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“INVISIBLE” PARENT EXPERIENCES OF  
HOMELESSNESS AND SEPARATION FROM THEIR CHILDREN IN CANADA

By

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DISSERTATION

Submitted to the Department of Psychology in partial fulfillment of the requirements for the  
degree of Doctor of Philosophy in Psychology (Community Psychology)

Wilfrid Laurier University

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## Abstract

Family homelessness includes a sub-group of individuals whose experiences remain largely hidden or “invisible” within Canadian homelessness systems: parents who have been separated from their children. Yet, to date, little research has focused on the experiences of “invisible” parents who have experienced homelessness, mental illness, and separation from their children in Canada. The purpose of this dissertation was to help fill this notable gap in the literature, as well as to inform community psychology and family homelessness theory, research, practice, and policy in Canada.

The Canadian At Home/Chez Soi (AHCS) research demonstration project included a subset of parents with mental illness who had been separated from their children in the context of homelessness. Some of these parents ( $n = 61$ ) participated in semi-structured, consumer narrative interviews when they entered the project at baseline, as well as 18-months following project entry. These data were analyzed for this dissertation in order to better understand the experiences of “invisible” parents experiencing homelessness, mental illness, and parent-child separation. This dissertation is comprised of three distinct manuscripts, which will be submitted for publication in peer-reviewed scholarly journals.

Each of the three manuscripts in this dissertation is distinct, yet utilized complementary reflexive, critical, qualitative research methodologies that built upon and informed each other. Through a qualitative, narrative approach to identity, the first manuscript explored the narrative identities of mothers who had been separated from their minor-aged children ( $n = 16$ ) and compared them with the narrative identities of women who were not mothers to minor-aged children (“non-mothers”) ( $n = 8$ ). Three themes differentiated the narrative identities of women who were mothers and separated from their minor children from women who were not mothers:

(a) housing stability; (b) the meaning of life; and (c) future aspirations. For mothers, stable housing was connected with being with one's children, fulfilling one's role as mother, and achieving family stability, whereas for women without children, housing stability was related to achieving independence and personal autonomy. For mothers, meaningful, positive life events involved being with one's children, while negative life events involved losing one's children. It was clear that mothers' children were fundamental to their identities and gave meaning and purpose to their lives. In contrast, meaningful, positive life events for non-mothers involved acquiring stable housing, experiencing personal growth, and (re)claiming one's identity, while negative life events involved experiences of incarceration. With respect to future aspirations, mothers described relational desires, which were connected with motherhood and goals to be a better mother. For women who were not mothers, aspirations were more individually focused on personal empowerment and a desire to be a better person. Findings from the first study provided a deeper understanding of the significance of mother-child relationships, which laid the foundation for the second study.

In the second study, a qualitative, intersectional analysis was conducted through gender identity and intersectional theories, and Indigenous worldviews to examine and compare parent-child relationship experiences of mothers ( $n = 12$ ) and fathers ( $n = 24$ ) who self-identified as either Indigenous (First Nations or Métis) or non-Indigenous/non-Racialized (White Canadian or European settlers). Findings revealed that mental illness, chronic poverty, experiencing homelessness, addictions, childhood abuse and trauma, and overwhelming adversity permeated the life stories of Indigenous and non-Indigenous/non-Racialized mothers and fathers. However, noteworthy differences in parent-child relationships were found between sub-groups of parents based on gender, ancestry, and intersecting identities. First, differences were found between the

experiences of mothers and fathers. Overall, one's children were central in the lives of mothers and fundamental to their identities, whereas children were more peripheral in the lives of many fathers. When comparing experiences of parents by ancestry (i.e., Indigenous parents versus non-Indigenous/non-Racialized parents), interpersonal and systemic violence, impacts of intergenerational racism and trauma, and disconnection from one's culture were more prevalent for Indigenous parents. At the same time, the availability and quality of cultural healing resources that began restoring their webs of "all my relations" (Thistle, 2017) were distinct to Indigenous parents. Finally, comparisons between Indigenous mothers, non-Indigenous/non-Racialized mothers, Indigenous fathers, and non-Indigenous/non-Racialized fathers revealed three findings. One's children were mostly peripheral in the lives of non-Indigenous/non-Racialized fathers, who were least likely to discuss their children during their interviews. Indigenous mothers spoke more often than the other groups about wanting to get or getting their children back. Finally, Indigenous mothers talked more than the other groups about experiencing interpersonal violence. These noteworthy differences in parent-child relationships were found between parents based on intersectional identities, which led to an examination of whether or not these intersectional (gendered and ancestral) differences were related to parent-child relationship outcomes in the AHCS Housing First (HF) intervention.

The third manuscript used a recovery lens to examine and compare the impacts of the AHCS HF intervention on parent-child relationship outcomes for Indigenous (First Nations or Métis) ( $n = 21$ ) and non-Indigenous (White and Racialized) ( $n = 22$ ) parents. The study utilized qualitative data, that were analyzed both qualitatively and quantitatively (by quantizing the qualitative data). Findings from the third manuscript revealed positive improvements in parent-child relationships for Indigenous parents, but not for non-Indigenous parents in the HF

intervention group ( $n = 27$ ), relative to parents in the Treatment as Usual group ( $n = 16$ ). The findings demonstrated the importance of culturally-appropriate HF programs for supporting the healing journeys of Indigenous parents experiencing homelessness, mental illness, and separation from their children. HF programs that were delivered by Indigenous organizations, guided by Indigenous worldviews, employ culturally-relevant and culturally-safe practices, and are staffed by Indigenous service-providers and administrators, were highlighted as exemplars for understanding how HF programs can positively impact parent-child relationships.

Findings from this dissertation contribute towards and have implications in community psychology, family homelessness, and Indigenous homelessness theory, research, action, and policy. These contributions and implications were discussed in the final chapter of this dissertation, as well as a personal reflection on what I had learned throughout my dissertation-writing journey. A list of acronyms used throughout this dissertation can be found in Appendix A.

### **Dedication**

To all of the parents who shared your stories as part of the AHCS Project and to all of the children and your families who have been separated in the context of homelessness, I dedicate this dissertation to you.

~

In loving memory of my Zaida, who never gave up on me, even at times when I gave up on myself.

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First and foremost: thank you to every parent that participated in the AHCS project, for courageously sharing your powerful stories. I recognize that I have personally benefited from your experiences and your generosity in sharing your experiences. With my privilege, I have a profound responsibility to honour and share your stories and experiences respectfully with the intention of facilitating positive impacts for individuals, families, and communities experiencing or at risk of experiencing homelessness and parent-child separation.

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~

To my partner, Richard and our beautiful child, Ryan:

I love you beyond words and cherish you beyond measure. For me, home is where you are.

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## CHAPTER 1: OVERVIEW

This chapter provides an overview of this dissertation and the three studies that comprise it. The overarching objective of this dissertation was to examine the parent-child relationship experiences of parents who had experienced homelessness, mental illness, and separation from their children. All of the studies were based on secondary data from the At Home/Chez Soi (AHCS) Housing First (HF) intervention project. HF is an approach to ending homelessness for people with mental illness. The approach includes immediate provision of a rent subsidy to enable individuals to acquire housing of their choice without any preconditions, as well as provision of supports so they can achieve their goals (Tsemberis, 2010). HF has become the “gold-standard” approach to housing and treatment for individuals experiencing chronic homelessness, mental illness, and co-occurring addictions (Stefancic & Tsemberis, 2007), and has been implemented across the United States of America, Canada, Europe, Australia, and New Zealand (Padgett, Henwood, & Tsemberis, 2016). AHCS was the world’s largest research demonstration randomized controlled trial of HF and was conducted in five cities (Moncton, Montréal, Toronto, Vancouver and Winnipeg) across Canada between 2008-2013 (Goering et al., 2011).

In the first study (Chapter 2) of this dissertation, I used narrative identity theory to examine the narrative identities of mothers who had been separated from their minor-aged children and compared them to the narrative identities of women who were not mothers to minor-aged children. Narrative identity theory posits that we can better understand a person’s identity by discerning their most meaningful life experiences, as well as their future aspirations (McAdams, 1985; 1993). Individuals can share these meaningful experiences through stories, where individuals describe the “high points” (peak experiences), “low points” (nadir

experiences), and “turning points” (those involving substantial life change) in their lives (Bauer, McAdams, & Sakaeda, 2005; McAdams, 1993), as well as their motivations, aspirations, and fears that facilitate or impede on their ability to become the best versions of themselves (Markus & Nurius, 1986; Singer, 2004).

In the second study (Chapter 3), I conducted an intersectional analysis to examine and compare parent-child relationship experiences of mothers and fathers who self-identified as either Indigenous (First Nations or Métis) or non-Indigenous/non-Racialized (White Canadian or of European ancestry). Intersectionality has been used as a tool to understand the complex, intersecting, and different ways that social power and axes of social positioning (e.g., gender, race, age, ancestry) impact individuals, families, and communities (Collins & Bilge, 2016). In this study, intersectionality was used – through Indigenous worldviews of wellness (McCormick, 1995), healing (Hartmann and Gone, 2012), and family (Connors & Maidman, 2001), as well as Indigenous definitions of homelessness (Thistle, 2017) – as a tool to better understand the layered experiences of Indigenous parents experiencing homelessness and separation from their children.

For the third study (Chapter 4), I examined and compared the impacts of the AHCS HF intervention on parent-child relationship outcomes for Indigenous (First Nations or Métis) and non-Indigenous (all ancestries except for Indigenous) parents. I used a recovery lens, which suggests that one’s journey with mental illness is a non-linear and highly individualized process (Leamy et al., 2011), and includes processes of meaning-making, motivations through feelings of hope, and goal-setting in one’s life (Kirst, Zerger, Wise Harris, Plenert, & Stergiopoulos, 2014). An individual’s recovery can involve recovery from troubled relationships in addition to recovery from mental illness (Nelson, Lord, & Ochocka, 2001), as well as a motivational “drive



to move forward” (Ochocka et al., 2005, p. 320). I also highlighted Lavallée and Poole’s (2010) call to move beyond Western notions of mental illness and toward Indigenous worldviews of wellness and recover which is essential to understand and support the healing journeys of many Indigenous individuals, families, and communities.

In this chapter, I provide an overview of the overarching: (a) context of homelessness in Canada, with a focus on parent-child separation to understand the rationale for this dissertation (including a scoping review [Arksey & O’Malley, 2005] of the literature on parent-child separation in the context of homelessness in Appendix B of this dissertation); (b) AHCS project; (c) participants for this research; (d) key terms and definitions of this dissertation; (e) objectives of this dissertation; (f) theoretical approaches underlying the research; and (g) research methodology. This overview is followed by a summary of the research questions of the three studies that examined the experiences of “invisible” parents (individuals whose parenting status is invisible because of separation from their children).

All of these three studies were written as distinct manuscripts to be submitted for publication to various scholarly journals, and were expanded upon in Chapters 2, 3, and 4 of this dissertation. Chapter 2 is entitled *Narrative Identity and Meaning in the Lives of Women who Experience Homelessness and Mental Illness: A Comparison of Mothers and Women without Children*. Chapter 3 is entitled *Indigenous and Non-Indigenous Parents with Mental Illness Separated from their Children and Experiencing Homelessness in Canada*. Chapter 4 is entitled *Parent-Child Relationship Outcomes in a Randomized Controlled Trial of HF for Indigenous and Non-Indigenous Parents Experiencing Homelessness, Mental Illness, and Separation From Their Children*. The final chapter of this dissertation (Chapter 5) includes a discussion about the contributions and implications of these three studies.

## **Homelessness in Canada and Parent-Child Separation**

Neo-liberal policies resulting in declining working conditions, reduced funding for social housing and income support, as well as increasing social inequality, contribute to the growing homelessness epidemic in North America (Donnan, 2016; Nelson, 2013; Roman & Wolfe, 1995). Annually, over 235,000 Canadians experience homelessness, and over 35,000 Canadians experience homelessness every night (Gaetz, DeJ, Richter, & Redman, 2016). Certain groups of people are disproportionately represented within the homelessness population and experience homelessness differently in Canada due to institutionalized oppression and Canada's ongoing legacy of colonialism, racism, ableism, heterosexism, and other types of discrimination.

People with mental health issues and co-occurring addictions are particularly vulnerable to homelessness and are disproportionately represented in the homeless population (Frankish, Hwang, & Quantz, 2005; Rosenheck, Kaspro, Frisman, & Liu-Mares, 2003). Serious mental illness is experienced by approximately one quarter to one third of homeless Canadians (Hwang, Stergiopoulos, O'Campo, & Gozdzik, 2012). Indigenous peoples (First Nations, Inuit, and Métis) are also overrepresented in the homeless population in Canada. For example, in urban cities within Canada, Indigenous people are eight times more likely to experience homelessness than the general population (Patrick, 2014). Furthermore, research has demonstrated that many Indigenous peoples define and experience homelessness differently than non-Indigenous peoples in Canada (Alaazi, Masuda, Evans, & Distasio, 2015; Thistle, 2017). Across and within these groups (i.e., people experiencing mental illness and Indigenous peoples) are people who experience family homelessness – an increasing crisis within Canada (Donnan, 2016; Gulliver-Garcia, 2016). Family homelessness includes a sub-group of individuals whose experiences

remain largely hidden or “invisible” within Canadian homelessness systems: parents who have been separated from their children.

Barrow and Laborde (2008) coined the term “invisible mothers” to describe mothers who had experienced homelessness and separation from their minor children, but were deemed “lone”, “single”, or “unaccompanied” because they do not physically have their children with them. As a result, “invisible” mothers receive inadequate services to support them in their roles as mothers to their children. Barrow and Laborde (2008) stated that:

... researchers, service providers, and policy makers concerned with women’s homelessness have shown remarkably little interest in the circumstances of family separations among unaccompanied mothers who are homeless, in the extent to which they remain connected to their children, in the longer-term possibilities for reunification with their children, or in the kinds of support and services that might make that possible. (p. 158)

Yet, to date, little research has focused on the experiences of not only “invisible” mothers, but also, “invisible” fathers who have experienced homelessness and separation from their children in Canada. For a scoping review (Arksey & O’Malley, 2005) of the literature on parent-child separation in the context of homelessness, see Appendix B of this dissertation. The purpose of this dissertation is to begin to fill this notable gap in the literature, as well as to inform community psychology and family homelessness theory, research, practice, and policy in Canada.

### **The AHCS Project**

The AHCS research demonstration project employed a mixed-methodology to compare the HF model of housing people who are homeless and experiencing serious mental illness to individuals receiving treatment as usual (TAU) (Goering et al., 2011). Participants were recruited through homelessness-serving community agencies, including: shelters, hospitals, mental health teams, criminal justice programs, drop-in centres, inpatient programs, and outreach teams. Prior

to recruitment, participants were assessed for capacity to consent. Then, participants were assessed for eligibility for the project, included having a diagnosis of mental illness (Goering et al., 2011). Mental illness was determined through functional impairment and observed behaviors assessments, prior documented diagnosis or documented qualifying hospital admission, and/or diagnosis through the Mini International Neuropsychiatric Interview 6.0 (MINI 6.0) (Sheehan et al., 1998). Next, participants were assessed for their level of community functioning through the Multnomah Community Ability Scale (Barker et al., 1994; Dickerson et al., 2003), and based on their scores, stratified based on level of psychiatric severity (moderate needs versus high needs). Then, participants were randomized within each stratification. For example, those with high needs were randomized to either HF plus Assertive Community Treatment (ACT) teams (for individuals with high psychiatric needs) or TAU; while those with moderate needs were randomized to either HF plus Intensive Case Management (ICM) teams (for individuals with moderate psychiatric needs) or TAU (Goering et al., 2011).

### **Key Concepts and Definitions**

The key concepts and definitions described in this section are common to all three studies that are part of this dissertation.

#### **Mental Illness**

Eligibility for the AHCS project included having a diagnosis of mental illness. Mental illness was determined through assessments of one's functional impairment and observed behaviours, prior documented diagnosis or documented qualifying hospital admission, and/or diagnosis through the Mini International Neuropsychiatric Interview 6.0 (MINI 6.0) (Sheehan et al., 1998).

#### **Factors Influencing Parent-Child Relationship Experiences**

Parent-child relationship experiences are influenced by many factors, including one's social locations. In addition to other characteristics, parenting status, separation status, gender, and ancestry are all important characteristics of one's social location that need to be considered in examining homelessness.

**Parenting status.** Parenting status refers to whether or not an individual had self-identified as a parent of at least one child under the age of 18 in Moncton, Montréal, Toronto, and Winnipeg (or 19 in Vancouver) when they were first interviewed (at baseline) for the AHCS research project.

**Separation status.** All of the mothers and fathers that are part of this dissertation had been separated from their minor-aged children in the context of homelessness at the time of their baseline interviews.

**Gender.** While a person's sex is biological (i.e., based on chromosomes and genitalia), one's gender is sociocultural and includes how individuals identify with socially constructed roles, behaviours, and attributes within a society (Bond & Wasco, 2017). All of the self-identified parents in this dissertation also self-identified as either being "male" or "female". Parents who self-identified as "male" were categorized as "fathers", and parents who self-identified as "female" were categorized as "mothers".

**Race and ancestry.** While race refers to a categorization of people based on skin colour, it does not refer to biological differences (Mooney, Knox, Schacht, & Holmes, 2008). Ancestry refers more generally to a categorization of people based on having similar ancestors. However, race and ancestry are intricately connected and intersecting parts of identity and experience. Specific groups of people have historically and are presently discriminated against based on race

(or Racialized) and/or ancestry, resulting in enmeshed and complex social, economic, and political systems of inequity across Canada.

In this dissertation, the term “racialized” was used to describe participants who self-identified with the following categories of ethnic/cultural identities that were used in the screening tool of the AHCS project: Black African (e.g., Ghana, Kenya, Somalia); Black Caribbean (e.g., Jamaica, Trinidad, Tobago); Black Canadian, which included both African Canadians with several generations of history in Canada, as well as Africans who recently migrated to Canada; East Asian (China, Japan, Korea); Indian-Caribbean (e.g., Guyana with origins in India); Latin American (e.g., Argentina, Chile, Costa Rica); Middle Eastern (e.g., Egypt, Iran, Israel); South Asian (e.g., India, Pakistan, Sri Lanka); or South East Asian (e.g., Malaysia, Philippines, Vietnam) (Stergiopoulos et al., 2016). The term “White” refers to people who self-identified as White Canadian or White European (e.g., England, Greece, Italy), and people who self-identified as Indigenous self-identified as First Nations, Métis, or Inuit.

It is important to note that – despite the aforementioned categorization – Indigenous (First Nations, Inuit, and Métis) peoples are a highly heterogeneous group of nations and tribes within Canada, yet share a common history of and ongoing experiences of colonization in Canada (Oliver et al., 2008). Similarly, the term “Black Canadians” refers to another vastly diverse and heterogeneous group of peoples, including African Canadians who have several generations of history within Canada, and recently migrated Black people from continental Africa, the Caribbean, and other nations. Despite belonging to various cultures, and having had distinctive historical and typographical experiences both within at outside of Canada – including a specific group of “African diasporic peoples [who] are themselves displaced Indigenous peoples” (Wilson, Flicker, & Restoule, 2015, p. 77) – Black Canadians share experiences of

historical and ongoing institutionalized racism within Canada (Wilson, Flicker, & Restoule, 2015).

### **Overarching Objective**

The overarching objective of this dissertation was to understand the parent-child experiences of parents who were homeless and separated from their children. To achieve this overall objective, three studies examined different aspects of parent-child experiences. Each of the three studies in this dissertation built upon and informed each other. In the first study, the family experiences of mothers who had been separated from their minor-aged children were compared with women who were not mothers, in order to understand how experiences of women differed based on parenting status. Findings from the first study laid the foundation for the second study, in which I sought to understand whether these differences were similar or different depending on parents' intersecting social locations (i.e., gender and/or ancestry). After finding noteworthy differences in parent-child relationships between parents based on their intersectional identities, I examined whether or not these intersectional (gendered and ancestral) differences were related to parent-child relationship outcomes in the AHCS's HF intervention.

### **Overarching Approaches**

I approached each study from different research approaches. I approached the first study through a social constructionist lens; the second study from a critical social constructionist lens; and the third study from a pragmatic approach.

I approached the first study from a social constructionist perspective (Gergen, 1985; Gergen, Josellson, & Freeman, 2015). Social constructionists believe that knowledge is socially constructed and negotiated. Furthermore, social constructionism acknowledges that one's values impact all parts of the scientific research process from topic selection, to research questions and

method selection, to theoretical approaches, to interpretation of findings. Social constructionists view research as a value-based means to (re)shape society socially and politically (Gergen, Josellson, & Freeman, 2015). In alignment with a social constructionist approach, I used narrative identity theory (McAdams, 1985; 1993) to compare the parent-child relationship experiences of mothers and women who were not mothers. Despite my use of secondary data, the interviews that were conducted with participants as part of the AHCS project were narrative, semi-structured, and extensive interviews, which allowed for participants to provide detailed accounts of their experiences with homelessness and housing, mental illness and addictions, and relationships. Furthermore due to the open-ended nature of the interview questions, participants were able to construct their own meaning about what was important for them.

I approached the second study through a critical constructionist perspective. As mentioned earlier, social constructionists posit that knowledge is socially constructed; that one's values impact all parts of the scientific research process; and that research is a value-based means to (re)shape society (Gergen, Josellson, & Freeman, 2015). Distinct, yet compatible, is the critical tradition, which rejects patriarchy and racism; opposes capitalist exploitation; and values research aimed at social justice and liberation (Prasad, 2005). Therefore, a critical constructionist approach asserts that oppressive, patriarchal, and racist socially-constructed knowledge can and must be challenged through value-based research and action that supports the liberation of those who have been oppressed by these systemic and pervasive ideologies (Kincheloe, 2005). In alignment with a critical constructionist approach, I examined differences in parent-child experiences between Indigenous and non-Indigenous parents utilizing an intersectional analysis (Crenshaw, 1991; Collins, 2000; Collins & Bilge, 2016; hooks, 1981), gender identity theories (Carter, 2014), and Indigenous worldviews (Connors & Maidman, 2001; McCormick, 1995). To



better understand the experiences of people who are particularly marginalized and oppressed by these socially-constructed ideologies in Canada – those of parents who experience homelessness, mental illness, identify as women, and/or identify as Indigenous – this perspective allowed me to better understand the complexities of each parent’s socially and individually constructed identities and how they intersect with one another to impact their experiences within a patriarchal, racist, colonial context.

Finally, to understand the impacts of a HF intervention on parent-child outcomes, I employed a pragmatic approach, which addresses the divisions traditionally made between the use of qualitative and quantitative research (Morgan, 2007). A pragmatic approach supports an iterative process of moving back and forth through data-driven and theory-driven approaches; through inductive and deductive approaches to understanding data. Therefore, for the third study, I used a recovery lens to interpret the narratives of parents, and assessed the parent-child relationship outcomes. I used abductive reasoning (i.e., “moving back and forth between induction and deduction – first converting observations into theories and then assessing those theories through action” [Morgan, 2007, p. 71]), whereby the inductive findings from a qualitative approach (used in the first two studies, as well as in this third study) allowed for the deductive approach taken to quantitize the qualitative data (Nelson et al., 2015; Padgett, Stanhope, Henwood, & Stefancic, 2011; Padgett, Smith, Choy-Brown, Tiderington, & Mercado, 2016; Sandelowski, 2001), in order to test a hypothesis.

### **Overarching Methodology**

My research methodology was qualitative, reflexive, and aimed to amplify the stories and voices of individuals and groups (e.g., women, Indigenous mothers and fathers, “invisible” parents, people experiencing homelessness and mental illness) who are marginalized in Canada.

## Reflexivity

Who I believe myself to be, where I come from, and how I position myself socially has, does, and will continue to impact my research interests, my views of the world in which I live, as well as all aspects of this dissertation. Along the continuum of privilege (on one end) and oppression (on the other end), I place myself in different positions depending on the context I am in, and am mindful of how my positions have changed, and will continue to change over time.

**My childhood.** My parents divorced when my sister was 3 months old, and I was 2 ½ years of age. My mother wanted custody of her children. My father wanted our home. My mother, sister, and I moved in with my maternal grandparents who provided us with a safe place to live during the court proceedings. Finally, through extensive financial assistance from my grandparents to acquire adequate legal aid, my father (after 6 months) was ordered by the court to leave our home, so that my mother, sister, and I could return. I visited my father – whom I remember being fearful of – until I was 12 years old. At 12 years of age, I decided that my father caused more emotional harm than benefit in my life, and severed our ties. I was immeasurably privileged to have had maternal grandparents that loved and cared for us immensely and provided our family with financial support in times of uncertainty. If it weren't for my grandparents' financial support, we would have lost our home, and perhaps had been separated from each other.

My mother re-married when I turned 10 years old. My stepfather was mentally, emotionally, and physically abusive. My mother and stepfather had a child together – my brother, with whom I have always had a close and loving relationship. When I was in my mid-20s, my mother and stepfather divorced, and my family has not had contact with him since. My mother, sister, and I have lived with chronic depression and anxiety throughout our lives. I was

privileged to have had access to quality psychiatric support from the time I was 2 ½ years of age. At the same time, I learned from a very young age that in order to remain with my family (my mother and siblings) that I needed to keep the abuse a secret. I believe that my own early life experiences with personal and familial mental health issues; family separation; and having witnessed and helped my mother navigate complex and oppressive social systems has influenced my interest in this topic for my dissertation, as well as the lens in which I approach the research.

**My social positioning.** When I think of what my mother – one of the most influential people in my life – endured throughout her life from before and after I was born, I better understand my own identity and my purpose for fighting for social justice. My family experiences as a child – those within our home, and outside of it – have formed the foundation for my ever-evolving views and choices, and underpin my commitment to understanding the family experiences of the parents and children that remain “invisible” in our society. Currently, as an adult, I am a highly educated, cis-gendered, heterosexual, temporarily able-bodied, Jewish White woman, who lives with chronic depression and anxiety. I live in a safe neighbourhood, where my partner, my child, and I have access to high quality, accessible public services and community-based programs.

**My biases and their potential implications for this dissertation.** My perceptions of my mother – her boundless dedication to her children, her resilience as a single mother in the face of multiple systemic barriers, and her strength and courage to persevere despite them – has helped shape my view of motherhood. At the same time, I regularly reflect on my personal and family privilege in Canadian society. I always ask myself: How would our experiences have been different if my mother were Indigenous and/or Racialized? What would our family have done without the financial and emotional support of my maternal grandparents? What would we have

done if my mother did not have a college degree and a career as a health-care provider? What would our experiences have been if we had not been able to access quality psychiatric support for our family? We have been/are privileged in many ways.

