning as the family, the group, and the community, emphasizing that human nature is communal, not individual, and is inseparable from the social group. Cooley's philosophies clearly linked pragmatism with mixed methods, emphasizing the potential for balance of social and scientific knowledge. Cooley (1926) defined two types of social knowledge: material or spatial, gained through the development of our senses; and social or personal, gained through communication, or the contact of our mind with others. Social or personal knowledge is measurable, and must be refined along with scientific knowledge, in order to have a well-developed mind; people who excel in life, excel in both social and scientific realms (Cooley, 1926).

Cooley (1926) described the mental capacity of newborns as a collection of brain and nerves, requiring stimulation from other brains to grow, and credited Baldwin (1861-1934), for his description of learning by imitation. Cooley (1926) documented the first "serve and return" story of brain development:

It resembles a game of tennis in that no one can play it alone; you must have another on the opposite side of the net to return the ball. From earliest infancy our life is passed in eager response to incitements that reach us through the expressive behavior of other people, through facial expression, gesture, spoken words,



writing, printing, painting, sculpture, the symbols of science, and the mechanic arts. Every response we make is a step in our education, teaching us to act, to think, and to feel a little more humanly. Our brain and nerve complexes develop in the sense of our social surroundings. And at the same time our consciousness takes account of this inward experience and proceeds to ascribe it to other people in similar conditions. Thus, by a single process we increase our understanding of persons, of society, and of ourselves. (p. 63)

Cooley's story of how social interaction contributes to brain development is a core concept in brain science (National Scientific Council on the Developing Child, 2015).

Cooley's pragmatism fits with mixed methods research, observable in his emphasis on understanding the whole person, not just the information being gathered about them. Gaining information through questionnaires and interviews must involve not only gathering data, but using "sympathy and imagination" (Cooley, 1926, p. 74) to explore perceptions and emotions taking place in the person answering the questions. Cooley (1926) outlined the difference between real and apparent facts in research, emphasizing development of insight, to report findings about what things that are studied really mean, as "statistics is a method of manipulation not of perception" (Cooley, 1926, p. 59).

These unique views of society and the place of social interaction were explored further by Mead (1863-1931), the lead philosopher of symbolic interactionism. Mead was a professor at the University of Chicago, good friends with Dewey, and shared similar perspectives regarding social behaviour and the development of the mind (Meltzer et al., 1975). In *Liberalism and Social Action*, Dewey (1953/1999) wrote regarding the social environment and its effect on people's lives: "The greatest educational power, the

greatest force in shaping the dispositions and attitudes of individuals, is the social medium in which they live” (p. 91). Pragmatism’s emphasis on the place of the environment in the development of individuals is concurrent with the bioecological theory of human development.

Imbalances in power and resulting marginalization were noted by Dewey (1939/1989), when he wrote about the “white man’s burden.” Culture and history determine patterns of behaviour in any group of people, with the constant factor between all people their human nature. Differences in race are not due to any physiological structure, but to the influence of cultural conditions.

These statements do not signify that biological heredity and native individual differences are of no importance. They signify that as they operate within a given social form, they are shaped and take effect *within* that particular form. They are not indigenous traits that mark off one people, one group, one class, from another, but mark differences in every group. Whatever the “white man’s burden,” it was not imposed by heredity. (Dewey, 1939/1989, p. 23)

Dewey’s pragmatic thinking was revolutionary for his day as well as ours, developing an understanding of our shared humanness essential for us to grow in our interactions and relationships with others. Interactions with others in our environments, including family and other social settings, form the basis of the bioecological model of human development.

**Bioecological model of human development.** Bronfenbrenner (1977) described his theory as drawing on the work of Lewin, with emphasis on the dynamic relationship between man and environment, initially proposed as the ecology of human development:

The scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded. (Bronfenbrenner, 1977b, p. 514)

Lewin (1946) questioned whether social change was possible without community involvement and emphasized the place of democratic, two-way processes through intergroup relations as a way to facilitate change. Lewin (1946) emphasized the need for a democratic process especially when those in power unduly influenced decision-making. Lewin (1946) cautioned that conviction and feelings of marginalized individuals could not result in societal change unless the problem was addressed at the group level, such as anti-Semitism in Nazi Germany with labelling of Jews and underprivileged minority groups (Lewin, 1948). Dewey, along with a group of academics, sponsored Lewin, when fleeing to the US from the University of Berlin in 1933 (Adelman, 1993). Lewin (1948) wrote extensively regarding social conflicts, including those between Germany and the US, and the state of being Jewish in the world. Lewin (1948) also drew numerous diagrams illustrating how social and environmental influences influenced individuals depending on personality, and groups, depending on homogeneity and size. Lewin's models are congruent with current research regarding differential susceptibility, or that children differ in their susceptibility to environmental influences (Belsky, Bakermans-Kranenburg, & van IJzendoorn, 2007); those most vulnerable to adverse environments may be most responsive to supportive environments (Hartman & Belsky, 2015). The writings of Lewin (1948) provide rich philosophical perspectives for future research

regarding effects of social and political environments with vulnerable and marginalized populations; his descriptions and drawings resemble closely the descriptions of nested environments in Bronfenbrenner's bioecological model of human development.

According to Bronfenbrenner (1977b), there was a need for social relevance in research, to move beyond observation of behaviour of people in an unfamiliar environment such as a research lab, to observing multiple people in their environmental settings. Bronfenbrenner's perspective on families within broader social contexts unraveled social class (Kohn, 1963), and moved beyond socio-economic status to identify elements of social structure such as child and family policies affecting children's development (See Appendix A for definition of social class). Views of foundational differences in humans persist in Canadian society and include perceptions of individuals living in poverty possessing characteristics such as low IQ, different genetics, low motivation, and poor work habits (Raphael, 2011).

Bronfenbrenner refined his ecology of human development after 1979, distinguishing between environment and process, extending over lifetimes, through generations, and across history (Bronfenbrenner & Morris, 2006). Bronfenbrenner emphasized the cumulative effects of developmental events and transitions over time rather than the impact of a single event in a person's life. His optimism was apparent in a review of studies with much family disorganization: "for every study that documents the power of disruptive environments, there is a control group that testifies to the existence and unrealized potential of ecologies that sustain and strengthen constructive processes in society, the family, and the self" (Bronfenbrenner, 1986, p. 738). With disruption in family units, adverse effects have occurred, yet an "immunizing" factor is evident in children from single parents who received strong support from other adults in the home,

nearby relatives, neighbors, churches, child programs: through attention to the child and assistance provided to the parent by others in supportive roles, “it would seem that, in the family dance, it takes three to tango” (Bronfenbrenner & Morris, 2006, p. 824).

Bronfenbrenner (1986) identified a nested system of external influences in which humans develop through interaction between other humans, and between their environments: the macrosystem; exosystem; mesosystem; microsystem; and chronosystem. Bronfenbrenner (1977b) described the place of investigating different perspectives from different systems, in different ways, in order to understand the environment for human development. Throughout this thesis, Bronfenbrenner’s bioecological model of human development was used to understand child development in relation to environment.

***Macrosystem.*** A macrosystem was an overarching stabilizing force providing a blueprint for microsystems, most important of which were those determining the place and priority of children and their caregivers. For example, areas of a city such as a “young executive” or “urban slum” (Bronfenbrenner, 1977a, p. 210) would be similar across cities, sharing physical characteristics as well as ideologies. These overarching environmental influences and structures could both augment or constrain children’s development, and were essential to consider when developing social policy (Bronfenbrenner, 1977a).

***Exosystem.*** An exosystem was an extension of the mesosystem containing social structures such as neighborhoods, and media, which may not be in direct contact with the developing child, but influence their mesosystems, and family functioning. Those most likely to affect child development consisted of potential sources of family stress, including the workplace and social networks of the parents, or the home life of their

child's teacher (Bronfenbrenner, 1977a). The exosystem also included those social institutions making decisions affecting families such as child care funding (Bronfenbrenner, 1977a). Bronfenbrenner (1986) identified areas for further research including: the influence of parent employment on family functioning and child development; the influence of social support networks on stress and family functioning; and the influence of family functioning on child development.

***Mesosystem.*** The mesosystem included intersecting relationships between two or more microsystems such as home, school, peers, camp, and community (Bronfenbrenner, 1977a). These could be dyadic if there were more than two persons involved in each setting, and included forms of communication. The capacity and effectiveness of a setting varied with the number of connections it had with others, and the interchange between them (Bronfenbrenner, 1977a). The mesosystem could be affected by instability in housing through frequent moves and subsequent disruption in social networks (Bronfenbrenner, 1986).

***Microsystem.*** The microsystem included interactions and activities between the child and those in their immediate environment such as home or school, encompassing physical characteristics as well as roles and behaviours (Bronfenbrenner, 1977b). Properties of the microsystem included: (a) individual goals and movement toward those goals through interconnections between people; (b) reciprocity, for example reciprocal proximal processes, such as regular reciprocal parent-child interactions in children's immediate environments; and (c) a recognition of the social system, including other family members, within which this reciprocity functioned (Bronfenbrenner, 1977b, 1986, 1999). Bronfenbrenner (1986) identified stress within the family system contributing to poorer child outcomes.

***Chronosystem.*** The chronosystem involved changes over time due to developmental life transitions. These changes could be normative, such as puberty, or non-normative, such as a severe illness, and include cumulative effects of developmental transitions over the life course (Bronfenbrenner, 1986). Effects of the physical environment on social processes included the expectation that interactions in a relationship with a person could transition across more than one setting, and across time, including the lifespan (Bronfenbrenner, 1977a).

Bronfenbrenner (1977a) emphasized the need to study children and their families in their natural environments, focusing on interactions with each other, and noticing their environmental surroundings. Children and families are continually being affected by and affecting their environment through the preceding interdependent and interconnected systems, influencing capacities of families to facilitate healthy development of their children (Bronfenbrenner, 1977a, 1986). Bronfenbrenner (1986) emphasized that policies must “enable families to perform the magic feat of which they alone are capable: making and keeping human beings human” (p. 738). He cautioned against policy development without an understanding of how policies will affect the actual lives of people involved (Bronfenbrenner, 1986).

Bronfenbrenner (1986) warned of the growing gap between rich and poor in society, with detrimental effects on families, and identified the responsibility of science to investigate, design, and evaluate strategies to create positive environments contributing to human health and development. Bronfenbrenner (1986) wrote about socioeconomic status as an essential consideration in child development, as it can affect children in numerous ways, depending on environmental conditions. Literature related to families living with low income, and effects on children’s development is explored.

## Chapter Two: Literature Review

Constructivist grounded theorists recommend an informed grounded theory through a focused literature review (Charmaz, 2014). With the bioecological model of human development as a framework, literature relating to interconnecting environmental influences and processes affecting children and their families who attended the two-generation preschool program at CUPS One World is explored. These environmental influences and processes included living with low income, and program goals of improving early childhood development and school readiness through strengthening environmental influences, including parenting skills. All the families at CUPS One World were living with low income, therefore, it is examined first.

### Living with Low Income

**Macrosystem.** Varied perspectives regarding poverty and effects on children include: (a) social causation perspectives, where family and community influences contribute to poverty; (b) social selection perspectives, where parental traits lead to variations in economic well-being and are subsequently passed on to children; and (c) interactionist perspectives, where poverty involves both social causation and social selection (McLoyd, Mistry, & Hardaway, 2013). The social determinants of children's health are part of the macrosystem affecting Canadian children. These social determinants include family income and employment, food security and housing, early child development, and social location in society (Raphael, 2014). One in 10 children in Canada live in low-income families. This increases to five in 10 for First Nations, Métis, and Inuit (FNMI) and recent immigrant children (Gupta et al., 2007; Macdonald &



Wilson, 2013; Statistics Canada, 2013). For the purposes of this study, recent immigrant children are those whose families have lived in Canada for less than 10 years.

A global review (Pickett & Wilkinson, 2015) identified causal relationships between inequities in income and health (including social outcomes and violence), and outlined the importance of reducing income inequality within societies world-wide. The Gini coefficient is a measure of income equality between 0 and 1, with 0 representing perfect equality and 1 perfect inequality in the distribution of income within a society (Government of Canada, 2013). Canada is currently fifth from the bottom of the 15 wealthy western nations with a Gini coefficient of 0.32 in relation to income inequality, and income inequality in Canada has been rising since the mid-1990's (Government of Canada, 2013). Social mobility in Canada is possible, but not frequent. Statistics Canada reported (Chen, Ostrovsky, & Piraino, 2016) that for sons born to low-income fathers, it was challenging to move to the top of the income distribution (income mobility). However, there was a significant chance that a son born to a low-income father could move to the middle-income level. For daughters, there was not as much intergenerational transmission of income (Chen et al., 2016).

**Exosystem.** Material and social deprivation of Canadians living in poverty have direct and inter-related effects on health, such as disadvantages in early life, physiological changes and subsequent development of disease, availability and quality of work, social environment, neighborhood, ongoing stress, and adverse experiences (Raphael, 2011). There was a relationship between Canadian children being overweight and living in a poor neighborhood (Oliver & Hayes, 2005), while a lack of money for basic needs was associated with growth delays (Ehounoux, Zunzunegui, Séguin, Nikiema, & Gauvin, 2009). Increasing density of poverty and poor neighborhoods in Canadian cities was

related to increased crime, and deterioration of quality of life for cities as a whole (Raphael, 2011). Between 2001 and 2010, the cost of purchasing a house in Canada nearly doubled, from \$234,387 to \$454,154; one-third of Canadians rent their homes; and the availability of rental units was critically low (Federation of Canadian Municipalities, 2012). Homelessness costs the Canadian government approximately \$7.05 billion dollars per year, and for women and families, poverty and violence were the main causes of homelessness (Gaetz, Donaldson, Richter, & Gulliver, 2013). Although there was a growing gap between increasing rental rates and minimum wage, increasing minimum wage did not have a statistically significant anti-poverty effect; approximately 30% of minimum wage increases went to the poor while 70% went into the hands of the non-poor (Campolieti, Gunderson, & Lee, 2012).

For Canadian parents working in situations of employment with little opportunity for advancement, increased work stress was linked with food insecurity and limited employment opportunities in a continuous cycle (McIntyre, Bartoo, & Emery, 2014). A US study using structural equation modeling with a sample of 4,898 at-risk children and families, identified housing insecurity was associated with risk for child neglect through increased maternal stress (Warren & Font, 2015). A cross-sectional study by Mark, Lambert, O'Loughlin, and Gray-Donald (2012) using data from 8,938 participants aged 9 to 18 years, identified food insecurity in Canadian youth living with low income. Throughout large cities in Canada, concentrated areas of poverty were increasing and health inequalities growing, due to inequitable distribution of the social determinants of health, and a lack of affordable housing (Bryant, Raphael, Schrecker, & Labonte, 2011). Food insecurity and housing instability contributes to household stress in low income families. As low-income levels in Canada are increasing, and areas of poverty, especially

in large cities, are growing, more research is needed on the experiences of families living with low income. Areas for exploration include social support, housing, employment, food insecurity, work stress, and child maltreatment.

There exists a relationship between poverty and child maltreatment that is not easily delineated. Child maltreatment includes one or more of the following: (a) physical abuse; (b) sexual abuse; (c) emotional and psychological abuse; and (d) neglect (Norman et al., 2012). Links between child maltreatment and economic hardship in Canada were difficult to define in an initial systematic review planned by Rothwell and de Boer (2014). Due to a diversity of variables throughout the literature, and a lack of identified guidelines regarding low-income cut-off, a critical appraisal of 16 studies was completed instead. No causal factors were identified, but timing, duration, and depth of poverty contributed to risk for child maltreatment; economic hardship produced economic pressure, with mothers displaying less sensitivity to their children and experiencing higher levels of depression and anxiety (Rothwell & de Boer, 2014).

Raphael (2011) described living in poverty as a source of deprivation, both physical and social, resulting in child and family problems. For children experiencing non-sexual maltreatment, significant associations exist with an increased likelihood of depressive disorders, anxiety disorders, eating disorders, childhood behavioural and conduct disorders, suicide attempts, drug use, sexually transmitted infections, and risky sexual behaviours (Norman et al., 2012). In addition, a dose relationship exists between adult health and well-being and the number of adverse childhood experiences (ACEs) encountered in childhood (Murphy et al., 2014). These experiences include emotional, physical, or sexual abuse, emotional or physical neglect, violent treatment of mother, parental separation or divorce, mental illness in household, substance abuse in household,

and/or and incarcerated member of the household (Felitti et al., 1998). Increased ACEs are accompanied by increased risk for cancer, ischemic heart disease, chronic lung disease, bone fractures, liver disease, and poor self-rated health (Felitti et al., 1998; Murphy et al., 2014). Poverty is unhealthy, produces misery, and is a waste of human potential (Sarlo, 2013). However, understanding of mechanisms leading out of poverty, and ways of enhancing resiliency are not well understood.

**Mesosystem.** In Canada, families living with low income are at risk of: (a) decreased social support systems due to underlying structures of social inequality in income, power, influence, recognition, and prestige; and (b) social exclusion such as participation in decision-making, access to employment, and cultural integration (Raphael, 2011). Social connectedness, including communicating and receiving understanding from others, is essential for physical and mental health and well-being. Living with low income has detrimental effects on social connectedness from childhood to adulthood. Social capital (or the network of social connections and structures an individual has access to) increases health-beneficial behaviours and health status, and inequities in socioeconomic status contribute to inequities in social capital (Moore, Stewart, & Teixeira, 2014).

**Microsystem.** Children's health and well-being is dependent on family well-being, and both are negatively affected by low income. Living with poverty in childhood had long-term effects such as activity-limiting illness and poor health, cognitive outcomes, school achievement outcomes, and emotional and behavioural outcomes (Brooks-Gunn & Duncan, 1997; Spencer, Thanh, & Louise, 2013). A meta-analysis by Reiss (2013) reported that children and adolescents living with low socio-economic status were two to three times more likely to develop a mental health problem than their peers of

higher socio-economic status; low household income and low parental education were the strongest predictors.

There are differential effects of living with low income for children from different cultural groups. A Statistics Canada report (Picot, 2008) found economic and social outcomes of the children of new immigrants to be equal or better than those of Canadian-born children. Differential perceptions of poverty and health may affect concepts of well-being. In another study (Beiser et al., 2011) exploring regional differences in mental health for children of recent immigrants in Canada, children experienced differential effects of poverty on their mental health. Although foreign-born children were twice as likely to live in poor families, they experienced fewer emotional and behavioural health problems (Beiser et al., 2011). Canadian-born children in poverty experienced more ineffective parenting, stress, and family dysfunction than foreign-born children (Beiser et al., 2011). As immigrant families worked their way up to higher socio-economic status, their children had fewer mental health problems; conversely, poverty experienced by Canadian-born children often persisted (Beiser et al., 2011). Perceptions of parenting practices, the importance and place of family, and exposure to broad life experiences of moving through poverty may contribute to these differences. For example, 165 minority migrant mothers who experienced low social support and sustained poverty reported lower perceptions of their child's health status than 1,825 Canadian-born mothers (Van Hulst, Séguin, Zunzunegui, Vélez, & Nikiéma, 2011). Similarly, in Canada's Department of Human Resources Development's National Longitudinal Survey of Children and Youth, recent immigrant children were more likely to be exposed to poverty, with a high proportion exposed to poverty early in life (Séguin et al., 2012).

**Chronosystem.** It remains possible for families to move out of the low-income bracket over time. According to Cambridge Dictionaries Online ([dictionary.cambridge.org](http://dictionary.cambridge.org)), social mobility was “the ability to move from one level of society to another.” Although Canadians in the upper and lower income groups were less likely to move out of their income groups than those in the middle, it remains possible, especially with development of policies promoting increased income equality and social mobility (Corak, 2013). A longitudinal study (Mood & Jonsson, 2016), generalizable to the adult population in Sweden, reported that becoming poor increased the risk of weakened social relations and decreased civic participation, while climbing out of poverty produced the opposite effect. Accounts of children up to age 18 years on the social aspects of poverty were explored by Attree (2006), and negative effects such as exclusion in friendships, social activities, transportation, and appropriate clothes, were noted to be most evident in those who lived with low income for greater lengths of time. A 29-year follow-up study with 6,941 participants from the 1970 British Cohort Study found early receptive language problems were a significant risk factor for social adaptation difficulties and decreased mental health in the transition to adulthood (Schoon, Parsons, Rush, & Law, 2010b).

In summary, the influence of low income on children and their families have been described according to macrosystems, mesosystems, exosystems, microsystems, and chronosystems (Bronfenbrenner, 1986). Bronfenbrenner’s bioecological model of human development is now applied to children’s global development and school readiness.

## **Global Development**

**Macrosystem.** Children living in families with low income experience negative effects on cognitive development, social/emotional competence, psychological and behavioural problems, and physical health through an extensive range of environmental influences (Komro, Flay, & Biglan, 2011). A synthesis of Canadian evidence found a statistically significant but minor influence of low income alone on developmental outcomes for children (McEwen & Stewart, 2014). Higher family income gave Canadian children only slightly better developmental outcomes than those of their low income peers (McEwen & Stewart, 2014). The authors described inequalities such as lower education, unemployment, and a risky neighborhood may have a greater effect on children's development than low income alone.

**Exosystem.** Children and their families living with low income experience seemingly insurmountable difficulties. Fast, Trocmé, Fallon, and Ma (2014) studied 58,641 Canadian children in families investigated by child welfare services. Preschool-aged children and adolescents were more likely than school-aged children to be living with caregivers experiencing addictions and mental health issues, or at least one risk factor such as living in a group home or foster care, being a victim or perpetrator of domestic violence, having access to few social supports, and experiencing physical health issues or cognitive impairment (Fast et al., 2014).

**Mesosystem.** For children living with low income, there are intersecting relationships that negatively affect their development. Families living with low income had fewer financial resources, lower paying jobs with less flexible time to spend with children, fewer psychological resources with increased sources of stress, and lower human capital such as educational attainment (Mistry et al., 2012). In a meta-analysis of

22 studies (published and unpublished, with no limitation on location), 1,171 children age 5 to 13 years were identified with emotional and behavioural disorders; 81% of these children also had at least mild language impairment, and 47% had moderate to severe language impairment (Hollo, Wehby, & Oliver, 2014).

**Microsystem.** In a US study, detrimental effects of low income on vocabulary development and school readiness, measured using the PPVT Revised version, (PPVT-R, an electronic version of the PPVT), spanned three generations (Sohr-Preston et al., 2013). Clear, early, and responsive parent-child communication positively influenced vocabulary development and receptive language skills inter-generationally (Sohr-Preston et al., 2013). Parents with low income can bring assets to raising children such as time, and psychological support as well as human capital (Mistry et al., 2012).

**Chronosystem.** Effects of living with low income on global development can be long-term. Children living in poverty were at risk for developmental delay, short- and long-term learning disabilities, difficulties reading, writing, and math, grade repetition, expulsion, and not completing high school in a study by Brooks-Gunn and Duncan (1997). Yoshikawa, Aber, and Beardslee (2012) identified US children living in poverty were at increased risk of mental, emotional, and behavioral health difficulties, and in order to effect change, assessment of parent and family well-being was needed in addition to long-term, intensive early intervention programs.

In summary, the influence of living in a family with low income has been explored related to children's global development. Children living in families with low income experience extensive negative influences on their global development. Effects of low income on children's school readiness is now explored.



## **School Readiness**

**Macrosystem.** According to the United Nations International Children's Emergency Fund (UNICEF), school readiness is a global strategy to improve equity and potential for lifelong learning in children, especially those who are disadvantaged (Britto, 2012). School readiness is "a product of the interaction between the child and the range of environmental and cultural experiences that maximize the development outcomes for children." (Britto, 2012, p. 8). According to Britto (2012) school readiness involved a transitional process including: (a) children (physical well-being, motor development, social and emotional development, language and cognition); (b) schools (bridging gaps between cultures of home and school); and (c) families (supportive and responsive parenting).

**Exosystem.** Significant impacts of neighborhoods on school readiness were found in a study with 3,923 Canadian children. Those who lived in economically disadvantaged neighborhoods from age 1 to 5 years had lower receptive vocabulary scores at age 5 years (using the PPVT-R in English or French), compared to those from more advantaged neighborhoods (Jones & Shen, 2014). Healthy child development remains dependent in part, on effective public policies to reduce both material and social deprivation (Raphael, 2011).

**Mesosystem.** Intersecting relationships exist between low income and child development, including children's connection with others in their home and communities. A review of US literature on poverty, brain, and subsequent language development, identified many pathways between poverty and language problems (Perkins, Finegood, & Swain, 2013). Pathways include stress, self-regulation, use of language at home, and literacy in the home environment. When other factors were controlled, poverty in itself

had deleterious effects on language development (Perkins et al., 2013). Perkins et al. (2013) did not identify which factors were controlled in the study, nor did they provide a definition of poverty, a term they used interchangeably with low socio-economic status.

**Microsystem.** Children living with low income encounter challenges in physical well-being, including physiological stress, affecting well-being (Evans & Kim, 2013). A study with 3,301 boys and 3,208 girls from the US Department of Education Early Childhood Longitudinal Study, examined effects of children's biological characteristics on school readiness in households experiencing poverty (Gullo, 2014). Girls scored higher than boys on measures of fine and gross motor ability, and children born with low birth weights scored significantly lower for fine but not gross motor development at kindergarten entry; those children who had excellent health scored higher than those who had poor health (Gullo, 2014). Gullo (2014) interchanged the terms poverty and socio-economic status without defining them, focused on socio-economic status throughout the study yet used poverty in the title, and introduced the concept of social class without explanation.

The presence of appropriate fine motor skills at kindergarten was positively associated with second grade classroom engagement in a subsample of 614 girls and 541 boys from the Quebec Longitudinal Study of Child Development (Pagani, Fitzpatrick, Archambault, & Janosz, 2010). A UK study of 8,832 children and their families at age 9 months, 3 years, and 5 years, examining poverty and family instability demonstrated that children experiencing persistent poverty had more fine motor delays than those not exposed to poverty (Schoon, Cheng, Jones, & Maughan, 2013). Although the initial sample size was large, the 8,832 participants whose data were analyzed were the ones who had complete data at all 3 time-points and on all variables in the study and were less

likely to have experienced persistent poverty (or poverty at all three time points in the study).

A review of the High/Scope Perry Preschool Study (Schweinhart et al., 2005) reported early childhood education produced long-term effects not by improvements in intelligence or school achievement, but through creating dispositions in children that increased success as they began school. There was a positive relationship between caregiver input of vocabulary, the quality of words used, and later vocabulary of the child in a US study (Cartmill et al., 2013). Educating and involving parents in engaging their children in conversation was essential in improving children's early language environments in another study (Leffel & Suskind, 2013).

**Chronosystem.** School readiness affects later literacy, educational attainment, and occupational status. Early receptive language problems were a significant risk factor for poor literacy in adulthood, with low socio-economic status exacerbating the effects in a 29-year follow-up study of 11,349 children from the 1970 British Cohort Study (Schoon, Parsons, Rush, & Law, 2010a). In a sample of 244 participants from the Ottawa language study (Johnson, Beitchman, & Brownlie, 2010), early language impairments at age 5 years were correlated with poorer outcomes in communication, cognitive and academic factors, educational attainment, and occupational status at age 25 years than those without early communication impairments. This study did not measure emergent literary skills until age 12 years. A review of the High Scope/Perry Preschool (Schweinhart et al., 2005) identified that similar programs, if delivered effectively, would result in improved success in school, improved high school graduation rates, increased earnings in adulthood, and decreased crime involvement. Participants were children of African-American ethnicity, living in an urban area of poverty, in an active learning

program 2.5 hours per day, 5 days per week for 2 years, and received a 1.5 hour home visit per week (Schweinhart et al., 2005). Schweinhart et al. (2005) called for full funding for this and similar preschool programs for all 3- and 4-year-olds in the US living in poverty. Baker (2011) urged caution with universal implementation of preschool programs in Canada based on evidence from targeted programs in the US, due to the difficulties of replication of such high quality targeted programs, and the extreme poverty and hardship of the targeted populations such as the High Scope/Perry Preschool Study.

