

Understanding the Experiences and Characteristics of Teen Families Involved in a
Supportive Housing Program

by

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Abstract

This dissertation consists of three papers that describe research using a systems perspective, a strength-based approach, and that capitalize on the existing capacities of teen families. All three papers draw on research from a larger research study that was conducted through a partnership between a research team from the Community-University Partnership for the Study of Children, Youth, and Families (CUP), the Terra Centre for Teen Parents (Terra), and Brentwood Community Development Group (Brentwood). Partners from Terra, Brentwood, and CUP agreed to pursue two objectives: (1) collaboratively develop a supportive housing model for teen families that could be implemented and studied; and (2) collaboratively investigate the impacts of the model on teen parents and their children.

The three papers that make up this dissertation are related to the objectives of the broader research study. Relevant to the first objective, the purpose of the first paper was to describe the processes involved in using community-based participatory research (CBPR) and developmental evaluation (DE) to develop a model of supportive housing for teen families. Overall, developing programming for teen families is a complex task requiring a multi-pronged approach that, with adequate time, pooled resources, and collaboration from researchers and community partners, can successfully involve CBPR and DE as complementary approaches. To the author's knowledge, the paper provides the first example of how CBPR and DE approaches can be bridged. Insights are offered that will be informative for researchers, evaluators, and practitioners seeking to develop programming in response to complex community issues.

Paper 2 built on the premise established in Paper 1 that innovative, collaborative approaches to research are needed in order to enhance understanding of teen families. Within the second broad project objective of investigating the impacts of the Successful Families program

on teen families, the purpose of the second paper was to explore what teen parents need in order to help their children grow and develop in healthy ways. Aligned with a CBPR approach, the photovoice method was used to address this purpose. Findings from this study highlighted that teen families have both complex needs and strengths that require relationship-based, trauma-informed, structured supports delivered by non-judgmental staff who respect their independence, supportive landlords, and communities where they can feel safe to raise their children without the burden of stigma and judgment.

Within the broader project objective of investigating program impacts, the purpose of the third paper was to describe teen parents' perspectives on their relationships with their children, resilience, self-esteem, and parenting attitudes, and to describe the development of the children of teen parents involved in the Successful Families program. Extant literature offers limited information in these areas. Therefore, this paper offers a contribution to the literature on the wellbeing of teen parents and development of their children in order to inform service delivery and set the stage for future research. In addition, results reinforced the heterogeneity of teen families, with teen parents and their children showing different areas of strengths and challenges across the domains measured. This suggests that service providers and policymakers should avoid focusing on teen parents as inherently at risk.

This dissertation is based on the premise that expanded information about teen families is required in order to best support this population. Thus, all three papers are threaded together by a common goal to enhance understanding of teen parent families in order to mobilize this knowledge for policy and practice, and to ultimately contribute to positive outcomes for teen parents and their children.

Preface

This thesis is an original work by Melissa Tremblay. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “The Life We Deserve: Developing a Model of Supportive Housing for Teen Families,” Pro00060443, November 30, 2015.

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Chapter 1: Introduction

In North America, the prevalence of births to mothers aged 15-19 has decreased nearly every year during the last three decades, with a low of 10 births per 1000 females in Canada and 21 births per 1000 females in the US in 2016 among this age group (Hamilton & Mathews, 2016; World Bank, 2018). Despite this decline, preventing teen pregnancy has remained a major target of researchers and policymakers.

This focus on prevention has been fueled by research findings that emphasize the overwhelmingly detrimental impacts of teen pregnancy and parenting across a number of domains rather than exploring the strengths and capacity of teen families, as well as the systems within which teen families are embedded. For example, researchers have associated teen pregnancy with negative outcomes for mothers such as an increased likelihood of requiring public assistance (Smith, Gilmer, Salge, Dickerson, & Wilson, 2013), experiencing mental health difficulties such as depression (Patel & Sen, 2012), and decreased high school completion (Hoffman, 2008). In addition, researchers have highlighted that teen mothers are generally at an increased risk for sub-standard caregiving, inconsistent responding to their children, and lower levels of sensitivity toward their children's needs (Beers & Hollo, 2009; Slomski Long, 2009). Findings regarding negative outcomes extend to the children of teen parents, with researchers describing lower levels of school readiness, poorer cognitive and academic scores on standardized tests, less developed language and communication skills upon school entry, and higher rates of emotional and behavioural problems as compared to the children of older mothers (Coley & Chase-Lansdale, 1998; Moffitt et al., 2002; Mollborn & Dennis, 2012; Terry-Human, Manlove, & Moore, 2005).

As a result of research findings that highlight the negative consequences of teen parenthood, relevant research and public policy have largely been directed toward the prevention of teen pregnancy by targeting individual-level factors (e.g., decision-making and the accessibility of contraceptives). However, there is growing support for the use of a systems perspective that considers the broader social, economic, and cultural contexts in which teen pregnancy and parenting occur (Weed, Nicholson, & Farris, 2015). This is in part out of increasing recognition of the methodological flaws with previous research conducted on teen families. In particular, poor maternal and child outcomes have been overestimated by selection bias, dissimilar control groups, and the failure to control for pre-existing factors that increase the propensity for teen pregnancy and poor outcomes (Weed et al., 2015). When these methodological flaws are addressed, researchers have reported that the high public costs of teen pregnancy as well as disparities between teen mothers and older mothers, and between children born to teen mothers and older mothers, are reduced or eliminated (Kearney & Levine, 2012; SmithBattle, 2018; Weed et al., 2015). Rather, pre-existing disparities, such as being on a trajectory toward low socioeconomic status *before* becoming a parent, appear to account for the majority of health, economic, and social disparities between teen mothers and those who delay childbearing (Furstenberg, 2007; Kearney & Levine, 2012). This not only points to the need to take a systems perspective in researching teen parents and their children, but similarly speaks to the complexity of the factors that shape the propensity for teen pregnancy and the realities of teen families. Therefore, research that is approached from a systems perspective and that considers the complex contributors to teen pregnancy and parenthood is needed in order to address teen families' circumstances and promote positive outcomes for this population.

Dissertation

This dissertation consists of three papers that describe research using a systems perspective, a strength-based approach, and that capitalize on the existing capacities of teen families. This represents a shift away from research that focuses on teen families' deficits, individual-level factors, and preventing teen pregnancy in the first place. The overarching objective of these papers was to enhance understanding of teen parent families with the ultimate goal of contributing to positive outcomes for teen parents and their children. Throughout the remainder of this introductory section, the program through which this research was first conducted is described, followed by the broader research study in which this dissertation is situated, a description of the three papers and respective research questions, and ending with a brief overview of ethical considerations and the author's positionality.

Successful Families program. In 2014, Executive Directors from the Terra Centre for Teen Parents (Terra) and Brentwood Community Development Group (Brentwood) partnered to address the housing needs of teen parent families. Through their equitable partnership, the agencies began to offer safe, secure, and affordable housing to teen parents and their children in combination with wraparound supports in the Edmonton neighbourhood of Woodcroft.

Terra Centre is a non-profit organization that has supported teen parents in Edmonton for more than 45 years, with the general goal of empowering pregnant and parenting teens to succeed. Toward this goal, Terra offers a variety of supports, including early learning and child care, group support programs, family outreach, a young dad's program, youth leadership, educational services, and more recently, housing supports. Terra employs approximately 65 staff members who support more than 1000 parents and children each year. Brentwood Community Development Group is a not-for-profit company that has maintained a presence in the city of

Edmonton for more than 40 years. Brentwood provides affordable housing in Edmonton communities with the guiding belief that stable housing provides a critical foundation for helping individuals and families succeed. The supportive housing program offered by the two agencies, named the Successful Families program, takes place in a 207-unit townhouse site owned and managed by Brentwood in Edmonton. Brentwood acts as a landlord, provides subsidies to young parents participating in the program, and provides a residence located across the street from participants' homes that has been converted to office and program space (the "Terra house"). Terra provides a full-time housing manager and three full-time housing support staff.

The Successful Families program is built on an equitable partnership between Terra and Brentwood. Families and communities are also valued as partners. Program staff provide services that give families voice and choice, encourage natural supports, are team-oriented, collaborative, community-based, culturally competent, individualized, strength-based, unconditional, and outcome-based. Services are empowerment focused, as staff members assume that families have the strengths and capacity to address the complexities of their own situations. As such, families are involved in setting goals, planning, and implementing supports.

Broader research study. Shortly after the partnership between Terra and Brentwood was formed, Executive Directors from the two agencies contacted researchers at the Community-University Partnership for the Study of Children, Youth, and Families (CUP) at the University of Alberta to begin researching and evaluating the supportive housing program that was being delivered. At the time, the program was being delivered without a program model or structure in place. Thus, through a series of meetings, partners from Terra, Brentwood, and CUP agreed to pursue two objectives: (1) collaboratively develop a supportive housing model for teen families

that could be implemented and studied; and (2) collaboratively investigate the impacts of the model on teen parents and their children.

The broader study was aligned with a community-based participatory research approach (CBPR; Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003). Thus, partners worked together throughout all stages of the research process; in particular, to define the research objectives, decide on and adjust methods, collect and analyze data, and mobilize knowledge regarding findings. In our equitable partnership, there was also a focus on co-learning and long-term commitment, such that the researchers and community partners worked together over a four-year timeframe and remained open to continuing to partner and work together after initial project funding was complete.

Research questions. This dissertation consists of three papers related to the objectives of the broader research study. Relevant to the first objective, developing the Successful Families program model was a complex task that required innovative research and evaluation approaches. Thus, the purpose of the first paper was to describe the processes involved in using CBPR and developmental evaluation (DE; Patton, 2006; 2011) to develop a model of supportive housing for teen families. To the author's knowledge, the paper provides the first example of how CBPR and DE approaches can be bridged. Insights are offered that will be informative for researchers, evaluators, and practitioners seeking to develop programming in response to complex community issues.

Within the second broad project objective of investigating the impacts of the Successful Families program on teen families, the purpose of the second paper was to explore what teen parents need in order to help their children grow and develop in healthy ways. Aligned with a CBPR approach, the photovoice method was used to address this purpose.

Within the broader project objective of investigating program impacts, the purpose of the third paper was to describe teen parents' perspectives on their relationships with their children, resilience, self-esteem, and parenting attitudes, and to describe the development of the children of teen parents involved in the Successful Families program. Extant literature offers limited information in these areas. Therefore, this paper offers a contribution to the literature on the wellbeing of teen parents and development of their children in order to inform service delivery and set the stage for future research.

This dissertation is based on the premise that expanded information about teen families' experiences and functioning was required in order to best support this population. Thus, all three papers are tied together by a common goal to enhance understanding of teen parent families in order to mobilize this knowledge for policy and practice, and to ultimately contribute to positive outcomes for teen parents and their children.

Ethical considerations. A number of ethical considerations were important to consider for the study described in this dissertation. In particular, youth are typically viewed as inherently vulnerable, given their less advanced stages of development, legal capacity, level of autonomy, and reliance on adults across many areas (Hall, Stevens, & Pletsch, 2001). However, in the current project, even when under the age of majority, teen parents provided consent for their own children to participate in research. It therefore followed that teen parents could provide consent for their own participation, and our ethics board allowed for this. Nonetheless, we approached informed consent as a process that we re-visited throughout the project, and this assisted in disrupting power differentials between researchers and participants (Brear, 2018).

The involvement of Successful Families staff members in gathering consent was another recruitment issue that we considered. Researchers have highlighted the need for caution in this

area, citing examples where agency staff may persuade or coerce youth to participate in research (Curtis et al., 2003). In our project, staff were committed to an approach that involved walking alongside participants and upholding their individual autonomy, rather than persuading them toward any decision. Even so, frequent check-ins between the research team and staff took place regarding the ethics and power dynamics involved in research recruitment.

Furthermore, in conducting research with teen parents, a primary concern was treating participants and their stories with great sensitivity, and creating space for participants to feel safe, empowered, and heard (Taylor, 2009). This required ongoing reflexivity on the part of the researchers and staff, in part facilitated through regular meetings and frank discussions on these matters, as well as relationship building between researchers and staff and between researchers and participants. These relationships were also worthy of ethical consideration given that it was necessary to establish boundaries around roles as researchers rather than friends or service providers (Taylor, 2009). At the same time, traversing multiple roles was necessary- the researchers entered into the practice realm by, for example, providing feedback to parents on their children's development, and building staff capacity to integrate research and evaluation into regular program practice. These considerations are discussed in more detail throughout this dissertation.

Finally, in mobilizing knowledge from the project, we critically reflected on confidentiality concerns. In line with University ethics board requirements, teen parents provided informed consent for their photos to be shown in public, and needed to consider the potential long-term impacts of this decision. In this way, there was tension between the need to respect teen parents' agency with the need to protect them from harm and exploitation. It was important to clearly communicate the limits to confidentiality as well as potential risks while gathering

informed consent.

Positionality. I identify as an Indigenous (Métis) Canadian woman. I am also married, cisgender, heterosexual, able-bodied, and university-educated. Each of these identities converge to confer levels of privilege that I am aware have the potential to impact the research process. This awareness is made acute in part because of my history and background. In particular, I come from a family of five children and my mother and father were teenagers when they became parents to my older brother and sister. My parents faced financial hardships in raising our family, although they consistently did their very best to provide for their children in every way they could.

I grew up in a suburb of Edmonton that consists of a predominantly middle class, noticeably non-ethnically diverse demographic. I knew that having a father with a First Nations (Cree) background and a mother with a European (French and Norwegian) background meant that I was Métis, although I did not develop a conception of Métis culture until I began attending university. I have been incredibly fortunate to learn from Indigenous Elders and other community members about Cree values. One of these values that I strive to enact is that of gratitude. I am grateful every day for my family, the opportunities that I have been afforded, the connections that I have forged, the mentors who I have learned from, the people who make meaningful research possible (especially participants), and the chance to spend every day doing work that I love in a university setting.

No one else in my immediate or extended family has attended university. I believe that coming from a “working class” family background lends me a sense of relatability to participants who are facing vulnerable circumstances. At the same time, I was skipped ahead from Kindergarten to Grade two when I was a child due to being identified as academically gifted, and

I spent my school years straddling a line between being proud of my abilities and trying to mask them out of fear of being “singled out” or made the center of attention. For as long as I can remember, I have lived with social anxiety, and have learned to conquer my anxiety in slow but significant ways. I believe that the multiple layers of my identity have helped me to develop a deep empathy for other people, and to recognize firsthand that every person on this earth has a background and story that most other people know nothing of. In other words, I believe that there is more to most other people than meets the eye, and this has not only helped me to develop empathy, but to also develop a deep sense of curiosity about human experiences, and this has fed my passion for qualitative research.

I also have a passion for conducting research that contributes to healthy children and families, with a focus on Indigenous children in particular. I am a mother to two beautiful boys (ages 2 years and 2 months at the time my dissertation was successfully defended), and I am proud to conduct research that I hope they will understand and develop an appreciation for one day.

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Chapter 2: Using Developmental Evaluation and Community-Based Participatory Research to Develop a Model of Supportive Housing

Introduction

Over the last two decades, there has been a proliferation of research studies using a community-based participatory research approach (CBPR; Israel, Schulz, Parker, & Becker, 2008; Minkler & Wallerstein, 2003) for addressing complex social issues. In the evaluation realm, developmental evaluation (DE) has also emerged as a promising means for addressing complex issues (Patton, 2006; 2011). These approaches were born out of a growing recognition that the *process* of engaging in research and evaluation can be transformative, yielding learning that can contribute in valuable ways to social innovation. Through the current paper, we discuss how CBPR and DE were used to address the complex social issue of providing safe, secure, and affordable housing for teen parents and their children. More specifically, we describe the processes involved in using CBPR and DE to develop a model of supportive housing for teen families. Insights are offered that will be important for researchers, evaluators, and practitioners seeking to develop programming in response to complex community issues. Researchers and program staff contributed to these insights; therefore, the use of the pronoun “we” indicates the inclusion of all partners. To begin, an overview of CBPR and DE is provided followed by the context of our research partnership.

Community-based participatory research and developmental evaluation. CBPR and DE can be conceptualized as overarching approaches to research and evaluation rather than distinct sets of methods. Although current literature offers little with respect to the use of research and DE in combination (Rey, Tremblay, & Brouselle, 2014), CBPR and DE are

complementary. The complementary intersections and specific nuances of these approaches are described below and can be found in Table 2.1 below.

Table 2.1

CBPR and DE Principles

| Summary of CBPR Principles¹ | Summary of DE Principles² | Intersections Between CBPR and DE |
|---|--|---|
| <i>Partnership:</i> There is an emphasis on collaborative, equitable partnerships that build on community strengths and resources and involve co-learning. Through partnership, there is a focus on mutual benefit, which often involves capacity-building. | <i>Co-creation:</i> The evaluator and social innovators develop the innovation and evaluation together, and the evaluation becomes part of the intervention. | Co-learning (CBPR) and co-creation (DE) both involve collaborative processes. In DE, evaluators may also become integrated into the project team, although they occupy a very specific role on the team. CBPR includes a more explicit focus on mutually beneficial, equitable partnerships and power sharing as core tenets and mechanisms for change. |
| <i>Local, social justice focus:</i> CBPR partners aim to address issues of local importance relevant to social justice such as racism and social class inequities. Thus, community empowerment is prioritized. | <i>Innovation niche:</i> An explicit commitment exists to innovate and adapt in response to a social problem. | CBPR and DE projects focus on issues relevant to individuals and groups involved in the research/ evaluation. However, core to CBPR is recognition of community as a unit of identity and site for social change. The aim of a given DE project does not necessarily involve social justice, but rather always involves supporting the <i>development</i> of a social innovation. CBPR projects do not inevitably involve a developmental aspect. |
| <i>Actionable knowledge dissemination:</i> There is a focus on disseminating findings to all partners in accessible ways and on | <i>Utilization-focused:</i> There is a focus on intended use by intended users from beginning to end. | There is strong alignment between action-oriented knowledge dissemination (CBPR) and rapidly providing findings to inform utilization (DE). CBPR additionally aims to involve partners in disseminating knowledge to broader |

¹ Adapted from Israel et al., 2008

² Adapted from Patton, 2016

| | | |
|---|---|--|
| involving partners in dissemination to inform action. | <i>Timely feedback:</i> Feedback is ongoing, to inform adaptations as findings emerge. | audiences whereas DE practitioners are more concerned with findings reaching those directly involved in the innovation being developed. |
| <i>Long-term commitment:</i> CBPR projects involve the development of systems (e.g., partnerships) that engage in iterative, multi-phase processes (e.g., data collection is one phase). This requires partnerships to extend beyond any one project, with commitment to long-term collaboration. | <i>Systems thinking:</i> There is attentiveness to interrelationships and other key aspects of the social system and to the context of the innovation and evaluation. <i>Complexity:</i> Development is understood through the lens of the complex, dynamic system in which the innovation and evaluation are embedded. | CBPR partners make long-term commitments, in part out of acknowledgement for the complexity inherent in community projects and the time-consuming nature of iterative, multi-phased projects that complex community initiatives require. DE moves beyond acknowledging complexity to embracing and explicitly honing in on complexity and systems thinking. All innovations developed through DE are by nature complex, whereas CBPR can be applied to community initiatives that are relatively simple. |

CBPR is a collaborative approach to research that equitably involves researchers, community members, and other stakeholders in all stages of the research process with the aim of generating and mobilizing knowledge to address inequities prioritized by community members (Israel, Schulz, Parker, & Becker, 1998). The foundation of CBPR is partnership (Cargo & Mercer, 2008; Mayan & Daum, 2016). CBPR partners privilege social action, community empowerment, and community wisdom throughout the research process, and consider community participation in research as both necessary for the research process and an end in itself. Accordingly, CBPR researchers build on existing community strengths to address issues that are prioritized by community members. There is growing consensus that CBPR is the most suitable approach for research that has an aim of contributing to a more just and equitable society (Mayan & Daum, 2016).

