

Early Childhood Educators' Trauma-Informed Practices and Experiences  
Working with Children of Teen Parents

by  
Chantelle Blair

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Department of Educational Psychology  
University of Alberta

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## Abstract

Researchers have suggested that trauma-informed practice can lessen the impact of trauma on children during their development. No studies have examined the practices that Early Childhood Educators (ECEs) implement when working with teenage parents' children. This qualitative study examines the trauma-informed practices and experiences of ECEs working with teenage parents' children at the Terra Centre. This project was co-created with the Terra Centre through a community-based approach. The participants of this study include ECEs who work with teen families, infants and young children. Through this qualitative study, six semi-structured interviews were conducted and analyzed using thematic analysis. Participants shared their experiences and trauma-informed practices in line with two main themes, *Lifework and Learning* and *A Web of Relational Care*. Within *Lifework and Learning*, three main areas were explored: Experiences and work with children and teens, Overcoming bias and Adjusting to logistical challenges. Within *A Web of Relational Care*, five main topics are discussed: Acknowledging history and intergenerational trauma, Stigma and challenges, Developmentally informed care, a Strengths-based approach and Trauma-informed care. Implications for research and practice are discussed in an effort to allow for practical use of findings by teachers, ECEs, and anyone with an interest in working with teen families.

## **Preface**

This thesis is an original work by Chantelle Blair. The research received ethics approval from the University of Alberta Research Ethics Board 1, Pro00108747, on May 31, 2021, and was renewed on May 26, 2022.

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## **Chapter 1: Introduction**

Childhood trauma is a prevalent and complex issue with well-documented long-term harmful effects (physiologically and psychologically) that can impede development and last into adulthood (De Young et al., 2011). Teen families have been identified as a population facing multiple structural barriers that may make them particularly vulnerable to the impacts of trauma (Payne & Anastas, 2015). Although not all teen parents and their children experience trauma, it is important to investigate how trauma-informed practices impact teen parents and their children. Additionally, little is known about the experiences of Early Childhood Educators (ECEs) who work with the children of teen parents and how they implement trauma-informed practice in their care of these children. Through this thesis, I aim to understand ECEs' perspectives on their approach to working with the children of teen parents and teen families at the Terra Centre. This includes learning how trauma-informed practice impacts ECEs' work and highlighting the intentional work ECEs are already doing to share with the broader community. This thesis uses a qualitative approach and data was collected through open-ended, semi-structured interviews with ECEs who work with teen parents' children. Below are the research questions considered within this project and a description of the Terra Centre.

1. What are the experiences of Early Childhood Educators who work with teenage parents' children?
2. What are the trauma-informed practices of Early Childhood Educators who work with teenage parents' children?

### **Terra Centre**

The Terra Centre is a non-profit organization that provides supports and services to empower teen parents to succeed (Terra, 2015). Terra provides such supports and services as

housing, high school education, early childcare, prenatal classes, counselling, and parenting resources (Terra, 2015). Many services are provided by Terra's Family Outreach Workers who meet parents at home, at school or in the community to support them (Terra, 2015). Terra also connects parents with community resources, including health care centres, clinics, the food bank, and can provide free children's clothing, diapers and baby essentials (Terra, 2015). Terra began in 1971 with a young group of mothers looking to complete their high school education (Terra, 2015). From there, Terra grew, continuing its partnership with Edmonton Public Schools which is now seen in Braemar School for mothers' high school completion (Terra, 2015). Terra also supports young dads, has a Child and Family Support Centre, and holds various groups and classes for families (Terra, 2015). In all, Terra works in collaboration with staff, families, and the community to create a web of safety and support for young parents and their children.

### **Why this Project**

After working professionally as a teacher in Alberta, Canada, I became interested in supporting children with complex needs. I saw how our educational system fails at meeting these needs. Working with children (many of whom have experienced trauma) over the past thirteen years, it became imperative for me to learn more about how to better support these populations by understanding the perspectives of those who spend time with them, such as ECEs. With this in mind, my motivation is to share the knowledge of ECEs by exploring their perspectives.

In addition, growing up raised by my mother (who was pregnant with me as a teen) and my grandmother allowed me to develop a unique understanding of teen pregnancy and resilience. Through my life experiences and research opportunities, collaborating and co-creating knowledge with educators and leaders at the Terra Centre became an exciting and invaluable opportunity. Understanding the perspectives of ECEs who work with teen parents is a unique and



rare opportunity, as few organizations exist explicitly to "help pregnant and parenting teens develop the self-reliance and skills to be successful parents" while also providing quality early learning and care from early childhood professionals (Terra Centre, 2018). Research on trauma-informed care in early childhood settings is critical because a paucity of research exists in this area. Furthermore, structurally marginalized populations (such as teen parents and their children) need appropriate and high-quality education and care (Freed & SmithBattle, 2016). The following sections of this thesis will discuss the literature surrounding this topic, the methods used to complete this research, the findings and a discussion of the findings, and finally, a conclusion of the research.

## **Chapter 2: Literature Review**

Through the following sections, I will explore the literature in three main areas related to this thesis. First, structurally marginalized populations are defined, and literature regarding teen parents and their children is described. Second, early childhood education is discussed, along with Early Childhood Educators' roles and responsibilities. Finally, trauma-informed practice will be examined, including evidence and outcomes.

### **Structurally Marginalized Populations**

Structurally marginalized populations, also known as systematically marginalized groups, consist of groups of people who have been purposefully removed or isolated from cultural, economic, and/or sociopolitical participation based on parts of their identity such as race, religion, gender, sexuality, socioeconomic status, disability or immigration status (Utah Department of Cultural and Community Engagement, 2019). These groups of people have been excluded from receiving adequate healthcare, education and employment (as just a few examples), due to systems of power and the institutions operating within their society that allow those with power to continue to hold power (Inter-American Foundation [IAF], 2020). Examples of people that may perpetuate these systems are groups of people with wealth (most of whom experience the transmission of intergenerational wealth) operating at elite levels of society that extenuate or encourage the continued marginalization of others through exploitation, post-colonialism, and capitalism (Oliver, 2015).

An example of a structurally marginalized population has been women; throughout history, women have had fewer human rights than men and have had to fight for the right to hold positions of power within society (such as the right not to be owned by their husbands) (Schettino, 2018; Oliver, 2015). Intersectionality is a framework for conceptualizing a person or

group of people by considering their overlapping identities (race, class, gender) to understand the complexity of disadvantages they face (Crenshaw, 2016). In this way, women who face intersecting structures of oppression (such as being a woman of colour) are differentially marginalized (Crenshaw, 2016). In many regions of the world (including North America), women still are marginalized and experience unequal rights compared to men, including lower incomes, lower employment levels, and increased domestic and gender-based violence (IAF, 2020). Women in Canada today still experience the wage gap, unequal division of domestic labour and childcare, and unpaid or short maternity leaves, leaving them at a disadvantage when working to advance their careers as compared to men (Canada Women's Foundation, 2022; Horne et al., 2018). Other examples of structurally marginalized groups have included Indigenous Peoples and people with disabilities, who, throughout history, and currently, have to fight to gain the rights of those with power and privilege (IAF, 2020). Teen parents represent another example of a structurally marginalized group. Teen parenthood can be defined as pregnancy or parenthood occurring before the age of 20 years old (Thompson, 2016). Teen mothers in particular are a structurally marginalized group, many of whom have faced systemic barriers and stigma (Fearnley, 2018). Although not all teen mothers have had negative experiences, much of the literature on teen mothers discusses the challenges, lower life quality, and stigma teen mothers have faced (Smith et al., 2018; Fearnley, 2018).

The next sections will expand on literature related to teen parents and their children and their health, social, and economic experiences. In particular, I will begin by providing a general overview of the way in which I am approaching this topic. Next, I will discuss research related to physical health and development, then I will discuss socioeconomic status, social capital and

family ties, mental health and stigma, and finally optimism and hope. These topics are discussed because they are the main areas covered in the literature related to teen parents.

### ***Teenage Parents and their Children***

As a disclaimer, I want to be very clear that the experiences of teen parenting that I will be describing are potentially due to structural marginalization and the social inequalities many teen parents face, not necessarily due to being a teen parent in and of itself (Levine et al., 2007). Much of the research on teen parenting has focused exclusively on teen parents from lower socioeconomic backgrounds and those who face significant social disparities (SmithBattle et al., 2020). This must be kept in mind while reading the following sections because, although little research has considered teen parents with strong parental and financial support, some research reveals healthy outcomes for these teen parents and their children, similar to older adult parents' outcomes (SmithBattle et al., 2020; SmithBattle, 2007). A second disclaimer I would like to make is that not all teen parents have negative experiences and that experiences vary according to individual and contextual factors (SmithBattle, 2007). The research shared here includes only a snapshot of perspectives on teen parenting available at the time this thesis was written.

### ***Physical Health***

In the following section, physical maternal and infant experiences of teen pregnancy will be described. As stated previously, some scholars have argued that the poor maternal health experiences often associated with teen pregnancy may in part be the product of structural marginalization faced by young mothers (Amjad et al., 2019). In Canada, the number of teen pregnancies has decreased over time; from 2000-2020, a predicted 50% decrease in teen births was expected (The Health of Canada's Children and Youth, 2022). Significant disparities still exist between teen parents and their non parenting peers, including lower graduation rates, lower

rates of employment, and lower incomes (Thompson, 2016; Luong, 2014). Decreased trends in teen pregnancy over time may be due to increasing effective contraceptive use, greater access to sexual health services and education, and shifting of social norms toward women's reproductive rights (McKay & Barret, 2010). Although a great need still exists for access to contraceptives, sexual health services and reproductive rights as seen by the archaic political decisions regarding women's reproductive rights as recently demonstrated by the United States Supreme Court overturning *Roe v. Wade* (Daniel, 2022).

Teen mothers are at a greater risk than older mothers of giving birth to a low-weight baby, and having their baby preterm (Payne & Anastas, 2015). Poorer pregnancy experiences in adolescence are often related to race, rural residence, lower education and lower socioeconomic status (Amjad et al., 2019). For example, low birth weight in adolescent pregnancy is exacerbated by low neighbourhood socioeconomic status, which also increases the risks of undernutrition before, during and after pregnancy (Amjad et al., 2019). Pregnant teens under the age of fifteen risk not having reached their growth potential, and not weighing enough themselves, resulting in lower fetal weight (Payne & Anastas, 2015). Furthermore, pregnant teens are less likely to maximize their prenatal health through medical care due to stigma, a lack of access, or a lack of social support to help them access health care or go with them to appointments (Payne & Anastas, 2015). This can have an impact on the baby's nutrition, safety, and immunization rates, as well as the mother's well-being and physical health (Thompson, 2016). This is all to say that, although physical health experiences for teen mothers and their children are generally worse than for older mothers, this is not always solely because of maternal age but often tied to inequities in social determinants of health (Thompson, 2016).

### *Developmental Factors*

Along with the physical health experiences of teen parents and their children, it is also important to consider how developmental factors for both teens and their children impact their experiences. Child and infant developmental stages and how best to care for babies may need to be shared with teen parents because they may not have exposure to information in these areas (Thompson, 2016). The mother and child's co-existing needs related to growth and development, nutrition, safety, healthy relationship skills, parenting, and sexual health must be considered when supporting teen parents and their children (Thompson, 2016). Understanding their baby's development and needs is a huge expectation that requires teen parents to grow up very fast.

It follows that it is critical to consider the developmental stage of adolescence when understanding teen parents. Teen pregnancy and parenting can be especially complicated when combining the biological and psychosocial changes of pregnancy with the unique developmental challenges of the teen years (Sürer et al., 2020). Adolescents are in biologically and psychologically different stages of development than adults, meaning that different behaviours and understandings of the world are to be expected (Sürer et al., 2020). The developmental level of teens means that their brains have not yet fully developed, and they are still learning how to make healthy decisions and weigh the risks and consequences of their decisions (Payne & Anastas, 2015). Teens are more likely than other age groups to engage in riskier behaviours (drinking, smoking, drugs, unprotected sex), novelty and sensation seeking, and are learning self-regulation (Sürer et al., 2020). For some teens, their peer relationships become more important than family relationships, and many teens rapidly increase their knowledge in the areas of social norms, friendships and romantic relationships (Rathus & Rinaldi, 2015). In adolescence, self-concept and identity begin forming, and hobbies, interests and milestones inform identity

(Rathus & Rinaldi, 2015). Teen pregnancy can rapidly push adult development and expectations resulting in missed experiences and developmental milestones (friends, social events, education) (Sürer et al., 2020). The developmental levels of adolescents can be forgotten by workers or society, causing judgment and mistreatment of these young parents. Just because they had a baby does not make them adults; developmentally speaking, they are still teens and are still growing.

### ***Socioeconomic Status***

Teen parents exist within various societal spaces, such as being teens and being parents, that uniquely position them as structurally marginalized due to the prejudices they face as members of both of these groups (Sürer et al., 2020). Intersectionality is a framework for conceptualizing a person or group of people by taking into account their overlapping identities (race, class, gender) to understand the complexity of disadvantages they face (Crenshaw, 2016). These interconnected and complex identities are important to consider because an individual cannot be understood without their social context and the various roles they play within it. For example, a pregnant teen may exist as a female, a person of colour and a person of low socioeconomic status, or they could exist as a female with a disability or mental illness and lack family support. Various identities and their intersections are important to consider in the context of research related to teen parents.