In summary, the influence of living in a family with low income has been explored related to children's school readiness. Children living in families with low income experience negative influences on their school readiness. Effects of low income on parenting is now explored.

### **Parenting Skills**

**Macrosystem.** Views on what constitutes “good” parenting vary across communities and cultures. A mixed-methods study with 19 professionals, identified six categories of good parenting: (a) insight, willingness and ability; (b) day-to-day versus complex long-term needs; (c) child's needs before own; (d) fostering attachment; and (e) consistency versus flexibility (Eve, Byrne, & Gagliardi, 2014). For parents coping with difficulty meeting basic needs of food, clothing, and shelter for their children, meeting societal expectations of competency in caregiving may be difficult to attain. Canadian mothers living in poverty have described deprivation as: (a) worry that they will not be able to meet basic needs; (b) inability to participate in activities in which others are engaging; and (c) stigma, degradation, and being blamed by others for the situation in which they find themselves (Raphael, 2011).

**Exosystem.** Living with poverty increases health-threatening stress, with increased potential for health-threatening behaviors as coping mechanisms such as tobacco, alcohol, poor diet, and less physical activity (Raphael, 2011). Complexities surrounding social identity for mothers raising children and living in poverty were explored in a qualitative study for these mothers, meeting basic physical needs took precedence over achieving satisfaction related to life aspirations (Wright, 2013). For mothers in the study, societal expectations of independence (such as moving away from challenges in family of origin, rather than developing interdependence), increased potential for vulnerability as well as resiliency; positive outcomes for children were not a substitute for measures of maternal well-being, such as satisfaction with life (Wright, 2013).

**Mesosystem.** Poverty is associated with a lack of social support, and the stresses associated with poverty may prevent parents living with low income from accessing formal support systems (Attree, 2006). Raphael (2011) described effects of low income in families as increasing difficulties in interpersonal relationships, increasing stress, and other psychological health difficulties including self-esteem, self-concept, and self-control.

**Microsystem.** For families living with low income, there exist barriers to engagement in reciprocal proximal processes. Families living in poverty were more likely to have difficulty parenting, more personal problems, and more mental distress than other families, which contributed to children's outcomes (Raphael, 2011).

**Chronosystem.** Long-term perceptions of mothering and reciprocal relationships were identified in a US longitudinal study using crossed-lagged regression analysis with 361 low income and psychiatrically vulnerable mothers (Barbot, Crossman, Hunter,

Grigorenko, & Luthar, 2014). Those mothers who had positive perceptions of their parenting, and viewed their children as socially competent, experienced less stress, and had more positive perceptions of mothering after 5 years (Barbot et al., 2014); mothers who viewed their children as more distressed, had increased parenting stress, and less positive perceptions of mothering after 5 years.

### **Early Intervention**

Bronfenbrenner (1986) outlined the essential place of early intervention strategies in children's development. Early intervention for children and families has been implemented across the US and in some areas of Canada. Although high quality preschool care and programs have been shown to benefit children from less privileged family environments (targeted intervention), impacts on universal implementation are less well-known (Haeck, Lefebvre, & Merrigan, 2013). A review of universal and targeted pre-kindergarten programs in the US identified gains in receptive language for low-income children regardless of program type (Dotterer, Burchinal, Bryant, Early, & Pianta, 2013). Interventions targeted at parents provide opportunity for change in parents as well as children. A Cochrane database review (Furlong et al., 2012), identified group-based parenting training for early-onset conduct problems in children age 3 to 12 years produced statistically significant reductions in child conduct problems, both parent-reported and independently assessed. Statistically significant improvements were also demonstrated in parental mental health, positive parenting skills, decreased harsh parenting, and cost-effectiveness (Furlong et al., 2012). Inclusion of parents in intervention programs for children is mutually beneficial.

**Two-generation preschool programs.** Two-generation preschool programs have been shown to positively affect child and parent well-being in low-income families in the US (Campbell et al., 2012; Karoly, Kilburn, & Cannon, 2005; Schweinhart et al., 2005). Positive outcomes of two-generation early intervention programs included children's intellectual performance and parent's caregiving skills; programs most effective utilized strategies of capacity-building with parents, strengthening financial and environmental resources, and capabilities to respond to stress (Shonkoff & Fisher, 2013). Early intervention programs for children in the US have been shown to be cost-effective, improve school achievement and future income, and decrease involvement in criminal activity (Duch, 2005; Gomby, Larner, Stevenson, Lewit, & Behrman, 1995; Reynolds & Temple, 2008).

In order for a preschool program to effect lasting change it must affect immediate outcomes such as: (a) intellectual performance for children; (b) parenting skills for caregivers (Schweinhart et al., 2005); and (c) result in long-term economic benefits to the individual and society as a whole (Cunha & Heckman, 2009). Cost-benefit analysis is a measure of economic benefit to society per dollar of expenditure and although it compares the total cost of implementation of a program with the total benefits, it may not take into account the entire range of benefits that are being monetized (Karoly et al., 2005). Benefits such as decreased crime and resultant reduction in pain and suffering, and general societal benefits were difficult to measure (Karoly et al., 2005).

Although approaching cost-benefit analysis cautiously is required, cost-effectiveness of three early childhood development programs: (a) the High-Scope Perry Preschool Project (1962-1967); (b) the Carolina Abecedarian Project (1972-1977); and (c) the Child-Parent Center Program (1983-1985), demonstrated societal and participant

economic advantage through government savings in education, justice, and health. Cost-benefit analysis was: (a) \$8.74 for the High-Scope Perry Preschool Project; (b) \$10.15 for the Carolina Abecedarian Project; and (c) \$3.78 for the Child-Parent Center Program, with total economic benefit per participant ranging between \$74,981 and \$138,486 over the life course (Reynolds & Temple, 2008). These high returns on investment in preschool education in the US have been documented up to the age of 40, but were measured mostly among low-income African-American children (Reynolds & Temple, 2008). A cost-benefit analysis, at age 26 years, of a two-generation preschool program for low-income families compared 989 children enrolled in the Child-Parent Centers in Chicago, and 550 children with similar characteristics (low birth weight, race, child welfare history, single-parent status, mother's employment, financial problems, family conflict, and economic disadvantage) enrolled in "treatment as usual" programming. Returns to society per dollar spent were as follows: (a) the preschool program a total of \$10.83 to society per dollar spent; (b) the school-age program a total of \$3.97; and (c) the extended program (preschool and school-age combined), a total of \$8.24. Total economic benefits per participant to society were approximately: (a) \$99,220 for preschool; (b) \$15,064 for school-age; and (c) \$42,520 for the extended program (Reynolds, Temple, White, Ou, & Robertson, 2011). Components of the preschool program included location in poorest regions of Chicago, age 3 to 5 years, 3 hours per day, 5 days per week, with a 6-week summer program and continuing services provided in affiliated schools. At age 26, participants from the preschool group had significantly higher rates of high school completion, completed more years of education, significantly lower rates of felony arrests, lower rates of depressive symptoms, and lower rates of substance misuse (Reynolds et al., 2011). This preschool program was of high quality, provided home



visits and family support, occurred in a large urban centre, used well-paid teachers with 4-year degrees, maintained small class sizes, involved families and provided on-site family resources, and provided integration of services between preschool exit and early grades (up to age 9). Karoly et al. (2005) summarized cost-benefit ratios and concluded that although valid, changes in outcomes for children are an appropriate measure of program benefits, and are associated with benefits to their families and society.

Two-generation preschool programs offer a dual focus of enhancing outcomes for children and parenting strategies for their caregivers. A review of several two-generation programs (Duch, 2005) reported the following limitations: (a) neglect of parent involvement in program implementation; (b) lack of staff training in helping families to establish goals; (c) scarcity of resources to promote self-sufficiency for families; (d) insufficiency of half-day schedules for intensive work with families; and (e) interacting with children for only 2 years. Duch (2005) identified a high incidence of depression and stress in caregivers, while most parenting education components did not demonstrate positive outcomes for families. A potential reason for the lack of positive parental outcomes was the mode of program delivery. The preceding two-generation preschool programs frequently used a case manager for referring-out services for families (Gomby et al., 1995).

A meta-analysis of 123 quasi-experimental and randomized studies (Camilli, Vargas, Ryan, & Barnett, 2010) identified that preschool programs from 1960-2000 in the US provided long-term cognitive, social, and educational benefits for children; less clear were beneficial program features except for smaller class sizes and increased individual instruction. Multiple pathways to effectiveness of early childhood development programs, not specifically two-generation programs, for 3- and 4-year-olds were

identified in a review by Reynolds and Temple (2008). School readiness, achievement, and long-term life course development were investigated, along with demographics such as gender, socio-environmental risk and neighborhood attributes, as well as timing, duration, and intensity of each program. Reynolds and Temple (2008) proposed a five-hypotheses model on pathways to effectiveness using the research reviewed: (a) motivational advantage including self-efficacy, perceived competence, and persistence in learning; (b) cognitive advantage including literacy skills, pre-reading, and numeracy skills; (c) social adjustment including classroom adjustment, peer relations, and self-regulating skills; (d) family support including parent-child interactions, home support for learning, participation in school, and parenting skills; and (e) later school support for reinforcement and sustained learning including quality of school environment, classroom environment, and school-level performance.

**CUPS One World two-generation preschool program.** At program exit from CUPS One World, children demonstrated significant improvement in receptive language skills, although still below the average score for children of their age group (Benzies et al., 2011). Caregivers experienced less stress, increased self-esteem, increased use of community resources, and their attitudes toward child maltreatment, including harsh punishment, were improved (Benzies et al., 2011). There were no differences in children's receptive language skills when compared by characteristics of child gender, caregiver education, culture, or involvement in child welfare (Benzies et al., 2011). Recent immigrant children spent the most time in the program, but their time in the program was not significantly correlated with PPVT-III change scores (Benzies et al., 2011). Other Canadian-born and Aboriginal children spent the least time in the program,

and for Aboriginal children, time in the program was correlated with PPVT-III change scores (Benzies et al., 2011).

At the age 7 follow-up, children sustained the positive change in receptive language scores achieved during their participation at CUPS One World, along with significant improvements in communication and motor development (Benzies et al., 2012). Most caregivers demonstrated increased self-esteem and use of community resources, decreased stress, and improvement in understanding of parent/child roles, corporal punishment, and empathy (Benzies et al., 2012). For Aboriginal caregivers, there were limited effects on outcomes at the age 7 follow-up (Benzies, Tough, Edwards, Mychasiuk, & Donnelly, 2010). At the age 10 follow-up, children's receptive language scores were not associated with caregiver education, marital status, education, or child welfare files (open as a child, or for their child; Mughal, Ginn, Perry, & Benzies, 2015). At the age 10 follow-up, receptive language scores for Aboriginal girls improved somewhat, but decreased for boys; for other Canadian-born girls, increased slightly, and decreased for boys; for recent immigrant girls, receptive language scores remained low, with recent immigrant boys showing the greatest improvement (Mughal et al., 2015).

In summary, children and families living with low income are influenced in numerous ways through a nested system of environmental influences (Bronfenbrenner, 1986). Macrosystems, or overarching societal influences, affect the place and priority of children and families living with low income. Reducing inequities in Canadian society includes attentiveness to how the social determinants of health affect children and families living with low income. Exosystems, or social networks with potential for family stress, such as parental employment and social support networks, affect low-income families in more inopportune ways than families living with higher income.

Opportunities for educational achievement and subsequent employment with adequate wages and health benefits is crucial. Mesosystems, or intersecting microsystems, require multiple stable connections, which are difficult to form when living with low income, and subsequent unstable housing. For families living with low income, developing long-term, multiple community connections is necessary for health and well-being. Microsystems, or interactions and activities between children and those in their immediate environment can be negatively influenced by low income. Living with low income is a risk factor that can negatively affect caregiver's parenting skills and children's school readiness.

Chronosystems, or developmental transitions and changes over time, also have potential to affect the environment and subsequent development of children in families living with low income. Early intervention programs, focused on both the child and parent, have potential to mitigate the negative effects of suboptimal environments over time.

However, little is known about the pathways and mechanisms associated with two-generation early intervention programs that result in changes in children's proximal environment, including experiences of caregivers, and changes in children's development.

### **Purpose Statement**

The purpose of this study was to develop a greater understanding of these pathways and mechanisms of change.

**Research Questions**

1. What were the changes in receptive language scores for children during the time periods from intake to exit from CUPS One World, and exit to age 10 years?
  - a. What were the intake receptive language scores of those who exited the study early?
2. What were the experiences of mothers as they moved through CUPS One World?

## Chapter Three: Methods

### Context

In December 2001 a two-generation preschool program for families of low income (less than half the LICO), was established at CUPS One World. CUPS One World is under the umbrella of CUPS Health Education Housing, an inner-city, not-for-profit, registered charitable organization with a goal of moving individuals and families out of poverty and helping them thrive. Objectives of the CUPS One World preschool program include improving early childhood development and school readiness through strengthening children's environmental resources, providing access to centre-based early learning, and increasing parental psychosocial resources (Benzies et al., 2012). School readiness is the ability to respond adequately in cognitive-academic and social-emotional-behavioural ways to the demands of a school setting (Carlton & Winsler, 1999). With a yearly capacity of approximately 50 children and their caregivers, the ongoing program provides centre-based education, transportation, nutritious food, health and developmental assessments and interventions, parenting and life skills education, along with family support and counselling through home visitation (Benzies et al., 2012). Eligibility for program attendance includes low income and one or more risk factors for developmental delay such as a caregiver with a mental illness, addiction within the family, or social isolation. Children attend 4 days per week from the age of 2.5 years until transitioning to the public school system after kindergarten. Caregivers attend 6 weeks of parenting and life skills classes and are encouraged to participate in educational and recreational activities with their children throughout the duration of the program (Benzies et al., 2012). In order to participate in the ongoing longitudinal study at CUPS

One World, families had to be enrolled in the program between 2002 and 2008, for a minimum of 3 consecutive months (Benzies et al., 2012).

## **Design**

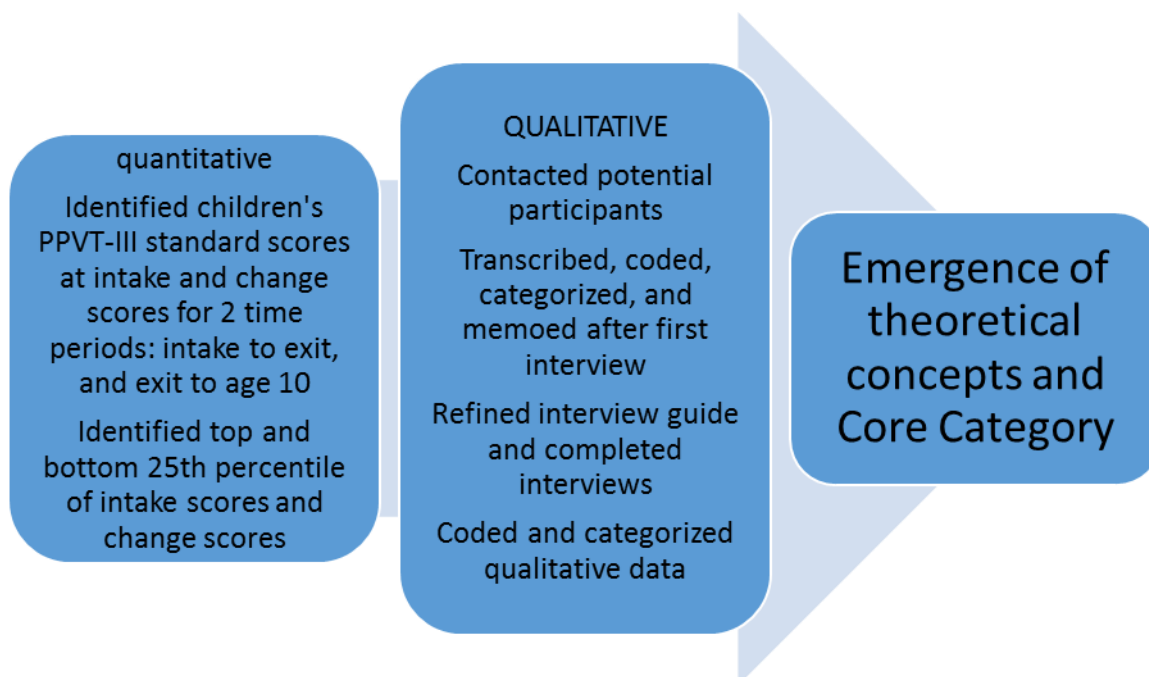
The current study employed an explanatory sequential mixed methods design (Creswell, 2014; Creswell, Klassen, Plano Clark, & Smith, 2011), with a secondary quantitative longitudinal study informing participant selection for the primary qualitative study, or quant → QUAL (Morgan, 1998). See Figure 2. Mixed methods research: (a) is an emergent methodology; (b) can strengthen study results; (c) can contribute to theory and knowledge development; and (d) can produce an end product more than the sum of the individual parts (Bryman, 2007; Creswell, 2014; Small, 2011). Mixed methods designs currently vary, with a common purpose of creating more clear and complete insight into research topics. Most frequently, mixed methods studies mix quantitative and qualitative designs, with equal weighting given to both, or an emphasis on one, no matter which is done first (Creswell & Clark, 2007).

Morgan (2007) identified a pragmatic philosophical approach to conducting mixed methods research, with abductive (back and forth) reasoning processes connecting knowledge gained from inductive (qualitative) research and deductive (quantitative) research. Charmaz (2014) linked abductive reasoning in constructivist grounded theory with the pragmatism of Peirce (1839-1914). Peirce's notes following *Pragmatism and the Logic of Abduction* provide insight into why pragmatism is connected with abduction, and details about the process of abduction in knowledge development:

The maxim of pragmatism, if it is sound, or whatever ought to replace it, if it is not sound, is nothing else than the maxim of abduction. A mass of facts is before

us. We go through them. We examine them. We find them a confused snarl, an impenetrable jungle. We are unable to hold them in our minds. We endeavor to set them down on paper; but they seem to be so multiplex intricate that we can neither satisfy ourselves that what we have set down represent the facts, nor can we get any clear idea of what it is that we have set down. But suddenly, while we are poring over our digest of the facts and are endeavoring to set them in order, it occurs to us that if we were to assume something to be true that we do not know to be true, these facts would arrange themselves luminously. That is *abduction*. (Peirce, 1903/1998, pp. 531-532).

In the current study, Phase I (quantitative) informed participant selection for Phase II (qualitative), and constructivist grounded theory in Phase II involved the pragmatic concept of abduction, moving between quantitative results and qualitative findings in data analysis.



*Figure 2.* Study Process



## Phase I: Quantitative Method

In Phase I, children's receptive language scores (PPVT-III standard scores) were identified at intake, exit, and age 10 years. The top and bottom 25<sup>th</sup> percentile of children's PPVT-III standard scores at intake were identified for children who exited the study early. The top and bottom 25<sup>th</sup> percentile of children's PPVT-III change scores were identified from intake to exit, and exit to age 10 years.

**Sample.** Between 2002 and 2008, 134 preschool children and their caregivers enrolled in CUPS One World, a two-generation preschool program (Benzies et al., 2011; Benzies et al., 2012). See Figure 3.

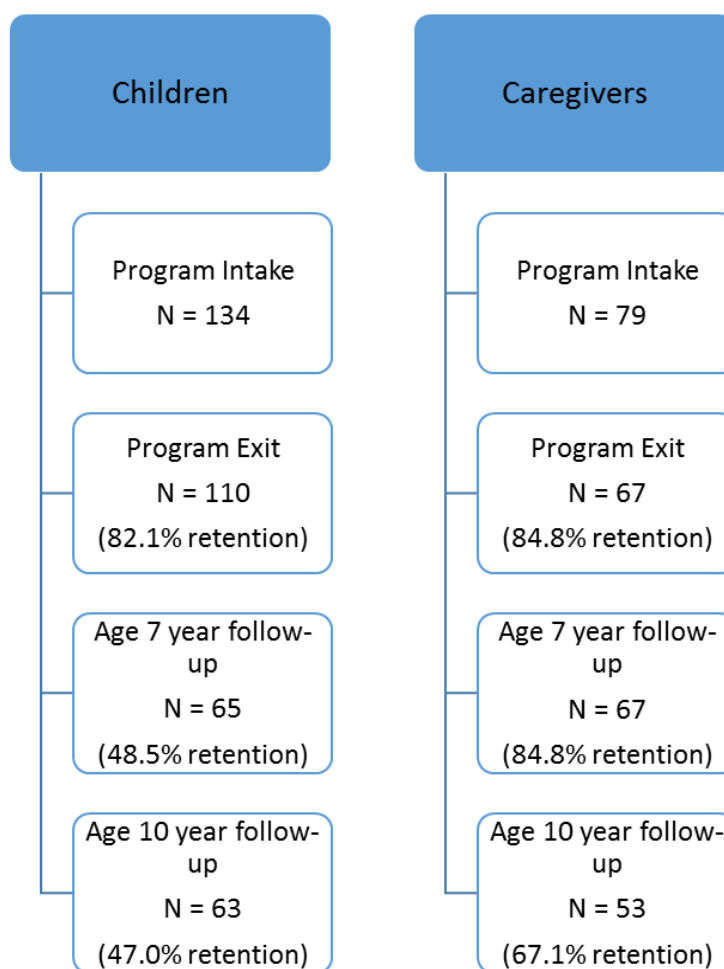


Figure 3. Child and Caregiver Retention Rates

At program exit, and the age 7 follow-up, there were no statistically significant differences between those who completed and those who did not in caregiver education, marital status, culture, and in the age and gender of the child (Benzies et al., 2011; Mughal et al., 2015). At the age 10 follow-up, there was no significant difference in caregiver age, marital status, or gender of the child between those who participated and those who did not, however, caregivers who had completed high school were more likely to participate than those who had not (Mughal et al., 2015). At the age 10 follow-up, more recent immigrant children participated than other Canadian-born or Aboriginal children, with most attrition in the Aboriginal children (comprised 34% of sample at intake and 27% at age 10 years; Mughal et al., 2015).

In the preliminary quantitative phase (Phase I) of this study, children's change scores in receptive language were identified to inform participant selection for caregiver interviews in the primary qualitative phase (Phase II). Selection of mothers to be interviewed was based on Bronfenbrenner's bioecological model of human development. It was surmised that children's receptive language change scores were affected by microsystems (such as proximal processes between primary caregivers and children), and chronosystems (such as change occurring in children's development over time). Participant selection also involved maximum variation sampling, a type of purposeful sampling. Mothers whose children were in the top and/or bottom 25<sup>th</sup> percentile of PPVT-III change scores or intake scores were contacted for interviews. Palinkas et al. (2015) reported that maximum variation sampling is especially fitting for mixed methods research, to ensure all aspects of participant's experiences are captured. Suri (2011) described the usefulness of maximum variation sampling in revealing many different aspects of an occurrence; maximum variation sampling providing contrast between the

highest and lowest participants (Duan, Bhaumik, Palinkas, & Hoagwood, 2015). Use of children's PPVT-III standard scores and change scores, along with maximum variation sampling was a fitting method of participant selection, ensuring a broad range of families were interviewed. All caregivers who agreed to be interviewed for this study were biological mothers of children who attended CUPS One World.

**Measurement.** The Peabody Picture Vocabulary Test 3<sup>rd</sup> Edition (PPVT-III; Dunn & Dunn, 1997) is an age-standardized observational measure of receptive vocabulary in individuals age 2.5 to over 90 years (see Appendix B). The PPVT-III is a norm-referenced, wide-range test of receptive vocabulary. There are four practice items and 204 test items grouped into 17 sets of 12 items each. Each item consists of four black-and white illustrations on a page (picture plate) arranged in order of increasing difficulty. The test-taker must select the picture that best represents the meaning of a word read by the examiner. Most individuals complete five sets, or 60 items. The raw score is obtained by subtracting the number of errors from the total ceiling score; higher scores indicate better receptive vocabulary. Raw scores can be converted to age-referenced normative scores such as standard scores, percentiles, stanines, normal curve equivalents, and age equivalents. The PPVT-III correlates well with other measures of vocabulary, and moderately well with other tests of verbal ability (Dunn & Dunn, 1997). Test-retest reliability ranges from 0.88 to 0.96 and Cronbach's  $\alpha$  from 0.92 to 0.98. The PPVT-III is simple to administer, is untimed, and can be completed in 11 to 12 minutes.

Canada's national survey on children's wellbeing (Government of Canada, 2011), used the PPVT-R as one of three measures of language development. In a US study of home environments of 1,852 low income children and their families, the PPVT-III was the first of two standardized assessments of school readiness used to measure children's

outcomes; children with early and more supportive environments for learning had higher scores on the PPVT-III at prekindergarten (Rodriguez & Tamis-LeMonda, 2011). Three US systematic reviews of child development literature identified the PPVT-III as a valid child outcome measure (Chambers, Cheung, & Slavin, 2016; Dotterer et al., 2013; Wasik, Hindman, & Snell, 2016). Sullivan, Winter, Sass, and Svenkerud (2014) performed a 12-week school readiness intervention with 259 low-income US preschool children, using the PPVT-III as the pre- and post-treatment measure, noting that PPVT-III standard scores were most commonly reported in research with children, instead of age equivalent or raw scores. The PPVT-III is a well-recognized measure of child development and school readiness.

***Additional CUPS One World data.*** An investigator-designed CUPS One World Follow-up Survey was used to collect data at each time point. Information included socio-demographic, and health data such as intimate partner violence, unstable housing, and illicit drug use (see Appendix C). The CUPS One World Follow-up Survey was stored in each family's CUPS One World paper file that included questionnaires, mothers' written comments on surveys, and documents completed by research assistants, teachers, and social workers about their interactions with families.

**Procedures.** Time points for data collection included: (a) program intake; (b) annually while the child was enrolled in the program; (c) program exit; (d) age 7 years; and (e) age 10 years. While the family was enrolled in the program, specially trained research assistants collected observational data from the children at CUPS One World. Caregivers completed questionnaires concurrently with data collected for their children. If a caregiver had recently completed questionnaires for a younger sibling currently

enrolled at CUPS One World, those data were used for both children to reduce respondent burden.

At ages 7 and 10 years, research assistants contacted participants by letter, phone, email, and Facebook (Mychasiuk & Benzies, 2012). For caregivers who were willing to continue participation, research assistants mailed a package of questionnaires to the family home with a request to complete them prior to a scheduled home visit. During the home visit, the research assistant collected caregiver questionnaires and observational data from the child. One family, who lived in an isolated area, was contacted via Facebook, and observational data were collected using Face-time (as per the mother's request).

**Data Analysis.** For participants who exited the study before completing the age 10 follow-up, PPVT-III standard scores at intake were identified. Changes in children's receptive language scores were calculated between: (a) program intake and exit; and (b) program exit and age 10 years. Change scores were calculated by subtracting the difference between two standard scores (Aron, Aron, & Coups, 2005). Data were checked for out-of-range and missing values. SPSS (version 22) software program was used for data analysis. Caregivers of children in the top or bottom 25<sup>th</sup> percentile from each group were selected for interviews in Phase II.

## **Phase II: Qualitative Method**

Phase II proceeded with constructivist (Charmazian) grounded theory to develop a deepened understanding regarding the experiences of biological mothers of children who had positive and negative changes in their receptive language scores.

