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## Application for a Grant

<b>Identification</b>						
This page will be made available to selection committee members and external assessors.						
Funding opportunity <b>Insight Grants</b>						
Joint or special initiative						
Application title <b>The loneliness crisis and the decline of free play: Pathways and effects</b>						
Applicant family name <b>McConnell</b>			Applicant given name <b>David</b>		Initials	
Org. code <b>1480111</b>	Full name of applicant's organization and department <b>University of Alberta Occupational Therapy</b>					
Org. code <b>1480111</b>	Full name of administrative organization and department <b>University of Alberta Occupational Therapy</b>					
				Research Group <b>435-4</b>		
Does your proposal require a multidisciplinary evaluation?				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
Is this a research-creation project?				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
Does your proposal involve Aboriginal Research as defined by SSHRC?				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
Does your proposal involve human beings as research subjects? If "Yes", consult the <i>Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans</i> and submit your proposal to your organization's Research Ethics Board.				Yes <input checked="" type="radio"/>	No <input type="radio"/>	
Does any phase of the proposed research or research-related activity:						
A. Constitute a physical activity carried out on federal lands in Canada, as defined in sub-section 2(1), in relation to a physical work and that is not a designated project;				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
B. Constitute a physical activity carried out outside of Canada in relation to a physical work and that is not a designated project;				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
C. (i) Permit a designated project (listed in the CEAA 2012 Regulations Designating Physical Activities (RDPA)) to be carried out in whole or in part;				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
C. (ii) Depend on a designated project (listed in the RDPA) that is, or will be, carried out by a third party?				Yes <input type="radio"/>	No <input checked="" type="radio"/>	
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total funds requested from SSHRC	<u>84,077</u>	<u>93,939</u>	<u>54,647</u>	<u>0</u>	<u>0</u>	<u>232,663</u>



Family name, Given name

McConnell, David

## Participants

List names of your team members (co-applicants and collaborators) who will take part in the intellectual direction of the research. Do not include assistants, students or consultants.

Role

Co-applicant ☐

Collaborator ☒

Family name

Anselmo

Given name

Suzanne

Initials

Org. code

1

Full organization name

Government of Alberta

Department/Division name

Early Childhood and Community Supports

Role

Co-applicant ☒

Collaborator ☐

Family name

Breitkreuz

Given name

Rhonda

Initials

S

Org. code

1480111

Full organization name

University of Alberta

Department/Division name

Human Ecology

Role

Co-applicant ☒

Collaborator ☐

Family name

Phelan

Given name

Shanon

Initials

K

Org. code

1480111

Full organization name

University of Alberta

Department/Division name

Faculty of Rehabilitation Medicine

Role

Co-applicant ☒

Collaborator ☐

Family name

Rinaldi

Given name

Christina

Initials

M

Org. code

1480111

Full organization name

University of Alberta

Department/Division name

Educational Psychology

Role

Co-applicant ☐

Collaborator ☐

Family name

Given name

Initials

Org. code

Full organization name

Department/Division name



## Research Activity

The information provided in this section refers to your research proposal.

### Keywords

List keywords that best describe your proposed research or research activity. Separate keywords with a semicolon.

disability, social isolation, free play, social-emotional development, mixed methods, longitudinal

### Disciplines

- Indicate and rank up to 3 disciplines that best correspond to your activity.

Rank	Code	Discipline	If "Other", specify
1	63202	Children, Family	
2	63004	Child and Adolescent Psychology	
3	63408	Social Relations	

### Areas of Research

Indicate and rank up to 3 areas of research related to your proposal.

Rank	Code	Area
1	200	Family
2	111	Children
3	292	Mental Health

### Temporal Periods

If applicable, indicate up to 2 historical periods covered by your proposal.

From	To
<div>Year</div> <div>BCAD</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div>Year</div> <div>BCAD</div> <div><div></div><div></div></div> <div><div></div><div></div></div>



Family name, Given name  
McConnell, David

### Research Activity (cont'd)

#### Geographical Regions

If applicable, indicate and rank up to 3 geographical regions covered by or related to your proposal. Duplicate entries are not permitted.

Rank	Code	Region
1	0000	Not subject to geographical classification
2		
3		

#### Countries

If applicable, indicate and rank up to 5 countries covered by or related to your proposal. Duplicate entries are not permitted.

Rank	Code	Country	Prov./ State
1	1100	CANADA	AB
2			
3			
4			
5			



Family name, Given name

McConnell, David

### Response to Previous Critiques - maximum one page

Applicants may, if they wish, address criticisms and suggestions offered by adjudication committees and external assessors who have reviewed previous applications.



Family name, Given name

McConnell, David

## Summary of Proposal

The summary of your research proposal should indicate clearly the problem or issue to be addressed, the potential contribution of the research both in terms of the advancement of knowledge and of the wider social benefit, etc.

Over the past few decades, Canada, like other post-industrial societies, has undergone a number of sweeping social, demographic and economic changes which have transformed the conditions of contemporary family life. Many parents are now struggling to meet the demands of a workplace that can reach out to them 24/7, care for children and ageing parents, and maintain satisfying social relationships. Consequently, chronic loneliness is widespread. The implications of chronic loneliness for parents and children, including parents of children with disabilities who are particularly vulnerable to loneliness, may be far-reaching. This study will investigate the intriguing possibility that a rise in the prevalence of loneliness among parents of children with and without disabilities may have contributed to the decline of free and 'risky' (i.e., physically & socially challenging) outdoor play, and portend a rise in the prevalence of social-emotional problems among children and youth.

There are a number of pathways through which chronic loneliness may influence parenting, the participation of children in free and risky outdoor play, and child social-emotional wellbeing. This study will test a series of novel hypotheses derived from theory and research in the field of social neuroscience. One hypothesis is that chronically lonely parents are more fearful of negative social evaluation and are consequently overprotective, thereby limiting opportunities for their children to engage in free and risky outdoor play. A second hypothesis is that chronic loneliness diminishes parent self-regulation resulting in more harsh and erratic and less warm and responsive parenting which, in turn, adversely affects child social-emotional wellbeing. A third hypothesis is that participation in free and risky play in early childhood predicts social-emotional wellbeing in the first year of school.

The study will employ a prospective, mixed method design. A neighbourhood-diverse sample of 1200 parents of preschool-age children with and without disabilities will complete a questionnaire in Year 1 and again in Year 2 when their children are in kindergarten. The preschool to kindergarten transition is chosen because this is a critical period in the social-emotional development of children. Preschool and kindergarten teachers will also be asked to complete a widely used and well validated measure of child social-emotional wellbeing. Multilevel structural equation modeling will be employed to investigate neighborhood and individual-level predictors of chronic parent loneliness, and to test the study hypotheses. To attain deeper insight, a purposefully selected, culturally diverse sub-sample of 72 parents, including parents of children with and without disabilities will be interviewed. The interviews will explore parent perceptions of social threat and tolerance of risk in children's play.

This study will break new ground in the study of how the social environment matters for parenting, and potentially shed light on root social causes of social, emotional and behavioral problems in children and youth. The results of the study are expected to call into question the neoliberal premise, implicit in current policies and practices concerning parents, that parenting skill deficiencies are 'the problem' and evidence-based parenting training, 'the solution'. The corollary of this is a revaluing of the work performed by community-based organizations in reducing social isolation, fostering social trust and cohesion, and promoting a sense of community belonging. For policy makers, the broad implication is that promoting social connectedness and participation (e.g., through macro-structural reform) may offer a pathway to parent, child and family wellbeing.

Despite facebook, twitter, blogs and text messaging, chronic loneliness is endemic (Hawkley & Cacioppo, 2010; Rokach, 2004). Historically, chronic loneliness has generally been viewed as a problem of youth and old age (Victor & Yang, 2012). However, a growing number of working-age Canadians are struggling to meet the demands of a workplace that can reach out to them 24/7, care for children and ageing parents, *and* maintain satisfying social relationships (Duxbury & Dole, 2015; Higgins, Duxbury, & Julien, 2013): Today, many adults of all ages are living with a profound and unshakable sense of social isolation. The effects of this chronic loneliness on parents, their children and society may be far-reaching. This study will investigate the intriguing possibility that a rise in the prevalence of chronic loneliness among parents may lie behind the dramatic decline of free and risky (i.e., physically and socially challenging) outdoor play and the rising tide of social, emotional and behavioural problems among children and youth (Olfson, Blanco, Wang, & Blanco, 2014; Twenge, 2011; Narvaez et al., 2013; Collishaw, Maughan, Natarajan, & Pickles, 2010).

In a previous SSHRC funded study we found that parents of children with disabilities comprise a high risk group for chronic loneliness (McConnell, Savage, & Breitzkreuz, 2014): Many parent-carers feel like congenital outsiders and report high levels of psychological distress. These parents have to contend with out-of-the ordinary time and strain-based demands. What is more, many have suffered the hurt of social exclusion, directly and vicariously (e.g., when their child is not invited to a birthday party), and lament the loss of formerly close friends and family members who seem to have dropped out of their lives (Breitzkreuz, Wunderli, Savage, & McConnell, 2014). Yet, to the best of our knowledge, no study to date has investigated the effects of chronic loneliness in parents on the upbringing and social-emotional wellbeing of children with disabilities. A likely reason for this is that researchers have, until quite recently, made the questionable assumption that the behaviour problems displayed by children with disabilities are wholly biological in origin (Emerson, et al., 2014).

The proposed study has three objectives. The first is to investigate the contribution made by neighbourhood and individual-level factors, to the prediction of chronic loneliness in parents. The second objective is to examine the inter-relationship between child disability, parent chronic loneliness, child participation in free and risky outdoor play, and child social-emotional wellbeing. One hypothesis is that chronically lonely parents are more fearful [of negative social evaluation] and are consequently overprotective, thereby limiting opportunities for their children to engage in free and risky outdoor play. A second hypothesis is that chronic loneliness diminishes parent self-regulation, resulting in more harsh and erratic, and less warm and responsive parenting which, in turn, adversely affects child social-emotional wellbeing. A third hypothesis is that frequency of free and risky play in early childhood predicts social-emotional wellbeing post school-entry. The main hypotheses to be tested are depicted in Figure 1. The third objective is to explore the sociocultural patterning of loneliness and play.