As an intersection of identity, socioeconomic status has a major impact on teen parents and their children's experiences (Payne & Anastas, 2015). Much of the research shows that pregnant teens struggle with income, employment, educational attainment and mental and physical health - which impact both maternal and infant outcomes (Payne & Anastas, 2015). Some children may experience cognitive, behavioural, or mental health challenges when compared to the children of older mothers, and teen mothers may continue to struggle with

income and mental and physical health long after their children are born (Payne & Anastas, 2015). In the United States and Canada, teen pregnancy is often connected to a history of family instability and poverty that teen parents experience before becoming pregnant (Smith et al., 2018). The cumulative experiences of disadvantage and instability contribute to the chance of becoming pregnant as a teen (Smith et al., 2018). In a study completed by SmithBattle in 2007, teen mothers' life trajectories reflected inequality from childhood into their thirties. In this same study, a legacy of advantage and privilege led to better experiences and opportunities for wealthier teen parents and their children (SmithBattle, 2007). Many teen mothers face systemic inequities in health, income, housing, and education as compared to their non pregnant peers (SmithBattle et al., 2017).

As far as educational experiences, early social disadvantages and the increased responsibilities of parenting result in greater barriers to continuing schooling for teen parents (SmithBattle, 2007). The timing of becoming a teen mother results in lower graduation rates from high school and post-secondary for teen mothers (Luong, 2014). Researchers have also found that education can counter the negative effects of teen motherhood by resulting in a higher income, increased employability, and financial stability over time (Luong, 2014). Moreover, researchers have shown that early childhood interventions that support teen parents' children can positively impact educational experiences for teen parents (Korfmacher, 2005). Quality childcare for teen parents is critical during important developmental periods such as completing high school (Mollborn et al., 2014). Childcare during this period can significantly reduce disparities experienced by teen parents and their children because quality early childhood education can positively impact children as they age and allow teen parents to finish their own schooling (Mollborn et al., 2014). Resource dynamics explain the widening developmental and



health disparities of teen parents' children because when resources are below the minimum threshold across domains, especially during early childhood, this sets various developmental disparities in motion (Mollborn et al., 2014). Fewer socioeconomic resources are related to reduced maternal education, which also connects to reduced cognitive, behavioural, and health outcomes for teen parents' children long-term (Mollborn et al., 2014). The intergenerational transmission of advantage (social and economic capital) links children's circumstances to their parents (Mollborn et al., 2014), and thus there is potential for intergenerational cycles to continue.

### ***Social Capital and Family Ties***

Similarly, considering family connections and the social capital teen parents have is essential in understanding this population. The significant impact that economic and family support can have on teen parents and their children cannot be understated. Researchers have found that teen parents are more likely to come from highly stressed families and communities (Payne & Anastas, 2015). When teen mothers with weaker family ties and limited financial resources are supported from pregnancy onward, school retention is improved (Assini-Meytin et al., 2018). In addition, supporting teen mothers in having healthy relationships with their partners and encouraging the continuance of education can help in their return to school (Assini-Meytin et al., 2018). Because education predicts socioeconomic gains and positive health and psychosocial experiences, social support and childcare are integral for teen mothers to continue schooling (Assini-Meytin et al., 2018). In this way, teen mothers use the resources that they have access to, which are often their own personal capacities and their families to improve their experiences (McDermott & Graham, 2005).

Maintaining kin relations is one way that teen mothers persevere, although the level of family support that teen parents experience is variable (McDermott & Graham, 2005). As with any individuals, intergenerational trauma, where the effects of previous traumas are passed down through generations, can have negative influences on teen parents and their children (SmithBattle et al., 2014). Again, family trauma often (but not always) reflects structural inequities related to low socioeconomic status, neighbourhood violence and systemic racism (SmithBattle, 2018). The results of intergenerational trauma can be devastating for teen mothers in terms of interfering with family ties (SmithBattle, 2018). Teen parents have described how social supports, community integration, a family-friendly neighbourhood, and help to expand their social networks can help them raise healthy children (Tremblay et al., 2021).

### ***Mental Health and Stigma***

Many teen mothers experience high levels of psychological distress and histories of adverse events with lasting implications for their physical and mental health (Freed & SmithBattle, 2016). Teen mothers also experience depression at rates higher than adult mothers and face obstacles in obtaining mental health care (Freed & SmithBattle, 2016). Factors which contribute to the onset of postpartum depression for teen mothers include prior depression, lack of family support, and socioeconomic struggles- many of which (as described above) are prominent in teen parents' lives (Hymas & Girard, 2019). Given the difficulties that come with navigating teenagehood and parenthood, mental health issues and postpartum depression are added layers of challenge that can greatly impact both the mother and child (Hymas & Girard, 2019). Moreover, when teen parents have a lower socioeconomic status, lower educational attainment and less social support, they are at risk for higher rates of domestic violence, substance use, and mental health problems (Thompson, 2016). Interventions and resources that

help teen parents in receiving mental health care that meets their collective and cultural needs are imperative (Flaherty & Sadler, 2022). A referral to mental health services is not enough (Freed & SmithBattle, 2016). Long-term supports that recognize the deeply embedded systems and inequities teen parents face, as well as those that draw upon strengths and protective factors and recognize traumas and vulnerabilities, are critical when attempting to equalize opportunities for this population (Freed & SmithBattle, 2016).

As far as stigma, teen parents have reported receiving stares, verbal comments, gestures or being disregarded in public (Fearnley, 2018). Teen mothers have also received messages from society and through the media about widespread perceptions of them being poor, overly sexual, and bad parents with bad children (Fearnley, 2018). Society tends to problematize teen parenthood and blame the individual teen mothers for their problems rather than the social inequities and structural marginalization they face (Levine et al., 2007). Blaming the individual teen parent for the negative experiences they face is a form of misplaced and misinformed blame that does not consider the collective and political responsibility that society has in supporting this population (Levine et al., 2007). As mentioned above, it has been argued that teen parents and their children have adverse experiences due to structural inequalities before, during, and after they become teen parents, not simply because they are younger parents (Levine et al., 2007). The stigma, stereotypes, and individual blame placed on teen families furthers tropes of them that are harmful and that add barriers to their wellbeing (SmithBattle et al., 2020).

### ***Optimism and Hope***

Although some teen parents come from stressful family and community situations, including circumstances of low socioeconomic status, collaborative social, health, and mental health supports can mitigate the negative impacts of these scenarios (Payne & Anastas, 2015).

Not all teen pregnancies result in adverse outcomes for parents and children, and protective factors can mitigate risks. These protective factors can include physical health, family and partner support, and psychosocial factors (Payne & Anastas, 2015). In the same way, many teens express a deep desire to succeed as parents, and many express optimism and hope to complete their education and achieve their goals (Payne & Anastas, 2015; Spear, 2001). For some, teen parenting can transform and redirect lives despite difficult pasts, reduce risky behaviours and provide meaning and maturity (SmithBattle et al., 2017). All in all, teen parenthood is complex and varies according to context. When disregarding the inequities teen parents face and the collective responsibility society has to these populations, we are ignoring structural marginalization and the legacy of disadvantage it causes. In the following sections, early childhood education, Early Childhood Educators and trauma-informed practices will be explored, and their connections to teen parents and their children will be discussed.

### **Early Childhood Education**

Early childhood education is the education and care children receive from infancy up until kindergarten (Jalongo et al., 2004). Although it is recognized that early childhood education practices and values vary according to location and culture (Tobin, 2005), a portion of the literature reviewed herein is drawn from North America. This reflects the North American context of my thesis and is also an effort to restrict the scope of the literature reviewed.

Researchers have found that quality early childhood education includes smaller ratios of children to each teacher, having infant or toddler specialists, and having subsidies available for families (Schmit et al., 2013). Researchers in early childcare have also found that highly qualified educators have predicted improved experiences for children and parents (Harper & Wilson, 2020). Hujala and colleagues (2009) considered the importance of parent-teacher partnerships in

early childhood education and how a child's family, neighbourhood, community, and childcare setting all influence the child's growth and wellbeing. When parents and teachers work together and empower the child, child and family experiences are more positive (Hujala et al., 2009). In short, high-quality early childhood education may differ across contexts, but at its core, high-quality early childhood education cushions the family and child in a safe environment with the goal of supporting and caring for the children.

Head Start is mentioned often throughout the research on early childcare and is a successful program (that originated in the US) that has been the model for many other early childhood programs that work to support children and families coming from low-income situations (Schmit et al., 2013). Families living with a lower socioeconomic status sometimes experience other risk factors such as lower educational attainment or worse health experiences, and their children are in turn more likely to experience difficulties with school retention and challenges with maladaptive behaviour (Schmit et al., 2013). Young children experiencing poverty are at the highest risk of missing out on educational opportunities due to limited early learning experiences (Currie, 2001). Thus, early learning is a critical time of intervention for young children and, more specifically, structurally marginalized children such as those of teen parents (Mollborn & Blalock, 2012). In addition, high-quality childcare that is family-supportive and flexible can enrich children's lives, creating more cohesive families and stronger communities (Seiderman, 2009). When providing high-quality childcare services to families, understanding the perspectives of Early Childhood Educators (ECEs) is essential for understanding how to support these children and families (Cottle & Alexander, 2012). Critical and reflective discussions with ECEs can also aid in making appropriate decisions and advocating for quality childcare resources and training (Cottle & Alexander, 2012).

### *Early Childhood Educators*

To work as an ECE in licensed programs in Alberta, certification in level 1, 2, or 3 ECE training is required (Association of Early Childhood Educators of Alberta [AECEA], 2022). Level 1 requires a 45-hour post-secondary course, level 2 requires a one-year early learning and childcare certificate, and level 3 requires a two-year early learning and childcare diploma (AECEA, 2022). All ECEs at the Terra Centre are required to have their level 3 training to work with teen parents and their children. The Terra Centre ECEs integrate the Flight Framework, which is an early learning curriculum document created in collaboration with ECE specialists in Canada to guide ECEs according to best practices (AECEA, 2022). The Flight Framework is based on principles of child development, play-based learning, nutrition, physical activity, routines, child well-being and an understanding of family dynamics (AECEA, 2022).

When considering the challenges ECEs face in their roles, researchers discuss a number of obstacles ECEs work to overcome including high rates of turnover, low salaries, insufficient field experience and the desire for more learning and professional development (Ackerman, 2004). ECEs have also described how important it is for them to be led by others with early childhood education experience as well as to have sufficient and invested mentors who can demonstrate how to work with young children (Ackerman, 2004). Other challenges that ECEs have reported are in the realm of well-being and work-family balance in relation to their jobs (Harper & Wilson, 2020), health and safety issues, work-related stress, feelings of invisibility and a non-supportive adult work environment (Logan et al., 2020). Despite the complex role ECEs have, and the challenges that come with it, many ECEs demonstrate exemplary commitment to child wellbeing through warm, positive relationships with children and families founded on mutual trust and a common purpose (Cottle & Alexander, 2012).

## Trauma-Informed Practice

Trauma consists of an event or multiple events that are physically or emotionally harmful or life-threatening and affect mental, spiritual, physical or emotional well-being long-term (Substance Abuse and Mental Health Services Administration, 2014). Trauma can have long-term, harmful consequences for people at any age, but young children are especially vulnerable because they are undergoing rapid development, are dependent on their caregivers, and have limited coping skills due to their young age (De Young et al., 2011). Researchers have found that early trauma exposure can result in poor social and health outcomes when compared to children who have not been exposed to trauma, and early interpersonal trauma can increase the risk of developing psychiatric disorders later in life (Campbell et al., 2016). In 1998, a landmark study completed by Felitti and colleagues (*The adverse childhood experiences (ACE) study*) reported powerful associations between childhood abuse and household dysfunction and many of the leading causes of death in adults. This study led to a research focus on the impacts of various types of trauma on children, although the types of adverse experiences examined within that study are missing key traumas structurally marginalized groups may face, such as discrimination (Avery et al., 2021).

Awareness of the adverse childhood experiences children and teens may have experienced and the ability to use trauma-informed practices are necessary for professionals working with children and adolescents (Steen et al., 2022). Knowing how trauma affects humans during development can lead to a focus on the social determinants of health and considerations to prevent further trauma (Steen et al., 2022). Healthy development and brain functioning can be altered due to prolonged activation of the body's stress response as a result of trauma, and adolescents and children are more vulnerable to these impacts than adults (Avery et

al., 2021). Because learning, behaviour, relationships, and physical and mental health can all be negatively affected by traumatic experiences, it is critical to study the implementation of trauma-informed practices in service providers' work (Avery et al., 2021).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA; 2014), people using trauma-informed practices will understand the effects of trauma, recognize the signs of trauma, respond to trauma and resist retraumatization of those they work with. Professionals implementing trauma-informed practice ensure the environment is physically, psychologically, and emotionally safe for all (SAMHSA, 2014). When implementing a trauma-informed approach, Goddard (2021) describes how it is crucial to recognize that sharing traumas can be difficult and that the pain surrounding trauma can be deep and uncomfortable for people who have experienced it. In the same way, having empathy and awareness of what trauma may consist of and what reactions to trauma may look like is essential for professionals implementing trauma-informed practice (Goddard, 2021).

Core principles of trauma-informed practice include creating a safe haven, trust and transparency, attention to systematic barriers and intersectional identities, focusing on choice, peer support, and working together (SAMHSA, 2014). A few specific examples of trauma-informed practices include creating a physical environment that is calm and promotes safe interpersonal interactions, building relationships rooted in trust with clients and families, enhancing collaboration where those with lived experiences of trauma can share their experiences and act as peer supports, sharing power and decision making by offering families choice with a focus on uplifting them rather than controlling them, and addressing racial, ethnic, and cultural needs, and historical trauma (SAMHSA, 2014).