DE has emerged over the last 20 years as an approach to evaluating complex, emergent initiatives that are in the early stages of development (Gamble, 2008; Patton, 2006; 2011). In a DE process, evidence is gathered and used to inform program design and implementation decisions and to guide adaptation to the dynamic, ever-changing realities in which community initiatives are most often situated (Patton, 2011). DE practitioners recognize that direct causation is often difficult, if not impossible, to attribute to specific programs given the multiple confounding variables at play in complex environments. For this reason, DE practitioners use reflective practices to respond to what initiatives *are* doing rather than attending to pre-determined outcomes, and this is critical within changing and fluid contexts (Poth, Pinto, & Howery, 2011). Through DE, it is possible to document and make sense of the often subtle and unexpected changes and interdependencies that take place as innovative programs unfold, recognizing that community innovations are difficult to predict and impossible to control (Patton, 2011). Unlike traditional evaluation approaches which aim to bring order to chaos, DE provides a means for embracing and adapting to the turbulent, nonlinear dynamics of real-world social interventions (Patton, 2011).

Both CBPR and DE involve collaboration, although CBPR includes a more specific focus on partnerships through which equitability, mutual benefit, and power sharing are achieved. In addition, CBPR and DE are both driven by individuals and groups who are directly impacted by the issues being researched and/or evaluated, although the focus of CBPR projects is typically related to social justice, whereas the focus of DE projects is on developing a social innovation. Along these lines, CBPR and DE share an emphasis on ensuring that findings lead to change, through actionable knowledge dissemination in CBPR and through a utilization focus and timely feedback in DE. Moreover, CBPR and DE encompass recognition that community change does

not occur in planned or linear ways, but instead occurs through the intersection of complex factors including the community, political and social contexts of social interventions, and dynamics between and among the people through whom interventions and partnerships are enacted (Abma, Cook, Ramgard, Kleba, Harris, & Wallerstein, 2017; Patton, 2016). CBPR additionally involves long-term commitment in acknowledgement of the complex nature of community change. Although DE does not necessitate long-term commitment, complexity and systems perspectives are core tenets of this approach. In principle, the intersections between CBPR and DE suggest that the two approaches are complementary and well-suited for use together. Importantly, use of these two approaches together is distinct from more general participatory evaluation approaches given that DE represents a particular type of evaluation used for a particular purpose. To the author's knowledge, the current paper provides the first example of how CBPR and DE approaches can be bridged. More specifically, we explore the use of these two approaches in the context of a specific project, described as follows.

Context. The Terra Centre for Teen Parents and Brentwood Community Development Group partnered in 2014 to offer safe, secure, and affordable housing to teen parents and their children in combination with wraparound supports in the Edmonton neighbourhood of Woodcroft. Terra and Brentwood are equitable partners in delivering a supportive housing program. Terra Centre is a non-profit organization that has been supporting teen parents in Edmonton since the organization's inception over 45 years ago, with the general goal of helping pregnant and parenting teens to develop self-reliance and skills to reach their full potential as parents. Brentwood Community Development Group was formed in 1977 with a vision of affordable housing for Edmonton communities. The supportive housing program takes place in a 207-unit townhouse site owned and managed by Brentwood in Edmonton. Brentwood acts as a

landlord, provides subsidies to young parents participating in the program, and provides a residence located across the street from participants' homes that has been converted to office and program space (the "Terra house"). Terra provides a full-time housing manager and three full-time housing support staff.

With the intent of building knowledge regarding the program model of supportive housing being delivered, executive directors from Terra and Brentwood contacted researchers at the Community-University Partnership for the Study of Children, Youth, and Families (CUP) at the University of Alberta. When the partnership between Terra, Brentwood, and CUP was formed, Brentwood was providing subsidies and Terra was offering services to teen families without a program model or structure in place. Moving forward in this way is often the reality of organizations that respond to emergent community needs; that is, there is seldom a blueprint for addressing complex community issues. Thus, two objectives were agreed upon by the partnership: (1) collaboratively develop a supportive housing model for teen families that could be implemented and studied; and (2) collaboratively investigate the impacts of the model on teen parents and their children. To address the partnership objectives, CBPR was used as the overarching approach. Given the program's early stage of development and the need for informing rapid program adaptations, DE was chosen as an approach to developing the program model.

The current paper focuses on the first objective of our partnership; namely, the process of collaboratively developing a supportive housing model for teen families over a timeframe of four years. This is described according to the structures and processes that contributed to our project's success, including (1) our partnership approach, which supported each of the remaining aspects of developing the program model, (2) pooled resources, (3) regular opportunities for

collaboration and reflection, (4) integration of multiple data sources, (5) ongoing feedback and knowledge dissemination, and (6) adjustments to program practices. We end by providing insights into the lessons that we learned through this project. We aim to describe how researchers and community partners can collaboratively use CBPR and DE to develop a program model in complex community settings.

Partnership Approach

Given that we explicitly used a CBPR approach to develop the program model, time was dedicated to relationship building between researchers and staff in the interest of forming an equitable partnership. To be clear, we acknowledge that it is possible to develop a program model by using DE without focusing on equitable partnership building. However, for the current project, it was important for our partnership to extend beyond the boundaries of a DE approach for three reasons. First, it was the preference of all partners that we worked together equitably, and it was important to respect this preference. Second, program participants (i.e., teen parents) were facing vulnerable circumstances that required sensitivity and a trauma-informed approach. Working in equitable partnership provided a space for researchers and staff to determine appropriate ways to engage participants in research and evaluation processes (Tremblay, Kingsley, Bentham, & Gokiert, in press). Third, it was important for the researchers' approach to align with that of the services being delivered. Staff members were delivering services in line with a relational, empowerment-focused philosophy, and it was important for the researchers to mirror and enact this philosophy in order to facilitate buy-in from staff, which was in turn critical for carrying out our research and evaluation activities. More specifically, when the research team first became involved with the program, service delivery had been underway for approximately six months. Given that initial relationships were formed between the researchers and executive

directors from Terra and Brentwood, time was intentionally dedicated to forming relationships between the researchers and housing support staff. This was important because staff initially voiced that they were unsure about the nature of the partnership. Involving housing support staff in decisions about the research design and data collection through a relational process was helpful in elevating their understanding and building trust.

Having one or more research team members physically present at the Terra house at least on a weekly basis, either for team meetings or research activities (e.g., child assessments, focus groups), also facilitated relationship and trust building between our teams. One of the research team members also frequently attended ongoing program activities such as barbeques for participants and field trips, which facilitated the development of rapport. Through spending time with the researchers, it was also helpful for staff to develop a transparent understanding of the researchers' approach, and to recognize that the researchers valued staff perspectives as central to developing the model. Importantly, we learned that conducting individual staff interviews was useful for clarifying individual experiences, goals, and expectations of our research partnership. Together, these activities resulted in the formation of strong research relationships.

Although the researchers developed relationships by attending meetings and program events, demonstrating transparency, trustworthiness, and reliability in the approach, and spending time being physically present at the Terra house, staff turnover posed a challenge. In particular, the researchers often invested time in building strong relationships with housing support staff who later moved on from their positions, meaning that the researchers would need to form relationships with new staff members. It was recognized that this was not uncommon in non-profit agencies, and maintaining relationships with remaining staff accelerated effective relationship building with new staff. In addition, support and investment in the research from

Terra leadership was important for facilitating buy-in from new staff members, and contributed to relationship formation between the researchers and new staff. Other researchers have similarly noted that staff turnover is common in social service organizations, and that this can pose a challenge for research projects that rely on staff involvement (Baumbusch et al., 2008). As an overall approach, we reflected on the strategies that were successful in building and maintaining relationships, and having these strategies in place helped to mitigate the challenge of staff turnover.

Importantly, the elements of our combined CBPR and DE approaches that follow are encircled by our partnership approach. That is, our strong partnership was fundamental for all of the additional structures and processes involved in developing the model of supportive housing.

Pooled Resources

A challenge often cited in the literature on CBPR is having sufficient time and funding to develop trusting community-academic relationships (Gokiert, Willows, Georgis, Stringer, & Alexander Research Committee, 2017; Lantz, Israel, Schulz, & Reyes, 2005). Likewise, the success of this project hinged in large part on availability of the monetary resources required to sustain research and evaluation activities over the four years that partners worked closely together. For the program itself, Terra and Brentwood not only provided front-line and supervisory personnel (in the case of Terra) as well as subsidies and programming space for participants (in the case of Brentwood), but also invested financial resources to fund a post-doctoral fellow and doctoral level research assistant to carry out research and evaluation activities. The research team additionally contributed the time and expertise of practicum students and other graduate research assistants in various stages of our research and evaluation processes. In collaboration with partners from Terra and Brentwood, the research team also

successfully applied for six different grant opportunities that provided funding for our research and evaluation activities and funded two full-time Terra staff members for one year. Securing financial resources was instrumental for honoring the long-term commitment important to our CBPR partnership and for acknowledging the complexity inherent in the task of developing the supportive housing program model.

Regular Opportunities for Collaboration and Reflection

Having the financial and human resources to work together for four years allowed us to establish regular opportunities for collaboration and reflection. These opportunities took the form of three different meetings that became a part of program development and implementation. First, “operational meetings” took place between the Brentwood Executive Director, Brentwood administrator, and Terra housing manager on a bi-weekly basis to provide updates on current and prospective participants and discuss program activities. A member of the research team attended these meetings to gain a deeper contextual understanding of the program. Second, “capture meetings” were held monthly, during which the Terra housing manager met with the three front-line program staff members, joined by one or more researchers. During the beginning stages of our partnership, capture meetings were a forum for updates, discussion regarding research progress, and brainstorming regarding our data collection methods. Later, capture meetings provided an additional opportunity for the researchers and staff to share information and ask questions. As such, meeting agendas were changed to prioritize reflection on program activities, successes, and challenges. Capture meetings were built into ongoing program practices after the researchers scaled back their involvement, as meetings became useful for staff to continue reflecting on the program model and ongoing practices. Third, “annual reflection days” took place with the Brentwood leadership and administrative teams, Terra leadership team and front-

line staff members, and the CUP research team to engage in strategic planning and reflection around the program.

Thus, although the three types of meetings were distinct, they served common purposes for both the CBPR and DE threads of our project. In line with a CBPR approach, meetings were instrumental to developing our partnership. Conversations at initial meetings provided the opportunity for all partners to collaboratively shape the development of our research plan and evolving program logic, and allowed for the clarification of partnership priorities and expectations. In line with a DE approach, ongoing meetings functioned as sites for the developmental processes of information sharing, reflection, and learning in order to iteratively develop the program model. As such, it was through meetings, which functioned as structured opportunities for collaboration and reflection, that we were able to simultaneously engage in the participatory and developmental processes that were foundational for developing our program model.

Integration of Multiple Data Sources

Given that we had the resources to work together long-term, with regular opportunities for collaboration and reflection, we were able to collect and integrate data from multiple sources. Partners from Terra and Brentwood communicated the importance of articulating the model of supportive housing being delivered, both for their own clarity and in order to share the model with other agencies. Therefore, we conducted a literature review and used multiple sources of data to formalize the program model. A review of the literature revealed a significant lack of information regarding supportive housing for teen families. This highlighted the innovative nature of the program, and emphasized the need to rely on multiple sources of data for developing the program model.

Data were collected and integrated from three sources toward the development of the program model. These included (1) minutes and field notes from the meetings described above, (2) focus groups and interviews with staff, and (3) photovoice with program participants. Keeping meeting minutes and field notes provided the opportunity to document learnings and program adaptations as they occurred. In addition, staff interviews were conducted to understand critical factors in providing supportive housing for teen families. A researcher conducted one-hour individual interviews in person with seven staff members from Terra and Brentwood who were directly connected to the Successful Families program (i.e., housing support staff, Terra Centre leadership, and Brentwood leadership). Two separate one-hour group discussions were also conducted with six family outreach staff and six services for educational achievement staff from Terra, who regularly provide referrals to the housing program. Interviews and group discussions were audio recorded with participants' permission and transcribed verbatim.

The photovoice method was used to gain insight from teen parents regarding the program model. Photovoice is grounded in participatory action research (PAR) and involves a group of community members taking photos in response to an issue of importance to the community (Wang & Burris, 1997). Two rounds of photovoice were conducted with two different groups of parents, each spanning approximately six months (December, 2016 to May 2017; December 2017 to June 2018). We conducted two-hour group discussions with the parents on a bi-weekly basis. In total, 22 teen parents participated in the photovoice project, with four to six participants present at each group discussions. Two researchers facilitated the first round, and one researcher and a housing support staff member facilitated the second. During group discussions, participants discussed the photos that they had taken in response to an overarching question: What do you need in order to help your children grow and develop in healthy ways? During group discussions,

parents also discussed their perspectives on the supportive housing program. All group discussions were audio recorded with participants' permission and transcribed verbatim.

In balancing an exploratory approach with a focus on practicality, we used thematic analysis with the data from meeting minutes, staff focus groups, staff interviews, and photovoice group discussions, as well as field notes from our knowledge mobilization and program adjustment processes, described more fully below. Thematic analysis is a method for identifying, analyzing, organizing, describing, and reporting themes within a data set (Braun & Clarke, 2006). Data analysis began with two researchers reviewing all of the data. Next, we engaged in iterative processes involving both staff and researchers. In particular, the researchers began to generate broad themes that could represent the program, subsequently discussed potential themes at regular meetings with staff, and continued to complete additional analyses and discuss with staff until we landed on themes that constituted our model. Together, we decided on five levels of support that wrap around families, along with elements within each level of support and principles that thread throughout each level. Although an in-depth description of the model is beyond the purpose and scope of this paper, our program model is provided for reference (Figure 2.1). In formalizing the model, program staff named The Successful Families program, and indicated that having an "official" name helped the program continue assuming an identity and become recognizable to other staff within the agency as well as external agencies. This model is the result of four years of partnership, data collection and analysis, knowledge mobilization, and rapid program adjustments.

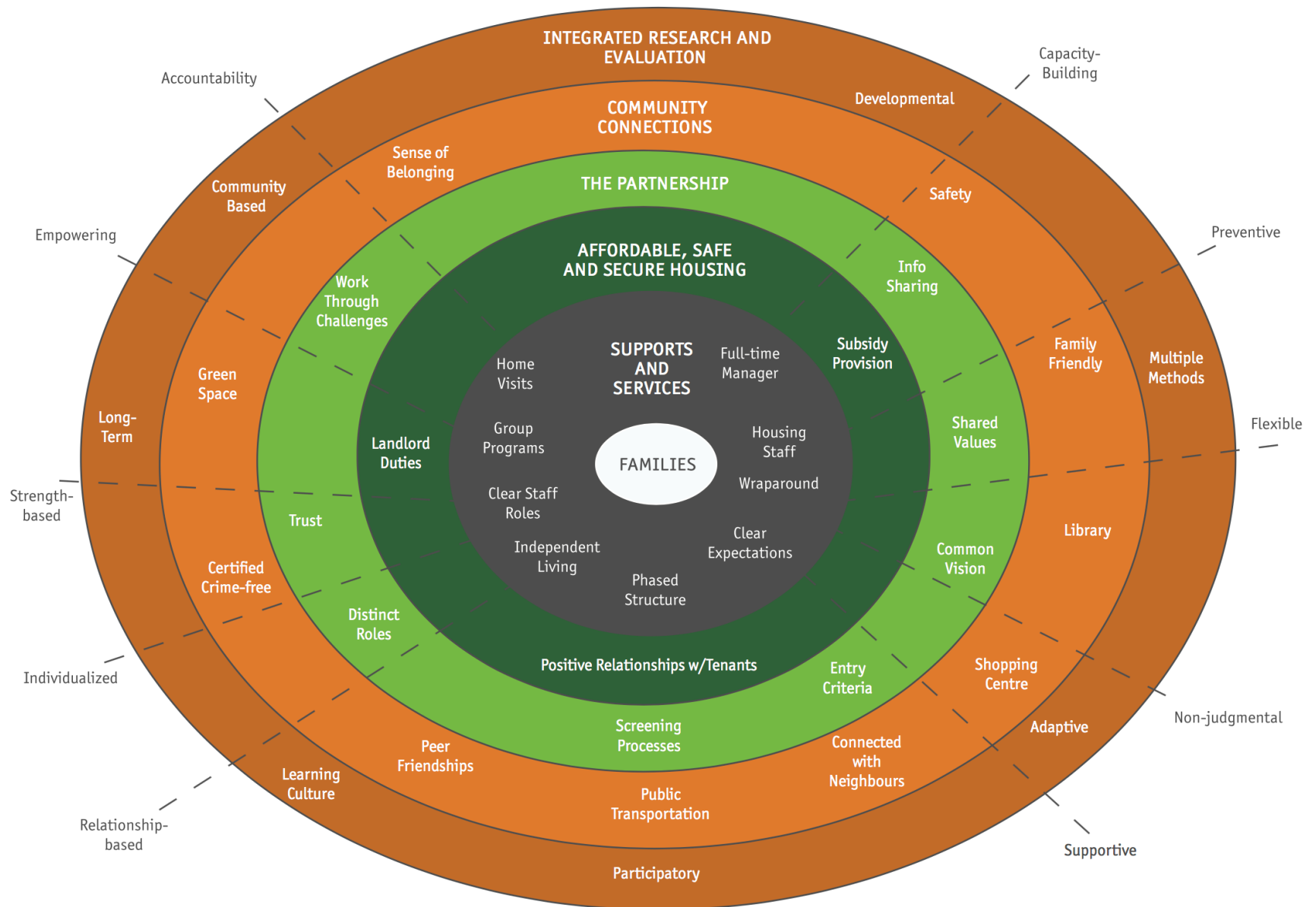


Figure 2.1. Successful Families Program Model.