## CONTEXT

Social and behavioural scientists have long recognised that the social environment matters for parenting (Belsky, 1984; Abidin, 1992). How the social environment acts on parenting is however poorly understood. Guided by psychological theories of stress and coping (Lazarus & Folkman, 1987; Pearlin, 1999), most studies to date have focused on the potentially mediating role of perceived social support, that is, the perception that one can count on others (e.g., for instrument aid or comfort) should the need arise. Applied to parenting, stress and coping theory posits that (a) the events or challenges of a parent's life are stressful to the extent that they perceive them as threats (i.e., primary appraisal), and perceive themselves as lacking adequate resources (i.e., secondary appraisal); (b) the impact of stress on parenting and parent well-being in general depends on the parent's coping (e.g., problem-solving, reappraisal, avoidance and support seeking); and (c) social support is a resource that buffers stress, primarily by influencing parent's appraisals and coping. Studies testing this stress-buffering hypothesis however have produced inconsistent results (e.g., Oestberg & Hagekull, 2000; Raikes & Thompson,

2005). A direct effect of perceived social support on parent stress and parenting practices, on the other hand, is consistently observed (e.g., McConnell, Breitreuz, & Savage, 2011).

An alternative theory of how the social environment may act on parenting can be derived from theory and research in the field of social neuroscience. The focus of this theory is on the mediating role of perceived social isolation or *loneliness*, defined as the “distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships” (Hawkley & Cacioppo, 2010, p.218). A central tenet of this theory is that human beings have a fundamental need for affiliation and belonging (Baumeister, Brewer, Twice, & Twenge, 2007). Loneliness is then thought to be the social equivalent of physical pain, hunger and thirst; it signals the need to attend to one’s relationships and or form new social bonds (Baumeister & Leary, 1995). Spurred to action, loneliness is usually transient. However, an estimated 15–30% of adults suffer chronic loneliness (Hawkley & Cacioppo, 2010; Kearns, Whitley, Tannahill, & Ellaway, 2015; Qualter et al., 2015; Victor & Yang, 2012). The effects of chronic loneliness on health are well researched: Chronic loneliness is associated with depression, poor quality sleep, physiological stress, compromised immunity and earlier mortality (Gierveld, Tilburg, & Dykstra, 2006; Hawkley & Capitanio, 2015; Holt-Lunstad, Smith, & Layton, 2010; Segrin, Burke, & Dunivan, 2012). However, little research attention has been paid to the effects of chronic loneliness on parenting practices and child wellbeing.

There are a number pathways or mechanisms through which chronic loneliness may affect parenting. Cacioppo, Cacioppo, Capitanio and Cole (2015), for example, observe that lonely people tend to get less pleasure and reward from positive social interactions. By extrapolation, lonely parents may not derive the same rewards from positive interactions with their children and consequently, their warm and responsive behaviours may not be positively reinforced. Cacioppo et al. (2015) also observe that chronically lonely people tend to perceive the world as a more threatening place: **Feeling lonely is tantamount to feeling unsafe**. Although little research attention has been paid to the effects of chronic loneliness on parenting, there is evidence that high levels of parent perceived threat and, related to this, low sense-of-control, predicts psychologically controlling and overprotective parenting (Gurland & Grolnick, 2005). Further, parental overprotection has been linked to lower levels of child participation in free and risky outdoor play (Niehues, Bundy, Broom, & Tranter, 2014), *and* to child social and emotional difficulties (Barker et al., 2014).

The amount of time children spend in free and risky outdoor play has declined dramatically over the last thirty years (Clements, 2004; Hofferth & Sandberg, 2001; Ungar, 2009). A number of scholars have hypothesised that this decline may explain the observed rise in social, emotional and behavioural problems among children and young people (Gray, 2011; Twenge, 2000; Ungar, 2009). Research emanating from a number of disciplines suggests that **free and risky outdoor play is important in children’s development** (Pellis, Pellis, & Bell, 2010). In short, children benefit from experiences that involve uncertainty and challenge in order to master the environment and develop feelings of autonomy, competence and relatedness (Grolnick, 2009; Niehues, Bundy, Broom, & Tranter, 2013; Sandseter & Kennair, 2011). Gray (2011) contends that free and risky outdoor play promotes mental health and resilience by helping children learn how to make decisions, solve problems, exert self-control, and follow rules; learn to regulate their emotions; make friends and learn to get along with others; and, experience joy. This claim has considerable empirical support: A recent systematic review of the (albeit limited) literature concluded that child participation in free and risky outdoor play has a number of benefits for children including enhanced social competence (Brussoni et al. 2015).

Baumeister and Heatherton’s (1996) strength model of self-regulation points to another pathway or mechanism through which chronic loneliness in parents may affect the social and emotional development of children. This theory, which has mounting empirical support, posits that (a) a person’s capacity for self-regulation, which is the capacity to monitor and modulate one’s emotions, thoughts, attention and behaviours, is a limited, exhaustible resource; and, (b) the hyper-vigilance for social threat



and sleep deprivation associated with chronic loneliness depletes this resource (Beaver, Boutwell, & Barnes, 2014; Baumeister, DeWall, Ciarocco, & Twenge, 2005; Heatherton, 2011; MacDonald & Leary, 2005). One implication is that the efficacy of interventions, including parenting training interventions, which place heavy demands on parent self-regulation (i.e., in order to inhibit pre-potent parenting responses) may be diminished by loneliness. Another implication is that parent loneliness may lead to more harsh and erratic, and less warm and responsive parenting. There is however a dearth of data on the relationship between chronic loneliness and parent self-regulation, although this theory may explain the link between parent social isolation and child maltreatment (MacKenzie, Kotch, & Lee, 2011).

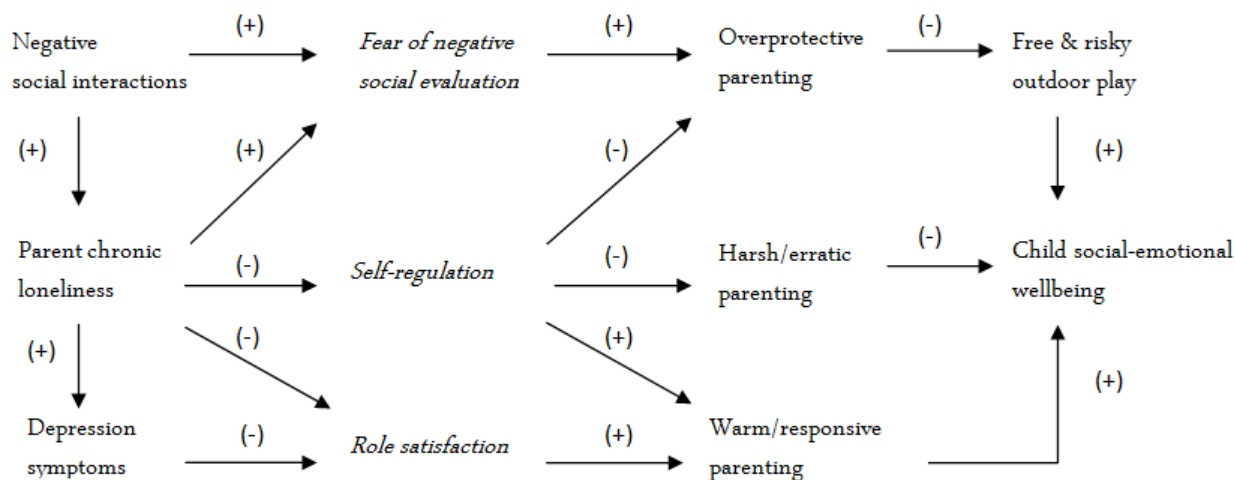
A number of factors likely contribute to chronic loneliness in parents. Heritability appears to play a part: People vary in their sensitivity to the pain of social disconnection (Cacioppo, Hawkley, Norman, & Berntson, 2011). At the individual level, bereavement, role overload/timecrunch, negative social interactions and low levels of social support are thought to heighten the risk of chronic loneliness (Ben-Zur, 2012; Burke & Segrin, 2014; Hawthorne, 2008; Kearns et al., 2015). Parents of children with disabilities are one 'at-risk' group: Some parent-carers isolate themselves and their children in order to avoid negative social interactions (McConnell et al., 2014). Further, there are compelling data to suggest that chronic loneliness is socially patterned, with low socioeconomic position and discrimination based on age, race, gender, sexuality and disability playing a part (Barnes, Blom, Cox, Lessof, & Walker, 2006; Kearns et al., 2015; McVilly, Stancliffe, Parmenter, & Burton-Smith, 2006). The effects of low socio-economic position may be partially mediated by neighborhood variables, such as safety, cohesion and affordances (e.g., services, parks and playgrounds) (Galster, 2012). Further research is however needed to determine the contribution made by neighbourhood and individual-level factors to the prediction of chronic loneliness in parents.

## METHODOLOGY

The study will employ a mixed method design. Parents of preschool age children with and without disabilities will complete a questionnaire in Year 1 (Y1) and again in Year 2 (Y2) when their children are in kindergarten. The preschool to kindergarten transition is chosen because this is a critical period in child social-emotional development (Egger & Angold, 2006). In the intervening period, interviews will be conducted with a purposefully selected sub-sample of parents of children with and without disabilities. Preschool and kindergarten teachers will also be asked to complete a measure of the child's social-emotional wellbeing. As in a previous study (McConnell, et al., 2014), this study will be guided by a parent advisory group hosted by Inclusion Alberta, which is the peak provincial advocacy organisation for persons with disabilities and their families. The advisory group, which will include parents of children with and without disabilities, will provide input on all aspects of the study including the design of the questionnaire and interview protocol, and interpretation of the study findings.

**Survey administration.** Obtaining a probability sample of Albertan families with pre-school age children with and without disabilities that is large enough to be representative is not feasible. A more deliberate sampling strategy will therefore be employed with the aim of achieving representativeness rather than strict numeric generalisability. There is no clear consensus in the literature on the precise method for determining the sample size required for multilevel modeling. Kreft (1996), an authority on the topic, argues for at least 30 groups with at least 30 individuals within each group. With the assistance and full support of Ms Suzanne Anselm, Executive Director, Early Childhood Development Branch, Ministry of Human Services, a total of 30 neighbourhoods (defined by school catchment) in Alberta will be selected for inclusion in the study. Neighbourhoods will be selected to ensure representation of new and established neighborhoods; neighborhoods in city and rural areas; neighborhoods with low and high ratios of economic 'migrants'; neighborhoods with low and high concentrations of poverty; and, culturally homogenous and heterogeneous neighborhoods. A minimum of 30 families with preschool age children in each neighbourhood will then be recruited to take part in the study.