**Constructivist grounded theory.** Charmaz, a graduate student of Strauss (1916-1996; co-founder of classical grounded theory), adapted research strategies of earlier grounded theorists, using constructionist and constructivist approaches (Charmaz, 2014). Constructionism is an epistemological view that all knowledge and reality is dependent on interactions between humans within their social contexts (Crotty, 1998). Constructivism is an individual process of knowledge construction, according to Crotty (1998), with objects in the world understood through each person's experiences in the world. Charmaz (2014) interchanged the terms constructionism and constructivism throughout her work, without distinguishing between the collective and individual construction of knowledge. Charmaz (2014) defined constructivism as:

A social scientific perspective addressing how realities are made. This perspective brings subjectivity into view and assumes that people, including researchers, construct the realities in which they participate. Constructivist inquiry starts with the experience and asks how members construct it. (p. 342)

Social constructionism requires participation with others in the construction of knowledge, mixes practical thought with philosophy, and can be found in the work of Mannheim (1893-1947), and Berger and Luckmann (1966). Mannheim (1952) wrote that social structure is built through interaction between humans especially "generations," a continuous process affecting social structure. Formation of a concrete bond between generations allows individuals to both use the privileges and experience the difficulties existing within and between generations (Mannheim, 1952). The emphasis on social interaction, effects of family, and the social environment in the development of knowledge between generations (Mannheim, 1952), are linked with the bioecological model of human development. Social constructionism is interconnected with pragmatism

through the work of James (1842-1910), Cooley (1864-1929), and Mead (1863-1931; Berger & Luckmann, 1966).

Constructivist grounded theory is not as prescriptive as classical grounded theory, and studies people in their natural settings, focusing on meaning and interpretive understanding. According to Charmaz (2014), grounded theory fosters an analytic edge to qualitative research, even if not proceeding to theory development; what is studied, and how it is studied it will influence the researcher along with those being researched. Knowledge gained through constructivist grounded theory can change social processes, contribute to a healthier planet, and is therefore ideal for social justice research (Charmaz, 2014). Charmaz (2014) critiqued those who claim grounded theory as a method without fully implementing or understanding it; and challenged critics of grounded theory who commonly miss understanding several of its major parts. These include: (a) ongoing theorizing throughout the research process (including fundamentals, to abstract concepts, and into experiences); (b) engaging in constructive ways of theorizing using actions and processes; (c) using abduction, or moving back and forth between inductive and deductive thinking; (d) letting the research problem and the researcher's interest in the problem shape the content of the theorizing rather than the method dictating and assuming the content of the research process; and (e) theory development reflecting the researcher's involvement in the research process.

**Procedures.** Using the longitudinal ongoing CUPS One World study participant list, I contacted caregivers of children whose PPVT-III scores were in the top and bottom 25<sup>th</sup> percentile of each group. Ideally, I would have conducted interviews with two to four caregivers from each group. However, only one caregiver of a child whose score fell in the top 25<sup>th</sup> percentile of scores and exited the study early consented to an interview. I

contacted caregivers in rank order of PPVT-III scores, beginning at the top and bottom of each group and moving inward toward the 50<sup>th</sup> percentile. I contacted caregivers by telephone, email, and Facebook; all caregivers who consented to be interviewed were biological mothers. I negotiated mutually agreeable interview times and locations including coffee shops, restaurants, mall food courts, places of work, outside locations, and homes. I obtained informed written consent prior to the start of each interview (See Appendix D). Along with interviews, qualitative data (kept in CUPS One World files, such as intake forms and long answers on questionnaires) collected at program/study intake, yearly while in the program, at program exit, age 7, and age 10 years, were included in data analyses. Although my own experiences as a researcher, nurse, mother, and grandmother, contributed to the richness of the interviews and subsequent research process, it was essential to avoid imposing my own perspectives and assumptions on the participants.

According to Charmaz (2006), we cannot separate ourselves from the world in which we live, and the data we collect; our interactions with others and our experiences are part of our research. In my previous participatory action research with urban First Nations grandmothers, developing bonds of friendship and respect were part of the research process (Ginn & Kulig, 2015). I learned about letting go of anger, including letting go of those who would try to exert negative influence, and replacing it with gratefulness and resolve. I learned about the place of valuing oneself and others in the midst of trauma, while learning to move toward resiliency together. I learned about links between personal, physical, emotional, mental, and spiritual health, and subsequent health of families and communities. My own grandmother was the stabilizing and buffering force throughout my childhood and into my teen years, until early onset Alzheimer's took



her far away. Subsequently, I have consciously prioritized the love and care of my grandchildren in my own life.

Developing rapport with mothers, maintaining openness to revealing private or painful experiences during interviews, and willingness to explore as deeply as the mothers wished was essential as they “cast their stories in their terms” (Charmaz, 2014, p. 67). Charmazian interviewing required knowing significant questions, and asking the questions without forcing responses. Interview questions provided by Charmaz and Belgrave (2002, p. 352) were adapted for use with mothers in this study. Following the first interview (see Appendix E), these interview questions were refined during a meeting with my supervisory committee. For some of the mothers, the first question spurred enthusiasm in telling their story, and many of the mothers talked openly about their lives and experiences both before and after interviews, which I memoed.

Information identified by mothers in interviews and surrounding conversations such as blogs, newspaper, and magazine articles were also included as data. According to Charmaz (2014), rich data collection included enough data to: (a) understand people, processes, and settings; (b) have detailed descriptions of views and actions; (c) understand what lies below the surface for the participants; and (d) how their actions change over time. I digitally recorded the interviews and transcribed, except for interviews with Family # 6 and Family # 12. For Family # 6, the father, who was present during the interview, requested not to be recorded. Instead, he gave permission to take notes during the interview, which I transcribed immediately following. For Family # 12, the mother requested to engage in the interview from her remote location via Facebook messaging. I saved the mother’s typed out messages, in response to my interview questions, as an interview transcript.

**Analytic Technique.** I followed flexible guidelines outlined by Charmaz (2014) for engaging in constructivist grounded theory. I gathered rich and detailed data from a variety of sources, including interviews, transcripts, observations, memos, blogs, newspaper articles, pictures, and comments written on documents in each family's CUPS One World file. However, I purposefully avoided accessing each family's CUPS One World file before each interview, as I did not want to impose presuppositions, such as whether the family had a file open with child welfare. I organized interviews by date, family number, and address so that I was unaware of the children's PPVT-III change scores. Following each interview, I accessed data in CUPS One World files. Accessing data beyond PPVT-III change scores and interview transcripts, and following leads emerging through conversations and comparisons of data, resulted in opportunity for comparison, analyses, and theory development.

Using constructivist grounded theory, coding began following transcription of the first interview, and followed each subsequent interview until coding was complete. Coding was the link between data collection and theory development, involving two major steps: (a) initial coding, the simple, direct naming of each word, line, or segment of the data; and (b) selective coding, focusing on the most significant codes, resulting in sorting and synthesizing the data. During initial coding, I identified processes, actions, assumptions, and consequences, and then raised them to concepts. I thought about codes while transcribing, listening, and re-listening to interviews. Mindful of wording, I focused on conceptual categories instead of descriptive topics. Dr. Benzies and I met regularly to mine the data for ideas, remaining open to all theoretical directions, and asking analytic questions regarding the data.

I engaged in constant comparison, comparing data with data (including coded interview transcripts), then codes with codes (beginning with line-by-line codes and moving to incident with incident codes), and including codes labelled *in vivo* (participant's innovative or unique terms). I followed coding full interview transcripts by re-reading and re-coding the data, under the direction of my supervisory committee, at the same time remaining flexible in coding, and creating a space for further comparison of codes later in the analyses process. Moving on with data analysis required studying, sorting, and selecting codes for more focused coding. Focused coding involved deciding which initial codes made the most analytic sense and developing them further, comparing them for a "fit" with other data. Coding and categorizing the data reflected emerging ideas rather than just topical descriptions. Theoretical coding followed focused coding, applying analytic ideas to identify relationships between the codes.

I wrote memos before and after interviews, and in-between coding and writing the analysis, which involved writing in a spontaneous, free-flowing manner regarding data, categories, themes, and whatever analytic thoughts came to mind. Memo-writing consisted of documenting how and what I was thinking about the process and about the data. Memos provided documents to guide development of theoretical constructs through exploring, clarifying, and connecting codes, thereby reinforcing their meaning. Memos were sorted into themes and categories along with data, providing a record of the research process, identifying gaps as well as progress, and areas for further investigation. As data were refined into categories and theoretical constructs were developed, gaps were filled with theoretical sampling, using memos, blogs, interviews, and data found in each CUPS One World family file.

During theory development, theoretical sampling required a return to the qualitative and quantitative data in CUPS One World family files, including previously completed questionnaires and surveys, caregiver notes, along with memos, articles, and blogposts. Theoretical sampling was not a way of increasing sample size, but was used to develop emerging categories, fill gaps in the data, refine ideas, and identify the fit and relevance of the developing theory. According to Charmaz (1990), the grounded theory method starts with data from the lived experience of the participants; the researcher can then attend to how they construct their worlds through affirming, checking, and refining ideas as they develop and use these emerging theoretical categories to shape more data collection. With the guidance of Dr. Benzies and Dr. Raffin Bouchal, throughout the grounded theory process, emerging categories led to explanations about the data, common understandings about these data, and further theoretical interpretations.

When developing formal theory, I engaged in constant comparison and theoretical sampling, contrasting and confirming concepts with members of my supervisory committee. Through this process, data in each of the family's CUPS One World file were included as part of the interpretive process. I learned of a Resiliency Matrix under development at CUPS, and gained permission to revise and use it, organizing the data in CUPS One World files in the context of family resiliency. Organization of each family's data into the Resiliency Matrix helped to increase my understanding about how each family moved through CUPS One World. According to Charmaz (1990), analysis and understanding of concepts increases the rigor of the grounded theory, providing evidence for categories and explaining the data. I was guided by my supervisory committee to move forward with the emerging theory, and set aside the Resiliency Matrix. I met with Dr. Benzies and Dr. Raffin Bouchal on numerous occasions to re-code my interviews

with the emerging theory in mind. With Dr. Raffin Bouchal's guidance and expertise in constructivist grounded theory, I found new connections between the data and the emerging theory, and began to wonder if the process would ever be complete. Charmaz (1990) cautioned against a premature commitment to a set of analytic categories (where not enough exploration of the issues and meanings within the research setting or problem has occurred), and the need to clarify key terms such as theory, category, and saturation. According to Charmaz (2014), theoretical saturation, or when gathering new data yields no new insights or properties to theoretical categories, is difficult to determine, and may never be reached; it is necessary for the researcher to remain open to what is happening in the research, and be willing to wrestle with it. This struggling for me required re-coding earlier data, following grounded theory guidelines, and getting a "handle on the material, not a machine that does the work for you" (Charmaz, 2014, p. 216).

## Chapter Four: Results

### Phase I: Quantitative (Participant Selection)

In Phase I of this explanatory sequential mixed methods study, PPVT-III change scores were calculated and used to inform participant selection for Phase II. The PPVT-III was used with recognition as a consistent measure of child development and school readiness. The initial sample consisted of 134 children and 79 caregivers, to ensure wide-ranging participant experiences in the interviews, maximum variation sampling was used. Caregivers of six groups of children were identified in Phase I: (a) children in the top 25<sup>th</sup> percentile of receptive language intake scores who exited the study before age 10 years; (b) children in the bottom 25<sup>th</sup> percentile of receptive language intake scores who exited the study before age 10 years; (c) children in the top 25<sup>th</sup> percentile of receptive language change scores between intake (age 2.5 to 5 years) and exit; (d) children in the bottom 25<sup>th</sup> percentile of receptive language change scores between intake and exit; (e) children in the top 25<sup>th</sup> percentile of receptive language change scores between program exit and age 10 years; and (f) children in the bottom 25<sup>th</sup> percentile of receptive language change scores between program exit and age 10 years. All caregivers consenting to interviews were biological mothers, and I engaged in intensive, reflective, individual interviews with 14 of them. These 14 mothers had 25 children who attended the program. See Table 1 PPVT-III Standard Scores of Children at Intake, Exit, and Age 10 and Change Scores.

Table 1

*PPVT-III Standard Scores of Children at Intake, Exit, and Age 10 and Change Scores*

PPVT-III Score Family ID #	Intake	Exit	Age 10	Change Score Intake to Exit	Change Score Exit to Age 10
1	89	120	105	31	-15
2					
Child 1	-	-	71	-	-
Child 2	63	93	86	30	-7
3					
Child 1	99	86	93	-13	7
Child 2	87	96	91	9	-5
4	97	96	107	-1	11
5					
Child 1	81	-	-	-	-
Child 2	97	99	-	2	-
6	63	77	87	14	10
7	91	104	124	13	20
8					
Child 1	105	105	94	0	-11
Child 2	117	120	109	3	-11
9					
Child 1	117	-	-	-	-
Child 2	106	107	101	1	-6
Child 3	99	101	104	2	3
10					
Child 1	49	76	97	27	21
Child 2	61	94	-	33	-
11					
Child 1	102	99	82	-3	-17
Child 2	92	105	104	13	-1
12					
Child 1	92	114	102	22	-12
Child 2	-	-	94	-	-
13	111	107	113	-4	6
14					
Child 1	98	113	93	15	-20
Child 2	102	114	114	12	0
Child 3	98	102	100	4	-2

## Phase II: Qualitative

Fourteen mothers were interviewed: (a) one from the top (Family # 9), and two from the bottom (Family # 5, and Family # 10) 25<sup>th</sup> percentile of PPVT-III intake scores of those exiting early; (b) three from the top (Family # 1, Family # 11, and Family # 12), and three from the bottom (Family # 3, Family # 4, and Family # 13) 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit; and (c) two from the top (Family # 6, and Family # 7), and three from the bottom (Family # 2, Family # 8, and Family # 14) 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. See Figure 4.

quantitative → QUALITATIVE

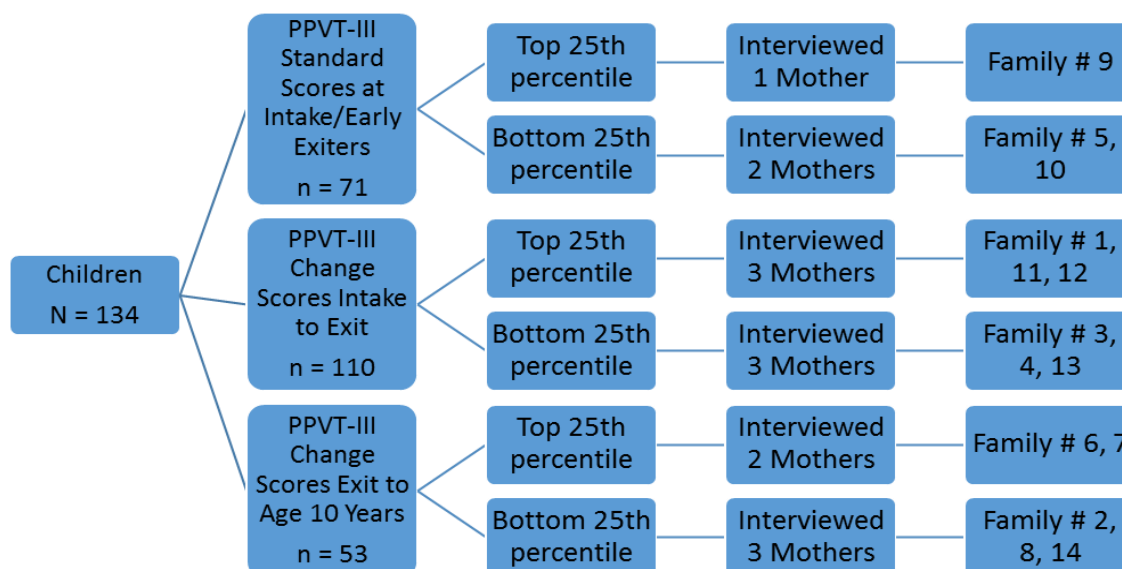


Figure 4. Sampling Flow Diagram



## **Integration of Methods**

Integration of quantitative and qualitative methods occurred during participant selection (see Figure 4), and without the preceding quantitative sampling procedures, the grounded theory may not have emerged. Although children's receptive language scores were used for purposive sampling, the focus of the study was not on changes in children's receptive language scores, as these quantitative results have been published at program exit, age 7 years, and age 10 years (Benzies et al., 2011; Benzies et al., 2012; Mughal et al., 2015). Instead, the focus of this study was on mother's experiences and mechanisms of change at CUPS One World. Therefore, results of children's receptive language scores (purposeful participant selection), will be briefly discussed in relation to descriptions of families, but not emphasized in the remaining portions of the thesis. The mixing of quantitative and qualitative results in this research can be described as a "contiguous," or physically side-by-side in the research, but not "strongly integrated physically" (Fetters & Freshwater, 2015, p. 211). Integration of methods in this study occurred at both the design (explanatory sequential design) and the methods level (connecting quantitative data with qualitative in the sampling), resulting in increased understanding and "unique insights into multifaceted phenomena" (Fetters, Curry, & Creswell, 2013, p. 18). Insight regarding families' experiences at CUPS One World was gained through the mixing of methods, and may not have occurred in the same manner using one method alone.

## **Descriptions of Families in Relation to Children's Receptive Language Scores**

Fourteen biological mothers consented to interviews. Of these, four self-identified as recent immigrants, eight as other Canadian-born, and two as Aboriginal.

**Family 1 (other Canadian-born).** One child (son) from this family was in the study, in the top 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although there was a downward trajectory in PPVT-III scores, this child's standard score at age 10 was above average. There was a child welfare file open for this child, and on study intake, this family was staying at a family homeless shelter. This child's positive receptive language scores concurred with his mother's experiences at CUPS One World, as she left an abusive partner, gained stable housing and employment, eventually taking in a foster daughter. At the time of the interview, this mother managed a department of a large not-for-profit organization in Calgary. On the day of the interview, she had many interruptions and questions from employees under her supervision, she exuded confidence and composure, taking charge of work that needed to be done.

**Family 2 (recent immigrant).** Two children from this family were in the study. Child 1 (son) was diagnosed with a major developmental disability, with no PPVT-III score at intake. Child 2 (daughter) was in the top 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit. Both children were in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. At intake, this mother was 18 years old, had two children, and just arrived in Canada. Child 1's PPVT-III standard score was less than 1 standard deviation below normal at age 10, as was child 2's. Although the receptive language scores of these children were low, child 1's scores may have been affected by his developmental disability. Child 2's low receptive language score concurred with a previous study, which identified receptive language scores of recent immigrant girls were lower at all time-points compared with all other children in the study (Mughal et al., 2015). These children's receptive language scores concurred with the experiences of this

mother at CUPS One World. She started a day home after CUPS One World had helped her learn English, together with her husband, they saved and purchased a house. This mother concluded that the best thing that had happened to her in Canada was CUPS One World.

**Family 3 (recent immigrant).** Two children in this family were in the study. Child 1 (daughter) was in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and near the top 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Child 2 (son) was below the 50<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and near the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although child 1 had an upward trajectory of PPVT-III change scores, her PPVT-III standard scores were less than one standard deviation below average. Child 2 had a downward trajectory of change scores, and his PPVT-III standard scores remained less than one standard deviation below average at all study time-points. This mother and father left their countries of origin under duress. These children's lower receptive language scores reflected the increased struggle this family had before and after arriving in Canada. The father worked night shifts at a job requiring heavy lifting, and had experienced years of back pain since an accident. When the stern-faced father answered the door at my ringing, I half expected to be turned away, but was welcomed with open arms when I mentioned CUPS One World. This mother had postpartum depression following a slip on the ice, and the premature birth of her son; the father and daughter were also in an accident and injured. They have saved and bought their own house, and have gradually replaced and renovated. They had recently taken in another family member who is planning to attend university.

**Family 4 (other Canadian-born).** One child (son) from this family was in the study, in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and moved to the top 25<sup>th</sup> percentile of PPVT change scores from exit to age 10. His PPVT-III standard score at age 10 years was above average. This mother had a child welfare file open for her as a child, but no child welfare files open for her children. On study intake, this mother and her three children were homeless, and living in a family shelter. Although her son's receptive language scores were in the bottom 25<sup>th</sup> percentile from intake to exit, the upward trajectory of his scores concurred with this mother's experiences at CUPS One World. She moved to an apartment, then bought a house, is now married, has a 2-year-old child, and has adopted two older boys who were being maltreated by their biological father when she met them at CUPS One World. This mother shared much valuable information regarding the general state of homelessness in Calgary. She also shared her perspective that the family shelter she stayed at was not a housing first initiative at the time she accessed it.

**Family 5 (other Canadian-born).** Two children in this family were in the study. Child 1 (son) was in the bottom 25<sup>th</sup> percentile of PPVT-III intake scores from intake to exit. Child 2 (daughter) was in the bottom 25<sup>th</sup> percentile of PPVT-III change scores. Child 1's PPVT-III score at intake was more than one standard deviation below the mean, child 2's PPVT-III score was below average. This mother had child welfare files open for her children. The low receptive language scores of these children concurred with the magnitude of difficulty in this household, including the hospitalization of her son as an infant following physical abuse by her partner. This mother left her abusive partner while at CUPS One World. When I had called to set up the interview this mother was at the hospital with her daughter, and said, "substances, she's being a teenager." During the

interview, there was no mention of her daughter, and as the mother did not bring it up, I did not ask. This mother provided superficial information throughout the interview, such as “it was really good,” “I was a single mom...life was good, my son had no problems, except he was premature.”

**Family 6 (recent immigrant).** One child (daughter) in this family was in the study, her PPVT-III change scores from intake to exit were above the 50<sup>th</sup> percentile, and she was in the top 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although there was a positive trajectory of PPVT-III change scores, PPVT-III standard scores for this child were more than 2 standard deviations below average at intake, more than 1 standard deviation below average at exit, and less than 1 standard deviation below average at age 10. This family left their country of origin under duress. The oldest daughter mentioned staying in her country of origin with her grandmother for a year before joining her parents in Canada. Although remaining below average at age 10 years, this recent immigrant girl was similar to other recent immigrant girls in the study. The upward trajectory of this child’s receptive language scores nonetheless, concurred with her mother’s positive experiences at CUPS One World. Money was tight even though they were working hard; the father injured his back in a car accident 7 years ago, didn’t follow through with an insurance claim, and works long hours while standing. The daughters have kept in contact with friends from CUPS One World One World through social media.

**Family 7 (other Canadian-born).** One child (daughter) in this family was in the study, and above the 50<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and in the top 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. There was a positive trajectory of PPVT-III change scores for this child, and at age 10 years, her

PPVT-III standard score was more than 1 standard deviation above the mean. This mother had a child welfare file open as a child, and on study intake, this family was staying at a family homeless shelter. This mother regained custody of her daughter from foster care, and of all her biological children, her daughter is the only one living with her. This child's positive trajectory and high PPVT-III standard score at program exit and age 10 years, concurred with her mother's positive experiences at CUPS One World. This mother was using the soil available around her townhouse to grow vegetables, two little plots on each side of her front step, and had tomatoes growing in a hanging coffee cans. This mother talked about starting at CUPS One World about the same time she and her partner became "clean," about 7 years ago. She accessed further education with a bursary from CUPS One World and was looking forward to the education bursary promised for her daughter. The kindergarten graduation caps and certificates were displayed in their living room.

**Family 8 (other Canadian-born).** Both children in this family were in the study. Child 1 (son), and child 2 (son), both had developmental disabilities. Both were in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and remained in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although child 1's PPVT-III change score was in the bottom 25<sup>th</sup> percentile, his PPVT-III standard scores were above the mean at intake and exit, and below the mean at age 10. Child 2's PPVT-III standard scores were above the mean at intake and exit, but decreased at age 10 years. This mother had a child welfare file open as a child, and had child welfare files open for her own children. She was "couch-surfing" and homeless before coming to CUPS One World, and her mother had recently died. These children's receptive language scores reflected the struggles of their mother before coming to, and during her time at CUPS

One World, as she experienced homelessness again while leaving an abusive partner. At the time of the interview, she had lived in the same residence for 2 years, was managing her mental illness, and was enrolled in a course to be a support worker for adults and children who have experienced trauma and addictions.

**Family 9 (other Canadian-born).** All 3 children in this family were in the study. Child 1 (daughter) was in the top 25<sup>th</sup> percentile of PPVT-III intake standard scores. Child 2 (son) was in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Child 3 (daughter) was in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the top 50<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although PPVT-III change scores of these children were low, all PPVT-III standard scores were above the mean, except for the intake score of child 3, which was less than 1 standard deviation below the mean. Child welfare files were open for these children. The upward trajectories of these children's receptive language scores reflected this mother's continued determination to move forward with her life. When first at CUPS One World, the mother volunteered on the bus, then obtained her bus license and became a driver. She helped in the kitchen, completed her food safety certification, and then worked in the kitchen. She volunteered in the classroom with her children, and completed her Early Childhood level 1 certification, in order to work at CUPS One World. She explained, "I saw a need, and CUPS paid for my training"; 10 years later, she is still working full-time at CUPS One World, in all three positions when needed, and continues to make graduation caps for the children, which she has done since the program inception.

**Family 10 (recent immigrant).** Both children in this family were in the study. Child 1 (daughter) was in the top 25<sup>th</sup> percentile of PPVT-III change scores from intake to

exit, and the top 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Child 2 (son) was in the top 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, but his PPVT-III standard score at intake was in the bottom 25<sup>th</sup> percentile of intake scores, with no age 10 follow-up. This family left their country of origin under duress, and noted in their CUPS One World file was some jail for the mother's partner. Both children's receptive language scores disregarded those noted for recent immigrant children, with the daughter's higher and the son's lower scores. This mother was unable to attend most of the parenting classes at CUPS One World due to full-time work. This mother was currently working full-time in a salon, and we sat together in chairs in the tiny waiting room for the interview, where she spoke quietly about her children and CUPS One World. She repeatedly said thank you to CUPS One World, and said her daughter is doing well in school. She said she still sees some staff from CUPS One World because they are her clients, and she keeps in touch as she talks with them.

**Family 11 (other Canadian-born).** Two children in this family were in the study. Child 1 (daughter) was in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and exit to age 10. Child 2 (son) was in the top 50<sup>th</sup> percentile of PPVT change scores from intake to exit, moving to the bottom 50<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although child 1's PPVT-III standard score at intake was above the mean, by age 10 it was more than 1 standard deviation below the mean; in contrast, child 2's PPVT-III standard scores at exit and age 10 were above the mean. This mother had a child welfare file open as a child, and child welfare files open for her children. At study intake, she was living with three children in a trailer with no furnace. The downward trajectories of her children's receptive language scores were especially indicative of struggles for both children (although her daughter fared more



poorly than her son). At the time of the interview, this mother described having five children. She had accessed education, was a bus driver for CUPS One World, and had completed health-related training. She was on a stress leave from work due to multiple stressful situations occurring in her family, which were intensified by the absence of resources, both financial and family. This mother's partner was "somewhat" supportive. This mother was planning to reconnect with old friends at CUPS One World through social media, had a regular family physician, and was seeing a psychologist regularly for stressful life situations.

**Family 12 (Aboriginal).** Two children in this family were in the study. Child 1 (son) was in the top 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Child 2 (son) had a major developmental disability, and no intake or exit PPVT-III scores. Although child 1's PPVT-III change scores were on a downward trajectory, at exit and age 10, his PPVT-III standard scores were above the mean, and child 2's age 10 PPVT-III standard score was less than 1 standard deviation below the mean. This family was coming out of homelessness at intake to CUPS One World, and their children's receptive language scores concurred with this family's upward trajectory in life circumstances. At the time of the interview, this family was living in a remote community, and the mother requested Facebook messaging as the mode of interview. She provided thoughtful and insightful answers to my questions. At the time of the interview, this family were planning a move back to an urban area, as this mother had enrolled in post-secondary education once again, working diligently toward achieving her goals. She also described looking forward to equal opportunities for her boys to further their education with the promised bursaries.

**Family 13 (other Canadian-born).** One child (daughter) in this family was in the study, in the bottom 25<sup>th</sup> percentile of PPVT-III change scores from intake to exit, moving near the top 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. This child's PPVT-III standard scores were all above the mean. There was a child welfare file open for this child. At the time of the interview, this mother had recently started a new job, was in newer unsubsidized housing, and was saving to buy her own house. This mother left her ex-partner 3 years ago. She described her first day at CUPS One World, as falling apart, just crying, and how her Family Support Worker took her aside and helped her individually, as the first parenting class was starting. This child's upward trajectory in receptive language scores corresponded with the mother's positive experiences at CUPS One World. This mother said, "I never thought I would come out of the low income bracket."