Ongoing Feedback and Knowledge Dissemination

Consistent with DE, we collected and analyzed data using iterative, cyclical processes that involved ongoing feedback to staff. In line with a CBPR approach, we also engaged in knowledge dissemination to broader audiences. Feedback and dissemination informed continual adjustments to the program model and to our research and evaluation methods. In other words, data collection, analysis, and knowledge dissemination occurred concurrently and evolved with our research and evaluation methods throughout the project. Each of these processes were supported by the presence of a strong partnership, undergirded by our CBPR approach. The unique combination of our DE and CBPR approaches culminated in several forms of knowledge dissemination to different audiences.

Because our research team worked closely with partners, knowledge dissemination was integrated into our project activities. The researchers shared and collaboratively interpreted emerging research findings at our meetings on an ongoing basis. Thus, meetings not only provided regular opportunities for collaboration and reflection but also for integrated knowledge dissemination. Sharing ongoing feedback allowed for immediately putting research and evaluation findings into practice, and this was a benefit of using a DE approach. The researchers also provided partners from Terra and Brentwood with a bi-annual report of research progress as well as a document that provided a written outline of learnings and program adaptations. Sharing emerging findings in real time allowed the researchers and program staff to collaboratively interpret data toward developing a model that accurately and meaningfully reflected program practices and values. When partners are engaged in co-creation, the relevance of findings can be enhanced through bringing multiple perspectives to the table, thus situating findings in local

contexts and directly addressing the knowledge that stakeholders need to address complex community issues (Cashman et al., 2008).

In addition to sharing findings through meetings and written communication, we held two photo exhibits as part of our photovoice process. In May 2017 and June 2018, we printed and framed photos captured and chosen by teen parent participants, and hung them on the walls of the Terra house with accompanying captions. Program participants, stakeholders, partners, and members of the wider community were invited to attend our exhibit, during which attendees toured the Terra house, viewed photos, engaged in a dialogue around the photos, and listened to program participants speak about their experiences. In total, more than 60 people attended each exhibit. Photos and accompanying captions were subsequently displayed at the Edmonton City Hall. In addition, CBC News and CTV Edmonton interviewed the housing manager, a member of the research team, and a teen parent participant and featured news stories about the project. We also created photobooks of the photos and accompanying captions, which were distributed to stakeholders and residents of the neighbourhood where the program was located.

Importantly, the process of researchers and program staff engaging in photovoice and related knowledge dissemination together was significant for the development of the program model. Through photovoice, the researchers and program staff shared and reflected on feedback from teen parents, and by disseminating knowledge to broader audiences than originally anticipated, we worked together to formulate messages about the program that were helpful in clarifying aspects of the program model. We also disseminated knowledge by delivering formal presentations at local, national, and international conferences, many of which involved teen parents as co-presenters. Again, disseminating knowledge together to external audiences was

helpful in reflecting on and reconsidering interpretations of data toward developing the program model.

Because these integrated processes gave the opportunity for program staff to adjust their practices in response to evaluative feedback, we moved beyond one-way *dissemination* of knowledge from researchers to community partners and into the realm of *mobilizing* knowledge through our project. Knowledge mobilization is the use of evidence to bring research, policy, and practice together in order to improve outcomes for a target population (Social Sciences and Humanities Research Council, 2018). Knowledge mobilization prompts change by bringing people together, raising awareness, and putting research and evaluation findings into active use (Ontario Centre of Excellence for Child and Youth Mental Health, 2014). Our developmental processes of sharing ongoing feedback in iterative and cyclical ways, made possible through our strong CBPR partnership, were fundamental to developing the program model and directly informed adjustments to program practices.

Adjustments to Program Practices

Ongoing opportunities for collaboration and reflection gave rise to the integration of multiple data sources that fed into ongoing feedback and knowledge dissemination processes. In turn, each of these aspects of our project led to continual adjustments to program practices while the program model was being developed.

In particular, during early program implementation, staff and researchers reflected on the importance of achieving a balance between supporting participants and building their capacity for independence. This point of reflection came about through the researchers providing their observations back to the housing staff. Through conversations with the researchers, staff described how, although the families served by the program were often in crisis, staff being in

constant response to crises took away from the use of a strength-based approach and from capacity building. Conversations in this area highlighted the need for staff to establish and maintain boundaries with participants, and for staff to incorporate a focus on prevention into their work with participants. Relatedly, in the initial stages of program implementation, a number of evictions occurred stemming from critical incidents with participants. As a result, more rigorous screening processes and entry criteria were put into place to determine if participants were a fit for the program and to set families up for success.

In addition, a phased program structure was implemented in response to ongoing reflection about program practices and outcomes, with different phases having requirements for various levels of support and program participation. Staff reported that implementing a phased model assisted in clarifying participant expectations. Relatedly, because program implementation and development occurred concurrently, staff roles and program goals were being developed while the program implementation was already underway, and ambiguity regarding roles was experienced as a challenge. An important adaptation to practice that resulted was putting procedures in place for staff to have a clearer understanding of their roles and program goals to support the program model.

Another significant program adjustment related to staff composition. Given the complex work that housing staff engaged in with participants, it was recognized that a full-time manager was required to adequately meet the supervision needs of staff, provide necessary leadership, grow the Terra-Brentwood partnership, and add elements of structure to the program. Increased structure not only included more rigorous screening processes and the implementation of program phases, but also involved development of a curriculum for participant groups in order for group content to align with program goals and intended outcomes.

These examples illustrate that our DE processes resulted in rapid program adjustments throughout the life of the project. These processes did not simply involve the researchers providing feedback passively. Rather, findings were mobilized through our strong CBPR partnership. In particular, the researchers' familiarity with the program and staff, developed through our partnership, allowed for conveying feedback in ways that were relevant and sensitive to context. In turn, relationships between researchers and staff allowed for staff to feel comfortable critiquing and negotiating the researchers' feedback to arrive at adjustments to program practices that were appropriate and meaningful. In this way, staff were able to use feedback to make program decisions, and to involve the researchers in these processes while developing the program model.

Discussion

Using CBPR and DE together. Through this project, we demonstrated that CBPR and DE approaches can feasibly be used together to build a program model for the purpose of addressing a complex social issue. We not only suggest that the two approaches can feasibly be used together, but that development of the supportive housing program model was significantly enriched by using the two approaches. Use of DE provided a flexible way to generate learning toward rapid adaptation of the program, and use of CBPR provided a collaborative way to integrate and mobilize this learning. This was particularly important due to the program being in its early stages of development and the complex task of providing supportive housing for teen families without a blueprint to follow. Through systems and complexity lenses, DE provided a way to frequently assess how the program was unfolding, discern which strategies held promise and which needed adaptation, and provided guidance on what to try next (Gamble, 2008). A CBPR approach provided guiding principles for long-term partnership building as well as a focus

on mutual benefits and social change. Using these approaches together was possible in part because there was overlap between our research and evaluation objectives. In addition, these approaches fit together given that CBPR is a flexible approach that can be used with a variety of more specific methods and approaches. DE represents a suitable approach for use with CBPR because principles of the two approaches align in many ways, and the ways in which CBPR and DE principles diverge can be complementary.

From partnership to relationships. In order to collaboratively develop a model of supportive housing for teen families, it was first necessary to engage in the foundational work of establishing and building a partnership between Terra, Brentwood, and CUP. Our DE approach resulted in the researchers becoming embedded in program development and implementation, and our CBPR approach led to a number of strategies for building and maintaining our strong partnership. In general, these strategies were successful, as evidenced by the researchers being more frequently invited to partake in regular program events, as well as researcher and program staff reports of feeling more comfortable and familiar with one another. In this way, the researchers reflected that they were moving beyond a formal partnership and into the realm of more organic relationships. Although this was experienced as a success, relationships between the researchers and program staff also represented challenging territory. Mayan and Daum (2016) point out that CBPR relationships can take on characteristics of friendships, and that, because CBPR relationships are bound by timelines and therefore temporary, they represent a grey area that can result in feelings of loss and guilt. Given the significant investment of time in building and maintaining our partnership, relationships between the researchers and program staff as well as between the researchers and participants naturally grew. As a partnership, it was important to reflect on the nature of our relationships and how this impacted our approach to

researching, evaluating, and mobilizing knowledge about the program. At times, the researchers pondered over whether they were becoming “too close” to program staff; we grappled with this concern given the importance of generating credible findings.

However, the general consensus among academic and community team members was that the existence of strong relationships enhanced trust, which was important for facilitating rapid adjustments to program practices. In addition, our team agreed that strong researcher-staff relationships enhanced our research recruitment, data collection, analysis, and knowledge mobilization processes, thus improving our ability to generate meaningful, usable findings. Therefore, we were willing to assume the potential risks and challenges of developing relationships in the interest of these benefits. In essence, we took the view that long-term research commitments are necessary to achieve social change in complex community initiatives because social change is not a quick or straightforward process. Along with long-term commitments come relationships, and we continue to reflect on the difficulties of navigating these relationships after project funding and activities are complete.

Benefits for partners. In using CBPR and DE to develop a model of supportive housing, we learned about the important benefits that can be experienced by community and academic partners. Primarily, our processes resulted in mutual capacity-building. Community partners experienced enhanced capacity to do and use evaluation by working closely with the researchers, learning about and engaging in evaluation and research processes, and incorporating evaluative practices such as reflective “capture” meetings into the Successful Families program. In turn, academic partners built their capacity to engage with a unique population (i.e., teen parents) by reflecting with and obtaining real-time feedback from staff members about their research and evaluation processes. Thus, just as community partners benefited from the ability to rapidly

adjust their practices in response to developmental evidence, the researchers likewise adapted research and evaluation practices in response to partners' needs and the unique population that we were working with. We take the stance that these benefits were experienced as a result of using DE and CBPR together, and that these benefits may not have been realized with the use of either approach on its own. This is because benefits to partners were a result of our developmental processes *and* our partnership.

Lessons learned.

Resource requirements. The success of this project was in large part dependent on having the time and resources to work together in flexible ways to address accountabilities to multiple funders and stakeholders. The ability to flexibly define our objectives and to continually adapt our research, evaluation, and program methods was critical for successfully building the program model, and our project may not have been successful if we were required to adhere to strict timelines, pre-determined outcomes, or rigid funder requirements.

Alignment of research and evaluation approaches with program philosophy. Although there is no recipe for success with respect to partnership building, we learned that it was important to use a research and evaluation approach that aligned with the program's approach. Just as program staff delivered services that were strength-based, relational, flexible, responsive, non-judgmental, and that prioritized capacity-building and accountability, the researchers similarly used an approach and methods that aligned with these principles. We surmised that, had the researchers taken an approach that stood in contrast to program principles, partnership building would likely have been hindered. We also recognized that, in order to foster learning, raise critical questions, and arrive at a joint understanding of the program model, it was important for the researchers to be embedded and engaged in program practices, and this was

possible because the research and program approaches aligned. Thus, the researchers' very presence and participation in the program became part of the intervention. For example, photovoice groups, originally introduced as solely a research activity, became integrated into regular service delivery, and one of the researchers provided child development feedback reports to parents who participated in the research project, potentially contributing to elevated parent knowledge regarding their children's development. This forced the researchers to question and reflect on some of their long-held beliefs and assumptions regarding the importance of objectivity and remaining arms-length from the interventions under study. Ultimately, we recognized that complex innovations require complex research and evaluation efforts that can and often should diverge from more traditional, experimental research and evaluation principles.

Partner characteristics. This project was dependent on the presence of a learning culture in the organizations involved and within the partnership itself. This culture of learning was already present in the community organizations, as evidenced by the buy-in of leadership, and grew through frequent meetings between partners that had an emphasis on reflection and change. As such, learning was identified quickly and new strategies were developed, implemented, tested and modified in short cycles. This led to the creation of a supportive housing program that was adapted repeatedly but become stabilized over time. Along with a learning culture, a strong commitment from all partners was critical for staying the course. Development of a program model to address a complex community issue requires program partners who are committed to being reflective, flexible, comfortable with ambiguity, and willing to take risks, from both the programming side and the research and evaluation side.

Policy influence. Knowledge mobilization for this project was an area of success, with multiple presentations being delivered by community and academic partners, and media

coverage for our photovoice project. As a result, our project gained the attention of policymakers. Although this was exciting and important for our project, this was not planned, and it may have been beneficial to more intentionally plan for the policy changes that we sought to influence. Freudenberg and Tsui (2014) make the point that, in order for policy change to occur through CBPR, engagement and participation must occur beyond the community level and include stakeholders with political power to bring about change at higher levels such as government, corporate, and business leaders. In retrospect, we were very internally focused throughout our project. The researchers, leadership from Terra and Brentwood, and housing program staff worked hard to establish a partnership and relationships, and to develop our model with rapid program adjustments. As a result, we admittedly neglected a more external knowledge mobilization focus, where it may have been strategic to involve influential policymakers given this project's relevance to important social issues such as housing, poverty, and teen parenting.

Summary and Conclusions

Through this paper, we have described the processes and lessons learned in using CBPR and DE to develop a supportive housing model for teen families, using insights from data collected with researchers and community partners. Above all, it was important to engage in the foundational work of partnership building before we built the program model. Building our partnership required partners to pool resources, which allowed for regular collaboration and reflection and the integration of multiple data sources. This in turn led to ongoing feedback and knowledge dissemination that fed ongoing adjustments to program practices. Each of these elements contributed to developing the model of supportive housing. Through this paper, we demonstrated that there is alignment between DE and CBPR principles as well as unique,

complementary aspects of each approach, and that together, these approaches can be used to develop a program model in conditions of complexity.

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Chapter 3: Using Photovoice to Explore Teen Parents' Perspectives on Raising Healthy Children

Introduction

Although teen parenthood has been cited as a significant cause of social and economic disadvantage, evidence from a growing number of studies suggests that teen parenthood may be more accurately conceptualized as a marker of experiencing poverty and, often concomitantly, belonging to a disadvantaged minority group (Furstenberg, 2016). Teen parents disproportionately represent groups who experience marginalization in terms of social class, race and ethnicity, geographic location, and sexual orientation (Mollborn & Dennis, 2012).

Regardless of whether teen parenting can best be conceptualized as a cause or consequence of disadvantage, effective supports are clearly needed in order to help teen parents and their children reach their full potential. Furthermore, given the widespread stigma associated with teen parenting, it is important for teen parents to have a voice in efforts to develop an understanding of effective supports for themselves and their children. The purpose of this study was to explore, from the perspectives of teen parents involved in a supportive housing program, what helps teen parents to raise their children in healthy ways. To situate this study in light of existing research, the following sections outline the challenges and strengths of teen parenting as well as the specific context in which this study took place.

Challenges of teen parenting. It is clear that teen parents experience unique challenges. These challenges are mainly relevant to (1) disrupted trajectories of adolescent development, (2) limited opportunities, (3) supporting child development, and (4) stigma and judgement, discussed as follows.

Teen parents are navigating their own developmental changes, and parenthood represents a significant *alteration to the typical trajectory of adolescence* (Bohr, Dhayanandhan, Summers, & Kanter, 2011). Given their developmental stage and young age, teen mothers have understandably demonstrated lower levels of knowledge about child development than older mothers (Ruchala & James, 1997). Teen mothers and fathers also generally lack confidence in

their parenting skills as well as accurate information and expectations about their children's developmental milestones as compared to older parents (Bornstein & Patrick, 2007; Dallas, Wilson, & Salgado, 2000; Letourneau, Stewart, & Barnfather, 2004).

Given their own disrupted developmental trajectories, teen parents can experience *limited access to opportunities* for upward socioeconomic mobility. More specifically, pregnancy can complicate the ability to complete high school and pursue post-secondary studies. Once children are born, the responsibilities of childcare, less regular sleep, and the need to financially support children can interfere with the ability to pursue and complete educational goals (Schuyler Center for Analysis and Advocacy [SCAA], 2008). In general, teen parents experience fewer academic and vocational opportunities and an associated increased risk of poverty (Slomski Long, 2009).

This is problematic in light of evidence for the negative impacts of poverty and stress on parenting, and therefore on *children's development* (Blair & Raver, 2012; Lundahl, Risser, & Lovejoy, 2006; Mollborn, Lawrence, James-Hawkins, & Fomby, 2014). Indeed, researchers have demonstrated that children born to teen parents generally experience poorer outcomes than children born to older parents across a number of domains, such as school readiness (Mollborn & Dennis, 2012), language, communication, and social skills (Terry-Human, Manlove, & Moore, 2005), cognitive development and academic achievement (Coley & Chase-Lansdale, 1998), as well as behavioural problems (Moffitt et al., 2002). However, the relationship between teen parenthood and disadvantage is complex and defies simplistic notions of cause and effect (Bissell, 2000). To this point, researchers suggest that disadvantage experienced prior to and after becoming a teen parent, such as social inequity, marginalization, discrimination, and adverse childhood experiences, are largely responsible for the negative social and economic outcomes experienced by teen parents relative to those who delay childbearing (Kearney & Levine, 2012; Mollborn, 2017; SmithBattle, Lorman, Chantamit-o-pas, & Kraenzle Schneider, 2017). In other words, studies examining the outcomes of children born to teen parents have often failed to distinguish between the impacts of the economic and social disadvantages associated with teen parenting and the impacts of teen parenting per se (Lawlor & Shaw, 2002; Mayers, Hager-Budny,

& Buckner, 2008).

These realities can contribute to experiences of *stigma and judgment*. In particular, teen parents may be expected to pursue education and careers to avoid poverty, for which they are at higher risk, while at the same time, teen mothers often face judgment for placing their children in childcare in order to attend school or work, and must often deal with stigma and unwelcome attention in the school setting (Mollborn & Blalock, 2012; SmithBattle, 2013). Teen parents have additionally described experiences of judgment and hostility from social service agencies and health care providers (McDermott & Graham, 2005). Also problematic are simplistic public discourses citing teen pregnancy as a primary cause of poverty and other social problems, and notions of teen pregnancy as a moral failing, with emphasis placed on a lack of values, faulty decisions, and misguided mindsets (Bales & O'Neil, 2008). By frequently pairing teen pregnancy statistics with negative health outcomes, the media has also popularized the perception of teen pregnancy as a problem that requires eradication. These negative constructions can contribute to decreased empathy for teen parents, and do not leave space for public perceptions of teen parents as active and contributing community members (Bales & O'Neil, 2008).