Figure 1. Hypothesised pathways from parent loneliness to child social-emotional wellbeing



Two recruitment strategies will be used. Firstly, a package containing a plain English information sheet, a hard copy of the questionnaire and a reply paid envelope will be distributed to parents of children attending preschools in each neighbourhood. The information sheet will include instructions for completing the questionnaire online or over the phone if preferred. Although this mixed-mode method of survey administration is more costly, studies have found that this results in a substantially higher response rate and reduced bias (e.g., parents with low literacy and/or no internet access can participate) (Greenlaw & Brown-Welty, 2009). With an anticipated response rate of 50% (McConnell et al., 2014), information about the study will be distributed in this way to 50 parents in each neighbourhood. Secondly, personnel in the Disability Services branch of the Ministry for Human Services, have agreed to use administrative data (i.e., families in receipt of child-focused services) to identify families of preschool age children with disabilities in each of the selected neighbourhoods. They will then send the package of project materials to a random sample of 10-15 families in each neighborhood. In total, an estimated 1200 families will participate.

The study questionnaire will collect contact information (email/mail address) from the parent respondents. To promote retention, we will send descriptive research updates to all participants via email. Prior to administering the survey in Y2 we will also ask participants to indicate their preferred mode. Survey administration will then be tailored to the participant's preferences (i.e., hard copy, on-line, over the phone). Best practices will be followed in the design of the study questionnaire (Boynton & Greenhalgh, 2004). The questionnaire, to be completed by the primary parent carer, will collect standard demographic data (e.g., family composition, cultural heritage, educational attainment, occupation, work hours, household income, home ownership, child care arrangements; disability and chronic health conditions). The questionnaire will also incorporate a parsimonious set of validated items and scales to measure the variables in the model (Fig. 1). To minimise response-bias, different versions of the questionnaire, with the following scales presented in different sequences, will be administered.

*Chronic parent loneliness* will be measured using the UCLA Loneliness Scale, Version 3 (Russell, 1996). This 10-item scale displays acceptable internal consistency reliability ( $\alpha = .82$ ).

*Perceived Social Support* will be measured using the 12-item Interpersonal Support Evaluation List ( $\alpha = .91$ ) (Cohen, Mermelstein, Kamarck, & Hoberman, 1985).

*Negative social interactions* will be measured using a brief (adapted for parents) 10-item version of the Inventory of Negative Social Interactions ( $\alpha = .93$ ) (NSI) (Lakey, Tardiff, & Drew, 1994).

*Parent depression symptoms* will be measured using the 20-item Centre for Epidemiological Studies Depression Scale Revised ( $\alpha = 0.90$ ) (Eaton, Muntaner, Smith, Tien, & Ybarra, 2004).

*Fear of negative social evaluation* will be measured using the Brief (8-item) Fear of Negative Evaluation Scale ( $\alpha = .92$ ) (Carleton, Collimore, McCabe, & Antony, 2011).

*Self-regulation* will be measured using the 13-item Brief Self Control Scale ( $\alpha = .83$ ) (Tangney, Baumeister, & Boone, 2004), and the 14-item ‘Stress’ sub-scale of the Depression, Anxiety and Stress Scales ( $\alpha = .89$ ) (Lovibond & Lovibond, 1995) which assesses nervous arousal, and being easily upset/agitated and irritable/over-reactive.

*Parenting role satisfaction* will be measured using the 9-item satisfaction sub-scale of the Parenting Sense of Competence Scale ( $\alpha = .80$ ) (Johnston & Mash, 1989).

*Parenting behaviours* will be measured using the Parenting Behaviours and Dimensions Questionnaire (Reid, Roberts, Roberts, & Piek, 2015). Using this recently well-validated 33-item scale, reliable scores ( $\alpha > .80$ ) can be derived for overprotective, harsh/erratic, and warm/responsive parenting.

*Child participation in free and risky outdoor play* will be measured using a series of items validated in the Fragile Families and Child Wellbeing Study (Burdette & Whitaker, 2005), and the Head Start Family and Child Experiences Survey (Marino, Fletcher, Whitaker, & Anderson, 2012).

*Child social-emotional wellbeing* will be measured using the 25-item Strengths and Difficulties Questionnaire for children 4-17 years (Goodman, 1997, 2001). Scores for total difficulties, emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour can be calculated. All subscales display sound psychometric properties ( $\alpha > .80$ ).

*Neighbourhood characteristics* will be measured using 17 items from the Neighborhood Scale (Mujahid, Diez Roux, Morenoff, & Raghunathan, 2007) tapping Safety, Cohesion and (with some adaptation) Affordances (e.g., parks & playgrounds). These sub-scales display acceptable internal consistency reliability ranging from  $\alpha = 0.73$  to  $0.83$ .

*Timecrunch* will be measured using the 10-item Timecrunch Scale (Robinson and Godbey, 1997) which is used by Statistics Canada (e.g., 2005 General Social Survey).

**Teacher assessment.** Preschool teachers (Y1) and kindergarten teachers (Y2) will be asked to complete the teacher version of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), which is valid for use with children with and without disabilities. This tool has demonstrated excellent predictive validity in relation to future child difficulties in school (Stone, Otten, Engels, Vermulst & Janssens, 2010). A package containing an information sheet for the teachers, the SDQ, and a reply paid envelope will be sent to parent respondents, who will be asked to pass this on to their child’s teacher. Teachers will be asked to complete the SDQ and return it directly to the research team.

**Statistical data analysis.** The data will be analysed using STATA (v.14). After preparing the data for analysis we will conduct univariate and bivariate analyses to examine sample demographic characteristics, the distribution and interrelationships between the predictors and outcomes, and evaluate the extent of missing data. Data permitting, missing values will be imputed using the FIML method. Neighborhood-level variables will be created by calculating the mean Safety, Cohesion and Affordances scores of parents in each neighbourhood. Confirmatory factor analysis will be employed to evaluate and if necessary refine the measurement model. Multilevel Generalised Structural Equation Modeling (Preacher, Zhang, & Zyphur, 2011), with Y1 and Y2 data nested within individuals, and individuals nested within neighbourhoods, will then be employed to (a) investigate predictors of chronic parent loneliness (i.e., neighbourhood characteristics, family socioeconomic position, social support, negative social interactions, timecrunch, and *child disability*); and (b) to investigate pathways between parent chronic loneliness, child participation in free and risky play, and (parent & teacher reported) child social-emotional wellbeing, as depicted in Figure 1. Dr NG Prasad, Department of Mathematical and Statistical Sciences, University of Alberta, with whom the PI has worked on previous projects involving the analysis of large and complex survey data (McConnell, Feldman, Aunos, & Prasad, 2010) will be consulted to determine the exact method to be used based on data considerations.

***Nested qualitative component.*** Qualitative descriptive methodology (Sandelowski, 2000) will be used to investigate the sociocultural patterning of parent loneliness and children's play. A sub-sample of up to 72 parents will be interviewed in their homes. Using Y1 questionnaire data, the interview participants will be purposefully selected to obtain representation of at least nine parents in each cell of an eight cell matrix reflecting all possible combinations of (1) parents of child with and without disabilities, (2) parents reporting low and high levels of fearfulness with respect to negative social evaluations, and (3) low and high levels of child participation in free and risky play. Care will also be taken to ensure that the sample is diverse with respect to socioeconomic position and ethnicity. We expect that nine participants in each cell will be sufficient to achieve saturation (i.e., consistent repetition of themes, no new insights generated) (Miles & Huberman, 1994). One 60-90 minute responsive interview (Rubin & Rubin, 2005) will be conducted with each participant to explore their perceptions of threat in the social environment; their beliefs, values and goals with respect to child development; and, their perceptions and tolerance of risk in children's play. Analysis of earlier interviews will inform later ones via theoretical sampling: Questions will be revised and probes developed as the need for more or different data arises (Charmaz, 2004). Insights emerging from early interviews will be reflected back to participants in later interviews for member checking (Russell & Gregory, 2003).

A subset of eighteen parents of children with disabilities, including parents who have moved to Canada from non-western countries, will be interviewed by Ms Linda Achaempong, a doctoral student supervised Dr McConnell (PI) and Dr Phelan (Co-I). Ms Achaempong will conduct at least two interviews with each of these parents to explore cultural variation in parent perceptions and tolerance of risk in children's play and the social play of children with disabilities, as part of her doctoral study. The other 54 participants will be interviewed by five MSc (Occupational Therapy) students, who will be trained and supervised by the study investigators. This strategy was successfully used in a previous SSHRC funded study lead by Dr McConnell and Dr Breitzkreuz (Breitzkreuz, et al., 2014). The students will not only conduct the interviews, they will transcribe and participate in the analysis of the interview data and in the dissemination of the study findings, for example, through conference presentations.

***Rigour:*** Rigor will be achieved through an iterative process of data collection and analysis with regular participant (member) checking of emerging findings; deliberate search for and scrutiny of exceptional/unusual cases; critical reflective dialogue between research team members about the research process and emerging findings; and, the maintenance, by all members of the research team, of journals detailing the research process, including any difficulties encountered (Kincheloe, 2005; Krefting, 1991; Strauss & Corbin, 1998).

**Qualitative data analysis:** Interview transcripts will be exported to NVivo11, a software program designed to manage large quantities of qualitative data. The method of constant-comparison (Glaser & Strauss, 1967) will be used to analyze the data. This iterative process involves moving back and forth between the data and the emerging insights/categories/themes. The first step involves coding meaningful 'chunks' of data. These are then compared and contrasted to develop appropriate categories. The process of constant-comparison continues until relationships between categories are elaborated, and higher levels of abstraction are reached. The outcome will be a rigorous analysis resulting in rich insights and findings that are well-grounded in the data.

## **SYNTHESIS OF QUANTITATIVE AND QUALITATIVE COMPONENTS**

The findings from the survey and interview components of this study will be integrated in the interpretation and write-up of the study findings. Parent accounts will provide a context ('thick description') that will help us interpret the survey findings. Likewise, the survey data will help to 'frame' the findings from the qualitative component of this study (e.g., *how much, how many, etc*). Through this synthesis, we will enhance understanding of how the social environment and the challenges of contemporary family life influence parenting, play and child wellbeing.