Trauma-informed models used in early childcare settings can reduce child behaviour problems, parenting stress, and the impacts of trauma in children, such as poor attachment, poor socialization, and long-term outcomes such as PTSD, addiction, health and social problems (Goddard, 2021; Loomis, 2018). However, limited research examines the impact of trauma-informed practice on children in early childhood (Loomis, 2018), specifically the children of teen parents. It cannot be assumed that all children of teen parents have experienced trauma or that all teen parents have experienced trauma themselves or have negative experiences as a result of their pregnancy (SmithBattle et al., 2020). Making these assumptions contributes to harmful stereotypes and stigma toward teen parents (SmithBattle et al., 2020). Rather, trauma-informed practices are meant to create a safe space for all, including anyone who has or has not faced trauma (Oehlberg, 2008). Researchers have demonstrated that schools that work to counter the effects of trauma and create a culture of safety and care allow all students a chance at success (Avery et al., 2021). A shift to recognizing more systems-based approaches (such as trauma-informed approaches) allows for a focus on integrative practices for communities and families rather than a focus on individualized treatment (Champine et al., 2019). It follows that this can be especially beneficial for structurally marginalized populations such as teen parents because many of the challenges they face may be caused by social systems.

Holmes and colleagues (2015) conducted a study looking at *Head Start Trauma Smart*, an early education program implementing trauma-informed practices. *Head Start Trauma Smart* integrated classroom consultation with teachers, therapy with children and families, training for teachers and families, and peer mentoring for teachers (Holmes et al., 2015). This program taught teachers and parents trauma-informed skills so they could be applied at home and in childcare settings (Holmes et al., 2015). As a result of this program, ECEs reported significant

changes in children's externalizing behaviours, and parents reported positive changes in children's internalizing and externalizing behaviours (Holmes et al., 2015). More than that, this program integrated multiple approaches to meet the needs of many children (Holmes et al., 2015).

Finally, the field of trauma-informed practice does have its limitations. How trauma-informed practice is defined, implemented, and measured varies across studies, and no uniform definition, implementation, or measurement exists (Champine et al., 2019). This creates issues with consistency and replicability in the research and insufficient evidence to prove outcomes (Champine et al., 2019). There is a paucity of reliable psychometric data on this topic (Champine et al., 2019), partially because it is difficult to define and measure. In addition, few studies meet SAMHSA criteria, and trauma-informed practice needs to be better understood in relation to culture, history, race and gender (Avery et al., 2021). Despite these limitations, addressing trauma and trauma-informed practices are key considerations when working with complex populations within complex environments (Avery et al., 2021). Understanding the social context of trauma and using relationships as a form of intervention may be critical in working with structurally marginalized populations such as teen parents and their children (Avery et al., 2021; SmithBattle, 2018).

### **Chapter 3: Methods, Data Collection and Analysis**

#### **Qualitative Research**

This thesis consists of qualitative research, which is conducive to analyzing the patterns in participants' words and answers to open-ended questions (Creswell, 2014; Leung, 2015). Qualitative researchers work inductively to focus on the meanings individuals or groups give to situations and to build from particular to general themes (Creswell, 2014). In this way, qualitative research involves emerging questions and answers and allows for building understanding of complex social situations (Creswell, 2014). Qualitative research includes some of the following characteristics: the researcher is a key instrument in gathering information, multiple sources of data (interviews, notes, observations) inform results, the meanings that participants hold are the focus, phases of research are emergent and not tightly prescribed, the researcher reflects on how their background, culture, and experiences shape their interpretations of data, and finally, a complex picture of data emerges that involves multiple perspectives (Creswell, 2014).

In order to answer the research questions within this study, a qualitative approach which integrated the above characteristics was implemented. Within this study, participants' subjective meanings and social contexts as they experience them are shared. The meaning of these experiences is analyzed and interpreted by participants and the researcher (Fossey et al., 2002). Qualitative research is necessary within this study to develop information from poorly understood and complex areas of knowledge and so that participants' experiences and social worlds can be shared authentically (Fossey et al., 2002).

The method for this thesis is a qualitative description study, given that I sought to stay as close as possible to participants' words (Neergaard et al., 2009). Researchers use qualitative

description to describe participant experiences in a language similar to the participants' own language (Neergaard et al., 2009). Qualitative description is used to describe a phenomenon with data generated through analysis of participants' views (Neergaard et al., 2009). Qualitative description involves a rich, straightforward description of data with less of an interpretive approach (Neergaard et al., 2009). Qualitative description applies to this study because sampling was purposeful, interviews were semi-structured, and analysis stayed close to what participants had to say (Neergaard et al., 2009). In the following sections, my study will be further described through philosophical assumptions, the research approach, ethics, the purpose and research questions, and data collection and analysis.

### **Theoretical Position**

Qualitative researchers recognize that human experiences and realities are complex, fluid, and co-constructed (Cohen & Crabtree, 2008). Within qualitative data analysis, data is interpreted by the researcher, whose goal is to understand the data through the participants' eyes. In this way, multiple ways of seeing and understanding a phenomenon are recognized (Cohen & Crabtree, 2008). Qualitative researchers recognize that a single objective reality does not exist and that research is always impacted by social structures, power, institutions and the ways of knowing of both the researcher and participants (Cohen & Crabtree, 2008). Ways of knowing explore how knowledge is built, what constitutes valuable knowledge, and how it is collected and distributed (Cochran et al., 2008). Epistemology is the knowledge a researcher adopts and the philosophies they use, which are intrinsically entangled in the researcher's history and the social position they hold within society (Cochran et al., 2008). As the primary researcher and writer of this thesis, I recognize the social position I hold in society as a white female with higher education, growing up in Alberta, Canada. As a female student getting my master's and having

worked with children and adolescents for much of my life, my experiences and identity inform my observations and interpretations (Tong et al., 2007). I must constantly reflect on my biases, values, personal background, gender, history, culture and socioeconomic status in order to better understand where knowledge is coming from, whose voices are heard and what knowledge is valued and shared (Creswell, 2014). I recognize how my background and education make me see the world through a specific lens, but I am constantly looking to see the world through others' lenses and learn from them. My goal is always to be open to learning how my social position influences my interpretations of the world, knowledge and participant experiences. As a result, I practiced reflexivity throughout this project by taking time to reflect and write out ideas and thoughts and consider how my own feelings and beliefs influenced the research (Cohen & Crabtree, 2008; Tong et al., 2007). By keeping an open mind, considering ideas from multiple perspectives, and asking myself if my beliefs made me see my data in a certain way, I was able to stay reflexive (Cohen & Crabtree, 2008).

With all of this in mind, this project was completed from a constructivist perspective where the goal of the research is to interpret participant meanings of the world and to generate a pattern of meanings rather than starting with one (Creswell, 2014). Constructivists seek to understand the world through subjective and multiple meanings and to show the complexity within them (Creswell, 2014). Within this project, I sought to better understand the experiences of ECEs by relying on participants' views and considering the contexts in which they worked (Creswell, 2014). A constructivist perspective recognizes that meanings are negotiated socially, historically and formed through social interactions and cultural norms (Creswell, 2014). From a constructivist perspective, this project tackled the goal of sharing multiple meanings and co-creating understanding (Mayan, 2009). Based on this philosophy and the populations included in

this study, a community-based approach was foundational to this project which is described further in the next section.

### **Approach**

This research includes perspectives from participants who work with structurally marginalized populations, that is, teenage parents and teenage parents' children. In working with structurally marginalized populations, it is critical to conduct research in a way that is sensitive to the circles in which they exist within our society of marginalization and privilege. A community-based approach to research involves relationships built between community members and researchers, where participants are able to prioritize their perspectives and amplify their voices (McGovern et al., 2021).

A community-based approach was foundational to this project because the conception of this project and the research questions were created in collaboration with ECE Leaders and the Mental Health Liaison at the Terra Centre. The ECEs and Leaders at the Terra Centre reported that they were affected by the trauma children and parents faced and wanted to know more about the practices they implemented in working with the children of teen parents. ECE Leaders were involved from the conception of the project through to recruitment and confirmation of summaries and interviews. Meetings were regularly held with ECE Leaders to collaborate and check-in on the study's progress. Information will continue to be shared back with the Terra in a way that is meaningful to them. I will create an infographic to share with Terra and hold a workshop sharing findings and areas helpful to them.

### **Ethical Considerations**

Ethics approval was obtained through the University of Alberta Research Ethics Board 1 (Pro00108747) on May 31, 2021 and was renewed on May 26, 2022. See *Appendix A: University*

*of Alberta Research Ethics Approval*. Within this study, it was critical to consider the Tri-council policy statement: Ethical conduct for research involving humans (2018). The Tri-council policy statement shares important factors regarding ethics and conducting research with humans, as described further in the next sections. Respect for Persons includes the autonomy of groups or individuals and the protection of vulnerable people (TCPS2, 2018). Respect for Persons also includes ensuring that participants can think about and make their own decisions, with the freedom to make their own choices regarding participation and withdrawal without interference (TCPS2, 2018). Before gathering data, participants were informed of the purpose of the research, what it entailed, and its potential risks and benefits. Participants were able to see all this information on the consent form, and this was described to participants before interviewing. See *Appendix B: Information Letter and Consent form for Early Childhood Educators*. Free, informed, and ongoing consent was implemented with participants, and they were informed that they could withdraw at any time throughout the study.

Participants' personal information was kept private, and data was stored securely. Information published or shared does not include participants' names or identifying information of children, staff or parents at the Terra Centre. Ethics approval allowed for names to be included in published materials if requested by participants; however, none made this request. Participants were interviewed through Zoom, a secure online platform. Security was ensured on Zoom through passcodes for meetings and invites I sent to participants through email so that no others could join the interviews or access information shared during interviews. Participants were able to complete the interview from a private area of their choosing, with some completing interviews at Terra offices and some completing them at their homes. Participants were able to complete interviews at times convenient for them and were allowed to complete interviews during paid

working hours if they chose. Any data collected has been stored safely on password-protected devices. In addition, a Zoom access guide was created so that ECEs could access this platform with ease, see *Appendix C: Early Childhood Educators Zoom Access Guide*.

Concern for welfare ensures that participants are treated with dignity and that considerations are made for sharing foreseeable risks and that their employment, security, and community and social participation are considered (TCPS2, 2018). Whether or not ECEs chose to participate in this study did not impact their employment. Participants were also informed that interview data collected and interpreted would not impact their employment. Given that ECEs shared their experiences working with teen parents and the children of teen parents, and that trauma-informed practices were explored, these sensitive topics could evoke uncomfortable emotions, including sadness or pain. Participants were informed ahead of time of this potential risk, and low-cost mental health resources were provided. See, *Appendix D: Early Childhood Educators List of Free and Low-Cost Counselling*. In addition, the topic of trauma-informed care was something ECEs at the Terra Centre were already trained in, so they had already been exposed to the topic of trauma prior to taking part in this study.

Finally, we wanted to ensure that participant perspectives were represented authentically. The goal is for this information to lead to authentic conclusions that consider how each individual perceives the world in their own unique way (Cohen & Crabtree, 2008). Perspectives and understandings shared from this project were complex, and a meaningful account of these complex realities is shared (Cohen & Crabtree, 2008). The authenticity of participant perspectives was checked through collaboration throughout the entirety of the project, including member checking of interview findings and meetings with staff to align purpose, research



questions, and findings with accuracy. In addition, interview transcripts and summaries were sent to each participant to confirm the accuracy of findings before data analysis occurred.

### **Purpose and Research Questions**

This study aimed to understand ECEs' perspectives on their approach to working with teen parents and their children at the Terra Centre. This included learning how trauma-informed practice impacted their work. The following research questions were considered:

1. What are the experiences of Early Childhood Educators who work with teenage parents' children?
2. What are the trauma-informed practices of Early Childhood Educators who work with teenage parents' children?

These research questions guided this study and informed the semi-structured interview questions asked. See *Appendix E: Early Childhood Educators Interview Outline*. In the following sections, participants and recruitment, data collection, and coding and analysis procedures are discussed.

### **Participants and Recruitment**

Participants were ECEs and ECE Leaders at the Child and Family Support Centre at the Terra Centre. The Terra Centre offers support and services to teen parents and the children of teen parents by providing a range of integrated services, including, among other supports and services, high school completion through the Braemar School in Edmonton, Alberta (Terra Centre, 2015, 2018). Parents are offered flexible, family-centered supports at Braemar School, which includes care for infants and toddlers (Terra Centre, 2015, 2018). The Terra Centre was an ideal site for this research because the agency has spent decades honing its practices toward

intentional, trauma-informed work with families and was interested in learning more about the experiences of ECEs and how trauma-informed practices impact their work.

Snowball sampling was used for this study, and a recruitment sheet with information was shared with ECEs (Fossey et al., 2002). See *Appendix F: Early Childhood Educators Recruitment Ad*. Through community partnership, ECE Leaders shared the information sheet with ECEs through their work emails. ECEs were also able to share recruitment information with their co-workers. Interested participants then contacted me to go through the consent process and book a time for an interview. Sampling continued until saturation was reached, and various perspectives were explored until less new information was being shared (Fossey et al., 2002). Six participants were interviewed for this project. Four of the participants were Terra ECEs, and two of the participants were Terra ECE Leaders. All of the participants were females living in Edmonton, Alberta, of various ages. Interviews occurred between June 2021 to September 2021. Although the sample size was small, the amount of data gathered was extensive and specific to the participants' experiences (Fossey et al., 2002).