Throughout my dissertation process, I have reflected not only about my experiences of oppression and privilege, but also about the ways in which my experiences (through my social locations) and biases might have impacted this dissertation. While my experiences as a child and as a mother have contributed to shaping my research questions, objectives, and worldviews, they also have implications around my data analyses. As an example, despite my close, loving relationship with my grandfather, and the loving and caring relationship I have witnessed between my partner and our child, my experiences with my own biological father and step-father have been immensely damaging, and have impacted my conceptualizations of a “father-child” relationship. Therefore, while trying to better understand the experiences of the fathers in my research studies, I was mindful and reflexive about my personal lack of understanding of a loving father-child relationship. This lack of experiential understanding could have biased my interpretations of father-child relationships of participants through expectations that their father-child relationships would reflect my own negative father-child experiences.

Another example of my personal biases potentially impacting my data analyses includes my personal experience of being a mother, and of having a particular view of motherhood based on my experiences with my own mother. I had to be reflexive about the ways in which I related to the mothers, including my expectations and judgements around how I believe mothers should perform their roles, particularly when I lack experiential knowledge of these mothers’ experiences, circumstances, and social locations. I also reminded myself frequently that my own conceptualizations of motherhood are not grounded in any objective truth, and that each mother

experiences and performs motherhood differently. Furthermore, I was reflexive about my assumptions when comparing the experiences of mothers versus fathers based on my own personal assumptions of and juxtaposing experiences with my own mother and fathers.

**Lived experience and my research process.** I have lived experience of mental illness – both personally, as well having a mother with mental illness. However, I can only speak from my own experiences, which cannot be generalized to other individuals with mental illness, nor will I ever fully understand others’ experiences. In fact, I am still trying to understand my own health issues (a process that I further reflect on in Chapter 5). Therefore, I attempted to understand – through a filtered lens of my own experiences – the experiences of each and every individual whose story I was privileged to read.

I do not have lived experience with chronic homelessness like the individuals in this research. Furthermore, I am a non-Indigenous White Settler in Canada, and many of the participants in my dissertation research are Indigenous. I had felt (and continue to feel) a strong sense of commitment and accountability to the Indigenous parents who shared their stories that are part of my dissertation research. Since non-Indigenous scholars have and continue to pathologize, oppress, misrepresent, and disregard the expertise of Indigenous individuals and communities, I was and am committed to learning about various Indigenous worldviews through reading books, online blogs and websites, research papers, and also through consulting with Indigenous scholars and people with lived expertise of homelessness. I have and will continue to reflect on what it means for me to be engaged in this work with Indigenous individuals, families, and communities as a non-Indigenous White Settler.

### **Philosophical Approach**

The way that I understand the world, what I believe is reality, and my beliefs about knowledge, have shaped all aspects of my research. While my philosophical approach has and will continue to evolve through my personal and professional experiences, my current ontological and epistemological positions will be discussed as they have informed and are informed by my three studies. As mentioned earlier, I approached my dissertation research through various perspectives, including constructionist, critical constructionist, and pragmatic approaches. These approaches align with my ontological and epistemological views.

**Ontology.** Ontology – the study of “being” (Teo, 2009), includes one’s beliefs about reality, which underlie one’s understanding of the world. Ontologically, my views align most fundamentally with a critical perspective (Lincoln & Guba, 2000). I believe that social injustice exists and is pervasive in Canada. I believe that many social injustices in Canada are the result of and perpetuated by groups of people that have and continue to embed colonial, racist, heterosexist, ageist, and ableist ideologies, laws, and policies into structural systems, and intentionally refuse to change them to protect the privileged elite. I believe that homelessness is the result of these structural social systems and not the result of individuals. I believe that social injustices associated with homelessness must be understood, in part, by examining the complex experiences of those who are oppressed by these systems, within and across historical, cultural, and political contexts. Furthermore, I believe that we can prevent and end homelessness in Canada predominately through systems-level institutional reform that is governed by people with lived expertise.

**Epistemology.** Epistemology – the study of “knowledge” (Teo, 2009) includes one’s beliefs about and understanding of truth. My epistemological views are also aligned with the critical lens (Lincoln & Guba, 2000; Nelson & Prilleltensky, 2010). I believe that an external

reality exists, and that dominant groups in societies control knowledge production and distribution. I also believe that knowledge production must include the intentional analysis of power dynamics and contribute to emancipation from oppression (Martín-Baró, 1994). As Corbin and Strauss (2008) have said, “to understand experience, that experience must be located within and can’t be divorced from the larger events in a social, political, cultural, racial, gender-related, informational, and technological framework” (p. 8). I believe that researchers, including myself, have an obligation to amplify the voices and experiences of oppressed individuals and communities in order to transform our institutional structures toward social equity.

## **Methods**

As noted earlier, this dissertation is based on secondary qualitative data from the AHCS randomized controlled trial of HF (Goering et al., 2011). I utilized qualitative data and conducted qualitative analyses for all three studies. Further to the qualitative analysis conducted in the third study, qualitative data were also quantitized (transformed into quantitative data). (Sandelowski, 2001) in order to test a hypothesis. More specifically, the number of participants in the HF and TAU groups who demonstrated positive changes in parent-child relationships from baseline to follow-up was counted (quantitized) (Nelson et al., 2015; Padgett, Stanhope, Henwood, & Stefancic, 2011; Padgett, Smith, Choy-Brown, Tiderington, & Mercado, 2016). The purpose of quantitizing the data was to extract additional evidence from the qualitative data (Sandelowski, 2001) and determine a potential statistical association between parent-child relationship outcomes and the treatment group.

Since secondary data were utilized for this research, there were limits to the information I was able to acquire with respect to individual parent-child relationships, as well as aggregately. Since I did not design or conduct the interviews with parents – and parent-child relationships

were not the focus of the AHCS interviews – I was unable to acquire information on variables such as: length of time of parent-child separation; frequency of parent-child separation and reunification; and circumstances and pathways of parent-child separation (i.e., apprehension by child welfare services; parent placement of children with family member; custody of child acquired by other parent).

**Participants.** A subsample (10%) of the overall 2,148 individuals that participated in the AHCS project was selected from each study condition across the five AHCS sites (Moncton, Montréal, Toronto, Vancouver, and Winnipeg) to participate in qualitative, semi-structured, narrative interviews (“consumer narrative sub-sample”). Initial selection of the consumer narrative sub-sample was random and became more purposeful in order to effectively represent diversity (e.g., age, ethnicity, gender) of the sample, but also to represent the population diversity that was unique within each site (e.g., larger Racialized population in Toronto and larger Indigenous population in Winnipeg) (Macnaughton et al., 2016). Of the 2,148 participants, a subsample of 219 individuals participated in a narrative interview when they entered the project (at “baseline”) between October 2009 and June 2011 (see Appendix C for Baseline Consumer Narrative Interview Guide). Qualitative, semi-structured, narrative follow-up interviews were conducted 18 months later with 197 of the 219 participants, and ended in June 2013 (see Appendix D for Follow-Up Consumer Narrative Interview Guide). Thus, the attrition rate was 10% (22 out of 219 participants dropped out of the study from baseline to follow-up), and reasons for attrition included participant refusal to participate, incarceration, death, or inability to locate the participant. There were few significant differences (three out of over 50 demographic, diagnostic, and outcome variables) between participants in the narrative sub-sample and the larger sample. Also, there were no significant differences between participants who participated



in both baseline and follow-up interviews and participants who only completed baseline interviews, but did not complete follow-up interviews (Nelson et al., 2015).

The AHCS project included a subset of parents with mental illness who had been separated from their children in the context of homelessness. Some of these parents ( $n = 61$ ) participated in semi-structured, narrative interviews when they entered the project (at baseline), as well as 18-months following project entry, which included discussions of their experiences of homelessness and being separated from their children. These data were analyzed for this dissertation in order to better understand the experiences of “invisible” parents experiencing homelessness and parent-child separation.

Each study had specific inclusion criteria which depended on the research questions, but generally, the inclusion criteria for this dissertation included participants that: (a) identified as a parent to at least one minor-aged child; (b) had both baseline and follow-up interviews available and accessible; (c) had their interviews conducted in English; and (d) identified as either male or female. Additionally, the first study also included a comparison group of women who did not identify as mothers to minor-aged children. Details about the comparison group of women are included in Chapter 2 of this dissertation.

In total, 43 parents were included in this dissertation out of the 61 parents who completed qualitative, narrative interviews. The reasons for exclusion of these 18 parents were: (a) participants were parents but not to minor-aged children at baseline; (b) had only completed one interview (baseline or follow-up); or (c) at least one of their interviews was conducted in French (as opposed to both being in English). One limitation of excluding French-speaking (“Francophone”) participants was that most of these individuals came from Moncton, New Brunswick and Montréal, Québec. Excluding parents from particular socio-cultural groups

and/or within specific geographical regions also excludes their experiential differences based on culture, and their local and provincial contexts within Canada. For example, Pallard, Kauppi, and Shaikh (2015) found that Francophones living in northeastern Ontario and experiencing homelessness were proportionately more likely to self-report experiences of mental health issues, and significantly more likely to self-report physical health problems than Anglophone and Indigenous individuals experiencing homelessness. These types of potential cultural differences would not be captured in this particular study since Francophones were excluded.

**Baseline and follow-up interviews.** Across the HF intervention and TAU groups for the AHCS project, semi-structured, narrative baseline interviews focused on each participant's life experiences prior to enrolling in the project, while the 18-month follow-up interviews focused on changes in the participant's life after enrolling in the project. Interviews lasted between 45 minutes and 1.5 hours, and more than one interviewer was present for each interview. The interviews focused on 13 domains, which included: life changes, typical day, education, work, general medical health, mental health, substance use, relationships, housing and living situation, finances and material situation, mental health services, other services, and hopes for the future (Macnaughton et al., 2016). The baseline and 18-month follow-up interview protocols can be found in Appendices C and D of this dissertation.

**Ethics approval.** Institutional Research Ethics Board (REB) approval was obtained at all five demonstration project sites of AHCS, which included 11 institutions (mostly universities). REB approval was also obtained from the coordinating centre – a university-affiliated teaching hospital that securely housed the data – in order to allow for data sharing across provinces for secondary analyses (Goering et al., 2011). Furthermore, due to the disproportionately high rate of homelessness amongst Indigenous peoples in Winnipeg (Distasio, Zell, & Snyder, 2018), many

additional steps were taken to acquire ethics approval from Indigenous communities at the Winnipeg site. Research staff at the Winnipeg site met with several local bodies with special standing in the community and led several presentations about the project. Additionally, the Winnipeg site's proposal was developed in partnership with three community-based organizations, and they acquired research ethics approval through both the University of Manitoba, as well as the University of Winnipeg (J. Distasio, personal communication, October 26, 2018).

### **Data Analysis**

For this dissertation, findings from each manuscript informed the analyses for subsequent manuscripts. For example, findings from manuscript one (Chapter 2) informed the analysis for manuscript two (Chapter 3), and findings from manuscripts one and two informed the analysis for manuscript three (Chapter 4).

Braun and Clark (2006) have said that: "Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data" (p. 78). Therefore, qualitative thematic analyses were conducted for the first two studies (Chapters 2 and 3) of this dissertation. For the first study (Chapter 2), in order to better understand the family relationship experiences of mothers, common "threads" or "codes" were identified inductively from the data, which were then merged into larger themes (Charmaz, 2006; Creswell, 2009). These themes were compared for mothers and women who were not mothers through a matrix display (Miles, Huberman, & Saldana, 2013), which included two dimensions: (a) parenting status (i.e., mother versus non-mother); and (b) family relationship themes that were identified through the thematic analysis.

Another qualitative thematic analysis was conducted for the second study (Chapter 3), using the same (and some additional) identified codes (Braun & Clarke, 2006) from the first study (Chapter 2). However, this analysis was unique in that in order to understand how parent-child relationship experiences differed depending on intersecting social locations (i.e., gender and ancestry), a novel intersectional approach was taken. For this study, three separate analyses were conducted using three separate matrix displays (Miles et al., 2013). First, a gender-based analysis was conducted, and the matrix display included the following dimensions: (a) gender (i.e., mother versus father); and (b) parent-child relationship themes. Next, an ancestry-based analysis was conducted, and included a matrix display with the following dimensions: (a) ancestry (i.e., Indigenous parents versus White, non-Indigenous/non-Racialized parents); and (b) parent-child relationship themes. The final analysis was intersectional, and the matrix display included a dimension of combined ancestry and gender (i.e., Indigenous mothers versus non-Indigenous/non-Racialized mothers versus Indigenous fathers versus non-Indigenous/non-Racialized fathers), and the other dimension included parent-child relationship themes.

Findings from manuscripts one and two informed the data analysis for manuscript three (Chapter 4). Another qualitative thematic analysis was conducted for the third study (Chapter 4), using the same identified codes (Braun & Clarke, 2006) from the first two studies (Chapters 1 and 2). However, this analysis was unique in that in order to compare parent-child relationship outcomes for parents in the intervention group versus those in the control group, the qualitative data were analyzed both qualitatively and quantitatively (qualitative data were transformed into quantitative data or “quantitized”). The purpose of quantitizing the data (Nelson et al., 2015; Padgett, Stanhope, Henwood, & Stefancic, 2011; Padgett, Smith, Choy-Brown, Tiderington, & Mercado, 2016) was to extricate further evidence from the qualitative data (Sandelowski, 2001)

to determine whether or not a statistical association existed between treatment group and parent-child relationship outcomes.

Specifically for the first analysis of the third manuscript, parent-child relationship outcomes were examined qualitatively through a matrix display (Miles et al., 2013) with the following dimensions: (a) combined ancestry and gender (i.e., Indigenous mothers versus non-Indigenous (both White and Racialized) mothers versus Indigenous fathers versus non-Indigenous (both White and Racialized) fathers); and (b) treatment group (i.e., HF versus TAU). The matrix display was populated with change-based parent-child relationship themes. Next, qualitative parent-child relationship themes were “quantitized” (Padgett et al., 2011; Sandelowski, 2001) and a  $\chi^2$  test was calculated to determine whether or not a statistical association existed between parent-child relationship outcomes (present or absent) and treatment group (HF vs. TAU) overall. For the second analysis, parent-child relationship outcomes were examined again qualitatively through a matrix display (Miles et al., 2013), but this time, with the following dimensions: (a) ancestry (i.e., Indigenous parents versus non-Indigenous (White and Racialized) parents); and (b) treatment group (i.e., HF versus TAU). Then count data (presence or absence of positive parent-child relationship changes) were used again to calculate  $\chi^2$  tests for Indigenous parents (HF vs. TAU) and non-Indigenous (White and Racialized) parents (HF vs. TAU).

### **Trustworthiness**

In order to ensure trustworthiness in my analyses, I used common strategies across all three studies, as well as more specific strategies for each study depending on the method of data analysis used and study participant characteristics. Across all three studies, I: defined codes through memo-writing to ensure consistency of codes; checked transcripts for mistakes that were

made during transcription; used rich descriptions of the findings of my analyses; and reflected on my biases by writing memos and having conversations with a senior researcher (Creswell, 2009).

In addition, for studies one and two – in which qualitative analyses were conducted – a cross-check of the codes was conducted between the primary researcher (myself) and a senior researcher (my advisor) in order to achieve consensus between coders (Cresswell, 2009). For the first study: I reviewed and coded the baseline and follow-up narrative interviews of 24 women (48 transcripts in total), and my doctoral supervisor reviewed and coded 58% of these transcripts (28 out of the 48 transcripts). We then conducted a cross-check of our codes, which demonstrated consistency between coders.

For the second study, I reviewed and coded 36 parents' stories, each of which included baseline and follow-up transcripts (72 transcripts in total), and my doctoral advisor reviewed and coded 61% of these transcripts (44 out of the 72 transcripts). A cross-check of our codes was completed, and consensus across coders was reached and demonstrated consistency in coding between coders. Further to the cross-check of codes, and since 60% of the participants in the study were Indigenous and from the Winnipeg site of AHCS, I consulted with a reference group that consisted of some of the key stakeholders from the primary host community (the Winnipeg site) where most of the Indigenous parents involved with the AHCS research took place. First, I consulted with Principal Investigator, Dr. Jino Distasio, of the Winnipeg AHCS research project site, followed by scholars and practitioners involved with offering programs and services with Indigenous peoples in Winnipeg: Betty Edel, Corinne Isaak, and Susan Mulligan. Finally, I presented my findings and engaged in knowledge sharing with a reference group of Indigenous and non-Indigenous/non-Racialized persons with lived expertise in Winnipeg through a webinar. I incorporated feedback from all of these key stakeholders within this dissertation.

For the third study, a quantitative analysis was conducted, and hence, to ensure trustworthiness of quantitative data, inter-coder agreement was determined (Cresswell, 2009) through the following process. I reviewed and coded all of the 43 parents' stories, each of which included baseline and follow-up transcripts, and my advisor independently reviewed and coded 22 (51%) of these stories. In each case, parent-child relationship changes were coded as present or absent, and Cohen's kappa was calculated to assess inter-rater reliability for the parent-child relationship change code and found substantial agreement between my coding and that of my advisor,  $\kappa = .79$ . Furthermore, I consulted again with Dr. Jino Distasio, Betty Edel, Corinne Isaak, and Susan Mulligan (aforementioned) again, and incorporated their feedback within this dissertation.

### **Overview of the Three Manuscripts**

This dissertation is comprised of three separate, yet related studies that examined the parent-child experiences of parents who experienced homelessness, mental illness, and separation from their children. I will summarize the research questions for each of these studies/manuscripts.

#### **Manuscript 1 (Chapter 2) – Narrative Identity and Meaning in the Lives of Women who Experience Homelessness and Mental Illness: A Comparison of Mothers and Women without Children**

This study was conducted to answer the following research question: What are the family relationship experiences of homeless women and how do they differ based on parenting status (mothers versus women who are not mothers)? Through narrative identity, this study explored the parent-child relationship experiences of mothers who had been separated from their minor-

aged children and a comparison of these experiences to women who were not mothers to minor-aged children (“non-mothers”).

**Manuscript 2 (Chapter 3) – Indigenous and Non-Indigenous Parents with Mental Illness Separated from their Children and Experiencing Homelessness in Canada.**

Findings from the first manuscript highlighted the importance of motherhood in the lives of “invisible” mothers who were homeless, experiencing mental illness, and had been separated from their children. These findings led to a desire to understand whether or not these experiences were similar to or different for “invisible” fathers, and in what ways intersecting social locations (i.e., gender and/or ancestry) might impact parent-child relationship experiences for parents. This inquiry led to the following research questions, which guided the second study:

- (a) How do parent-child relationship experiences of mothers who are homeless differ from fathers who are homeless and who have been separated from their children?
- (b) How do parent-child relationship experiences of Indigenous mothers and fathers who are homeless differ from those of non-Indigenous mothers and fathers?
- (c) How do the parent-child relationship experiences of Indigenous mothers, non-Indigenous mothers, Indigenous fathers, and non-Indigenous fathers who are homeless and separated from their children differ from each other?

In this second study (Chapter 3), an intersectional analysis was conducted through gender identity and intersectional theories, and Indigenous worldviews to examine and compare parent-child relationship experiences of mothers and fathers who self-identified as either Indigenous (First Nations or Métis) or non-Indigenous/non-Racialized (White Canadian or European settlers).



**Manuscript 3 (Chapter 4) – Parent-Child Relationship Outcomes in a Randomized Controlled Trial of HF for Indigenous and Non-Indigenous Parents Experiencing Homelessness, Mental Illness, and Separation From Their Children**

Findings from the second manuscript showed that parent-child relationship experiences were distinct between Indigenous and non-Indigenous/non-Racialized (White Canadian or European settler) parents. These findings – in addition to the lack of research on the parent-child relationship outcomes of HF interventions – led to the hypothesis that there will be greater changes in parent-child relationships for parents in the HF intervention relative to those in the Treatment as Usual (TAU) (control) group, particularly for Indigenous parents. This hypothesis was tested and the following research question was asked: Does HF have different impacts on parent-child relationship outcomes for Indigenous and non-Indigenous parents? Using a recovery lens, the impacts of the AHCS HF intervention on parent-child relationship outcomes for Indigenous (First Nations or Métis) and non-Indigenous parents were examined and compared.

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**CHAPTER 2**

**NARRATIVE IDENTITY AND MEANING IN THE LIVES OF WOMEN WHO  
EXPERIENCE HOMELESSNESS AND MENTAL ILLNESS: A COMPARISON  
OF MOTHERS AND WOMEN WITHOUT CHILDREN**

**(Manuscript 1)**

**Abstract**

Using narrative identity theory, the purpose of this study was to examine the experiential differences between homeless mothers who had been separated from their minor children and homeless women without minor children. A qualitative thematic analysis was conducted for baseline and 18-month follow-up, semi-structured, narrative interviews with 24 women (16 mothers with minor children and eight women without minor children). Three themes differentiated the narrative identities of women who were mothers and separated from their minor children from women who were not mothers: (a) housing stability; (b) the meaning of life; and (c) future aspirations. For mothers, stable housing was connected with being with one's children, fulfilling one's role as mother, and achieving family stability, whereas for women without children, housing stability was related to achieving independence and personal autonomy. For mothers, meaningful, positive life events involved being with one's children, while negative life events involved losing one's children. It was clear that mothers' children were fundamental to their identities and gave meaning and purpose to their lives. In contrast, meaningful, positive life events for non-mothers involved acquiring stable housing, experiencing personal growth, and (re)claiming one's identity, while negative life events involved experiences of incarceration. With respect to future aspirations, mothers described relational desires, which

were connected with motherhood and goals to be a better mother. For women who were not mothers, aspirations were more individually focused on personal empowerment and a desire to be a better person. Implications for future theory and research are presented.

Keywords: Narrative identity; Mother-child separation; Family homelessness; Motherhood; “Invisible” mothers

## **Introduction**

Families that are homeless are more likely to experience parent-child separations than families with a home (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; Goodman, 1991). Burt, Aron, and Lee (2001) reported that, 76% of homeless mothers in the U.S. had minor children, but only 43% lived with their children. Furthermore, homeless mothers who live with at least one of their children in shelters often have minor children that also live apart from them (DiBlasio & Belcher, 1992; Paradis, Novac, Sarty, & Hulchanski, 2009; Smith & North, 1994).

Family homelessness research has focused on the experiences and circumstances of homeless single mothers living with their children in homeless shelters (e.g., Bassuk, Rubin, & Lauriat, 1986; Thrasher & Mowbray, 1995). Some research has examined the differences between homeless mothers living with their children in family shelters compared with homeless mothers living in shelters for adult women who are separated from their minor children (Bassuk, 1993; Tischler, Rademeyer, & Vostanis, 2007). However, to date, we know little about the differences in family experiences of homeless women based on parenting status (i.e., mothers versus women who are not mothers).

The focus of this study is on the family relationship experiences of women who have experienced homelessness and mental illness. Homeless women separated from their minor children and homeless women who do not have minor children are compared.

## **Literature Review**

I focus here first on mother-child separation and homelessness and then on narrative identity theory.

### **Mother-Child Separation and Homelessness**

One of the best predictors of adult homelessness is having been separated from one's family of origin during childhood (Shinn, Rog, & Culhane, 2005). Cowal et al. (2002) stated:

Separation from the family and the sequelae of that separation may be among the more important long-term effects of family homelessness on children. To the extent that children who are placed [in care] come from more troubled families, or are themselves more troubled than children who remain with their mothers, most studies of homeless children are biased towards healthier children and families, and underestimate associations of problems with homelessness. (p. 728)

Some research on family homelessness has focused on the experiences of homeless women more generally – many of whom are mothers who have experienced separations from their children in the context of homelessness (e.g., Paradis, 2016; Paradis & Mosher, 2012; Paradis et al., 2009; Scott, 2008; Yeo et al., 2015). As well, research has focused on the experiences of homeless mothers with mental illness, many of whom also experience separation from their children (e.g., Benbow, Forchuk, & Ray, 2011; Montgomery, Brown, & Forchuk, 2011).

**Comparisons between sub-groups of homeless women.** Most research that compares sub-groups of homeless women have focused on differences between “single”, “solitary”, or “unaccompanied” women and mothers accompanied by children. Often, these studies do not disaggregate groups of “single”, “solitary”, or “unaccompanied” women by parenting status (i.e., determined whether these “unaccompanied” women were mothers who had been separated from their children or if they were not mothers at all) (e.g., Burt & Cohen, 1989; Roll, Toro, & Ortola, 1999). In other words, mothers separated from their children have been “lumped” into the same group as non-mothers.

Of the few studies that disaggregated groups of unaccompanied homeless women by parenting status, one study found that mothers with mental illness and separated from their children were more than twice as likely to experience depression, post-traumatic stress disorder, and substance dependence than homeless women with mental illness, but without children

(Zabkiewicz, Patterson, & Wright, 2014). In another study, homeless mothers accompanied by their children were younger, more likely to report being unemployed, more likely to be dependent on welfare, more likely to have contact with relatives, and less likely to have psychiatric disorders or alcohol use issues than women who were not mothers, mothers unaccompanied by their children, or mothers with children over the age of 16 years old (Smith & North, 1994). Mothers who did not have any of their children with them had significantly higher rates of psychiatric and substance use disorders than women in the other groups (Smith & North, 1994; Zlotnick, Tam, & Bradley, 2007). Furthermore, women who were not mothers were more likely to be White, least likely to have ever been married or to be dependent on welfare, and had lower rates of substance use (Smith & North, 1994).

The extant literature comparing homeless mothers and homeless women without children is quite limited and does not provide a clear picture of how these two groups differ in terms of their life or family experiences. To better understand the experiences of unaccompanied or “invisible mothers” (Barrow & Laborde, 2008, p. 159) – homeless mothers who are separated from their minor children – this group should be compared with women who are not mothers to minor children. One approach used to understand life and family experiences is narrative identity.