## References

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## KNOWLEDGE MOBILISATION PLAN

### *Target audience: The general public (and study participants)*

To communicate the results of the study and promote public discourse on the topic (i.e., intersections of work-life balance, social isolation/connectedness, children's play and wellbeing), we will prepare and email a series of Research Updates (i.e., newsletters) to the study participants, and make these accessible to the wider public through our website ([www.fdsa.ualberta.ca](http://www.fdsa.ualberta.ca)). The research updates will be brief, use colour and graphics, and will be written in plain English to maximise readability. A full report of the study will also be published on our website. In addition, we will work with a consulting journalist in the Faculty of Rehabilitation Medicine to prepare/issue media releases.

### *Target audience: Policy makers and decision-makers in government and community service sectors*

Our knowledge mobilisation strategy is already underway. It began with a series of meetings between the PI and senior executives in the early childhood, community supports, and disability services branches of the Ministry of Human Services, Alberta. Our collaborators, Ms Suzanne Anselmo and Ms Silvia Vajushi, will actively participate in the process of interpreting the study findings and elucidating the implications for policy concerning children and families. We will also bring policy-makers, other users of research and parents together in a series of 'research into policy and practice' roundtable discussions to consider the implications of the study findings. Four roundtables will be convened, including two in Edmonton and two in Calgary. The first roundtable (at each site) will bring parents together, including but not limited to study participants, to reflect on the research findings. The second Roundtable will be open to policy makers and decision-makers in government and community sectors, other users of research information and parents. At this second roundtable, participants will further reflect on the study findings, and generate a 'Plan of Action'. This will include a statement of goals and specification of potential strategies at local and provincial levels to foster social connectedness, promote free and risky play, and equalise play opportunities for children with disabilities in Alberta, Canada.

### *Target audience: Researchers in the fields of early childhood, family and disability studies*

The study findings will be communicated to other researchers and academic peers and professionals through a series of conference presentations. To communicate the findings to researchers and others in the disability field, we plan to present the findings at the IASSIDD North America Regional Conference. IASSIDD is the peak international association of scientists in the field of intellectual and developmental disabilities. To communicate the findings to researchers in the mainstream early childhood arena, we plan to present the findings at a conference such as the Children's Mental Health Research & Policy Conference. The students involved in the project will also have the opportunity to present findings at the Canadian Association of Occupational Therapists National Conference. In addition to conference presentations, the study will be written up for publication in scholarly, peer-reviewed journals. Anticipated refereed publications include, but are not limited to:

1. Prevalence and predictors of chronic loneliness in parents of preschool-age children.
2. Parent chronic loneliness and child participation in free outdoor play: Pathways and effects.
3. The sociocultural patterning of children's play: The beliefs-behaviour connection.
4. Parent perceptions of social threat and the social play of children with disabilities.



Family name, Given name

McConnell, David

## Expected Outcomes

Elaborate on the potential benefits and/or outcomes of your proposed research and/or related activities.

## Scholarly Benefits

Indicate and rank up to 3 scholarly benefits relevant to your proposal.

Rank	Benefit	If "Other", specify
1	Knowledge creation/intellectual outcomes	
2	Enhanced research collaboration	
3	Student training/skill development	

## Social Benefits

Indicate and rank up to 3 social benefits relevant to your proposal.

Rank	Benefit	If "Other", specify
1	Enhanced policy	
2	Enriched public discourse	
3	Behavioural outcomes	

## Audiences

Indicate and rank up to 5 potential target audiences relevant to your proposal.

Rank	Audience	If "Other", specify
1	Provincial/territorial government	
2	Academic sector/peers, including scholarly associations	
3	NGO and community organizations	
4	General public	
5	Practitioners/professional associations	



Family name, Given name

McConnell, David

## Expected Outcomes Summary

Describe the potential benefits/outcomes (e.g., evolution, effects, potential learning, implications) that could emerge from the proposed research and/or other partnership activities.

One output of this study is the creation of a new team of investigators (other outputs are discussed under Knowledge Mobilization). Over the last decade Dr McConnell and Dr Breitzkreuz have collaborated on a series of projects focused mainly on parents and parenting. Dr Phelan and Dr Rinaldi have complementary expertise in the field of early childhood development. This new multi-disciplinary collaboration is therefore well-equipped to undertake the proposed study. The collaboration between this team of investigators and the Ministry of Human Services is also new. This collaboration, which is based on a shared commitment to advancing the rights and wellbeing of children and families, should ensure that the potential of the study to impact policy and practice in the short and longer term is fully maximized.

The outcome of this study will be new knowledge about the nature and determinants of children's play and social-emotional wellbeing. A number of scholars have observed that children's lives today are more heavily scheduled and adult-directed than ever before, with a contemporaneous decline in free and risky play. This study will investigate the possibility that a decline in free and risky play has contributed to the observed rise in social, emotional and behavioral problems among children and youth. Further, this study will investigate parent chronic loneliness as a potential root cause of child social, emotional and behavioral problems. Therefore, and in contrast to most studies of child social-emotional development which focus on the mother-child dyad, this study will investigate multilevel sources of influence. By creating new knowledge about the potential root social causes of child behavior problems, policy makers and practitioners may then be able to envisage ways of supporting children, parents and families that they could not have envisaged before.

One of the potential impacts of the study is changed thinking about the behavior problems observed in children with disabilities. Children with disabilities are many times more likely than their typically developing peers to display behavior problems. Until quite recently, these problems were thought to be (a) intrinsic to the child and (b) the primary cause of psychological distress in parent-carers. However, the relationship between child behavior problems and parent-carer distress may be bi-directional: Parent-carer distress and related self-regulatory failures may lead to less than optimal parenting which, in turn, may lead to or exacerbate child behavior problems which may exacerbate parent-carer distress, and so on. This study will create new knowledge about the inter-relationship between chronic loneliness, parent-carer distress, and the social-emotional wellbeing of children with disabilities.

By investigating multilevel social influences on child social-emotional wellbeing, this study may impact policy concerning parents and families. The emphasis in policy today is on addressing child social-emotional problems through the funding and delivery of evidence-based parenting training to address presumed parenting deficiencies. Although many parents and families clearly benefit from such programs and all parents could benefit from learning new parenting skills, the concern is that these programs may fail to address root causes. This study has the potential to identify 'new' or different sites for intervention, such as employment standards (to help families resolve work-family conflicts) and neighborhood planning; and, to result in a revaluing of the work performed by community-based organizations in reducing social isolation, fostering social trust and cohesion, and promoting a sense of community belonging.

## A. DESCRIPTION OF RESEARCH TEAM AND PROJECT TIMELINE

D. McConnell, *Applicant and Principal Investigator*, (0.4FTE, 40% contribution) will be responsible for the overall coordination of the project team, on-time implementation of the study protocol, and administration of the project funding. Dr McConnell will appoint and supervise the project coordinator, and co-supervise the six graduate research students who will contribute to this project.

S. Phelan, *Co-Investigator* (20% contribution) will co-supervise Ms Linda Achaempong (doctoral student) and the 5 MSc (Occupational Therapy) students who will contribute to this project. Dr Phelan will also take primary responsibility for overseeing the nested qualitative component of the study, including student training, and the development and implementation of the interview protocol.

R. Breitreuz, *Co-Investigator* (20% contribution) will work closely with Dr Phelan in training and supervising the five MSc (Occupational Therapy) students, and in analysing the interview data. With her expertise in social policy, Dr Breitreuz will ensure that the policy context is properly taken into account in the analysis and interpretation of the study data, with policy implications fully elaborated.

C. Rinaldi, *Co-Investigator* (20% contribution) will work closely with Dr McConnell in designing the study questionnaire, and analysing the survey data. As an expert in the field of child social-emotional development, Dr Rinaldi's primary contribution will be in ensuring that the theoretical and empirical contributions of the study are appropriately situated in this broader scholarly context.

S. Anselmo, *Collaborator*, is Executive Director, Early Childhood Development Branch, Ministry of Human Services, Alberta. Ms Anselmo will assist in developing the sampling frame for the study and contribute to the interpretation of the study findings, including the elucidation of implications for policy concerning parents and early childhood.

S Vajushi, *Collaborator*, is Executive Director, Prevention and Early Intervention, Early Childhood and Community Supports, Ministry of Human Services, Alberta. Ms Vajushi will participate in regular research team meetings, contribute to student training, and assist with the interpretation and dissemination of the study findings.

	Year 1	Year 2	Year 3
<b>Month 1-4</b>	<ul style="list-style-type: none"><li>– Appointment of project personnel</li><li>– Questionnaire design &amp; production</li><li>– Sampling</li></ul>	<ul style="list-style-type: none"><li>– Statistical analysis ongoing</li><li>– Interviews and qualitative analysis ongoing</li><li>– Preparation for yr 2 survey</li></ul>	<ul style="list-style-type: none"><li>– Ongoing write-up and knowledge dissemination activities</li></ul>
<b>Month 4-8</b>	<ul style="list-style-type: none"><li>– Survey administration</li><li>– Data entry/cleaning</li><li>– Preschool teachers complete assessment</li></ul>	<ul style="list-style-type: none"><li>– Survey administration</li><li>– Data entry/cleaning</li><li>– Kindergarten teachers complete assessment</li></ul>	<ul style="list-style-type: none"><li>– Ongoing write-up and knowledge dissemination activities</li></ul>
<b>Month 9-12</b>	<ul style="list-style-type: none"><li>– Preliminary analysis of yr 1 survey data</li><li>– Sampling for qualitative component</li><li>– Interviews with 72 participants commence</li></ul>	<ul style="list-style-type: none"><li>– Data analysis and write-up</li><li>– Research roundtables</li><li>– Final reporting</li></ul>	<ul style="list-style-type: none"><li>– Ongoing write-up and knowledge dissemination activities</li></ul>

## **B. STUDENT TRAINING OPPORTUNITIES**

This study will create research training opportunities for graduate students in a vibrant, multi-disciplinary team setting, the Family and Disability Studies Initiative, Faculty of Rehabilitation Medicine, University of Alberta ([www.fdsa.ualberta.ca](http://www.fdsa.ualberta.ca)). The team environment fosters interactions between students and researchers across the research and scholarship career spectrum, including prospective research students enrolled in professional masters programs, higher degree research students (Masters and PhD), postdoctoral fellows, early career and senior academic researchers.