Strengths of teen parents. Although the challenges associated with teen parenting have been well documented, there has been far less research on the strengths and resilience of teen parents. However, researchers exploring the complexities of teen parents' experiences have challenged the overwhelmingly negative discourses around this population and the consequences of teen parenthood (Mollborn, 2017). Some of this research has focused instead on the ways that teenage pregnancy can be a positive event and catalyst for growth in the lives of some young parents and their children (Duncan, Edwards, & Alexander, 2010; Price-Robertson, 2010). For example, a recent study showed that, relative to a matched control group of non-childbearing teens, teen mothers showed a reduction in conduct problems, no change in alcohol use (the control group showed significant increases in alcohol use), and reduced marijuana use during the first six months following delivery (Hipwell, Murray, Xiong, Stepp, & Keenan, 2016). In some instances, teenage pregnancy can serve as motivation to instigate positive lifestyle changes,

and encourage teens to defy stereotypes and negative expectations by pursuing educational and vocational goals (Clemmens, 2003). Many young parents have reported that having a child provided their lives with a renewed sense of meaning as well as a positive sense of maturity and responsibility (Mendes, 2009).

Although many teen parents experience multiple risk factors, challenges, and stigmas, the presence of protective factors in their lives can insulate teen parents from risks and help them to navigate disadvantages (Collins, 2010). Pursuing educational goals, possessing protective individual characteristics, and accessing support services represent factors that can promote resilience for teen families (Collins, 2010; Osofsky, Hann, & Peebles, 1993). In addition, strong social support from family, friends, and partners has consistently emerged as a protective factor for teen parents (Collins, 2010; Narendorf, Williams Jennings, & Santa Maria, 2016; Osofsky et al., 1993). Stable relationships between parents (Osofsky et al., 1993), as well as a positive co-parenting relationship (how parents relate to each other in their parenting roles separate from any romantic relationship, whether cohabiting or not) have also been associated with improved outcomes for the children of teen parents (Lewin, Mitchell, Beers, Feinberg, & Minkovitz, 2012).

Overall, despite widespread public attention as to the poor outcomes associated with teen parenting, there are a significant proportion of teen parents who manage to successfully meet their own developmental needs as well as the needs of their children. Considering the multiple risk factors, challenges, and stigmas that teen parents face, these successes warrant recognition, and represent the possibility for all teen families to build on their strengths and reach their full potential. With this potential in mind, it is important to enhance understanding of how to support teen families in effective and responsive ways.

Supporting teen parents. A number of programs and interventions have been developed to address the unique challenges and strengths of teen parents, with the broad goal of supporting positive health, social, educational, economic, and developmental outcomes for teen parents and their children. However, evaluations of programs that target teen mothers and their children are typically anecdotal in nature, and it is not clear how many such programs exist (Sadler et al.,

2007). What is clear is that in North America, there is a notable absence of programs for teen families that have been implemented on a large scale (SCAA, 2008). In addition, research and public policy regarding teen families and their children has largely focused on the prevention of teenage pregnancy, whereas far less research and policy attention has been paid to supporting teen families toward healthy outcomes for teen parents and their children and understanding best practices in serving this population (Corlyon & Stock, 2011).

Nonetheless, a number of broad promising practices have been suggested based on research evidence. In particular, there is general consensus that multi-pronged approaches are needed to effectively serve teen parents and their children (Smith, Gilmer, Salge, Dickerson, & Wilson, 2013). In addition to supporting teen families' social, educational, and economic needs, service providers can build teen parents' resilience to challenges by helping them to identify, develop, and build on individual strengths and capacities. Furthermore, because teen parents are themselves still developing cognitively, physically, and emotionally, they require approaches to parent education that are geared toward their developmental level, and early intervention to develop parenting skills appears to be important in setting the stage for positive child and parent outcomes (Collins, 2010; Giedd et al., 1999; Smith et al., 2013). Overall, services provided to teen parents and their children must be sensitive to their unique needs, circumstances, and assets, based on a holistic understanding of families, strength-based, and incorporate collaboration with other community services (Price-Robertson, 2010). Given the consensus that stable, supportive family and social relationships are critical to mitigating the impacts of the risks associated with teen parenting (SCAA, 2008), service providers may also promote resilience for teen parents by assisting them with establishing and strengthening supportive relationships, and by including other supportive adults in service planning (Narendorf et al., 2016). Although these overarching practices represent an encouraging way forward for supporting teen parents and their children to achieve their full potential, there are few rigorous research and evaluation studies detailing the impacts of programs on teen parents and their children and a dearth of evidence as to what constitutes effective practice for meeting teen families' needs (Corlyon & Stock, 2011).

Accordingly, there is a clear need to investigate the programs and practices that aim to improve health, social, educational, economic, and developmental outcomes for teen parents and their children.

Study Context

This project was part of a larger study that aimed to (1) develop a supportive housing program model for teen families, and (2) investigate the impacts of the program on teen parents and their children. The project was carried out through a partnership between the Terra Centre, Brentwood Community Development Group, and a team of researchers from the Community-University Partnership for the Study of Children, Youth, and Families (CUP) at the University of Alberta. Terra Centre is a non-profit organization that has been supporting teen parents in Edmonton since the organization's inception over 40 years ago, with the general goal of helping pregnant and parenting teens to develop self-reliance and skills to reach their full potential as parents. Brentwood Community Development Group was formed in 1977 with the goal of contributing to a vision of affordable housing for Edmonton communities. Brentwood owns and manages 207 townhouse units in the city of Edmonton. Recognizing the unique challenges of teen families, as well as teen families' need for quality housing, Terra Centre and Brentwood Community Development Group partnered in 2014 to offer safe, secure, and affordable housing to teen parents and their children in combination with wraparound supports in an Edmonton neighbourhood. Shortly after forming their partnership, Executive Directors from the two agencies approached the researchers to develop and study a supportive housing program model for teen families.

The Successful Families Program was formed with a long-term vision for the children of teen parents to achieve their potential and become valued adults who contribute to society. Within the program, Brentwood acts as the landlord, providing subsidies as well as office and programming space in a house across the street from participants' homes. Terra provides support staff, employing three full-time housing staff with the program in addition to a full-time housing manager. Staff provide services that give families voice and choice, and are collaborative,

community-based, culturally competent, individualized, strength-based, and unconditional. Staff provide home visits and offer group supports with the overarching aim of supporting families to maintain their tenancies, develop community connections, successfully raise their children, and reach their goals. Participants undergo a screening process before being accepted into the program in order to ensure that they have the financial resources and capacity to live independently.

Community-based participatory research. This project aligned with the principles of community-based participatory research (CBPR; Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003). Through use of a CBPR approach, community partners are equitably engaged and have a voice and power in the research process. CBPR is intended to collaboratively generate critical understandings of issues that are meaningful to community members by applying local knowledge and experience to research questions. In alignment with CBPR, the researchers and partners from Terra jointly defined the focus of the project as well as the research questions, collaboratively made decisions regarding methods, and worked together to recruit participants, collect and analyze data, and mobilize knowledge.

Purpose. Within the broader project goal of investigating the impacts of the Successful Families program on teen families, the purpose of the current study was to explore what teen parents need in order to help their children grow and develop in healthy ways. Aligned with a CBPR approach, we used the photovoice method to address this purpose.

Methods

Photovoice. Photovoice is a visual research method that has increased in popularity over the last decade (Gubrium & Harper, 2013). Photovoice is a Participatory Action Research (PAR) method that involves a group of community members taking photos in response to a community-defined issue (Wang & Burris, 1997). After capturing photos, participants come together to discuss their photos during one or more group discussions. Photos are subsequently selected by research participants to mobilize knowledge in response to a research question, and this most often takes the form of a photo exhibit.

Photovoice aims to raise awareness, facilitate communication between vulnerable groups and decision makers, and provide opportunities for collective action. Rather than responding to questions that are generated from the researchers' perspectives, photovoice participants direct the data collection process by choosing the subjects of their photos, and the focus is therefore on participants' perspectives (Einarsdottir, 2005). Photovoice has been used extensively with youth (Gubrium & Harper, 2013). Darbyshire and colleagues (2005) found that photovoice methods allowed for young research participants to feel a sense of autonomy and control by taking their own pictures. Similarly, Foster-Fishman and colleagues (2010) note that dialogue during photovoice group discussions can effectively promote awareness and raise critical consciousness among participants because it provides opportunities to collectively generate understandings of experiences. Harper (2000) suggests that images are useful in photovoice research not simply for their ability to represent reality, but for their potential to represent how research participants subjectively view their realities differently from researchers.

Participant recruitment. The researchers established relationships with front-line housing staff members to facilitate participant recruitment. To the extent that staff were familiar with and trusted the researchers and their approach to working with participants, staff could introduce the photovoice project when they had contact with participants (e.g., during home visits). Staff also posted information and reminders about photovoice groups on social media. A brief training session was held with staff to explain how to ethically recruit participants for photovoice. The researchers also directly recruited participants by holding a research information session for potential participants and by attending and providing information about photovoice at regular program groups and events.

Data collection. In line with the photovoice method, participants took photos in response to our research question (i.e., what do you need as teen parents to help your children grow and develop in healthy ways?), and came together for a series of group discussions to discuss their photos in response to the research question. Two six-month rounds of photovoice were conducted (December, 2016 to May 2017; December 2017 to June 2018). Fourteen teen parents

participated in the first round of photovoice, and 12 teen parents participated in the second round of photovoice. Typically, between four and six participants were present at each group discussion. All but one photovoice participants were female. This reflected the demographics of the Successful Families program, which typically consists of more than 90% female participants at any given time.

Two-hour group discussions were held with the parents on a bi-weekly basis for each six-month round of photovoice. Two researchers facilitated the first round, and one researcher and a housing support staff worker facilitated the second. The model of facilitation was changed for the second round to emulate a ‘train-the-trainer’ model and so that staff could continue to use photovoice on an ongoing basis with program participants. Each group discussion began with a meal shared by the teen parent participants, their children, program staff, and the researchers. After the meal, Terra staff provided childcare for participants’ children while the parents engaged in the photovoice group discussion. During the first group discussion, the purpose of the photovoice project was outlined and logistical details around choosing the subjects of photos and sharing photos were discussed. We asked teen parents to answer the research question for this study through their photos, and together with participants, generated sub-questions throughout each six-month round (for example, what are your strengths as a parent?).

Parents took photos in response to questions and sent their photos to a member of the research team to print before the following group discussion. Some participants sent accompanying descriptions with their photos. For participants who did not generate descriptions for their photos, transcripts were printed and participants extracted quotes from transcripts to accompany their photos. During each group discussion, participants focused on their photos in response to the research question. Participants not only spoke to the content of each photo but also provided contextualization by expanding on their responses to the research question in relation to other participants. After each group discussion, a researcher posted a summary of the discussion on a private online forum that participants were a part of. During the second round of photovoice conducted the following year, arts-based methods were integrated as an additional

way to stimulate discussion. All group discussions were audio recorded with participants' permission and transcribed verbatim. During each group discussion, the names of participants who sent photos prior to the group were entered into a draw for a gift card to a local grocery store.

Data analysis. Data collection and analysis occurred concurrently for transcripts. Balancing an exploratory approach with a focus on practicality, thematic analysis was used. Thematic analysis is a flexible and practical method for identifying, analyzing, organizing, describing, and reporting themes within a data set (Braun & Clarke, 2006). During the early stages of analysis, the researchers printed out transcripts and manually cut out quotes. During one of the group discussions, participants read through and grouped quotes according to categories that they felt quotes fit within. After this exercise, two researchers began producing initial codes, looking for overarching themes among codes, and refining and naming themes. Because data collection and analysis occurred concurrently, the researchers were able to reflect on what they were learning after each group discussion and bring questions, reflections, and developing conceptualizations back to participants and staff on an ongoing basis. This provided the opportunity for participants and staff to challenge emerging understandings of the data and for the researchers to make refinements accordingly. Repeated immersion in the data also allowed the researchers to arrive at deeper and more meaningful analytic interpretations rather than superficial understandings of the data (Thorne, 1997).

Knowledge mobilization. Because photovoice is an action-oriented research method, knowledge mobilization is a key aspect. In order to share findings, photo exhibits were held at the Successful Families House after the completion of each round of photovoice. For each exhibit, 50-60 photos were printed, framed, and hung on the walls of the house with accompanying descriptions. Staff members from Terra, Brentwood, and other non-profit organizations, government representatives, academics, and community members were invited to attend the photo exhibits to learn about photovoice findings as well as the Successful Families program more generally. Approximately 50-60 guests were in attendance at each event.

Photobooks were also created and distributed with photos and accompanying quotes. During each exhibit, teen parents delivered a panel presentation to discuss their experiences and answer questions from attendees. Photos were also displayed for six weeks at Edmonton City Hall. Participants, a researcher, and a staff member were also interviewed for segments on CBC News and CTV News. Participants provided feedback that they experienced a sense of empowerment in participating in these knowledge mobilization activities.

Rigor. In describing how we attended to issues of rigor through this project, we turn to Lincoln and Guba's (1985) influential criteria related to the concept of trustworthiness in qualitative research. In particular, we enhanced the *credibility* of our findings by being engaged with partners and participants for more than four years and triangulating our photovoice data with other data (e.g., interviews, focus groups) to gain a more complete understanding of the data that addressed our research question. This prolonged engagement was critical for enhancing the trustworthiness of our findings given that we were able to regularly check in with participants and staff regarding interpretations of data. We strove for *transferability* by providing rich descriptions of our themes, both in the current paper and through community-relevant forms of knowledge mobilization (e.g., a comprehensive "promising practices" report). This helped us to ensure that our findings could be fully translated and considered in other contexts. We worked toward *dependability* by documenting our project-related decisions in the form of meeting minutes and generating "learnings documents." We reflected on our decisions during regular meetings among researchers and staff. We attended to *confirmability* by bringing data back to staff and participants to ensure an accurate representation of findings. We also co-generated themes with participants and staff. Overall, we worked in purposeful and deliberate ways to conduct our research in a way that told a meaningful story in answer to our research question. We critically reflected on our research processes with members of the research team and with Successful Families staff, collected and analyzed data concurrently, and worked to ensure congruence between our research questions and methods. Together, these strategies came together to culminate in a project that strongly adhered to the standards of trustworthiness

established by Lincoln and Guba (1985).

Findings

Analysis of group discussion transcripts resulted in three broad themes, along with sub-themes described within each, relevant to our research question regarding what teen parents need in order to help their children grow and develop in healthy ways. Themes consist of (1) supports and services, (2) safe, secure, and affordable housing, and (3) community. Within the themes that follow, select photos are provided to illustrate participant quotes.

Supports and services. Teen parents indicated that they require supports and services to facilitate their children's healthy growth and development. Within this area, they highlighted the importance of (1) a trauma-informed, relationship-based approach, (2) individualized support for navigating transitions, (3) accessible support that balances structure with independence, and (4) help to expand their support networks.

Trauma-informed, relationship-based approach. Participants spoke to the importance of support workers being sensitive to the trauma that they had experienced by listening in non-judgmental ways and being willing to establish strong, trusting relationships with themselves and their children. For some participants, trauma was not confined to childhood, as they described recent experiences of sexual assault and, in some cases, troubled relationships with current or ex-partners that involved domestic violence. Even where participants had not experienced domestic violence, they often expressed concerns about the competency of their child's other parent, who most often lived separately from themselves. As one participant shared, "[My son's] dad doesn't know right from wrong still. Even one loving parent he didn't have, so he doesn't know how to give that to our son." This was a relatively commonly reported experience among participants that they felt necessitated a relational approach on the part of the staff members working with them.

Many participants spoke about adverse childhood experiences during their own upbringing, including their own parents struggling with poverty, addictions, and mental health concerns, and experiencing abuse, neglect, and a lack of ability to meet their basic needs. As one

participant recounted:

Obviously any 16-year-old would rather be on the street with their hood rat friends than be in a situation where your only family is supposed to be supporting you and they're not...I was really scared cause my dad used to discipline me when I was really young, like straight up in the face and that type of beating.

They communicated the importance of support workers working in non-judgmental ways. To explicate this point, many participants described negative prior experiences with support workers. One participant described reaching out to a Children's Services worker outside of the Successful Families program and indicated that her concerns about her child's father were not taken seriously, as she was told that, "You had sex with him and made a baby, you obviously feel your child would be safe with him." This was a common experience expressed by participants, wherein they felt "dismissed" by social workers and other professionals as a result of their age. Several participants described fearing that social workers were constantly looking for a reason to take their children away. As one participant shared with respect to Figure 3.1:

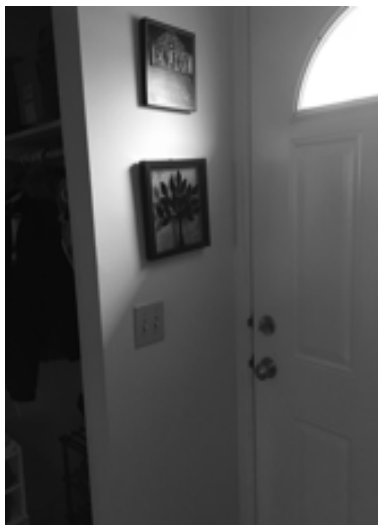


Figure 3.1

This is a picture of my front door. It is locked, but a lot of times young moms don't have privacy. We have no choice but to allow a social worker into our home if a false accusation is made or if our age raises suspicion. That can...make a mom feel like she's done something wrong. My experience with social workers has not been good. The first being a mandatory hospital visit. There were questions about my home life, drugs, a car seat, no congrats, or even a smile...The questions felt accusatory rather than to make sure I had everything I needed or to offer support.

Participants relatedly shared negative experiences of giving birth in the hospital. As one participant described, "A lot of teen moms get red flagged at the hospital. We're targeted the day our kids are born." Similarly, another participant indicated that, "I didn't like it in the hospital.

Their questions felt judgmental. It wasn't like, 'Congratulations!' It was like, 'Do you have somewhere safe to go?' And 'We're gonna drug test you real quick.'"