### **Data Collection**

The first-hand experience and processes of ECEs were explored through semi-structured interviews, which were recorded and transcribed through Zoom. Interviews lasted from forty to sixty minutes. Participants were able to complete interviews from a private area of their choosing, with some completing interviews at Terra offices and some completing them at their homes. Data collection and analysis were implemented within this study in a cyclical manner, where sampling, data collection, analysis and interpretations overlapped in time and related to one another (Fossey et al., 2002). While the first interviews were being conducted, they were summarized and sent for confirmation of findings before later interviews were summarized.

Recruitment occurred over time, with some participants already being recruited and interviewed while others were yet to be recruited and interviewed. Various meetings with Terra ECE Leaders occurred in order to ensure the accuracy of research questions, appropriateness of the project, and share ideas with Terra (Wilson et al., 2018).

The interview guide includes a list of questions and prompts to guide the interview. See *Appendix D: Early Childhood Educators Interview Outline* for the full outline. The semi-structured interviews were somewhat focused but still flexible so that participants' experiences, feelings and social worlds related to their work were explored (Fossey et al., 2002). Interviews were recorded through Zoom and transcribed verbatim so that participants' exact words and perspectives were recorded for analysis (Fossey et al., 2002). Notes were taken during the interviews on behaviours, emotions, and any critical key points noticed (Tong et al., 2007). Note-taking combined with recorded interviews allowed for more integrated observations and understandings of the data (Fossey et al., 2002). Summaries of transcripts and transcripts were shared with participants for a chance to provide feedback. After summaries and transcripts were confirmed by participants, participants were able to choose a \$15 gift card which was provided to them through email.

### **Coding and Analysis Procedures**

Interviews were transcribed and analyzed using thematic analysis. Thematic analysis is useful in providing a nuanced account of the data and for reporting patterns in data (Vaismoradi et al., 2013). After editing transcripts, they were read several times to obtain a sense of the whole, and underlying patterns were highlighted and commented on as codes (Mayan, 2009; Vaismoradi et al., 2013). During the initial stages of analysis, two separate researchers analyzed and coded the first transcript separately. Next, a coding manual was created through discussion

by combining codes and different meanings. The second transcript was coded separately by each researcher, and then our coding was compared and the coding manual was updated. The remaining four transcripts were coded by myself. Next, codes were placed into potential categories and grouped for similar content, then eventually synthesized into overall themes (Vaismoradi et al., 2013). Ongoing analysis and refinement of the coding and themes occurred (Braun & Clark, 2006). Lastly, examples from the transcripts were chosen to represent the codes and themes relating back to the research questions and literature (Braun & Clark, 2006).

Some of the verification techniques implemented in this study were triangulation, where multiple data sources were used to produce an understanding, such as researcher notes, transcribed interviews, and interview summaries (Cohen & Crabtree, 2008). In addition, a researcher external to this study coded the first two interviews for comparison to my coding and for collaboration and agreement on a code chart (Cohen & Crabtree, 2008). I followed the *Checklist for good thematic analysis* by Braun & Clark (2006), in attempting to ensure that coding was thorough, inclusive and comprehensive, themes were coherent, and analysis was in alignment with the constructivist theory of this thesis. All in all, with thematic analysis, a coherent story about the data is demonstrated, and this is described in the following sections of this paper.

## Chapter 4: Findings

The following section will detail the findings of this thesis related to ECEs' trauma-informed practices and their experiences working with the children of teen parents at the Terra Centre. Overall, two main themes were interpreted, with eight codes connecting to these themes and eighteen subcodes under these codes. Below, each theme is provided, along with codes, subcodes, and quotes from participants to expand on findings.

### Themes

The themes, codes and subcodes generated from interview data are presented in Table 1.

**Table 1**

*Early Childhood Educators and Early Childhood Educator Leaders Themes, Codes, and Subcodes*

Theme	Code	Subcode
Lifework and learning	Experiences and work with children and teens	Terra training
		Continued training
		Outside training
	Overcoming bias	Differing worldviews
		Cultural openness
	Adjusting to logistical challenges	COVID-19
Enrollment		
A web of relational care	Acknowledging history and intergenerational trauma	Vicarious trauma
		CFS

		Perceived apathy
Stigma and challenges	SES	
	Routine and attendance	
	Transportation	
Developmentally informed care	Acknowledging the developmental level of teens	
	Teaching life skills and resources	
Strengths-based approach	Celebrating growth	
	Positive regard	
Trauma-informed practice		Trauma-informed environment

### ***Theme 1: Lifework and Learning***

When discussing their experiences in their roles, ECEs described Lifework and learning as a theme, which was the mastery they had gained in their roles and the different experiences that led to their learning. In line with this theme, participants spoke about (1) Experiences and work with children and teens, (2) Overcoming bias, and (3) Adjusting to logistical challenges.

**Experiences and Work with Children and Teens.** Participants spoke about the knowledge gained from time spent with young people or learning about them, including training they had through the Terra Centre or outside of the Terra Centre and continued training they would like to receive. ECEs described *Terra training* as the general training or professional development received from Terra, as well as the trauma-informed training received through

Terra. As one participant described, the training received at Terra went beyond their formal education in terms of preparing them to do their work:

[Our learning and training] is so on the job. It's not really like anything I experienced in university, [...] but we do workshops here and there, but a lot of it is research independently, a lot of it is reading articles, a lot of it is learning from others who have done this for a long time, and I am actually taking a trauma-informed seminar in a month...the brain mapping really gave you a good insight into just the way the brain develops when there's trauma that's experienced...definitely none of my university experience prepared me for [the challenges of] working with teen families.

Participants also valued receiving training related to mental health. As one participant described:

There's also a [...] suicide awareness training. I believe it's about recognizing signs of trauma, recognizing where people are within their mental health, recognizing signs of people who are having suicidal thoughts... then being able to know what role you have-not as a mental health therapist, but [the] things you can say, and how to support them [parents] in getting proper support.

In addition, participants spoke specifically about receiving training in trauma-informed care. One participant indicated that all staff had received trauma-informed training and that the agency intended to “be staying on top of that” in terms of ensuring that all staff continued to receive this training moving forward.

Although ECEs indicated the value of the training received at Terra, they also described ideas for *Continued training* that they felt would help them experience success in their roles. As one participant shared:

It would be nice to have a little bit more practical [training], I always like examples [or] cases to solve, some practical solutions, here's this story of this family, this is how... [...] sometimes [our training is] very theoretical and it's very informative, but with very little solutions provided, that's kind of what I would like to hear more [of], so you know this is the problem, this is what caused it, but what can we do to fix that problem right?

Similarly, another participant described their concerns when reporting disclosure to CFS and how continued training in this area could be beneficial:

[...] I think [we] need more training because I can apply it, but then I [get nervous] and never [feel] fully confident; I would say, I think it's ever-growing, [there] needs to be constant education and informative care that needs to happen, especially [around trauma, and working with disclosures and CFS].

Finally, ECEs described *Outside Training* as the training and experiences ECEs had before they worked at Terra or outside of Terra. One participant described their experiences as a preschool teacher and the influence of this:

[...] I worked for nine years as a preschool teacher, so all my years of working with childhood educators, I experienced [and I] learned about different philosophies, different approaches [that I integrate into practices here].

Another participant explained the educational requirements to be an ECE at Terra, and the importance of this:

So everyone here at Terra has the highest level of education in early child care, so we all have our level three. I find that that's super important because it kind of recognizes the importance of our work and that a lot of us are on the same page. We understand child development to [...] quite an extreme level... We are able to [...] have meaningful



interactions with children and families, and [...] we also kind of go above and beyond when it comes to planning, so we plan to the children's interests, and we really dig deeper in our documentation of what they're learning and what they're experiencing...

**Overcoming Bias.** Participants worked to understand their biases by gaining knowledge, understanding and exposure to different ways of living and being. This occurred when ECEs gained awareness of stereotypes and stigma surrounding structurally marginalized populations and began to understand the damage caused by stereotypes and stigma. ECEs described how before working at Terra, they had biases toward teen parents and were aware of the stigma toward teen parents, but after working at Terra, ECEs saw how teen parents can be humanized, uplifted and encouraged. ECEs also shared how they worked to keep their personal biases or judgements aside and instead remain open to learning about parents' cultures and backgrounds and treating them with acceptance and care. More specifically, ECEs spoke about *Differing worldviews* as the contrasting assumptions, ideas or beliefs they had with teen parents. One participant discussed how before working at Terra, they had biases towards teen parents:

I really had a lot of kind of stigma coming in [starting work at Terra]; I really wanted to try and be open-minded, but you come with all these already like biases that you have to break down.

Another participant described how differing worldviews on topics such as parenting may occur, but understanding different practices was important to her work as an ECE:

I think parenting strategies are different, and we need to keep that in consideration because how you would parent your child and how they parent their child might be a little bit different, so understanding those parenting practices, and you know, having the conversations about best practice, is this best practice for your child? Does it relate to [...]

the World Health Organization, when it comes to nutrition or things like that, and keeping your biases aside, like just because it's different doesn't mean it's wrong, so supporting them and how they want to parent and just you know, making sure that everyone's needs are met.

Similarly, a participant spoke about differing values towards education and how consideration of different family influences was important:

Understanding that your values could be different from theirs. [With some] families, I find education is not a huge value, maybe to the mom- but not necessarily to her family, because they were raised, once [their own parent] had a child, they stayed home with the child...they didn't go to childcare, they didn't finish their high school, so all those kind of family influences and factors [are important to keep in mind].

ECEs also experienced an element of *Cultural openness* where they were receptive to new ideas and information and flexible and accommodating to different ways of living and being. One ECE discussed how she was able to relate Indigenous cultural practices to her own cultural practices and build stronger relationships with families because of this. Moreover, a participant talked about her own personal biases and learning about other ways of living:

I definitely tried to keep my personal biases aside and focus on their successes and their cultural views and always learning about [...] different cultures and trying to incorporate that into my work instead of focusing on mine.

A second participant stated how they had little exposure to other cultures up until working at Terra and how learning about families' cultural practices was eye-opening and exciting:

I've learned a lot, I've been quite sheltered from like any other culture like growing up, so it's been really cool to learn. And also to like ask the moms and like genuinely want to know, like they're a lot of the times [moms are] really proud and really excited to talk about like oh, this is like my spirit name, and this is my child spirit name or like this is what I believe and what I've grown up with, and it's like oh that's really cool.

Finally, a participant described how Terra integrated different cultural ceremonies and practices into their Centre and how this impacted ECEs' practices:

So, each year, we have diversity day, so we've done the blanket ceremony, we do smudges, we've gone to sweats and things like that. So those are really, really powerful, kind of understanding what kind of ceremonies our families go to and what they experience. It's not just necessarily the Indigenous culture that we, you know, learn about, we also went to a mosque, and certain things, we did [an] African drumming ceremony, and things like that, so it's just kind of learning about different cultures and how we can you know, bring those into our practice.

**Adjusting to Logistical Challenges.** Also related to lifework and learning, participants spoke about the organizational obstacles surrounding providing teen parents with childcare. In particular, ECEs raised concerns surrounding *COVID-19* and the impact it had on their abilities to provide Early Childhood Education. According to participants, the COVID-19 related challenges Terra experienced included the integration of online schooling (which created greater stress for students and teachers), a decreased sense of community due to restrictions on interactions and social events, and a decreased sense of connectedness with parents and children due to restrictions on parents' visitation in the childcare centre. As one participant described:

COVID kind of stops everyone, right? Because programs have to go online and yes, they [parents] have a hard time, once parents and young families have a hard time keeping up with their schoolwork, then there is mandatory work online to ask them to do, some after-curriculum activities online, it's sometimes, it's too much [...].

Another participant raised concerns about Terra's practices that allowed moms to visit their baby's during the school days and how this became more difficult during COVID-19:

Part of being at Terra Centre is, again, this was probably the hardest thing this year, was not having the moms visit the rooms [as much due to COVID restrictions].

ECEs also discussed the impact that teen parent *Enrollment* had on childcare at Terra, and specifically, the impact low enrollment had:

[...] This year [a challenge is] low enrollment. That wouldn't be a typical answer, but COVID has challenged us; our enrollment has been low, we've had to do layoffs, we've had to cut hours, and it has been hard on educator morale, and I feel like my job is to support the educators, so in being one of the people who is delivering these hardships, it's been a challenge.

### ***Theme 2: A Web of Relational Care***

As reported by participants, *A web of relational care* was the net that held parents and children in a safe place through the supports ECEs implemented. In line with this theme, participants spoke about (1) Acknowledging history and intergenerational trauma, (2) Stigma and challenges, (3) Developmentally informed care, (4) a Strengths-based approach, and (5) Trauma-informed practice.

**Acknowledging History and Intergenerational Trauma.** Participants recognized the continued impact past experiences or past traumas may have had on teen parents and their

children, which they acknowledged could be passed down through generations. In particular, ECEs experienced *Vicarious trauma* as the impact of, or secondary negative consequence of, empathetic engagement with parents and children's traumas. One participant spoke about the current population served by Terra and how they often had higher ACE [Adverse Childhood Outcomes] scores:

[Parents are] coming from more vulnerable backgrounds, so whereas before you know the child who lived with mom and dad, and had a relatively typical upbringing, and then became pregnant due to an oops would come here, [...] those are the ones that we aren't seeing as much- we're seeing children participants, teen moms who don't live with mom and dad, who have considerable ACE scores, who have grown up in an environment of abuse, of some sort or neglect, and many who are still living in those types of environments.