The project will directly support a total of six graduate students:

- Ms Linda Acaempong, PhD (Rehabilitation Science) student, will interview a total of 18 parents, of children with disabilities, including parents who have moved to Canada from non-western countries. Her interviews will explore cross-cultural variation in parent perceptions and tolerance of risk in children's play, and the social play of children with disabilities.
- Five MSc (Occupational Therapy) students will receive research training and contribute directly to this project. These five students will receive training in interviewing and in the analysis of qualitative data. They will each conduct approximately 10 interviews. As a group, they will meet regularly with the investigators to debrief, discuss and reflect on their emerging insights, and share ideas with regard to interview methods (e.g., what is working well). They will transcribe their own interviews and contribute to the analysis and write-up of the study data.
- All of the students contributing to this project will be actively involved in facilitating the proposed 'Research into policy and practice roundtables'. Further, all of the students involved in this project will be actively involved in communicating the results/emerging findings from this study. This includes presentations at local, provincial and national conferences.

## **C. DESCRIPTION OF RECENT OUTPUTS**

The results of two recent studies gave impetus to the proposed research. One was a study of parent support needs and family support service outcomes in Alberta, Canada. The other was a study of everyday family life and out-of-home placement propensity in families of children with disabilities. These studies revealed that (a) many parents with and without children with disabilities are living with a profound sense of social isolation; and, (b) parent, child and family wellbeing seem to be inextricably linked to parent social connectedness.

### **(1) Parent Support Needs and Family Support Service Outcomes**

Funded by the Alberta Centre for Child, Family and Community Research, this study investigated parent support needs and family support services outcomes in Alberta, Canada. A total of 923 parent participants were recruited through 20 community-based family support service (FSS) providers. Participants completed a survey incorporating well-validated child, parent and family measures 8-12 weeks after utilising their FSS. The study found that, while services were (for the most part) being funded by government to deliver evidence-based parenting training programs (i.e., to address presumed parenting deficiencies), what the parent's valued most was the opportunity to connect with other parents and feel a sense of community belonging. Moreover, in this study we found that the benefits of parenting training were largely explained by a reduction in perceived social isolation: The 'active ingredient' in the evidence-based parenting training, in this population at least, appeared to be the opportunity to connect. *Notably, outcomes for parents of children and youth with disabilities were found to be less positive. These parents were less likely to report any increase in their sense of community belonging.* Analysis of the survey data further found that perceived social support did not moderate the effect of stressors, such as financial hardship, on parenting quality. Rather, the effect of perceived social support was direct: Low levels of perceived social support were associated with more harsh and less positive parenting behaviours, and in turn, with child behaviour problems.

*Related peer reviewed publications (students underlined)*

- McConnell, D., Breitzkreuz, R. & Savage, A. (2011). From financial hardship to child difficulties: main and moderating effects of perceived social support. *Child: Care, Health and Development*, 37, 679-691.
- McConnell, D., Breitzkreuz, R., & Savage, A. (2013). Parent needs and family support service outcomes in a Canadian sample. *Journal of Social Work*, 13(5), 447-470.
- McConnell, D., Breitzkreuz, R. & Savage, A. (2012). Independent evaluation of the Triple P Positive Parenting Program in family support service settings. *Child & Family Social Work*, 17, 43-54.
- Breitzkreuz, R., McConnell, D., Hamilton, A., & Savage, A. (2011). Integrating Triple P into Existing Family Support Services: A Case Study on Program Implementation. *Prevention Science*, 12, 411-422.

## **(2) Children with disabilities and the fabric of everyday family life**

Funded by a SSHRC Insight Grant, this prospective, mixed methods study investigated the activities and routines of everyday life in families of children with disabilities, and family propensity to place disabled children out-of-home. The study involved over 500 Albertan families and three waves of data collection (survey and interview). Based on the extant research, we hypothesised that families of children with disabilities who displayed behaviour problems would report lower family wellbeing and higher placement propensity. What we found was that families who reported high levels of social integration typically reported high levels of family wellbeing and low placement propensity, irrespective of the number or intensity of their child's behaviour problems. Conversely, parents who reported low levels of social integration were typically struggling, irrespective of the number or intensity of their child's behaviour problems. Almost one-third of the parent respondents (30%) said that people showed little or no interest or concern in how they or their family were doing. And fewer than half of the parent-respondents (47%) could identify more than one or two people they could count-on for support. The results of this study, like the previous study, call into question the individualising tendency of extant theory, research and practice (i.e., the tendency to attribute any perceived problems to intrinsic parental or family factors). Further research is now needed to advance understanding of how the social environment influences parenting, and in turn, the developmental experience and wellbeing of children.

*Related peer reviewed publications (students underlined)*

- Breitzkreuz, R., Wunderli, L., Savage, A., & McConnell, D. (2014). Rethinking resilience in families of children with disabilities: A socioecological approach. *Community, Work and Family*, 17 (3), 346-365.
- McConnell, D., Savage, A., & Breitzkreuz, R. (2014). Resilience in families raising children with disabilities and behavior problems. *Research in Developmental Disabilities*, 35 (4), 833-848.
- McConnell, D., Parakkal, M., Savage, A., & Rempel, G. (2015). Parent-mediated intervention: adherence and adverse effects. *Disability and Rehabilitation*, 37(10), 864-872.
- McConnell, D., Savage, A., Sobsey, D., & Uditsky, B. (2015). Benefit-finding or finding benefits? The positive impact of having a disabled child. *Disability & Society*, 30(1), 29-45.
- McConnell, D., Savage, A., Breitzkreuz, R., & Sobsey, D. (2015). Sustainable Family Care for Children with Disabilities. *Journal of Child and Family Studies*, 1-15.
- McConnell, D., & Savage, A. (2015). Stress and Resilience Among Families Caring for Children with Intellectual Disability: Expanding the Research Agenda. *Current Developmental Disorders Reports*, 2(2), 100-109.





Family name, Given name

McConnell, David

## Funds Requested from SSHRC

For each budget year, estimate as accurately as possible the research costs that you are asking SSHRC to fund through a grant. For each Personnel costs category, enter the number of individuals to be hired and specify the total amount required. For each of the other categories, enter the total amount required.

	Year 1		Year 2		Year 3		Year 4		Year 5	
Personnel costs	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<b>Student salaries and benefits/Stipends</b>										
Undergraduate										
Masters	5	19,220	5	19,990	0	0	0	0	0	0
Doctorate	1	10,051	1	20,904	1	10,872	0	0	0	0
<b>Non-student salaries and benefits/Stipends</b>										
Postdoctoral	1	37,763	1	39,274	1	13,615	0	0	0	0
Other										
<b>Travel and subsistence costs</b>										
<b>Applicant/Team member(s)</b>										
Canadian travel		0		2,480		0		0		0
Foreign travel										
<b>Students</b>										
Canadian travel		7,691		7,691		0		0		0
Foreign travel										
<b>Other expenses</b>										
Professional/Technical services										
Supplies		9,352		3,600		0		0		0
<b>Non-disposable equipment</b>										
Computer hardware										
Other										
<b>Other expenses (specify)</b>										
Honorarium		0		0		26,160		0		0
Travel expenses (for parents)		0		0		4,000		0		0
<b>Total</b>		84,077		93,939		54,647		0		0

## Budget Details & Justification

**Total Requested \$232,661**

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### **Personnel (\$171,688)**

#### *Postdoctoral Trust Administrator*

- Postdoctoral Trust Administrator (University of Alberta, Level 1A), 0.6 FTE @ 24 months (+ 4% COLA) = \$37,763 yr 1; \$39,274 yr 2; and, 0.2 FTE @ 12 months = \$13,615 yr 3.

A full time Postdoctoral Trust Administrator is needed for 24 months to coordinate this project. Duties will include literature searches, creation of the questionnaires, sampling and survey administration (including phone administration), record/book keeping, participant retention (research updates), data management and analysis (under supervision), day-to-day communications (e.g., coordinating students and research team meetings, responding to participant enquiries), community presentations, and assistance with the write-up.

#### *Student stipends*

- 1 PhD student (L. Achaempong) @ 6 months x \$1675 yr 1; @ 12 months x \$1742 yr 2; @ 6 months x \$1812 yr 3 [University of Alberta Graduate Research Assistantship (GRA award plus salary) with 4% COLA] = \$10,050 yr 1; \$20,904 yr 2; \$10,872 yr 3.
- 5 MSc (Occupational Therapy) students @ 2 months x \$1922 yr 1; @ 2 months x \$1999 yr 2 [University of Alberta Graduate Research Assistantship (GRA award plus salary) with 4% COLA] = \$19,220 yr 1; \$19,990 yr 2.

### **Costs of survey administration (\$12,952)**

- Printing, 2400 x 40 pages x \$0.06 (yr 1) + 600 x 40 pages x 0.06 (yr 2) = \$7,200
- Shipment of packages to preschools in Alberta, 60 x \$14.86 (Canada post estimate) = \$892
- Reply paid postage (yr 1), 1200 x \$1.80 (50-100 g) = \$2,160
- Mail-out postage (yr 1), 300 (families of children with disabilities) x \$1.80 (50-100 g) = \$540
- Mail-out postage (yr 2), 600 x \$1.80 (50-100 g) = \$1,080
- Reply paid postage (yr 2), 600 x \$1.80 (50-100 g) = \$1,080

### **Travel and associated costs for interviews (\$9,261)**

- Travel (Ms Achaempong), 18 x 2 interviews x 140kms (roundtrip avge) x 0.46c per km = \$2,318
- Accommodation for Ms Achaempong (rural areas), 2 trips x 3 nights @ \$120/night = \$720
- Per diem expenses for Ms Achaempong, 6 nights in rural locales @ \$45 per day = \$270
- Travel, MSc (OT) students, 54 interviews x 140kms (roundtrip avge) x 0.46c per km = \$3,478
- Accommodation for MSc (OT) students (rural areas), 5 trips x 3 nights @ \$120/night = \$1,800
- Per diem expenses for MSc (OT) students, 15 nights in rural locales @ \$45 per day = \$675

### **Honorarium (\$26,160)**

- 1200 survey participants @ \$20.00 (gift card) = \$24,000
- 72 participants (nested qualitative study) @ \$30.00 (gift card) = \$2,160

### **‘Research into policy and practice’ roundtables (\$10,200)**

- The University of Alberta, Department of Occupational Therapy will host the roundtables for parents at their facilities in Edmonton and Calgary, including the provision of light lunch.