### **Narrative Identity Theory**

Narrative identity is a theory-driven approach to understanding human experience and processes of identity formation (McAdams, 1985; 1993). Narrative identity differs from more traditional approaches of understanding identity through the theoretical assumption that we can better understand a person’s identity (who they are) by understanding that person’s life story. Personal life stories of individuals can help us understand shared experiences across individual

life stories (Rappaport, 1993). Moreover, in order to understand one's life story, there is an assumption that one does not need to describe every part of a person's life or categorize all of their life's events. Instead, focusing on the person's most meaningful past and present life experiences/stories that have shaped who they are, as well as on their future goals and aspirations, one's narrative identity can be understood (McAdams, 2011, as cited in Pratt and Matsuba, 2018).

**Meaningful life experiences of the past and present: High, low, and turning points.**

As aforementioned, identifying and understanding the defining, most momentous and meaningful experiences in a person's life is fundamental to the narrative identity approach, and include life's "high points" (peak experiences), "low points" (nadir experiences), and "turning points" (those involving substantial life change) (Bauer, McAdams, & Sakaeda, 2005; McAdams, 1993). High point stories have been described as particular events causing strong emotions of excitement, joy, or satisfaction (Bauer, McAdams, & Sakaeda, 2005). Low point stories have been described in the literature as involving conflict, disruption, and pain, and often causing one to question one's identity (Dumas, Lawford, Tieu, & Pratt, 2009; McAdams, 1985). Turning point stories have been described as contributing to personal growth, being meaningful and coherent, and having transformed one's understanding of themselves or the world (McLean & Pratt 2006; Nelson et al., 2011). Furthermore, a narrative identity approach can aid in understanding an individual's motivations, aspirations, threats, and fears – or what they believe is important for them to become their "possible selves" (Markus & Nurius, 1986).

**Possible selves of the future.** How have my experiences shaped who I would like to be? What is my potential and how can I achieve it? What motivates me to become who I want to be? What do I fear might hinder, and who and what might support my journey to becoming this

person? To describe the processes in which we ask ourselves these types of questions and conceptualize our answers, Markus and Nurius (1986) have described “possible selves” as “how individuals think about their potential and about their future... the ideal selves that we would very much like to become” (p. 954). Narrative approaches to identity can be used to better understand how one conceptualizes their possible selves (Singer, 2004).

**Narrative identities of individuals experiencing homelessness, mental illness, and parenting.** Narrative approaches have been used to understand the experiences of individuals, including those who have experienced homelessness and/or mental illness (e.g., Boydell, Goering, & Morrell-Bellai, 2000; Kirkpatrick & Byrne, 2009; Nelson, Clarke, Febbraro, & Hatzipantelis, 2005), and some research has demonstrated the importance of motherhood identities in the recovery processes of mothers experiencing mental illness (Hine, Maybery, & Goodyear, 2018) and of lone mothers (May, 2004). However, narrative identity has not yet been used to understand the identities of homeless mothers with mental illness who have been separated from their children in the context of homelessness.

**Narrative identity versus narrative analysis.** Narrative identity and narrative analysis are distinct. Narrative identity is a theoretical approach to understanding identity formation by understanding one’s most meaningful life events (Pratt & Matsuba, 2018). By contrast, narrative analysis is a methodological approach to analyzing (predominantly) qualitative data by focusing “on the temporality and sequencing of storied experiences or the linguistic structure and use of language” (Floersch, Longhofer, Kranke, & Townsend, 2010, p. 411). Furthermore, approaches to understanding narrative identity emphasize specific scenes or events in one’s life noted earlier (e.g., turning point events), whereas narrative analysis in qualitative research typically focuses on a person’s entire life story.

## Research Question

What are the family relationship experiences of homeless women and how do they differ based on parenting status (mothers versus women who are not mothers)?

## Methodology

The data for this study come from the Canadian At Home/Chez Soi (AHCS) research demonstration project (Goering et al., 2011). The AHCS project was a randomized controlled trial of the Housing First (HF) approach to housing for adults experiencing homelessness and mental illness. However, this study does not focus on the impacts of the HF intervention, but rather focuses on the above-mentioned goal of comparing mothers and women who are not mothers.

## Sampling and Sample Characteristics

**Sampling.** Overall, 2,148 individuals participated in the AHCS research. A 10% sub-sample of this group was selected from each of the five AHCS sites (Moncton, Montréal, Toronto, Vancouver, and Winnipeg) and from each study condition (intervention and control groups). The sub-sample was representative of the larger sample, as participants in the sub-sample did not differ significantly from those not included in the sub-sample (Macnaughton et al., 2016). Participants in this sub-sample ( $n = 219$ ) participated in semi-structured, narrative interviews when they entered the project at baseline (between October 2009 and June 2011), and 197 of the 219 participants also participated in 18-month follow-up interviews (ending in June 2013). Thus, the attrition rate was 10%; 22 out of 219 participants dropped out of the study from baseline to follow-up. Reasons for attrition included participant refusal to participate, incarceration, death, or inability to locate the participant (Nelson et al., 2015).



The inclusion criteria for this study includes: (a) participants with both baseline and follow-up narrative interviews available, accessible, and conducted in English; and (b) those who identified as female and having a minor child (under the age of 18 in Moncton, Montréal, Toronto, and Winnipeg; or 19 in Vancouver) during the baseline interviews. To examine the differences in family relationship experiences between homeless women – both mothers and non-mothers – a comparison group was drawn from the subsample. The comparison group was selected according to the following characteristics, in order of priority: (a) parenting status and gender (i.e., mothers matched with women who were not mothers); (b) race (e.g., Indigenous mothers matched with Indigenous women); (c) treatment group (e.g., HF treatment group matched with HF treatment group participants); and (d) site (e.g., Winnipeg participants matched with one another, etc.).

A total of 16 mothers were compared with 8 women who were not mothers to minor children, for a total sample of 24 women. The reason 16 mothers were compared with only 8 non-mothers (in the comparison group) was because there were not enough non-mothers in the sub-sample (of individuals who completed both baseline and follow-up interviews) with characteristics that matched with those of the 16 mothers. For example, there were not enough Indigenous non-mothers in the HF treatment group from Winnipeg who did not have minor children to match with the Indigenous mothers in the HF treatment group from Winnipeg who did have minor children.

**Sample characteristics.** Of the mothers in this sample, 50% self-identified as Indigenous; 25% as Racialized; and 25% as White. By comparison, 37.5% of the non-mothers self-identified as Indigenous; 37.5% as Racialized; and 25% as White. The average age of mothers was 35.8 years old, having spent an average of 28.6 months of their lives homeless,

while the average age of non-mothers was 37.2 years old, having spent an average of 50.1 lifetime months homeless. The average monthly income of mothers was \$699.0 for mothers and \$1689.0 for non-mothers. The average number of children under 18 years of age was 1.87 for mothers. Of the 18 mothers, 50% were diagnosed with major depressive episode; 25% manic or hypomanic episode; 50% posttraumatic stress disorder; 43.8% panic disorder; 31.3% mood disorder with psychotic features; 25% psychotic disorder; 37.5% alcohol dependence; 68.8% substance dependence; 12.5% alcohol abuse; and 12.5% substance abuse. Of the eight non-mothers, 62.5% were diagnosed with major depressive episode; 37.5% manic or hypomanic episode; 37.5% posttraumatic stress disorder; 25% panic disorder; 37.5% mood disorder with psychotic features; 25% psychotic disorder; 25% alcohol dependence; 87.5% substance dependence; 0% alcohol abuse; and 37.5% substance abuse. Using  $t$ -tests for interval-level variables and  $\chi^2$  tests for categorical variables, no significant demographic or diagnostic differences were found between the mothers and women who were not mothers, except for one demographic difference. Average monthly income was significantly higher for non-mothers than for mothers,  $F(1,22) = 4.74, p < .05$ . Baseline demographic and diagnostic characteristics of the women in this study are in Table 2.1.

Table 2.1

*Baseline Demographic and Diagnostic Characteristics of Women*

Characteristics	Mothers (n=16)	Non-mothers (n=8)
	N (%)	N (%)
Treatment Group		
HF	10 (62.5%)	5 (62.5%)
Treatment as Usual (Control)	6 (37.5%)	3 (37.5%)
Need level		
High	8 (50%)	2 (25%)
Moderate	8 (50%)	6 (75%)
Ancestry		
<b>Indigenous</b>	<b>8 (50%)</b>	<b>3 (37.5%)</b>

First Nation	6 (37.5%)	3 (37.5%)
Métis	2 (12.5%)	0 (0%)
Other Indigenous (Mohawk, Kwaaitaal)	0	0
<b>Racialized</b>	<b>4 (25%)</b>	<b>3 (37.5%)</b>
South Asian (India, Pakistan, Sri Lanka)	2 (12.5%)	0
South East Asian (Malaysia, Philippines, Vietnam)	1 (6.25%)	0
Black (Africa, Canada, Caribbean)	0	1 (12.5%)
Middle Eastern (Egypt, Iran, Israel)	0	0
India-Caribbean (Guyana with origins in India)	0	0
Latin America (Argentina, Chile, Costa Rica)	0	0
Mixed	1 (6.25%)	2 (25%)
Other	0	0
<b>White</b>	<b>4 (25%)</b>	<b>2 (25%)</b>
Canada or Europe	4 (25%)	2 (25%)
Employment		
Unemployed	15 (93.75%)	7 (87.5%)
Employed/volunteer/school	1 (6.25%)	1 (12.5%)
Education		
Less than high school completed	8 (50%)	6 (75%)
High school completed	1 (6.25%)	1 (12.5%)
More than high school completed	7 (43.75%)	1 (12.5%)
University undergraduate degree completed	0	0
University graduate degree completed	0	0
Marital status		
Single, never married	7 (43.75%)	7 (87.5%)
Separated/divorced/widowed	9 (56.25%)	1 (12.5%)
Married or cohabiting	0	0
Disorder		
Major depressive episode	8 (50%)	5 (62.5%)
Manic or hypomanic episode	4 (25%)	3 (37.5%)
Posttraumatic stress disorder	8 (50%)	3 (37.5%)
Panic disorder	7 (43.75%)	2 (25%)
Mood disorder with psychotic features	5 (31.25%)	3 (37.5%)
Psychotic disorder	4 (25%)	2 (25%)
Alcohol dependence	6 (37.5%)	2 (25%)
Substance dependence	11 (68.75%)	7 (87.5%)
Alcohol abuse	2 (12.5%)	0
Substance abuse	2 (12.5%)	3 (37.5%)
Age (M± SD)	35.8 ± 9.0	37.2 ± 12.0
Last month's income (M± SD Canadian \$)	699.0 ± 445.5	1690.0 ± 1747.0
Lifetime months of homelessness (M± SD)	29.0 ± 29.4	50.1 ± 32.3
N of children under 18 (M± SD)	1.87 ± 1.0	0

**Mental health status.** Eligibility criteria for the AHCS project included having a diagnosis of mental illness. Mental illness was determined through functional impairment and observed behaviors assessments, prior documented diagnosis or documented qualifying hospital admission, and/or diagnosis through the Mini International Neuropsychiatric Interview 6.0 (MINI 6.0) (Sheehan et al., 1998).

### **Semi-Structured, Narrative Baseline and Follow-up Interviews**

The AHCS baseline interviews focused on participants' lives and family experiences before they enrolled in the project. Follow-up interviews focused on changes in participants' lives 18 months following project enrolment. Interviews lasted between 45 minutes and 1.5 hours, and more than one interviewer was present for each interview. Both interviews focused on various domains, including: life changes, typical day, education, work, general medical health, mental health, substance use, relationships, housing and living situation, finances and material situation, mental health services, other services, and hopes for the future (Macnaughton et al., 2016). Participants were asked to describe: (a) a "high point" story: the best moment in their life, where they experienced feelings of joy, happiness, or inner peace; (b) a "low point" story: an experience that made them feel very low, and elicited feelings of deep sadness, fear, despair, or shame; and (c) a "turning point" story: a major experience that initiated an important change in their lives. Both baseline and follow-up interview protocols can be found in Appendices A and B.

### **Data Analysis**

A thematic analysis was conducted to understand the family relationship experiences of homeless mothers and homeless women who were not mothers (Braun & Clarke, 2006). To examine the impacts of parenting status – or how the relationship experiences of homeless

women differed from homeless women who were not mothers – a matrix display was constructed (Miles, Huberman, & Saldana, 2013). The first dimension of the matrix was parenting status (i.e., mother versus non-mother), and the other dimension included the family relationship themes that were identified through the thematic analysis. The matrix was populated by reading the transcripts (both baseline and follow-up) of each mother and conducting line-by-line coding of each transcript. Then, identified codes were combined to form larger categories, and these categories were identified as belonging to more general themes that described the narrative identities of mothers. The same process was conducted for non-mothers, and the themes identified were compared between the groups (i.e., mothers versus non-mothers).

**Ensuring quality.** Corbin and Strauss (2008) described “quality” in qualitative research as resonating with readers and participants and their own life experiences. Quality in qualitative research must be logical, insightful, clear, sensitive, and relatable. “It is research that is creative in its conceptualizations but grounded in data” (Corbin & Strauss, 2008, p. 302). Additionally, there are certain conditions that must be met in order to foster high quality qualitative research, the following of which I employed during my analyses: followed a consistent and appropriate methodology; clarified my purpose at the onset of the study and continuously referred back to it; practiced ongoing self-awareness/reflection, and documented and reflected on my reactions and feelings through writing frequent memos; drew on my extensive training and experience as a qualitative researcher; engaged empathically and compassionately with the stories of my participants; worked at being open-minded and creative, and at brainstorming and theorizing; and was responsive to ongoing methodological issues (Corbin & Strauss, 2008, p. 302-304).

Additional procedures were followed to ensure quality, which included: defining codes through writing memos to ensure the consistency of codes; checking transcripts for mistakes that

were made during transcription; using rich descriptions of the findings of my analysis; and reflecting on my biases by writing memos, and having conversations with a senior researcher (Creswell, 2009). To further ensure the trustworthiness of the data (Creswell, 2009): (a) I reviewed and coded the baseline and follow-up narrative interviews of 24 women (48 transcripts in total); (b) a senior researcher – my doctoral supervisor, reviewed and coded 58% of these transcripts (28 out of the 48 transcripts); and (c) a cross-check of my codes and those of my advisor was completed and demonstrated consistency between the coding of the two researchers. All of the names used in this paper are pseudonyms.

### **Findings**

Three themes that differentiated narrative identities of women who were mothers and separated from their minor children from women who were not mothers were: (a) housing stability; (b) the meaning of life; and (c) future aspirations. Findings revealed that for “invisible mothers” – despite physical separation from their children in the context of homelessness – their children and motherhood remain deeply embedded in their experiences and identities, and development of their “possible selves”. The demonstrable strength, resilience, and resistance of these mothers, as fuelled by their immeasurable love for their children, are evident across themes and articulated by one of the mothers, Anna, in this statement:

I guess there's some sort of determination and self worth deep inside me... to live properly and to survive through everything. I just don't understand why I'm still here... or why everything that has happened to me in my life has happened, but there's obviously a purpose... my home is my sanctuary... my kids and my dog are my sanctuary.

### **Housing Stability**

While acquiring stable housing and claiming a place to call “home” was an important goal for all of the women – both mothers and women who were not mothers to minor children – their conceptualizations of what “housing stability” entails, differed. For mothers, stable housing

was connected with being with their children, fulfilling their roles as mothers, and achieving family stability, and ideal housing involved their children's safety and well-being. For women without children, housing stability was related to achieving independence and personal autonomy, and ideal housing involved their own personal safety, comfort, and being connected with nature.

**Mothers.** Mothers' stories revealed that for them, "housing stability" means much more than access to quality housing. In fact, housing stability is inextricably linked to family stability, and family stability depends on their relationships with their children. Mothers described the impacts that housing stability had on their ability to have their children visit or live with them, as well as to fulfill their roles as mothers. They also described their ideal housing as living in an environment that would support the safety and well-being of their children.

***Being with one's children.*** Stable housing allowed for mothers and children to be together more frequently and in different capacities. Maame said, "I would like to live with my kids, that's all". After experiencing housing stability, one mother, Gaho, explained the positive shift in frequency in being with her children. She said: "I see my kids now... like two times a week, my son sometimes three times a week, and when I was on the street, I would see them like only once a week... So, it's made it better." At the same time, she expressed the importance of stable housing needing to be conducive to having her children visit and/or live with her. She said: "my ideal place would probably be [clears throat] a house. So I can have my two kids with me... I mean it doesn't have to be big or fancy or anything. Just not an apartment." Maame expressed similar sentiments after experiencing housing stability, stating:

What's my life like now? Peaceful and I get to see my kids every day; they are home most of the time [Laughing] ... when you wake up in the morning mom is not there but food is already cooked there, they'll eat and I said if you don't want to wash your dishes rinse it out and put it in the sink with water and soap... and they take out the garbage and

it's okay, they're pretty happy about it. [Yeah] To have their mommy at home again... he has his own room, my son is happy, my little one is very happy... when I was living with my sister he will come and visit but he wouldn't even stay for the night. But now even if he goes out by nighttime he is back.

After describing numerous positive impacts that acquiring housing stability had on her life, Ambika described wishing she could have been part of the AHCS project when her son was born, believing that the positive outcomes associated with housing stability might have reunited them. While still separated from her first child, in a new marriage, and with a child on the way, she said:

I always think about my son... I always wish that I got the At Home study when I had him... Because then maybe I would have had a chance to get him back from CS [children's services] and maybe he wouldn't have been adopted out. So that's the part of me that always hurts.

***Fulfilling roles as mother.*** Mothers described the impacts that housing stability had on their roles as mother (and grandmother for some), such as being able to provide a safe, secure, and nurturing environment for their children. One mother, Abira, described her roles as mother and the impact that housing stability had on those roles:

... mother is to provide a safe and secure environment for your child, a roof over their head... food in their stomach, keep them warm and safe, my new housing... provide all those for my children, their necessities that they need for everyday whether it's a crib or bathtub or stove to cook their meals, their clothes, their toys you know, a car seat in the car... those all helped my role as a parent for sure in providing what I need for them and making myself feel better knowing that I'm able to provide that. For sure, but once again it's because, having that stability.

Anna, also stably housed at the time of her interview, expressed pride in her ability to support her son by having him stay over at her home if he was having problems in his life, and her ability to live in the same building as her daughter and granddaughter, so she could help care for and bond with her granddaughter. With respect to achieving housing stability, she stated:



... definitely positive I can have my grandbaby upstairs and I can shut my door and, it's not very big but I still have the time with her... And we can sit and read books and we can go over the ABC cards, and it makes me feel like I have a second chance.

***Ideal housing: Children's safety and well-being.*** Finally, just as Abira described her responsibility to "provide you know a safe and secure environment for your child... [to] keep them warm and safe", Gaho explained wanting to live in a particular neighbourhood, with her reasoning being: "Just because I think they're [her children] safer".

Furthermore, when describing their idea of "ideal housing", mothers' descriptions involved environments that would support their children's safety and well-being. Maame said that ideal housing for her includes: "... where the bus runs 24 hours which is good, and it's close to my son's school so he will never be late for school hopefully." She went on to say that: "It's important to me, having my kids and cooking good meals for my kids, because they don't eat out much; they like mommy's cooking... you hug them when you want to, they hug you when they like..."

**Non-mothers.** While mothers' concepts of housing stability were intricately connected with their relationships with their children, the stories of women who were not mothers showed that "housing stability" for them, means achieving independence and personal autonomy. They described their ideal housing as living in an environment where they felt a sense of personal safety, comfort, and connection to nature.

***Achieving independence and personal autonomy.*** For several women who were not mothers, housing stability was connected with achieving independence and personal autonomy. Christi described a lack of stable housing as preventing her from achieving independence and autonomy in many ways, such as fulfilling her educational and vocational goals.

... because I don't have a place I feel like I can't do anything else, I feel like I can't make those long term commitments... Like school, I would love to go back to school... I

would love to, at least take one or two courses in the fields that I like... I watch documentaries galore on a whole bunch of different things... But I wouldn't mind extending that, learning to go and do actual school to actually learning textbook stuff and maybe actually getting a degree or a certificate or something... cause for me, I do not want to get a job just for the sake of getting a job and a pay cheque... I wanna work for the rest of my life basically... so it just feels like I can't really actually do anything or accomplish anything because I don't have a home base.

Ekon explained that along with housing stability, came her newfound independence. She was excited to be able to host her friends and family at her home for meals that she was proud to prepare herself. She explained:

... because I have my housing, I can invite friends to come. I can invite people to come and have lunch or dinner. I remember last year, I invited my cousin and her five children to come and have dinner with me....

***Ideal housing: Personal safety, comfort, and connections with nature.*** When discussing their “ideal housing”, non-mothers described living in environments that made them feel safe, comfortable, and connected with nature. When asked to imagine her hopes for future housing, Maria stated: “Just somewhere safe. That’s all.” Ekon described her lifelong love for the natural world. She expressed wanting to live close to the lake: “...because of the nature. I love nature. The water and the trees and the green grass and the flowers remind me of back home [Sighs]...” Moreover, Christi said:

I’m not too interested in the whole, I own this, you know type of thing, I’m not looking to be a multimillionaire in my life... I am looking to be comfortable... That’s about it. I have no idea how I’m gonna get there right now cause I can’t even get out of a shelter right now... So, to me I would be in a, probably in an apartment block, a nice apartment block... preferably in a nicer area with lots of big trees, older part of the neigh-, older part of the city...

## **Meaning of Life**

For mothers, positive life events (“high” and “turning” points) involved being with their children, while negative life events (“low” points) involved losing their children. It was clear that their children were fundamental to their identity and gave meaning and purpose to their lives. For

example, while describing what is important in her life, Maame said: “My focus is not money, I got to have my health, I have got to have my job... and I am going to have my children, that’s all.” In contrast, positive life events for non-mothers involved acquiring stable housing, experiencing personal growth, and (re)claiming their identities, while their negative life events involved experiences of incarceration.

**Mothers.** High and positive turning points in the lives of mothers – the life events that reveal what is meaningful in one’s life – involved being with their children, and low and negative turning points in their lives involved losing their children.

*High and positive turning points in life: Children and stable housing.* Several mothers described the births of their children as the “high” point in their lives. Anna described the births of her children, as well as the births of her sister’s children as having completed her life: “Yeah, when I had my baby... Had my babies... Those were happy times... When my sister had her babies, I was like... Babies love life... I was whole, I was complete... Had a little family... Everything”.

Mothers also described acquiring stable housing as a positive turning point in their lives, because it allowed for them to be with their children again. Maame explained:

I was ready to give up when the help [housing] came. I was ready to give up, in the mean time I can’t, but I still needed help but nobody was helping me until this came, which I am really, really happy about it. Now I think things will change. I have my own place, I have the children in it, I have a key for my place, nobody can tell me when I go out...

*Low and negative turning points in life: Loss of and separation from children.* Despite having experienced devastating, ongoing, and compounding traumas throughout their child- and adulthoods, several mothers described separating from their children as the lowest and/or most detrimental experiences of their lives. Nina – who described the births of her children as the best part of her life – also described the apprehension of her children by children’s services as having

her “whole world” taken from her, and implied that while she was “still alive”, that life without her children was meaningless. Her account of the event included:

I was holding her on my lap and then I took her out to the reserve with me, my mom, my granny, my grandpa, and then we went out there to go have some Christmas dinner and come back... And then that worker came and told me I couldn't take her out unsupervised or else she would be apprehended... I went upstairs, cried, came back downstairs and she was already gone when I came back downstairs... And then I was kind of never, ever really dealt with that... That was Christmas Eve they took her... And then in six years previous to that my dad died on Christmas Eve... Christmas is not a good time.

In addition to the immediate trauma of being separated from their children, mothers described the lasting effects that separation continued to have on their lives. Despite years of separation, mothers questioned the point of living if their lives did not involve their children. Anna stated: “... why bother, you know, living, why, what am I good for you know, if I'm not good for myself, how do I get back to being good for myself and, so I can be good for my kids... it's all about my kids”. Another mother, Yong, described the immense pain she felt about being apart from her children, comparing life without them to death.

I'd love to die. I just want to rest in peace; I don't, like there's no amount of physical pain that comes close to being hurt and mental... Like those kids were my life and its like I'm dead now... I don't care about, I don't care about anything, you know... put me out of my misery.

Ambika described the eternal bond she believes exists between mother and child, as a way to explain the overwhelming impacts of mother-child separation – impacts that have resulted in mothers attempting to take their own lives to escape the unbearable pain:

But if a woman loses her child, that's just more than upset. That's nothing a woman can handle, because that child was inside of her for that long... And they had that bond... I'm not the only one that, you know, lost my kid and be like, “Oh, I'm happy. I'm going to still fight for life.”... A lot of women that lost their kids were just... some of them are not even in this world anymore, because they couldn't take the pain.

**Non-mothers.** While mothers described their most meaningful life events (as high, low, and turning points) as those involving their children, non-mothers' high and positive turning points in their lives involved finding themselves through meaningful opportunities that contributed to acquiring stable housing, personal growth, and (re)claiming their identity; while their negative life events related to losing their sense of self through traumatic experiences as children and/or adults.

*High and positive turning points in life: Stable housing, personal growth, and (re)claiming one's identity.* Women without minor children described high and positive turning points in their lives as revolving around experiencing personal growth and (re)claiming their identities. Personal growth and identity reclamation was achieved, in part, through acquiring stable housing, and engaging in meaningful educational, vocational, and volunteer work, as well as by embracing spirituality, culture, and/or religion.

Living in stable housing was the high and positive turning point in many of the women's lives. Siani said: "My highest point would be when I moved into my apartment... I was happy. I was happy." With stable housing as a prerequisite, many of these women also found meaning in acquiring stable work. Ekon described a high point, which was also a turning point in her life. While already living in stable housing, she described having acquired a stable job – a job that she was proud of – only nine weeks after immigrating to Canada. She said:

All I know, it was that I was working in a place where the people are friendly... Because it was just nine weeks after I came, I got it... It was the first time I was leaving the country [her country of birth] and it was a high point for me... it was also a turning point in my life... Because as a result of starting out... I saved and I bought what I wanted. I sent myself back to school. And, I was hoping to go to university. So, it was a very high point. I met different people, coming here. I could go on vacation... It allowed me independence... Including housing. I had my own apartment.