Another participant discussed how trauma that is passed down is a key consideration that ECEs must have when working with teen parents:

There's a lot of things to consider, I think considering intergenerational trauma, perhaps family violence, perhaps sexual assault [are important to understand parents].

Furthermore, a participant described how recently residential schools were in existence, and how surprising this information was:

I think a recent realization I had is that some of our participants' parents went to residential schools, and I'm not sure why, but in my mind, I felt like we were so much further removed than that.

Consequently, participants discussed how engagement with parents' and children's traumas can impact them:

Sometimes the emotional load, I suppose, would be hard as well, is that, along with those joys, there is a lot of dumping of emotion and dumping of hard times in their life that they're experiencing, so that's a challenge for me too, [...] I can't fix everything, and I can be here, and I can walk alongside you, and I can listen to you through those hard times but [...] sometimes just carrying that kind of load can be a challenge.

One participant explained the importance of being a listening ear for parents, but also the importance of releasing the emotions they took on and setting boundaries:

Just that, like what can I do for you, how can I help you beyond just being that person that is here for you to unload on and then, how do I kind of decompress from that at the end of the day when I come home to my own family? Just kind of decompressing all that information and all of that sadness and all that tragedy and all of those hard times in their life [and] realizing what I can carry and what I can't carry [...]

ECEs also talked about their experiences and interactions with Child and Family Services (*CFS*) and the challenges that come along with that. As one participant explained:

The most difficult part in the world is [...] when we know we have to contact social services and that child needs to be removed from the care of a young mother, and I think [...] that's the most difficult situation.

Another participant spoke about the fear surrounding *CFS* and how it can be hard to make reports, especially as a less experienced ECE:

For me, it's really scary. I, fortunately, haven't had to have a lot of experience with that [talking to *CFS*]. Some of our [...] staff who've been here for years and years are pros; they know this is the number, this is probably what they're going to ask, this is like what to say...

Lastly, ECEs spoke about *Perceived apathy* and their observations of disinterest or detachment some parents occasionally displayed. A participant discussed how they wanted to create the best experiences for children, but at times parents struggled and seemed to not always care about the work ECEs put in to support parents and their children:

Sometimes [our efforts are] just met with apathy which is really frustrating [...] we're wanting you and your child to have the best experience possible, I want to play with your child, and I want to do more with your child than feed them and put them to sleep, I think they deserve more than that, so that's where a lot of the challenges come in.

Another participant raised concerns about parents not using resources and services Terra and ECEs provided to them:

On the other side, when we see some patterns, [where parents don't] take steps, like taking advantage of services, that makes me sad and makes me a little bit disappointed in the work we are doing.

**Stigma and Challenges.** Participants described the disapproval and discrimination teen parents have received from society and the general challenges that come with being a teen parent. ECEs described the stigma teen parents faced, and the obstacles teen parents experienced with regard to their (*SES*) socioeconomic statuses. One participant spoke about how some people in the public viewed teen parents versus how Terra viewed teen parents:

I guess when the term 'teen parent' comes up, everyone just kind of like shies away from it, and everyone's kind of like, "Oh yeah that's so and so, and she had a baby... Oh, she had to leave because she had a baby", [...] [they weren't] describing the mom as someone, she was always like a thing I guess is what you could say, or she was grouped automatically, and here in our child centre [...] and Terra Centre as a whole, I feel like we

don't group you, we just want you to be so and so, you are your name plus your baby like we don't see you as like a challenge to society or like a problem because you're not a smear, you're not a mark, you're a person.

Furthermore, a participant described the general challenges teen parents faced with the pressure to finish high school soon after having their baby:

[...] I couldn't imagine having a baby and being like, okay, here you go, you only get three weeks at home, and now you're back at school, like [that] takes so much.

Another participant empathized with teen parents and discussed how hard it would be to come from instability and have to raise a baby and attend school as a teen:

I think that if I had to deal with half of the things that they deal with as a parent, I don't know, I think I'd be a mess; I think if I had to deal with unstable housing and I had to deal with no partner to help me, and if I had to deal with unhealthy parents [...] and caring for my siblings, and all that kind of stuff, I think that [is] a big challenge, like that has a big impact on your ability to parent, it's definitely given me a greater appreciation for everything that they're dealing with.

Lastly, a participant discussed some of the financial challenges that teen parents faced and how this impacted everyday functioning, such as travelling in the winter months:

Understanding that our families do come from low-income situations, when we ask them to bring outdoor gear for winter, that it might not be in their budget, they might not be able to get that.

ECEs also discussed *Routine and attendance* as the struggles some teen parents had with arriving at consistent times and following a consistent daily schedule with their children at



childcare or school. One participant discussed the importance of routine for children and how much routine and planning went into ECEs' work:

One thing that is particularly a challenge as the child gets older [is routine], [...] routine is really beneficial and really helpful for children to know what to expect. Having around the same nap time every day, having your meals around the same time every day we find for the majority of children, having that structure is really helpful, and then they can really engage and really be into their play because they know this is their time.

Another participant spoke about how attendance could be hard for parents, especially considering how inaccessible transit could be when travelling throughout Edmonton and surrounding areas:

Getting them to show up is a challenge. When it's cold outside, and they take the bus for two hours, and they have a five-month-old baby, it's a challenge, it's hard.

Another participant spoke about working to help parents arrive on time due to the impact it had on children's routines and wellbeing:

So it's been a goal for years, like with every parent saying to be here for your first class kind of thing, if not, at least for your child, be here by 10:15 to 10:30. Because, then at least they can still go play outside with us or go play in the gym, they can still be a part of the like morning experiences that we're doing. Because if you show up at 11:30 to 12ish, well now they're all having lunch and then they're going for a nap. And it's really challenging, especially if a child...woke up at 10 and now they're here, well they don't need a nap yet, but our breaks... rely on the children sleeping for us to go and have our lunch. So there's not always room for another person to take them outside or just play with them quietly in the room while the rest of the children nap. So that's definitely a big

struggle [...], and it's frustrating for them [parents] too, a lot of the times they want to be here, they just can't get here, they've had a sleepless night with their child.

ECEs spoke about *Transportation* as the challenges teen parents have had travelling and moving freely to get places (like school, work, home). In particular, one participant discussed how hard it could be for parents to get to important locations when parents did not own a vehicle or lived far from school:

Most of our families don't drive or can't afford to drive, so that's a really big struggle when getting to appointments, even coming to school, some live across the city, and that's really challenging for them.

**Developmentally Informed Care.** As part of their work with parents and children, ECEs discussed how fundamental it was to know different aspects of teen and child development in order to properly support teen families. *Acknowledging the developmental level of teens* meant understanding the challenges surrounding the changes that occurred physically, emotionally, and socially during adolescence and understanding how adolescents differed developmentally from children and adults. Specifically, one participant explained how crucial it was to have patience with teen parents because during adolescent development, they were still learning emotional regulation:

I always have to remind myself [...], they are still teens, yes, they have the added responsibility of a child, but they still have the emotions, they still have a developing brain, and [...] I always take everything with a grain of salt, and I'm like [...] I understand you're very frustrated right now and you're frustrated with the world, but I know, that in a week you'll be okay, and I just give them time...

Similarly, another participant discussed how it was critical to acknowledge the developmental level of teens, especially when considering how much was expected of them as parents:

[Sometimes we need] to reframe because they're parents and we expect so much [...] when [anyone] become[s] a parent, we just expect you to be mature, and we expect you to do what needs to be done, and so sometimes it's a real challenge to reframe your thinking and think about where the parent is at developmentally and the fact that, oh when you were 16 do you think you could have handled this kind of responsibility?

Another participant recognized how challenging it could be to be learning how to be an adult and parent while also dealing with normal teenage experiences such as romance, friendships, and appearances:

Scheduling and transportation and stuff like that, just the different things that they're worried about in life...there's still a lot of...thinking about love life and stuff like that, [they are] really focused on their friendships and how they look to other moms....

Moreover, participants spoke about *Teaching life skills and resources*, where ECEs advised teen parents and shared resources to navigate the demands of adult life and parenthood. In particular, a participant spoke about how ECEs were often the first to see parents and help them before they were referred to other supports:

We usually are like the first responder, but after that, we are referring them to people who can really take steps and help them really to take practical steps to solve, some practical solutions to their problems.

Similarly, another participant discussed how ECEs connected parents to other workers within Terra who were able to provide more specific supports:

If they don't have someone to teach them, they don't know [...], and so that's where [educational support] workers are really rock stars with like connecting them and getting them different supports. [...] Like [this is] how you do this, how to be an adult if you don't have like a great adult role model in your life to show you, how to do your taxes and how to pay bills and like manage [...] because some of them [parents] they're like completely cut off from their family once they're pregnant...

**Strength-based Approach.** Participants communicated how they worked to focus on parents' and children's strengths in order to promote autonomy and resilience. A strength-based approach was at the root of the relationship building that occurred between ECEs and parents (and children). As part of this approach, *Celebrating growth* occurred when ECEs honoured the evolution and changes teen parents and/or their children experienced, and celebrated these changes with them.

[One of the] greatest joys are definitely building relationships with them and, like watching their children grow.

Another participant talked about graduation day, and the joy ECEs had in “walking alongside [parents]” in their journeys toward finishing high school:

The best part is graduation day. That for most of the parents is just like the ultimate goal, and so when they've achieved that goal, it's just, it's like being a proud parent, and [...] you've supported them, and you've walked alongside them, and then when they've done it, and they are walking across that stage, [...] it's just the best moment, it's worth all of the hard moments to get through, so that's probably the biggest joy. Experiencing their joys with their children is also... delighting in their children together it's also a really exciting part of the job.

*Positive regard* occurred when ECEs acted in complete and genuine acceptance of parents and children and, through this, built stronger relationships with them. One participant described this as:

Putting your best image of the child and family forward first. Not coming in, like okay, I have this training, so I'm the expert, so I know everything, like meeting them where they're at and growing with them.

A second participant spoke about the significance of accepting moms and their babies joyfully, and of recognizing the beauty that came with being a mother and how teen mothers deserved to experience this beauty the same way that older mothers did:

[We] did handprints on a canvas- and she [mom] was like, "I've never got to celebrate me and my baby before", everyone, was kind of just like oh yeah like here's your baby, like enjoy your baby, but [...] she got a moment to celebrate like just them two- instead of being like oh you're this girl who has this baby... let's go to the next step, you know, and that moment that I got to celebrate and she got to take home a piece of them together was kind of empowering for her, [...] and kind of proved that she wasn't just a teen with a baby, she was a mother, and she was... people weren't going to think negatively of her in this space, they were going to uplift her.

ECEs described how they cared to hear about parents' lives and opinions and were accepting of both the good and bad that came with being a human. As one participant shared:

Here we care about their [teen parents'] opinion[s], and we want to know their life, like negative or positive. We accept them for who they are not just because we are a centre that caters to parents, but also because we can't know your child without knowing you....

Finally, a participant discussed how significant relationships with parents were, and how critical it was to uplift and encourage parents through a strength-based approach:

The relationship with the participants is just as important as the relationship with the children, and sometimes I'd say, if not more, because, at the end of the day, we really want to build mom up, and we really want to support her understanding of attachment and her feelings about what a great mom she is and all these things that she does have to offer to her child, because, at the end of the day... we're not going to be a part of it for very long, and so that relationship with the [parent] is huge.

**Trauma-informed Practice.** Participants described acting with understanding and responsiveness to the possible impacts of trauma on teen parents and/or their children. Consequently, participants also spoke about the *Trauma-informed environment*, as the ways in which ECEs created and maintained the physical setting of their childcare space to be trauma-informed. Specifically, a participant discussed how creating a safe space, noticing triggers, and making accommodations were critical to trauma-informed care:

Holding that third space between you and the parent and making them feel safe and secure, a sense of belonging, listening and keeping your biases aside, even for children. When we notice that something's happening at home, you just make sure to accommodate them as best you can, more equity over equality, so if they need something, and if it's in your realm of possibilities, then obviously you will do what you need to do for that child at that time so, even especially things like, certain triggers as you as you get to know the children, you notice things that are certain triggers like loud noises or things like that, so then you'll accommodate your routine and everything to suit the child.

Another participant described how the childcare centre at Terra had an ‘open door policy’ with moms, where moms could come to see their children anytime during the school day, to check in and connect with their babies:

Mom can come in throughout the day; we really encourage that she's, you know, in class when she should be in class, but either way, mom can come in and visit with her baby, and visit the Educators and just take that time she needs, whether she needs a minute to breathe, whether she needs a minute to breastfeed, whether she needs a minute to play, or just to look at her child, just to take a sneak peek while they're sleeping....

Additionally, a participant explained how ECEs did not force children to do things when they were not ready and how this practice fell in line with ECEs creating a calming environment:

Creating a responsive environment [...] that's not rigid [...] [but] something that's like, this is what you're interested in, okay let's explore it, let's check it out. You're not ready to eat or to go outside right now, all right, we'll do that in maybe 10 minutes or something. [...] Having a lot of flexibility in it, something that's safe. We use a lot of really neutral colours, a lot of greens, a lot of browns, and we have a lot of plants trying to make it feel really homey.

Another participant explained how one of the practices ECEs implemented was allowing children to carry pictures of their moms to feel comforted and safe:

We've had little ones where we'll print out a picture of their mom and laminate it, or put it in a little plastic sheet, and they carry that around with them all day. And they put mom in the little car and she's driving around in the car, and they hold her while they're having their nap....