Thus, according to participants, a trauma-informed approach not only involved demonstrating sensitivity to their past experiences of trauma, but also understanding their negative prior experiences with support workers, which could make it difficult for participants to immediately establish trust. Participants spoke about how the use of a relationship-based approach was key for developing trust. In other words, in order to accept and benefit from structured support, relationships with program staff were critical. Participants described strong, trusting relationships with Successful Families staff as being a foundational aspect of support, and reported the importance of staff working with them in non-judgmental ways. Participants conveyed that they felt comfortable sharing "anything and everything" with program staff. They also valued the relationships that housing staff developed with their children, and in some instances, spoke about how their children "loved" their housing support staff.

Individualized support for navigating transitions. Teen parents are a heterogeneous group, as they have varying levels of knowledge and skills as well as diverse backgrounds. However, participants emphasized that, regardless of their diversity, they shared the common experience of requiring support with the transition to parenthood and independent living:

It's different for older parents 'cause they maybe plan and get a job...but when you're a teen you're still figuring out what you're gonna do after high school, can you even finish high school, and you're basically cramming ten years of planning into nine months.

As another parent described, "There's a huge transformation you have to do. Going from a homeless drug addict to a parent is a pretty big change." At the same time, participants agreed that, "You don't have a choice. You have to go through the transformation," and therefore, supports could be critical in navigating the significant changes that they were undergoing. One participant described the transition from a group home to independent living as "culture shock. I was going from always being with people to always being by myself." As another participant shared:

The first weekend I was alone, I made a bunch of cookies and binge ate because I didn't know what to do with all my freedom. Crazy amount of responsibility compared to living in a group home. In a group home, you don't have to do grocery shopping, all the cooking and cleaning.

As a result, it was important for some participants to receive support to develop basic life skills including keeping up with household duties, budgeting, and acting as a responsible tenant. One participant shared that, "because of [my housing worker] helping me with a budget, I actually have money for once in my life." At the same time, participants continued to experience stress over finances: "Budgeting is hard, and even harder when you're on your own supporting a child. My son depends on me to make sure the bills are paid. Sometimes it's hard to focus on him when I'm worried about money and whether I budgeted enough" (Figure 3.2). The extent to which participants required supports in these different areas varied based on their past experiences, which emphasized the importance of support tailored to their specific needs. Many participants were also unsure about child development milestones and required support to develop their knowledge in this area as well as their parenting skills in the transition to parenthood.



Figure 3.2

Accessible support that balances structure with independence. Although participants deeply valued the opportunity for independence, they also appreciated access to a structured form of support through the Successful Families program. As one participant described, "What I like is an equal balance of the support and recognition that you're an individual figuring out stuff yourself. Support is really important as long as it's not overbearing." This support came with requirements for structured expectations. As another participant relayed:

If you live here, you need to make sure you're living a clean lifestyle, you're not

partying, your parenting is up to par, you're not rowdy. People who aren't responsible don't last here. If you don't come from a stable background, you might not know how to live that way, but having rules can help. Anyone who wants to can change their life.

That's the good thing about living here. People who live here are in a more stable place.

Another participant emphasized a similar concept: "stability not just of housing but of routine. So you need to come to group, have a day program, pay your bills." Some participants described how being encouraged to develop a routine, in part through structured program support, helped them to begin "doing something productive," which could mean attending school or employment.

Importantly, the support offered by the Successful Families program was made accessible by program staff being located across the street from participants' homes. Participants often joked about staff being able to simply peer out the windows of their offices to check on participants. However, they did not report this as an invasive experience; rather, they reported being grateful that their support workers were close by, and enjoyed knowing that they were able to drop into the Successful Families office and program space freely, as necessary.

Help to expand support networks. According to participants, receiving help to expand their support networks was critical to raising their children in healthy ways. This was because many participants described experiences of loneliness and social isolation. One participant indicated that, "your friendships change when you have a kid. Your friends without kids don't want to hang out anymore." For some participants, expanding their support networks meant being mentored to draw on natural supports such as their own parents, ex-partners, and peers, who could offer respite where appropriate. One participant described a philosophy that resonated with others: "If a mom needs help, help them. You're part of their development too." It was also important for participants to expand their webs of formal support by accessing community resources and other programming. They appreciated that their housing workers were intentional in linking them with agencies that could, for example, help them access basic needs, specialized child development information, free recreational programming, resources to pursue career and

educational goals, and mental health support. Although participants were often provided with options for mental health resources, this was an area identified for improvement. In particular, participants reported struggling with significant mental health concerns such as depression and anxiety along with past trauma. Importantly, housing support staff were not trained counsellors and it was important for staff to focus on providing services that were within the limits of their capacity. As a result, one participant shared that, “I think we need extra mental health support. Cause our workers are really good at talking to us about it but what do we do about it after?”

Affordable, safe, and secure housing. Along with supports and services, teen parents emphasized their need for affordable, safe, and secure housing. They expanded on this need by describing the importance of having (1) a space to call your own, (2) parenting autonomy, and (3) a supportive landlord.

A space to call your own. For many participants, moving into the Successful Families program represented their first home away from their own parents’ home, a group home, or other forms of care. Participants appreciated having a space to call their own with their children, in which they could cook their own meals, use their own appliances, and enjoy their own furniture.

They also reiterated more than once how much they valued having access to laundry machines in their suites because “when you have to drag your child on the bus to a laundromat with a huge garbage bag of laundry or even just to a separate laundry room, it’s so much harder” (Figure 3.3).



Figure 3.3

Participants described valuing the opportunity to decorate their homes with their children’s artwork as well as being able to keep their own home clean: “My house isn’t a disaster anymore now that I have my own space.” They also took pride in having their own home with their children: “I can provide for my child on my own which makes me so proud.”

Simply having the space to live and play, including a backyard, was also highly valued by participants. As one participant noted, “my son has toys in the basement, his room, and all

over the house. He gets to choose where he wants to play because we have our own rooms, so he has independence. That's huge. He's happier here." Another participant described valuing the opportunity to celebrate Christmas in her own home with her children and partner. One participant was able to begin running a day home to take in other neighbourhood children as a result of having her own place to live. In addition, participants agreed that living on their own came with an element of safety: "Having your own space makes you feel safe in the sense that you don't have to be around unsafe situations. You can control what happens in your own space."

In this way, participants communicated that having a stable home was critical for raising their children in healthy ways. According to one participant, "stability is not having to intrude on someone else's space. We're not going from house to house every week." Parents also communicated that stable housing was paramount to reducing their stress levels and supporting their mental health: "A big part of what keeps me stable mentally is knowing I'm always gonna have a safe place for my child to be." According to participants, having a consistent home and knowing that they were able to be in their home on a long-term basis lessened their stress levels. Participants acknowledged that many young parents had experienced significant instability in their lives, and emphasized that, even when past circumstances had been chaotic, living in supportive housing "...gives people who might not know how to live responsibly the opportunity to learn."

Parenting autonomy. Along with having a space of their own, a number of participants talked about how empowering it felt to be able to parent their children in their own way. Living on their own meant having "more room to parent in your own way without being criticized," and "being able to set our own boundaries and rules." Where participants had experienced difficulties during their own childhood, they spoke about "breaking the cycle" so that their children could grow up in environments that were healthier than those provided by their own parents. As one participant shared, "I want to raise my son to be everything his dad is not. I don't want him to be someone who has to recover from his childhood." Other participants spoke about aspirations to raise their sons to be respectful of women and to raise strong daughters who could have

opportunities that they were never afforded. Having your own space meant having the freedom to raise your children with your own values, including cultural and spiritual practices, and made it easier to spend quality time with your child than would be possible in shared living arrangements.

Supportive landlord. Parents emphasized the importance of having a positive relationship with a supportive landlord in order to maintain their stability and autonomy. Many participants had experienced prior difficulty with finding a place to live: “No one wants to rent to a 16-year-old. They wonder, what did she do to get kicked out of her foster home?” Even when they were able to find a place to live, participants described negative experiences with previous landlords, including being evicted on grounds that they felt were unfair, being threatened, and receiving judgmental comments about their age. Participants relayed that living in supportive housing meant that their landlord had an understanding of their unique needs, which relieved some of the stress involved in living independently. Nonetheless, participants described feeling intimidated to speak to their landlord when necessary (for example, when repairs were needed in their suite or when their rent was going to be late). However, participants indicated that program staff helped them develop the confidence to raise issues with their landlord in a respectful way.

In addition, participants relayed that receiving a subsidy from their landlord in order to make safe and secure housing accessible was essential for raising healthy children. As one participant shared, “My child used to be sick a lot more before we moved in here. There were cockroaches where we lived and we had to spray a lot. Now that we moved in here, she’s getting sick a lot less.” Participants similarly described how receiving a subsidy helped to lower their stress levels: “If you’re able to get lower rent...you can avoid the stress that comes with having to wait in line at 8 am and being like, if I don’t get this, I’m going to the homeless shelter.”

Community. According to teen parents, the community in which they were raising their children was critical for supporting their children’s healthy development. Teen parents emphasized their needs for (1) a safe, family-friendly neighbourhood, (2) community integration, and (3) acceptance.

Safe, family-friendly neighbourhood. Given that many participants had previous experiences living in neighbourhoods with high crime rates, they emphasized the importance of living in a peaceful neighbourhood where they could feel safe to live and spend time with their children. Participants were grateful for space where their children could play and explore. As one participant shared, “I love living in a neighbourhood where there’s a park that I feel safe to bring my son to even when it’s dark outside” (Figure 3.4).



Figure 3.4

The neighbourhood where the program was located was also certified as “crime free” by the Edmonton Police Service, and participants indicated that this contributed to their peace of mind.

In addition to safety, participants appreciated the amenities that their neighbourhood offered. In particular, living within a few blocks of a shopping centre, library, green space, public transit centre, playground, schools, and spray park were noted by parents as positive aspects of their community. As one parent described, “I was lucky enough to find a wonderful day home within the community. Living in a community with so many close amenities is important to me.” On this note, a participant shared how, “it’s nice that we live near parks and an open field so [my son] can play freely” (Figure 3.5).



Figure 3.5

Another participant spoke about the importance of having public transit within one block of their homes:

We have the transit centre close by which helps...once you spend a hundred bucks at the grocery store it’s like well now I need to pay for a cab to take all this home. When I was living in my old apartment...I was already broke and I’m like I can’t spend money on a cab so I’ll just suffer and I walked home carrying all of that with my stroller.

Community integration. In order to raise their children in healthy ways, participants

indicated that it was important for themselves and their children to feel a sense of integration and belonging in their communities. Developing friendships and connections with other Successful Families participants was helpful in this regard. As one participant shared, “It gets so lonely. So I’m happy I have other moms around here for other human contact.” As another parent described, “...as a result of these friendships and connections, I feel a part of the community and like I have someone close by to be friends with.” Another participant similarly shared how, “the most important part of this program for me is stabilization and integration in the community...finding and networking other resources which could include other moms in the complex.” Similarly, it was important for the children of participants to have connections with their peers: “I love that my son has lots of neighbourhood friends. He is always playing with someone.” Overall, having other teen parents living close by contributed to a sense of community integration.

Some parents additionally described amicable relationships with neighbours who were not part of the Successful Families program. Parents gave examples of their neighbours shovelling snow from their sidewalks, tidying up their yards, and swapping babysitting services. However, some parents described less positive relationships with their neighbours. As one participant described:

...as young mothers, we’re often worried about what people think about us when they hear our kids screaming. You know how kids are; they’re loud. I think subconsciously, we’re always worried about what the neighbours think. And then you’re just always policing your child’s behaviour in a way so that no one can call social services. You’re always worried about that. People judge teen moms more than older moms. Sometimes I feel under surveillance from my neighbours, like they could call children’s services at any time (Figure 3.6).



Figure 3.6

According to participants, they wanted neighbours and others to know that, “we have the same values and concerns as older moms do.” Parents felt that it was necessary to bridge relationships with neighbours in order to enhance their community integration and avoid feelings of being under surveillance by neighbours.

Acceptance. Participants shared extensive experiences with stigma and judgment, and therefore communicated the importance of acceptance through public education, understanding, and empathy for teen parents. Participants described the way they often felt while in public:

Everyone stares at you when you’re a teen parent and it feels like you’re being judged.

People don’t even look at older moms. How do they even know we’re teens? Is it the way we dress? Is it because they see us on the bus and think we’re too broke for a car?

Participants also shared the experience of receiving invasive inquiries from strangers: “People often ask young moms really personal questions. Like, ‘Is this your only kid?’ or ‘Are you still with the father?’” They spoke about how people often “blamed” them for their pregnancy while ignoring their male partner’s role. In addition, participants recounted overt experiences of judgment; for example: “one time I was in this line-up and my son was acting up. This lady turned to her daughter and said, ‘see honey? That’s why babies don’t have babies.’” Parents also shared that they had become accustomed to people assuming that they were “unstable, abusive, and bad parents cause we hear these things all the time.” During photovoice groups, they created artwork to describe these experiences (Figures 3.7 and 3.8). With respect to Figure 3.7, a participant explained that, “On my head it says anxiety depression mommy. And then it’s like my heart is super big. And then I hear people say, she needs to lose weight, she’s unhealthy, a bad mom, unfit for her daughter.” Participants also spoke about receiving criticism for making parenting mistakes. In comparison, they felt that older mothers were met with empathy: “when we mess up, people question if we’re fit to be parents. Whereas older moms, people might just say, ‘Oh, everyone makes mistakes.’” As a result, participants described generally worrying about the way they were parenting in front of other people due to being young parents: “When I’m in public, I feel so much pressure to discipline my child in the right way.”

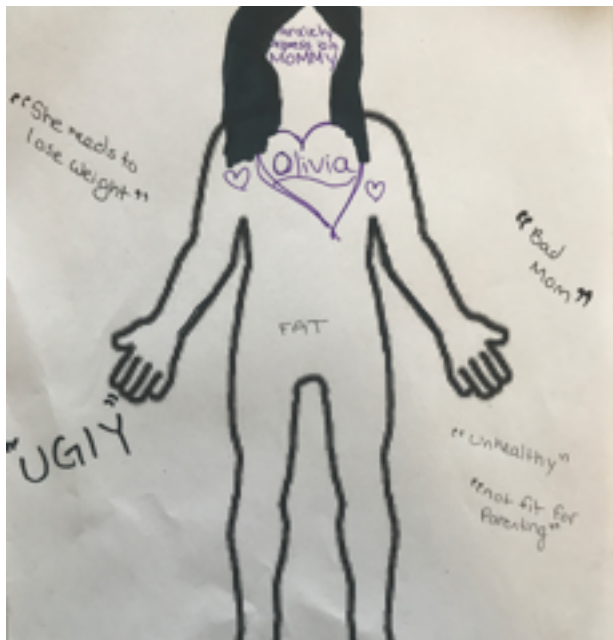


Figure 3.7

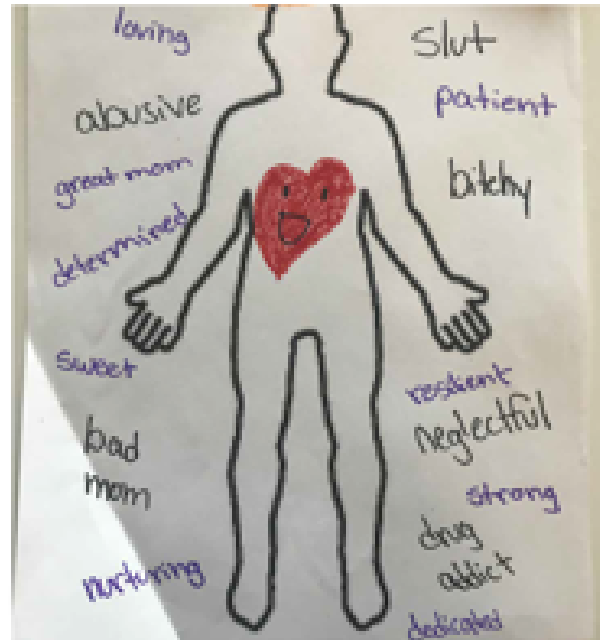


Figure 3.8

Another participant shared a powerful quote that she wrote from the perspective of her son:

I have Tourette's, and on my bad days I scream. Unfortunately, sometimes when we are in public, people put a label and judge my mom as being too young, that's she's a bad mom who can't control me. What they don't know is, she is doing her very best to learn and understand me. She is always protecting me, and putting my brother and I first... I wish people would stop and talk to my mom instead of judging her based on one moment on a bad day. Maybe then they would like her as much as I do.

Participants also reported experiences of judgment and stigmatization from their peers with and without children: "When it comes to teen moms, most of us are accepting of each other that we have kids. But not accepting of each other in some ways." Although receiving judgment and feeling stigmatized by peers, neighbours, and the public in general reportedly contributed to feeling stressed and unsure of themselves as parents, participants also shared that when other people treated them with respect, empathy, and understanding, this was valued immensely. Thus, participants emphasized the importance of educating people about the strengths and challenges of teen parenting, indicating that "the more educated workers get, the less of a problem they

have with my child.” Participants strongly felt that, with increased knowledge and education, it would be possible to be treated with increased acceptance, and that this would help them to raise their children in healthy ways by “making us resilient” and contributing to feeling “uplifted and proud.”

Discussion

Through the photovoice method, this study provides insight into the unique needs of teen parents with respect to helping their children grow and develop in healthy ways, from the perspectives of teen parents participating in a supportive housing program. Participants in this study shared adverse childhood experiences and past trauma, including domestic violence, which is consistent with researchers who have demonstrated that teen parents are most often part of marginalized groups before and after pregnancy (Kearney & Levine, 2012; Mollborn, 2017; Mollborn & Dennis, 2012; SmithBattle et al., 2017). In light of these experiences and combined with judgment from social workers and other professionals, teen parents communicated that a trauma-informed, relationship-based approach was important for them to engage with staff and benefit from support. This highlights the need for staff working with teen families to be trained in trauma-informed practice. Researchers have emphasized the importance of trauma-informed approaches for *preventing* teen pregnancy (Chilcoat, Pai-Espinosa, Burton, Banning, & Prummer, 2016; Schladale, 2013). Our findings stress that, rather than taking an entirely preventive focus, it is necessary to also understand how to work with young people once they become parents, particularly given that many teen parents reported markedly negative experiences with support workers. Participants also indicated a clear need for expanded mental health services in order to raise their children successfully. Access to mental health services may be particularly critical in light of the experiences of trauma and adverse childhood experiences that participants shared. This is in line with other researchers who have demonstrated that teen mothers generally have higher rates of depression and post-traumatic stress disorder given their increased risk, relative to older mothers, of experiencing interpersonal violence and other forms of trauma (Hodgkinson, Colantuoni, Roberts, Berg-Cross, & Belcher, 2010; Lewin et al., 2013; Mitchell et al., 2010).