**Family 14 (Aboriginal).** Three children in this family were in the study. Child 1 (son) was in the top 50<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the bottom 25<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Child 2 (son) was in the top 50<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the top 50<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Child 3 (son) was in the bottom 50<sup>th</sup> percentile of PPVT-III change scores from intake to exit, and the bottom 50<sup>th</sup> percentile of PPVT-III change scores from exit to age 10. Although these children had downward and/or no movement in their PPVT-III change scores, only three of their PPVT-III standard scores were less than one standard deviation below normal, the other six PPVT-III standard scores were above the mean. This family gained subsidized housing when starting at CUPS One World, and the mother was currently a full-time student, continuing to live in subsidized housing. She described teachers that did not like

her children, and the one teacher in particular she could discern that loved her children, and they excelled. Although only one of her children's receptive language scores was on an upward trajectory, they were all positive, and their mother described them as excelling through the influence and care of a particular teacher at CUPS One World. This mother was working toward completion of a graduate degree, and gaining strength to rise above the abysmal circumstances she encountered in residential school, and as the sister of a murdered Aboriginal woman. She recently became an elder, reviving cultural traditions, teaching and participating in traditional dance, and participating in ceremonies.

### **Grounded Theory**

When engaging in data analysis of the preceding 14 mothers' data, coding was an arduous but revealing process. According to Charmaz (2014), pursuing productive codes involved flexibility, and along with conceptualization, could move the data into theoretical categories and analysis. For recent immigrant families, initial codes were focused on ways that CUPS One World had helped them adjust to life in Canada. Due to these differences in the codes, and with guidance from my supervisory committee, I moved recent immigrant families' initial codes out of the analyses, and recoded the interview transcripts of recent immigrant mothers separately from other Canadian-born and Aboriginal mothers. From focused coding of data for recent immigrant mothers, the category of *CUPS Like Family* emerged. CUPS Like Family included the following focused codes: *Standing Beside; Keeping in Touch; Learning to Parent; and Working Hard*.

Through constant comparison of codes for recent immigrant mothers, CUPS Like Family encompassed all other focused codes. Recent immigrant mothers had strong

foundations built through connections with extended family. Conceptualizing theoretical categories for recent immigrant mothers revealed the importance of the perception of family as a theoretical concept, or *Perceptions of Family*.

When completing focused coding for recent immigrant families, I engaged in constant comparison with focused codes in interview transcripts from other Canadian-born and Aboriginal families. *Perceptions of Family* for other Canadian-born and Aboriginal mothers were in contrast with *Perceptions of Family* for recent immigrant mothers. CUPS One World was not *like* family for other Canadian-born and Aboriginal mothers, but stood *in place of* family, providing a safe and stable foundation, or place to start, in order to move forward in life. *CUPS in Place of Family* included the focused codes: *Homeless at First; Safe Childcare; Leaving Abusive Partners; and Getting Involved*.

Three more categories emerged from constant comparison of focused codes in all the interview transcripts, those of *Moving Forward, Achieving Goals, and Completely Different*. *Moving Forward* was linked with *Perceptions of Family*: recent immigrant families with CUPS Like Family were able to move forward more easily than other Canadian-born and Aboriginal families. *Achieving Goals* included the focused codes: *Children Noticed; One-Stop Shop; and Accessing Education*. *Completely Different* included the focused codes: *Strength; Independence; Freedom; Competency; and Connection*.

The core social process, or core category emerging in mother's experiences at CUPS One World was *Pathways to Resiliency*. The first mother interviewed used the term "stepping stones" when describing her experiences at CUPS One World. This mother's use of the word "stepping stones" provided a unique perspective on the

emerging core category, and clearly identified her experiences at CUPS One World. CUPS One World contributed to this mother's courage and strength, allowing her the freedom to leave her abusive partner, as expressed in the following narrative.

[CUPS One World] sort of gave me an eye-opener, I mean over the course of the years, you know, every little bit helps, so it was sort of like a stepping stone, you know, it's like one of the first stepping stones, because I was only working part-time, it gave me the freedom to work, gave me a little bit more self-esteem, helped my son with his self-esteem, helped my son with the learning process, yeah, again, it was just a stepping stone to help me be stronger as an individual, to sort of stand up for what I needed to stand up to, because before that point I wasn't able to stand up that much. (Family # 1)

According to Cambridge Dictionaries Online ([dictionary.cambridge.org](http://dictionary.cambridge.org)), a synonym for pathway is a stepping stone, or "one of a row of large, flat stones on which you can walk in order to cross a stream or river that is not deep; an event or experience that helps you achieve something else." A pathway involves an individual's belief or hope in their capacity to reach a goal, resilience involves an individual's ability to overcome difficulties and obstacles, it includes exposure to risk and abilities to mitigate it (Maholmes, 2014). According to Maholmes (2014), for families living with low income, contributors to resilience include hope, optimism, and competence. Resiliency is a "fundamental human potential which is both enabled and constrained by the social contexts people construct and within which they carry out their daily lives" (Brown & Kulig, 1996, p. 29). The core category, Pathways to Resiliency, was renamed *Stepping Stones to Resiliency* to employ the *in vivo* code identified in the first interview. See Figure 5. See also Appendix F for Core Category, Categories, and Focused Codes.

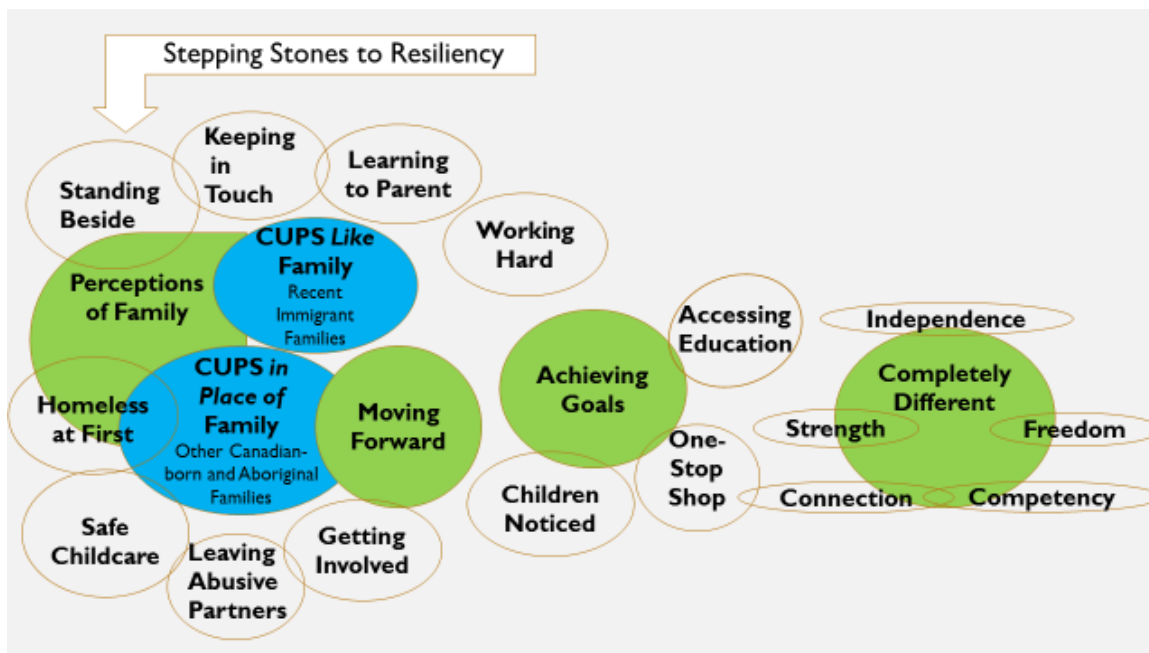


Figure 5. Stepping Stones to Resiliency

### Stepping Stones to Resiliency

Stepping Stones to Resiliency was the core category experienced by families at CUPS One World. Stepping stones indicate opportunity to move from one place to another, in a somewhat precarious fashion, depending on their placement, and on the feeling of security or balance of the one stepping on them. Stepping Stones to Resiliency implies going through difficulties and becoming stronger, it is not a linear process, and many times involves stepping forward and then back, turning around, and sometimes falling off the stones. One mother, who faced seemingly unending cycles of homelessness, mental illness, and addiction in her life, described CUPS One World as moving her forward.

I think that One World was, one of the, probably, one of the best stepping stones in my life. Yeah, it, yeah, it was definitely the one moving me from one to

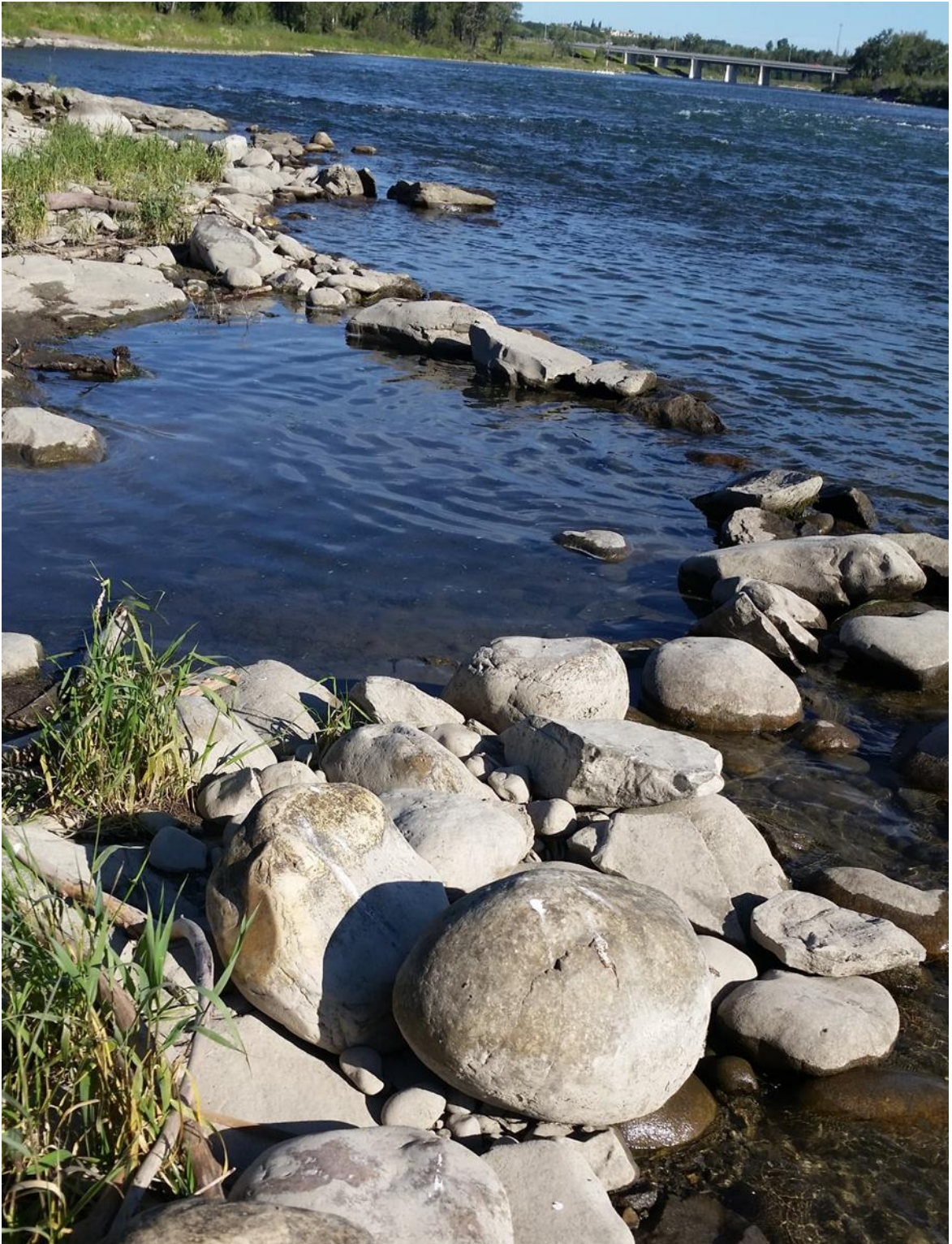
another to another to another. And it was probably one of my favorites. I think fondly of it. (Family # 8)

Another mother described the educational bursaries for post-secondary education as stepping stones, for herself and her children.

Something that has been a stepping stone for me and my children is the ability to have an equal opportunity for Post Secondary education through the generous donation that my sons received. Knowing that their education is paid for has given both my boys and us as parents a vision for home ownership, successful career, and a brighter future. (Family # 12)

While thinking about theoretical concepts of resiliency in the form of pathways, bridges, stepping stones, opportunity, and forward movement, I went for a long walk near my home. On a path near the river, where I have walked regularly for years, I noticed for the first time, and photographed these stones. See Figure 6.

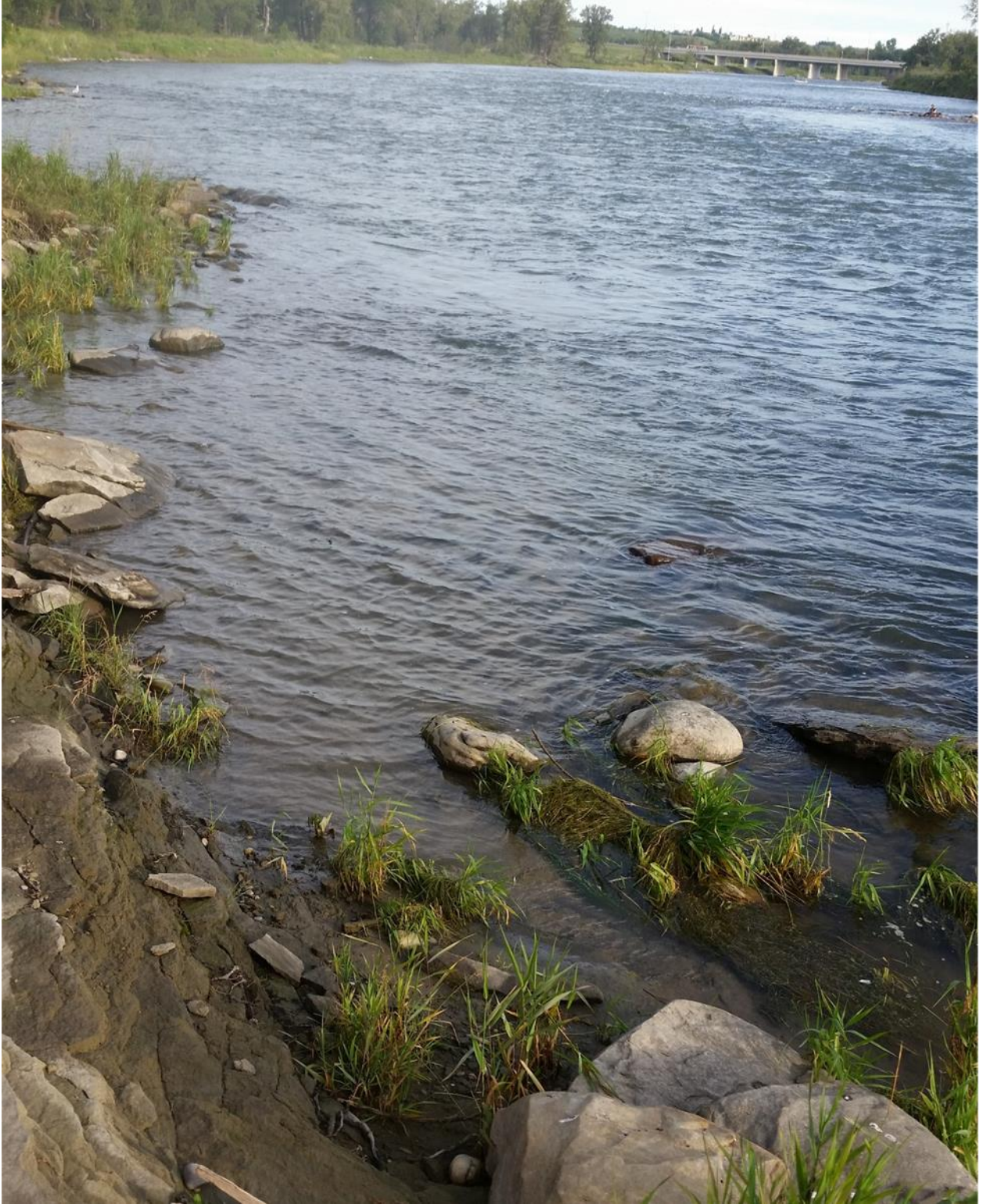




*Figure 6. Stepping Stones*



The day I took the preceding photograph, I stood on the largest stone, in the foreground of the picture, and was not keen to move out onto the rest. Families at CUPS One World may have hesitated in moving forward over the stones, but as they made small advancements, taking small steps, motivation for taking larger steps, or the benefits and advantages of change, may have become clearer. A few weeks later I went back to the same spot, and due to heavy rain and a rising river, only one stepping stone was visible above the water. See Figure 7. In life, when difficulties arise, and deeper water than expected covers the stones, such as intimate partner violence, a stressful life-changing incident, or the death of someone close, it is much more difficult to keep moving forward. At times, the Stepping Stones to Resiliency may be completely covered, and even if progress has been made on the stones, there can be an immobilization. The day I took the second photograph (Figure 7), it was raining and cold, and I was trying to get closer to where the stepping stones had been. I was standing in cold water, and thinking about times in life I had encountered incapacitating circumstances, accompanied by grief and anger, and followed by apprehension regarding the future. In those difficult times, I felt waves flooding over me, making forward movement unbearable. As a person with higher SES than families at CUPS One World, I had at my disposal increased resources (such as a life jacket and/or boat, see upper right of Figure 7) with which to navigate life. If moving forward has at times been unmanageable for me, how much more difficulty exists for families at CUPS One World when the Stepping Stones to Resiliency become covered with water? The core variable, Stepping Stones to Resiliency, encompassed four categories that families at CUPS One World navigated in moving forward: Perceptions of Family; Moving Forward; Achieving Goals; and Completely Different.



*Figure 7. Stepping Stones Under Water*

## **Perceptions of Family**

Perceptions of Family provided an anchor as to how the Stepping Stones to Resiliency were experienced by both recent immigrant, other Canadian-born, and Aboriginal families. Perceptions of Family were deeply personal considerations about the implications of childhood experiences, and a grappling with how and why they were parented or not parented. For some, coming to terms with whether they were cared for or not, and why, involved memories regarding physical, mental, emotional, and spiritual health, and a determination to parent similarly or differently than they were parented. Perceptions of Family for recent immigrant families were CUPS Like Family, Perceptions of Family for other Canadian-born and Aboriginal families were CUPS in Place of Family.

**CUPS like family.** For recent immigrant families, focused codes included in CUPS Like Family were: Standing Beside; Keeping in Touch; Learning to Parent; and Working Hard. For recent immigrant families, Perceptions of Family included stability, hope, and a way to prosper and flourish, providing a foundation, or starting point to navigate the Stepping Stones to Resiliency. Perceptions of Family for recent immigrant mothers and their children meant they could trust, engage actively with, and learn from those at CUPS One World: “If I could say the best thing that happened to me in Canada, I think that would be CUPS” (Family # 2). CUPS One World benefitted not only this family, but also their community, as this mother talked about sharing what she learned, passing on knowledge gained at CUPS One World with other families she comes in contact with through her day home, and in her daily life.

I even have helped a few families that I get to know in my role [day home] cause I knew what to do... I love, and I always want to help people. Yeah! I'm really

happy when I do it, even strangers, if they are needing something, I want to help...Cause it's a way of giving back what you get. And I always am feeling like I get everything from people here, they always like good people, giving me their hands to help me so it's my way to give it back. You know what I mean? I like to be with people and try to help, whatever, I don't care, even taking care of kids, or going with people cause they don't know how to get there, like all the things people did for me once, I am like "okay I have to do it"...I've had a lot of things, good things before, so I don't expect anything back... that makes me very happy.

(Family # 2)

Due to their positive Perceptions of Family, recent immigrant families were able to collaborate and interact comfortably with staff, teachers, and other professionals at CUPS One World. They were free to accept help and advice from those in authority at CUPS One World without viewing it as judgmental, demanding, or with strings attached. In contrast with other Canadian-born and Aboriginal families, recent immigrant families trusted that their extended family had their best interests in mind. For example, Family # 6 left their oldest daughter with her grandmother in their country of origin for one year when they immigrated to Canada.

For recent immigrant mothers, Perceptions of Family meant supportive, healthy relationships, with CUPS Like Family: "They was treating me same, like family. So I have it was new family in Canada, in Calgary, but more I touch my heart when I was really in the problem, and they work it out with me" (Family # 3). Following the interview, I memoed.

This family talked repeatedly about how CUPS One World had contributed to their lives, like a family. After the interview they walked me downstairs to their

day home (where 2 little toddlers were napping with blankets on couches). On the walls, the mother had displayed CUPS One World certificates of her children alongside day home business certificates. (Memo July 27, 2015)

The influence of CUPS One World was not forgotten by this family, it was thought about daily, and was especially significant considering more detailed circumstances identified in the next paragraph, describing how CUPS One World stood beside them throughout a difficult time in their lives. For recent immigrant families, Perceptions of Family meant CUPS Like Family.

*Standing beside.* Standing Beside was not simply a physical presence, but for recent immigrant families, it meant being dependable, available for day-to-day difficulties, and providing concrete help, especially in a crisis. The following information from Family # 3's CUPS One World Family File included details about a crisis they experienced.

This mother experienced political problems and personal danger in her country of origin. The father also had experienced crises during a war in his country of origin, which was not the same as the mother's, therefore, they spoke different languages, communicating through English (not proficiently). The mother finished grade 8, and was a hairstylist in her country, but was working in a coffee shop full-time after coming to Canada, when she fell on the ice and broke her backbone. At the time of the fall, she was 6 months pregnant, with high blood pressure, her son was born prematurely, and she developed post-partum depression. The father and daughter were on their way to pick up the mother and son at the hospital when they were in a car accident and were both injured. Since

the accident, the father has had trouble with his back, affecting his work. (CUPS One World Family # 3 File)

During her interview, this mother talked about the way CUPS One World was Standing Beside.

And that time I don't have nobody, and One World CUPS they was standing beside us like family...The people are good people. I know which time we get problem, there was all the time to help. We would no have a car for grocery or go to doctor, times were very tough. One World CUPS all the time send it with car, or doctor. (Family # 3)

For this recent immigrant family, Standing Beside meant being able to rely on someone, and having a connection with someone who they could call on when circumstances proved too difficult to manage independently.

***Keeping in touch.*** Keeping in Touch meant not being forgotten by those at CUPS One World. For recent immigrant families, far from connection and frequent association with their extended families, being able to keep in touch, and being remembered, was important: "I still, I ask them about, you know, because they have news there and they do, you know, helping people with language, kids, kids stuff, like, yeah so I still see some teachers" (Family # 10). This mother worked long hours in a salon close to CUPS One World, and kept in contact with some of the staff at CUPS One World, as her clients. CUPS One World continued to be counted as a support system for the recent immigrant families, none of which at the time of the interviews, had extended family yet in Canada. More ways of keeping in touch included the CUPS One World Facebook site, invitations to student graduations, reunion parties, and other social events. The importance of keeping in touch was also mentioned by other Canadian-born families.

CUPS is a wonderful program, even when I get stuck to this day, I just, know the people to call there who might be able to give me some advice or point me in some direction, so I still, and I often think, if one of [my] newer kids would go there...then I'd look towards them for that. (Family # 11)

For recent immigrant families at CUPS One World, it was important to have continued contact with a supportive community for support in their lives, and to provide guidance when needed, especially for the complexities of parenting.

*Learning to parent.* Learning to Parent was a role that extended family would have performed if recent immigrant families had remained in their country of origin. For recent immigrant families, some social and cultural norms for parenting in their countries of origin differed from those in Canada. Learning to Parent for recent immigrant families included taking classes and learning about ways of living in Canada. Differing activities and expectations of how to parent in Canada included engaging in safe and fun family activities.

I take first aid, they had like yoga class, they have many, many things like how to manage money, ways to go out, like to use the transit, like they showed me a lot of things for parenting, um, English, they have English too, for people who need it.

They have like cooking classes also, yeah, it was really fun. I think I learned my, the most English that I know down there...They showed me how to grow up.

(Family # 2)

Another recent immigrant mother described the role of CUPS One World in Learning to Parent: "I learn more things how to do with kids, how to discipline with kids. And how to do everything, like for kids what you need to do, what you don't need to do. They was teaching everything" (Family # 10). Learning to Parent included learning about Canadian

society and expectations for maintaining family life. Activities open to the whole family were noted as helpful: “Everyone was with their kids and even dads could come. Yeah, they take you with their kids and show you the way to be around family, that was really good” (Family # 2). Part of the parenting role for recent immigrant families in Canada was providing financially for their families, and they gained knowledge of how to accomplish this from participating in CUPS One World

***Working hard.*** Working Hard, for recent immigrant families, was associated with seeing possibilities, setting goals, learning English, accessing employment, completing goals, and doing things well. One mother talked about realizing the possibility of setting goals and reaching them.

I feel that I need to step up, um, trying to get my life better, cause that was a possibility, and everyone could do it. Cause they were like, um, they were showing everyone a way to get there, to make your goals, right? Like, um, back then it was like, um “maybe I will never be having a house,” and now we own our house, we get it like 4 years ago. It was hard but we saved. Yeah they always were teaching the way to save and how to get your goals. (Family # 2)

The following memo captured some thoughts about this family:

This mother talked about being able to start her day home, so she could stay at home and work and look after her children. She talked about herself and her husband “working hard” to purchase the house they had now owned for 4 years. She talked about learning to exercise at CUPS One World, “it’s my time to keep myself healthy,” smiled throughout the interview, talked about connections with neighbors and friends, and those in her day home. She talked about helping others, her social connections, and fulfillment in passing on what she's learned,



counting it as "giving it back" to others in her community, emphasizing that she didn't expect a return from anyone as she'd already had enough returns in her life from CUPS One World. (Memo July 20, 2015)

Working hard meant movement toward independence.

I stand on my own leg, I learn English. One World is my more strengthful, because of them I have my day home just now. Otherwise, I don't know what to do...So we went very hard time. But now I thanks for God and he send somebody like CUPS family to make help out, and just now we standing on our leg...I stand on my feet, and I help myself. (Family # 3)

Due to positive, strong Perceptions of Family, and CUPS Like Family, recent immigrant families experienced more natural forward movement on the Stepping Stones to Resiliency than other Canadian-born and Aboriginal families.

**CUPS in place of family.** For other Canadian-born and Aboriginal families, focused codes included in CUPS in Place of Family were: Homeless at First; Safe Childcare; Leaving Abusive Partners; and Getting Involved. For other Canadian-born and Aboriginal families, Perceptions of Family were dysfunctional, requiring more sorting out, and a longer stay on the stepping stone, Moving Forward, in order to navigate the Stepping Stones to Resiliency. Parents and grandparents of these mothers and children were incapacitated or absent for multiple reasons such as physical and/or mental illness, addiction (considered throughout this paper as a form of self-treatment), and/or early death. As children, most other Canadian-born and Aboriginal mothers had experienced rejection, abandonment, incompetent parenting, maltreatment, and accompanying hurt, distrust, despair, and degradation. CUPS One World was not *like* family for these mothers, but *took the place* of family.

I felt CUPS was so different than anyplace I had ever been. There was a feeling of family, acceptance and genuine concern and caring for the families. Although I did feel intimidated or afraid to be judged most of the time. I think it was because I felt the need to be on guard for my family. (Family # 12)

For Family # 12, the major physical disability of one of their children, and their struggles coming out of homelessness was noted in their CUPS One World file.

Many other Canadian-born and Aboriginal families had willingly separated from, or chosen to distance themselves in some way, from remaining biological family as a form of self-preservation. Perceptions of Family for other Canadian-born and Aboriginal families led to CUPS One World taking the place of family, rather than being like family. One mother described it this way: "I just felt welcomed...made a support network for myself because I don't really have a big one, like biologically I don't have...there was always somebody there to answer questions or help or support us in whichever way we needed" (Family # 11). Following the interview, I memoed.