Several non-mothers described finding religion, culture, and/or spirituality as a critical source of social support, belonging, sense of community, and acceptance into their lives. Ekon embraced religion as a way of finding herself throughout her recovery from homelessness and to cope with mental illness. She also described the positive health implications of embracing religion, saying that: “There are times when I’m reading the Bible, and I can feel... I can feel the stress going from me... you know, I am being de-stressed.” Andra described religion as helping to maintain balance in her life. She said:

A buddy of mine was over here the other day and she noticed that I have a little Bible sitting on the table. And we started talking about different subjects and I said, “You know, we should maybe get together in the morning and you know, do our own little Bible study or whatever.” ‘Cause I need to do as much of a balance thing as I can.

The stories of many Indigenous women demonstrated self-reclamation through learning about their roots. Some Indigenous women expressed solace and a sense of escape from life’s challenges in discovering and/or embracing their Indigenous cultures. Several Indigenous women also expressed desires to give back to their communities, which ended up, in turn, creating spaces for their own voices to be heard for the first times in their lives. For example, Maria – whose mother was a residential school survivor – spent much of her time with the Elders in her community, and said: “I would go help and I’d make drums and stuff like that and help the Elders out.” Christi discussed her involvement in various educational programs, immersing herself in learning about the histories of Indigenous communities in Canada. Despite feelings of apprehension, Christi attended conferences and meetings to share stories of her lived experiences, in the hopes of helping others in her community. She said:

I gotta go to meetings for that and also every once in a while they ask me to go to different conferences or meetings around town... sometimes it feels strange going to these conferences, because all those people are usually there with the organizations, that’s what I’m with too but they’re all working, they all have homes... I feel like I’m the only one there that’s representing the people they’re trying to help.

Christi described a turning point in her life, which involved her role in speaking at a conference forum as well, where she was able to inspire positive change within her community. She explained the impact that finally feeling like she had a voice and a positive impact on her community had on her:

I was listened to... People were listening... Afterwards, after I talked I got three people coming up to me... and while I was talking I saw a couple heads going like “yea, um hmm”... They understand... I feel like I contributed to that... And I guess it’s cause I was listened to and things are happening because of it... That I am sort of coming out of that, you know little light at the end of the tunnel type of thing... somebody was listening to me... Something happened because of what I did... Something good happened from what I did.

***Low and negative turning points in life: Incarceration.*** While they did not expand on their experiences in detail, several women stated that being arrested and/or going to prison was the low and/or negative turning points in their lives. Ana said: “And then my worst thing would probably be going to jail, and to jail for six months for the first time ever, that’s my low point... I was terrified”, while Siani stated: “Going to jail... I was put in jail. Just overnight. That would be my lowest point.” Maria described being incarcerated as the lowest point in her life, particularly because her grandmother passed away while she was in prison, and she wasn't able to be with her family during that time.

### **Future Aspirations**

Most of the women shared their hopes, motivations, and goals for the future. For mothers, these aspirations were relational: they were connected with motherhood and desires to be a better mother. However, for women who were not mothers, aspirations were more individually focused on personal empowerment and desire to be a better person.

**Mothers.** Above all else, mothers’ hopes and motivations were relational – they involved being with their children again and being able to fulfill their roles as mothers. They described

hopes of reunification with their children as personal motivations in their lives, both in the short- and long-term.

***Reunifying with children as short-term motivation.*** When asked what keeps them going from day-to-day, mothers described their hopes for seeing their children again – either temporarily or permanently – as motivating them to improve their own lives. Anna stated: “I always looked forward to the weekends because that’s when I get to see my kids”, and Gaho said:

I guess they [her children] are basically what’s really kept me going... I was just like really, really unhappy there for a while... So its basically... having this hope that I will get something going soon and be able to be with them again.

During what she felt was the lowest point in her life – experiencing homelessness, mental illness, and a cancer diagnosis – Maame explained: “I said for a person who had depression for such a long time you know, it’s only my children who kept me going, other than that if I was alone, it would be easy, I’d take the easy out.”

***Reunifying with children as long-term motivation.*** Several mothers discussed desires for their children to be proud of them, motivating them to improve their own lives, which they believed would in turn allow for reunification. For example, Ambika said:

... after my son was born, it was, okay, he’s not with me, but when he comes back, I want him to be proud of his mom. I want him to be able to look at his other friends and be like, “Yes, I have two families. But you know what? My mom gave me up, but look at her. She made herself better and she made me proud.” And that’s my goal, to make my child come back home to me and be like, “My mother is something.”... I want him to come back to his mother being independent and having her own family. Having maybe another two kids... And we’re living in a house and everything... Having the dream.

Mothers frequently described the importance of acquiring and sustaining a safe, stable, and healthy environment for themselves and their children at the same time as trying to fulfil their hopes of reuniting with their children. Their holistic approach to motherhood, their



concerns for their children's well-being, and their insights into the impacts they have on their children can be seen in the following examples, where mothers were asked about her hopes for the future. Anna stated: "Hopefully I get a place and be a good mom and stay clean. Try to be positive and try to come out of my spin a little bit. One day at a time, right." Gaho described her hopes of reacquiring custody of her children, while "staying on the right track":

I want to get my kids back, I want to stop drinking and using. And I want to go back to school, and get a nice house. And get a job... because you want to be completely straight and sober when I get them back... I would need to, well for my kids I would just need to stay on the right track, just stay clean and sober and [clears throat] really try hard to figure out what I'm gonna do with my life...

**Non-mothers.** In contrast to mothers whose future aspirations were tied with their relationships with their children – for women without children, their hopes, motivations, and goals for the future focused on personal empowerment. In addition to aspirations to acquire stable housing and recover from mental health and addiction challenges, several non-mothers discussed their plans to advance professionally through educational and vocational programs.

***Educational and vocational aspirations.*** Ekon said that: "Well, when I'm finished with this program... If my health recovers, I would really want to go to university that's one of the plans." Christi said: "Uh let's see, future, I'd like to go back to school... Working part-time or back to school" and when asked what would help her work towards these goals, she replied, "basically just getting my own place." In discussing her extensive volunteer work within her community, Andra also expressed her desires to earn an income for her work, and identified that she needed external support in finding opportunities and creating job applications. She said:

I'd like to go to the art gallery. I'm interested in making jewellery and I met this guy that would put something together for me... The only way we see each other is if we run into each other on the street. I guess last time I saw him... I'd given him my number but it's pointless now because of the phone damage that happened. I hope that somehow it'll work out, 'cause I know that... I wanted to create a job for myself – even here at this place. They have gardens and stuff. So I thought I could garden and stuff and they don't

have anyone that's scheduled to do that. Plus I can cook, right? And they've got a kitchen downstairs, so I've got to get some type of... a proposal or something and I need to find out where... and I need help to do that.

### **Discussion of Findings and Implications for Future Theory, Research, and Practice**

The goal of this research was to understand the family relationship experiences of homeless women and examine how they differed between mothers and women who were not mothers to minor children. Clear differences were found between these groups of women, specifically between their ideals of housing stability, beliefs about the meaning of life, and future aspirations. Overall, the findings are consistent with extant literature regarding narrative identities for people who are homeless and experiencing mental illness, but go further by revealing the differences between narrative identities of sub-groups of homeless women – particularly mothers and women without minor children. Furthermore, this study demonstrates that in the context of homelessness, motherhood and mother-child separation has a profound impact on the experiences and identities of “invisible” (Barrow & Laborde, 2008, p. 159) homeless mothers. I discuss these findings based on how each of the three themes build upon each other and contribute to mothers’ narrative identities, and highlight the implications of the findings for future theory, research, and practice.

#### **Housing Stability**

Findings from this study revealed that for mothers, housing stability was inextricably linked with their identities as mothers, while for women that were not mothers to minor children, housing stability was underscored by achieving personal independence and autonomy. While these findings support ample evidence for the importance of housing stability in the context of homelessness and mother-child separation, they also introduce new ideas around how homeless women – particularly mothers, conceptualize “housing stability”.

Several studies have reported findings, provided recommendations, or described housing-based interventions designed to prevent further separation and/or encourage family preservation or reunification for mothers separated from their children in the context of homelessness (Barrow & Lawinski, 2009; Courtney, McMurtry, & Zinn, 2004; Hanrahan et al., 2005; Hoffman & Rosenheck, 2001; Shinn, Samuels, Fischer, Thompkins, & Fowler, 2015). Research has also shown that once homeless mothers have been separated from their children, their circumstances, needs, and experiences are distinct from the larger group of homeless women. For example, the mental health status, functioning, and service needs of homeless mothers who have been separated from one or more of their children are different from those of housed and homeless mothers living with their children (Barrow & Laborde, 2008; Crystal, 1984; D’Ercole & Struening, 1992; Shinn et al., 2008; Smith & North, 1994; Zabkiewicz, Patterson, & Wright, 2014). Acquisition of housing tends to be quicker for homeless mothers living with their children than for those living without them (Zlotnick et al., 2007; Zlotnick, Robertson, & Lahiff, 1999). Moreover, while “invisible mothers” tend to receive similar psychiatric and substance use treatment services as homeless women who are not mothers, they do not receive services related to their needs as mothers (Barrow & Laborde, 2008; Smith & North, 1994), likely due to the invisibility of their parenting status.

By comparing the experiences of mothers and women without minor children, this study provides another way of understanding how mothers conceptualize “housing stability”. Their ideas of housing stability are intricately connected with their identities as mothers – a notion that differs from homeless women who are not mothers. In fact, for “invisible” homeless mothers, housing stability cannot be achieved without family stability, and family stability involves being with their children and fulfilling their roles as mothers. It is therefore essential that service

providers, researchers, and policymakers in housing and homelessness sectors identify and differentiate between sub-groups of homeless women, particularly those who are “invisible” mothers. “Invisible” mothers require specialized services and housing considerations that support their complex and simultaneous needs for housing and family stability. These services must support “invisible mothers” in their roles as parents, and meaningfully and holistically integrate these roles within their recovery and housing plans. For example, HF programs can be adapted to focus on family preservation, separation, and reunification, including provision of legal supports for families that require them.

### **Meaning of Life**

Findings from this study revealed that for many homeless mothers, their most fundamental purpose in life was their children, who gave meaning to their lives, and hence, were essential to their identities. For many women who were not mothers to minor children, their fundamental purposes in life were to experience personal growth and to (re)claim their individual identities. While these findings support the evolving homelessness literature on parent identity, they also introduce a new theoretical approach – narrative identity (McAdams, 1985; 1993; Pratt & Matsuba, 2018) – specifically to examining the identities of homeless mothers who have been separated from their children.

This study contributes to research around the impacts of homelessness on one’s identity more generally (Daiski, Davis Halifax, Mitchell, & Lyn, 2012; Dotson, 2011; Lafuente, 2003; Macnaughton, et al., 2016; Padgett, 2007; Rokach, 2005); the impacts of homelessness and parent-child separation on parent identity (Dotson, 2011; Barker et al., 2011; Bui & Graham, 2006); and the impacts of motherhood identity on the recovery processes of mothers with mental illness (Hine et al., 2018). More specifically, it advances Barrow and Laborde’s (2008) work

around the impacts of mother-child separation in the context of homelessness on mothers' identities. Moreover, this study further emphasizes the utility of narrative identity (McAdams, 1985; 1993) through "high, low, and turning point" stories (Bauer, McAdams, & Sakaeda, 2005; Dumas, Lawford, Tieu, & Pratt, 2009; McAdams, 1985; 1993; McLean & Pratt 2006; Nelson et al., 2011), in understanding the complex needs and meaningful life experiences of individuals who have experienced homelessness and mental illness (Boydell et al., 2000; Kirkpatrick & Byrne, 2009; Nelson et al., 2005). Nevertheless, this is the first study to utilize narrative identity theory to understand experiential differences in the identities of homeless mothers and women who are not mothers, including a better understanding of mothers' possible selves (Markus & Nurius, 1986).

For mothers in this study, the findings are clear that their children were fundamental to their identities and gave meaning and purpose to their lives, as seen through their positive life events (high and positive turning points) revolving around being with their children, and negative life events (low and negative turning points) involving losing their children. With this information at the forefront, service providers, researchers, and policymakers in the housing and homelessness sectors can better understand what is meaningful to homeless mothers, and can then tailor supports, services, and research interventions accordingly.

### **Future Aspirations**

Findings from this study revealed that mothers' future aspirations were relationally focused and connected with motherhood and reunification with their children, while non-mothers were more individually focused on personal empowerment. These findings are consistent with literature on mother-child separation in the context of homelessness, particularly around reunification with children being mothers' primary motivations to refrain from using drugs and

address other issues in their lives (Barrow & Laborde, 2008; Padgett, Smith, Henwood, & Tiderington, 2012). For example, Barrow and Laborde (2008) found that even for mothers who had to comply with extensive reunification requirements, and at times wanting to leave certain programs, mothers' "desire for reunification provided a strong motivation to adhere to program expectations" (p. 165). Additional research is needed to further distinguish between the motivations, aspirations, and narrative identities of sub-groups of homeless women based on parenting status (i.e., mothers versus non-mothers) and separation status (i.e., whether or not parent-child separation has occurred).

### **Narrative Identity: From "Invisible Mother" to "Possible Selves"**

This study has highlighted the complex web of family and housing instability, relational invisibility, and search for meaning and identity for mothers that have been separated from their children in the context of homelessness. Many mothers' identities depend on and revolve around their relationships with their children and their ability to fulfill their roles as mothers. Fulfilling their roles as mothers includes providing safe, secure, and stable housing for their children. Yet, having been separated from their children in the context of homelessness, and hence, their imposed invisibility as mothers within housing and homelessness sectors prevents them from fulfilling their roles as mothers, in turn hindering their relationships with their children, and leaving them to continue to search for their possible selves.

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**CHAPTER 3**

**INDIGENOUS AND NON-INDIGENOUS PARENTS WITH MENTAL ILLNESS**

**SEPARATED FROM THEIR CHILDREN AND EXPERIENCING**

**HOMELESSNESS IN CANADA**

**(Manuscript 2)**

**Abstract**

This study examined the experiential differences between mothers and fathers who were experiencing homelessness and who had been separated from their children and self-identified as Indigenous (First Nations or Métis) or non-Indigenous/non-Racialized (White Canadian or European Settlers) in five Canadian communities. Using intersectionality as an analytic tool, a qualitative thematic analysis of baseline and 18-month follow-up, semi-structured, narrative interviews was used to compare 12 mothers (n=8 Indigenous and n=4 non-Indigenous/non-Racialized) with 24 fathers (n=13 Indigenous and n=11 non-Indigenous/non-Racialized). Findings revealed that mental illness, chronic poverty and experiencing homelessness, addictions, childhood abuse and trauma, and overwhelming adversity permeated the life stories of Indigenous and non-Indigenous/non-Racialized mothers and fathers. However, noteworthy differences in parent-child relationships were found between sub-groups of parents based on gender, ancestry, and intersecting identities. First, differences were found between the experiences of mothers and fathers. Overall, one's children were central in the lives of mothers and fundamental to their identities, whereas children were more peripheral in the lives of many fathers. When comparing experiences of parents by ancestry (i.e., Indigenous parents versus non-Indigenous/non-Racialized parents), interpersonal and systemic violence, impacts of

intergenerational racism and trauma, and disconnection from one's culture were more prevalent for Indigenous parents. At the same time, the availability and quality of cultural healing resources that began restoring their webs of "all my relations" (Thistle, 2017) were distinct to Indigenous parents. Finally, comparisons between Indigenous mothers, non-Indigenous/non-Racialized mothers, Indigenous fathers, and non-Indigenous/non-Racialized fathers revealed three findings. One's children were mostly peripheral in the lives of non-Indigenous/non-Racialized fathers, who were least likely to discuss their children during their interviews. Indigenous mothers spoke more often than the other groups about wanting to get or getting their children back. Finally, Indigenous mothers talked more than the other groups about experiencing interpersonal violence. Gender identity, Indigenous, and intersectional theories were used to interpret the findings. Implications for future theory, research, and culturally-relevant intervention are discussed.

Keywords: Indigenous homelessness; Intersectionality; Parent-child separation; Identity; Cultural healing; All my relations



## **Introduction**

In Canada, homelessness is impacted by gender, race, and colonization (Donnan, 2016). While some research has examined family relationships amongst persons experiencing homelessness and mental illness (Hawkins & Abrams, 2007; Padgett, Henwood, Abrams, & Drake, 2008), these studies have not examined the intersections of gender, ancestry, racialization, mental illness, and parenting status. With respect to gender, research with families experiencing homelessness has focused on the experiences and circumstances of mothers experiencing homelessness (e.g., Bassuk, Rubin, & Lauriat, 1986; Lindsey, 1998; Slesnick, Glassman, Katafiasz, & Collins, 2012; Thrasher & Mowbray, 1995), with only a few studies having examined the experiences of single fathers experiencing homelessness (e.g., Barker & Morrison, 2014; Bui & Graham, 2006; Ferguson & Morley, 2011; Paquette & Bassuk, 2009; Schindler & Coley, 2007).

In terms of ancestry, Indigenous people are overrepresented in populations of people experiencing homelessness across Canada, particularly in the prairie and western provinces and northern territories (Belanger, Weasel Head, & Awosoga, 2012; Patrick, 2014). Furthermore, being homeless impacts First Nations, Inuit, and Métis women and men differently (Donnan, 2016). Some studies have examined the circumstances and perspectives of Indigenous peoples experiencing homelessness in Canada, and a unique definition of Indigenous homelessness has been offered (Alaazi, Masuda, Evans, & Distasio, 2015; Oelke, Thurston, & Turner, 2016; Patrick, 2014; Thistle, 2017). However, these studies have not compared the experiences of Indigenous parents experiencing homelessness to those of non-Indigenous/non-Racialized (White Canadian or European Settler) parents who have been separated from their children

whilst experiencing homelessness. In this paper, the term “non-Indigenous/non-Racialized” refers to White Canadian or European Settlers.

Despite Paradis’ (2009) call for “women’s homelessness [to] be understood in relation to colonization, nation, patriarchy, and globalization” (p. 7), much of the family homelessness literature focuses on just one factor (e.g., gender, ancestry, mental illness, or parenting status). Homelessness research has not typically employed an intersectional lens to examine multiple, intersecting factors for persons experiencing homelessness, with a few exceptions (e.g., Benbow, Forchuk, & Ray, 2011; Patrick, 2014). To address this gap, this study examines the differences in family relationship experiences of Indigenous and non-Indigenous/non-Racialized mothers and fathers separated from their children.

### **Literature Review**

This section focuses on literature regarding: (a) family relationship experiences of mothers and fathers experiencing homelessness, and (b) family relationship experiences of Indigenous and non-Indigenous/non-Racialized parents experiencing homelessness. Additionally, theoretical approaches that can be used to understand and compare family relationship experiences of Indigenous and non-Indigenous mothers and fathers experiencing being homeless are discussed.

#### **Family Relationship Experiences of Mothers and Fathers Experiencing Homelessness**

Some of the literature on homelessness has examined family relationships among persons experiencing homelessness and mental illness (Hawkins & Abrams, 2007; Padgett, Henwood, Abrams, & Drake, 2008), and some research has focused on the separation of children from their parents within the context of homelessness (e.g., Bussiere, 1990; DiBlasio & Belcher, 1992; Park, Metraux, Brodbar, & Culhane, 2004; Shinn, Rog, & Culhane, 2005). However, these

studies have not examined differences between fathers and mothers who experience homelessness and who have been separated from their children.

### **Family Relationship Experiences of Indigenous and Non-Indigenous/Non-Racialized Mothers and Fathers Experiencing Homelessness**

A few studies in the family homelessness literature describe the experiences of mothers who are experiencing homelessness and mental illness, including Indigenous mothers (e.g., Benbow et al., 2011; Paradis, 2009). Other studies have specifically examined the experiences of Indigenous women experiencing being homeless and separated from family members, including their children, particularly through child welfare services (Baskin et al., 2012; Ruttan, LaBoucane-Benson, & Munro, 2008). However, to date, no studies have compared the gendered, ancestral, and intersectional family experiences between Indigenous and non-Indigenous/non-Racialized mothers and fathers who have been separated from their children in the context of homelessness.

### **Theoretical Perspectives**

Several different theoretical perspectives are relevant to understanding the family relationship experiences of Indigenous and non-Indigenous/non-Racialized mothers and fathers who are experiencing homelessness, mental illness, and separation from their children. These include: identity, gender, and parenting theories; Indigenous worldviews; and intersectionality.

**Identity, gender, and parenting theories.** Identity theories explain the ways in which people identify as being part of specific social groups (e.g., gender), and are socialized to perform these identities through various social roles (e.g., gender roles) (Butler, 2004), which have been normalized through their cultures and contexts (Carter, 2014). For example, based on one's sex (e.g., male, female, or intersex), parents may identify as being a mother or a father

depending on their gender identity, and consequently perform specific roles based on that identity. There is also a rich theoretical literature that examines gender-non-conforming/gender queer parenting identities (e.g., Epstein, 1996; 2005; Gabb, 2001; Gibbs, 1988; Hines, 2006).

One theoretical approach to understanding processes of identity formation is called “narrative identity” (McAdams, 1985; 1993). Narrative identity theory proposes that one’s self-conceptualization/identity is best understood by learning about the person’s story and the most meaningful experiences in their lives. Such meaningful experiences can include the “high points” or most joyous and satisfying experiences; and the “low points” or most adverse experiences (Bauer, McAdams, & Sakaeda, 2005; McAdams, 1993) of their lives. Narrative identity theory has been used to understand the identities of people living with mental illness and homelessness (Boydell, Goering, & Morrell-Bellai, 2000; Kirkpatrick & Byrne, 2009), as well as to understand the identities of mothers who have experienced homelessness and mother-child separation (Caplan, manuscript 1).

For many women, one’s identity as a mother is fundamental to their recovery from mental illness and addictions (Hine, Maybery, & Goodyear, 2018), and evidence demonstrates the importance of motherhood identity on recovery specifically for mothers experiencing being homeless with a mental illness (Barrow, Alexander, McKinney, Lawinski, & Pratt, 2014; Benbow et al., 2011; Caplan, manuscript 1). Hine et al. (2018) stated: “For mothers with mental illness, a positive personal identity that encompasses the parenting role may be promoted through acknowledgment and validation of the critical importance of mothering in times of both illness and wellness” (p. 26). However, the views and experiences of motherhood (and fatherhood), as well as definitions and theories around homelessness are diverse and can depend on one’s cultural background.

**Indigenous worldviews.** Many First Nations, Inuit, and Métis peoples believe in the importance of interdependence and interconnectedness between all of Creation. When it comes to wellness, many Indigenous peoples think holistically, and believe in striving toward mental, physical, spiritual, and emotional balance through awareness, mindfulness, reflection, and identification of one's own healing journey to move toward something better (McCormick, 1995). Children are essential to all parts of these journeys, as: "Children are seen as the most valuable resource, for without these gifts from the Creator the family would not continue to exist. These gifts are treasured, loved, protected, and nurtured by the entire extended family" (Connors & Maidman, 2001, p. 354).

Indigenous homelessness is distinct from Euro-Western homelessness, which is defined linearly, compartmentalized into typologies, and defined as being "without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Gaetz et al., 2012, p. 1). By contrast, Indigenous homelessness in Canada is interwoven not only with structural, political, and social systems, but also involves disconnection, displacement, and disruption from one's interconnected web of "all my relations" (Thistle, 2017, p. 11) – relationships with "land, water, place, family, kin, each other, animals, cultures, languages and identities" (p. 6). Therefore, reconnection, support, and – for some, cultural healing – are imperative for many Indigenous families experiencing homelessness, as they integrate holistic Indigenous (and for some: Euro-Western, and for others: both Indigenous and Euro-Western) values and worldviews about relationships and homelessness.

Every individual and family experiencing homelessness is distinct and is on their own healing journey. Furthermore, and importantly, there is no pan-Indigenous culture or worldview, and therefore, healing journeys are specific to and impacted by what each individual, their

family, and their communities have experienced and believe. An individual's healing journey often involves developing an awareness that something is impeding their wellness journey; acknowledging what the impediment is and reflecting on it; for many (but not all), it includes traditional cultural healing, such as seeking ceremony and talking with Elders; and making a conscious effort to move toward wellness (Key informant, personal communications, July 11, 2018). Hartmann and Gone (2012) found the following components to be important for traditional healing programs for Indigenous peoples living with mental illnesses in urban America: "ceremonial participation, traditional education, culture keepers, and community cohesion" (p. 545). At the same time, Gone (2011; 2013) has also demonstrated the importance of offering a diverse and nuanced array of approaches that link western and Indigenous cultures together, in order to support the healing journeys of Indigenous peoples.

**Intersectionality.** Decades of resistance by Black African- and Caribbean-American women against social, political, economic subjugation, and exclusion from feminist and anti-racist discourses and movements in the United States of America originated from the seminal works of Black activists, such as June Jordan (1981), Angela Davis (1981), and Audre Lorde (1984). The works of these Black women activists formed the foundation for which scholar activists – such as Kimberlé Crenshaw, bell hooks, and Patricia Hill Collins – expanded upon and defined a theory of "intersectionality".

Kimberlé Crenshaw – a prominent scholar of identity politics and law – coined the term "intersectionality" to highlight the marginalized struggles and experiences of African American women (1989; 1991). Crenshaw (1991) underscored the distinct and heterogeneous experiences of Black women through their intersecting dimensions of identity (e.g., race, ancestry, gender, age, sexual orientation, class, ability). Intersectionality allows researchers to examine how

intricately socially constructed identities and axes of oppression and resistance intersect with one another to impact one's experiences (Crenshaw, 1991; Collins, 2000; Collins & Bilge, 2016; hooks, 1981). Intersectionality has been used as a tool to better understand how complex social powers differentially impact individuals, families, and communities (Collins & Bilge, 2016). However, there has been little application of intersectionality as a theory and/or as a tool in better understanding complex experiences of groups of marginalized women in addition to Black women. One exception is a study by Oliver et al. (2015) who explored the intersectional experiences young Indigenous women with gender, race, and colonialism in order to better understand their experiences with HIV prevention in Canada.

**Intersectionality, Indigenous worldviews, and identity.** Constructions of “family” and gender roles are intricately connected with many intersecting axes of social positioning, including gender, race, ancestry, ethnicity, and colonialism. Linda Tuhiwai Smith (1999) explained how colonization of Indigenous families and gender politics can be seen through Western conceptualizations of gender and race and the ways that these constructs intersect with each other, have created gender roles, and impacted the relationships between men and women. Smith (1999) has said:

Social, cultural, and political constructions of “family” and the roles and hierarchies of gender within must be critiqued and questioned, as they are a highly colonized space in Western society – including North America and Australia. Colonization is recognized as having had a destructive effect on indigenous gender relations which reached out across all spheres of indigenous society. Family organization, child rearing, political and spiritual life, work, and social activities were all disordered by a colonial system which positioned its own women as the property of men with roles which were primarily domestic. Indigenous women across many different indigenous societies claim an entirely different relationship, one embedded in beliefs about the land and the universe, about the spiritual significance of women and about the collective endeavours that were required in the organization of society. (pp. 151-152)

Therefore, intersectionality – as a tool (Collins & Bilge, 2016) – can be used to better understand the layered experiences of Indigenous parents experiencing homelessness and separation from their children.