Expanding access to and the quality of mental health services for teen parents has the potential to not only benefit parents themselves but also to benefit their children. Although standards of mental health care for teen parents as a unique population have not been established, this is an important area for further research.

Along these lines, findings from this study point to the need for accessible, individualized support that acknowledges teen parents' unique needs during the transitions to independent living and parenthood. Although support was deemed essential, participants also valued structure and accountability in the form of clear expectations. This suggests the need for a delicate balance between respecting teen parents' autonomy and providing limits and boundaries where appropriate. Importantly, trusting relationships and a trauma-informed approach could assist staff to achieve this balance.

Within the realms of housing and community, participants indicated the value of stability and having a space of their own to raise their children with parenting autonomy, while at the same time, a supportive landlord and subsidy helped them to live independently. In addition, a safe, family-friendly community and integration in their community were also emphasized by participants, although they described pervasive experiences of stigma and judgment from neighbours, peers, and the public in general that interfered with the development of a sense of belonging. Participants communicated the need for acceptance through public education, understanding, and empathy in order to reduce teen parents' experiences of stigma and discrimination, and therefore to enhance their ability to raise their children in healthy ways. Although supportive housing programs tend to focus on participants in terms of building their capacity to maintain their tenancy and work toward independence, insights from teen parents suggest that an additional important focus for housing programs is on finding creative ways to educate neighbours and build a sense of community. Our photovoice project provided a means for public education, and it will be important for this and other supportive housing programs to pursue ongoing opportunities for community engagement with the aim of reducing stigma and building a sense of belonging for participants.

Although some of these findings (e.g., the desire to live in a safe, family-friendly neighbourhood) can be seen as universal needs for families, whether headed by teen parents or not, these findings are important for two main reasons. First, that teen parents have such values as living in a safe, family-friendly neighbourhood illustrates that teen parents have similar concerns to older parents, which is something the participants in this study wished to make known. Second, due to many teen parents experiencing systemic disadvantage (e.g., discrimination from landlords and a lack of financial resources), it may be more difficult for them to access resources such as safe, family-friendly neighbourhoods, that older parents take for granted. Findings thus emphasize the importance of providing support for teen families to access their abilities to raise their children in healthy ways. Importantly, this requires supportive and responsive structures, policies, and housing programs to be in place for teen families rather than focusing more on preventing teen pregnancy in the first place.

Reflections on the photovoice process. Through this project, we demonstrated that photovoice is an effective CBPR approach to engaging teen parents and gathering their perspectives. Other researchers have similarly reported that, in emphasizing social justice and client choice, photovoice is a particularly suitable method for conducting research with marginalized populations (e.g., Peterson, Antony, & Thomas, 2012; Pruitt et al., 2018).

However, the photovoice process was not without challenges. In both rounds of photovoice for this project, a number of weeks passed before participants began providing photos, demonstrating that a project of this nature requires time and patience. Staff and researchers reflected that it may have been difficult for participants to immediately grasp the abstract nature of our research question. Offering examples of other photovoice projects and engaging in collaging as a visual exercise helped in this regard. Capturing and sending photos to the researchers also represented a time commitment in the lives of busy mothers. Providing an incentive in the form of a draw for a gift card each week contributed to participants' motivation to send photos to the researcher in advance of group discussions.

Once participants began sharing photos, they gained momentum quickly and provided

meaningful information in response to the research questions. This momentum was in large part gained through bi-weekly group discussions with participants, during which they had the opportunity to share their experiences and listen to the stories of other participants. Importantly, processes were also enabled by being situated within a program that matched the photovoice method's values of sharing perspectives that are typically marginalized and empowering participants to take action on issues that impact them. Because the Successful Families program values matched those of photovoice, it was possible to involve a staff member in co-facilitating photovoice groups to build staff capacity to use this method as part of regular program delivery. Ongoing engagement with staff and participants also enhanced the practical relevance of findings, as staff and participants brought their practical perspectives to the table throughout data collection and analysis.

An additional area of challenge was managing group dynamics during photovoice groups, as some participants had personal disagreements with one another that had originated outside of the group setting. Communicating with staff was helpful in understanding these dynamics. It was also beneficial for one of the researchers to have expertise in facilitating groups. However, this presented a tension given that one of the researchers was also training to be a psychologist, which necessitated separating the role of researcher from that of clinician. In this way, group facilitators intentionally allowed participants to stray off topic during groups given that the purpose of group sessions was not educational or therapeutic, but rather was to share ideas in response to the research question, build relationships, and shift power to participants. At times, facilitators were left feeling as though they had not accomplished enough information gathering during group sessions given that participants often conversed about topics that were completely unrelated to the research questions. On reflection, however, this was important in service of the project's larger goals. Again, patience and time were key in this regard.

Limitations. With respect to the limitations of this study, we did not directly assess the impacts of our knowledge mobilization efforts on public attitudes and policy changes. In retrospect, we could have been more purposeful about the ways that we intended to influence

policy. In addition, it should be acknowledged that this study included a specific subset of teen parents who were screened into the Successful Families program, and it is therefore not possible to generalize conclusions and implications to all teen families. In addition, the sample for this study consisted almost exclusively of teen mothers, which again limits generalizability. An important area for future research is examining the extent to which teen fathers report experiences that are comparable to and different from teen mothers.

Conclusions

Through our community-based participatory research project, we demonstrated that the photovoice method can be successfully used to engage teen parents in all stages of the research process, including data analysis and knowledge mobilization. This project resulted in insights that have direct relevance to practice both within and outside of the housing sector. Teen families have both complex needs and strengths that require relationship-based, trauma-informed, structured supports delivered by non-judgmental staff who respect their independence, supportive landlords, and communities where they can feel safe to raise their children without the burden of stigma and judgment.

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Chapter 4: Characteristics of Teen Families Accessing a Supportive Housing Program

Introduction

The health and wellness of children and families has long been a focus of research and social policy. Evidence that the foundations for lifelong health and development are laid in early childhood (i.e., birth to age 6) has resulted in a specific focus on the early years as a time of significant opportunity and risk (Shonkoff & Phillips, 2000). There has been a corresponding focus on the instrumental role of parents in contributing to their children's development, particularly with respect to families headed by teen parents (Reisch, Anderson, Pridham, Lutz, & Becker, 2010). There is extensive research to suggest that teen parents face substantial challenges and disadvantages that can result in poor social, economic, and health outcomes for themselves and their children (e.g., Mollborn & Dennis, 2012; Slomski Long, 2009; Smith, Gilmer, Salge, Dickerson, & Wilson, 2013). However, an exclusive emphasis on the deficits, risks, and challenges of teen parenting has not resulted in a complete understanding of how teen families function, or the most effective supports that teen families require in order to be successful. Therefore, research that is approached from a strength-based position and that considers the complex realities of teen families is needed. The purpose of the current study is to provide a starting point for this research by describing the characteristics of teen parents and their children involved in a supportive housing program. To begin, the state of the research on teen families is reviewed, followed by the overarching study context and purpose.

Research on teen families. The rate of births to mothers aged 15-19 reached a record low of 21 births per 1000 females in the US and 10 births per 1000 females in Canada in 2016 (World Bank, 2018). Although teen birth rates differ based on such factors as geographical location and ethnicity, there has been an overall downward trend in teen pregnancy and birth

rates nearly every year since 1991 (Hamilton & Mathews, 2016). Despite this decline, teen pregnancy and parenting remain a focus of research, social policy, and public concern. To illustrate, a recent Google search using the term “teen pregnancy” yielded 322,000,000 results. Similarly, a search of any academic database will produce a mountain of recent evidence regarding the impact of early childbearing on the lives of teen parents and their children.

Government officials and policymakers have framed teen pregnancy and childbearing as an epidemic, a social problem, and a source of blame for weakening family structures (Furstenberg, 2007). In line with this discourse, researchers have typically taken a deficit-based approach to understanding teen families, emphasizing the consequences, problems, and risks of teen pregnancy and parenthood (Collins, 2010), and focusing more on preventing teen pregnancy than on effective supports for teen families. Researchers have overwhelmingly demonstrated that teen pregnancy and parenthood are associated with poor social, economic, and health conditions for both parents and their children (SmithBattle, 2018a). In particular, the children of teen mothers have been shown to experience lower levels of school readiness, poorer cognitive and academic scores on standardized tests, less developed language and communication skills upon school entry, and higher rates of emotional and behavioural problems as compared to the children of older mothers (Coley & Chase-Lansdale, 1998; Moffitt et al., 2002; Molborn & Dennis, 2012; Terry-Human, Manlove, & Moore, 2005). As a result, some researchers have concluded that preventing teen pregnancy could result in sweeping, positive changes to society as a whole. As an example, it has been asserted that “reducing births to teenagers will improve the well-being of children, adolescents, families, and communities. Fewer teenage births will lower taxpayers' burden and benefit national and state economies” (Barnet, Rapp, & DeVoe, 2010, p. 375).

Importantly, however, researchers examining the health, economic, and social outcomes of teen parents and their children have often failed to distinguish between the impacts of the economic and social disadvantages associated with teen parenting and the impacts of teen parenting alone (Lawlor & Shaw, 2002; Mayers, Hager-Budny, & Buckner, 2008). There is growing recognition from researchers that the risk for negative outcomes experienced by teen families may be conferred more from poverty and other social determinants of health than parental age (Thompson, 2016). It has also been argued that, although concern over the public and private costs of teenage childbearing has a basis in reality, the representation of these costs has been hyperbolic (Furstenberg, 2007; SmithBattle, 2018b). This is in part because much of the early research on teen families neglected to consider significant background differences between teen and older parents, such as living in disadvantaged neighbourhoods, that could account for differences in health, social, and economic outcomes between teen and older parents (SmithBattle, 2018b). When accounting for these background differences, the effects of maternal age decrease substantially (Diaz & Fiel, 2016).

Although there is a dearth of longitudinal research with teen families, in a seminal longitudinal study, Furstenberg (1976) found that the relationships between teen parenting and teen family outcomes are more complex than has been accounted for by the majority of researchers. In particular, Furstenberg found that, on five-year follow-up, teen mothers fared worse than their non-parenting classmates in terms of educational attainment, employment, financial status, and life satisfaction. However, at seventeen and thirty-year follow-ups, teen mothers' circumstances had improved substantially across the outcomes examined. Although disparities remained between teen mothers and those who delayed childbearing, disparities were far smaller than would be predicted by prior research (Furstenberg, Brooks-Gunn, & Morgan,

1987; Furstenberg, 2003). In addition, women who were teen mothers perceived their lives and wellbeing as having improved significantly between early adulthood and middle age, whereas women who delayed childbearing felt *less* well off in many ways than they did before they formed families (Furstenberg, 2003). Overall, research suggests that teen families may experience a delayed developmental curve, with an overlay of persistent environmental factors, such as poverty and stigma, that are not specific to parents' age. Overlooking these complexities can result in largely unhelpful solutions that do not address the circumstances of teenage families (Furstenberg, 2007).

In addition, the evidence base is weak with respect to key characteristics of teen parents that we know contribute to healthy functioning and child development in families headed by older parents. In particular, there are well-established correlations between healthy child development and parent characteristics such as empathy (Stern, Borelli, & Smiley, 2015), knowledge of child development (Sonnenschein, Stapleton, & Metzger, 2014), attitudes toward discipline practices (Wang & Kenny, 2014), and parenting confidence (Winter, Morawska, & Sanders, 2012). However, the literature offers little with respect to how these characteristics are embodied by teen parents. There is also a lack of research that examines the strengths of teen families, including the development of quality teen parent-child relationships, as well as the resilience of teen families (Reisch et al., 2010). This is critical given the potential influence of these areas on successful parenting, and ultimately, healthy child development outcomes. Therefore, an enhanced understanding of these characteristics in teen families is needed, and in part can be achieved through research that takes a strength-based, complexity perspective.

Study context. The current paper draws on data from a larger study that aimed to (1) develop a supportive housing program model for teen families, and (2) investigate the impacts of

the program on teen parents and their children. The project was carried out through a partnership between the Terra Centre, Brentwood Community Development Group, and researchers from the Community-University Partnership for the Study of Children, Youth, and Families (CUP) at the University of Alberta. Terra Centre (Terra) is a non-profit organization that has been supporting teen parents in Edmonton for more than 40 years, with a mission of empowering teen parents to succeed. Brentwood Community Development Group (Brentwood) was formed in 1977 with the aim of building supportive communities by providing affordable housing to individuals and families. Terra and Brentwood partnered in 2014 to offer safe, secure, and affordable housing to teen parents and their children in combination with wraparound supports. The supportive housing program takes place in a 207-unit townhouse site owned and managed by Brentwood in a neighbourhood in Edmonton, Alberta. Shortly after forming their partnership, Executive Directors from the two agencies approached the researchers from the University of Alberta to develop and study a supportive housing program model for teen families.

The Successful Families Program was formed with a long-term vision for the children of teen parents to achieve their potential and become valued adults who contribute to society. Within the program, Brentwood acts as the landlord, providing subsidies as well as a house located across the street from participants' homes that has been converted to office and programming space. Terra provides support staff, employing three full-time housing staff with the program in addition to a full-time housing manager. Through group activities, in-home visitations, and community activities, staff provide collaborative, individualized, strength-based services to empower participants to maintain their housing, reduce social isolation, engage with their community, and successfully raise their children in alignment with their goals. Participants

are required to have the financial resources and capacity to live independently, and therefore undergo a screening process before being accepted into the program.

Purpose. Within the broader project goal of investigating the impacts of the Successful Families program on teen families, the purpose of the current descriptive study is to describe the characteristics of teen parent program participants and their children. More specifically, three research questions are addressed: (1) What is the relationship quality of teen parents and their children who are accessing a supportive housing program? (2) What are the parenting attitudes, resilience, and self-esteem of teen parents accessing the supportive housing program? and (3) How are the children of teen families involved in a supportive housing program developing across domains? Given the limited extant information in these areas, we aim to contribute to the literature on the wellbeing of teen parents and development of their children in order to inform service delivery and set the stage for future research.

Methods

Approach and design. A community-based participatory research approach (CBPR; Israel et al., 2003; Minkler & Wallerstein, 2003) was used in the overarching project. Equitable community-academic partnerships are at the heart of CBPR along with collaboration, co-learning, mutual benefit, and a focus on issues of local importance. In line with a CBPR approach, the researchers and community partners from Terra and Brentwood made decisions together regarding the research questions and methods, and worked collaboratively to recruit participants, collect and analyze data, and mobilize knowledge. More specifically, program staff and researchers reviewed results together and worked collaboratively to consider how to shape programming based on results of the study. The researchers and program staff also worked together to mobilize knowledge about the study by co-presenting at conferences and at a meeting

of the agency's non-profit board. Under the umbrella of the CBPR approach used in the overarching project, a descriptive design was used for the study presented in this paper.

Participants. Multiple methods were used to recruit participants, and relationships between the research team and housing staff allowed for a multi-pronged approach. To recruit participants, the research team attended community events such as a community barbeque and summer events at the park, and held a research information evening, which participants could attend to sign up for the project. In addition, staff recruited participants directly, and facilitated contact and appointment booking between the researchers and participants. Relationships between the researchers and housing staff and between researchers and participants were critical for recruitment. Program staff needed to trust the researchers to interact sensitively and appropriately with participants. Once participants witnessed the development of this trust such that program staff could “vouch” for the researchers, participants similarly began to demonstrate trust in the researchers by agreeing to take part in the study and sharing their information with the researchers.

Of the 40 families in the program, 21 parents (18 mothers and 3 fathers) and 20 children participated. All three fathers were partners of teen mothers who also participated in the study. Table 4.1 depicts demographic information for participants. It should be noted that, for the purpose of this study, “teen parenting” is defined as parents' age at childbirth and not parents' age at the time of participation in the study.

Two parents did not complete two of the tools (*AAPI-2* and *CD-RISC*) as they did not have time to complete the tools in the researchers' presence, chose to take the tools home to complete, and did not return them. Additionally, participants provided consent for their children to participate in child development assessments.

Table 4.1

Participant demographics

| Characteristic | Parents | Children |
|----------------------------------|------------------|-----------------|
| Mean age in years (range) | 21.1 (18.8-23.2) | 2.5 (0.1-5.9) |
| Gender (<i>n</i>) | | |
| Female | 18 | 5 |
| Male | 3 | 15 |
| Ethnicity <i>n</i> (%) | | |
| Indigenous | 13 (62%) | 12 (60%) |
| Caucasian | 8 (38%) | 8 (40%) |
| Median months in program (range) | 5.0 (1.2-38.5) | 5.8 (1.2-38.5) |

Data collection. All participants were invited to complete self-report questionnaires about their relationships with their children, resilience, self-esteem, and parenting attitudes. One of the researchers (MT) collected data from participants in person. Participants had the option to complete the self-report questionnaires and child development assessments at the Terra house (situated directly across from the families' housing and in which the Terra housing staff are based) or at their own homes. All but three participants chose to complete questionnaires and assessments at the Terra house. An informal event was also held where participants baked Christmas cookies with staff members while their children completed assessments. Participants received gift cards for their participation and were provided with brief feedback reports from the child development assessments. The researcher who explained feedback reports to parents (MT) was a student in a school and clinical child psychology doctoral program and was supervised by

two Registered Psychologists. Four self-report and two child development tools (depending on the age of the child) were used, and are described below.

Parent Self-Report Tools.

Rosenberg Self-Esteem Scale. The *Rosenberg Self-Esteem Scale* (Rosenberg, 1989) was used to measure participants' attitudes of rejection or approval toward themselves. The questionnaire has ten items that are rated on a five-point Likert scale. This tool has strong psychometric properties and is one of the most widely used measures of self-esteem in North America (Sinclair et al., 2010).

Connor-Davidson Resilience Scale (CD-RISC). The *CD-RISC* is a 25-item questionnaire and was used to measure parents' resilience, defined as the capacity to effectively cope and adapt in the face of adversity (Connor & Davidson, 2003). Each item is rated on a five-point scale, with higher scores reflecting greater resilience. The *CD-RISC* has strong psychometric properties (Connor & Davidson, 2003; Davidson & Connor, 2016). Researchers have also validated the *CD-RISC* for use with a wide variety of diverse populations. The *CD-RISC* was chosen for use in the current project because of its validation in the general population as well as clinical samples and diverse cultures.