- A total of \$4000 is requested to cover the costs associated with travel and parking for the first 20 parents who respond to the invitation to take part (in Edmonton and Calgary). This will include \$150 for up to 20 parents who travel from rural areas, and \$50 for up to 20 parents who live locally.
- To facilitate the roundtables in Calgary a total of \$6,200 is requested for travel and accommodation for the four study investigators and six students who contribute to the project. This includes 10 roundtrips x 500kms @ 0.46 per km (\$2300); 10 x 2 nights accommodation @ \$150 per night (\$3000); 10 x 2 days per diem @ \$45 per day (\$90).

**Conference travel ((\$2,400))**

- A total of \$2,400 is requested to support student travel (6 students x \$400) to the Canadian Association for Occupational Therapy's national conference (2017) to present study findings.



## Funds from Other Sources

You must include all other sources of funding for the proposed research. Indicate whether these funds have been confirmed or not. Where applicable, include (a) the partners' material contributions (e.g. cash and in-kind), and (b) funds you have requested from other sources for proposed research related to this application.

Full organization name Contribution type	Confirmed	Year 1 Year 5	Year 2	Year 3	Year 4
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>Total funds from other sources</b>		0	0	0	0
		0			

Personal information will be stored in the Personal Information Bank for the appropriate program.

Application WEB

Canada



Family name, Given name

McConnell, David

## Suggested Reviewers

List Canadian or foreign specialists whom SSHRC may ask to assess your proposal.

List keywords that best describe the assessor's areas of research expertise. Please refer to the Suggested Assessors section of the detailed instructions for more information on conflicts of interest.

Family name <b>Lero</b>		Given name <b>Donna</b>		Initials	Title <b>Professor</b>
Org. code	Full organization name <b>University of Guelph</b>		Keywords <b>work, family, disability</b>		
Department/Division name <b>Department of Family Relations and Applied Nutrition</b>			Address <b>Centre for Families, Work &amp; Well-Being</b>		
<div>Country code    Area code    Number    Extension</div>			City/Municipality <b>Guelph</b>	Prov./State <b>ON</b>	Postal/Zip code <b>N1G2W1</b>
Telephone number			Country <b>CANADA</b>		
Fax number					
E-mail <b>dlero@uoguelph.ca</b>					
Family name		Given name		Initials	Title
Org. code	Full organization name		Keywords		
Department/Division name			Address		
<div>Country code    Area code    Number    Extension</div>			City/Municipality	Prov./State	Postal/Zip code
Telephone number			Country		
Fax number					
E-mail					
Family name		Given name		Initials	Title
Org. code	Full organization name		Keywords		
Department/Division name			Address		
<div>Country code    Area code    Number    Extension</div>			City/Municipality	Prov./State	Postal/Zip code
Telephone number			Country		
Fax number					
E-mail					

Personal information will be stored in the Personal Information Bank for the appropriate program.

Application WEB



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Internal use	CID (if known)
120827	191312

## Identification

Only the information in the Name section will be made available to selection committee members and external assessors. Citizenship and Statistical and Administrative Information will be used by SSHRC for administrative and statistical purposes only. Filling out the statistical and Administrative Information section is optional.

### Name

Family name	Given name	Initials	Title
McConnell	David		Dr.

**Citizenship** - Applicants and co-applicants must indicate their citizenship status by checking and answering the applicable questions.

Citizenship status	<input type="radio"/> Canadian	<input type="radio"/> Permanent resident since (yyyy/mm/dd)	<input checked="" type="radio"/> Other (country)	Have you applied for permanent residency?
			<u>AUSTRALIA</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No

### Statistical and Administrative Information

Birth year	Gender	Permanent postal code in Canada (i.e. K2P1G4)	Correspondence language	Previous contact with SSHRC? (i.e. applicant, assessor, etc.)
1971	<input type="radio"/> F <input checked="" type="radio"/> M	T6R2S6	<input checked="" type="radio"/> English <input type="radio"/> French	<input checked="" type="radio"/> Yes <input type="radio"/> No

Full name used during previous contact, if different from above

## Contact Information

The following information will help us to contact you more rapidly. Secondary information will not be released by SSHRC without your express consent.

Primary telephone number				Secondary telephone number			
Country code	Area code	Number	Extension	Country code	Area code	Number	Extension
1	780	4927475		1	780	9374101	
Primary fax number				Secondary fax number			
Country code	Area code	Number	Extension	Country code	Area code	Number	Extension
Primary E-mail <u>David.McConnell@ualberta.ca</u>							
Secondary E-mail							

Checked

Web CV

2015/10/15

Canada

Personal information will be stored in the Personal Information Bank for the appropriate program.

Identification

PROTECTED B WHEN COMPLETED



**Do not photocopy this page.**

Family name, Given name

McConnell, David

### Current Address

Use only if you are not affiliated with a department at a Canadian university. (If you are affiliated with a department at a Canadian university, the department's mailing address will be used.) If you wish to use another address, specify it under the Correspondence Address.

Address


City/Municipality

Prov. /  
State

Postal/Zip code

Country CANADA

### Correspondence Address

Complete this section if you wish your correspondence to be sent to an address other than your current address.

Address


City/Municipality

Prov. /  
State

Postal/Zip code

Country

### Temporary Address

If providing a temporary address, phone number and/or E-mail, ensure that you enter the effective dates.

Address


City/Municipality

Prov./  
State

Country

### Permanent Address in CANADA

Address


City/Municipality

Prov./  
State

Postal/Zip code

Country

Start date  
(yyyy/mm/dd)

End date  
(yyyy/mm/dd)

Temporary telephone/fax number

Country  
code

Area  
code

Number

Extension

Temporary E-mail



Family name, Given name

McConnell, David

## Research Expertise (optional)

The information provided in this section refers to your own research expertise, not to a research proposal. Filling out the following 4 sections is optional. This page will not be seen by selection committee members and external assessors. This section will be used for planning and evaluating programs, producing statistics, and selecting external assessors and committee members.

### Areas of Research

Indicate and rank up to 3 areas of research that best correspond to your research interests as well as areas where your research interests would apply. Duplicate entries are not permitted.

Rank	Code	Area
1	200	Family
2	350	Social development and welfare
3	260	Law and justice

### Temporal Periods

If applicable, indicate up to 2 historical periods covered by your research interests.

From				To			
Year		BC	AD	Year		BC	AD
_____		<input type="radio"/>	<input type="radio"/>	_____		<input type="radio"/>	<input type="radio"/>
_____		<input type="radio"/>	<input type="radio"/>	_____		<input type="radio"/>	<input type="radio"/>

### Geographical Regions

If applicable, indicate and rank up to 3 geographical regions covered by your research interests. Duplicate entries are not permitted.

Rank	Code	Region
1		
2		
3		

### Countries

If applicable, indicate and rank up to 5 countries covered by your research interests. Duplicate entries are not permitted.

Rank	Code	Countries	Prov./ State
1			
2			
3			
4			
5			





## Curriculum Vitae

Family name, Given name

McConnell, David

### Language Proficiency

	Read	Write	Speak	Comprehend aurally	Other languages
English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Work Experience

List the positions, academic and non-academic, you have held beginning with the current position and all previous positions in reverse chronological order, based on the start year.

Current position				Start date (yyyy/mm)
Full Professor				2010/6
Org. code	Full organization name			
1480111	University of Alberta			
Department/Division name				
Occupational Therapy				
Position type	<input checked="" type="radio"/> Tenured	<input type="radio"/> Non-tenure	Employment status	<input checked="" type="radio"/> Full-time
	<input type="radio"/> Tenure-track	<input type="radio"/> Non-academic		<input type="radio"/> Part-time
				<input type="radio"/> Non-salaried
				<input type="radio"/> Leave of absence
Position			Start date (yyyy/mm)	End date (yyyy/mm)
Associate Professor			2007/1	2010/6
Org. code	Full organization name			
1480111	University of Alberta			
Department/Division name				
Occupational Therapy				
Position			Start date (yyyy/mm)	End date (yyyy/mm)
Senior Lecturer			2004/9	2006/9
Org. code	Full organization name			
9661102	University of Sydney			
Department/division name				
Faculty of Health Sciences				
Position			Start date (yyyy/mm)	End date (yyyy/mm)
Visiting Scholar			2003/9	2003/9
Org. code	Full organization name			
9121135	University of Sheffield			
Department/Division name				
Sociological Studies				

Personal information will be stored in the Personal Information Bank for the appropriate program.

Web CV



Family name, Given name

McConnell, David

## Work Experience (cont'd)

Position		Start date (yyyy/mm)	End date (yyyy/mm)
Executive Director		2002/9	2006/9
Org. code	Full organization name		
9661102	University of Sydney		
Department/Division name			
Australian Family and Disability Studies Research Collaboration			
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Postdoctoral fellow or associate		2002/9	2004/9
Org. code	Full organization name		
9661102	University of Sydney		
Department/Division name			
Faculty of Health Sciences			
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Research Assistant		1996/9	2001/9
Org. code	Full organization name		
9661102	University of Sydney		
Department/Division name			
Faculty of Health Sciences			
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Research Assistant		1996/9	1998/9
Org. code	Full organization name		
9661102	University of Sydney		
Department/Division name			
Faculty of Medicine			
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Research Assistant		1993/1	1995/12
Org. code	Full organization name		
9661102	University of Sydney		
Department/Division name			
Faculty of Health Sciences			



Family name, Given name

McConnell, David

### Work Experience (cont'd)

Position	Start date (yyyy/mm)	End date (yyyy/mm)
Occupational therapist	1993/1	1993/12

Org. code	Full organization name
1	Blacktown Hospital

Department/Division name
Bungarribee House (Psychiatry)

Position	Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name

Position	Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name

Position	Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name

Position	Start date (yyyy/mm)	End date (yyyy/mm)

Org. code	Full organization name

Department/Division name



Family name, Given name

McConnell, David

## Academic Background

List up to 5 degrees, beginning with the highest degree first and all others in reverse chronological order, based on the start date.

Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Doctorate	PhD	1997/07		2001/12
Disc. code	Discipline	Did SSHRC support enable you to get this degree?		
99999	Applied Health and Social Sciences	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Org. code	Organization			
9661102	University of Sydney			
Country <b>AUSTRALIA</b>				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
BA Hon.	BAppSc (OT) Honours Class 1	1989/03		1992/12
Disc. code	Discipline	Did SSHRC support enable you to get this degree?		
99999	Occupational Therapy	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Org. code	Organization			
9661102	University of Sydney			
Country <b>AUSTRALIA</b>				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree?		
		<input type="radio"/> Yes <input type="radio"/> No		
Org. code	Organization			
Country				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree?		
		<input type="radio"/> Yes <input type="radio"/> No		
Org. code	Organization			
Country				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline	Did SSHRC support enable you to get this degree?		
		<input type="radio"/> Yes <input type="radio"/> No		
Org. code	Organization			
Country				

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Family name, Given name

McConnell, David

## Credentials

List up to 6 licences, professional designations, awards and distinctions you have received and feel would be the most pertinent to the adjudication of your application. List them in reverse chronological order, based on the year awarded.

Category	Name	Source or Country	Duration (Months)	Value / Year awarded
Honorary Position	Chair, SIRG Parenting	International Assoc. Scientific Study of Intellectual Disabili	36	\$0 2010
Honorary Position	Research Affiliate, Glenrose Rehabilitation Hospit	CANADA	48	\$0 2008
Professional Designation	ACOT Registered/licensed Occupational Therapist	CANADA	60	\$0 2007
Honorary Position	Honorary Professor, University of Sydney	AUSTRALIA	54	\$0 2007
Postdoctoral Fellowship	Australian Research Council Postdoctoral Fellowshi	AUSTRALIA	36	\$240,000 2001
Graduate Scholarship	Australian Postgraduate Award	AUSTRALIA	36	\$66,000 1997

## Research Expertise

The information provided in this section refers to your own research expertise, not to a research proposal.

### Keywords

List keywords that best describe your areas of research expertise. Separate keywords with a semicolon.

Developmental disability; family care; parenting; child welfare; social determinants

## Disciplines

Indicate and rank up to 5 disciplines that best correspond to your research interests. Duplicate entries are not permitted.

Rank	Code	Discipline	If Other, specify
1	63202	Children, Family	
2	63408	Social Relations	
3	63214	Welfare State	
4	63416	Health Systems and Society	
5	63208	Social Policy, Planning and Social Prevention	

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Family name, Given name

McConnell, David

## Funded Research

List up to 8 grants or contracts you have received from SSHRC or other sources. List them in reverse chronological order, based on the year awarded. If you are not the applicant (principal investigator), specify that persons' name.

Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
1	Alberta Centre for Child, Family and Community Research	2015	\$36,000
Role	Applicant	Completion status	<input checked="" type="checkbox"/> Complete
Project title	Child welfare process and outcomes for children of parents with cognitive impairment II		
Applicant's family name		Applicant's given name	Initials
Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
3010325	Social Sciences and Humanities Research Council of Canada	2012	\$206,878
Role	Applicant	Completion status	<input checked="" type="checkbox"/> Complete
Project title	Social inclusion of children and youth with disabilities in Canada		
Applicant's family name		Applicant's given name	Initials
Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
1	Alberta Centre for Child, Family & Community Research	2011	\$100,000
Role	Applicant	Completion status	<input checked="" type="checkbox"/> Complete
Project title	Ameliorating psychosocial risk among mothers with intellectual disabilities and their children		
Applicant's family name		Applicant's given name	Initials
Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
3010325	Social Sciences and Humanities Research Council of Canada	2009	\$199,604
Role	Applicant	Completion status	<input checked="" type="checkbox"/> Complete
Project title	Sustainable family care for children with disabilities		
Applicant's family name		Applicant's given name	Initials
McConnell		David	B

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Web CV



Family name, Given name

McConnell, David

### Funded Research (cont'd)

Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
1	Alberta Centre for Child, Family and Community Research	2008	\$150,000
Role	Applicant		Completion status <input checked="" type="checkbox"/> Complete
Project title	Integrating Triple P into Parent Link Centre Services		
Applicant's family name	Applicant's given name	Initials	
McConnell	David	B	
Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
1	Australian Research Council (SSHRC equivalent)	2005	\$414,000
Role	Applicant		Completion status <input checked="" type="checkbox"/> Complete
Project title	Maintaining family-based placements for children and young people with disabilities		
Applicant's family name	Applicant's given name	Initials	
McConnell	David	B	
Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
1	Australian government, Stronger Families and Communities Strategy	2004	\$2,800,000
Role	Co-applicant		Completion status <input checked="" type="checkbox"/> Complete
Project title	Healthy Start: A national strategy for children of parents with intellectual disability.		
Applicant's family name	Applicant's given name	Initials	
McConnell	David	B	
Org. code	Full name of funding organization	Year awarded (yyyy)	Total amount (CAN\$)
1	Australian Research Council (SSHRC equivalent)	2003	\$330,000
Role	Applicant		Completion status <input checked="" type="checkbox"/> Complete
Project title	Human service workers and parents with disabilities: Working cooperatively in the best interests of the child		
Applicant's family name	Applicant's given name	Initials	
McConnell	David	B	

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## RESEARCH CONTRIBUTIONS (2009-2015)

David McConnell, PhD, Professor, Faculty of Rehabilitation Medicine, University of Alberta

### **Edited Book**

1. Llewellyn, G., Traustadóttir, R., **McConnell, D.**, & Sigurjónsdóttir, H.B. (2010). *Parents with intellectual disabilities: Past, present and futures*. West Sussex: Wiley-Blackwell.

### **Book chapters**

2. Llewellyn, G., Traustadóttir, R., **McConnell, D.**, & Sigurjónsdóttir, H.B. (2010). Introduction. In G. Llewellyn, R. Traustadóttir, D. McConnell & H.B. Sigurjónsdóttir, (Eds.), *Parents with intellectual disabilities: Past, present and futures* (pp. 1-14). West Sussex: Wiley-Blackwell.
3. Llewellyn, G., & **McConnell, D.** (2010). Looking back on their own upbringing. In G. Llewellyn, R. Traustadóttir, D. McConnell & H.B. Sigurjónsdóttir, (Eds.), *Parents with intellectual disabilities: Past, present and futures* (pp. 33-47). West Sussex: Wiley-Blackwell.
4. **McConnell, D.**, & Sigurjónsdóttir H (2010). Caught in the child protection net. In G. Llewellyn, R. Traustadóttir, D. McConnell & H. Sigurjónsdóttir (Eds.), *Parents with intellectual disabilities: Past, present and future* (pp. 171-188). West Sussex: Wiley-Blackwell.
5. **McConnell, D.**, & Llewellyn, G. (2010). Supporting mothers' community participation. In G. Llewellyn, R. Traustadóttir, D. McConnell & H.B. Sigurjónsdóttir, (Eds.), *Parents with intellectual disabilities: Past, present and futures* (pp. 205-223). West Sussex: Wiley-Blackwell.
6. **McConnell, D.**, Llewellyn, G., Traustadóttir, R., & Sigurjónsdóttir, H.B. (2010). Conclusion: Taking stock and looking to the future. In G. Llewellyn, R. Traustadóttir, D. McConnell & H.B. Sigurjónsdóttir, (Eds.), *Parents with intellectual disabilities: Past, present and futures* (pp. 241-262). West Sussex: Wiley-Blackwell.
7. Llewellyn, G., & **McConnell, D.** (2010). You have to prove yourself all the time: people with learning disability parenting. In G Grant, P Goward, M Richardson, P Ramcharan (Eds.), *Learning disability: A life cycle approach to valuing people (2nd Edition)* (pp. 441-467). Open University Press.

### **Selected Monographs**

8. **McConnell, D.**, Feldman, M., Aunos, M., Pacheco, L., Savage, A., Park, E., ... Chenier, S. (2014). *Enhancing the social connectedness of mothers with intellectual impairment. Alberta pilot of the supported learning program*. University of Alberta. Retrieved from <http://www.fdsa.ualberta.ca>.
- ✿ 9. **McConnell, D.**, Breitreuz, R., Uditsky, B., Sobsey, R., Rempel, G., Savage, A., & Parakkal, M. (2014). *Children with disabilities and the fabric of everyday family life*. University of Alberta. Retrieved from <http://www.fdsa.ualberta.ca>.
10. **McConnell, D.**, Feldman, M., Aunos, M., & Prasad, N. (2010). *Child welfare process and outcomes: caregiver cognitive impairment*. University of Alberta. ISBN 978-1-55195-262-8.
11. **McConnell, D.**, Breitreuz, R., Savage, A., & Hamilton, A. (2010). *Supported parenting: Integrating "Triple P" into parent link centres*. University of Alberta. ISBN 978-1-55195-268-0

### **Refereed Journal Articles (students are underlined)**

12. **McConnell, D.**, Hahn, L., Savage, A., Dube, C., & Hyun, E. (2015). Suicidal ideation among adults with disability in Western Canada. *Community Mental Health Journal*, 42, 308-314.
13. Savage, A., & **McConnell, D.** (2015). The marital status of disabled women in Canada: A population-based analysis. *Scandinavian Journal of Disability Research*.
- ✿ 14. **McConnell, D.**, & Savage, A. (2015). Stress and resilience among families caring for children with intellectual disability: Expanding the Research Agenda. *Current Developmental Disorders Reports*, 2(2), 100-109.
- ✿ 15. **McConnell, D.**, Savage, A., Breitreuz, R., & Sobsey, D. (2015). Sustainable Family Care for Children with Disabilities. *Journal of Child and Family Studies*, 1-15.