Lastly, participants discussed how they decorated the walls at the childcare centre with photos of children and their families and ECEs and their families. In particular, one participant described this as:

[ECEs] ask you to bring in a picture of you and your child, or your child and your family, and if that's not something that happens in the first weeks, then we'll take a picture of you and your child and get it posted on the wall, recognizing that you are a member of this community.

All in all, these findings share the perspectives of ECEs working with teen parents and their children at the Terra Centre, as well as their experiences with trauma-informed practices. The two main themes are *Lifework and Learning* and *A Web of Relational Care*. These findings encompassed the stories that ECEs shared, and through these stories, a deeper understanding of ECEs' roles, and the lives of teen parents and their children. The next section will discuss the meanings behind these findings in relation to existing research, the limitations of this thesis, and areas for further research and practice.



## Chapter 5: Discussion

The aim of this thesis was to understand ECEs' perspectives on their approach to working with the children of teen parents and teen families at the Terra Centre. This includes learning how trauma-informed practice impacts ECEs' work and lifting and highlighting the intentional work ECEs are already doing to share with the broader community. In the following sections, I will explore the significance behind the findings of this study and connect these findings to current literature.

### *Lifework and Learning*

The first theme, *Lifework and Learning*, includes the mastery ECEs gained in their roles and the different experiences that led to their learning. ECEs discussed lifework and learning as vital to their experiences as educators and foundational to their practices. This makes sense given that ECEs are expected to have complex understandings of child development and provide rich educational experiences (Sheridan et al., 2009). In line with the theme of lifework and learning, participants spoke about (1) Experiences and work with children and teens, (2) Overcoming bias, and (3) Adjusting to logistical challenges.

**Experiences and Work with Children and Teens.** ECEs explored how their lifework and learning impacted their experiences and work with children and teens. Specifically, ECEs discussed general *Terra training* they received, including professional development and trauma-informed training, and how it impacted their practice. ECEs shared that they had received such professional development as Brain Story Certification, Trauma Informed Care training, and/or Mental Health First Aid training, and spoke about how these forms of training helped them better support teen families and provide higher quality care. Specifically, ECEs spoke about how these pieces of training improved their understanding and empathy toward parents' backgrounds and

development and taught them how to better support parents' mental health challenges and trauma. In much the same manner, researchers assert that not only it imperative for educators to use appropriate trauma-informed practices with individuals who have trauma histories, but that training also allows for the implementation of trauma-informed practices to benefit all, even those who haven't experienced trauma (Avery et al., 2021; Anderson et al., 2015).

In relation to research question #2 (ECEs' trauma-informed practices), ECEs described how critical trauma-informed training was for them and how this knowledge was important to their work with families. Researchers state that structural inequities often impact teen parents by increasing their experiences of poverty, abuse, trauma, and mental health issues (Payne & Anastas, 2015). Therefore, appropriate training in trauma-informed care is a significant factor in the well-being of both parents, children and educators (Holmes et al., 2015). Trauma-informed care training allowed ECEs to be comfortable and ready to deal with the trauma parents faced, and resulted in providing parents and children with higher quality care.

ECEs also mentioned *Continued training* they were interested in receiving, such as increased practical solution-focused training, with case studies and further training on how to best support parents when disclosures occur, and Child and Family Services involvement is required. Similar to ECE perspectives at Terra, Ackerman (2004) discusses the importance of context and experience-specific professional development for ECEs. Researchers suggest the importance of experienced mentors in ECE training in order to demonstrate real-life solutions to difficult and complex problems (Ackerman, 2004), which can include disclosures or work with CFS. Smith (2010) suggests that ECEs need more intensive training and earlier exposure to definitions of maltreatment and criteria for mandated reporting. In addition, focusing on less clear situations and becoming familiar with assessing and reporting disclosures of abuse is

necessary for ECEs (Smith, 2010). Therefore, it appears that ECEs' interests in further training are not unique to their specific setting but rather reflected in calls for ECE training made by researchers in this area (Ackerman, 2004).

In addition, ECEs described the *Outside training* and experiences they had before working at Terra or outside of Terra. ECEs mentioned being new to the field, and the learning curve that comes with working with teen parents; others described how their backgrounds in different areas of childcare influenced their teaching philosophies, and another discussed how ECEs had advanced training in early childcare, important for a deep understanding of child development and meaningful interactions. Relatedly, researchers have demonstrated that developmentally appropriate and effective pedagogy and curriculum and professionally prepared teachers and staff are critical attributes of quality early childhood education (Jalongo et al., 2004). This is meaningful because quality early childcare services for structurally marginalized children can improve parent-child relationships, allow families to access more resources, give caregivers a reliable break, and help young children gain school readiness skills (Klein et al., 2018). It appears that the diverse outside training ECEs brought with them to their roles at Terra helped them provide quality care to teen families.

**Overcoming Bias.** Participants shared that an important aspect of their experiences working with teen parents involved overcoming bias, gaining awareness of stereotypes and stigma surrounding structurally marginalized populations, and understanding the damage caused by stereotypes and stigma. Comparable to the literature, blame that is placed on individual teen families causes stigmas, stereotypes and negative tropes that are barriers to teen parents' health and wellbeing (SmithBattle et al., 2020). When those in positions of power (such as ECEs or teachers) have negative stereotypes about teen parents, it can be especially detrimental to teen

parents' well-being (SmithBattle, 2007). Evidence shows that many of the negative experiences teen parents and their children may face are a result of a legacy of childhood disadvantage (SmithBattle, 2007). It is critical not only for the public but also for teachers and ECEs to understand the deeply embedded social inequalities some teen parents face so that teen parents and their children can be supported adequately (SmithBattle et al., 2017). Family-centered care for teen families that is non-stigmatizing, strength-based, addresses socio-economic disadvantage, and that is trauma-informed is recommended by researchers (Smith et al., 2018; SmithBattle et al., 2020).

ECEs also discussed how they had challenges at times with *Differing worldviews* between themselves and teen parents. At times, parents' ideas or beliefs contrasted with those of ECEs. ECEs described how their views may contrast with parents with regards to parenting practices, completing education (such as high school), attachment theory, and child development. Specifically, ECEs reported how they worked with a population of Indigenous teen parents and that, at times, they had to put effort into better understanding parents' cultural views and perspectives to support parents and children so that everyone's needs could be met. Wilson (2021) discusses how Indigenous populations within Canada have faced generations of cultural suppression and that a lack of awareness surrounding the complexity of Indigenous experiences causes implicit bias and racial blindness from non-Indigenous people. As Terra has been doing, building local Indigenous community connections and meaningfully incorporating cultural content into programming is key to reducing biases and helping ECEs with differing views be open to other perspectives (Wilson, 2021).

ECEs also spoke about *Cultural openness* and how it impacted their practices and experiences. As in the literature, successful ECE partnerships with parents and children are

rooted in symbiotic relationships that recognize the family's interests and values with sincerity (Cottle & Alexander, 2012). Recognizing the cultural practices of families and how these may differ from National Standards for Childcare is important because standards are not universal or culture-free, and beliefs surrounding how children should be raised and what is best for children can differ depending on cultural context (Tobin, 2005).

**Adjusting to Logistical Challenges.** Participants also spoke about the organizational obstacles surrounding providing teen parents with childcare, including those of *COVID-19* and *Enrollment*. Participants described how COVID-19 restrictions disrupted practices at Terra and created decreased connections and more obstacles for both parents and ECEs. These findings are similar to the experiences of organizations, teachers and students that provided or received schooling or childcare during COVID-19 (Timmons et al., 2021). Challenges faced by educators and families during COVID-19, as reported in the literature, included being unable to reach families and less overall participation, a lack of social interactions and even greater difficulty with providing care for the youngest children because play and inquiry-based learning are important to their learning (Timmons et al., 2021). Non-profits also specifically struggled during COVID-19 because many of them provide for structurally marginalized populations through government funding or donations (Johnson et al., 2021). COVID-19 created massive job deficits and decreased funding, especially for non-profits (Johnson et al., 2021). ECEs' experiences working with teen parents and their children included challenges surrounding COVID-19. This is similar to teachers and childcare providers across Canada who were also affected by the care they were able to provide due to restrictions on socialization and participation, as well as fears surrounding catching COVID-19 (Timmons et al., 2021). In sharing the experiences of ECEs, it is important to explore their perspectives surrounding an unprecedented world event such as

COVID-19, especially considering researchers have found that other childcare providers and schools faced similar challenges (Timmons et al., 2021).

ECEs also shared how low *Enrollment* impacted their work during COVID-19. Enrollment was impacted by fear surrounding the pandemic and parents not bringing children in or not wanting to enroll themselves and their children. Similarly, other organizations and non-profits faced the same challenges, such as decreased funding, having to lay off staff, and less enrollment and participation from participants (Johnson et al., 2021). In brief, the logistical challenges non-profits face, especially during rare events such as COVID-19, are critical to consider when understanding the experiences of ECEs. In particular, it was imperative to understand the logistical challenges ECEs faced because organizational factors that affected Terra also impacted ECEs and their experiences in their roles and work with parents and children.

### ***A Web of Relational Care***

A web of relational care was the net that held parents and children in a safe place and included the various supports ECEs implemented. Relational care occurs when the focus is placed on building healthy relationships between carers and those they care for (Freeman, 2020). As with ECEs, relational care was revealed as a primary approach in their work with teen parents and their children. Quality relational care that is responsive to the impacts of trauma has been shown to improve recovery from trauma, and create opportunities for improved development (Freeman, 2020). This mirrors research on the therapeutic relationship, where therapist and client relationship building is an important focus and key to positive client outcomes (Karver et al., 2006). I described ECEs' relational care as a web because a number of intersecting factors influenced relational care. A web of relational care also is a useful image when understanding the

multitude and complexity of practices ECEs implement. In line with this theme, participants spoke about (1) Acknowledging history and intergenerational trauma, (2) Stigma and challenges, (3) Developmentally informed care, (4) a Strengths-based approach, and (5) Trauma-informed practice.

**Acknowledging History and Intergenerational Trauma.** ECEs acknowledged the history and intergenerational trauma teen parents have faced by recognizing the continued impact past experiences or past traumas may have had on teen parents and their children, which can be passed down through generations. ECEs spoke about how they worked with many teen parents from difficult backgrounds, many of whom had considerable ACE (Adverse Childhood Experience) scores and had faced abuse or neglect. ECEs mentioned how they recognized the impact residential schools had on Indigenous families, the impact intergenerational trauma, addiction, or family violence could have on parents and their children, and how this could be passed down generationally.

Congruent with the literature, understanding parents' backgrounds, including their social contexts, is key to supporting them (SmithBattle et al., 2020). Much of the time, structural inequalities contribute to higher ACE scores and persistent disadvantages (SmithBattle, 2018). Empirical research recognizes the impact of historical trauma and the consequences of sustained attacks against a group of people over time (Bombay et al., 2014). In particular, the Indian Residential School (IRS) system in Canada has been linked to increased effects of stressors on Indigenous peoples, and attendance at IRSs over generations can have cumulative effects (Bombay et al., 2014). The impacts of residential schools still significantly affects the mental health and well-being of survivors and their families (Elias et al., 2012). Historical trauma (such as IRSs) contributes to future disparities in physical, emotional, cognitive and spiritual health

and wellbeing (Bombay et al., 2014). The BC Ministry of Children and Family Development states that “A pathway toward restorative policies and practices should be culturally safe, trauma-informed, and support and honour Indigenous peoples' cultural systems” (BCMCFD, 2015, p. 3). A starting point for changing the English Canadian narrative of continued bias toward Indigenous peoples will require continued exposure to Canada's abusive past and difficult conversations around privilege and how to equalize power (Wilson, 2021). This is important because a large proportion of the teen parents served by Terra identify as Indigenous. All in all, awareness and recognition of Canada's history and the intergenerational trauma it caused are fundamental for all Canadians, especially those working with structurally marginalized populations such as teen parents and their children (SmithBattle et al., 2020; Bombay et al., 2014).

Moreover, ECEs experienced *Vicarious trauma* as the impact of, or secondary negative consequence of, empathetic engagement with parents' and children's traumas. ECEs also explained their interactions with Child and Family Services (*CFS*). ECEs communicated that taking on the emotional load from teen parents (of their daily struggles and post-trauma experiences) could be painful, and ECEs had to find ways to decompress after speaking with parents. ECEs discussed how they were the front-line workers for parents and children and often the first of the day to see them and support them. ECEs became a buffer zone before families could be redirected for further help. ECEs also described how difficult and unnerving it could be to work with CFS and report disclosures of spousal abuse or child neglect. Synonymous with other research in this area, ECEs reported struggling with personal well-being, stress and balancing work and family (Harper & Wilson, 2020). Researchers have demonstrated how ECEs face challenges in their roles regarding emotional safety, work-related stress, and complexities in



their work that may not be evident to those outside of their roles (Logan et al., 2020).

Importantly, this research is based on general ECEs. No research considers the vicarious traumas or experiences of ECEs that work with structurally marginalized populations such as teen parents and their children, and the increased demands asked of these ECEs.