### **Rationale and Research Questions**

Since little research has compared the experiences of Indigenous and non-Indigenous/non-Racialized mothers and fathers experiencing homelessness and separation from their children, the following research questions were examined:

- (a) How do parent-child relationship experiences of mothers and fathers who are homeless and have been separated from their children differ?
- (b) How do parent-child relationship experiences of Indigenous mothers and fathers who are homeless differ from those of non-Indigenous/non-Racialized mothers and fathers?
- (c) How do the parent-child relationship experiences of Indigenous mothers, non-Indigenous/non-Racialized mothers, Indigenous fathers, and non-Indigenous/non-Racialized fathers who are homeless and separated from their children differ from each other?

### **Methodology**

#### **Reflexivity and Allyship**

As a Settler and non-Indigenous scholar in Canada, I have worked to complete my doctoral work at a university that is located on the traditional territory of the Attawandaron (Neutral), Anishnawbe, and Haudenosaunee peoples. I am aware of some of the many ways that non-Indigenous scholars have and continue to pathologize, misrepresent, disregard, and oppress the voices and experiences of Indigenous individuals and communities through research and education. I feel a strong sense of responsibility and accountability to the individuals who have



shared their stories for this research, to the larger communities to which they belong, and to society more generally. While my intention is to use my social privilege as a Settler academic to contribute positively to the lives of parents, children, and families impacted by experiences of homelessness, I recognize that “good intentions” are fundamental but insufficient for understanding the lived experience of Indigenous people and for creating social change.

I am committed to ongoing reflexivity by evaluating and re-evaluating my social positioning and privilege, accepting perpetual discomfort, and remaining open to ongoing dialogue about the findings of this work. Since this study is based on secondary data, in order to ensure the trustworthiness of the findings, I consulted with a reference group that consisted of some of the key stakeholders from the primary host community (the Winnipeg site) where most of the Indigenous parents involved with the At Home/Chez Soi (AHCS) research took place. First, I consulted with Principal Investigator, Dr. Jino Distasio, of the Winnipeg AHCS research project site. Next, I consulted with scholars and practitioners involved with offering programs and services with Indigenous peoples in Winnipeg: Betty Edel, Corinne Isaak, and Susan Mulligan, who provided feedback on this paper. Finally, I presented my findings and engaged in knowledge sharing with a reference group of Indigenous and non-Indigenous/non-Racialized persons with lived expertise in Winnipeg through a webinar.

### **Sampling and Sample Characteristics**

**Sampling.** Secondary data were used for this study. Data were taken from a five-city (Moncton, Montréal, Toronto, Vancouver, and Winnipeg) Canadian study of homelessness, called the AHCS project (Goering et al., 2011) that was a randomized controlled trial of the Housing First (HF) approach to housing for adults experiencing mental illness and homelessness. This study does not focus specifically on the impacts of the HF intervention. Overall 2,148

individuals participated in the AHCS research, and a 10% subsample of the larger sample was selected from each study condition across the research sites to participate in semi-structured, qualitative, narrative interviews ( $n = 219$ ). The subsample was representative of the larger sample, as participants in each group did not differ significantly from each other (Macnaughton et al., 2016). Of the subsample of 219 individuals, 197 of them participated in semi-structured narrative interviews at two time points: (a) when they entered the project (at “baseline”) between October 2009 and June 2011; and (b) 18 months later (at “follow-up”), which ended in June 2013. The attrition rate was 10%; 22 out of 219 participants dropped out of the study following baseline interviews due to incarceration, death, participant refusal to participate, or inability to locate the participant (Nelson et al., 2015).

Of the 197 participants that completed both the baseline and follow-up narrative interviews, 36 individuals met the inclusion criteria for this study. The inclusion criteria were having: (a) self-identified as being a parent of at least one child under the age of 18 in Moncton, Montreal, Toronto, and Winnipeg (or 19 in Vancouver); (b) self-identified as First Nations, Métis, or Inuit (“Indigenous”), or White Canadian or White European (“non-Indigenous”); (c) both baseline and follow-up interviews were available and accessible; and (d) the interviews were conducted in English. A total of 12 mothers ( $n = 8$  Indigenous and  $n = 4$  non-Indigenous/non-Racialized) and 24 fathers ( $n = 13$  Indigenous and  $n = 11$  non-Indigenous/non-Racialized) were included in the sample for a total sample size of  $n = 36$ .

Racialized individuals were excluded from this study because there were only seven parents (four mothers and three fathers) who identified as Racialized (less than 20% of the subsample of parents who conducted their interviews in English). Of these parents: three out of the four mothers identified as South Asian and one mother identified as Chinese/White; while one

out of the three fathers identified as Black Caribbean from Trinidad, one as Black Canadian (with no further specification), and one as Latin American (with no further specification). With this particular study having focused on intersectionality – due to the small sample size and heterogeneity of this sub-group of Racialized parents in terms of ancestry/geographic location – this group was not included.

**Sample characteristics.** Overall, 33% of the sample consists of mothers (67% are fathers). Of the mothers in the sample ( $n = 12$ ), eight (67%) are Indigenous (First Nations or Métis) and four (33%) are non-Indigenous/non-Racialized (White Canadian or European). Of the fathers in the sample ( $n = 24$ ), 13 (54%) are Indigenous and 11 (46%) are non-Indigenous/non-Racialized. At baseline, the average age of parents was 40 years old. They spent 54 months experiencing being homeless, on average, and had an average monthly income of \$872. The average number of children they had, that were under 18 years of age, was two.

Using  $t$ -tests for interval-level variables and  $\chi^2$  tests for categorical variables, no significant demographic or mental health diagnostic differences were found between the four groups (Indigenous mothers, non-Indigenous mothers, Indigenous fathers, and non-Indigenous fathers), except for one diagnostic difference: alcohol abuse. None of the Indigenous mothers and none of the non-Indigenous fathers were diagnosed with alcohol abuse, but 25% of the non-Indigenous mothers and 38% of the Indigenous fathers were diagnosed with alcohol abuse  $\chi^2 (3, N=36) = 8.45, p < .05$ . Demographic and diagnostic characteristics of mothers and fathers based on ancestry can be found in Table 3.1.

Table 3.1

*Baseline Demographic and Diagnostic Characteristics of Mothers and Fathers by Ancestry*

Characteristics				
Gender	<b>Mothers (N=12)</b>		<b>Fathers (N=24)</b>	
Ancestry	Indigenous N=8	Non-Indigenous/ Non-Racialized N=4	Indigenous N=13	Non-Indigenous/ Non-Racialized N=11
	N (%)	N (%)	N (%)	N (%)
Need level				
High	2 (25%)	4 (100%)	6 (46%)	5 (45%)
Moderate	6 (75%)	0	7 (54%)	6 (55%)
Employment				
Unemployed	8 (100%)	4 (100%)	12 (92%)	9 (82%)
Employed/volunteer/school	0	0	1 (8%)	2 (18%)
Education				
Less than high school completed	4 (50%)	3 (75%)	7 (54%)	8 (73%)
High school completed	0	0	1 (8%)	0
More than high school completed	4 (50%)	1 (25%)	5 (38%)	0
University undergraduate degree completed	0	0	0	2 (18%)
Graduate degree completed	0	0	0	1 (9%)
Marital status				
Single, never married	4 (50%)	1 (25%)	8 (62%)	4 (36%)
Separated/divorced/widowed	4 (50%)	3 (75%)	5 (38%)	6 (55%)
Married or cohabiting	0	0	0	1 (9%)
Disorder				
Major depressive episode	5 (63%)	2 (50%)	10 (77%)	8 (73%)
Manic or hypomanic episode	1 (13%)	2 (50%)	1 (8%)	2 (18%)
Posttraumatic stress disorder	4 (50%)	2 (50%)	7 (54%)	2 (18%)
Panic disorder	4 (50%)	1 (25%)	4 (31%)	2 (18%)
Mood disorder with psychotic features	2 (25%)	2 (50%)	4 (31%)	2 (18%)
Psychotic disorder	1 (13%)	3 (75%)	5 (38%)	3 (27%)
Alcohol dependence	4 (50%)	1 (25%)	8 (62%)	4 (36%)
Substance dependence	6 (75%)	3 (75%)	6 (46%)	10 (91%)
Alcohol abuse	0	1 (25%)	5 (38%)	0
Substance abuse	1 (13%)	1 (25%)	6 (46%)	3 (27%)
Age (M± SD)	38.0 ± 9.0	34.3 ± 5.5	44.0 ± 7.6	44.0 ± 9.1
Last month's income (M± SD Canadian \$)	523.1 ± 318.0	626.3 ± 234.0	1336.2 ± 2330.2	1003.4 ± 1040.9
Lifetime months of homelessness (M± SD)	37.8 ± 37.8	24.5 ± 16.0	78.6 ± 69.2	73.4 ± 40.0
N of children under 18 (M± SD)	2.0 ± 1.1	1.8 ± 1.0	2.8 ± 1.7	2.2 ± 1.3

**Mental health status.** A diagnosis of have a mental illness was an eligibility requirement of the AHCS project. Mental illness diagnoses were determined through functional impairment and observed behaviors assessments, prior documented diagnosis or documented qualifying

hospital admission, and/or diagnosis through the Mini International Neuropsychiatric Interview 6.0 (MINI 6.0) (Sheehan et al., 1998).

### **Narrative Baseline and Follow-up Interviews**

Qualitative, semi-structured, narrative baseline interviews were conducted and focused on participants' life and family experiences prior to enrolling in the project, and follow-up interviews focused on participants' life changes 18 months following their enrolment in the project. More than one interviewer was present for each interview, and each interview lasted between 45 minutes and 1.5 hours. Both baseline and follow-up interviews focused on 13 domains, including: life changes, typical day, education, work, general medical health, mental health, substance use, relationships, housing and living situation, finances and material situation, mental health services, other services, and hopes for the future (Macnaughton et al., 2016). Participants were also asked to reflect on and discuss: (a) the best moment in their life, where they experienced joy, happiness, or inner peace (referred to as their "high point story"); (b) an experience where they felt very low, deep sadness, fear, despair, or shame ("low point story"); and (c) a major experience that initiated an important change in their lives ("turning point story"). Baseline and 18-month follow-up interview protocols can be found in Appendices A and B. This study does not focus specifically on the impacts of the HF intervention, but instead, on differences between sub-groups of parents based on gender, ancestry, and intersectional social locations.

### **Data Analysis**

Three thematic analyses were conducted. Common threads that emerged from the narrative interviews (Braun & Clarke, 2006) were used for all three analyses, to compare familial relationship experiences of parents based on: (a) gender: homeless mothers experiencing being

homeless versus fathers experiencing being homeless; (b) ancestry: Indigenous parents versus non-Indigenous parents; and (c) intersectional identities: Indigenous mothers versus non-Indigenous mothers versus Indigenous fathers versus non-Indigenous fathers. Three matrix displays were constructed (Miles, Huberman, & Saldana, 2013) to make the comparisons. For the gender-based analysis, the first dimension of the matrix included gender (i.e., mother versus father), and the other dimension included family relationship experiences. For the ancestry-based analysis, the first dimension of the matrix included ancestry (i.e., Indigenous parents versus non-Indigenous parents), and the other dimension included family relationship experiences. Finally, the intersectional analysis included a dimension of ancestry and gender combined (i.e., Indigenous mothers versus non-Indigenous mothers versus Indigenous fathers versus non-Indigenous fathers), and the other dimension included family relationship experiences.

**Ensuring quality.** I employed various strategies to conduct valid and reliable, high quality qualitative research (Patton, 2002). In addition to being logical, insightful, clear, self-reflective, and relatable, my analyses were grounded in the narratives of the participants that I engaged with openly, compassionately, and empathetically (Corbin & Strauss, 2008). In addition to drawing on my extensive training as a qualitative researcher, I explained my purpose from the beginning of my study and kept referring back to it, wrote memos frequently throughout my analysis and writing process, responded to methodological issues as they arose, and followed a logical, consistent, and appropriate methodology (Corbin & Strauss, 2008).

I also used several procedures to ensure the trustworthiness of the data, which included: checking transcripts for mistakes made during transcription; defining codes through writing memos, in order to prevent shifting the meaning of codes, using thick and rich descriptions to convey the findings of my analysis, and engaged in continuous identification and reflections

around my biases – both through discussions with a senior researcher (my dissertation advisor) and writing and reflecting on memos (Creswell, 2009). In addition, the following steps were taken to ensure trustworthiness (Creswell, 2009, p. 191): (a) I reviewed and coded 36 parents' stories, each of which included baseline and follow-up transcripts (72 transcripts in total); (b) a senior researcher – my doctoral advisor – reviewed and coded 61% of these transcripts (44 out of the 72 transcripts); and (c) a cross-check of codes was completed and demonstrated consistency in coding between the two researchers. Finally, since secondary data were analyzed for this study, member checking with participants was not feasible. Instead, I consulted with a reference group that consisted of Indigenous and non-Indigenous practitioners, scholars, and people with lived expertise from the Winnipeg site of the AHCS project.

### **Findings**

Mental illness, chronic poverty, homelessness, addictions, childhood abuse and trauma, and overwhelming adversity permeated the life stories of both mothers and fathers – including Indigenous and non-Indigenous/non-Racialized parents. However, noteworthy differences in parent-child relationships were found between sub-groups of parents based on gender (mothers versus fathers), ancestry (Indigenous parents versus non-Indigenous parents), and intersecting identities (Indigenous mothers versus Indigenous fathers versus non-Indigenous/non-Racialized mothers versus non-Indigenous/non-Racialized fathers). The names used in this paper are pseudonyms.

#### **Children as Central versus Peripheral: Narrative Identities of Mothers and Fathers**

Experiences of mothers and fathers differed with respect to parenthood and their relationships with their children. For most mothers, children were central to all aspects of their

lives and fundamental to their identities, whereas children were more peripheral in the lives of many fathers.

**Children as central in mothers' narrative identities.** When describing the highest and lowest (most meaningful) points in their lives, many mothers described the birth of their children and being with their children as the highest points and losing their children as the lowest points in their lives. One mother, Annabel, described a high point in her life as: "I had everything – I had a husband, I had a child and I had a good life" and a low point in her life as: "...when they took my son. That would be the lowest point right there. At that time, I had already lost my husband, I lost my child, I lost everything that was important to me." Jaiden said: "I think every day I spend with my kids would be a high point." Some mothers described their children as what gives meaning to their lives. When asked what keeps her going in life, Annita responded:

"...my kids. It's the only thing that keeps me going... Otherwise... there would be no stopping me or no telling what I would do... If I didn't have them... But I think that they really calm me down a lot... I didn't have my oldest until four days before my 18<sup>th</sup> birthday... So like me and her are really close together... ever since they got put in care... it just hasn't been the same without them... It is a hard separation, especially the two going in together and then the one, them taking from me from the hospital, that's the biggest pain... Seeing my baby get taken away from me."

In addition to describing the devastating pain they felt being separated from their children, most mothers expressed their inexorable desire to get their children back to living with them and fulfilling their role as mother. Sophie said: "I would definitely hope that in the next little while... I find an apartment again for myself, I would hope that I could get my daughter to come and live with me again."

**Children as peripheral in fathers' narrative identities.** With some exceptions, fathers described their children as more peripheral in their lives. For these fathers in particular, their narratives were saturated with overwhelming mental illness, addictions, and poor housing



conditions. Some of these fathers described their children's births as high points in their lives but did not discuss their children much throughout the rest of their interviews. For example, Albert described the high point in his life as: "I think it would be when my first boy was born... Yeah, because when my first son was born, I wasn't badly into the habit and stuff... I would have to say that was my high point." However, for Albert – as well as for many fathers in this sample – instead of focusing on his relationship with his children, he was mostly concerned with his own survival and recovery from mental illness, addictions, and chronic homelessness. Many fathers predominantly described ongoing challenges with mental illness and addictions; troubled relationships with one's family of origin (e.g., biological and adoptive parents, siblings, aunts, uncles), stemming from childhood traumas; and the devastating impacts of poor housing and homelessness on their lives. Albert said:

I've got two boys out there. I was married... I don't talk to my boys, I basically know how I can get a hold of them if I need to but right now I've got to worry about myself... I don't worry about them as much 'cuz I know they're looked after... and I won't today pursue them because I'm still not where I want to be... I know I can be a lot better and be in a better place where I don't have to depend on people... I think for myself, for me to be well, is to be very much on my own again financially... but honestly I don't know that's going to happen... cuz I still deal with issues, and I'm afraid to go back out and look for work because of my anxieties and stuff, and stuff like this... I don't want to be on ODSP (Ontario Disability Support Program) the rest of my life either, but until I feel comfortable, this is what I'm dealing with.

Some fathers expressed wanting to be part of their children's lives again, but only after they recovered from their mental health and addictions issues, as well as becoming more financially stable. For example, Donny discussed his yearning to move closer to his daughter, but also expressed his apprehension, saying that:

I don't want to be a part of my daughter's life if I'm smoking weed. Even if it's medically approved... I don't want my daughter to have anything to do with that type of lifestyle. So that's why I'm saying I might not go this year, because I'm still smoking weed. I need time to quit. I need to be able to stand firm in my quitting of marijuana... I want some clean time.

## **Parent-Child Relationships through Cultural (Dis)Connection and Reclamation: Narrative Identities of Indigenous and Non-Indigenous/Non-Racialized Parents**

The narrative identities of non-Indigenous/non-Racialized parents were distinct from those of Indigenous parents. While the narrative identities of Indigenous mothers and fathers were filled with stories of incessant systemic racism and the impacts of intergenerational trauma and disconnection from one's culture(s), those of non-Indigenous/non-Racialized parents were not. Moreover, the strength and resistance of Indigenous parents against these overwhelming challenges were profound and evident through their enriched relationships with their children thorough reconnection and reclamation of their culture(s).

**Cultural (dis)connection of Indigenous parents through systemic racism and intergenerational trauma.** Thelma – an Indigenous mother of Métis descent – shared: “Like I’m too White or... Native and ‘cause I’m Métis... The Whites are, you know, and the Natives, I’m not Native enough.” Scarlet – an Indigenous mother from the Carrier First Nation – described physical abuse she endured by her adoptive parents as a young child. She explained that it was “because I didn’t know how to speak English. I spoke my own tongue. I got beat for that.” She also described racism she experienced as an adult, saying: “Because I’m Native, a lot of people used to put me down to being a drunk.” Marie – an Indigenous mother of Cree descent explained: “I think a lot of us on the street have lost, I mean we lose our dignity but then we also lose ourselves. We lose our culture... who we are... we’ve become ashamed of who we are.” Marie also described her experiences trying to acquire employment in Canada, as an Indigenous person:

Up here in Canada, if you’ve got any kind of color of brown skin, forget it. You’re just gonna go up against trouble. Like on the phone, I don’t know how many times I’ve shown this to people... we could find a nice job that I’m qualified for, call them on the

phone, talk to them great on the phone; Oh yes, yes, we'd love to have an interview, could you fax or e-mail and we'll set up an interview. Walk in the office [knocks on table], I'm sorry we've filled the position already or we've had a couple of other candidates. And I'm like... you just told me to come in. I just spoke with you on the phone. They don't hear Native when I'm on the phone. But they see Native when I walk in the door... And then and that's usually what they say.

One Indigenous father (self-identified as "Aboriginal") – William – shared his experiences with the Canadian justice system:

I just come out of jail, just after my birthday because somebody stabbed up this white guy ... I don't want to discriminate but they stabbed him... and they arrest me... I did a month and a half for no reason... the judge says: "How come you're still incarcerated?" I said "I just, can't just walk out" and he said: "well your fingerprints don't match the women so get an officer in here and release you"... Because I am Native...

### **Parent-child relationships through cultural reconnection and reclamation.**

Reconnecting with and reclaiming one's culture was a distinct resource drawn upon by Indigenous parents, but not by non-Indigenous parents. David (father, self-identified as a member of a "First Nation") described some important pieces of his recovery, including stable housing and receiving culturally relevant supports, which were linked to his spiritual reconnection with his ancestry. He said: "I think I moved in... started to get settled in the place and... had a lot of good support from [an Indigenous support program], I mean, the spiritual part of my recovery." He went on to describe some of the cultural healing practices he engaged with: "I'm finding my spirituality, I'm going to sweats, I'm talking more in circles and to Elders and it's all part of that circle, you know one supports the other and I'm starting to learn that it's a family and I'm joining... it's a way of life for me... it's working for me. I'm embracing that and it's my number one lifeline." Marie also immersed herself in cultural healing practices, which guided her recovery. She said:

I go to sweat lodges now. I go to ceremonies now... But today, I can actually just sit and enjoy the sun, enjoy nature... I'm sober and I'm clean... And I see my Creator everywhere that I didn't see before, I thought I was alone you know... If I feel alone all I

have to do is go out sit in the sun, look at a tree, listen to the birds and just, that's my Creator right there, I'm not alone... You know, whereas before, I was mad at God, the Creator, I shook my fist at him "why".

Through these cultural healing practices, Indigenous mothers and fathers emphasized the importance of reconnection with their biological families of origin and their children more often than non-Indigenous/non-Racialized mothers and fathers, and Indigenous mothers and fathers drew on culture-based familial and community-based supports to do this. These cultural resources accessed by Indigenous parents were connected with their longing for and oftentimes achieving reunification with family members – particularly their children. Furthermore, Indigenous parents whose children were central in their lives and fundamental to their identities, described their children in ways that were inextricably and holistically connected with nature and to one's culture, spirituality, and to all parts of their being. Most Indigenous mothers and fathers also expressed tremendous gratitude for those who supported them and strong desires to give back to their cultural communities. Sophie (mother, self-identified as a member of a "First Nation") described her recovery holistically and as inseparable from all parts of her individual and relational being: "My recovery of everything, peacefulness, happiness, have faith, hope, love, everything, see my kids running around." Just before expressing his desire to take his son to his reserve when he becomes a bit older, Isaac (an Indigenous father from a First Nation) described the support he received from various Indigenous programs, whereby connecting with his culture was connected with his role as a father:

They've been helping me with my kids. I connected with them now... And I have my son [child's name] who's 4, I'm working on getting him legally... So it's all in place with the legal aid and everything. So I have him now, which I've been wanting for quite some time. Now that I have him, you know I feel more reason to live, more purpose. You know more faith. Now that my kids are in my life and [an Indigenous support worker] brought me into the program and helped me out, I'm very grateful... I'm looking forward to trying to go back to school here, at the [Indigenous educational centre].

Cara (an Indigenous mother of Métis descent) also attributed much of her recovery to the support she received from the culturally-based mental health treatment program she was part of. When asked to describe what part of her experiences were most helpful to her recovery, she responded:

Everything you can think of, all his [her case worker in an Indigenous support program] support: support with finding me adequate housing, the financial support, the emotional support, the mental support, accomplishing and getting the point across to other agencies and peoples... that I am not just a number... this is what situation is and she needs this looked after um due to better healthy living.

Cara went on to describe the impacts that housing stability had on her role as a mother and grandmother:

I can really cherish the stuff that I have now... like the quilt my mom made me... my daughter's downstairs... And baby, grandbaby so that's a bonus... that is definitely a bonus. So, but definitely positive I can have my grandbaby upstairs and I can shut my door and, it's not very big but I still have you know I still have the time with her... we can sit and read books and we can go over the ABC cards and it just, it makes me feel like I have a second chance.

She went on to describe what helped her with her recovery, including achieving housing stability, which was connected with the cultural healing she experienced in the Indigenous support program:

I've always had respect for the Native people. I find the Native healing and stuff like that is very, very healing, soothing, understanding... support from the Native aspect as well was very soothing... I find the Native people... Being more caring and more down to earth and more gentle and not judgmental, and accepting... the Native aspect... Is very calming, the teachings and all that stuff that is involved with the [culture-based] program is very positive... waking up every morning knowing that I have the program is a major high for me... I don't think I would get out of bed if I didn't have the support from the program.

Finally, Cara described her hopes for her future holistically, but also circularly, whereby she plans to give back to her community, and support others in the way she was supported:

My plans for the future... with the support and the help from the [culture-based program] and At Home research program... My plans are to stay healthy... without drugs and alcohol... be a positive role model to my granddaughter and my children... find a place in the workplace where I could start earning some money... start feeling better about

myself... get a job... and hopefully be in a place where I can help people that were in my situation.

The following are two additional examples of Indigenous parents' cultural reconnection and healing as an inextricable part of parenthood and family reconnection. Georges (father, self-identified as "North American Native") – a survivor of Canadian residential schools – shared details about his healing journey, to which he described his recovery as inseparable from cultural healing and reconnecting with his children. As part of his recovery journey, he brought his children to the reserve of his home community, where he was taken as a child, and placed in a residential school. He said:

There is one, one major component of... the way I am... changed quite a bit. When I was in residential school, I pretty much had to fight daily. When I grew up, I had this anger in me. Even when I was having kids and everything, there was always there that anger. But, we've had, I don't know two or three sessions... with all Nations healing... where my kids came down and we did group sessions. That was pretty good... it allowed everybody, including my kids to voice anything that they wanted to put forth regarding their lives, my lives and how it affected them. A lot of good stuff came out... Really did affect my kids... residential school... And the anger I had. They were always walking on needle type... that's the way we grew up... But like I said this anger, I've learned about it in the past year going to those healing sessions... being able to say I love you and I'm sorry to my kids... I've been able to say I love you to my kids just recently... I've never said that to them... those types of things come out and... those types of fatherly qualities, manly qualities I should have had were always blocked by this anger in me. I learned to feel better about myself. It's a very slow process... but at least I know now where I'm heading. I'm planning to go home a.s.a.p. (as soon as possible), as soon as I can, I'm planning to move home.