- ✿ 16. **McConnell, D., Parakkal, M., Savage, A., & Rempel, G.** (2015). Parent-mediated intervention: adherence and adverse effects. *Disability and Rehabilitation*, 37(10), 864-872.
- ✿ 17. **McConnell, D., Savage, A., Sobsey, D., & Uditsky, B.** (2015). Benefit-finding or finding benefits? The positive impact of having a disabled child. *Disability & Society*, 30(1), 29-45.
- ✿ 18. **Breitkreuz, R., Wunderli, L., Savage, A., & McConnell, D.** (2014). Rethinking resilience in families of children with disabilities: A socioecological approach. *Community, Work and Family*, 17(3), 346-365.
- ✿ 19. **McConnell, D., Savage, A., & Breitkreuz, R.** (2014). Resilience in families raising children with disabilities and behavior problems. *Research in Developmental Disabilities*, 35(4), 833-848.
- 20. **Isbel, S., Chapparo, C., McConnell, D., & Ranka, J.** (2014). Home-based constraint induced movement therapy poststroke. *Open Journal of Occupational Therapy*, 2(4), 1-13.
- ✿ 21. **Savage, A., McConnell, D., Emerson, E., & Llewellyn, G.** (2014). Disability-based inequity on youth subjective wellbeing: Current findings and future directions. *Disability & Society*, 29(6), 877-892.
- 22. **Hyun, E., Hahn, L., & McConnell, D.** (2014). Experiences of people with learning disabilities in the criminal justice system. *British Journal of Learning Disabilities*, 42(4), 308-314.
- 23. **Hodgetts, S., Nicholas, D., Zwaigenbaum, L., & McConnell, D.** (2014). Parents' and professionals' perceptions of family-centered care for children with autism spectrum disorder across service sectors. *Social Science & Medicine*, 96, 138-146.
- 24. **Hodgetts, S., McConnell, D., Zwaigenbaum, L., & Nicholas, D.** (2014). The impact of autism services on mother's occupational balance and participation. *Occupational Therapy Journal of Research*, 34(2), 81-92.
- 25. **McConnell, D., Breitkreuz, R., & Savage, A.** (2013). Parent needs and family support service outcomes in a Canadian sample. *Journal of Social Work*, 13(5), 447-470.
- 26. **McConnell, D., Breitkreuz, R. & Savage, A.** (2012). Independent evaluation of the Triple P Positive Parenting Program in family support service settings. *Child & Family Social Work*, 17(1), 43-54.
- 27. **Feldman, M., McConnell, D., & Aunos, M.** (2012). Parental cognitive impairment, mental health and child outcomes in a child protection population. *Journal of Mental Health Research in Intellectual Disabilities*, 5(1), 66-90.
- 28. **McConnell, D., Feldman, M., Aunos, M., & Prasad, N.G.** (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse and Neglect*, 35(8), 621-632.
- 29. **McConnell, D., Breitkreuz, R., & Savage, A.** (2011). From financial hardship to child difficulties: main and moderating effects of perceived social support. *Child: Care, Health and Development*, 37(5), 679-691.
- 30. **Westad, C., & McConnell, D.** (2011). Child Welfare Involvement of Mothers with Mental Health Issues. *Community Mental Health Journal*, 48(1), 29-37.
- 31. **Mayes, R., Llewellyn, G., & McConnell, D.** (2011). "That's who I choose to be": The mother identity for women with intellectual disabilities. *Women's Studies International Forum*, 34(2), 112-120.
- 32. **Breitkreuz, R., McConnell, D., Hamilton, A., & Savage, A.** (2011). Integrating Triple P into Existing Family Support Services: A Case Study on Program Implementation. *Prevention Science*, 12(4), 411-422.
- 33. **McConnell, D., Feldman, M., Aunos, M., & Prasad, N.** (2011). Child maltreatment investigations involving parents with cognitive impairments in Canada. *Child Maltreatment*, 16(1), 21-32.
- 34. **Hill, A., McConnell, D., & Mayes, R.** (2010). Transition to independent accommodation for adults with schizophrenia. *Psychiatric Rehabilitation*, 33(3), 228-231.
- 35. **Llewellyn, G., Bundy, A., Mayes, R., McConnell, D., Emerson, E., & Bretnall, J.** (2010). Development and psychometric properties of the Family Life Interview. *Journal of Applied Research in Intellectual Disabilities*, 23(1), 52-62.

36. Llewellyn, G., **McConnell, D.**, Gething, L., Cant, R., & Kendig, H. (2010). Health status and coping strategies among older parent-carers of adults with intellectual disabilities in an Australian sample. *Research in Developmental Disabilities*, 31(6), 1176-1186.
37. Lovat, A., Mayes R., **McConnell, D.**, & Clemson, L. (2010). Family caregivers' perceptions of hospital-based allied health services post-Stroke: Use of the Measure of Processes of Care to investigate processes of care. *Australian Occupational Therapy Journal*, 57(3), 167-73.
38. Mill, A., **McConnell, D.**, & Mayes, R. (2010). Negotiating autonomy within the family: The experiences of young adults with intellectual disabilities. *British Journal of learning Disabilities*, 38(3), 194-200.
39. **McConnell, D.** Breitzkreuz, R., & Savage, A. (2010). From financial hardship to child difficulties: main and moderating effects of perceived social support. *Child: care, health and development*, 37(5), 679-691.
40. **McConnell, D.**, Llewellyn, G., Dalziel, A., Laidlaw K., & Hindmarsh, G. (2009). Strengthening the social relationships of mothers with learning difficulties. *British Journal of Learning Disabilities*, 37(1), 66-75.

#### OTHER SIGNIFICANT CAREER RESEARCH CONTRIBUTIONS (NOT LISTED ABOVE)

41. **McConnell, D.**, Matthews, J., Llewellyn G., Mildon, R., & Hindmarsh, G. (2008). Healthy Start. A national strategy for children of parents with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 5(3), 194-202. [Describes a world first national strategy to build systems capacity to support families headed by parents with learning difficulties.]
42. **McConnell, D.**, Llewellyn, G., & Ferronato, L. (2002). Disability and decision-making in Australian care proceedings. *International Journal of Law, Policy and the Family*, 16(2), 273-301. [Documents flagrant abuses of basic rights due process and natural justice, leading to law reforms.]
43. Sharpe, L., Butow, P., Smith, C., **McConnell, D.**, & Clarke, S. (2005). The relationship between available support, unmet needs and caregiver burden in patients with advanced cancer and their carers. *Psycho-Oncology*, 14(2), 102-114. [Documents the role of social support in sustaining caregivers ]
44. Llewellyn, G., & **McConnell, D.** (2002). Mothers with learning difficulties and their support networks. *Journal of Intellectual Disability Research*, 46(1), 17-34. [One of the first studies in the field to focus attention on the social ecology of parenting and resilience].

#### OTHER RESEARCH CONTRIBUTIONS (KNOWLEDGE MOBILIZATION & IMPACT)

*Building systems capacity to support parents with intellectual disabilities and promote a healthy start to life for their young children (see article 41 above).* The work of my research team in Australia over a period of 15 years culminated in *Healthy Start*, the world's first trial of a national strategy ([www.healthystart.net.au](http://www.healthystart.net.au)), funded by the Australian government (\$8 million + over 10 years), to mobilize knowledge from research and build systems capacity to support parents with intellectual disabilities and promote a healthy start to life for their young children. In brief, the strategy involved the development of local leaders and practitioner networks in addition to dissemination of knowledge and innovation to support evidence-based practice. Innovative, multi-disciplinary and cross-sectoral practitioner networks were at the heart of this capacity building strategy. These networks or 'learning hubs' bridged the gap between research knowledge and practitioner knowledge as a basis for planning and coordinating local service development. A total of sixty-nine learning hubs were established in the first 3 years, with hubs in every Australian state and territory. These hubs involved more than 400 organisations and over 900 practitioners. The *Healthy Start* strategy has invested knowledge and resources in these learning hubs. All have access to the information rich-website. This website has recorded more than 25,000 sessions per month. In addition, knowledge has been invested through a graduate level unit of study on parents with intellectual disabilities completed by hub leaders; and, the dissemination of two evidence-based parenting programs, involving workshop training of over 500

practitioners. Local learning hubs have implemented a range of innovative plans to build system's capacity in their local areas, bringing knowledge from research with knowledge of local area needs.

*Uncovering discrimination experienced by parents with disabilities and their children in child and youth protection practice and court proceedings (see articles 4, 28, 33 & 42 above).* I initially conducted a large-scale audit of court records and found that parents with disabilities are fifteen to twenty times more likely than non-disabled parents to have their children taken away. I was then the first to apply critical theory and ethnographic methods to the study of child protection and court processes. My research revealed how court outcomes were all too often driven by fear and ignorance of disability rather than hard evidence. I found that children's court proceedings were a one-sided contest in which parents with disabilities were side-lined and denied a genuine hearing. Furthermore, I showed how the fate of children was more often determined through 'hidden' deals driven by system imperatives, than careful deliberation over what is in their best interests. My work has had an impact in Australia and elsewhere, on legislation, practice and research. In Australia my findings led to the insertion of a clause in the Children and Young Persons (Care and Protection) Act (2002) specifying that parents cannot be presumed incompetent on the basis of disability or poverty *per se*. My findings that these parents are treated more harshly and their children more often removed have also given impetus to a review of children's services in two parliamentary inquiries. In addition my empirical work has been taken up by disability rights advocacy organizations that have prioritized justice for parents with disabilities and their children. My theoretical work has forged a new understanding of the complex interaction between prejudicial beliefs, statutory decision-making, the privileging of 'expert' knowledge and system imperatives that drive this discrimination. Widespread dissemination of this work has resulted in replication by University of Sheffield researchers in the United Kingdom. *Most recently, I have expanded my research into child welfare process and outcomes to Canada, where I have analyzed the Canadian Incidence Study of Reported Child Abuse and Neglect.* In addition, my research was extensively cited in a petition to the US Supreme Court for a Writ of Certiorari on the question of whether Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12132, applies to termination of parental rights proceedings initiated by state agencies and prosecuted in state courts.

## **CONTRIBUTIONS TO TRAINING**

To date I have supervised/co-supervised five doctoral students (primary supervisor S Isabel, L Pacheco, co-supervisor R Mayes, C Jarrett, W Intaprasert), one Masters by research (M Parrakel) and four Bachelors Honours research students (S Dougherty, A Hill, A Mill, A Lovat) through to successful and timely completion of their theses. Two other doctoral students (A Savage & E Hyun) will defend this year. I am currently primary supervisor for four other doctoral students (L Achaempong, L Hahn, C Dube, S Cherrier). I have created many other opportunities for students and graduates from a range of disciplines (social work, psychology, sociology, occupational therapy) to receive research training and mentoring in an intellectually vibrant team setting through my collaborative research program in Australia and in Canada, known as the Family and Disability Studies Initiative (see [www.fdsa.ualberta.ca](http://www.fdsa.ualberta.ca)). Several individuals who contributed to this initiative over the last 10 years including, for example, R. Dunn (University of New South Wales) and M. Maple (University of New England), have gone on to establish successful careers in research and scholarship. Most recently, 30 graduate students in the MSc (Occupational Therapy) program gained valuable research training and experience as members of the 'interview team' for my SSHRC funded study, "Sustainable family care for children with disabilities". Many of these students reported that this was one of the most valuable learning experiences of their lives.