Behavior Assessment Scale for Children – Third Edition Parenting Relationship Questionnaire (BASC-3 PRQ). The *BASC-3 PRQ* (Kamphaus & Reynolds, 2015) is designed to capture a parent's perspective on the parent-child relationship for parents of children aged 2-18. Each item is rated on a five-point Likert scale from Strongly Agree to Strongly Disagree. There are seven *BASC-3 PRQ* scales, described in the results section of this report. Normative scores are based on the child's age and parent's gender. The *BASC-3 PRQ* has strong construct, content,

and criterion-related validity, internal consistency, and test-retest reliability (Kamphaus & Reynolds, 2015). Normative scores are based on the child's age and parent's gender.

Adult Adolescent Parenting Inventory – Second Edition (AAPI-2). The *AAPI-2* (Bavolek & Keene, 2010) is designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. This 40-item inventory is rated on a five-point Likert scale from Strongly Agree to Strongly Disagree. The *AAPI-2* provides an index of risk on five specific parenting and child rearing behaviours, described more fully in the results section of this report. The *AAPI-2* was chosen for use in the current project because of its strong psychometric properties (Bavolek & Keene, 2016) and design for specific use with parents as young as age 13. Normative data for the *AAPI-2* were established with adult and teen parents from 53 different agencies in 23 different US states.

Child development tools.

Bayley Scales of Infant and Toddler Development – Third Edition (Bayley-III). The *Bayley-III* (Bayley, 2006) is an individually administered assessment of developmental functioning for children between 1 and 42 months of age. The *Bayley-III* is used to identify developmental delays, assist in intervention planning, and elevate understanding of a child's strengths and challenges in five developmental domains that comprise separate scales (Piñon, 2010).

The *Bayley-III* Cognitive Scale consists of 91 items that assess children's sensorimotor development, exploration and manipulation of objects, object relations, concept formation, and memory. The Language Scale assesses receptive communication (49 items) and expressive communication (48 items) separately, and the Motor Scale assesses fine motor skills (66 items) and gross motor skills (72 items) separately. Each of the *Bayley-III* Cognitive, Language, and

Motor Scales are administered by an examiner who interacts directly with the child, whereas information for the Social-Emotional and Adaptive Behavior Scales are gathered through a questionnaire completed by the child's parent or primary caregiver. The 35-item *Bayley-III* Social-Emotional Scale is based on the Greenspan Social-Emotional Growth Chart: A Screening Questionnaire for Infants and Young Children (Greenspan, 2004), and the 41-item *Bayley-III* Adaptive Behavior Scale is derived from the Adaptive Behavior Assessment System – Second Edition (Harrison & Oakland, 2003).

Normative data for the *Bayley-III* are representative of the US population with respect to children's race/ethnicity, sex, parent education level, and geographic region (Bayley, 2006). The *Bayley-III* has strong internal consistency, inter-rater and test-retest reliability, as well as construct, content, and criterion-related validity (Bayley, 2006). The *Bayley-III* was chosen for use in the current study because of its strong psychometric properties, coverage of multiple developmental domains, and engaging, play-based format.

NEPSY-II. The *NEPSY-II* (Korkman, Kirk, & Kemp, 2007) is an individually administered assessment of neurocognitive functioning for children between 4 and 18 years of age. Eight *NEPSY-II* subtests across four domains were used in the current study. Tasks in the language domain measure how well a child understands and uses words and sentences to communicate with others. In the memory domain, tasks measure how a child takes in, stores, and remembers information. The sensorimotor domain reflects how well a child can control hand movements, and the visuospatial domain reflects how well a child sees and arranges visual information.

This tool has strong internal consistency, inter-rater and test-retest reliability, as well as construct, content, and criterion-related validity (Korkman et al., 2007). The *NEPSY-II* normative

data are representative of the US population with respect to children's race/ethnicity, geographic location, and parent education (Brooks, Sherman, & Strauss, 2009). The *NEPSY-II* was chosen for use in the current study for children who were older than 42 months of age, and who were too old to be assessed with the *Bayley-III*.

Data analysis. All quantitative data were entered into a Microsoft Excel database. Raw data for the *Bayley-III*, *NEPSY-II*, *AAPI-2*, and *BASC-3 PRQ* were converted to standard scores using the published norms available for each tool, and descriptive statistics were calculated using the standard scores for these tools. For each of these tools, the number of participants who fell into descriptive categories established by the tool developers (e.g., average, above average, below average) is presented in the results section that follows. For the *Rosenberg Self-Esteem Scale* and *CD-RISC*, descriptive statistics were calculated using raw scores because norms and standard score conversions have not been developed. For these tools, descriptive categories (e.g., average, below average, above average) have also not been developed, and results are therefore presented as average raw scores.

Results

Parent characteristics. Successful Families participants' self-esteem was measured with the *Rosenberg Self-Esteem Scale*. On this self-report tool, participants' average score was 20.8 out of a possible 40 points ($n = 19$), with scores ranging between 15 and 28. Descriptive categories have not been established for this tool (e.g., what constitutes low versus high self-esteem). However, as a reference point, in a study of 18-19-year-old female Canadian high school students the average score on the *Rosenberg Self-Esteem Scale* was 29.04, and a score below 21 was deemed "very low self-esteem" (Bagley, Bolitho, & Bertrand, 1997). Eight out of 19 Successful Families participants' scores were below 21.

Participants' self-reported resilience was measured with the *CD-RISC*. As with the *Rosenberg Self-Esteem Scale*, descriptive categories have not been established for this tool. Participants' average score on the *CD-RISC* was 62.23, with scores ranging between 30 and 90 ($n = 19$). As a point of comparison, the mean score for the general US population was 80.7 in the original validation study for the *CD-RISC* (Connor & Davidson, 2003). Results therefore indicate that teen parent participants fell well below the average with respect to their self-reported resilience scores.

The *AAPI-2* was used to assess parenting and child rearing attitudes. Nineteen participants completed the *AAPI-2*. Results are organized into five scales (Oppressing Power and Independence, Role Reversal, Corporal Punishment, Lack of Empathic Awareness, Inappropriate Parental Expectations) that serve as the basis for assessing attitudes known to contribute to child abuse and neglect, as well as levels of risk (low, medium, high) for abusive and neglectful parenting practices. Figure 4.1 shows the number of participants who scored in each classification range for the five *AAPI-2* scales.

Most participants scored in the medium risk range across all five *AAPI-2* scales. Thus, most participants appear to be at medium risk for inappropriate parental expectations, a lack of empathic awareness (i.e., experiencing their children's needs and desires as irritating and overwhelming and as coming into conflict with a parent's own needs), belief in corporal punishment, role reversal (i.e., the tendency to reverse parent and child roles such that children are expected to be sensitive to and responsible for their parents' wellbeing and parents look to their children for care and comfort), and oppressing power and independence (reflecting the attitude that obedience and complete compliance to parental authority should be demanded).

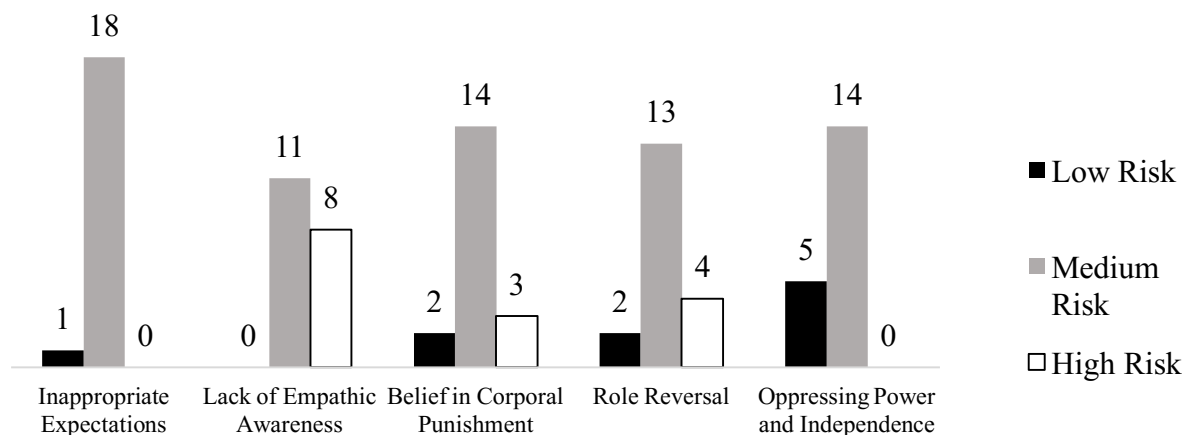


Figure 4.1. Number of participants in each classification range on the AAPI-2.

Parent-child relationships. The *BASC-3 PRQ* was used to assess participants' perspectives on their relationships with their children. *BASC-3 PRQ* scores are classified into three ranges, consisting of average (reflecting a typical parent-child relationship), below average (reflecting the presence of potential or developing relationship problems that should be monitored), and lower extreme (reflecting significant relationship problems for which intervention may be warranted).

Twelve program participants completed the *BASC-3 PRQ*. A lower number of participants completed the *BASC-3 PRQ* compared to other self-report tools because the *BASC-3 PRQ* can only be administered to parents with children ages 2 and older. Figure 4.2 depicts the number of participants who scored in each classification range on the five *BASC-3 PRQ* scales. Results show that the majority of participants who completed the *BASC-3 PRQ* are demonstrating typical attachment, discipline practices, involvement, parenting confidence, and relational frustration. An area of particular strength for participants is their involvement with their children. Parenting confidence and relational frustration represent potential areas for improvement for some participants.

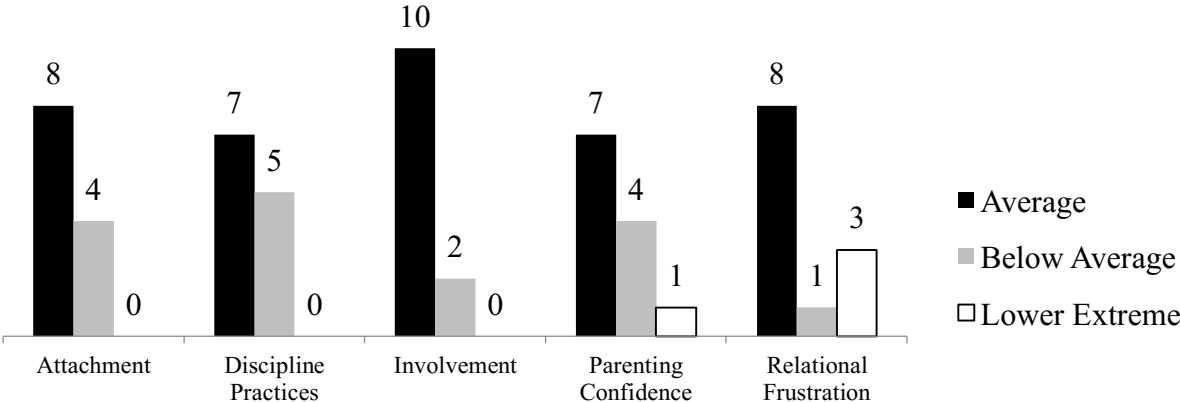


Figure 4.2. Number of participants in each classification range on the BASC-3 PRQ.

Child development. The *Bayley-III* was used to assess the developmental functioning of Successful Families participants’ children between the ages of 1 and 42 months. A total of 13 children completed the *Bayley-III*. Two children refused to complete the language subtests of the *Bayley-III* due to fatigue; thus, language data were only collected from 11 participants. In addition, four parents chose to take the social-emotional and adaptive skills questionnaires home to complete but did not return them; therefore, social-emotional and adaptive skills data were only collected for 9 participants.

There are five developmental domains measured by the *Bayley-III*, consisting of Cognitive, Language, Motor, Social-Emotional, and Adaptive Skills. Across each of these developmental domains, mean scores were in the average range. Figure 4.3 shows the number of participants who scored in each classification range on the five *Bayley-III* domains. With the exception of the language domain, most participants scored in the average or above average range across developmental domains.

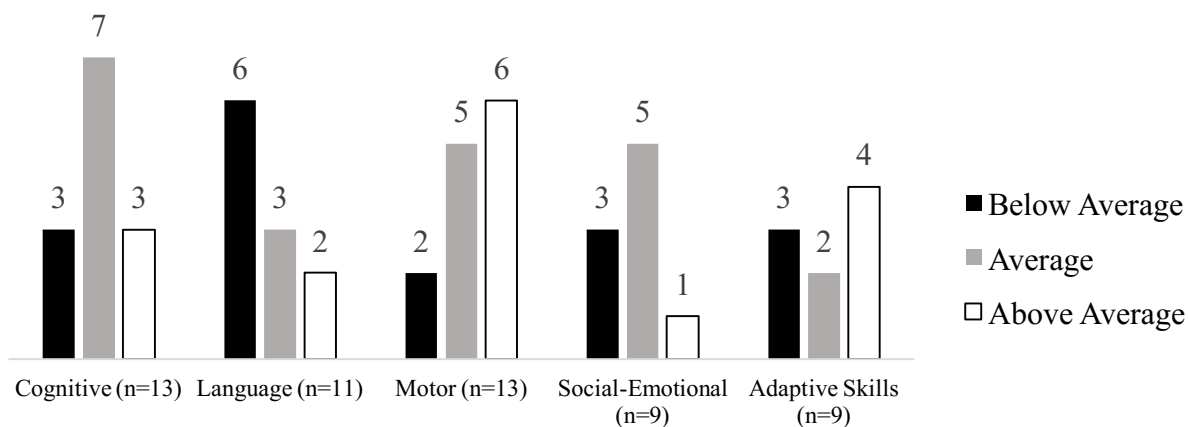


Figure 4.3. Number of participants in each classification range on the Bayley-III.

The *NEPSY-II* was used to assess the neurocognitive functioning of Successful Families participants' children ages 4 and older given that the *Bayley-III* can only be used with children up to age 42 months. A total of five children completed the *NEPSY-II*, although two children refused to complete the speeded naming and word generation subtests. Four domains are measured by the *NEPSY-II*, consisting of Language, Memory and Learning, Sensorimotor, and Visuospatial. Figures 4.4 and 4.5 depict eight subtests within these domains with respect to the number of participants in each classification range. There was variation among scores on the *NEPSY-II*. More specifically, participants showed the most difficulty on a language task that required them to name body parts and a memory task that required repetition of sentences. Participants showed relative strengths on a visuospatial task as well as a language task that required rapid naming of colors and shapes. In general, most participants appear to be following a fairly typical developmental trajectory, with areas of strength and weakness that are reflected in the general population.

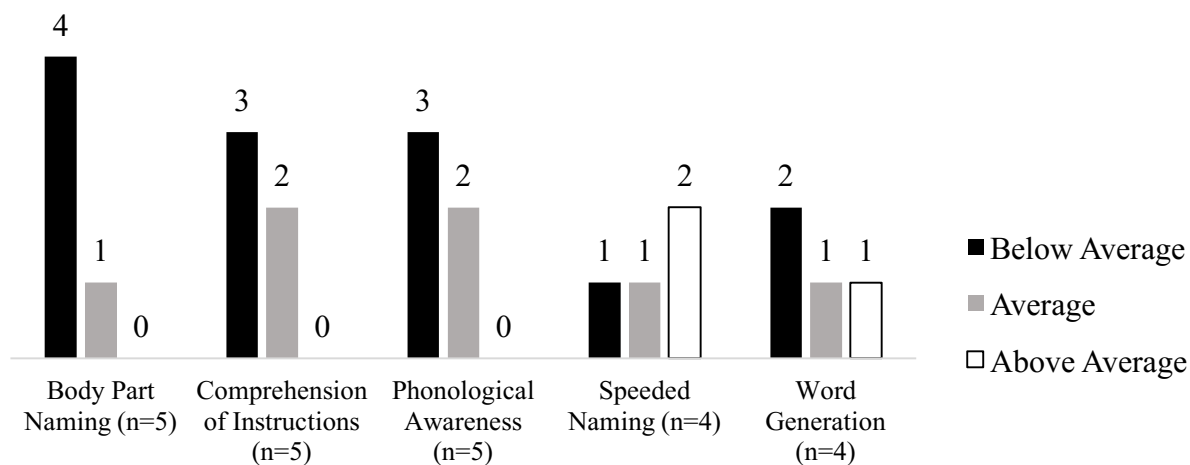


Figure 4.4. Number of participants in each classification range on NEPSY-II language subtests.

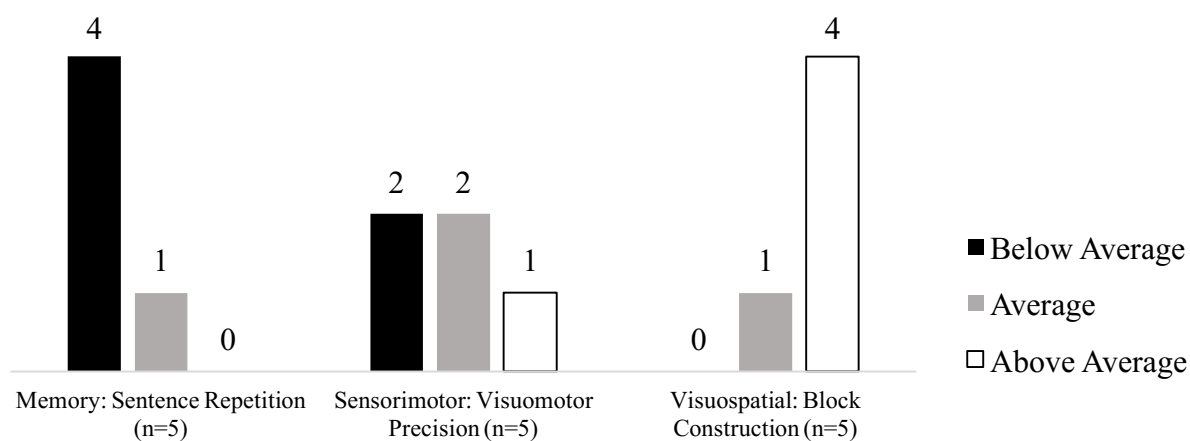


Figure 4.5. Number of participants in each classification range on NEPSY-II memory, sensorimotor, and visuospatial subtests.

Discussion

Using data from a larger study, the purpose of the current paper was to describe teen parents' perspectives on their relationships with their children, resilience, self-esteem, and parenting attitudes, and to measure the development of teen parents' children involved in the Successful Families supportive housing program. Although the sample size for this study is relatively small, thereby limiting the generalizations that can be made based on the data, this

study makes a contribution to the limited literature in this area by providing insights relevant to practice and laying a foundation for future research; in particular, how we can build predictive or correlational research designs to measure the characteristics of teen parents and their children over time.