When asked about what has been most helpful to his health and well being during his recovery journey, David – also a survivor of the Canadian residential school system – responded with the following:

I need to answer that from my Aboriginal cultural lens if you will... holistically... Cause each part leads into the other... And I think those... housing was the number one thing, and then having access to the food, and my health, and the mental issues... And then the spiritual part... so those five components. I had to balance that out, so that it wasn't due to too much of one and you know that... You know given the other... And cause we're all on our own roads, so the road I'm on, that's what I'm talking about... Is

never perfectly balanced, but as long as I'm aware where I'm unbalanced, to try and have that balance, like no one's perfect and I'm not striving to be perfect, I'm just trying to do the best that I can be... So that my son will pick up on that and break the cycle. Like to think that you know it's, the balance is the thing... I had always been curious about, when I was growing up, there was no powwow clubs, no singing clubs, no dancing, no Ojibwe classes... it was just residential school, trying to take our identity and our culture away and, so I grew up without it... And I didn't want my son to grow up like that so I started looking for programs... I'm learning at the same time so we're both learning... And we're both learning the language.

### **Intersectional Analysis: Gender and Ancestry**

Findings from the intersectional analysis (of gender and ancestry) revealed more nuanced narrative identities of sub-groups of parents versus the separate gender-based and ancestry-based analyses. The intersectional analysis showed that children were in fact most peripheral in the narrative identities of non-Indigenous/non-Racialized fathers than in those of the Indigenous mothers, non-Indigenous/non-Racialized mothers, and Indigenous fathers. Furthermore, children were most central in the narrative identities of Indigenous mothers (versus the other three sub-groups), despite experiences of interpersonal violence, which were also most pervasive in the narratives of Indigenous mothers.

**Children as peripheral for non-Indigenous/non-Racialized fathers.** Comparisons between Indigenous mothers, non-Indigenous/non-Racialized mothers, Indigenous fathers, and non-Indigenous/non-Racialized fathers revealed differences between their experiences. First, one's children were mostly peripheral in the lives of non-Indigenous/non-Racialized fathers. Of the four groups, non-Indigenous/non-Racialized fathers were least likely to discuss their children during their interviews. For instance, the majority of Indigenous mothers and some non-Indigenous/non-Racialized mothers expressed tremendous grief over losing and/or missing their children, describing these moments as the lowest points in their lives, whereas the non-Indigenous/non-Racialized fathers did not. Examples include: Indigenous mother Charlie, saying

that: “The worst moment in my life was when I had my kids taken away”; Alanis (also an Indigenous mother) who stated that her lowest point was: “not being able to see my youngest child”; and Kaci (a non-Indigenous/non-Racialized mother), who said: “A low point would be losing my husband to drugs... And then I lost my daughter to social services for a little bit because of the drugs... so I lost him and I lost my daughter and I fell into in my addiction.”

Indigenous mother Sophie described the worst moment of her life – her lowest point:

... that would’ve been when my daughter got taken, when the raid happened at my apartment and my daughter got taken away... my son wasn’t born yet... that was probably the worst time for me. Cause she had been with me for seven years... she had always been in my care... and then she was gone and I couldn’t talk to her. And I felt really bad. I just wanted to die, you know. It was really bad.

Non-Indigenous/non-Racialized fathers, however, mostly described experiences around mental health and addictions, homelessness, incarceration and legal issues, physical illness, and death of loved ones as the low points in their lives. Finally, many Indigenous mothers and fathers described their children as what keeps them going in life, but very few non-Indigenous/non-Racialized mothers and fathers did the same. For example, Thelma stated: “I don’t wanna die, cause of my kids”; Annita (Indigenous mother from a First Nation) said: “I feel like giving up, but I will never give up on my kids”; and in describing his recovery process, Joseph (Indigenous father) said “I did it on my own. You know the reason why I did that? Cause I wanted to see my kids.” In contrast, with few exceptions, non-Indigenous/non-Racialized fathers did not discuss their children as what keeps them going.

**Children as most central for Indigenous mothers.** Next, Indigenous mothers spoke more often than the other groups about wanting to get or getting their children back. Most Indigenous mothers’ narratives were saturated with their yearning for getting their children back and many of the Indigenous fathers and non-Indigenous/non-Racialized mothers expressed



similar desires. However, few non-Indigenous/non-Racialized fathers expressed these same sentiments. For example, Charlie (an Indigenous mother) envisioned her future housing situation as: “Stabilized so I can have my kids come over for a night”, while Thelma (an Indigenous mother) described her hopes for the future as: “I have to be sober, working, stable housing, more interaction with my children.” Likewise, despite the most traumatic, worst experience of her life being losing her daughter (described earlier), Sophie (an Indigenous mother) explained: “I’m working towards getting my kids back.”

**Indigenous mothers experiences of violence.** Finally, Indigenous mothers talked more about experiencing violence than parents in the other groups. They described both family and foster family abuse and dysfunction, and partner abuse more than the other groups, and oftentimes, experiencing both throughout their lives. One of several examples includes Charlie, who described being sexually abused by her mother’s boyfriend when she was a child, as well as having to leave her home due to domestic abuse from her partner as an adult. Thelma stated: “... my ex gave me nine stitches. He was trying to kill me. He’s in jail now. He found me about; cut my eye open here; my head here... But when he cut my head open here, a pedestrian phoned the cops... I would have bled to death.” Marie described living in a foster home with her brother for about a year when they were children. She said: “... it was an awful place. We were both sexually abused in that foster home... physically... a lot of awful things happen there.” Later in her life, Marie also described experiences of domestic violence, including one particular time where her “partner choke[d] me until I passed out.” These are a few of many violent experiences described by Indigenous mothers in this study.

## **Discussion**

In this section, I discuss the findings regarding the three research questions.

### **Gender Analysis: Mothers versus Fathers**

It is important to consider the historical, cultural, and socio-political contexts of gender roles and expectations, and the ways in which “gender influences women’s experiences of motherhood, mental illness, and recovery” (Hine et al., 2018, p. 17), particularly when we interpret findings from this study with mothers diagnosed with mental illness, and experiencing homelessness and mother-child separation. According to gender identity theory, people who identify as women and men – and hence, parents who are mothers and fathers, have been socialized to perform social roles based on these identities and the cultures and contexts to which they belong (Carter, 2014). In Euro-Western societies, for example, regulation of women’s sexuality, reproductive capacities, and roles as mothers are controlled by patriarchal and colonial systems of governance (Moane, 2011). In addition to assigning mothers to the role of caregiver, the Euro-Western binary conceptualization of motherhood deems mothers as “good” or “bad” (Davies & Allen, 2007; Weingarten, Surrey, Garcia Coll, & Watkins, 1998). If a mother “fails” in her performance of motherhood – regardless of whether or not her capacity is within her own control – she is deemed a “bad” mother, and consequences such as mother-child separation, will follow (Butler, 1990).

However, the roles of fathers in North America – again through patriarchal and colonial influences, are only slowly evolving from “breadwinner” (Doherty, Kouneski, & Erickson, 1998) to caregiver and nurturer in the last few decades (Ferguson & Morley, 2011). Therefore, while many men experiencing being homeless are fathers, most of them live apart from their children (Ferguson & Morley, 2011), and relationships between fathers and their children are commonly and intricately connected with the relationship between the child’s father and mother (Doherty et al., 1998; Jackson, Choi, & Franke, 2009).

Utilizing gender identity theory based on Euro-Western gender roles and expectations to compare the narrative identities of parents by gender (i.e., mothers versus fathers) provides one way of understanding why the narratives of mothers and fathers in this study were different with respect to parenthood and their relationships with their children. Findings of this study revealed that children were central to all aspects of most mothers' lives and fundamental to their narrative identities (i.e., the high points in their lives involved being with or the birth of their children; low points involved losing their children; and they strongly desired reunification with their children and to fulfil their roles as mothers), yet children were more peripheral for fathers.

It is important to problematize these findings of children as peripheral for fathers, and to ensure that we do not essentialize these differences (Bohan, 1993) between mothers' and fathers' relationships with their children. The idea of "mothers as nurturers" and "fathers as providers" is not a natural and inherent phenomenon; these are not intrinsic traits of mothers and fathers. Instead, women and men have been socialized to perform certain roles in Euro-Western societies. These relationships (between mothers and fathers and their children) are highly contextualized and constructed through layers upon layers of historical and systemic factors, and also filtered through multiple lenses of individuals who have also been socialized (e.g., the interviewers who conducted the interviews with parents; myself who analyzed the data - all of whom have also been socialized to believe that men and women have distinct gender-specific characteristics and roles). Accordingly, this means that it is possible for children to be central in the narrative identities and lives of fathers. It is imperative that we reconstruct social systems and support fathers in having different experiences that will help reframe their "modes of thinking, judging, relating..." to their children and to fatherhood (Bohan, 1993, p. 5), and that we restructure homelessness serving systems in order to nurture healthy father-child relationships.

Similarly for mothers, the theme of children as central to their lives and identities is connected with the socialization of women as carers and nurturers of children. These findings regarding mothers' narrative identities are important and consistent with evidence that one's identity as a mother is fundamental to her recovery from mental illness and addictions (Hine et al., 2018), and more specifically, for mothers experiencing being homeless with mental illness (Barrow et al., 2014; Benbow et al., 2011). Therefore, even when separated from their children, motherhood is fundamental to many mothers' identities and impacts their recovery from mental illness, addictions, and homelessness, and regardless of the reasons *why* children were central to mothers' identities, we must support mothers and their children in fostering healthy relationships with each other.

The findings from this study also showed that survival from chronic poverty and homelessness, mental health issues, and addiction was the priority for most fathers. The narrative identities of many fathers revealed that one's children were more peripheral in their lives and less integrated within their identities. For these fathers, in particular, achieving mental health, housing, and financial stability, as well as recovering from addiction issues must precede any potential and meaningful reconnection with their children. In addition to – and associated with – gender socialization and the impacts on fathers' narrative identities and parent-child relationships, there could be many reasons for why children were more peripheral in the narratives of fathers. To go further, it is possible that some fathers feel shame about being apart from their children, which may even exacerbate their addictions as a way of coping with the shame and the pain. Some fathers may be trying to protect their children by remaining apart from them, to avoid exposing their children to their own experiences homelessness, mental illness, and addictions, and to prevent their children from following in their path. It is possible that what

might seem to be a father's lack of desire for connection with their children could instead be related to complex trauma (such as abandonment and attachment concerns) and experiences of painful emotions (such as shame). For example, it is possible that for some fathers, being stuck in "survival mode" makes it challenging to think about one's journey to wellness, including reconnecting with one's children.

Padgett (2005) has described "ontological security" – as derived from the work of Giddens (1990) and Laing (1965) – as: "the feeling of well-being that arises from a sense of constancy in one's social and material environment which, in turn, provides a secure platform for identity development and self actualization" (p. 1926). Dupuis and Thorns (1998) have suggested that having a home that one can control and gain a sense of mastery over is one way to achieve ontological security, and requires that home is a place where: (a) material and social constancy are achieved; (b) daily routines can be carried out; (c) one feels free from surveillance and in control of their own lives; and (d) one feels they are living in a secure base to construct their identity. Hence, it is possible that some fathers might be waiting until they are further into their own recovery journey, and have achieved ontological security before reconnecting with their children.

The limited research available on father-child relationships in the context of homelessness has described various determinants of father-child connection, such as a father's financial status. For instance, non-custodial fathers with low incomes have lower rates of contact with their children than those with higher incomes, which worsen with unemployment, incarceration, mental health issues, substance misuse, and lack of support from extended family and friends (Nelson, 2004). One study showed that fathers' accommodation types (i.e., squatting/rough sleeping, crisis accommodation, transitional housing, public/private housing)

and the necessity of housing stability foremost and fundamentally impacted their ability to connect with their children and the quality of their connection (Barker et al., 2011).

Furthermore, inadequate income that led to housing instability and homelessness, and consequently having to place one's children with their mothers or with protective services impacted father-child connections. Additional structural barriers impacted father-child connections, such as trying to secure stable housing for themselves to reunify with their children. If men's children were not living with them, they couldn't receive income supplements or government supported housing to acquire stable housing (Bui & Graham, 2006). Even for fathers who could afford housing, they could only afford enough space for themselves and not enough space to accommodate their children to live with them. Aside from stable housing, there is a lack of temporary places to live with one's children as a father, including homeless shelters, which often do not allow children to enter (Bui & Graham, 2006). Ferguson and Morley's (2011) evaluation of the Project for Pride in Livings Inc.'s Non-Custodial Parents Housing Program for homeless non-custodial fathers, supports Barker et al. (2011) and Bui and Graham's (2006) findings by emphasizing that a father cannot fulfill his role as parent without stable housing.

### **Ancestry Analysis: Indigenous versus Non-Indigenous Parents**

Despite a systematic program to disconnect Indigenous peoples of Turtle Island from their relationships and land – and in spite of extensive experiences of interpersonal violence, racism, and domestic violence (particularly against Indigenous mothers) – relationships, family support, and cultural healing were central to the recovery and healing experiences of Indigenous mothers and fathers in this study. Indigenous parents drew on their cultural relationships and resources, revealing that at the core of their recovery from mental health issues, parent-child disconnection, and addiction issues, was their inextricable and holistic connection with one's

culture, spirit, to nature, and “all my relations” (Thistle, 2017). Cultural healing and reclamation (Gone, 2011; Hartmann & Gone, 2012) and establishing balance amongst all of these integral relationships was fundamental for Indigenous parents’ reconnection with their families, children, and parenting knowledge and practices of their ancestors, exemplifying tremendous resilience (Kirmayer et al., 2011).

Since the 1600s, European colonizers of Turtle Island (present-day Canada) initiated processes of cultural genocide against its Indigenous peoples – processes that are sustained today in Canada, and trauma that impacts subsequent generations of families and communities (Connors & Maidman, 2001). The main purpose of these processes was to separate Indigenous peoples from their land, cultures, values, languages, families, communities, and holistic worldviews, and to forcibly impose Euro-Western systems of governance, language, culture, and religion (Connors & Maidman, 2001). Some of these processes include the: introduction of disease and addictive substances (Dickason, 1992; Morrison & Wilson, 1995); forced removal from their homes and land and the establishment of reserves (Connors & Maidman, 2001); forced mass removal of Indigenous children (as young as 4-years of age) from their homes and placement in church-run residential schools (Gone, 2013; Milloy, 1999); and government-administered mass removal of children from their Indigenous parents and placement in non-Indigenous families through the child welfare system beginning in the 1960s – known as the “sixties scoop” (Blackstock, Trocmé, & Bennett, 2004). Along with many current racist and culturally-biased Canadian practices and policies, Canada’s present-day child welfare system continues to contribute to the separation of Indigenous children from their parents/families, where Indigenous children continue to be disproportionately overrepresented (Blackstock, 2007; Sinclair, 2016; Sinha et al., 2011). Due to ongoing settler colonization, racism, and cultural

annihilation, some Indigenous families remain disconnected from their web of relations – including land, cultures, values, languages, families, communities, lifestyles, and worldviews – and have also experienced a loss of parenting knowledge and community-based supports, (Blackstock et al., 2004; Connors & Maidman, 2001), mental health disparities (Hartmann & Gone, 2012), and various dimensions of homelessness (Thistle, 2017).

The narratives of Indigenous parents in this study were saturated with cultural practices of traditional healing circles and ceremony, sweats, and powwows; engagement in culturally-adapted support programs; relationships with Elders, cultural healers, family, community, and language; (re)connections with nature, animals, and land; (re)connections with parenting knowledge; and holistic world views of wellness that balance mental, physical, spiritual, and emotional being (McCormick, 1995). Indigenous parents in this study demonstrated not only the ways in which their values and gifts of bravery, wisdom, respect, love, honesty, humility, and truth (Connors & Maidman, 2001) have resisted colonial domination and strengthened their connections to their relations, but also the circular way in which they are finding their way back to their Indigenous ways of being.

### **Intersectional Analysis**

This particular analysis was integral to understanding the differences between groups of parents. This analysis demonstrated how narrative identities could differ considerably depending on whether or not a one-dimensional or intersectional analysis is conducted, and which axis/axes of social identity is/are being analyzed. The first two analyses (i.e., first analysis based on gender; second analysis based on ancestry) generated different findings from each other and from the intersectional analysis. In the gender-based analysis, the impacts of gendered experiences were most prominent, while the ancestry-based analysis showed some impacts of



racist colonial oppression, as well as cultural resistance. In the intersectional analysis, however, we were able to see the layered impacts of multifaceted social locations, including those of gendered, racialized, and colonial oppression, and also the strength of Indigenous parents' resistance and connections to "all my relations" (Thistle, 2017).

Children were most peripheral in the lives of non-Indigenous fathers when their narratives were compared to non-Indigenous mothers, Indigenous mothers, and Indigenous fathers. While children were mentioned in some of the fathers' narratives, most non-Indigenous fathers were primarily concerned with achieving mental health, housing, and financial stability. With non-Indigenous fathers in this study being White, and of European/Canadian ancestry, from a gender identity theory perspective, this finding is consistent with Euro-Western gender roles of fathers – those that represent an "economically based paternal identity" (Kost, 2001, p. 501). It is important to note that while in the first –gender-based – analysis when fathers were grouped together (i.e., Indigenous and non-Indigenous fathers), findings showed that children were more peripheral in the lives of fathers (versus mothers) more generally. However, when sub-groups of fathers and mothers were broken down further in this intersectional analysis, findings showed that non-Indigenous and Indigenous fathers' experiences and narratives regarding their children were in fact different from each other, with non-Indigenous fathers talking least about their children in their interviews.

Some of the transecting impacts of belonging to multiple social groups and multiple sites of oppression (Simpson, 2014) and resistance (hooks, 1981) – experiencing homelessness, being women, being mothers, experiencing mental health issues and being Indigenous – were revealed for Indigenous mothers in particular. Despite interpersonal violence (family abuse/dysfunction and intimate partner violence) that permeated the narrative identities of Indigenous mothers, they

still most strongly desired reconnection with their children than the other groups. Moreover, Indigenous mothers also most commonly discussed losing and missing their children as the lowest points in their lives; their children being what keeps them going; and the tremendous impacts that cultural healing had on their recovery journeys.

Disproportionately high rates of interpersonal and intimate partner violence against Indigenous women (versus non-Indigenous women experiencing being homeless) have been demonstrated consistently in the literature (see Adair, 2015). At the same time, Kim Anderson (2011, 2016; Anderson & Lawrence, 2003; Harvard-Lavell & Anderson, 2014) has written extensively about the foundational and central roles of Indigenous women in their communities and emphasized the ways that Indigenous mothering has been a powerful space for resistance, reclamation, and recovery of Indigenous women. This study further demonstrates that through cultural (re)connection – of which is at the core of their love for and desire to be connected with their children – Indigenous mothers continue to resist against and recover from recurrent experiences of colonial, racialized, gendered violence, and reclaim “their role in influencing the future through the responsibilities and the authority they carry as the mothers, aunties, and grannies of the nations” (Anderson, 2014, p. 188).

### **Implications for Future Theory, Research, and Action**

This research has implications for future theory, research, and action.

#### **Theory**

Gender socialization and identity theories are useful in understanding how peoples’ experiences differ based on the ways in which gender has been socially constructed across and within cultures. These theories illuminate the importance of understanding how groups of people perform their identities through various social roles (e.g., mother and father) (Butler, 2004), and

how these socially constructed roles impact their identities. Furthermore, they support the deconstruction of findings such as those in this research study (i.e., that children are central to mothers' and peripheral to fathers' narrative identities) and preventing the essentialization of differences between genders (Bohan, 1993).

In order to better understand the experiences of Indigenous individuals, families, and communities, it is essential to approach their stories from their own worldviews and perspectives. These worldviews and perspectives may be based within or include traditional and diverse Indigenous cultural philosophies. Narrative identity theory (McAdams, 1985; 1993) is useful to understand the experiences and identities of parents who are experiencing being homeless. These approaches include learning about meaningful experiences of individuals and communities through their stories (Bauer et al., 2005) and are particularly well aligned with Indigenous methods of oral history and storytelling (Smith, 1999) of some Indigenous cultures. Furthermore, utilizing intersectionality as a tool to analyze these narratives was particularly useful in this study to elucidate the layered impacts of intersecting social locations of parents experiencing homelessness, especially those of Indigenous mothers.

## **Research**

The method of analysis used in this study was unique. The intersectional analysis was preceded by analyses that isolated social axes (gender and ancestry), which underscored the power of intersectionality in highlighting layers of experiential oppression and resistance. More specifically, parents' experiences were first analyzed based on gender, followed by an analysis based on ancestry, and finally by gender and ancestry together. This approach is helpful to understand some of the nuanced complexities and intersectional experiences of particularly marginalized sub-groups in the population of people experiencing homelessness. It would be

useful to replicate this particular methodological approach to understand experiences and identities of additional vulnerable sub-groups of people experiencing homelessness. Further research can look deeper into the diverse family experiences of Indigenous peoples with First Nations, Inuit, and Métis ancestry, but also based on the particular worldviews that certain individuals and groups of people find to be helpful for their healing journeys. Finally, more research needs to be done to understand the roles that children play in non-Indigenous fathers' identities and how homelessness impacts these relationships in order to ensure that service provision supports father-child relationships that are in the best interest of the child(ren).

A limitation of this study was that it was based on secondary data. The narrative interviews conducted did not focus directly on parent-child relationships, separation, and reunification. Further research is needed with parents experiencing being homeless who are separated from their children in order to centre data collection and analyses on these relationships and the contexts surrounding them. Another limitation to this study was the lack of language diversity (i.e., only English-speaking Canadians were included in this study) and gender diversity (i.e., parents in this study only identified as either mother or father). Future research could also examine the experiences of French-speaking Canadians, and the experiences of people who identify along the gender spectrum and consider the implications of additional layers of social identity. I would consider questions such as: (a) what were the circumstances surrounding parent-child separation?; (b) how do gender identity and sexual orientation impact these circumstances and relationships?; and (c) what services were available and accessible for parents and children to reunite, and how did these services align/misalign with housing and homelessness services?.

## **Action**

Interventions and services around homelessness, housing, mental health and addictions, and violence against women must account for the importance of children in the lives, identities, and recoveries of mothers – particularly, Indigenous mothers. They must acknowledge and integrate evidence-based supports, such as trauma-informed practices and trauma-specific services (Kirst, Aery, Matheson, & Stergiopoulos, 2017) – specifically, those focusing on Indigenous historical trauma (IHT) (Gone et al., 2018) – to counter the disproportionate frequency of interpersonal violence and intergenerational trauma against Indigenous women. Furthermore, homelessness practitioners, researchers, and policymakers must understand that Indigenous homelessness is distinct from Euro-western homelessness and should deliver services and plan interventions accordingly. Additionally, there is no pan-Indigenous worldview or perspective, and each individual’s healing journey will be unique. For example, some Indigenous individuals believe solely in engaging with traditional healing practices, while other Indigenous individuals are devout Christians, and some combine both traditional and Christian worldviews to varying degrees. Hence, understanding, preventing, and ending Indigenous homelessness must, at the very least, include culturally-relevant approaches and programming must be offered and supported (Gone, 2011; Hartmann & Gone, 2012) – including Indigenous HF programs, that are governed and delivered by Indigenous communities and framed within Indigenous world views, whereby all of these relationships are central. Finally, Indigenous homelessness must be examined through understanding the historical and ongoing impacts of colonialism, racism, and violence committed against Indigenous people in Canada and for many Indigenous peoples, as the “disconnection from the Indigenous understanding of home as ‘All My Relations’” (Thistle, 2017, p. 39).

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**CHAPTER 4**

**PARENT-CHILD RELATIONSHIP OUTCOMES IN A RANDOMIZED CONTROLLED TRIAL OF HF FOR INDIGENOUS AND NON-INDIGENOUS PARENTS EXPERIENCING HOMELESSNESS, MENTAL ILLNESS, AND SEPARATION FROM THEIR CHILDREN**

**(Manuscript 3)**

**Abstract**

This study examined the impacts of Housing First (HF) on parent-child relationship outcomes for Indigenous and non-Indigenous parents in the Canadian At Home/Chez Soi (AHCS) randomized controlled trial for people experiencing homelessness and mental illness. Baseline and 18-month follow-up narrative interviews were analyzed to examine differences in parent-child relationship outcomes between the HF and treatment as usual (TAU) groups overall, and then between the two groups separately for Indigenous and non-Indigenous parents. Participants ( $N = 43$ ) were randomly assigned to HF ( $n = 27$ ) or TAU ( $n = 16$ ). There were 21 Indigenous parents and 22 non-Indigenous parents in the sample, and 16 mothers and 27 fathers. Overall, parent-child relationship outcomes were better for parents in HF relative to TAU. Several parents in the HF group described profound positive changes in their relationships with their children, while most parents in TAU described their relationships with their children as remaining unchanged over time. With regard to ancestry, the findings revealed that treatment status (HF vs. TAU) was significantly associated with changes in parent-child relationships for Indigenous parents,  $\chi^2(1, N = 21) = 5.59, p < .05$ , but was not significantly associated with changes in parent-child relationships for non-Indigenous parents,  $\chi^2(1, N = 22) = .27, p > .05$ . The findings were



interpreted through a recovery lens and underscore the importance of culturally-appropriate HF programs for supporting the healing journeys of Indigenous parents experiencing homelessness, mental illness, and separation from their children. HF programs that are delivered by Indigenous organizations, guided by Indigenous worldviews, employ culturally-relevant and culturally-safe practices, and are staffed by Indigenous service-providers and administrators, are highlighted as exemplars for understanding how HF programs can positively impact parent-child relationships.

Keywords: Housing First; Parent-child relationships; Family homelessness; Indigenous homelessness; Recovery; Cultural adaptation

## **Introduction**

Parent-child separation is more common within families experiencing homelessness than for families with a home (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002). Some family homelessness research has focused on the experiences of parents who are homeless with their children or separated from them (e.g., Barker & Morrison, 2014; Shinn, Rog, & Culhane, 2005; Zabkiewicz, Patterson, & Wright, 2014). Additionally, some research regarding parent-child separation in the context of homelessness focuses on housing interventions designed to prevent parent-child separation or to reunify families that have already been separated (e.g., Shinn, Samuels, Fischer, Thompkins, & Fowler, 2015). Yet, we know little about the parent-child relationship outcomes of interventions for parents experiencing homelessness, mental illness, and living apart from their children. Furthermore, there is no research that has compared the parent-child relationship outcomes for Indigenous and non-Indigenous parents, despite the immense overrepresentation of Indigenous peoples experiencing homelessness in Canada (Patrick, 2014). Therefore, the purpose of this research is to examine and compare parent-child relationship outcomes of an intervention for both Indigenous and non-Indigenous parents who are homeless, have experienced mental illness, and are separated from their children.