A comparable population that often experiences vicarious trauma and stress due to the populations they work with are social workers (Méndez-Fernández et al., 2022). Due to social workers' empathetic engagement and care of the populations they work with, vicarious trauma is an important consideration in this field, with professionals experiencing increased occupational stress and burnout, frequent sick leave, and high rates of turnover within organizations (Méndez-Fernández et al., 2022). Support from their organization and recovery experiences such as relaxation or psychological detachment can protect workers from vicarious trauma and promote vicarious resilience (Méndez-Fernández et al., 2022). More research is needed on how ECEs that work with structurally marginalized populations experience vicarious trauma and cope with it. Further research will increase awareness of the challenges ECEs face and improve outcomes for ECEs by working to decrease the negative experiences related to vicarious trauma and compassion fatigue (Logan et al., 2020). Specifically, if ECEs have improved forms of coping with vicarious trauma, they will be better able to provide high-quality care to both teen parents and their children, as a result improving experiences for teen parents and their children (Logan et al., 2020; Loomis, 2018)

Finally, ECEs shared their observations of disinterest or detachment that some parents occasionally displayed (*Perceived apathy*). ECEs described how they faced challenges with some parents' lack of effort toward taking advantage of services offered or feeling like the efforts ECEs put in were met with disregard. This apathy may be due to the structural challenges teen

parents face every day that may cause them to feel ambivalent about using resources (Freed & SmithBattle, 2016). In addition, the developmental level of teens may impact their attitudes and abilities to fully participate in services, such as services with strict schedules, or resources that may be daunting to meet the demands of (Payne & Anastas, 2015). Services may include stipulations that require a high degree of planning, organizational skills, or high complexity. Teens may show apathy for many reasons, but it is key to consider that their brains are still developing; many are focusing on their friendships and intimate relationships and, at the same time, learning how to raise their children (Payne & Anastas, 2015). ECEs would benefit from keeping the reasons behind teens' apathy in mind in order to best understand and support them.

**Stigma and Challenges.** Participants spoke about the experiences of disapproval teen parents have received from society and the general challenges that come with being a teen parent. ECEs reported on the continued stigma teen parents face and how the public can group teen moms as non-human, as a statistic, or as a problem. ECEs discussed how they worked to make sure parents at Terra know they are important and that parents and their children are celebrated. ECEs also recognized how hard it was for many teen parents to leave their new babies with ECEs and attend school. Congruent with the literature, many young parents often feel shame, stigma and discrimination associated with their ability to be good parents (Conn et al., 2018). However, when young parents focus on the benefits of parenthood within a unique developmental context and on being role models for their children, they are better able to cope with the discrimination and systemic barriers they face (Conn et al., 2018).

When society is able to recognize the intersecting experiences that shape teen pregnancy and the impact of structural inequality, stigma and stereotypes may lessen, creating more nurturing and healthy surroundings for teen parents (Fearnley, 2018). When exploring the

experiences of ECEs who work with teen parents and their children, stigma and the general challenges of teen parenthood are critical to keep in mind. ECEs' experiences cannot be understood without the lives of teen parents being better understood because ECEs, parents, children and the surrounding society all influence ECEs' perceptions and interact in an ecological system where everything is interrelated (Snyder & Duchschere, 2022).

ECEs also discussed the struggles teen parents had with arriving at the childcare centre at consistent times and following a consistent daily schedule with their children at childcare or school (*Routine and attendance*). ECEs recognized the importance of consistent routines for the children they worked with, especially for children who may have anxiety or trauma histories. ECEs also discussed how it could be difficult for parents to get to school (*Transportation*) and follow a consistent schedule due to the structural challenges they faced and their own developmental level.

Due to the rising costs of owning a vehicle, many people with lower socioeconomic statuses (*SES*) cannot afford cars; thus, walkability and public transportation within a city become critical. According to Walk Score (2022), which measures how easily people within certain cities can travel around without a vehicle, Edmonton (where Terra is located) is a car-dependent city with few amenities within walking distance (WalkScore, 2022). Edmonton has some public transit options and minimal bike infrastructure (WalkScore, 2022). This presents an added layer of structural inequality that teen parents living in Edmonton must face, which can greatly impact their abilities to have consistent schedules and attend school regularly.

ECEs also explained how many of the parents at Terra came from cycles of poverty, violence in the home, unstable housing, and unhealthy family dynamics. ECEs had empathy for the situations teen parents faced and worked to understand parents through an intersectional lens

by recognizing the intergenerational traumas they may have faced, the poverty they may have experienced and the societal stigma they faced. In this way, ECEs recognized that social inequalities and the developmental level of teens interacted, making their situations unique and at times difficult.

**Developmentally Informed Care.** As a part of their work with parents and children, ECEs discussed how fundamental it was to know different aspects of teen and child development in order to properly support them. Not only does access to transportation impact routine and attendance, but so does development. *Acknowledging the developmental level of teens* was fundamentally important to the way ECEs practiced and the ways in which they understood parents. The developmental level of teens means that their prefrontal cortex is rapidly growing and changing (Rathus & Rinaldi, 2015) and that adolescents are not able to manage tasks, regulate behaviour, organize thoughts, and plan and achieve goals at the same level as adults (Rathus & Rinaldi, 2015). Considering the expectations placed on teen parents (such as raising and caring for their child, upholding a consistent routine, arriving to school on time, completing schoolwork and completing household duties) in the context of their developmental level, it is clear that teen parents face difficult demands.

ECEs recognized the challenges surrounding the changes that occurred physically, emotionally, and socially during adolescence and communicated understanding of how adolescents differed developmentally from children and adults. ECEs mentioned how they often needed to remind themselves that the parents they worked with were still teens who struggled with emotional regulation due to their ages. ECEs empathized about how difficult it would be to have all of the responsibilities of teen parents and about how much maturity is expected once teens become parents. ECEs also described how many of the parents focused on friendships and

romantic relationships and dealt with influxes of hormones and strong emotions that could be hard to control. Synonymous with the literature, teens go through significant biological and psychosocial transitions, including puberty and learning self-regulation (Sürer et al., 2020). Peers have an increasingly important influence on teens, and novelty, and sensation seeking may increase (Sürer et al., 2020). During adolescence, identity formation is occurring through hobbies, interests and experiences (Sürer et al., 2020). Teen pregnancy forces rapid development and massive psychosocial and physical adjustment, not to mention the possible stigma and social structural inequalities parents may already be facing (Sürer et al., 2020; Thompson, 2016). On the whole, when discussing their experiences, ECEs recognized the importance of understanding adolescent development and how it impacted parents' emotions and behaviours.

In addition, *Teaching life skills and resources* was mentioned by ECEs as an essential part of their work with teen parents and their children. When ECEs taught life skills and provided resources, they were advising parents and connecting them to resources to help them navigate the demands of adult life and parenthood. ECEs expressed how they often were teachers for parents as well as children because parents came to them with questions surrounding birth certificates, health care information, child developmental milestones, feeding, sleeping, friendships, and family advice, as just a few examples. ECEs also stated how they often connected parents with resources within Terra, such as Services for Educational Achievement workers. Related to the research surrounding the needs of adolescent parents and their children, resources surrounding their development, parent and infant mental health, nutrition, food security, safety, relationships, education and sexual health are all frequent areas of knowledge and expertise teen parents may require (Thompson, 2016). ECEs are often viewed as knowledgeable and as having expertise on infants and children, and so questions in these areas

are common from teen parents, especially considering ECEs may be the front-line workers, seeing parents at the start and end of each school day. More than that, parent-teacher partnerships are important in quality early childhood education, and so sharing life skills and resources can help parents and improve the parent- educator relationship (Hujala et al., 2009).

**Strengths-based Approach.** Participants communicated how they worked to focus on parents' and children's strengths in order to promote autonomy and resilience. ECEs shared how they honoured the evolution and changes teen parents and/or their children experienced (*Celebrating Growth*). ECEs reported how the best parts of working with teen parents and their children were watching them grow and building relationships with them. One ECE described it as "Delighting in their children together," which exemplifies how ECEs and parents together would watch children grow and celebrate changes together. All ECEs mentioned graduation day and how proud they were of parents and walking alongside them to support this huge achievement. As in the literature, ECEs who show commitment to children's welfare, care towards development and learning, and create warm relationships with children are more likely to have positive child outcomes, especially for children who face more structural inequalities (Cottle & Alexander, 2012). As well, other researchers have found that parent involvement in early childhood education and good parent-educator relationships are central to high-quality outcomes for children (Hujala et al., 2009). Celebrating the growth of teen parents and their children allowed ECEs to build stronger emotional connections with families, creating a web of care or, alternatively, a safety net for parents and children to fall into.

Relatedly, *Positive regard* occurred when ECEs acted in complete and genuine acceptance of parents and children and, through this, built relationships with them. ECEs asserted how they put the best image of the child and family first and worked to meet them

where they were at, rather than forcing them or expecting them to be any certain way. ECEs discussed how they worked to uplift families and children by celebrating and encouraging them. ECEs explained how they cared about parents' opinions and lives and wanted to know about them and ask them about their days. Accordingly, ECEs worked to make sure that parents and children felt like they were a part of the community by placing pictures of children and families up on the walls throughout the childcare centre.

ECEs worked to put personal biases aside and authentically create a space of welcoming acceptance, which aligns with the research surrounding aspects of positive regard (Karver et al., 2006). This allowed parents to have autonomy and choice in their lives, which is relevant for many teens developmentally and encourages feelings of empowerment rather than disapproval and rejection (Gubrium et al., 2016; Fearnley, 2018). In the field of psychology, researchers have also found that the therapeutic alliance is the most robust predictor of treatment outcomes for both teen and adult clients (Horvath, 2006; Karver et al., 2006). The therapeutic alliance consists of therapists' empathy, congruence, and positive regard (Horvath, 2006). Although ECEs are not counsellors, their abilities to implement positive regard and empathy towards parents and children are likely to strengthen their relationships and improve parent, child, and educator experiences (Horvath, 2006).

**Trauma-informed practice.** Trauma-informed practice occurred when ECEs understood and were responsive to the possible impacts of trauma on teen parents and/or their children. ECEs expressed how trauma-informed practice means a multitude of things but primarily encompasses not blaming the individual for possible behaviours caused by trauma but rather considering what may have happened to a parent or child and responding in a safe and caring way. ECEs discussed creating a sense of belonging, listening, keeping biases aside, and

accommodating if they noticed certain triggers or issues happening at home. ECEs explained how some child behaviours and outbursts were due to past events (or possible traumas) that had happened in the child's environment. ECEs worked to understand what might be causing disruptive behaviours and create safety for the child, rather than blaming or punishing the individual child. ECEs also encouraged moms to come and visit their children throughout the school day so that moms could breastfeed, play with their children, or sneak a peek while their children were sleeping. This “open door policy” that the Terra early childhood program implements created a welcoming, accepting, and safe environment for moms and their children because moms knew they could come back to their baby at any time and could chat with or ask ECEs questions and feel welcomed.

Researchers have confirmed that trauma-informed practices in pre-school settings that develop a trauma-informed culture among multiple caregivers (parents, teachers, family, and staff) who influence the child's development show promising outcomes for children (Holmes et al., 2015). Appropriate trauma-informed practices can address the needs of all children and help create a safer environment for staff and the larger community (Holmes et al., 2015). It is important for professionals to have tools and skills that address current and future traumas and for professionals to be involved in the community and understand structural barriers children and parents may be facing (Holmes et al., 2015). Partnerships between parents and ECEs are intrinsic to trauma-informed practices and an ‘open door policy’ allows for an increased sense of belonging for parents, children and staff (Cottle & Alexander, 2012). However, parents will differ in their capacity to build relationships with ECEs, so flexibility, sensitivity, and patience are important practices for ECEs to implement (Hujala et al., 2009). Moreover, trauma-informed services take into account the prevalence and effects of trauma and place priority on families'



sense of choice, safety and connection (Poole et al., 2017). In creating a culture of trauma-informed practices within an organization, all aspects of service delivery should be trauma-informed, and an understanding that trauma-informed practice is about the way of being in a relationship more than it is a specific treatment strategy is also key (Poole et al., 2017).

Lastly, a *Trauma-informed environment* includes the ways in which ECEs created and maintained the physical setting to be trauma-informed. ECEs stated how they create a responsive environment that is not rigid, that caters to children's interests, that is flexible to their needs, and that is safe. ECEs discussed how childcare rooms had neutral colours, lots of plants and natural toys, and incorporated various child activities and play areas for different interests. Including both adult and child-sized furniture encouraged parent involvement and made both parents and children feel like they were welcomed and belonged in the space. ECEs also ensured that each child had their own special place for their belongings that was prepared and labelled so that parents knew ECEs were expecting them. Moreover, ECEs printed and laminated pictures of mom for children to carry around if they missed her during the day. ECEs also decorated the walls with pictures of families and children as well as pictures of their own families to create a sense of ownership, belonging and inclusion for everyone. If parents did not have pictures to bring in, ECEs would take pictures of parents with their children to post.

Congruent with SAMHSA (2014) guidelines for trauma-informed practices, recognizing and responding to the effects of all kinds of trauma involves ensuring that the physical environment is physically, psychologically, and emotionally safe. ECEs at Terra go above and beyond in creating an environment that is physically, psychologically, and emotionally safe. The soft colours, natural toys and mixed furniture sizes create a calming space that welcomes parents and does not over-stimulate children. Children who may have faced abuse or neglect will feel

more connected and calmer in this environment. Family pictures on the walls and carrying their mother's pictures will help children feel closer and more attached to family rather than separated from them. Having spaces labelled and prepared for children will help them feel like they have a place at the centre and that they are welcome.

In line with the research, incorporating plants indoors has shown to have calming effects and health benefits, such as improved psychological well-being (Keniger et al., 2013). Creating a supportive and educational environment for young parents and their children can positively influence the long-term health trajectories of teen parents and their children (Powers & Takagishi, 2021). Physical aspects of the environment, such as loud, disruptive noises, fluorescent artificial lighting, and lack of green space, can trigger trauma reactions and increase feelings of stress for individuals who have experienced trauma (Shroeder et al., 2021). Researchers recommend that trauma-sensitive classrooms are calm, follow routines, anticipate transitions, and are nurturing and affectionate (Statman-Weil, 2015). In this way, Terra does an excellent job of incorporating trauma-informed practices into a trauma-informed environment for children and families.