This mother now has five children "you know as a teen I was looking for someone to love me." Her own mother died 4 years ago, at age 54, while in the hospital with pneumonia (she was given fentanyl, which interacted with an anti-psychotic, and she died). The day before the interview, she had driven her dad, age 67 (who has moderate to severe Alzheimer's), to her brother's place in a small rural community. Her dad has now been wondering to her brother, "where is the girl that was bringing me cigarettes?" This mother was helping him every day in Calgary, as he is a wanderer, he was found in a park in Calgary in this very hot summer weather. This mother said she can't look after him very well but she wants to, and "he probably has been eating out of cans most of his life." How do

these things get so bad? Again, I think that if you have money, you can access better services and care; it should not be this way in Canada... This mother was raised in foster care all her life so didn't get to know her biological siblings and/or parents until later in life "because my parents couldn't do it... I was raised on the outside of my biological family, therefore, my brother has more say in the care of my dad." I am amazed that even though her biological family didn't raise her, since she has reconnected with them, she's been helping daily with caring for her father. Along with the loss of her own mother, and her struggles with her father, her daughter [age 15 years] had not been home for 3 days, she has called CUPS One World and social services for help, and was advised to call the police. She doesn't want to because she doesn't want her daughter in the foster care system. She has tried texting her daughter's friends but can't get ahold of her. This mother is on stress leave from her job (short-term), I don't know how she's managing with 5 children, struggles with her teenage daughter, her father, and no mother. (Memo August 26, 2015)

With dysfunctional Perceptions of Family, it was difficult for other Canadian-born and Aboriginal families to move out onto the *Stepping Stones to Resiliency*. The first stepping stone was large, like a foundation, to step on, stay for awhile, and feel safe. They were able to take the first step because CUPS One World provided a foundation, in place of family. One mother described her self-awareness, and acceptance of help from CUPS One World.

They were a strong foundation for me, to keep moving forward... They did the best that they could to help me, and I accepted their help, and I think that's why I was so successful cause I was, I knew I needed help. (Family # 13)

In a memo post-interview, I wrote the following.

This mother described her first day at CUPS One World as “falling apart,” and how her family support worker took her aside and helped her individually, as the first parenting class was starting. She talked about getting ideas of how to do things at CUPS One World, but that it was still up to you to work hard in order to get it. This mother said, "I never thought I would come out of the low income bracket." (Memo September 8, 2015)

For other Canadian-born and Aboriginal families, CUPS One World provided the possibility for moving forward on the *Stepping Stones to Resiliency*. CUPS One World provided outstretched hands, when out on the stones, mothers saw the possibility of continued forward movement, and had help getting back on the stones if they had slipped off. With the momentum of putting one foot in front of the other, came forward movement, and less fear as each stone was felt underfoot and then balanced on to reach the next. For other Canadian-born and Aboriginal families, Perceptions of Family meant CUPS in Place of Family.

***Homeless at first.*** Focused codes in CUPS in Place of Family included, Homeless at First: “I was a wreck, I definitely umm, I ... did not have a stable living place, we were homeless basically, like couch surfing, didn’t have really any supports, I was battling my disabilities, and... yeah... so I just never realized, like life was just hard” (Family # 8). I memoed the following after her interview.

This mother has been diagnosed with agoraphobia and borderline personality disorder, and she talked about how she’s doing well, and her psychologist has her down to a minimum of medication. She is taking a course to be a support worker for adults/kids who’ve experienced trauma and are battling addictions. In this

mother's CUPS One World file, it was noted first child had been in foster care for the first 10 months of life. This mother had much life experience in the area of education she was pursuing. Coming out of homelessness was accomplishing more than just obtaining a house for this family. (Memo August 21, 2015)

None of the recent immigrant families were homeless when coming to One World, while the majority of the other families were. One of the mothers described her perspectives on homelessness in Calgary, AB.

My children and I had just, I had three children at the time, and we had just come out of experiencing homelessness, and I'd gotten a job at CUPS, so we were just getting back on our feet, and learning about different programs in the city...CUPS at the time believed in housing first, and [family homeless shelter] at the time didn't believe that at the time...I assumed that all the agencies wanted to help us and get us out of the situation but they didn't. And a lot of agencies benefit – the longer you are homeless, the more money they get for their agencies, and I didn't understand that. (Family # 4)

I memoed following this interview:

This mother was lying awake her first night as a homeless mother. Her daughter was at a sleepover and she had her younger children with her. Lying awake, the gym doors opened, she heard boot-steps of a man coming toward her bed and sat up and said: "what are you doing?"... no one had explained the male/female overnight volunteers. After purchasing her own home, she was an overnight volunteer for the family homeless shelter she stayed at for three months with her children (this is another mother who is coming full circle). Currently, she is in the process of going back to school to be a health care aide, and is applying for the

Lorraine Melchior Bursary through CUPS One World. She asked how much money is available for her child's post-secondary education, and said "Money for education has to be a priority, it will help families move out of cycles of poverty."

(Memo August 4, 2015)

The strenuous, daily struggle of homelessness overpowered all aspects of life for some of the families, excluding them from other pursuits, until success was met. The preceding mother considered her housing unstable until she owned rather than rented her home. This mother had a child welfare file opened for herself as a child, but as a mother, she has not had one opened for any of her five children. Leaving homelessness resulted in a forward trajectory for these mothers, part of which required employment to continue on in stable housing, and a safe place for children to be while mothers worked.

*Safe childcare.* Safe Childcare comprised much more than dropping off a child for babysitting, it meant that the child would be nurtured and cared for in a safe environment: "CUPS ...our safe haven, it was where we went and where we were safe" (Family # 13). This assurance of safety allowed mothers freedom to pursue education and employment in order to achieve a more stable, favourable future for their child than they had experienced as children. One mother described how childcare that CUPS One World provided helped her improve her life circumstances: "As a result of working full time, I was obviously able to make more money... the more money you have, the better life you can achieve" (Family # 4). The implications of Safe Childcare, following a lifetime of obstacles, were substantial. The following mother talked about how difficult it was to expand your boundaries when you are trying to keep stability in an unstable situation.

You don't know, especially if you're overwhelmed with domestic abuse, what do you do? You're already overwhelmed with your personal life, and you're trying to be a parent, you're trying to keep stability in your house, so how do you expand? You're afraid, you know, you're afraid that if you expand your boundaries, then someone's going to come and take your child away, when you're already struggling within your own life to keep the balance, so, again, One World was a safe haven, you know, you didn't have to worry, you know, whenever you were looking for avenues, all you had to do was say something and there was somebody there that was willing to help you find that avenue that you needed.

(Family # 1)

Provision of Safe Childcare opened the door for employment, education, and independence, including decisions to leave abusive relationships.

*Leaving abusive partners.* For many mothers, Leaving Abusive Partners was an ongoing process, as they would continue to reunite (some for years), with their partners, who in most cases were the biological fathers of their children. One mother described the process with much insight.

There was no stability for [daughter], it was a roller-coaster ride for her for years, unfortunately, and I wasn't very strong. I had no inner strength when it came to her dad. And how it is now is, we have stability, there isn't a roller-coaster anymore. I'm emotionally and financially stable and [children] have everything they need and want. I don't need outside support, I do it all on my own, and I've found my inner strength. And I left [ex-partner] and it's the best decision I've ever made in my life. And I honestly don't really look back, I only look forward, and, it's a really good feeling to be able to do it on your own and to not need

anyone else to support you...but at that time I needed that support from CUPS One World, and that's what the difference is, I don't anymore. (Family # 13)

I memoed the following post-interview.

This mother left an abusive relationship 3 years ago, "it took me 7 years, but I did it... there's no drama now, we're safe." He was a crack addict, abusive, and the father of the two girls, who are in grade 2 and grade 8 now. She talked about dating again, and knowing the red flags to look for in a relationship. Her adolescent daughter sat at the table with us after the formal interview, and talked about school, her memories of CUPS One World, and her admiration for what her mother had accomplished. We talked about relationships, her thoughts on her mother dating, her thoughts on herself dating, and we reviewed together the flags of an abusive relationship. How does this mother now work it out for herself, for this new person in her life, and how does she model it for her girls? (Memo September 8, 2015)

Another mother noted similar struggles, gaining strength to finally leave the biological father of her son after repeated attempts.

[CUPS One World] gave me more support, it just sort of educated me and helped my son, and with me not being strong enough to leave his dad at the time, I would, and then he would come back, so it just sort of gave us some stability, and gave us that stability to be able to cope, so it was just sort of a support system for him and I. (Family # 1)

I memoed following this first interview:

This mother talked about needing the strength, tools, money (a job) in order to leave her abusive partner, and how CUPS One World helped with all of that. She



described how every child and parent with low income should have a chance to go to CUPS and how “something gets stronger in your child.” She talked about the difficulty she had in leaving her abusive partner, and how because of it, social services “almost took my child away because they thought it was emotional abuse when I couldn't leave my partner.” She talked about how people at CUPS One World stood by her, validating her mothering abilities. (Memo June 25, 2015)

In contrast, another mother did not disclose any personal details about her life, or how she had experienced CUPS One World, except to say: “[CUPS] was wonderful...I was low income, and life was good...a lot of kids there had a lot of problems, like ADHD, ODD, [son] didn't have any problems, he was just premature” (Family # 5). This mother did not mention leaving her abusive partner, but I memoed the following after her interview.

This mother asked repeatedly about the bursary in order for her daughter to be motivated to stay in school, and that she hopes they don't get the bursary until they're registered in school. This mother described working full-time as a heavy labourer, the heat and squalor in the house were overwhelming. I consciously gathered my thoughts related to the strengths of this family: the mother is employed; has stable housing; food; an engaged family (providing housing for her cousin and baby), her 2-year-old snuggled up between her and I, and her 16-year-old son coming out to say "hello" before heading out; and her pet appeared well-cared for. Working part-way through this CUPS One World file today, I was overwhelmed by documentation of her 16 year-old son's first years. He was born 3 months premature, by cesarean section, and was in the hospital for 4 months. A year after his birth, this mother's ex-partner severely beat him, with a broken

thyroid bone, fractured lower vertebrae, fractured knee, and “liquid on brain.” He was hospitalized for 2.5 weeks. (Memo August 10, 2015)

This interview was atypical from the others in its superficiality, and the documented forms of abuse the most severe. This mother may have had difficulty trusting, and/or wanted to protect herself and her family from dredging up the past, or from thinking too deeply about her current situation. She now had a 2-year-old along with her teenaged children. For many of the mothers at CUPS One World, it was not easy to trust others, especially following experiences of dysfunctional families in childhood, and abusive partners in adulthood. Participating and/or volunteering at CUPS One World, such as bus duty, was a way to gradually begin to feel needed and valued, to trust, and to be trusted.

*Getting involved.* For many mothers, Getting Involved started with bus duty, which was mandatory for mothers and/or caregivers of children attending CUPS One World. Children were picked up at their doors and transported to and from CUPS One World by bus. This mandatory bus duty was not daily, but a schedule was posted, with dates indicated for all mothers and/or caregivers of children attending CUPS One World. Mothers and/or caregivers were also permitted to ride the bus, even when not on bus duty, in order to get to CUPS One World. Some were not pleased with the requirement, such as those working full-time, but for others, it provided a sense of being needed, and for many, evolved into feeling part of a community.

I was pregnant with my third child, I was living in a trailer park in south Calgary and I was just looking for some supports, trying to get life in check, and yeah it wasn't the best. I had a furnace that didn't work, I had like, yeah, it was rough, but we survived...I was feeling nervous initially, I participated in the parenting programs which made me feel more warming after that cause you know, I was a

shy person, but it was a good support group for myself. And then the care that [daughter] received, and [son] later on, my second child was great...I rode [the bus] quite often, because at the beginning I think it was mandatory you be a part of the parenting program, as well as you needed to volunteer as bus mom, you know, eventually I actually drove the bus. (Family # 11)

Another mother described the feeling of community and belonging which occurred for her through participation in classes: “We did a lot of things like cooking classes which were huge group builders...it was an excellent atmosphere, so all of those negative feelings went away and I wanted to be there” (Family # 9). I memoed following this interview.

This mother experienced postpartum depression with her first baby, and talked about how she breastfed throughout her intake interview. At the time, she had two older children, 4 years old and under. All three of her children were in CUPS One World, and she attended all the classes that were available. She liked the social aspect of CUPS One World, and the most fulfilling work for her was the volunteering. She started in the bus, and then took a 10-week course to increase her driver’s license status. She worked in the kitchen, and then completed her food safety certification. She went back to school and completed her Early Childhood level 1 certification in order to work at CUPS One World. She talked about seeing a need, and CUPS One World paying for her training. (Memo August 24, 2015)

For other Canadian-born and Aboriginal families at CUPS One World, CUPS in Place of Family allowed them to move forward.

## **Moving Forward**

Moving Forward was a stepping stone that recent immigrant families were able to lightly step or jump across in a different manner than the other Canadian-born and Aboriginal families, due to their positive Perceptions of Family. When coming to Canada, and to CUPS One World, challenges in Moving Forward for recent immigrant families included adjusting to life in Canada, such as learning English and accessing jobs.

First I got to CUPS I was like excited too, and I was scary too... because I never, don't know how to speak English. And I was just scared how I would talk with people... maybe they will laugh for me, but it was not like that. I was scared for no reason. But there was everybody excellent, like, they helped me lots... First, they ask me what is your goal, and I tell, I don't know what I decide for my goal, because I can't go work outside, I don't know English, and I can't write very well, and I have two kids if I work, so I need to pay for daycare too. So I say I don't know what to do... now all my kids are speaking English... I don't know my husband language, and my husband don't know my language, so we speak at the home same English, but I know five language now. (Family # 3)

Another mother described moving forward in life, and learning how to be a parent in Canada.

I was 18, and I had 2 kids already, well I was 19, and I have 2 kids, and, it was hard, chuckling, um, my husband was the only one working and he don't have a really good job, um, but, yeah, it was fine, I mean they showed me how to grow up. Like not just grow up, like, how do you tell that? Like how to find better jobs, to connect jobs, um, to study, like, they showed me the way to be here in Canada. (Family # 2)

Due to dysfunctional Perceptions of Family, or CUPS in Place of Family, other Canadian-born and Aboriginal families had to access the stepping stone, Moving Forward, in a more purposeful manner than recent immigrant families. When coming to CUPS One World, challenges in Moving Forward for other Canadian-born and Aboriginal families were complex. For Aboriginal families, effects of colonization, such as the residential school system, the “sixties scoop,” and the disproportionate number of FNMI children currently in the foster care system continue to negatively affect families, with no easy solution. The decision to keep Moving Forward did not include leaving extended family behind in another country, it included finding a way to move on when many aspects of life appeared overwhelming.

Another Canadian-born mother described the complexities she experienced in her life as she came to CUPS with one daughter while expecting her second.

Their grandmother worked at CUPS, and her son has an addiction issue to crack cocaine, and there was domestic violence in my home, and, so I was a really young mom, I was 21 only when I had [daughter], and just struggled, with finances, relationship issues... they helped me find a place to live on my own with [daughter] and any issues that came up with [ex] they would support me through, and that was sort of how it started... definitely more than just a preschool, it was a home away from home, and it taught me a lot... So, I mean, if anything, [ex] didn't like it, he didn't like me getting support from other people because he felt like I was being brainwashed against him, so he would try to control it, but you know, I just kept coming back. He did make it difficult at times, but I just kept coming back, I kept moving forward. (Family # 13)

As recent immigrant, other Canadian-born, and Aboriginal families began Moving Forward, they were able to look to the future, plan and dream, and set and achieve goals.

### **Achieving Goals**

Focused codes included in Achieving Goals were: Children Noticed; One-Stop Shop; and Accessing Education. In order to embark on Achieving Goals, mothers had to believe they were valuable enough to set goals, and also believe they were capable of achieving them. With positive Perceptions of Family, and CUPS Like Family, recent immigrant mothers were able to envision and set goals, having observed this in their families of origin. With dysfunctional Perceptions of Family and CUPS in Place of Family, other Canadian-born and Aboriginal mothers encountered more difficulty in envisioning and setting goals, due to a lack of goal achievement modelling in their families of origin. CUPS in Place of Family provided a foundation for them to move ahead onto the stepping stone of Achieving Goals. For one family, the goal of getting clean helped change their view of life, and moved their daughter forward in her world as well.

We were in the process of getting clean...[CUPS One World] gave me the confidence to be around people, being sober and clean, and being involved in [daughter's] day to day life made a difference, in the way I saw life. And the involvement in the summers, you know, we went to the Our Lady Queen of Peace camps, and the Christmas, you know, we accessed all sorts of amazing things that I believe we would not have been able to access...the most important thing is that [daughter], for the first time in her life had something for herself, because she'd never been to daycare, she'd never been babysat by anyone other than family, you

know, because most, if not, in our addictions, we were very closed off and, you know, you don't let kids go somewhere where they might talk or say the wrong thing kind of deal. So it was the first time that [daughter] had, you know, formed her own world and she was really flourishing from it. (Family # 7)

I memoed following the preceding interview.

I am inspired by this mother's potatoes growing in a little plot about 1 foot by 2 feet on one side of her front step, and tomatoes in a similar plot on the other side, and tomatoes growing in a hanging coffee can. It is fortunate, once again, that I decided not to look at the CUPS One World Family Files first, because this mother told me during the interview that her three other children were in foster care, and CUPS One World was for her 4<sup>th</sup> child. As well, she talked about starting CUPS One World about the same time her and her partner came clean, and this week it is their seventh anniversary of being clean. (Memo August 18, 2015)

This mother's positive outlook on life, and determination to achieve goals were exceptional. She demonstrated a peaceful demeanour when describing her other three children, who were living with their biological fathers. Processes of Leaving Abusive Partners and Achieving Goals may have not left mothers with time and/or energy to concentrate on their children, but the kindness of others toward their children was appreciated and remembered still.

**Children noticed.** For mothers who had experienced much neglect and disregard in their own childhoods, having their Children Noticed was especially meaningful: "CUPS has left a positive footprint in a chapter of our lives...specifically the staff and

how [my boys] were treated” (Family # 12). These were the memories of experiences at CUPS One World, from a mother now living on-reserve in an isolated location.

Another mother described the difference between her experiences in residential school and experiences her children had at CUPS One World.

I’ve always been very observant of individuals, I tend to know if your heart isn’t really 100% in it, and especially when it comes to my children, I’m really protective of them, and I, if you love my children, you know, if you are in education for the right reasons and not just for a paycheque, I think, my children will benefit from it, and so I think, at the beginning, there were a lot of young teachers, you know, just starting out, and you know, some of them didn’t love my children so there was that fear of “how are they gonna treat my children when I’m not here?” And you know, they did treat my children not so well on some days, and then there were the ones that really, really treated my children well, you know, they loved them, and, I still remember both of them, the ones that loved them and the ones that didn’t. (Family # 14)

I memoed following the interview.

This mother called to let me know that she was going to be late. We walked to the food court and I bought us lunch. We ate and talked, in my office - her choice of location, I had offered to sit wherever she would like, including the Native Centre at the university. We sat for 2.5 hours, talking, and looking at pictures of her family. The reason she was late was that her brother (in a wheelchair), needed help getting his insurance. Her dream is to get a job and a bigger place, to have a spot to look after him. She talked about struggles raising her boys, especially now that they are in the teenage years, and the importance of the education bursaries



for their post-secondary education. She used the term “Indian Residential School,” and described being in it for 10 years. She expressed discontent and a lack of understanding with some of the personnel at CUPS One World, in particular, experiences of condescension during home visits, experiences of children on display when well-dressed people “funders” walked through the facility, and lateral violence from an Aboriginal staff member. She talked about needing to protect her children, and not being sure how they would be treated when she was not present at CUPS One World. (Memo September 3, 2015)

Aboriginal people in Canada have endured a painful history of colonization attempts, and experienced continued inequities in all areas of society including health, education, and housing. As a researcher, and a community partner with the service provider, CUPS One World, I have much to learn. The positive exchanges these families remembered were those of being treated well and loved by some of the teachers; similar kindness and consideration are valuable first steps with Aboriginal families, and all families who have experienced trauma. All families interviewed mentioned the invaluable access to services all families (even extended family not in the program) were offered at CUPS One World.

**One-stop shop.** One of the mothers used the words “One-Stop Shop” (Family # 4) to describe the convenience and effectiveness of the services at CUPS One World. Another mother described the benefits of accessing professionals for her children: “My kids were benefitting from speech pathology, from seeing like a counsellor, from seeing all these different professionals” (Family # 14). Another mother described the comprehensive support provided through the One-Stop Shop: “Everything we start from like A B C D to Z. There was all support from One World CUPS. Every way, they was

there for us” (Family # 3). Benefits of the One-Stop Shop at CUPS One World were also extended to other family members: “You know, things like accessing the doctor for not just the child in care, in the school, but all the kids in each parent’s care were able to access” (Family # 7). Access to health care was difficult for these families before accessing CUPS One World, due to daily struggles encountered in living with low income, mental illness, and/or addiction. These mothers have not forgotten the advantages CUPS One World provided them with when raising their young children. Interacting with professionals at CUPS One World, and being treated well, spurred some mothers on to pursue further education.

**Accessing education.** Opportunities for Accessing Education came in many forms, including bursaries, provision of childcare, and family support workers who assisted with the application process, which was daunting for some mothers. One described reaching a goal and planning for more education: “There was a bursary... so I was able to become a [health care worker], it’s not my end goal in life but it was part of where I wanted to be...we’re much better than when we first started” (Family # 11). Another mother also accessed a bursary for education, and even though she is a stay-at-home mother at this time (home-schooling her daughter), she has found that the educational process and diploma have been useful in her everyday life.

When I was done with CUPS I had enough, confidence, I guess, I went to college and you know I started that process when [daughter] was in kindergarten. I went and did the entrance exams and all the interviews...especially when you’re a newly clean parent, yeah, so I did it, you know, they helped me. I went for my business administration diploma and I haven’t worked under that, you know, but I

did complete it and it's made a difference I believe...I've used it in other ways.

(Family # 7)

Another mother described the profound effect that Accessing Education has had on her life, and the lives of her children.

Being in school...it's been a constant progression from being, having no clue, to now, 10 years later, knowing that I'm gonna be somebody, like, I never back then, I never ever thought I would be able to be somebody. I thought that I would always be on social services and I was always going to, I didn't think I had the right to be anything else...and being able to educate myself so I can better educate my children, and better them for life. (Family # 8)

I memoed following the preceding interview.

This mother talked about working at many community agencies in Calgary, but was especially looking forward to her practicum in November, and is trying for CUPS One World. "I've come full circle, can you imagine me, working at CUPS?" She described the only place she would not want to work is the Drop- In, "bought the t-shirt, been there, done that." She talked about not wanting to go back to that atmosphere/environment. She described couch-surfing and her experiences being homeless, with her two children, before coming to CUPS One World, and now how she has lived in the same place for 2 years. During our meeting, she had a call from her son, her ex had forgotten to pick him up and drive him home from school, so he walked in the rain. Her sons are now 14 and 15, one son has ODD, and one has ADHD. (Memo August 21, 2015)

Accessing Education substantially changed the day-to-day life and future aspirations for many families. Mothers talked about how different they were from when they first started at CUPS One World, to where they were now.

### **Completely Different**

Focused codes included in Completely Different were: Strength; Independence; Freedom; Competency; and Connection. Many of the mothers described the changes in themselves and their children that occurred as they moved through CUPS One World. The first mother interviewed, who used the *in vivo* term “stepping stones,” also used the *in vivo* term, “completely different” when describing her life after CUPS One World.

I’m a totally different person, I’m not meek, I’m able to stand up for myself, I now run a department, I’m production supervisor, so I have a team of four [people] underneath me, and I also help organize...and work with other departments and keep the goals of the [organization] on course and I look at what they need. So yeah, I’m a completely different person now, from somebody that was trying to you know, stand on their own two feet and now I have a house all by myself and I’ve got two out of three kids done school and I’ve had a foster daughter who’s gone back to school. (Family # 1)

Another mother described a remarkable change in herself, her life, and her outlook on life very eloquently.

I’ve changed my whole way of life since then. I’ve been living in the same place for over 2 years, you know, and you know, I pay my rent every day, every month and you know, I live life, I live life. I work to live life, I work to play, as opposed to work to live...I’m not overwhelmed, because I know how to take care of me

now, as opposed to just living in right now...I can be like, "okay, I'm stressed, but I'm not stressed out, I'm not overwhelmed with life"...I look back and I'm like, I have no idea how I got up every morning, what drove me to get up every morning.

(Family # 8)

Another mother talked about lasting memories and changes in her children.

You would think that my children wouldn't remember that, but they have little portfolios, and they remember the children that they bonded with and they remember what they did and they remember their teacher and they remember that, you know, carefree kind of atmosphere and environment, and so I think it takes them a long ways, because when a child is first born, you are the first teacher for the first five years and it's hard when you have more than one and it's hard when you've never done this before and so I think CUPS helps with that. One World steps in and they, they don't take over, they just assist you with everything...And that's another thing, every holiday they would always make a big effort and we would go in and we would have like, the Christmas dinner in the day, and Santa Claus would come, and each of my children would get a gift. Yeah, so they would have choirs come in from elementary schools or junior high and they would come sing for us for maybe 20 minutes but that was so special for our children, and that's, and you know, you have Christmas and you come back and tell all about it even though it may not be a big Christmas compared to the average kid but that's what our families did. (Family # 9)

CUPS One World contributed to change in mothers, children, and families in tangible and intangible ways. Mothers learned they were capable of parenting and providing for their children.

**Strength.** One mother described the effect of CUPS One World on herself and her children as a strength.

[CUPS One World] was just always my strength in my journey with the girl's dad, whenever there was difficult times, they were there to fall back on and whenever I stumbled I knew I could go to them and they would help me out to get me going back on the right path. (Family # 13)

Another mother described links between strength and self-esteem, and her growth in both as she went through the painful process of leaving her abusive partner, with CUPS One World as a nonjudgmental source of support.

We're all humans and for every different situation, as much as it was an abusive situation, it's not as easy to leave as everybody thinks it is... it's not as easy to say "you know what, I don't want you anymore, go away," when you don't have the self-esteem, then you don't have the strength to stay away. It took a long time, I mean I left him, and then he'd come back again and then back and you know, but every bit of time that he left I grew as an individual, but it was also having that peer support and having somebody that would listen to me and not judge me. (Family # 1)

Another mother emphasized growing together, with implications of becoming more knowledgeable and stronger with time: "CUPS stays beside us to go together, we discover everything, we hold hands and go together, we start from nothing together" (Family # 6). I memoed following the interview:

Although this family was living in the subsidized housing they had obtained through CUPS One World, and the mother was not working outside of the home, they considered themselves fortunate, moving forward from nothing to something.

Initially, the entire family was present for the interview; after the father left for work, I was invited and stayed for tea. They got out the scrapbook/album from CUPS One World and talked about summer outings, volunteering on the bus, adjusting to Canadian life, and friends from CUPS One World they kept in contact with through social media. (Memo August 11, 2015)

Similarly, another mother described the time involved, in order to grow stronger together. One mother experienced confirmation and acknowledgment as a leader: “There was times that they pushed me as a leader for the other moms, just uh, I don’t know, maybe because of my strength and determination” (Family # 11). As mothers became stronger, they discovered new opportunities for and ideas about being independent.

**Independence.** One mother described her new-found ability to work things out for herself: “Whatever barrier is put in front of me, I can either find a way to work around it or go over it...I can work with anything, I can handle anything” (Family # 8). Another described independence gained for herself and her son, noting the significance of this quality as a single mother: “We’re both [son and mom] stronger, more independent people than we were back then...it taught him independence, which, as a single parent has come in handy” (Family # 1). For another mother, independence came in the form of working (with her children in safe childcare at CUPS One World), and having more financial options.