## **Literature Review**

### **Housing First**

Housing First (HF) is an approach to ending homelessness for people with mental illness that immediately provides participants with a rent subsidy so that they can obtain the housing of their choice without any preconditions, and provides support to achieve their goals (Tsemberis, 2010). Moreover, HF is based on four central theoretical principles: “a) immediate provision of housing and consumer-driven services, b) separation of housing and clinical services, c)

providing supports and treatment with a recovery orientation, and d) an emphasis on promoting community integration” (Aubry, Nelson, & Tsemberis, 2015, p. 469). Following the establishment of New York City’s Pathways to Housing HF program in 1992 (Tsemberis & Eisenberg, 2000) and a growing evidence base attesting to the effectiveness of HF in reducing homelessness (Aubry et al., 2015), HF has become the “gold-standard” approach to housing and treatment for individuals who are chronically homeless, have mental health issues and, often, co-occurring addictions (Stefancic & Tsemberis, 2007). Furthermore, HF has now been implemented across the U.S., Canada, Europe, Australia, and New Zealand (Padgett, Henwood, & Tsemberis, 2016).

### **The Canadian At Home/Chez Soi Project**

From 2009-2013, Health Canada invested \$110 million into a research demonstration project on HF. In this project, called At Home/Chez Soi (AHCS), a randomized controlled trial (RCT) design was used to evaluate the impacts of HF over a two-year period in five cities: Moncton, Montréal, Toronto, Winnipeg, and Vancouver (Goering et al., 2011). The research showed that relative to treatment as usual (TAU), HF significantly reduced homelessness and promoted other positive outcomes, including quality of life and community functioning (Aubry et al., 2016; Stergiopoulos et al., 2015). However, outcomes among the sub-group of parents who have been separated from their children, including both Indigenous and non-Indigenous parents, has not specifically been examined in the AHCS research to date.

### **Recovery and Mental Illness**

Consumer choice, empowerment, and self-direction are central to the recovery-oriented supports and services that are fundamental to HF (Nelson & MacLeod, 2017). One’s recovery journey with mental illness is a non-linear and individualized process (Leamy et al., 2011) –

albeit highly influenced by contextual factors (e.g., impacted by poverty, homelessness, unemployment) (Ochocka, Nelson, & Janzen, 2005). In fact, the term “complex recovery” has been used to connote the impacts of cumulative life adversities, including past traumas, current challenges, and hopes for the future on one’s recovery process (Padgett, Tiderington, Tran Smith, Derejko, & Henwood, 2016). More generally, recovery is about meaning-making, hope, and goal-setting in one’s life (Kirst, Zerger, Wise Harris, Plenert, & Stergiopoulos, 2014). Accordingly, an individual’s recovery often involves recovery not only from mental illness, but also from troubled relationships (Nelson, Lord, & Ochocka, 2001), as well as a motivational “drive to move forward” (Ochocka et al., 2005, p. 320). For example, for one person, recovery might include getting a job, while it might mean reconnecting with one’s children for another. In both cases, however, there is a drive to move forward – a shift per se – to experiencing meaning in one’s life.

Western views of mental illness and Indigenous worldviews of health, wellness, and recovery are distinct in many ways. Lavallée and Poole (2010) stated that:

...healing for Indigenous Peoples must include work around identity. The cultural identity of Indigenous peoples is one of the primary aspects that colonization has attacked and continues to attack. Ill health, including what the West calls mental ill health, is a symptom of this attack on cultural identity. Treating the symptoms of ill health, including addiction and mental health is a band-aid solution that does not treat the root causes—colonization and identity disruption. (p. 275)

Lavallée and Poole (2010) emphasize the need to move beyond Western notions of recovery when trying to understand and support the healing journeys of Indigenous Peoples. One way to do this work is to acknowledge the importance of cultural practices for individuals, families, and communities, and integrate holistic support systems/interventions that target not only mental well-being, but a balance between mental, physical, emotional, and spiritual well-being (Chansonneuve, 2007).

## **Research on Housing Interventions for Parents Experiencing Homelessness**

Few studies have focused on housing interventions designed to prevent parent-child separation or to reunify families that have been separated and experience homelessness (e.g., Shinn, Brown, Wood, & Gubits, 2016; Shinn et al., 2015). For example, in the Family Options Study – a large-scale, multi-site RCT, researchers examined the effectiveness of various housing and service interventions for over 2,000 homeless families in the U.S. The findings revealed the significant impacts of permanent housing subsidies in improving family preservation, substantially reducing parent-child separations (Gubits et al., 2015; Gubits et al., 2016; Shinn, 2016), and reducing foster care placements (Gubits et al., 2015). In a Family Critical Time Intervention (FCTI) project, researchers examined the effectiveness of various housing and case management services that connected 200 families (mothers with mental illness or substance use problems, and their children) who were leaving shelters with community services. Despite positive findings related to the FCTI's potential to improve outcomes for children experiencing homelessness, no effects were found with respect to mother-child separation (Shinn, et al., 2015). The Family Options study did not focus on parents with mental illness who had been separated from their children, and the impacts of the HF approach on parent-child relationship outcomes. Moreover, both studies were conducted in the U.S.

**Indigenous family separation in Canada.** Systematic processes of cultural genocide against Indigenous peoples by European colonizers of Turtle Island (called Canada today) began in the 1600s upon contact and continue today. Initially, Indigenous children were forced from their homes and placed in residential schools (Gone, 2013, Milloy, 1999), followed by mass removals and placement of Indigenous children in non-Indigenous families during the “sixties scoop” (Blackstock, Trocmé, & Bennett, 2004). To this day, Indigenous children are

disproportionately overrepresented in the child welfare system (Blackstock, 2007; Sinclair, 2016; Sinha et al., 2011). Since a substantially disproportionate number of Indigenous families in Canada experience homelessness (Patrick, 2014), apprehension of Indigenous children from their homes (Sinclair, 2016) and child placement in the child welfare system (Trocmé, Knoke, & Blackstock, 2004) in Canada, we need to understand how housing and service interventions impact Indigenous families in Canada. The worldviews of many Indigenous Peoples focus on children as central to the functioning of families.

Children are seen as the most valuable resource, for without these gifts from the Creator the family would not continue to exist. These gifts are treasured, loved, protected, and nurtured by the entire extended family. All members of the family have, as their responsibility, the task of nurturing the young to learn and grow into their next roles. (Connors & Maidman, 2001, p. 354).

Despite the importance of children in Indigenous families and communities, and the disturbing overrepresentation of Indigenous family separation due to systemic violence, we know very little about the outcomes of housing and service interventions for Indigenous parents who have been separated from their children and experiencing homelessness in Canada.

### **Rationale and Research Hypotheses/Questions**

Findings from the two prior studies (Chapters 2 and 3 of this dissertation), which demonstrated the: (a) importance of mother-child relationships (Chapter 2); and (b) noteworthy positive parent-child relationship impacts that cultural healing resources had on Indigenous parents (Chapter 3), led to the hypothesis that these impacts were related to the HF intervention. Hence, I hypothesized that there would be greater positive changes in parent-child relationships for parents in the HF intervention relative those in TAU. To go further, I wanted to better understand whether these potential impacts of HF had different impacts on Indigenous parents versus non-Indigenous parents. Therefore, I asked the following research question: Does HF

have different impacts on parent-child relationship outcomes for Indigenous and non-Indigenous parents?

### **Methodology**

The data for this study come from the larger AHCS research.

#### **AHCS Research**

A 10% subsample of the overall 2,148 individuals that participated in the AHCS research was selected from across the five sites (Moncton, Montreal, Toronto, Winnipeg, and Vancouver) and each study condition (HF versus TAU groups) to participate in qualitative, narrative interviews. Initial selection of participants was random and became more purposeful to effectively represent sample diversity (e.g., age, ethnicity, gender). Of the overall sample of 2,148 individuals, 219 participants participated in semi-structured, narrative interviews. All 219 participated in these interviews when they first entered the project (“baseline”) between October 2009 and June 2011, and 197 of them also participated in follow-up interviews 18 months following their baseline interviews. Thus, the attrition rate was 10%; 22 out of 219 participants dropped out of the study from baseline to follow-up due to participant refusal to participate, incarceration, death, or inability to locate the participant (Nelson et al., 2015). The AHCS research was approved from the Research Ethics Boards in each of the five sites.

**Narrative baseline and follow-up interviews.** AHCS baseline interviews focused on each participant’s life experiences prior to enrolling in the project, while follow-up interviews focused on changes in the participant’s life after enrolling in the project (Macnaughton et al., 2016; Nelson et al., 2015). Interviews focused on a number of different domains (e.g., education, work). The follow-up interview included the following question for participants who were parents: “How has housing instability/stability (for those who obtained housing) affected your

roles as a mother/father?” The baseline and 18-month follow-up interview protocols can be found in Appendices A and B.

**Subsample.** Inclusion criteria for this study were: (a) being a parent to a minor child (age 19 or younger in Vancouver/18 or younger in the other sites) at baseline; (b) both baseline and follow-up interviews were available and accessible; and (c) the interviews were conducted in English. The sample consists of 27 participants that were randomly assigned to HF and 16 assigned to TAU (N = 43). There are 21 Indigenous parents and 22 non-Indigenous parents in the sample, and 16 mothers and 27 fathers. Of the 21 Indigenous parents: 16 are from the Winnipeg site (76%); three from the Vancouver site (14%); and two are from the Toronto site (10%). Of the 22 non-Indigenous parents, nine are from Vancouver (41%); eight from Toronto (36%); two from Moncton (9%); two from Montreal (9%); and one from Winnipeg (4%).

**Sample characteristics.** The demographic, diagnostic, and treatment characteristics of the 43 parents are presented in Table 4.1. No statistically significant differences were found between Indigenous and Non-Indigenous parents from HF and TAU groups based on the variables in Table 4.1.

Table 4.1

*Baseline Demographic and Diagnostic Characteristics of Indigenous and Non-Indigenous*

*Parents by Treatment Group*

Characteristics	Indigenous Parents (N=21)		Non-Indigenous Parents (N=22)	
Treatment group	HF (n=13)	TAU (n=8)	HF (n=14)	TAU (n=8)
	N (%)	N (%)	N (%)	N (%)
Need level				
High	3 (23%)	5 (63%)	8 (57%)	5 (63%)
Moderate	10 (77%)	3 (37%)	6 (43%)	3 (37%)
Employment				
Unemployed	12 (92%)	8 (100%)	13 (93%)	6 (75%)



Employed/volunteer/school	1 (8%)	0	1 (7%)	2 (25%)
Education				
Less than high school completed	6 (46%)	5 (63%)	7 (50%)	6 (75%)
High school completed	7 (54%)	2 (25%)	3 (21%)	2 (25%)
More than high school completed	0	1 (12%)	1 (7%)	0
University undergraduate degree completed	0	0	2 (15%)	0
Graduate degree completed	0	0	1 (7%)	0
Marital status				
Single, never married	8 (62%)	4 (50%)	5 (36%)	3 (37%)
Separated/divorced/widowed	5 (38%)	4 (50%)	8 (57%)	5 (63%)
Married or cohabiting	0	0	1 (7%)	0
Disorder				
Major depressive episode	9 (69%)	6 (75%)	7 (50%)	5 (63%)
Manic or hypomanic episode	0	2 (25%)	3 (21%)	2 (25%)
Posttraumatic stress disorder	7 (54%)	4 (50%)	3 (21%)	4 (50%)
Panic disorder	4 (31%)	4 (50%)	4 (29%)	2 (25%)
Mood disorder with psychotic features	2 (15%)	4 (50%)	2 (15%)	3 (37%)
Psychotic disorder	5 (38%)	1 (12%)	4 (29%)	4 (50%)
Alcohol dependence	7 (54%)	5 (63%)	4 (29%)	2 (25%)
Substance dependence	8 (62%)	4 (50%)	11 (79%)	6 (75%)
Alcohol abuse	2 (15%)	3 (37%)	1 (7%)	1 (13%)
Substance abuse	3 (23%)	4 (50%)	2 (15%)	2 (25%)
Age (M± SD)	43.0 ± 7.6	38.4 ± 9.5	40.7 ± 9.3	38.4 ± 10.9
Last month's income (M± SD Canadian \$)	671.0 ± 657.4	1604.1 ± 2919.0	866.0 ± 529.5	1202.1 ± 1171.5
Lifetime months of homelessness (M± SD)	54.1 ± 69.3	78.0 ± 47.0	49.0 ± 45.0	64.0 ± 34.4
N of children under 18 (M± SD)	2.5 ± 1.6	2.5 ± 1.5	2.0 ± 1.3	2.1 ± 1.0

**Mental health status.** In order for eligibility into the AHCS project, a diagnosis of mental illness was required, and determined by: (a) functional impairment and observed behaviors assessments; (b) prior documented diagnosis or documented qualifying hospital admission; (c) and/or diagnosis through the Mini International Neuropsychiatric Interview 6.0 (MINI 6.0) (Sheehan et al., 1998).

### **Intervention Groups**

**HF.** Rent supplements were provided to all HF participants to ensure their housing costs were no greater than 30% of their income (Goering et al., 2011). Service provision was based on the Pathways to Housing model of HF (Tsemberis & Eisenberg, 2000), where Assertive

Community Treatment (ACT) teams supported people with high needs, and Intensive Case Management (ICM) was provided for people with moderate needs (Goering et al., 2011).

In Winnipeg, three community-based HF programs, one ACT program and two ICM programs, were adapted for Indigenous participants (Distasio, Sareen, & Issak, 2014). These programs were guided by Indigenous worldviews, culturally-relevant and culturally-safe activities, and managed by Indigenous service-providers and administrators. As an example, services included traditional Indigenous knowledge cultural practices (e.g., sweats), assisted participants in connecting with their Indigenous roots, and supported participants who had experienced specific traumas that are uniquely experienced by Indigenous peoples in Canada (e.g., residential schools) (Polvere et al., 2014).

**TAU.** Participants in the TAU group could access housing and support services that they would usually have access to in the community. These included shelters, drop-in centres, outreach programs, transitional housing, and medical and social services (Aubry et al., 2015).

### **Data Analysis**

Qualitative parent-child relationship outcomes were examined both qualitatively and quantitatively (qualitative data were transformed into quantitative data or “quantitized”) in two separate analyses (to answer each research question, respectively). Parent-child relationship outcomes were defined as: differences in parent-child relationships from the parent’s baseline interview to their follow-up interview. Positive parent-child relationship outcomes included positive changes in parent-child relationships from baseline to follow-up. An example of a positive parent-child relationship outcome is a parent who described having no contact with their child(ren) during their baseline interview, and then described either reconnecting with their child(ren), seeing their child(ren) more regularly, trying to live with their child(ren), or currently

living with their child(ren) during their follow-up interview. For parents who described their relationship with their child(ren) similarly (without any changes) in both baseline and follow-up interviews, their parent-child relationship outcome was neutral. For example, parents who did not talk about their child(ren) during their baseline or follow-up interviews at all, or parents who described speaking with their child(ren) every few months at both baseline and follow-up interviews, had neutral parent-child outcomes. Negative parent-child outcomes included negative changes in parent-child relationships from baseline to follow-up (e.g., parent having contact with their child at baseline and losing contact at follow-up), but there were no negative parent-child outcomes found in this study.

**Research question 1 analysis.** To compare parent-child relationship outcomes between treatment groups (HF versus TAU), a qualitative thematic analysis (Braun & Clarke, 2006) was conducted. A matrix display (Miles, Huberman, & Saldana, 2013) was used, and included the following dimensions: (a) combined ancestry and gender (i.e., Indigenous mothers versus non-Indigenous (both White and Racialized) mothers versus Indigenous fathers versus non-Indigenous (both White and Racialized) fathers); and (b) treatment group (i.e., HF versus Treatment as Usual). The matrix display was populated with change-based parent-child relationship themes. Next, these qualitative parent-child relationship data were “quantitized”: the number of participants in the HF and TAU groups who demonstrated positive changes in parent-child relationships from baseline to follow-up were counted (Nelson et al., 2015; Padgett, Stanhope, Henwood, & Stefancic, 2011; Padgett, Smith, Choy-Brown, Tiderington, & Mercado, 2016). The purpose of quantitizing the data was to extract additional evidence from the qualitative data (Sandelowski, 2001) and determine a potential statistical association between parent-child relationship outcomes and the treatment group. To determine whether or not a

change occurred for each parent, I followed the following procedure: (a) read the parent's baseline interview and kept memos about anything the parent said about their child(ren), and (b) read the parent's follow-up interview and noted whether or not, and in what ways, the parent-child relationship either remained the same or changed over time. A  $\chi^2$  test was then calculated to determine whether or not a statistical association existed between parent-child relationship outcomes (present or absent) and treatment group (HF vs. TAU) overall.

**Research question 2 analysis.** For the second analysis, parent-child relationship outcomes were examined again qualitatively, but based on ancestry: separate comparisons were made for Indigenous parents in HF versus TAU and for non-Indigenous parents in HF versus TAU. Again, matrix displays were constructed (Miles et al., 2013) to make these comparisons. Then separate  $\chi^2$  tests were calculated for Indigenous parents (HF vs. TAU) and non-Indigenous (White and Racialized) parents (HF vs. TAU). These tests used the count data (presence or absence of positive parent-child relationship changes) for the outcome examined.

Inter-coder agreement was determined (Cresswell, 2009) for the findings through the following process. I reviewed and coded all of the 43 parents' stories, each of which included baseline and follow-up transcripts, and my advisor independently reviewed and coded 22 (51%) of these stories. In each case, parent-child relationship changes were coded as present or absent. I then calculated Cohen's kappa to assess inter-rater reliability for the parent-child relationship change code and found substantial agreement between my coding and that of my advisor,  $\kappa = .79$ .

**Ensuring quality.** In addition to calculating inter-rater reliability testing, to ensure quality in my analyses, I employed various strategies. First, I followed a suitable and consistent methodology, while responding to methodological challenges as they ensued (Corbin & Strauss,

2008). Next, to ensure reliability of my findings, I checked transcripts for potential mistakes; wrote consistent memos; described my findings using thick and rich descriptions; and regularly reflected on my biases (Creswell, 2009).

Finally, since I was unable to engage in member checking because I worked with secondary data, I consulted with a reference group with expertise in homelessness for parents (particularly Indigenous families). This reference group included people with lived expertise, service-providers, and researchers in Winnipeg who were part of the AHCS project in different capacities.

## **Findings**

Differences in parent-child relationship outcomes were examined between the HF and TAU groups overall and then between the two groups separately for Indigenous and non-Indigenous (White and Racialized) parents. The names used in this paper are pseudonyms.

### **Parent-Child Relationship Outcomes**

**HF versus TAU.** Parent-child relationship outcomes were remarkably better for parents in the HF group relative to the TAU group. In their follow-up interviews, 13 of 27 parents (48%) in HF described positive changes in their relationships with their children since baseline. Several of the parents in HF described profound changes in their relationships. Only three of 16 parents (19%) in TAU described changes in their relationships with their children since baseline and these changes were quite modest. Treatment status (HF vs. TAU) was marginally associated with changes in parent-child relationships,  $\chi^2(1, N = 43) = 3.72, p < .054$ .

**HF.** Almost half of the parents in HF described positive changes in their relationships with their children changed since becoming part of AHCS. When Henry began his participation with AHCS, he had not been connected with his son for many years – since his son was around

eleven years old. During his follow-up interview, Henry described profound changes in his relationship with his son. He described reconnecting with his son on the first day he moved into his home as one of the most joyful moments he had experienced over the last 18 months. He explained:

That would be the first day that I moved in. I actually called my son and he actually agreed to come over and he jumped in his truck and he came over and picked me up. It felt really, really good. Because I hadn't seen him in seven years. And I was a single dad raising him. I think I told you this before – he came over to visit me and it was the biggest part of my day – in that whole seven-year period. Having enough respect in my health, myself, and my home to invite him over. I was never going to invite him over to my nice cockroach infested hotel... Hell no. I just don't want to have him see me at that point. We talked. He came over to the apartment. We just talked... We hugged each other, said we loved each other... It was great.

Nora's relationship with her children changed profoundly as well. When asked how housing instability (before AHCS) and housing stability (after AHCS) affected her role as a parent, she replied: "it affected it majorly... I see my kids now. I see them like two times a week. My son sometimes three times a week, and when I was on the street, I would see them like only once a week... So it's made it better." During her baseline interview, Lynn described how challenging it was to be living away from her children who were living with various family members because they did not have a stable place to live together. She said:

My children were with my other sister; my 16 year old was living somewhere else – my sister in-law from marriage; and then my big son... my younger sister brought him back from [country of origin] because she wanted me to go back to her house when I came out from the hospital. That's when I decided to go to the shelter...

After almost a year of living in the shelter and away from her children, Lynn became part of AHCS and acquired stable housing in a 2-bedroom apartment, and described the profound changes in her relationships with her children. She described the impact of having a stable home where she could be with her children again, saying:

What's my life like now? Peaceful and I get to see my kids every day. They are home most of the time {Laughing} and the one who is not home most of the time... when you wake up in the morning, mom is not there but food is already cooked there. They'll eat... they're pretty happy about it... to have their mommy at home again and he [her son] has his own room. My son is happy. My little one is very happy. Normally, when I was living with my sister, he will come and visit but he wouldn't even stay for the night. But now even if he goes out by night-time he is back... Now I think things will change. I have my own place; I have the children in it; I have a key for my place; nobody can tell me when I go out... I am happy and I have my son with me; and my other son came to visit; and my daughter comes to visit me, which is nice.

About half of the parents in HF, however, described their relationships with their children as remaining the same from their baseline interviews to their follow-up interviews. For example, during her follow-up interview, Kelly was asked if she had children, to which she responded: "I have children and... so-called "I have", but where are they? I don't know where they are... Adopted, yes, and one son [was with her ex-husband]". When asked if she had spoken to her eight-year-old son (the one with her ex-husband) and if they had spoken more often since being part of AHCS, she responded that she had spoken with him: "... two times... as usual... Because, he doesn't know me, you know... He doesn't know me."

**TAU.** In comparison with the HF group, most of the parents in TAU described their relationships with their children as remaining unchanged from their baseline to their follow-up interviews. Most of the parents in the TAU group who talked about their relationships with their children described experiences similar to those of Cam and Patty. At her baseline interview, Cam said: "I do want a life and I want my kids back" and at her follow-up interview, she expressed the same sentiments, stating: "I want to get my kids back... It's been a long time since I've seen my kids... You know now that the holidays are coming, it's just more emotional". At her baseline interview, Patty said: "I would like to work towards getting my kids, or some kind of reasonable access or somehow try to reasonably talk to my ex-husband." Yet, 18 months later – during her follow-up interview, Patty described her relationship with her ex-husband again and

the impact she views it has on her relationship with their children: “We were married for eight years, and it took me five years [to get divorced]... It’s hard ‘cause he’s got the kids and I haven’t seen them for six months. It really bothers me.” Later in her interview, before sharing photographs of her children with the interviewers, Patty reiterated her distress saying: “I haven’t seen my kids now for bloody six months!” When the interviewer stated that they thought Patty had better access to her kids, she said: “Yeah, I’m supposed to – four days a week!”

Only three of the parents in TAU described positive changes in their relationships with their children; one described profound changes and two described more modest changes. For example, at baseline, Les described his experiences of leaving his family, and his plans for “gradually working my way back home” to live with and work on his relationships with his partner and three younger children (under the age of 5). Despite describing his relationships with his older adult children as unchanged, in his follow-up interview, Les talked about spending much more time at home with his partner and three younger children. In addition to discussing the work him and his partner were doing for their relationship, he described being with his kids, saying: “I do the best I can, we play around... we will have a pillow fight or they have a ball... and sometimes I am working around the yard and I am shovelling dirt and one of the kids will grab their shovel and start shovelling”.

**HF versus TAU by ancestry.** Eight of the 13 (62%) Indigenous parents in the HF group described positive changes in their relationships with their children but only one of eight (13%) Indigenous parents in TAU described positive changes. Treatment status (HF vs. TAU) was significantly associated with changes in parent-child relationships for Indigenous parents,  $\chi^2(1, N = 21) = 5.59, p < .05$ . In contrast, five of the 14 (36%) non-Indigenous parents described positive changes in their relationships with their children, compared with two of eight non-



Indigenous parents (25%) in TAU. Treatment status (HF vs. TAU) was not significantly associated with changes in parent-child relationships for non-Indigenous parents,  $\chi^2(1, N = 22) = .27, p > .05$ .

***Indigenous parents in HF and TAU.*** At baseline, when Tommy – an Indigenous father in HF and survivor of residential schools – was asked how his life changed since experiencing homelessness, he replied: “I got kids you know, and I wanna be there for them. I got grandkids, you know. I wanna be there for them... I have a 9 year old son and he keeps me going.” At his follow-up interview, Tommy described the way the Ni-Apin HF program changed his life, which included supporting him in acquiring his 2-bedroom home, and reconnecting and living with his 11-year-old son (the 9-year-old son he referred to at baseline):

It’s a two bedroom, ‘cause I let them know ahead of time that I needed a two bedroom, and they asked me why. I said: “well I’m fighting for custody of my son.” And wow, I had a two bedroom, so I walk in there and it was fully furnished, like I mean there was beds, there was couches, there was a table, there was even food in the fridge, there was cleaning stuff... I just about went into shock there... I got custody of my son shortly after. So it’s worked out, he’s still with me... I have my son and that’s priceless you know.

Ricky – also an Indigenous father in HF, described losing his daughter during his baseline interview, saying:

I was trying to connect with my daughter. And I had, I was having visits with Child and Family Services (CFS)... I told them that I don’t think I am ready to take care of my daughter yet... You know, I hope this doesn’t stop me from seeing my daughter... Somehow they took her somewhere else now and I don’t know where she is right now. I’m trying to, actually, I ran into the old worker I used to work with and she’s looking into it for me. To try and find out where she is.