### **Limitations**

With respect to limitations, the results of this study do not show cause and effect relationships because this study was a qualitative descriptive study. More research in this area is urgently required because no studies exist that consider the perspectives of ECEs that work with teen parents' children. Additionally, ECEs, teen parents and their children are deserving of high-quality research-based care with evidence-based outcomes that can improve their experiences. This study used a small sample, and sampling was not random, so results are specific to the population selected and are not generalizable to all other ECEs, or all others who work with teen

parents and their children. Although the sample was small, the data was thorough and specific to the experiences of ECEs at Terra. The qualitative and community-based approach used within this study allowed for conducting research that is meaningful to ECEs and the larger community. Lastly, another limitation was that I was meant to visit the childcare centre at Terra for further observations and data, but due to COVID19 restrictions and the timing of the study, I was unable to attend and observe in person.

### **Further Research**

Further research on ECEs' perspectives and the perspectives of teen parents is imperative for these populations to create more awareness of the structural inequities teen parents face and to improve supports provided according to teen parents and ECEs direct requests and lived experiences. Although much research has considered teen parents' outcomes and teen parents' children's outcomes, no studies have considered the experiences of ECEs who work with teen parents and their children. In addition, very little empirical research exists on the outcomes of trauma-informed practices and how they are defined and implemented with structurally marginalized populations (Champine et al., 2019). Trauma-informed practice has many definitions, and psychometric measurements and data to measure the impacts of trauma-informed practices are lacking (Champine et al., 2019). Despite these downfalls, a shift in the field to more systems-based approaches (such as trauma-informed practice) is necessary so that social inequalities can be addressed as a collective issue rather than an individual problem (Champine et al., 2019). Research on trauma-informed practices implemented in early childhood education is lacking, and no research considers the impact of trauma-informed care implemented with teen parents. In addition, trauma-informed practices that are informed by different (non-Western) cultural perspectives are necessary, and little research in this area exists (Avery et al., 2021).

More research is also required in the area of vicarious trauma, burnout, and stress that is experienced in caring professions, specifically in early childhood education.

### **Further Practice**

A clear and unified training system for ECEs that teaches the standards of trauma-informed practice would be beneficial for coherence and consistency in practice and in measuring outcomes. As well, trauma-informed training with specific populations, such as ECEs, or those that support structurally marginalized populations, may be of the foremost importance. ECEs in this study expressed how training in trauma-informed practices would have been beneficial for them while in university, along with ways to cope with the vicarious trauma they experience. Training should include more specific and practical examples of ways that ECEs can prevent retraumatization, recognize signs of trauma and respond to trauma. More than that, the potential integration of ACEs scores into ECEs' knowledge of parents may be beneficial for a better understanding of the specific trauma parents have experienced, triggers to watch out for, and special considerations or adaptations to make for children and parents. Consultation with experts from different fields such as child psychologists, child psychiatrists, pediatricians or community and cultural knowledge holders could create improved awareness of trauma, and collaborations could improve trauma-informed practices.

## Chapter 6: Conclusion

This thesis aimed to enhance understanding of ECEs' perspectives on their approach to working with the children of teen parents and teen families at the Terra Centre. Research questions considered how trauma-informed practice impacted ECEs' work and ECEs' overall experiences with this unique population. Research questions were addressed through semi-structured interviews, which were coded and analyzed using thematic analysis. Findings revealed two main themes, *Lifework and Learning* and *A Web of Care*, with codes and subcodes to expand on each theme. This study contributes important information on how ECEs work with teen parents and their children and the barriers ECEs and teen parents and their children face. This thesis also contributes relevant information for those working in early childcare and those working with structurally marginalized children, adolescents and families. Benefits from this study also include highlighting the Terra Centre's intentional work to share with the wider community and anyone who works with children or teen parents. We hope to continue our collaboration by sharing findings through various forms of knowledge mobilization (i.e., workshops, information sheets, publications, presentations) for more comprehensive changes in the practice of anyone working with young children or teen parents.

Overall, it is fundamental to the practice of Early Childhood Education and for those working with teen families to consider these perspectives and challenges, which can help further awareness and support for teen parents, their children and those who work with them. In particular, by sharing the perspectives of ECEs who work directly with structurally marginalized populations, awareness of the many roles and responsibilities ECEs take on in their care can increase. This awareness can help in building improved supports to help ECEs do their complex jobs to the best of their ability and to share the importance of support for organizations such as

the Terra Centre. Above all, it is paramount that the general public and those in positions of power, such as policymakers, recognize the structural barriers teen parents face and that high-quality supports are needed for teen parents, their children and ECEs who work with them. High-quality supports lead to improved outcomes for teen parents and their children, such as improved physical health, mental health, education, and employment.

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## Appendix A: University of Alberta Research Ethics Approval

### Notification of Approval

Date: May 31, 2021  
 Study ID: Pro00108747  
 Principal Investigator: Chantelle Blair  
 Study Supervisor: Melissa Tremblay  
 Study Title: Early Childhood Educators Trauma-Informed Practices and Experiences Working with Children of Teen Parents  
 Approval Expiry Date: Monday, May 30, 2022  
 Sponsor/Funding Agency: SSHRC - Social Sciences and Humanities Research Council  
 SSHRC

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

#### Approved Documents:

##### *Recruitment Materials*

ECE Email Template.docx

ECE Recruitment Ad.pdf

##### *Consent Forms*

Parent Information Letter and Consent Form.docx

ECE Info Letter and Consent.doc

*Questionnaires, Cover Letters, Surveys, Tests, Interview Scripts, etc.*

ECE interview outline.docx

##### *Confidentiality Agreement*

ECE Confidentiality Agreement.docx

##### *Other Documents*

Parents Email Template.docx

Any proposed changes to the study must be submitted to the REB for approval prior to implementation. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Approval by the Research Ethics Board does not encompass authorization to recruit and/or interact with human participants at this time. Researchers still require operational approval as applicable (eg AHS, Covenant Health, ECSD etc) and where in-person interactions are proposed, institutional and operational requirements outlined in the Resumption of Human Participant Research - June 24, 2020 must be met.

Sincerely,

Dr. Carol Boliek, PhD  
Associate Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

## **Appendix B: Information Letter and Consent form for Early Childhood Educators**

### **Staff Information Letter**

**Title of Study:** Early Childhood Educators Trauma-Informed Practices and Experiences Working with Children of Teen Parents

**Principal Investigator:** Chantelle Blair, Graduate Student (supervised by Dr. Melissa Tremblay), Department of Educational Psychology, Faculty of Education

#### **What is the study?**

We are inviting you to take part in a master's thesis research study. In this study, we are trying to learn about your experiences working with the children of teen parents. Your participation is completely voluntary.

#### **What are we asking you to do?**

If you participate in the study, you will be asked to participate in an interview that will be conducted by me (Chantelle). Interviews will be conducted through Zoom, the online video chat platform. Data will be collected via audio recording. Discussions will be recorded to Zoom's cloud service and Zoom's transcription service will be used. Field notes will also be taken during interviews. Interviews will take about 1 hour. I will ask you questions about what your experiences have been working with the children of teen parents, what history you consider when working with these families, and what kind of trauma-informed practices you might implement. Interviews will be audio-recorded and transcribed. Afterward, and you will be provided with a summary of findings at which point your feedback and any additional information you wish to share will be welcomed. At the study's completion, after interviewing and feedback, you will receive a \$15 gift card for your participation.

Pending COVID-related restrictions on in-person gatherings, I may also observe and take notes while you are providing childcare. The purpose of these observations will be to better understand the childcare practices at Terra.

#### **What are the benefits and risks of participating?**

By participating in this study, you will be able to share your experience working with teen parents and their children. We do not expect many risks for being in this study. One possible risk is experiencing discomfort with the topic of trauma-informed practice. You do not have to answer any questions you do not want to. You will also be provided with a list of free and low-cost counselling resources you can access if needed. Please note that your decision to participate (or not to participate) will have no impact on your employment. Participation is voluntary, and you can change your mind and stop participating at any time. Sharing your experiences can help

make the program better and directly contribute to the knowledge available regarding trauma-informed practice and the care of children of teen parents.

**How will we protect your privacy?**

The information you provide during this study will be kept safely locked up and password-protected, and only the researchers will be able to see it. All information gathered through Zoom will be downloaded onto a secure and password protected server, and then deleted from Zoom's cloud storage. No names will be shown on any summaries or reports from the study. We will ask everyone participating in the interviews to maintain the confidentiality of what is discussed. Any identifying information will be destroyed after the study is completed, which is anticipated to be by August 2022. Interview transcripts can be withdrawn up until two weeks after your interview is completed. We will keep data on a password-protected server and any hard copies of data in a locked cabinet for a minimum 5-year period. After 5 years this data will be destroyed. If we have additional plans for future use of the data, we will develop and submit an amendment or new ethics application. We plan to summarize the findings from this study and share it with people who may be interested (e.g., schools, teachers, community organizations serving young families). We may also present the findings at conferences or in journals; however, no names or other personal information will be shared.

**Contact Names and Telephone Numbers:**

Thank you very much for considering this request. Any questions you may have about this study may be directed to Chantelle Blair at 587-988-4995 or Melissa Tremblay at 780-700-6425.

**The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.**

**If you consent to participate in the study, please sign the attached Consent Form.**

**Staff Consent Form**

**Title of Study:** Early Childhood Educators Trauma-Informed Practices and Experiences Working with Children of Teen Parents

**Do you agree to participate in the research study?**

**YES**

**NO**



Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C: Early Childhood Educators Zoom Access Guide

### Zoom Access Guide

Q: What are the system requirements to access the Zoom session?

- A:
- An internet connection – broadband wired or wireless (3G or 4G/LTE)
  - Speakers and a microphone – built-in or USB plug-in or wireless Bluetooth
  - A webcam or HD webcam - built-in or USB plug-in

Step 1: Create a Zoom account

- Create a free zoom account ahead of time.
- If you need help setting up your free account, watch this video: [Getting Started With Zoom](#).

Q: What device should I use to access the live sessions through Zoom?

A: We recommend a desktop or laptop computer rather than a mobile device so you can have full functionality. If necessary, you may join from a mobile device.

Step 2: Download the Zoom Desktop Client on your computer.

Q: I've never used Zoom before. How does it work?

A: Zoom has created tutorial articles and videos that will walk you through how to join and participate in an online meeting.

Step 3: Learn how to join a Zoom meeting + Practice joining a Zoom meeting using a test meeting

\*Create your Zoom account and download the Zoom Desktop Client BEFORE the interview.\*

## Appendix D: Early Childhood Educators List of Free and Low-Cost Counselling

### Free and Low-Cost Counselling Resources

#### **Mental Health Help Line**

**About:**

The Mental Help Line is a 24-hour, 7 day a week confidential service that provides support, information and referrals to Albertans experiencing mental health concerns.

**Phone:** 1-877-303-2642 (Toll free)

#### **Drop in Single Session Counselling**

**About:** For life's challenges our FREE drop-in psychological counselling services are in your community. With you, our Intern Therapists will focus on your strengths and abilities to help you create a plan for the change you most want in your life. Our single-session therapy is here when you are ready.

**Phone:** 780-423-2831

**Email:** therapy-leads@familycentre.org

**Website:** <https://www.dropinyeg.ca/about-us/>

#### **Momentum Walk in Counselling**

**About:** Offers free and low-cost counselling.

**Phone:** 780-757-0900

**Email:** info@walkinedmonton.org

**Website:** <https://www.momentumcounselling.org/>

#### **Community Counselling Centre**

**About:** Affordable sliding fee schedule from \$30 to \$150 per hour.

**Phone:** 780- 482-3711

**Website:** <https://www.communitycounsellingcentre.ca/>

#### **Canadian Mental Health Association**

**Provides online crisis chat:**

<http://edmonton.cmha.ca/programs-services/online-crisis-chat/>

**Mental Health Resources and Information:**

<https://cmha.ca/document-category/mental-health>

**Phone:** (780) 414-6300

**Email:** main@cmha-edmonton.ab.ca

## **Appendix E: Early Childhood Educators Interview Outline**

### **Semi-Structured Interview Outline:**

- 1) How do you work with teenage parents' children? (What are the experiences of Early Childhood Educators who work with teenage parents' children?)
  - a) What are the most salient moments of joy and challenge in your work?
  - b) Are there any ways that you find your own cultural background influences your practice? (Or is relevant to your work with families?)
  
- 2) What are the trauma-informed practices of Early Childhood Educators who work with teenage parents' children?
  - a) What kind of environment do you strive to provide for these children and families?
  - b) What unique factors do you take into account in working with this population?
    - i) History?
  - c) How does your training impact what you do and practice?

## **Appendix F: Early Childhood Educators Recruitment Ad**

### HELLO EARLY CHILDHOOD EDUCATORS

A University of Alberta master's student is conducting a study called: Early Childhood Educators Trauma-Informed Practices and Experiences Working with the Children of Teen Parents.

Participation in this study is voluntary and you can withdraw at any time. You will also receive a \$15 gift card for your participation.

Please see the information letter included for instructions on how to participate if you are interested.

Chantelle Blair  
blair2@ualberta.ca  
(587) xxx xxx  
Dr. Melissa Tremblay  
(780) xxx xxx