Well, as a result of working full time, I was obviously able to make more money, and I ended up adopting two boys, two teenage boys that came to live with us, but it’s um, we were living in Calgary housing at the time, so it doesn’t really matter how much money you make, your rent is still a little bit cheaper, but it's easier to you know, have a family with three kids plus two extra ones that we adopted, it

was easier to you know, pay for food and pay for everything else you need, clothing and whatnot, school supplies. The more money you have, and the better life you can achieve, and around that time I had signed up for Momentum [Community Economic Development Society], they had money management programs, because I wanted to buy my own house, I didn't want to be homeless ever again, so I was able to attend those night classes, and you know three years later we ended up buying our first house. It's very hard work to save money when you have a houseful of kids, and you don't have very much income, yeah it's very hard. But it's worth it. (Family # 4)

A crucial but difficult task of parenting, was identified by this mother, that of fostering independence in her children.

It's not just the classes that you take where they cover all the bases for your children. It's that that's going to take them hopefully their lifetime, right? So that's the biggest thing I've learned is that all these little things amount to the solid foundation where, because that's what our job is, our job is when we have children that we are going to teach them to eventually be independent and confident, and loving individuals. (Family # 9)

Increased Independence for mothers and their children led to increased opportunities for Freedom, which was linked with self-esteem and competency.

**Freedom.** According to Cambridge Dictionaries Online ([dictionary.cambridge.org](http://dictionary.cambridge.org)), freedom is “the condition or right of being able or allowed to do, say, think, etc., whatever you want to, without being controlled or limited.” Mothers whose children were provided with safe childcare were free from worry about the wellbeing of their children during the hours of care, and subsequently free to access



parenting programs offered at CUPS One World, free to access further education, and free to access employment opportunities. The first mother interviewed emphasized the place of freedom at CUPS One World: “It was freedom from the daily grind...gave me freedom to work, gave me a little bit more self-esteem, helped my son with his self-esteem, helped my son with the learning process” (Family # 1). Another mother talked about how CUPS One World gave her a foundation, to help her leave her abusive partner, and how she now is free, and doesn’t need the support.

[CUPS One World] is the foundation. I don’t go to the food bank anymore, I pay my own rent, I pay my own bills, I’m debt-free, I’m actually just about to buy a home because I’ve saved a down-payment for a home, so, I mean, from what I was to what I am now, it’s a complete change. (Family # 13)

Freedom increased the resolve of mothers, allowing them forward movement in their lives in a competent manner. For some mothers, this Moving Forward included descriptions of lives they did not think they would ever live (such as being a good parent, or coming out of the low-income bracket).

**Competency.** Experiences of mothers at CUPS One World included descriptions of increased competency. Competency in achievements: “That’s what I think CUPS has done the best of, is instilling, or empowering people, to achieve things high above what they ever expected because parenting is the hardest job in the world” (Family # 9). Competency in parenting: “I am really good as a mom” (Family # 2). Competency in working toward goals: “I don’t give up, I don’t just sit back and let life pass me by anymore. Like my oldest [son] told me he’s proud of me, because for the last 6 months, I get up every day, no matter how I’m feeling, and I come to school, and I study every night, and, I show them positivity” (Family # 8). I memoed following this interview:

This mother thought she would always be on “welfare” and didn’t have “the right” to be anything else. Managing her son’s disabilities was “difficult at times, but when I lay my head on my pillow at night I know I’ve done my best.” (Memo August 21, 2015)

Another mother described her competency and determination, her ability to make things better for herself and her family.

I’m determined to buy a home for us, and you know, build something for [daughters] in the future. That’s been my dream to own, and I’m almost there, so, it’s really exciting...they helped me sign up for Momentum, it’s like the savings program, and that was a few years ago, and it was the first time I realized I could save money on my own, and I bought a washer and dryer, a brand new one.

(Family # 13)

Increased Competency contributed to connecting with others and feeling part of a community.

**Connection.** Connection with her circumstances, her treatment plan, and her daughter’s life changed this mother’s view of life: “[CUPS One World] gave me the confidence to be around people, being sober and clean, and being involved in [daughter]’s day to day life made a difference, in the way I saw life” (Family # 7). Connection with other families, and a realization of shared humanness was life-changing for another mother who had been unusually socially isolated on entering CUPS One World.

We’re all people and we all have our own demons and we all struggle and its okay, its okay to have a bad day...the principal at the time, um, he actually came to my house, and had coffee with me, and said “you know what, you’re doing a good job,” and everybody was so understanding, and they didn’t seem to judge

and persecute me for the choices I had made...that was a big part of it I think, is that I felt included in the school...Building friendships and knowing that I wasn't alone, that was a big aspect I think of CUPS, is that they never really did single one family out, it was all "okay, we're here, how do we do this, how do You do this. Let's work with that"... Well, I might have felt kind of just another mom, but my kids never felt that. They were always there to help them, and figure out things to work with them. (Family # 8)

One mother described the broadness and importance of connection expertly.

Parents connect, and with the parenting classes, they see where they fit. You know what I mean? Like uh, for mental health. Name five people that you can talk to personally and you can do it with your children and you trace their hand and say there's my grandma and grandpa, or there's my mom, there's my school, One World, you know, because those families, they see us all the time they see those children for every holiday except the summer sort of thing, but even in the summer we were doing things, so that's, and that's the connect. And if the children see that the parent is involved and you're getting, you're getting education, then you're better equipped, that's what I think. You, you know it doesn't matter that I've done this a thousand times, it's knowing that not only are you on the right track but there's all these other people and we're learning together and you know, great we have a certificate, but you know, we still have that, we can always go back to that and that's what I like too. (Family # 9)

Connection with others in community was much different than the isolation many mothers described as feeling before they entered CUPS One World.

In summary, in this explanatory sequential mixed methods study, a theory of the process of how CUPS One World affected the lives of families who attended there was formed. Identification of intake PPVT-III (receptive language) scores of those who exited the study early, and PPVT-III (receptive language) change scores from intake to exit and exit to age 10 years, informed participant selection (Phase I). Fourteen biological mothers were interviewed regarding their experiences and the experiences of their families as they moved through CUPS One World (Phase II). These 14 mothers shared clear and distinct memories of their families' experiences at CUPS One World. For families at CUPS One World One World, the core category was Stepping Stones to Resiliency. Categories and focused codes included: Perceptions of Family (CUPS Like Family and CUPS in Place of Family); Moving Forward; Achieving Goals (Children Noticed, One-Stop Shop, and Accessing Education); and Completely Different (Strength, Independence, Freedom, Competency, and Connection). Although the categories were described in a linear fashion, the process was not a linear one for families navigating the Stepping Stones to Resiliency. At times missing steps, stopping and stepping back, and/or slipping, and sometimes falling off the Stepping Stones to Resiliency occurred. Sometimes the circumstances of life came flooding in, covering the stones completely, with a need to get back to the first visible stone and wait for the storm and/or flooding to recede. Although backward movement, slipping and/or falling, and waiting for life circumstances to be less overwhelming, occurred for families at CUPS One World, most crucial was their continuing resolve to get back on, and keep moving forward. Stepping Stones to Resiliency identified that experiences at CUPS One World were varied, resulted in forward movement and change, and were not without struggle.

## Chapter Five: Discussion

The purpose of this explanatory sequential mixed methods study was to generate a theory of the process of how CUPS One World affected the lives of families who attended there, including those who made gains in receptive language scores and those who did not. Maternal experiences were explored as the environment for their children's development. Integration between quantitative and qualitative methods occurred in the study design (explanatory sequential) and methods (purposeful participant selection). Although participant selection was based on children's receptive language scores and Bronfenbrenner's bioecological model of human development, the grounded theory that emerged from the data was not focused on either children's receptive language scores, or Bronfenbrenner's model. Bronfenbrenner's bioecological model of human development was essential in understanding the myriad of environmental influences on, and the place of early intervention in, early childhood development. Children's receptive language scores contributed comprehensively to participant selection, and the grounded theory may not have emerged without close attention to both Bronfenbrenner's bioecological model of human development and children's receptive language scores.

Initial thoughts regarding mechanisms of change associated with attendance at CUPS One World were that positive changes in proximal environments could lead to positive progression in children's development. I surmised potential for emergence of a theory that might link children's receptive language to proximal processes to family resiliency. However, proximal processes and changes in children's receptive language scores over time did not become a tangible part of the theory. The theory took on a direction of its own, emerging strongly from the data. In moving forward with discussion of the grounded theory, details of participant selection (children's receptive language

change and baseline scores), and the model underlying the selection process (Bronfenbrenner's bioecological model of human development) remain foundational to it's development, but are not emphasized in the discussion. The discussion will examine Stepping Stones to Resiliency in relation to existing literature.

### **Stepping Stones to Resiliency**

According to Charmaz (2014), a focused code does not have to appear repeatedly in the data to become a category, and the process of analyzing data could result in potent insights, explaining more than was originally in the data. An "exhilarating" (Charmaz, 2014, p. 145) moment of insight occurred when engaging fully with the data, and the core variable, Stepping Stones to Resiliency emerged. Stepping Stones to Resiliency explained more than the data from which it was constructed, but additionally, was supported throughout the data, an important consideration according to Charmaz (2014). Stepping Stones to Resiliency revealed how families moved through difficult circumstances, not on a straight path, or in a stress-free manner, but with a fresh understanding of their capabilities, and of new opportunities through their developing sense of family and community at CUPS One World.

Reasons for individual vulnerability and resiliency are multifaceted; Lewin's early models and Bronfenbrenner's nested systems have been expanded through current research. Environmental influences and gene interactions are linked with physiological reactivity, according to Belsky and Pluess (2013), and are multi-level systems, changing over time. Belsky and Pluess (2013, p. 902) wrote about "diathesis-stress," "differential susceptibility," and "vantage sensitivity" in research on genes and environment. Diathesis-stress indicates vulnerability, or the tendency to respond to adversity in a

negative manner, in contrast to resilience, or the tendency to respond to adversity positively. Differential susceptibility indicates disproportional susceptibility to both negative and positive environments (more likely to be vulnerable in response to negative experiences but also more likely to benefit from positive). Vantage sensitivity, in contrast to vulnerability, indicates the tendency to benefit from positive environmental conditions through vantage sensitivity factors such as physiological, psychological, and genetic traits.

A systematic review of resilience used an interactionist perspective to identify 24 themes regarding resilience throughout the literature (Pangallo, Zibarras, Lewis, & Flaxman, 2015). Resilience was described as encountering substantial stress, and having personal and environmental resources to adapt positively to the stress in relation to the developmental stage of life (Pangallo et al., 2015). Pangallo et al. (2015) also described resilience as temporal, with positive adaptation changing according to the circumstances encountered and the stage of life of the one encountering adversity. Internal resources for resilience were described as: (a) adaptability (flexibility, acceptance, and openness); (b) self-efficacy (positive self esteem); (c) active coping (acceptance); (d) positive emotions (optimism, and hope); (e) mastery (internal locus of control, and resourcefulness); and (f) hardiness (commitment, control, challenge). External resources for resilience were described as: (a) supportive relationships (social competence, and family coherence); and (b) structured environment (planning, and organizing). Pangallo et al. (2015) noted the absence of: (a) socio-contextual and demographic predictors of resilience throughout the literature; and (b) definitions of adversity and positive adaptations. *Stepping Stones to Resiliency* identifies a combination of socio-contextual contributors to resiliency in a low-income sample, and includes multiple descriptions of adversity and adaptation.

## **Perceptions of Family**

According to Bronfenbrenner and Evans (2000), a measure of healthy societal functioning was how one generation cared for the succeeding one; ideally, every adult responsible for the care of a child would require another involved adult to encourage and assist. For recent immigrant families, extended family conferred meanings of caring, trust, dependability, and stability, and the presence of extended family in Canada was deeply missed. Further expansion to Bronfenbrenner's bioecological model of human development occurred with Belsky (1980), who proposed the addition of one more nested system, the ontogenic, adding risk or protective factors for the child, including parental history in childhood, knowledge of parenting, personality, and psychopathology. Belsky (1980) described intergenerational risks for child abuse and neglect, yet cautioned that maltreatment could occur in families with a history of maltreatment and social isolation as well as those families without a similar history.

Many of the other Canadian-born and Aboriginal mothers had experienced homelessness and foster care as children, resulting in determination not to have their children in similar situations. Some of their experiences of neglect and rejection as children were reflected in the results of an ethnographic study (Barker, 2012), describing the lack of social capital for homeless youth in families with chaotic atmospheres. According to Barker (2012) social capital required: (a) relationships with people in a social network; (b) people in the social network having economic, cultural, and/or social capital themselves; and (c) existence of conditions such as trust, obligation, and reciprocity. Social capital is based in family life, and absence of social capital in families of origin led to increased self-reliance, decreased reciprocity, lack of hope, feelings of being let down, and disappointment, feeling both love and hate for their extended



families, wishing that things could be different, and picturing an ideal family (Barker, 2012). One of the mothers from CUPS One World described being hungry as a child, and repeatedly finding a belt tied around her fridge door so she couldn't open it. In her family of origin, social capital did not exist, but she currently worked daily to provide it for her own children. This mother also acted on her observations of neglect and abuse of two teenagers, and moved forward with her values, taking in and later adopting them. According to Offer (2012), reciprocity is an enormously difficult undertaking for families living with low income. This mother's reciprocity and fortitude, along with her intimate knowledge of the social services system, made a tangible difference in the lives of those children.

A classical grounded theory with seven vulnerable families and their extended family members ( $N = 15$ ) in the UK (Morris, 2013), identified large gaps in how professionals assessed their family functioning, their own perceptions of who their family included (extended members), and how their family functioned. At CUPS One World, most Aboriginal and other Canadian-born families were cautious in their initial encounters with professionals, taking time to open up about circumstances in their families, and learning to develop trusting relationships over time. Many mothers expressed a desire to get to know their biological families better and/or to reconnect with families they had not known as children, although this process was not without apprehension. A longitudinal study examining change in perceptions of 821 low to high income families in the US, found increased attachment to families of origin over time, particularly an increasing responsibility for the well-being of their family (Tsai, Telzer, & Fuligni, 2013).

Many other Canadian-born and Aboriginal mothers described difficulties they were encountering in their lives when they came to CUPS One World, and although the challenges were evident to them, they frequently did not know what to do about them. Some did not know how to help themselves or did not count themselves as capable of change; others did know, but lacked the social, familial, and financial resources in order to do so. Effects of family and the social environment on development in future generations was linked with Bronfenbrenner's bioecological model of human development. Throughout the research process, I frequently wondered about the mothers, grandmothers, and great-grandmothers of the mothers at CUPS One World. What were they like, and where were they when their grandchildren were being taken into foster care, and/or being maltreated? Repeated questions emerged throughout the research about apparent cycles of non-involvement, or harmful involvement, and about how these cycles could be broken or changed, cycling upward and thriving instead of downward. Bronfenbrenner (1999) described reciprocal proximal processes occurring in children's immediate environment such as mother's continued responsiveness, and regular, ongoing, parent-child interactions as powerful predictors of developmental outcomes; no matter what their family's income.

For many mothers, recurrent life difficulties became normal, generational bonds may not have formed, and they were not gaining any family privileges that Mannheim (1952) described as part of the social process of generations. It seemed to me, in contrast, that these mothers were acquiring the difficulties passed on through their families, without gaining the privileges. In relation to the generations process, few of these mothers talked about healthy relationships with their biological families, instead they talked about missing cultural knowledge, and the absence of biological family. What

seemed common was a lack of connection, a lack of family bonding, and a lack of positive generational influence. Although some may have felt valued by other social connections, such as church or community agencies, allowing for some rejuvenation, for others, cycling in downward spirals and experiences of not thriving existed. Generations are also the way each generation participates in a partial section of history, and cultural knowledge is passed on (Mannheim, 1952). For mothers at CUPS One World, these processes were frequently negative, and although the process of generations allowed rejuvenation for some (such as recent immigrant families) for most, there existed cycles of instability and not thriving.

Cooley (1926) described early social interaction between children and parents as similar to the game of tennis, with the essential place of returning the ball back and forth across the net, in reciprocal responses which teach us to feel more human-like throughout life. For many of the mothers at CUPS One World, there was no one on the other side of the net. It has become apparent to me that some, including myself, have been allocated more options than others for moving forward in life. I was left with many questions concerning how to even out these inequities, and how to interrupt intergenerational cycles of dysfunction. Perceptions of Family, however, provided an underpinning for how families at CUPS One World were able to move across the Stepping Stones to Resiliency.

### **CUPS Like Family (Recent Immigrant Families)**

Throughout the coding process, unique Perceptions of Family emerged from the data of recent immigrants, a sense of trust in viewing CUPS Like Family. For recent immigrant families at CUPS One World, encounters with teachers and family support workers were positive and supportive, they described feeling understood, cared for, and

listened to. An analysis of two national surveys reported nearly half (48%) of recent immigrants in Canada had an increased level of generalized trust, or the belief that most people can be trusted, compared with 38% of the general population; for recent immigrants, this trust positively affected integration into Canadian society (Bilodeau & White, 2016). Recent immigrant mothers at CUPS One World were able to trust teachers, family support workers, and other professionals caring for themselves and their children, due to their perceptions of CUPS Like Family. A Canadian study with recent immigrant women (Rashid & Gregory, 2014) identified pre-immigration experiences of strong family bonds, with loss and loneliness post-immigration.

Settling in to life in Canada was not an easy transition for recent immigrant families at CUPS One World. Many talked about missing family, learning English, and how CUPS One World helped them with the process of feeling more at home in Canada. Kazemipur and Nakhaie (2014) used data from the Longitudinal Survey of Immigrants to Canada ( $N = 7,700$ ), and identified integration into Canadian society as a dynamic process at 6 months, 2 years, and 4 years after arrival. The most important adjustments (in order of importance) after 4 years in Canada were: (a) financial constraints and finding an adequate job; (b) learning English and missing social/family support; (c) lack of social interaction and experiences of racism or discrimination; (d) professional guidance and recognition of credentials; (e) adapting to a new culture; (f) availability of childcare; (g) finding quality housing; and (h) accessing training and education (Kazemipur & Nakhaie, 2014). The preceding adjustments were noted by recent immigrant families at CUPS One World as they described adapting to their new lives in Canada. For recent immigrant families, CUPS Like Family included the focused codes of: Standing Beside; Keeping in Touch; Learning to Parent; and Working Hard.

**Standing beside.** For recent immigrant families, Standing Beside meant having someone to depend on, available if needed for day-to-day difficulties, and able to provide concrete help when needed. A mixed methods study using data from 1,909 recent immigrants from the 2009-2010 Canadian Community Health Survey, identified higher social support as positively associated with higher self-reported mental health; lower social support levels were significantly associated with lower self-reported mental health (Chadwick & Collins, 2015). Tangible social support was more frequently provided in smaller urban settings than larger, through immigration agencies, and for recent immigrants included meal provision, doctor's appointment accompaniment, and/or care during illness or crisis (Chadwick & Collins, 2015). Support from agencies helped with stressful circumstances for recent immigrant families in Canada, especially when extended family members remained in their country of origin (Chadwick & Collins, 2015).

A scoping review of Canadian literature (Guruge, Thomson, George, & Chaze, 2015) on social support and mental health in recent immigrant women, identified both a protective and inappropriate role of social support, defined as connection with others and knowledge that support is there if needed. Social support helped with the challenges of settlement, and resulted in improved mental health; in contrast, relatives or friends who minimized abusive relationships, or discouraged women from seeking help, interfered with their health, increasing social conflict and stress (Guruge et al., 2015). Along with social support received through the Standing Beside of CUPS One World, recent immigrant families described these relationships as ongoing, even when their children transitioned to the public school system. Families knew there was a familiar physical space at CUPS One World, and familiar people to visit or call if needed.

**Keeping in touch.** For recent immigrant families, Keeping in Touch meant not being forgotten, being connected, and knowing someone. Using data from the 2009-2010 Canadian Community Health Survey, there was an association between social support and connection for recent immigrants in Canada; recent immigrants who did not feel valued and/or confident that they were cared for, had the poorest protection for mental disorders. (Puyat, 2013). Canadians with low levels of social support had higher risk of self-reported mental disorders, and this association was strongest in recent immigrants (Puyat, 2013). Canadians with high levels of social support had lower risk of self-reported mental disorders, and this association was stronger among long-term immigrants, defined as those who had lived in Canada for more than 10 years (Puyat, 2013).

Although not classified as refugees, half of the immigrant families I interviewed had left their countries of origin under duress, which could increase their risk for mental health challenges. Many refugee families in Canada have experienced the atrocities of war, separation from family, harsh living conditions, poor nutrition, increased infectious diseases, and other stressful circumstances in their countries of origin (Measham et al., 2014). For recent immigrant families, connection was ongoing with CUPS One World through Facebook, graduation and reunion parties, summer camps, and an open invitation to stop by and/or call anytime. Keeping in Touch meant there was always someone who remembered them and cared about them as they moved forward in their new life as parents in Canada.

**Learning to parent.** For recent immigrant families, Learning to Parent would have occurred with the guidance of extended family in their countries of origin. None of the recent immigrant families in the study had so far been successful in bringing members of their extended families to Canada. In another study, meanings of home for Sudanese

refugees included extended family and social relations, for emotional support, helping solve problems and resolve issues; in Canada, home was marked by an absence of support from extended family (Simich, Este, & Hamilton, 2010). While they were thankful to be in Canada, the immigrant mothers in this study saw a chance for their children to have a better future. Using the New Canadian Children and Youth Study Oxman-Martinez et al. (2012) described recent immigrant children as feeling increased social isolation with more discrimination, the more recently they had immigrated to Canada. The occurrence of role reversal, especially when children learned English more quickly than their parents, can result in a lack of communication and conflict with parents regarding parental authority and cultural freedom in Canada (Hynie, Guruge, & Shakya, 2013). Petosic et al. (2015) outlined connections between increased stress, and economic and cultural pressures, that contributed to intergenerational violence between parents and children in recent immigrant families in Canada. While missing their extended family, recent immigrant mothers were learning to parent with guidance and support from CUPS One World, learning about family activities, discipline, and budgeting. The social isolation of their children was also decreased; therefore, the program may have unintended benefits, such as, reduction of stress, intergenerational conflict, and family violence. Recent immigrant families talked about leaving their extended family, coming to Canada to make a better life for their children, and understanding it would involve a lot of hard work.

**Working hard.** For recent immigrant families, working hard meant seeing possibilities, setting goals, and accessing employment. Canadians at the low end of the employment scale including recent immigrants, and single mothers, have been most affected by the recent economic downturn (Ruckert & Labonté, 2014). Deepening inequities such as employment insecurity have been identified as chronic stressors

affecting health; early intervention and learning, affordable housing, and better social protection could lead to more equitable distribution within Canadian society (Ruckert & Labonté, 2014). According to Dietz, Joshi, Esses, Hamilton, and Gabarrot (2015), skill discrimination in Canada could prevent recent immigrants from obtaining employment due to devaluing of education and work experience, and perceptions of threat, or the recent immigrant taking a job from a Canadian-born applicant, potentially triggering bias in hiring practices. Lack of employment in an area of expertise was problematic and not uncommon among the recent immigrant families at CUPS One World.

An analysis using data from the Canadian Community Health Survey (Subedi & Rosenberg, 2014) identified that self-reported health of recent immigrants in Canada declined with increased length of time in Canada; 7% of recent immigrants (less than 10 years in Canada), and 17% of immigrants (more than 10 years in Canada) reported poor health. A study using Canada's Longitudinal Survey of Immigrants to Canada (Simone & Newbold, 2014) identified that owning a home, having very good self-reported health, and not living in crowded conditions were essential aspects of satisfaction for recent immigrants. The recent immigrant mothers interviewed for this study were progressing toward the preceding aspects of satisfaction with life in Canada. Working Hard included movement toward home ownership, stable employment, and maintenance of good health.

### **CUPS in Place of Family (Other Canadian-born and Aboriginal families)**

Perceptions of Family for other Canadian-born and Aboriginal families were of chaos and dysfunction, therefore, CUPS was not like family, but stood in place of family. For other Canadian-born and Aboriginal families at CUPS One World, learning to trust teachers and family support workers was a more gradual process than for recent



immigrant families. Repeated disappointment, abandonment, and inept role-modeling from biological family, and intolerable circumstances in foster homes and residential schools resulted in more difficulty developing trust and moving forward on the Stepping Stones to Resiliency. A qualitative study (Gazso & McDaniel, 2015) examined the place of biological family and non-kin family by choice in Canadian families living with low income. For many families, it was the sharing of experiences such as managing difficult financial situations, and exchanging emotional support in managing addiction that defined who their family was (Gazso & McDaniel, 2015). When biological family did not provide emotional or physical support, because of addiction or other family dynamics, such as “parenting my parent” (Gazso & McDaniel, 2015, p. 385), families living with low income, such as those at CUPS One World, formed reciprocally beneficial bonds, viewing people other than kin as family.

At CUPS One World, other Canadian-born and Aboriginal families described opportunities to create their own supportive social networks. They gradually provided support for each other, gaining strength and encouragement throughout the process from teachers and family support workers, especially in areas where they perceived their own families had failed them. For these families, engagement with each other was similar to “generationing” (Gazso & McDaniel, 2015, p. 375), described as the process of how people enact with those they define as family, such as sharing food as sisters, providing caring and emotional support as mothering, or cooking as grandmothing, regardless of biological ties or age. Other Canadian-born and Aboriginal families felt welcomed, cared for, respected, and listened to by those they engaged with at CUPS One World; therefore, the relationship building aspects of the program are equally as important as the instructional pieces. For other Canadian-born and Aboriginal families, CUPS in Place of

Family included the focused codes of: Homeless at First; Safe Childcare; Leaving Abusive Partners; and Getting Involved.

**Homeless at first.** For other Canadian-born and Aboriginal families, Homeless at First meant staying at a family homeless shelter, couch-surfing, and/or living in unsuitable housing conditions, such as a trailer without a furnace. A participatory research study in Calgary, AB (Fotheringham, Walsh, & Burrowes, 2014), explored women's movements from transitional to permanent (subsidized) housing. Complex circumstances surrounded their entry into homelessness including addiction, poverty, violence, and childhood trauma (Fotheringham et al., 2014). Although gaining permanent housing increased privacy, independence, safety, and stability, it resulted in decreased advantages of living in community, such as 24-hour access to supportive counsellors and peers (Fotheringham et al., 2014). Many of the other Canadian-born and Aboriginal mothers at CUPS One World had experienced homelessness as children, and again as mothers; with lack of supportive extended family, and a job loss or illness, homelessness was inevitable. In a review of US literature on homelessness in children and families over the past 25 years, Grant, Gracy, Goldsmith, Shapiro, and Redlener (2013) identified precursors to homelessness including: (a) failure to sustain living with extended family or friends; (b) residential instability; (c) mental illness; (d) domestic violence; (e) lack of affordable child care; and (f) loss of work. Homelessness was linked with intimate partner violence and maternal depression, and these multiple stressors had cumulative effects on children's physical and behavioral health (Grant et al., 2013).

CUPS One World worked alongside families to find subsidized housing, which some of the families still resided in at the time of the interviews. For other families, it was important to work toward home ownership, and some had achieved homes of their

own when interviewed. In a study with 41 low-income women in Canada experiencing intimate partner violence, links existed between housing instability and poor health (Daoud et al. (2016)). Housing instability was linked with: (a) psychological effects (feeling unsafe, decreased self-esteem, decreased self-confidence and control, child maltreatment); (b) physical effects (eviction, inability to pay rent, landlord discrimination); (c) social effects (job loss, leaving educational opportunities, loss of social networks); and (d) poor self-care. Daoud et al. (2016) noted that poor self-care (high stress, unhealthy behaviors, and substance abuse) occurred for women especially when in a period of residing again with the abusive partner, in a shelter or transitional housing, contributing to the onset of and/or increased health problems. Moving out of homelessness was a major step for other Canadian-born and Aboriginal families as they moved forward, and accessibility to childcare was central to stabilization of housing.