Parent characteristics. Results generally suggest that self-esteem is an area of difficulty for participants. This is important because self-esteem has implications for the functioning of teen parents and their children. For example, self-esteem has been found to be a significant predictor of parental behaviours in response to infant distress (Leerkes & Crockenberg, 2002), mediate the effects of daily stressors on depression symptoms (Hall, Kotch, Browne, & Rayens, 1996; Orth, Robins, & Meier, 2009), and contribute significantly to positive social behaviour (Mann, Hosman, Schaalma, & de Vries, 2004). Although researchers have not widely explored teen parents' self-esteem, this population faces a number of challenges, including higher rates of mental health difficulties, social isolation, and adverse childhood experiences, that may inhibit the development of healthy self-esteem (Cox et al., 2008). These realities, combined with the ongoing stigma that many teen parents face, are consistent with the parents in this study struggling with self-esteem. This is an important area for service providers to consider in working with and offering resources for teen parents, and may be a priority given the implications for self-esteem with respect to overall wellbeing. It is also important to keep in mind that the *Rosenberg Self-Esteem Scale* was not normed with teen parents. Given that the reference group for the tool is the general US population rather than teen parents, it is not possible to compare the self-esteem of participants in this study with other teen parents, and this is true for the measurement of resilience in our sample as well.

Self-esteem and resilience are highly correlated, with self-reported self-esteem being a predictor of self-reported resilience (Balgiu, 2017). Given participants' relatively low mean score on the *Rosenberg Self-Esteem Scale*, the low mean score on the resilience tool (*CD-RISC*) may be expected, and represents an additional, potentially important area to target in programming for teen parents. Importantly, many participants came to the Successful Families program with limited housing options, and therefore from difficult living situations – for example, co-habiting with a partner or parents with whom relationships were unhealthy and often abusive. The *CD-RISC* measures self-perceived resilience, and it is therefore conceivable that participants in the midst of leaving challenging circumstances may not perceive themselves as able to overcome challenges, thereby deflating their resilience scores. The Successful Families program works from a strength-based philosophy, helping participants recognize their potential for overcoming challenges, and it is possible that scores may increase after participants spend time engaged in the program.

With respect to parenting attitudes, most participants scored in the medium risk range across *AAPI-2* scales, and these results can be interpreted in light of what is known about teen parents' experiences. In particular, results suggest that many participants harbor the attitude that obedience and complete compliance to parental authority should be demanded, and that children should not be permitted to challenge, but rather should do what they are told without question. It is possible that, for some participants, awareness of the stereotypes surrounding teen parenting (for example, their children being disobedient, frequently “acting up”) may lead to fears about their children's behaviour, and therefore lead parents to lean toward oppressing power and independence rather than risk their children displaying disobedience. Results also suggest that participants may experience their children's needs and desires as overwhelming, and that their

children's needs may come into direct conflict with their own needs. Given that teen parents are navigating their own developmental processes and needs, it is understandable that they may require additional support to develop a high level of empathic awareness for their children's needs. Results also reflect that most participants are in the medium risk range for a belief in corporal punishment. The rationale for using corporal punishment is often to teach children right from wrong, and parents who believe in and value the use of corporal punishment might benefit from education regarding the potential risks of corporal punishment and benefits of positive reinforcement for shaping children's behaviour (Bavolek & Keene, 2010). In this vein, most participants are at medium risk for inappropriate parental expectations, which may stem from an inaccurate perception of children's skills and abilities. Parents may therefore benefit from education regarding the needs and capabilities of children at various stages of growth and development.

Overall, most parents fell into the medium risk range with respect to the parenting attitudes measured by the *AAPI-2*. Of note, few parents fell into the high-risk range on most scales, suggesting that most participants have the foundation for successful parenting across the areas measured by the *AAPI-2*. At the same time, results suggest that most participants could benefit from an enhanced understanding of how their children's needs may conflict with their own, the benefits of positive reinforcement, and their children's typical developmental needs, and to boost their empathic awareness. Given that it is possible to provide education and support to augment these areas, these results are promising.

Parent-child relationships. Results show that the majority of participants who completed the *BASC-3 PRQ* are demonstrating typical attachment, discipline practices, involvement, parenting confidence, and relational frustration. An area of particular strength for

participants is their involvement with their children. Relational frustration and parenting confidence represent potential areas for improvement for some participants, and could be an important area to focus on in programming. In addition, some participants were particularly strong in certain areas, reflected by higher scores within and across tools, and it might be possible for these participants to act as peer mentors to participants who are struggling with certain aspects of parenting. Overall, results reflect that, for the 12 participants who completed the *BASC-3 PRQ*, teen parent-child relationships are typical, with evident areas of strength.

Child development. Depending on their age, the children of teen parents completed the *Bayley-III* and *NEPSY-II* to measure their development. It is not possible to directly compare the results of the *Bayley-III* and *NEPSY-II* because each of these tools measures different constructs. In addition, sample sizes for both tests were small, particularly for the *NEPSY-II*. In general, however, across both the *Bayley-III* and *NEPSY-II*, it appears that the children of teen parents are developing on a fairly typical trajectory, with areas of strength and weakness. Although measured differently between tools, one area of weakness across the *Bayley-III* and *NEPSY-II* for this sample was in the language domain. This has implications for programming, as the Successful Families program could intentionally support parents to develop a language-rich environment and/or create programming conditions for co-learning, thereby bridging gaps that parents may also have.

Overall, the profile of participants' developmental domains appears consistent with that of the general population, in that some children are above the expected level in certain areas, some children are below the expected level in certain areas, and most children are at the expected level in most areas. This is an important finding given the stigmas surrounding teen parents and the widespread assumption that the children of teen parents may lag behind their peers

developmentally. Researchers examining neural plasticity have demonstrated an enhanced capacity for resilience during the early years when supports and intervention are in place (Shonkoff, 2011).

Implications for policy and practice. This study has implications for overarching policy and practice considerations, as well as specific areas of focus for working with teen families. In particular, this study reinforces the heterogeneity of teen families, with teen parents and their children showing different areas of strengths and challenges across the domains measured. This suggests that service providers and policymakers should steer away from focusing on teen parents as inherently at risk, and aligns with researchers who have recently suggested that teen families may face risks that are more related to the social determinants of health than parental age (e.g., Diaz & Fiel, 2016; SmithBattle, 2013). To be sure, teen families living in challenging circumstances (e.g., poverty) face risks for poor social, economic, and health outcomes, but so too do other families living in poverty who are headed by older parents. In addition, not all teen parents live in challenging circumstances, and those who do have varying levels of resources available to navigate their challenges.

Along these lines, it is well understood that teen parents and their children, like other families, live in ecological systems that contribute risks and protective factors to healthy development and functioning. In all, it may be most helpful to shift policy and practice toward focusing on how these systems (e.g., programs, communities, education systems) can prevent and address challenging circumstances, such as poverty, for teen families rather than focusing heavily on preventing teen pregnancy in the first place. Simply put, it is unreasonable to expect teen parents to disrupt what are, in many cases, intergenerational cycles of poverty, unstable

family environments, and difficult childhood experiences without helping them access the means to do so.

A promising means for supporting teen families, as enacted by the Successful Families program, is the use of a strength-based approach (Ricks, 2016). Use of a strength-based approach can aid in developing programs and policies that are effective and meaningful for children and families (Black & Hoeft, 2015). Strengths are discovered through relationships, emphasizing the importance of a relational approach to working with teen families (Saleeby, 2008). Relational practices can also support the development of resilience, and in turn, improve outcomes related to wellbeing for young people (Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015). A focus on strengths and relationships represents a shift away from the deficit focus that has infused research and public policy regarding teen families toward a focus on the resources, strengths, and assets of teen parents and their children as well as the provision of learning and support opportunities to bridge potential and strengths. Teen parents have wisdom and knowledge that can be critical to dealing with challenges, and the family unit itself can represent a source of strength and resources. Service providers' use of a strength-based approach can instill a focus on strengths in teen parents' own interactions with their children. A strength-based perspective may also serve to disrupt pervasive stereotypes about teen families, thus impacting parents' experiences of stigma.

Implications for research. As with policy and practice, research with teen families would benefit from taking a strength-based approach, emphasizing the resilience and positive aspects of teen families' functioning rather than placing emphasis on the ways that teen families fall short in comparison to their counterparts. We found that using a strength-based approach to our research that aligns with the Successful Families program approach facilitated rapport with

staff and participants, effective knowledge mobilization, and the rapid uptake of findings to inform programming.

In order to provide an accurate picture and contribute to an enhanced understanding of effective supports for this population, researchers must be well-prepared to deal with measurement challenges. We found that, although a correlational or experimental design could further add to our understanding of how to support teen families, the descriptive design of the current study was necessitated by the difficulty of collecting data from this population. In particular, despite that this was a highly participatory study through which strong, trusting relationships with participants and buy-in from staff were established over a period of four years, collecting data from participants posed a significant difficulty as reflected in the high rate of cancellations and no-shows that we experienced. Elsewhere, we have detailed the challenges in engaging teen parents in research that has the potential to highlight their weaknesses (Tremblay, Kingsley, Benthem, & Gokiert, in press). In many instances, the same teen parents who did not show up for child development assessment appointments willingly took part in our qualitative, arts-based methods of data collection, the latter over which they had more control and agency with respect to the information they chose to reveal. Allowing researchers to examine parenting qualities, attitudes, and relationships involves inherent risks, and these may be felt in particularly acute ways by teen parents who are simultaneously experiencing stigma and judgment. Along with the challenge of a small sample size, it was not possible to engage all families in completing tools immediately upon program entry, which would have been ideal from a measurement perspective. In addition, our study did not include a comparison group of teen parents who were not accessing the Successful Families program or a matched sample of young people who had not experienced teen pregnancy, and this is an important direction for future research. Moreover,

our sample was heterogeneous in with respect to the ages of children; thus, we were required to use separate child development tools depending on children's ages, which further reduced our sample size. Our participatory approach aided in the development of trust, thereby facilitating participant recruitment and data collection. Strong community-university partnerships are critical for conducting research with teen parents, along with the involvement of policymakers, decision-makers, and other stakeholders in order to translate research results to practice.

The challenges of collecting sensitive data from teen parents are augmented by the inadequate availability of tools that are developed and normed with this population. This in turn limits researchers' ability to accurately reflect the realities of this population and therefore how best to support teen families. There is a lack of tools that use teen families as a reference sample, and this is problematic for the conclusions that we can draw based on research with this population. For example, given that teen parents are navigating different hurdles, such as their own identity development while also raising their children, we might expect teen parents to score differently than older parents on measures of parent-child relationship quality, and it may be inaccurate and harmful to equate differences in scores with negative implications. We were able to find and use one tool (the *AAPI-2*) that has been normed with teen parents, although use of this tool assumes a deficit based position by identifying those that are at risk for abuse and neglect. This raises questions around how service providers may be contributing to elevated risk with a deficit-oriented, risk focused approach. In addition, although the reference sample for the *AAPI-2* includes teen parents, scores are not derived based on parent age. Each of these complexities pose challenges for research with this population and limits generalizability.

In addition, it is important to keep in mind that we gathered information from teen parents who were functioning sufficiently so as to qualify for acceptance into the Successful

Families program, and these parents likely differ in important ways from teen parents who are not housed, and also from teen parents who have sufficient natural supports available to them such that they do not require access to housing and other services. Given the specific context of this study and the unique subset of teen parents who meet criteria for entry into the Successful Families program, the sample of teen parents who participated in this study is clearly not representative of teen parents in general.

Rather than producing generalizable results, however, this study serves as a point of reference for a baseline of information on the characteristics of teen families. It is important to have information regarding the contexts in which teen parent characteristics differ. Moreover, as well as serving as a point of reference for baseline information, this study makes a contribution to the literature by supporting a shift away from a deficit focus toward a strength-based perspective that takes into account the heterogeneous, complex realities faced by teen parents and their children. In addition, despite the breadth of extant research documenting the challenges of teen parenting, there is a distinct lack of research that examines the development of quality parent-child relationships between teen parents and their children, as well as the resilience of teen families (Reisch et al., 2010). Therefore, this study serves as a starting point for investigating these areas and provides unique information by describing constructs that we know little about with respect to teen families.

Overall, there is a need for future research to more clearly elucidate the strengths and resources of teen families, along with the supports that can most effectively further their success, a corresponding need for programs and practices to align with this research, and a need for sustainable, relevant policies to scaffold conditions for success for programs, systems, and teen families themselves.

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Chapter 5: Discussion

Teen pregnancy has been extensively cited by researchers and the wider public as a substantial cause of disadvantage, with significant social, economic, and health costs to individuals, families, and society (e.g., Goerge, Harden, & Lee, 2008; Hoffman, 2008; Sisson, 2012). However, there is growing appreciation for the complexity inherent to the relationships between teen pregnancy, teen parenting, and negative outcomes for teen parents and their children (SmithBattle, 2018). Contemporary researchers have pointed out that the negative outcomes associated with teen pregnancy and parenting have, in many cases, been overstated due to methodological research design flaws that, when addressed, reduce or eliminate disparities between teen and older parents (Kearney & Levine, 2012; SmithBattle, 2018; Weed, Nicholson, & Farris, 2015). As a result, researchers are increasingly recognizing that teen pregnancy may be more accurately conceptualized as a *marker* of social and economic disadvantage rather than a *cause* (Kearney & Levine, 2012).

An enhanced understanding of teen parent families is required in order for research, policy, and practice to adequately address the circumstances of teen parents and their children. The goal of this dissertation was to contribute to an enhanced understanding by conducting research that uses a strength-based approach, systems perspective, and that focuses on building the capacity of teen families. Ultimately, the factors that contribute to teen pregnancy and that shape the circumstances of teen families are clearly complex, suggesting that innovative approaches to research are necessary with this population. In Paper 1, an innovative approach to research with teen families was provided. The combined processes involved in community-based participatory research (CBPR) and developmental evaluation (DE) were used to develop and research a model of supportive housing for teen families. Next, regardless of whether teen

parenting can best be conceptualized as a marker or cause of disadvantage, it is clear that effective supports are needed in order to help teen parents and their children reach their full potential. Thus, the purpose of the study described in Paper 2 was to explore, from the perspectives of teen parents involved in a supportive housing program, what helps teen parents to raise their children in healthy ways. Finally, in recognition that an exclusive emphasis on the deficits, risks, and challenges of teen parenting has not resulted in a complete understanding of how teen families function, Paper 3 was a descriptive study approached from a strength-based position with the objective of describing the characteristics of teen parents and their children involved in a supportive housing program. Through the remainder of this discussion section, these three papers are summarized, followed by a summary of the contributions and implications of this dissertation.

Combining Community-based Participatory Research and Developmental Evaluation

Through the first paper in this dissertation, the processes and lessons learned in using CBPR and DE to develop a supportive housing model for teen families were described. Insights were offered for researchers, evaluators, and practitioners seeking to develop programming in response to complex community issues. Findings highlighted the critical importance of engaging in foundational partnership building, regular collaboration and reflection, integrating multiple data sources, regular feedback, and knowledge dissemination that fed ongoing adjustments to program practices. Each of these elements contributed to developing the model of supportive housing. Overall, developing programming for teen families is a complex task requiring a multi-pronged approach that, with adequate time, pooled resources, and collaboration from researchers and community partners, can successfully involve CBPR and DE as complementary approaches.

Using Photovoice to Understand the Needs of Teen Families

Paper 2 built on the premise established in Paper 1 that innovative, collaborative approaches to research are needed in order to enhance understanding of teen families. Thus, the purpose of the study described in Paper 2 was to explore, from the perspectives of teen parents involved in a supportive housing program, what helps teen parents to raise their children in healthy ways. Through this paper, the photovoice method was successfully used to engage teen parents in all stages of the research process, including data analysis and knowledge mobilization. Findings from this study highlighted that teen families have both complex needs and strengths that require relationship-based, trauma-informed, structured supports delivered by non-judgmental staff who respect their independence, supportive landlords, and communities where they can feel safe to raise their children without the burden of stigma and judgment.

Characteristics of Teen Parents and Children Accessing a Supportive Housing Program

Recognizing the need for research that is approached from a strength-based position and that considers the complex realities of teen families, the purpose of Paper 3 was to describe the characteristics of teen parents and their children involved in a supportive housing program. Paper 3 was a descriptive study that illustrated teen parents' perspectives on their relationships with their children, resilience, self-esteem, and parenting attitudes, along with the development of teen parents' children involved in a supportive housing program. Results reinforced the heterogeneity of teen families, with teen parents and their children showing different areas of strengths and challenges across the domains measured. This suggests that service providers and policymakers should avoid focusing on teen parents as inherently at risk, and aligns with researchers who have suggested that teen families may face risks that are more related to the social determinants of health than parental age (e.g., Diaz & Fiel, 2016; SmithBattle, 2013).

Contributions and Implications

Teen pregnancy and parenting are affected by multiple factors that are difficult to control, making the study of teen families complex and challenging. Through this dissertation, I have (1) offered an advanced understanding of the approaches that are suitable for research with teen families, (2) provided insight into the needs of teen families from the perspectives of teen parents themselves, and (3) presented a starting point to address the lack of baseline information across specific parent and child constructs by describing the characteristics of teen parents and their children accessing a supportive housing program.

These three papers demonstrate a shift in philosophy from a focus on the deficits and challenges of teen parents to a focus on teen parents' strengths, the potential to facilitate capacity-building among this population, and the provision of support to address gaps by building on teen families' potential. In addition, through this dissertation, I have reinforced the need to take a systems perspective in understanding the realities of teen families and how to best support teen parents and their children. This involves shaping interventions and policies to address widespread negative public perceptions about teen parents as well as the multiple, systemic social determinants of early childbearing. Through this dissertation, I have also shed light on methodological implications of assuming a systems perspective in research. In particular, taking a systems perspective means looking beyond a single participant or population and considering the multiple systems (e.g., families, communities, programs) that can have an impact on people and the phenomena of interest. At the same time, acknowledging that multiple systems can have an impact does not necessarily mean that we can measure or control these systems, which necessarily complicates our research processes and the conclusions that we can draw. Unique systems interact in unique ways to produce unique results, implying that

generalizability in the traditional sense is often not attainable or desirable for researchers taking a systems perspective to examine complex community issues. This also means that it is often not possible to use only one method or instrument in using a systems approach. Considering these implications, with an enhanced evidence base that builds on teen parents' strengths and acknowledges the complex past and current factors that contribute to their circumstances, it will be increasingly possible to facilitate positive, long-term health, social, and economic outcomes for teen parents and their children.

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