**Safe childcare.** For other Canadian-born and Aboriginal families, Safe Childcare meant provision of nurturing and care, so mothers could focus on accessing further education, and finding employment, working toward more stable futures for themselves than they experienced as children. Macdonald and Friendly (2014) reported that quality affordable child care was not a reality for many families in Calgary, AB with median preschool fees above \$1,000.00 per month; a single working mother would spend approximately 26% of her income on childcare, an amount comparable to a mortgage. As an intensive, early intervention preschool program, CUPS One World provided considerably more than Safe Childcare, and mothers recalled how these unintended benefits positively impacted their lives. In a qualitative study, using data from five mixed methods studies with 300 low-income mothers and 47 employers in the US (Dodson, 2013), major conflict existed between mothers and employers regarding flexibility in

scheduling for the care of children, especially those with special health and education needs (perceived by employers as the mother's fault due to unhealthy lifestyles). Dodson (2013) concluded that in the US, low-income single mothers: (a) cannot make a living; (b) cannot afford quality childcare; and (c) have been stigmatized to not be worthy of having children. Some of the mothers at CUPS One World experienced similar stigmatization in their lives before coming to CUPS One World, making it difficult to move forward in life.

A US study examining the relationship between maternal stress, maternal-child interaction, and child health outcomes (Clowtis, Kang, Padhye, Rozmus, & Barratt, 2016) identified that for children in families living with low SES, greater maternal stress was associated with decreased maternal-child interactions and decreased physical, emotional, and social health of children. For children living in stressful and/or chaotic households, similar to many of the families at CUPS One World, there were additional benefits of spending time in Safe Childcare. In a sample of 1,232 US children in childcare (Berry et al., 2014), those in low-risk home environments (low noise, routine) had higher salivary cortisol levels following childcare, while those in high-risk home environments (high noise, chaotic) had lower salivary cortisol levels following childcare (saliva collected at home by data collectors at 7 and 48 months). Safe Childcare had countless benefits for families at CUPS One World; for some mothers, seeing their children prosper in a stable environment enabled their escape from abusive partners.

**Leaving abusive partners.** For other Canadian-born and Aboriginal families, Leaving Abusive Partners meant gaining stability, safety, and increased wellbeing for themselves and their children. According to the World Health Organization, there exist complex links between exposure to intimate partner violence, acute and chronic stress,

and physiological and psychological health globally (García-Moreno, 2013). Leaving Abusive Partners were not uncomplicated, one-step processes, in contrast, they occurred in repeated cycles of partners coming back; for one of the mothers at CUPS One World, the process of leaving occurred over 7 years. These extended processes were outlined in a classical grounded theory with 14 rural Canadian women (Wuest & Merritt-Gray, 1999) as multiple steps to reclaiming self. Mothers at CUPS One World who were able to leave abusive partners were provided with a broad range of support including: (a) strategies for successfully leaving; (b) provision of trusting relationships; (c) employment at CUPS One World along with safe childcare; (d) emotional support, knowing they weren't alone; and (e) physical support such as subsidized health care and housing.

For mothers at CUPS One World, supportive professionals were available to assist with managing multiple health challenges. Similarly, a systematic review of studies from developed and developing countries (Dillon, Hussain, Loxton, & Rahman, 2013) identified intimate partner violence as associated with: (a) depression; (b) post-traumatic stress disorder; (c) anxiety; (d) self-harm; (e) sleep disorders; (f) poor functional health including chronic disorders and pain; (g) gynaecological problems; and (h) increased risk of sexually transmitted infections. A systematic review and meta-analysis of longitudinal studies performed globally (Devries et al., 2013) identified women experiencing intimate partner violence were at risk of depression and suicide attempts, conversely, women with depression were at risk of experiencing intimate partner violence. Mothers at CUPS One World experiencing intimate partner violence received multifaceted support. They were encouraged to volunteer and then frequently gained employment at CUPS One World. A survey of 8,429 people in the Canadian workforce (78% female), reported those who had experienced intimate partner violence at any time in their lives self-reported significantly

lower health (mental and physical) and quality of life, but those who were working had significantly better quality of life than those not working (Wathen, MacGregor, & MacQuarrie, 2016). A study of 69 US women following intimate partner violence described “engagement” and “disengagement” coping (Iverson et al., 2013, p. 103): (a) engagement coping referred to strategies such as problem-solving, cognitive therapy, expression of emotions, and social support; and (b) disengagement coping included passive efforts such as problem avoidance, self-criticism, and withdrawing socially. A supportive environment, awareness of the potential for unexpected and/or unusual behaviours of women trying to escape an abusive partner, and opportunities for engaging in beneficial coping strategies, may facilitate successful occurrence of Leaving Abusive Partners.

CUPS One World provided more than screening for mothers Leaving Abusive Partners. A Cochrane systematic review and meta-analysis (O’Doherty et al., 2014) identified that screening for intimate partner violence in health care settings likely increased identification of intimate partner violence, but did not result in effective referrals or improved outcomes. CUPS One World facilitated the process of Leaving Abusive Partners, which took courage, strength, determination, and willpower. For mothers who made the choice to leave, there was ongoing, long-term support. Possessing physical, mental, emotional, and spiritual fortitude, along with knowing the warning signs and moving with decisiveness was demonstrated recently by one of the mothers from CUPS One World who, since her interview, announced on social media she had recently asked another abusive partner to exit her household. When entering CUPS One World, this mother was homeless, accessed subsidized housing, volunteered at CUPS One World, furthered her education, worked at CUPS One World, and then at other employment,

purchased her own home, and raised her children as a single mother. Many of the mothers interviewed discussed how they learned at CUPS One World, that they were capable and strong, and could leave abusive relationships and get involved in other healthier pursuits as part of a healthy community.

**Getting involved.** For other Canadian-born and Aboriginal families, Getting Involved meant feeling valued and needed, as part of a community at CUPS One World. For some mothers, getting involved was simply reading to their own or other children at CUPS One World; one mother noted that if some of the mothers had difficulty reading, simply pointing to pictures and saying words also worked. In 2,581 low-income mothers in the US (Raikes et al., 2006), daily reading significantly increased children's language and cognitive outcomes at 36 months. Volunteering to read at CUPS One World provided opportunities for involvement in worthwhile activities with their children. When mothers at CUPS One World performed their volunteer service on the bus, they took on new responsibilities in assisting preschoolers and the bus driver. For some mothers, volunteering for bus duty led to upgrading their driving skills and gaining certification for driving the bus; several of the mothers I interviewed had driven the bus for CUPS One World. Mothers could also ride the bus free-of-charge, to get back and forth to CUPS One World with their children. Whether volunteering or not, mothers were encouraged and welcomed to be there with their children as much as they were able. For other mothers, volunteering in the kitchen led to completion of food safety certification and more permanent aide positions, and volunteering in the classroom led to completion of early childhood certification. A qualitative study in the US, with nine mothers and three grandmothers living in poverty and raising children (Broussard, Joseph, &

Thompson, 2012) identified social support, owning a pet, and volunteering, as healthy coping strategies to deal with stress.

Volunteering at CUPS One World was a bridge for many to employment at CUPS One World, and also opened up opportunities for mothers to access education and employment beyond CUPS One World. A US study with 234 families living in subsidized housing, identified that social support within a community increased social support in the external community, and that external community support led to better access to health and employment resources (Distelberg & Taylor, 2015). One mother at CUPS One World talked about how volunteering helped her with postpartum depression, as she developed social support and community, and described wanting to be at CUPS One World. She continued volunteering at CUPS One World even after being hired as an employee, continuing to help cook, set up and run summer camps, and help in the school as needed. This mother completed the food safety course, as well as her early childhood certification, and was determined to help in whatever way she could. Dennis (2013) performed a randomized controlled trial in Canada with 121 peer volunteers (all had experienced postpartum depression) and 700 women at high risk of postpartum depression; peer volunteers identified growth as individuals through volunteering, increased interpersonal and communication skills, and increased knowledge. Several of the other Canadian-born mothers who had been through CUPS One World with their children, continued volunteering for years, providing support and working with families as a peer, giving them increased motivation as they role-modeled Moving Forward in their lives.



## **Moving Forward**

For recent immigrant families, Moving Forward meant adjusting to life in Canada without the support of extended family, learning to speak English, and accessing employment. Adjusting to life in Canada included being accompanied to doctor's appointments and/or hospital when ill, and provided with groceries and ongoing support when needed to assist in the healing process. When health challenges such as illness or accidental injury occurred for recent immigrant families, their experiences of support and care from those at CUPS One World mirrored those which extended family would have provided if nearby. A scoping review by Kalich, Heinemann, and Ghahari (2016) of quantitative and qualitative studies identified barriers including language, navigation of services, and cultural differences for recent immigrants accessing health care in Canada. Recent immigrant mothers described the place of CUPS One World in helping them learn English, and subsequently access employment. Using the Canada Community Health Survey national data, Beiser and Hou (2014) identified that recent immigrants were less likely to be working than native-born Canadians, and established immigrants were more likely to be working than native-born Canadians. Recent immigrants were more likely to obtain employment during their first 200 days in Canada, following which time, the likelihood of finding employment decreased considerably; there was a positive relationship between previous experience and gaining employment (Frank, 2013).

For other Canadian-born and Aboriginal families, Moving Forward meant taking risks and engaging in vulnerability with others, perceiving CUPS in Place of Family, and learning to trust that others around them at CUPS One World had their wellbeing in mind. Most had been profoundly disappointed by experiences with extended family and others around them, including parents and/or abusive partners, who were living with mindsets of

survival and self-medicating with substances, rather than contributing to the wellbeing of their families. Using the National Population Health Survey, Langlois and Garner (2013) compared trajectories of health over 16 years in a sample of 14,403 Canadians who experienced parental addiction in their childhood with those who did not. Adults who experienced parental addiction in childhood had an increased likelihood of also experiencing physical abuse in childhood, parental comorbidities, and a negative family environment (Langlois & Garner, 2013). Psychological distress was higher across the life course for adults who had lived with parental addiction than those who had not, and even though psychological distress decreased with age, for those who experienced parental addiction as children, it persisted to over age 70 (Langlois & Garner, 2013).

Although most CUPS One World Family Files for these 14 families contained documentation of addiction, only some of the families interviewed spoke directly about it, and it was not a question in the interview guide. Those who did speak about addiction identified CUPS One World as instrumental in their recovery and resolve, to make things different for their own children than they had experienced. According to Taplin, Saddichha, Li, and Krausz (2014), in a study with 87 Canadian adults who inject drugs (14.9% Aboriginal), all types of childhood trauma, including a family history of substance use, were significantly associated with an earlier age of first drug injection. Experiences of emotional and physical neglect were most strongly correlated with earlier age of drug injection (Taplin et al., 2014). Maternal alcohol abuse was strongly associated with physical neglect, emotional abuse, and sexual abuse; maternal drug abuse was associated with physical neglect, emotional abuse, and sexual abuse; and alcohol abuse by maternal relatives (including grandparents, aunts, or uncles) was significantly associated with childhood physical, emotional, and sexual abuse (Taplin et al., 2014).

Paternal alcohol abuse was associated with physical abuse; paternal drug abuse was associated with physical abuse and neglect; and paternal relative's use of alcohol or drugs was not associated with increased childhood trauma (Taplin et al., 2014). Taplin et al. (2014) cautioned that although Canadian children raised in families with substance addiction may not develop chronic drug use, there are multifaceted effects of parental addiction on children's wellbeing, and of special concern are the ongoing intergenerational effects. Other Canadian-born and Aboriginal mothers coming to CUPS One World faced complex challenges in their lives, and growing up within incapacitated extended families did not make Moving Forward an easy task.

Moving Forward for other Canadian-born and Aboriginal families involved mindful decisions to embrace new ways of parenting and self-care learned at CUPS One World. It is exceedingly difficult to engage in change when things have been the way they are for a very long time. For instance, if an addiction is left behind, a familiar and comfortable way of managing stressful life circumstances, what other resources are readily available for coping with life when it gets difficult? In a review of 12 literature reviews on preventative programs for child abuse and neglect in the US and Canada, Nelson and Caplan (2014) cautioned that individual programs cannot succeed on a large scale to prevent child abuse and neglect in a society that does not promote social justice and income equality in social policies. Bronfenbrenner (1986) would have concurred.

### **Achieving Goals**

For many mothers, setting goals had not been a part of their lived experience in chaotic extended families, which may have been the result of a fear of change or considering themselves not capable of change. The fear of change was overwhelming for

many mothers, and working together, alongside those at CUPS One World was invaluable. They learned to set goals and share strategies, most talked about how it became a part of life that continued. A study examining the effectiveness of a US preschool program in a disadvantaged neighborhood (Brotman et al., 2011), identified that for children, goal-setting and sharing of goals with other important adults in their life (such as other caregivers and teachers), increased effective parenting practices and decreased child behaviour problems. For families at CUPS One World, setting goals, and strategizing ways to reach them, provided incentive to keep moving forward. Mothers at CUPS One World, and other mothers with severely limited financial and social resources, are disadvantaged in a myriad of ways. Achieving goals is difficult without adequate resources, including social structures conducive to change, and access to strong human bonds. For families at CUPS One World, Achieving Goals included the focused codes: Children Noticed; One-Stop Shop; and Accessing Education.

**Children noticed.** For recent immigrant mothers who had left their extended families behind, having their children noticed was comforting and reassuring. For other Canadian-born and Aboriginal mothers who had experienced abuse and neglect in their own childhoods, having their children noticed was comforting and reassuring and also meaningful and confirming. Thus, providing a positive environment for the children also allowed the mothers to trust and grow. According to Yoshikawa et al. (2016) children's wellbeing and development are multifaceted, and promotion of holistic child development through nurturing care and protection, and opportunities for learning is the way to stabilize individuals, communities, and societies globally. Bronfenbrenner and Morris (2006) described the essential place of other adults in the community in children's development, emphasizing that it takes a concerted and combined effort to raise a child,

through supporting parents, and paying close attention to children. Families at CUPS One World had on-site opportunities for increasing their health and functioning, and then maintaining health and wellbeing, without having to access professional services through referrals to other agencies. This allowed them to build a sense of community and an alternate family around themselves while participating.

**One-stop shop.** Mothers described preventative health care services offered for themselves and their families at CUPS One World, such as classes focused on self-management (including exercise and cooking classes), as well as more traditional health care services. Transportation, time, and a navigation of the health care system for some was intimidating, and the mothers talked about how important it was to be able to access care in one place. Alter, Stukel, Chong, and Henry (2011) support this with research, showing that those with lower SES used health services more, and had poorer cardiovascular health outcomes than those with higher SES. Those with less education and lower income were significantly more distressed and depressed, living with fewer social supports, and accessed health care providers for disease and complications of disease, rather than for preventative care (Alter et al., 2011), thus creating a vicious circle of poor health outcomes. A global systematic review (Sørensen et al., 2012) identified health literacy (the ability to access, understand, and apply health information in order to prevent disease and maintain health), as related to literacy. For families at CUPS One World, accessing the One-Stop Shop of professionals meant being guided through processes that may be more difficult if health literacy was low. Increasing their health literacy, as well as accessing treatment for chronic disease, health prevention, and screening for their children, resulted in increased control of their health and wellbeing, enabling them to think about Accessing Education.

**Accessing education.** For families at CUPS One World, Accessing Education meant planning for and reaching educational goals, from certifications such as food safety to early childhood education, to college and university diplomas and degrees. Bursaries, childcare, and assistance from CUPS One World facilitated the process. Kaushal (2014) described confounding factors affecting children's education: (a) parents with better education were more likely to receive higher wages and less likely to face unemployment, therefore, have more resources for raising children; and (b) low-income parents were more likely to have less time to spend with their children because of single status, and/or inflexible work schedules. In a sample of 1,099 US children from the Pediatric Imaging, Neurocognition and Genetics study (Noble et al., 2015) there were associations between parent education, family income, and cortical surface area, and parent education was significantly positively related to hippocampal volume. Noble et al. (2015) identified that any increase in education, including one more year of high school or college, was associated with a similar increase in children's total brain surface area in childhood and adolescence (up to age 20 years); in addition, for every dollar in increased income (total yearly family income), brain surface area increased (especially in low-income families). It is possible for an individual who persists (as a few of the mothers interviewed), to break cycles of disadvantage, but the intergenerational effects of low income are deeply entrenched. Decreasing intergenerational cycles of poverty (especially when life difficulties are encountered) requires more than individual determination, including: (a) education; (b) mental health services; (c) employment training; (d) financial literacy; and (e) stable housing (Maholmes, 2014). Families at CUPS One World received the preceding services, and as they moved across the Stepping Stones to Resiliency, they described being Completely Different.

## **Completely Different**

For families at CUPS One World, Completely Different meant tangible and intangible changes in themselves, their children, and their outlook on life. Many who were homeless initially, were now functioning with new mindsets as they moved forward on the Stepping Stones to Resiliency. Stressful life circumstances had not ended, but changed, and so had their management of stress, and management of their daily lives, including parenting techniques (using them with their now-adolescents). A longitudinal study with 432 low-income urban mothers in the US (Ghazarian & Roche, 2010) identified correlations between mothers' self-reported social support, engaged parenting, and delinquency in their adolescent. Mother's social networks when their child was age 11 years was associated with higher engaged parenting around age 12, significantly mediating youth delinquency at age 16 (Ghazarian & Roche, 2010). Mothers at CUPS One World made friends they could rely on, and learned how to expand their base of social support through continued contact. At the time of their interviews, most mothers were employed or accessing further education, and described the example they strove to set for their children. They also described memories that they and their children carried with them of their days at CUPS One World. Completely Different included the focused codes: Strength; Independence; Freedom; Competency; and Connection.

**Strength.** For mothers at CUPS One World, Strength was linked with self-esteem, and with continued resolve to stay away from abusive relationships. In a longitudinal study with 120 low-income US mothers experiencing intimate partner violence (Ahlf-Dunn & Huth-Bocks, 2016), mothers experienced more than psychological violence. Abusive partner's overriding of parenting decisions, threatening to take away children, criticism in front of children, and threats to call social services to

report poor mothering, affected women's perceptions of identity and esteem as a parent (Ahlf-Dunn & Huth-Bocks, 2016). Mothers at CUPS One World continued to move forward with hope, knowing that they possessed Strength and capabilities to parent their children well. Many mothers described being involved in their children's schools after exiting CUPS One World, after feeling familiar with and able to talk to teachers and other professionals. A systematic review of US research of educational success in children living with low SES (Watkins & Howard, 2015) identified the following parenting factors associated with academic success in elementary children: (a) parent-school involvement; (b) responsive parenting styles; (c) high expectations for educational attainment; (d) consistent enforcement of rules; and (e) provision of books and educational resources in the home. Mothers left CUPS One World and moved across the Stepping Stones to Resiliency with newfound Strength.

**Independence.** For mothers at CUPS One World, Independence meant possessing personal resources and abilities to work out problems, handle daily challenges, and manage ongoing stressors at work and at home. In a US longitudinal survey of 955 low-income women (Zabkiewicz, 2010) stable employment increased mental health. For mothers at CUPS One World, Independence meant accessing education and gaining stable employment, in order to not have to depend on someone else to provide for children. For one mother, Independence meant facing barriers without fear, role-modelling, and fostering independence in her children. For another mother, Independence included saving for continued housing stability, an exceptionally important skill for mothers with resolve to stay away from abusive relationships. In a longitudinal study of 278 low-income US women experiencing intimate partner violence (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2013), living independently of abusive partners



was difficult if housing was not affordable. Multiple barriers included: (a) disrespectful landlords who overcharged or took advantage of women's urgent situations; (b) difficulty obtaining housing in safe neighborhoods, close to children's schools; and (c) difficulty finding housing in areas unknown to abusers (Clough et al., 2013).

Another study examining cumulative adversity and trauma in 247 low-income single mothers in Canada, identified connections between post-traumatic stress disorder and: (a) social strain (unavailability of social support and/or poor social interactions); (b) personal and interpersonal agency (a personal resource/ability to assign meaning to life, make good choices, and engage in meaningful activities); and (c) access to mental health services (Samuels-Dennis, Ford-Gilboe, Wilk, Avison, & Ray, 2010). Mothers at CUPS One World developed social connections and agency, accessed mental health services, and described these positive experiences and subsequent changes in their lives. Mothers left CUPS One World and moved across the Stepping Stones to Resiliency with newfound Independence.

**Freedom.** For mothers at CUPS One World, Freedom meant having a safe place for their children while they found employment and housing, and planned to leave abusive partners. Freedom meant not having to visit the food bank regularly, and being able to provide healthy, nutritious meals for their children. A cross-sectional study of 473 low-income urban Canadian families (Kirkpatrick & Tarasuk, 2011) identified the coexistence of food insecurity and housing. For some of the mothers who had grown up with abuse and neglect, in poor housing, and with food insecurity, providing healthy food for their children was an essential part of parenting. Freedom, according to one mother, occurred through a foundation she received at CUPS One World, giving her the ability to access parenting programs, access further education, and then employment opportunities.

Obtaining stable employment decreased worry about housing and food insecurity. In an overview of the effects of socioeconomic disparities on the Canadian determinants of health, Seabrook and Avison (2012) identified that low SES can increase exposure to stress, therefore increasing psychological distress. Families with psychosocial resources such as self-esteem or social support experience a buffering effect, and families living with low income generally have lower social support and/or self-esteem. For one mother, Freedom was linked with decreased worry and increased self-esteem for herself and her son. Mothers left CUPS One World and moved across the Stepping Stones to Resiliency with newfound Freedom.

**Competency.** For mothers at CUPS One World, Competency meant believing in their ability to achieve harder things than they ever would have expected, and included goal-setting and working toward goals. Therefore, the category Achieving Goals is important as a building block for strength, connection, independence, freedom, and competency. A longitudinal mixed methods study of low SES families with children in school (Mayo & Siraj, 2015) identified some families with low SES were able to overcome disadvantages through setting goals, and creating a home environment that facilitated learning, using emotional as well as practical support, or “active cultivation” (p. 61). Families that took time to interact with teachers, cognizant of their limitations as well as ability and competency as parents, and making the most of educational opportunities as they occurred, facilitated their children’s success in school (Mayo & Siraj, 2015). For mothers at CUPS One World, a sense of competency in their achievements, and in parenting, contributed to making things better for themselves and their families. In a qualitative study with ten low-income Canadian mothers following a parenting program (Romagnoli & Wall, 2012), competency in motherhood was identified

as emotional closeness and time together with their children, rather than engaging in activities geared to improve cognitive outcomes. A cross-sectional study with 54 mothers exposed to violence in childhood, and experiencing intimate partner violence in adulthood (Waldman-Levi, Finzi-Dottan, & Weintraub, 2015), reported low self-perceptions of competency, and low parenting satisfaction. Many of the mothers at CUPS One World were exposed to violence in childhood, and again in adulthood, yet they described enjoying spending time with their children, enjoying parenting, setting goals, and working toward achieving them. Mothers left CUPS One World and moved across the Stepping Stones to Resiliency with newfound Competency.

**Connection.** For mothers at CUPS One World, Connection was about learning to depend on others at times, and then believing in their own capabilities to step out and help others. It was about being honest when things were not going well, and encouraging others in similar circumstances, rather than pretending that all was well. I learned much about definitions of “normal”, what was considered a normal life, a normal family, normal mothering, and priorities regarding changing parenting attitudes, experiences of addiction, mental illness, and intimate partner violence. Mothers learned to value themselves and others, not because circumstances were easy, but because through honest connection, they were able to work together to move each other forward. In coming to CUPS One World, mothers experienced, some for the first time, the kindness of, and connection with others. It became apparent to me that parenting programs for families living with low income need to extend into lifetimes of connection and continued community. Bronfenbrenner (1979) described the place of interconnections throughout society for children’s and society’s wellbeing, including the workplace, which often is indifferent to or rejects children: “Most families are doing the best they can under

difficult circumstances; what we should try to do is to change the circumstances, not the families” (p. 849).

Maintaining connectivity was described in a study of stepping stones and resilience (Fischer, Lindenmayer, & Manning, 2006) identifying the following principles in relation to biodiversity: (a) structurally complex and larger patterns enhanced use, especially near the edges where predators could benefit; (b) including buffers around sensitive areas (such as scarce native vegetation that is poorly connected to the larger areas); and (c) maintaining connectivity of the stones for ease of use. Processes included preparing for disturbances such as forces of nature, and invasive predators, and an awareness that some may be lost, especially the rarest or most threatened of the species. Fischer et al. (2006) cautioned that even though these general principles are known, they do not solve all the difficulties occurring in natural settings. The preceding principles and processes could also apply to the Stepping Stones to Resiliency for families at CUPS One World. Although families interviewed were moving across the Stepping Stones to Resiliency, there were some families who had been unable to complete the program at CUPS One World for varying reasons. As families moved forward over the Stepping Stones to Resiliency, pre-existing and newly-developing challenges emerged for many, however, for those who continued forward with perseverance, the process was not without reward. Mothers left CUPS One World and moved across the Stepping Stones to Resiliency with newfound Connection.

There remains much to learn about vulnerability and resiliency, especially in families living with low income. One mother recalled her delight at finding a frozen apple on the ground walking to school as a child, after one of many cold, sleepless, and hungry nights. She described her hunger as a child, her ongoing struggle with obesity,

and how caring for herself and her children currently included regularly buying, bringing home, and eating many apples.

### **Assessing the Theory**

According to Charmaz (2014), criteria for rigour in a grounded theory study include credibility, originality, resonance, and usefulness. Credibility means achieving familiarity with the topic, having sufficient data with “strong logical links” (p. 337) between data and analysis, and providing enough evidence for others to form a similar assessment of the data (Charmaz, 2014). I achieved familiarity with the topic as I met with and interviewed the mothers, taking time before and after interviews to listen and memo. I transcribed the interviews, listening, and re-listening as I thought about each family, and accessed qualitative data in CUPS One World family files, in magazine and/or newspaper articles, and on social media sites. I compared my coding of interviews with the coding of Dr. Benzies and Dr. Raffin Bouchal, and comparing codes with codes, focused codes emerged. Guided by Dr. Benzies and Dr. Raffin Bouchal, strong, logical links emerged between the data and the grounded theory. Stepping Stones to Resiliency did not emerge in an orderly fashion, but through much wrestling with the data, resulting in familiarity with the data, and sufficient observations throughout the data to substantiate the theory.

Originality means the analysis provides new insights, new concepts, has “social and theoretical significance” (p. 337), and extends current practices (Charmaz, 2014). I have presented preliminary findings of this study, Stepping Stones to Resiliency, to senior leaders at CUPS Health Education Housing, and at The 22<sup>nd</sup> International Association for Child and Adolescent Psychiatry and Allied Professions World Congress, and the 36<sup>th</sup>

Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry.

Initial responses to the preliminary grounded theory were: (a) it provides a unique perspective on reasons for and ways of resiliency; (b) it emphasizes the importance of inclusion of extended family in programming where possible; (c) it emphasizes the need for continued social support for families through community engagement; and (d) it provides some unravelling as to why certain aspects of early intervention parenting programs work well for some families and not for others.

Resonance means that the categories represent fully the experiences of mothers at CUPS One World, including early to later stages, and have defined “unstable taken-for-granted meanings” (Charmaz, 2014, p. 337). In continued interaction with senior leaders at CUPS Health Education Housing, currently developing a CUPS Resiliency Matrix, *Stepping Stones to Resiliency* has resonated throughout the process. In continued interaction with families from CUPS One World through Facebook and blogposts, insights about their circumstances and lives continue to fit the core category, *Stepping Stones to Resiliency*.

Usefulness means the theory provides interpretations people can use in everyday life, could be applicable to other areas of life, and contributes to existing knowledge in “making a better world” (Charmaz, 2014, p. 338). *Stepping Stones to Resiliency* provides a lens from which to view others encountered in daily life. It is a reminder of our struggle and shared humanness, and also a reminder that some have had to struggle more than others. What Lewin (1948) escaped, Hillesum (1914-1943) did not. Hillesum kept a diary that she tossed out of a train on the way to Auschwitz, and in it wrote the following:

There is a really deep well inside of me. And in it dwells God. Sometimes I am there too. But more often stones and grit block the well, and God is buried beneath. Then He must be dug out again. (Hillesum, 1941/2002, p. 91)

The attempted genocide of Aboriginal people in Canada has been compared with the Holocaust throughout the literature (Heart, 2003; Morrissette, 1994; Wolfe, 2006). MacDonald (2007) cautioned taking a comparative stance, as details of these and other disturbing historical events are different, and therefore should not be in competition with each other. Instead, it is essential to develop understanding about how trauma affects individuals, how it moves into families, and communities, and subsequently, to succeeding generations (Macdonald & Wilson, 2013).

Forward movement in life is more difficult for some than others. When working with families living with low income, awareness and understanding of how daily struggles for survival overwhelm many other priorities is essential. Moving across the Stepping Stones to Resiliency was about mothers, children, and families finding a way to maintain healthy forward movement while breaking free of dysfunctional intergenerational cycles. The findings from this study challenge traditional episodic, biomedical treatment paradigms to improve the health and wellbeing of low-income families with intergenerational cycles of mental illness, addictions, social isolation, and family violence.

I have learned much about resiliency throughout this research process. During the course of my doctoral work the most significant change in my life was becoming a grandmother, with the births of my two grandchildren. My way of thinking about intergenerational cycles has been greatly impacted. Three of my four adult children have returned home to live for varying reasons. I have watched each of them make significant

life decisions even though it may appear to the outside observer that my husband and I are not making timely progress toward an “empty-nest.” I have thought much about adverse childhood experiences my children have endured, and how I was unable to prevent their occurrence. I have also thought about my own adverse childhood experiences, and how much I overcompensated when parenting my children. Notwithstanding repeated attempts, I have also learned that it is impossible to line up any of my children’s stepping stones (or my own for that matter) in ways of my choosing. Although unable to reposition any stepping stones, I have observed much determination in each of my children to keep moving forward through each of their life experiences. I have realized that much of this determination was in spite of my parenting, not because of it. I have also recently come to terms with my own parent’s inability to line up the stepping stones for me, and my responsibility to continue moving forward.

### **Limitations**

A limitation of this study was the potential for upward bias, or the tendency for parents who enrolled their children in the two-generation preschool program to be different from those who did not. Parents who enrol their children in these programs may be highly motivated to see their children succeed (Garces, Thomas, & Currie, 2000; Karoly et al., 2005). Therefore, the children in CUPS One World may have had increased environmental and family support and may have been more likely to have developed positive trajectories than children living with low income who were not enrolled. Further research with low-income families who have not attended CUPS One World is one area for further research. As biological mothers were those who volunteered to be interviewed, and more mothers than fathers attended CUPS One World, lack of gender



diversity is a potential limitation of this study. Richer data analyses and theory development may have occurred with re-interviewing of participants after accessing CUPS One World family file data, and with all members of my supervisory committee participating in coding, constant comparison, and theory development. This was not possible due to time and budget considerations, but is another area for further research. In this study, two of the four recent immigrant families left their country of origin under duress. Effects of trauma in their lives was not explored, but would be an area for further research. Descriptions of childhood neglect and abuse, as well as dysfunctional extended families demonstrated the intergenerational effects of trauma in the Aboriginal and other Canadian-born families in this study. Deeper exploration of the effects of trauma in low-income families, including mental health and addiction, is another area for further research, in relation to two-generation programs like CUPS One World. This sample is linked with low-income families in Calgary, AB and may not be generalizable to other low-income families in Canada. Exploration of the Stepping Stones to Resiliency with other low-income families is another area for further research.

## **Conclusion**

In this mixed methods study (quant → QUAL), I conducted a longitudinal follow-up of families after age 10 years, following a two-generation preschool program at CUPS One World, in order to develop an understanding of the mechanism of change. This study was grounded in the philosophical perspective of pragmatism, and guided by the bioecological theory of human development, with emphasis on acquisition of knowledge through engagement with people, and the vital place of environment in children's development. Maximum variation sampling using children's receptive language scores

resulted in participant selection and interviews with 14 biological mothers of 25 children who attended CUPS One World. The grounded theory emerging powerfully from the data was Stepping Stones to Resiliency.

For families who moved across the Stepping Stones to Resiliency, Perceptions of Family influenced their movement across the stones. Perceptions of Family for recent immigrant families were CUPS Like Family, with extended family viewed as stable, trustworthy, and hope-inducing. Perceptions of Family for other Canadian-born and Aboriginal families were CUPS in Place of Family, with extended family viewed as dysfunctional, incapacitated or absent, and chaos-inducing. Moving Forward for recent immigrant families involved adjusting to life in Canada, and was a stepping stone that they could lightly step on, or jump across, due to positive Perceptions of Family. Moving Forward for other Canadian-born and Aboriginal families was difficult, due to dysfunctional Perceptions of Family and years of overwhelming life circumstances, including ongoing effects of colonization for Aboriginal families. As families stepped forward and began to set and achieve goals, they gained confidence and trust in their relationships with each other, and with professionals in the broader community at CUPS One World. Completely Different was how one mother described herself at the time of her interview, in contrast with her first days at CUPS One World.

A review of research on resilience in relation to Bronfenbrenner's bioecological model of human development (Ungar, Ghazinour, & Richter, 2013) identified the more adversity a child is exposed to, the more their resilience depends on features of their environment, and these environmental features may go undiscovered in research due to commonly held cultural or social norms. Ungar et al. (2013) emphasized that Bronfenbrenner's nested structures create these environments for children, affecting

resiliency, and therefore, if change occurs in these environments, it will increase children's chances for success. Stepping Stones to Resiliency adds to knowledge regarding resilience; extended family substantially affected resiliency, and bringing about change in children's environments involves providing support as an extended family would have done. Stepping Stones to Resiliency is a robust grounded theory.

### **Implications**

Stepping Stones to Resiliency provides implications for nursing practice with low-income families. First, registered nurses should consider that provision of competent and ethical nursing care may include both biological family, and other individuals who the client identifies as family. Second, provision of relational care includes understanding of how the social determinants of health affect the client, their family, and community. Registered nurses need to consider how ongoing intergenerational inequities may affect low-income families' utilization of health care services. Third, nursing assessment with low-income families should be collaborative in order to identify stepping stones toward achieving their individual life goals. Fourth, families with low income may have complex health and social challenges. It is essential for registered nurses to be aware of community resources and referral processes essential to facilitate opportunities for comprehensive health care for clients. Finally, engaging in respectful culturally safe care requires awareness of cultural diversity. Registered nurses need to consider that the experiences of recent immigrant families are different from those of other families.

Implications for program development and implementation at CUPS One World, and other agencies serving low-income families include the following. First, perceptions of family profoundly affect successful engagement and potential for positive change. Agencies should consider developing an understanding of the underlying perceptions of

family in order to optimize outcomes. Second, parenting is a challenging endeavour made more difficult by living with low income. Agencies need to be aware of potential differences between their own, and families' understanding of what defines good parenting. Third, setting goals and working hard instills confidence and self-esteem. Agencies should consider working together with families in setting goals, beyond those measured as program outcomes. Fourth, homelessness is an overwhelming, incapacitating life circumstance for families and until situated in stable housing it is difficult for low-income families to move forward. Agencies need to consider flexibility in program delivery and expectations for family involvement. Fifth, safe, inexpensive, and high quality childcare is essential to help families move forward. Agencies should consider providing high quality childcare with flexibility in scheduling. Sixth, living with an abusive partner is incapacitating, and until safely resettled, it is difficult to move forward. Agencies should consider screening to assess safety, and referring women and their children in order to maximize benefits of programming. Seventh, volunteering and involvement with others in community may increase confidence in personal ability and develop social support within a community of peers. Agencies should consider providing opportunities for volunteerism and employment for families to achieve later life success. Eighth, educational bursaries for children and parents are motivating and cultivate belief in future success. These bursaries provide not only tangible financial support, but they inculcate beliefs in the ability to achieve success. Finally, moving forward involves determination, fortitude, and ongoing support to prevent repetition of generational cycles of addiction, maltreatment, and abuse. Change is multifaceted and complex, occurring over years instead of days, requiring continued connection and community with others. Agencies need to assess the benefit of brief, time-limited interventions for low income

families with complex challenges, and consider longer-term, intergenerational programming in order to achieve the greatest impact. Thus, the two-generation program at CUPS One World may be preventive of many social problems and scaling up should be considered.

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## Appendix A

### Definition of Terms

**Attrition:** Is a loss of participants over the course of a study which can create bias by changing the structure of the original sample (Polit & Beck, 2012).

**Caregiver:** Includes those responsible for the daily well-being and survival and healthy development, including emotional development of the child. This can include mothers, siblings, fathers, child-care providers and others; globally, most young children are cared for by several key caregivers (Richter, 2015).

**Child maltreatment:** Includes one or more of the following four types of abuse: (a) Physical, involving intentional use of force such as hitting a child that can harm dignity, survival, health, or development; (b) Sexual, involvement of a child in sexual activity; (c) Emotional and psychological, involving isolated incidents or patterns of failing to provide a supportive environment such as belittling, threatening, or ridiculing, and; (d) Neglect, involving isolated incidents or patterns of failure to provide in the areas of health, emotional development, education, and safe living conditions (Norman et al., 2012).

**Low income:** Is defined as less than half the low income cut-off (LICO); a low-income family spends 20% more of its annual budget on food, shelter, and clothing than the average family. The low income cut-off for a family of four after tax in 2002 was \$30,445 and \$37,052 in 2012 (Statistics Canada, 2011-2012).

**Low income measure:** The low income measure after tax (LIM-AT) defines an individual as low income if the after-tax income of their household falls below 50% of the median adjusted household after-tax income in 2010; for a family of four in 2010, the LIM-AT was \$38,920 (Statistics Canada, 2011-2012).

**Income pathways:** Are ways in which poverty can influence child outcomes; health and nutrition, the home environment, parental interactions with children, parental mental health, and neighborhood conditions; the timing of poverty, and how long a child lives in poverty, also exacerbate its effects (Brooks-Gunn & Duncan, 1997)

**Income poverty:** The condition of not enough income to meet the basic needs of food, clothing, and shelter (Brooks-Gunn & Duncan, 1997).

**Poverty:** Includes the inability to obtain the necessities of life such as food, clothing, shelter, and transportation; in contrast to longevity, education, literacy, and access to a good standard of living such as employment, and clean water (Collin & Campbell, 2008).

**Social class:** In the 1960's, understood as a group of people with intersecting correlations between education, occupation, and other variables which produced different basic social conditions of life and different views of the world; these differences resulted in different aspirations, different dreams, and therefore, different values between lower, middle, and upper classes (Kohn, 1963).

**Socio-economic status:** An individual's position in society through a combination of influential factors such as income level, education level, occupation, literacy, and cultural characteristics (Blisshen et al., 1987).

**Well-being:** Includes functional health such as life expectancy; self-rated personal health such as physical health and chronic disease; self-rated mental health; lifestyle and behaviour such as smoking or exercise; access to health care providers; and access to public health measures such as immunizations (Muhajarine et al., 2012).

## **Appendix B**

### **Peabody Picture Vocabulary Test 3rd Edition (PPVT-III)**

The Peabody Picture Vocabulary Test 3<sup>rd</sup> Edition can be obtained from Pearson:

<http://www.pearsonclinical.com/language/products/100000081/peabody-picture-vocabulary-test-third-edition-ppvt-iii.html>

Reproduction of the Peabody Picture Vocabulary Test 3<sup>rd</sup> Edition is not permitted due to copyright restrictions.

## Appendix C

DATE: _____ / _____ / _____ <div style="text-align: center; margin-top: -10px;"> <span style="margin: 0 20px;"><i>month</i></span> <span style="margin: 0 20px;"><i>day</i></span> <span style="margin: 0 20px;"><i>year</i></span> </div>
CAREGIVER ID #: _____

### CUPS ONE WORLD FOLLOW-UP FORM

We are very excited to learn how you and your child are doing since you left One World. Please fill out this form as best you can and if you have any questions please ask the person who is coming to do your home visit. If you have more than one child who went to One World, **please answer these questions while thinking about your 10 year old child.**

#### GENERAL HOUSEHOLD & HEALTH INFORMATION

<sup>01</sup> Total number of children currently living with you: \_\_\_\_\_

<sup>02</sup> What is your current marital status:  Never married  
 Separated       Boyfriend/girlfriend  
 Married           Divorced  
 Common law       Widowed

<sup>03</sup> Are you currently living with a partner or spouse?  No  Yes

<sup>04</sup> If yes, how long have you and your partner been living together? \_\_\_\_\_ (months)

<sup>05</sup> Are there frequent changes in the number or the people living in your house?  No  Yes

<sup>06</sup> Are you pregnant or have you been pregnant in the last 3 years?  No  Yes  Unsure

<sup>07</sup> Looking back at your time at One World, what were the events/classes that make the biggest difference to you and your family **today**?

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<sup>08</sup> Again, looking back at your time at One World, what things do you think make the biggest difference in your health and happiness **today**?

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<sup>09</sup> What things from One World do you think have made the biggest difference in the health and development of your child?

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<sup>10</sup> Are you involved in your 10 year old child's school?  No  Yes

<sup>10a</sup> If yes, how? \_\_\_\_\_

<sup>11</sup> Has your 10 year old child repeated a grade?  No  Yes

<sup>12</sup> Does your 10 year old child attend special classes at school?  No  Yes

<sup>13</sup> If yes, please list what classes: \_\_\_\_\_

**In the past year** has your 10 year old had any of the following:

<sup>14</sup> Doctor visits:  No  Yes How many? # \_\_\_\_\_

<sup>15</sup> Dentist visits:  No  Yes How many? # \_\_\_\_\_

<sup>16</sup> Hearing test  No  Yes

<sup>17</sup> Vision test  No  Yes

<sup>18</sup> Immunizations  No  Yes

<sup>19</sup> Accidents or injuries that have had medical care:  No  Yes How many? # \_\_\_\_\_

**If yes**, was the accident/injury medical care at a:

<sup>20</sup> Regular family doctor - number of times: \_\_\_\_

<sup>21</sup> Walk-in Clinic - number of times: \_\_\_\_

<sup>22</sup> Hospital/Emergency Room - number of times: \_\_\_\_

<sup>23</sup> Other, please list \_\_\_\_\_ - <sup>24</sup> number of times: \_\_\_\_

**Eating Habits:**

**GETTING ENOUGH FOOD TO EAT:**

<sup>25</sup> Caregiver (you):  rarely  sometimes  often  unsure

<sup>26</sup> Children:  rarely  sometimes  often  unsure

**EATING ENOUGH FOODS FROM EACH OF THE FOUR FOOD GROUPS EVERY DAY:**

<sup>27</sup> Caregiver (you):  rarely  sometimes  often  unsure

<sup>28</sup> Children:  rarely  sometimes  often  unsure

**IN THE PAST 3 MONTHS, HAVE YOU:**

<sup>29</sup> Visited a food bank:  no  yes  unsure

<sup>30</sup> Attended a no-cost agency or church meal:  no  yes  unsure

<sup>31</sup> Had help from church or agency to purchase food (voucher, cash):  no  yes  unsure

**Do you:**

- |                                       | No                       | Yes   |
|---------------------------------------|--------------------------|---|
| <sup>32</sup> Smoke:                  | <input type="checkbox"/> | <input type="checkbox"/>                          |
| <sup>33</sup> Drink Alcohol:          | <input type="checkbox"/> | <input type="checkbox"/>                          |
| <sup>34</sup> Use Street Drugs:       | <input type="checkbox"/> | <input type="checkbox"/> <sup>35</sup> list _____ |
| <sup>36</sup> Take Prescription drugs | <input type="checkbox"/> | <input type="checkbox"/> <sup>37</sup> list _____ |

How would you rate **YOUR** mental health:

- Excellent  Good  Fair  Poor

Have **YOU** been diagnosed with any mental health issues?  Yes  No

Please describe your mental health: \_\_\_\_\_

How would you rate **YOUR** physical health:

- Excellent  Good  Fair  Poor

Have **YOU** been diagnosed with any physical health issues?  Yes  No

Please describe your physical health: \_\_\_\_\_

**HOUSING & INCOME INFORMATION**

<sup>40</sup> Household gross monthly income:

- |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> None      | <input type="checkbox"/> 1-499     | <input type="checkbox"/> 500-999   | <input type="checkbox"/> 1000-1499 |
| <input type="checkbox"/> 1500-1999 | <input type="checkbox"/> 2000-2499 | <input type="checkbox"/> 2500-2999 | <input type="checkbox"/> 3000+     |

<sup>41</sup> Main source of income (**please only check one**):

- No income  Employment  Assisted Income for the Severely Handicapped (AISH)
- Workers Compensation (WCB)  Employment Insurance (Unemployment pay/EI)
- Canadian Pension Plan (CPP)/disability  Student funding  Aboriginal funding
- Supports for Independence (SFI)  Child Support payments  Family or friends

<sup>42</sup>  Other \_\_\_\_\_

<sup>43</sup> Housing Situation:

- No place to call home (e.g. living in a shelter) <sup>44</sup> Staying at: \_\_\_\_\_
- Stable place to call your own
- Have housing but have problems <sup>45</sup> Problems: \_\_\_\_\_
- Temporarily staying with family, friends or others

<sup>46</sup> How many times has your family moved in the past **3 years**? \_\_\_\_\_

<sup>47</sup> Has your 10 year old ever lived away from you?  No  Yes

<sup>48</sup> If yes, please give us details:

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#### Domestic Violence Concerns

<sup>49</sup> Have the Police ever been called because **you** and your **live-in partner** were fighting?  No  Yes

<sup>50</sup> Have you ever been afraid that your **live-in partner** would hurt **you**?  No  Yes

<sup>51</sup> Have you ever been afraid that your **live-in partner** would hurt **your child**?  No  Yes

<sup>52</sup> Have the Police ever been called because **you** and **the other parent** were fighting?  No  Yes

<sup>53</sup> Have you ever been afraid that **the other parent** would hurt **you**?  No  Yes

<sup>54</sup> Have you ever been afraid that **the other parent** would hurt **your child**?  No  Yes

#### EMPLOYMENT & EDUCATION

<sup>55</sup> Have you taken any school classes **in the past 3 years** (High school, college, university, technical or other)?  No  Yes

<sup>56</sup> If yes, please describe (e.g. grade completed, course description, etc.):

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<sup>57</sup> Current employment:

Not employed, not looking for work  Not employed, looking for work  Occasional/casual

Contract/temporary  Part-time  Full-time

<sup>58</sup> If employed, what is your job? \_\_\_\_\_

<sup>59</sup> Length at this job (in months) \_\_\_\_\_

<sup>60</sup> Wage (\$/hour) \_\_\_\_\_

What are some of the things that you feel make it hard to find work? (check all that apply):

<sup>61</sup> Reading/writing English  <sup>62</sup> Life Skills  <sup>63</sup> Mental Health  <sup>64</sup> Child care

<sup>65</sup> Physical Health  <sup>66</sup> Education  <sup>67</sup> Addictions  <sup>68</sup> Immigration Status

<sup>69</sup> Other <sup>70</sup> \_\_\_\_\_



**CUPS AND COMMUNITY SERVICES INFORMATION**

<sup>71</sup> Are you currently using any **CUPS** services?  No  Yes

<sup>72</sup> If yes, which ones?

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<sup>73</sup> Are you currently using any other **community** services?  No  Yes

<sup>74</sup> If yes, which ones?

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**CHILDREN'S SERVICES INFORMATION**

<sup>75</sup> Has there been an investigation by Child Welfare/Children's Services **in the past 3 years?**  
 No  Yes

<sup>76</sup> How many investigations have there been **in the past 3 years?** # \_\_\_\_\_

<sup>77</sup> Do you have an **open file** with Child Welfare/Children's Services for your **10 year old?**  No  Yes

<sup>78</sup> **If yes**, was it open while this child was at One World?  No  Yes

Please check which plans are in place:

<sup>79</sup> Family Enhancement  No  Yes

<sup>80</sup> Core Protection  No  Yes

<sup>81</sup> PChIP  No  Yes

<sup>82</sup> What services has your social worker offered you?

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<sup>83</sup> Are there any Child Welfare/Children's Services files open for any of your **other children?**  
 No  Yes

**If yes**, please check which plans are in place:

<sup>84</sup> Family Enhancement  No  Yes

<sup>85</sup> Core Protection  No  Yes

<sup>86</sup> PChIP  No  Yes

Have **you, your partner/spouse or your 10 year old child** experienced any of the following **in the past 3 years?**

	Yes	No	
<sup>87</sup> Separation from partner/spouse			
<sup>88</sup> Divorce from spouse			
<sup>89</sup> Marital reconciliation			
<sup>90</sup> Marriage			
<sup>91</sup> Pregnancy			# of times:
<sup>92</sup> Relative or friend moved into/out of your house			# of times:
<sup>93</sup> Increase in household income greater than 20%			
<sup>94</sup> Decrease in household income greater than 20%			
<sup>95</sup> Went deeply into debt			
<sup>96</sup> Promotion at work			
<sup>97</sup> Began a new job			# of times:
<sup>98</sup> Left a job			# of times:
<sup>99</sup> Problems with co-workers/ superiors at work			
<sup>100</sup> Began a new school			# of times:
<sup>101</sup> Left school (stopped attending or graduated)			# of times:
<sup>102</sup> Experiencing problems with teachers at school			
<sup>103</sup> Child diagnosed with a developmental delay			
<sup>104</sup> Alcohol use, drug use or gambling by members of the household			
<sup>105</sup> Diagnosis with mental or physical illness/condition			
<sup>106</sup> Not seeking/discontinued treatment for illness/condition			
<sup>107</sup> Domestic violence/abuse incident			# of times:
<sup>108</sup> Overnight admission to the hospital			# of times:
<sup>109</sup> Death of an immediate family member or close friend			# of times:
<sup>110</sup> Child(ren) went into or returned from foster care			# of times:
<sup>111</sup> Change in custody arrangements			# of times:
<sup>112</sup> Legal problems			# of times:
<sup>113</sup> Criminal conviction of household member			# of times:
<sup>114</sup> Rent arrears			# of times:
<sup>115</sup> Threat and/or loss of utilities to home (heat, water, electricity, phone)			# of times:

Adapted from Abidin, R. R. (1995). *Parenting Stress Index: Professional Manual* (3<sup>rd</sup> ed.). Odessa, FL: Psychological Assessment Resources.

Please provide us with your email address so that we can contact you for a future follow-up visit:

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**Thank you for completing this questionnaire. Please feel free to ask any questions during your scheduled home visit.**

## Appendix D



### CONSENT FORM

**TITLE:** A Community-based Multiple Intervention Model to Improve Health and Developmental Outcomes for Vulnerable Children and their Families: A Longitudinal Study

**INVESTIGATORS:**

Karen M. Benzies, RN, PhD  
Professor, Faculty of Nursing  
University of Calgary  
(403) 220-2294  
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Carla Ginn, RN, MScN  
PhD candidate, Faculty of Nursing  
University of Calgary  
(403) 220-8847  
[cginn@ucalgary.ca](mailto:cginn@ucalgary.ca)

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

**BACKGROUND:**

This research is connected with an ongoing study at CUPS One World following your child's progress, using questionnaires you have completed along with results from your child's vocabulary testing. It will look at changes in your child and yourself from when you entered the program to when your child turned 10 years of age.

**WHAT IS THE PURPOSE OF THE STUDY?**

This research is to find out how your experiences at CUPS One World have affected your life.

**WHAT WOULD I HAVE TO DO?**

If you agree to participate in this part of the study you will have one interview completed with Carla Ginn, a University of Calgary student, completing the study as part of her graduate thesis.

Ethics ID: E-17566

Study Title: A Community-based Multiple Intervention Model to Improve Health and Developmental Outcomes for Vulnerable Children and their Families: A Longitudinal Study

PI: Dr. Karen Benzies

Version number/date: 2015

**WHAT ARE THE RISKS?**

There are no known risks to you being involved in the study.

**WILL I BENEFIT IF I TAKE PART?**

If you agree to participate in this follow-up study, there may or may not be a direct benefit to you. You have been selected to participate in this follow-up study because you and your child attended CUPS One World, and when you signed your first consent form at CUPS One World, you agreed to further follow-up. The programming at CUPS One World may benefit from information you share about what worked or didn't work for you in the program. You being involved in the study may not help you, but the information we get from this study may help us to provide better programming in the future for children and their families at CUPS One World.

**DO I HAVE TO PARTICIPATE?**

Your participation in this study is voluntary and you can withdraw from the study at any time. You can decide to not attend your interview, or call to cancel it at any time. If you decide part way through the interview that you do not want to continue, your information will not be included in the study. You do not have to answer any question that you do not wish to answer.

**WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?**

You will not be paid to participate in the study, but will be offered a \$40.00 gift certificate in appreciation for your time.

**WILL MY RECORDS BE KEPT PRIVATE?**

Your name will not be included in the interview, and your identity will be protected through the use of research codes linked to your interview. Copies of your research codes and your signed consent form will be locked in a filing cabinet in the research office, separately from your interview documents. All data files will be password protected and identifying information will be removed from the interviews; Dr. Karen Benzies and her research team will have access to the locked filing cabinet. The University of Calgary Conjoint Health Research Ethics Board can review the interviews at any time to make sure the research is well-done. The interviews will be kept for at least 7 years and if following this study, the researcher wishes to use them again, she will gain permission from the Research Ethics Board. In publication of papers or presentations at conferences, the contents of your interview will not be linked in any way with your name, or your child's name.

Ethics ID: E-17566

Study Title: A Community-based Multiple Intervention Model to Improve Health and Developmental Outcomes for Vulnerable Children and their Families: A Longitudinal Study

PI: Dr. Karen Benzies

Version number/date: 2015

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**SIGNATURES**

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Dr. Karen Benzies (403) 220-2294

Or

Carla Ginn (403) 220-8847

If you have any questions concerning your rights as a possible participant in this research, please contact the Chair, Conjoint Health Research Ethics Board, University of Calgary at 403-220-7990.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Investigator/Delegate's Name

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Witness' Name

\_\_\_\_\_  
Signature and Date

The University of Calgary Conjoint Health Research Ethics Board has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.

Ethics ID: E-17566

Study Title: A Community-based Multiple Intervention Model to Improve Health and Developmental Outcomes for Vulnerable Children and their Families: A Longitudinal Study

PI: Dr. Karen Benzies

Version number/date: 2015

## Appendix E

### Sample Interview Questions

#### **Initial Open-Ended Questions:**

1. Tell me about what happened, or how you came to CUPS One World?
2. What was it like?
3. Can you remember what was going on in your life then, and how you viewed CUPS One World?
4. How would you describe the person you were then?

#### **Intermediate Questions:**

1. Could you tell me about your thoughts and feelings when you came to CUPS One World?
2. If your thoughts and feelings have changed, how have they changed since attending CUPS One World?
3. Could you tell me how you would describe the person you are now? What do you think most contributed to this change?

#### **Ending Questions:**

1. Could you describe the most important lessons you learned about caregiving through experiencing the CUPS One World program?
2. Tell me about how your views may have changed since experiencing CUPS One World?
3. How have you grown as a person since attending CUPS One World? Tell me about strengths you have discovered or developed through CUPS One World? Tell me about what you most value about yourself now? What do others most value in you?
4. After reflecting on your experiences with CUPS One World, is there something else you would like to add?
5. Is there anything you would like to ask me?

*Note.* This interview guide was refined following the first interview, in consultation with my supervisory committee. Due to the first mother talking about stepping stones, the following question was added to the preceding questions: Were there any ways you would describe CUPS One World as a stepping stone for you?

## Appendix F

### *Core Category, Categories, and Focused Codes*

Core Category	Categories	Focused Codes
Stepping Stones to Resiliency	Perceptions of Family	
	a. CUPS Like Family (Recent Immigrant Families)	Standing Beside Keeping in Touch Learning to Parent Working Hard
	b. CUPS in Place of Family (Other Canadian-born and Aboriginal Families)	Homeless at First Safe Childcare Leaving Abusive Partners Getting Involved
	Moving Forward	
	Achieving Goals	Children Noticed One-Stop Shop Accessing Education
	Completely Different	Strength Independence Freedom Competency Connection