During his follow-up interview, when Ricky was asked if things were different with his kids since the HF program, he responded: “I was starting to see it getting better now.” He expressed gratitude for the Ni-Apin HF program in supporting him through his journey, which included reconnecting with his children: “now that my kids are in my life and Ni-Apin brought me into

the program and helped me out, I'm very grateful for whoever came up with this idea". Ricky also talked specifically about his relationships with his children during his follow-up interview:

They [the Ni-Apin program] help me to get out of that thinking... and they've been helping me with my kids...some of my kids, I connected with them now and I have my son [child's name] who's 4. I'm working on getting him legally. So it's all in place with the legal aid and everything. I have him now, which I've been wanting for quite some time. Now that I have him, I feel more reason to live, more purpose... and my daughter too... my oldest daughter, she's 17. And she's helped me a lot to [connect with] my son, my oldest son which is 20 now.

All but one of the Indigenous parents in TAU described no change in their relationships with their children. For example, when Brook was asked why she decided to seek treatment, she replied that she: "wanted a relationship with my children. And my mom". In her follow-up interview, Brook said that her hopes for the future were: "well I have to be sober, working, stable housing, more interaction with my children. And my mother".

***Non-Indigenous parents in HF and TAU.*** While over half (62%) of the Indigenous parents in HF described positive parent-child relationship changes, less than half (36%) of the non-Indigenous parents reported positive outcomes. Many of non-Indigenous parents in HF shared stories like Lindy, who, during her follow-up interview, reminisced about a time in her life when she was happy and connected with her children. She said:

When I had a baby, I was taking care of the baby seven days a week, twenty-four hours a day. And I was perfectly happy. It was the happiest time of my life. And then they took my child away, and I've been bored ever since... Children's Aid took my child and I haven't gotten him back since.

One non-Indigenous father in HF – Marvin – did not discuss his children in either of his interviews, and in his follow-up interview, when asked if he had any children, Freddy replied: "Yeah. I haven't seen any of them in years." He also said that seeing them is not something he would like to do, and went on to say: "I've been out of their life for so long – they don't even know who I am... I think it's just better if they stay where they are." Some of the non-

Indigenous parents in HF described changes in their relationships with their children. During his follow-up interview, Rod, for example, shared his thoughts and feelings about first moving into his new home:

I had an apartment... and I actually told my son. I emailed my son for the first time ever. Told him here's an address... I said, "You can check it out on your thing there...it's a pretty prestigious area of town"...and I was pretty happy. That was really cool – that I could do that.

Of eight non-indigenous parents in TAU, all except for two of them described no change in their relationships with their children. Most of the non-Indigenous fathers in TAU made no mention of their children during either of their interviews, and most of the non-Indigenous mothers in the TAU group who talked about their relationships with their children, described experiences similar to those of Lacey – a non-Indigenous mother. Lacey said that she did not have any contact with her children, nor had she made any attempts to contact them since being part of AHCS.

## **Discussion**

This discussion is organized according to parent-child relationship outcome findings overall and by ancestry. Findings were interpreted through a recovery lens.

### **Parent-Child Relationship Outcomes**

**HF versus TAU overall.** Overall, parents in HF reported more positive changes in their relationships with their children than parents in TAU. While several parent-child relationships changed substantially over 18 months for parents in HF, parent-child relationships for most parents in TAU remained unchanged over time. These novel findings show that HF can benefit parents in (re)connecting with their children. One of the core tenants of HF is a recovery-orientation, whereby consumers are experts of their own lives (Nelson & MacLeod, 2017). Therefore, housing and service provision must support individuals in achieving their

individualized recovery plans, and meaning-making (Nelson et al., 2001) in their lives, which could explain the differences in parent-child outcomes between parents in HF and TAU.

However, treatment group and parent-child relationship outcomes were only marginally associated. Since recovery is an individualized, self-directed process (Leamy et al., 2011; Nelson & MacLeod, 2017), reconnecting with one's children may be more central to the recovery journey of some parents, while not as central (or perhaps not *yet* central) for others. Furthermore, as Lavallée and Poole (2010) have emphasized, we must move beyond Western views of mental illness and recovery – which are distinct from Indigenous worldviews, when trying to understand the healing journeys of Indigenous peoples. For Indigenous parents in AHCS, reconnecting with one's children was a fundamental part of several parents' recovery journeys. The same positive findings were not found for non-Indigenous parents.

**HF versus TAU by ancestry.** Examining parent-child relationship outcomes based on ancestry revealed that treatment status (HF vs. TAU) was significantly associated with changes in parent-child relationships for Indigenous parents, but not for non-Indigenous parents. I suggest two potential reasons for these findings: (a) Indigenous worldviews; and (b) culturally-framed service provision.

***Indigenous worldviews.*** An individual's recovery journey is largely impacted by context (Ochocka et al., 2005), which includes the cultures within which one belongs. For many Indigenous peoples in particular, recovery and healing involves “work around identity” (Lavallée & Poole, 2010, p. 275), especially since colonization has and continues to attack Indigenous peoples' cultural identities. Moreover, the significance of interconnectedness between all of Creation (Connors & Maidman, 2001) – or “all my relations” (Thistle, 2017, p.11), including “land, water, place, family, kin, each other, animals, cultures, languages and identities” (Thistle,

2017, p. 6) is imperative in the recovery journeys of many Indigenous people. For Indigenous parents in AHCS, relations with one's children were one of the many interconnected relationships that were central to their identities. Therefore, reconnecting with their children was fundamental to their recovery journeys. In order to make these connections with their children, Indigenous parents were supported by culturally-framed service provision through HF.

***Culturally-framed service provision.*** Since 76% of Indigenous parents in this study were from the Winnipeg site, and of the 21 Indigenous parents, 13 (or 62% of the sub-sample) were in HF, it is clear that the programs offered in Winnipeg have contributed to the positive parent-child relationship outcomes for Indigenous parents. For example, in one culturally-adapted ICM program, the team focused on reconnecting participants with their families and advocated with them to do so right from the beginning (during intake). This practise is consistent with many Indigenous worldviews whereby relationships are central to wellness and recovery (Connors & Maidman, 2001; Thistle 2017). A key stakeholder in Winnipeg shared that during the intake at this program, people are asked who is most important to them in their lives but is no longer in their lives, and whether or not they would like them back in their lives. They also talk with people specifically about their children when discussing their housing needs, asking them if their housing would be for themselves or if they need room for their children, what neighbourhood they think would be good for them, and what services are important to them. ICM staff asked people what systems they were involved with, which ones were working for them, and if they needed advocacy support. One key informant stated emphasized the values of the program including “forgiveness, kindness, responsibility”, and said:

Basically, we journeyed with people in the way they wanted us to and had good relationships with people so we could have hard discussions that did not take away from the “spirit” of someone; did not leave them in doubt, feeling unworthy... We were there to educate people on how to interact with systems in a way they could be heard and to

share hope to be part of something again... we taught people how to engage with systems, but at the same time, we are advocating with systems on how to engage in a respectful way with people. This is important to the work, as we all need to understand that all relationships need to be viewed as reciprocal. The helpers get paid by the pain that people are experiencing; that's the commodity that we exchange with. People have pain and come to us for support; we have a good life because of peoples' pain. We get to buy homes, cars, vacations, food, and thrive versus survive. The very least we need to show people is respect for them sharing their pain, being vulnerable in the hope that we will hear them and be of some help to them. We also have many lessons to learn from people, not the least of which is resilience. (Key informant, personal communications, July 9 & 16, 2018)

Another culturally-adapted ICM program offers holistic services based on an Indigenous Medicine Wheel philosophy. The goals of this program include to: “provide housing solutions for 100 urban Aboriginal persons who are homeless and suffering from multiple barriers”; “provide customized, cultural based, holistic and pragmatic supports to achieve long term improvement in the quality of life of our program participants”; and “deliver program services that are participant driven” (Aboriginal Health and Wellness Centre of Winnipeg, n.d.). Some of the services this program offers include: home visits, counselling and medical services, Teaching Circles, Sharing Circles, Elders and traditional programming, advocacy, food security, life skills, and more (Aboriginal Health and Wellness Centre of Winnipeg, n.d.).

Cultural practices and holistic supports are one way to support some Indigenous people in moving toward wellness (Chansonneuve, 2007) according to their own beliefs. Therefore, culturally-framed housing and service provision that align with one's personal and cultural worldviews must be available and optional for Indigenous peoples experiencing homelessness and separation from their children. Various approaches to developing culturally-adapted/ appropriate intervention programs can help in framing these services (e.g., Barrera, Castro, & Holleran Steiker, 2011; DeVerteuil & Wilson, 2010; Sookraj, Hutchinson, Evans, & Murphy, 2010). More specifically, Twigg and Hengen (2009) have stressed the need for culturally

competent and safe programs for Indigenous peoples, and Gone (2011; 2013), and Hartmann and Gone (2012), have written extensively on the importance of and approaches to linking Indigenous programs and evidence-based treatments that are culturally adapted and sensitive.

### **Limitations**

One limitation of this study is the use of archival data, which does not allow for member checking with the participants who were involved with the research. Moreover, I did not have control over the questions asked or the focus of the interviews. Second, the study includes a relatively small sample size. These findings need to be replicated with a larger sample size using quantitative and qualitative data. Finally, parents in this study were only followed until 18 months after they began the intervention, which is not always enough time to determine changes in relationships, particularly with a group of parents who face multiple complex contextual challenges. It is possible that more parents have reconnected with their children since their 18-month follow up interviews, and we have not captured the longitudinal changes.

### **Conclusions and Implications**

This is the first study to find that culturally-framed HF programs significantly and positively impact parent-child relationships for Indigenous parents who experience mental illness, homelessness, and separation from their children. There is much to learn from the Winnipeg site's HF programs, particularly to understand the worldviews, activities, values, and frameworks that shaped the programs and impacted parent-child relationships so positively. Additionally, we must further examine why and how HF worked best for parents in AHCS when compared with parents in TAU, and why it worked for about half of the parents but not for the other half with respect to parent-child relationship outcomes. We can learn a lot from and with

Indigenous organizations in order to improve our housing and service provision in Canada for Indigenous people, and all people experiencing homelessness more generally.



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## CHAPTER 5

### CONCLUSIONS: CONTRIBUTIONS AND IMPLICATIONS FOR COMMUNITY PSYCHOLOGY, FAMILY HOMELESSNESS, AND INDIGENOUS HOMELESSNESS

In this chapter I conclude the dissertation with a summary of the three studies in this dissertation, followed by a general discussion of the contributions, implications, and lessons learned from this dissertation. I discuss how the three manuscripts that comprise this dissertation contribute to theory, research, and action in community psychology, the field of family homelessness, and Indigenous homelessness, and their implications for theory, research, and action. I conclude with a personal reflection on what I have learned throughout my journey of writing this dissertation.

#### Summary of Dissertation Studies

This dissertation is comprised of three distinct manuscripts, which are based on secondary data from the At Home/Chez Soi (AHCS) project. These data were analyzed for this dissertation in order to better understand the experiences of “invisible” parents experiencing homelessness, mental illness, and parent-child separation. A summary of the central foci, groups compared, and main findings and contributions of the three studies can be found in Table 5.1.

Table 5.1

#### *Summary of the Three Studies*

Manuscript (Chapter)	Central Focus	Groups Compared		Main Findings/Contributions
1 (Chapter 2)	Narrative identity	Homeless mothers separated from their children	Homeless women who do not have children	Children are central to the narrative identities of mothers in terms of housing stability, the meaning of life, and future aspirations.
2 (Chapter 3)	Family and parent-child relationships	Mothers	Fathers	Children are more central in the lives of mothers
		Indigenous	Indigenous	



		mothers	fathers	than fathers.
		Non-Indigenous mothers	Non-Indigenous fathers	While racism, violence, and cultural disconnection are prominent in the experiences of Indigenous parents, they have cultural resources that they can draw on in their healing. Indigenous mothers speak of pervasive violence in their lives and of their desire to reconnect with their children, and children are most peripheral in the lives of non-Indigenous fathers.
3 (Chapter 4)	Impacts of Housing First (HF) on parent-child relationships	Indigenous parents in HF	Indigenous parents in Treatment as Usual (TAU)	HF leads to significant improvements in parent-child relationships for Indigenous parents, but not for non-Indigenous parents.
		Non-Indigenous parents in HF	Non-Indigenous parents in TAU	

### Contributions and Implications of this Dissertation

#### Theory

**Contributions.** I describe the three main theoretical contributions of this dissertation, which include the utility of narrative approaches to identity; intersectionality; and cultural and Indigenous worldviews when conducting research on family homelessness.

***Narrative identity.*** Psychologists have used narrative approaches to identity to understand individuals' motivations, fears, desires, hopes, and aspirations. Markus and Nurius (1986) explored the ways in which individuals think about themselves and their potential, and Dan McAdams (1993) emphasized the importance of narrative approaches to understanding identity development. McAdams developed narrative identity as an alternative to the dominant

identity status approach that uses measures of exploration and commitment to various domains of identity development (McLean & Pratt, 2006; Pratt & Matsuba, 2018). In contrast, narrative identity focuses on the development of one's life story and uses a storytelling approach, rather than paper and pencil questionnaires, to understand identity.

In community psychology, Julian Rappaport contributed a theory-driven approach to understanding peoples' personal life stories and identity transformation (Rappaport, 1993), as well as linking empowerment theory and narrative approaches to identity (Rappaport, 1995). Furthermore, Rappaport distinguished between the life story and community narratives, arguing that positive community narratives could be a resource to people living on the margins (e.g., people with mental health issues). When a community, such as a self-help group, offers a positive narrative, individual group members can incorporate this narrative into their life stories in ways that promote growth, meaning, and a positive, alternative identity to one that is stigmatized and devalued (Rappaport, 1993).

These foundational narrative approaches to identity have been applied in the context of understanding the experiences of people who have experienced mental illness and/or homelessness (Boydell, Goering, & Morrell-Bellai, 2000; Kirkpatrick & Byrne, 2009; Nelson, Clarke, Febbraro, & Hatzipantelis, 2005). Recently, researchers have demonstrated the impacts of motherhood identity on mothers' recovery journeys of experiencing mental illness and addictions (Hine, Maybery, & Goodyear, 2018), and on mothers' recovery journeys with experiencing mental illness and homelessness (Barrow, Alexander, McKinney, Lawinski, & Pratt, 2014; Benbow, Forchuk, & Ray, 2011).

The papers in this dissertation contribute to the literature on theory-driven narrative approaches to identity for mothers experiencing homelessness, providing three noteworthy and

novel contributions: To begin with, this is the first study to examine the identities of mothers experiencing homelessness, mental illness, and separation from their children in the context of homelessness, and to compare their experiences with those of women who are not mothers (Chapter 2, Manuscript 1). Next, this research differentiated the narrative identities of parents – mothers and fathers – from an intersectional perspective based on gender and/or ancestry to understand not only the impacts of individual life stories on one’s identity, but also the impacts of one’s social locations on their experiences and, hence, their identity (Chapter 3, Manuscript 2). Finally, the findings from Chapter 4 (Manuscript 3) support Rappaport’s (1993) position that positive community narratives, Indigenous cultural traditions in this case, can act as resources to individuals who are marginalized in society. To go further, this research also suggests that positive community narratives can act not only as a resource, but also have the capacity to significantly impact relational outcomes in the context of homelessness. Specifically, Indigenous parents who participated in the culturally-adapted HF programs that emphasize positive community narratives, demonstrated tremendous resiliency through their personal life stories, and significantly better parent-child outcomes than parents who did not participate in these programs.

***Intersectionality.*** Intersectional theory originated from the resistance of Black African- and Caribbean-American women against social marginalization, and is documented in the transformative works of African- and Caribbean-American women such as June Jordan (1981), Audre Lorde (1984), and Angela Davis (1981). Kimberlé Crenshaw coined the term “intersectionality” to describe the layered, intersectional experiences of women of color based on belonging to multiple social locations (e.g., gender, race, class, sex, sexual orientation) (Crenshaw, 1991; Collins & Bilge, 2016). As well, Linda Tuhiwai Smith (1999) described the

ways in which the intersections of race, gender, and colonization have impacted Indigenous families and gender politics. Chapter 3 (Manuscript 2) of this dissertation contributes to intersectional theory through the theoretical approach taken to understand the experiences of parents (with a focus on Indigenous mothers) based on their layered, intersecting social locations. By connecting narrative identity theories with intersectionality, as well as with Indigenous worldviews, a more holistic understanding of the experiences of Indigenous and non-Indigenous mothers and fathers is achieved.

***Indigenous worldviews.*** Community psychologists have called for the need to focus more explicitly on the integration of culture in theory, research, and action (Kral et al., 2011). Through his extensive research, Joseph Gone (2011; 2013) – a prominent clinical-community psychologist – has underscored the need for culturally relevant and competent, evidence-based practices within mental health systems when working with Indigenous peoples. Moreover, Lynn Lavallée and Jennifer Poole (2010) have challenged us to move beyond Western understandings of recovery in order to support Indigenous peoples throughout their healing journeys, highlighting the significance of the “need to include rebuilding the individual and collective identity of Indigenous peoples” (p. 275). As well, Jesse Thistle (2017) has emphasized the need to conceptualize homelessness in Canada through Indigenous worldviews. The findings of this dissertation have highlighted the necessity not only of integrating culturally-framed Indigenous values, governance, and administration of HF programs in order to positively impact parent-child outcomes for Indigenous parents, but also, the need for researchers to integrate culturally-relevant theoretical approaches (i.e., Indigenous worldviews) to understand the experiences of sub-groups of people who experience homelessness.

**Implications.** This dissertation has implications for advancing theory in community psychology and family homelessness. Most notably is the utility of the “theory knitting” approach to theory development undertaken in this dissertation – whereby the soundest aspects of particular theories were weaved together (Kalmar & Sternberg, 1988) to create a more well-rounded theoretical approach. In Chapter 4 (Manuscript 3), for example, identity and intersectional theories, and Indigenous worldviews were integrated together to gain a deeper understanding of a specific sub-group of individuals experiencing homelessness and mental illness: parents who were separated from their children. These theories complement one another because the foundation of each theory is based upon understanding *identity* – whether that includes individual, familial, cultural, and/or collective identities. Furthermore, they are well aligned with one another, in that narrative approaches are based in story-telling (Bauer et al., 2005); intersectional theories are holistic (Collins & Bilge, 2016); and many Indigenous worldviews are both holistic and rely on oral history and story-telling to understand peoples’ experiences (Smith, 1999). Next, I will describe the contributions and implications of this dissertation to research in community psychology and family homelessness.

## **Research**

**Contributions.** This dissertation makes five key research contributions, which include: (a) advancing understanding of the experiences of “invisible” mothers and fathers, and contexts of recovery for homeless mothers; (b) introducing a novel approach to applying intersectionality as a methodological tool to understanding individuals’ experiences of homelessness; (c) supporting the utility of qualitative narrative research to uncover parent-child relationship outcomes; (d) presenting a participatory approach to consultation processes when utilizing secondary data in research; and (e) enhancing the understanding of the experiences of Indigenous

parents who have experienced homelessness and separation from their children, and a housing intervention that can significantly improve these parent-child relationships.

*Invisible mothers and fathers and contexts for recovery.* Barrow and Laborde (2008) declared a need for further research into understanding the experiences of mothers who experience homelessness and separation from their children, whom they called “invisible mothers” due to physical separation from their children, and hence, their role as mothers. Despite family homelessness research having explored women’s experiences of homelessness more generally (some of whom were mothers separated from their children) (Paradis, 2016; Paradis & Mosher, 2012; Paradis et al., 2009; Yeo et al., 2015), and experiences of homeless mothers experiencing mental illness (some of whom were separated from their children) (Benbow et al., 2011; Montgomery, Brown, & Forchuk, 2011), research has rarely focused on the specific experiences of “invisible” mothers, and even less on “invisible” fathers. This dissertation – particularly Manuscript 1 (Chapter 2) – contributes to family homelessness research by advancing our understanding of the ways in which motherhood and mother-child separation profoundly impacts “invisible” mothers’ identities for mothers experiencing homelessness.

Manuscript 1 (Chapter 2) of this dissertation also advances research that has demonstrated the impacts of motherhood identity on one’s recovery journey for mothers experiencing mental illness (Hine et al., 2018), and studies that have shown the impacts of homelessness on one’s identity (Daiki, Davis Halifax, Mitchell, & Lyn, 2012; Lafuente, 2003; Macnaughton, et al., 2016; Padgett, 2007; Rokach, 2005). The findings from this research have demonstrated that motherhood identity is very important to the recovery journeys of mothers who experience homelessness, mental illness, and separation from their children.

***Intersectionality as a methodological tool.*** In addition to serving as a theoretical model, intersectionality has been used as a tool to better understand people's distinct, complex, and heterogeneous lived experience across and within intersecting social locations (Collins & Bilge, 2016). Chapter 3 (Manuscript 2) of this dissertation contributes a unique method of applying intersectionality as a methodological tool.

The application of this method has led to advancements in our understanding of some of the layered experiences of parents who have experienced homelessness, mental illness, and separation from their children – particularly for Indigenous mothers. The method used was unique in that three separate analyses were conducted with the same data, whereby particular aspects of one's social location (i.e., gender analysis, ancestry analysis) could be isolated, and then integrated together (i.e., gender and ancestry analysis together). I used matrix displays (Miles, Huberman, & Saldana, 2013) to examine the intersections between gender and ancestry. The utility of this method was evident in uncovering the impacts that oppression and marginalization have on people's experiences and also the resilience and protective factors possessed by particular individuals and communities. This method also revealed the importance of utilizing intersectionality as an analytic tool because the findings will be different depending on the inclusion criteria of comparison groups selected in a particular study. For example, comparing the experiences of sub-groups of parents based on gender (mothers versus fathers) yielded different results than when comparing sub-groups of parents based on both gender and ancestry.

***Qualitative narrative research and parent-child relationship outcomes.*** Researchers have demonstrated the utility of qualitative narrative research to assess the outcomes of housing programs for people experiencing homelessness and mental illness (Kirkpatrick & Byrne, 2009;

Nelson et al., 2005), including HF programs in Canada (Macnaughton et al., 2016). Despite extensive research demonstrating the positive impacts of Canada's AHCS HF programs (e.g., Aubry et al., 2015; Aubry, Nelson, & Tsemberis, 2015; Nelson et al., 2015), this is the first study (Chapter 4, Manuscript 3) to demonstrate the positive parent-child outcomes that HF programs in Canada can have on parents who have experienced homelessness, mental illness, and separation from their children, so long as the programs are culturally adapted effectively.

***Participatory consultation.*** Secondary data were used as part of this research, making it challenging to assess the trustworthiness of the findings through member-checking (Creswell & Miller, 2009). Being a non-Indigenous, White settler in Canada, who has not experienced homelessness, and interpreting the life stories of a group of predominantly Indigenous individuals (58% of participants in Manuscript 2 and 49% of participants in Manuscript 3), it was important that I consulted with Indigenous and non-Indigenous experts about the findings. Therefore, a reference group of host-community members was created. At first, I consulted with Dr. Jino Distasio, the Principal Investigator of the Winnipeg AHCS research site (where the majority of Indigenous parents in the project resided) and Director of the Institute of Urban Studies at the University of Winnipeg, for his insights and recommendations of experts to review the research. Then, I consulted with and engaged in ongoing email (and telephone) conversations with three expert practitioner leaders, and scholars – namely, Betty Edel, Corinne Isaak, and Susan Mulligan – all of whom have expertise in offering culturally-based services with Indigenous peoples in Canada. I incorporated their feedback throughout Manuscripts 2 and 3 in this research, particularly with respect to my new learning about Indigenous worldviews. Finally, I presented the findings and engaged in knowledge sharing through a webinar, with Indigenous and non-Indigenous individuals who had lived experience of homelessness and mental illness in



Winnipeg. In addition to Dr. Jino Distasio and Scott McCullough (Assistant Director of the Institute of Urban Studies at the University of Winnipeg), there were five individuals – four of whom were Indigenous – who shared their lived expertise with parenthood and homelessness. The stories that these experts shared were similar to the findings from the research and they emphasized the detrimental impacts and severity of systemic racism toward Indigenous parents within the child welfare system, as well as the immense grief that separation from their or their loved one's children has caused.

These consultations were important for several reasons. First, as mentioned previously, community-based consultations/member-checking helps to establish trustworthiness of the research findings because it allows for the experts – people with lived expertise – to verify whether or not the research findings accurately represent their experiences (Lincoln & Guba, 1985). Next, we, as researchers have an ethical responsibility to share research findings with local stakeholders who not only contribute the most to the research, but also could potentially be impacted by the research. Finally, community-based consultations allow researchers to gain further insights about the phenomena being studied, in order to understand them better themselves, but also to advance the research to a deeper level.

***Indigenous parent experiences and HF interventions.*** Despite the overrepresentation of Indigenous peoples in the homeless population in Canada (Patrick, 2014), and research having demonstrated that many Indigenous peoples define and experience homelessness differently than non-Indigenous peoples in Canada (Alaazi, Masuda, Evans, & Distasio, 2015; Thistle, 2017), little research has explored the experiences of Indigenous parents experiencing homelessness, and interventions that impact their relationships with their children. Manuscript 2 (Chapter 3) of this dissertation has enhanced our understanding of Indigenous parent experiences of

homelessness and parent-child separation through Indigenous worldviews – and specifically highlighted the resilience of Indigenous parents who, despite racism, violence, and cultural disconnection, have drawn on their cultural resources for healing, recovery, and reconnection with their children. Furthermore, Manuscript 3 (Chapter 4) has shown that culturally-appropriate HF interventions can significantly improve parent-child relationships between Indigenous parents and their children. Further research into HF intervention programs can further advance our understanding of the mechanisms behind these parent-child relationship outcomes, and can be expanded to support HF programs that serve Indigenous people.

**Implications.** This dissertation has implications for advancing research in community psychology, family homelessness, and Indigenous homelessness in Canada. First, just as Thistle (2017) demonstrated that Indigenous homelessness is different for First Nations, Inuit, and Métis peoples, the findings from Manuscript 1 (Chapter 2) of this dissertation have shown that “housing stability” and “ideal housing” have very different meanings for mothers who have been separated from their children in the context of homelessness, than for women without children. Moreover, the findings in Manuscript 2 (Chapter 3) show that the experiences of Indigenous mothers, Indigenous fathers, non-Indigenous mothers, and non-Indigenous fathers are different from each other. Future research needs to further examine what homelessness and housing means for sub-groups of people experiencing homelessness, particularly for “invisible” Indigenous parents. Further research is also needed to delve deeper into the experiences of “invisible” fathers, to better understand how fatherhood impacts one’s identity and recovery journeys, and how homelessness impacts these relationships, roles, and identities. Furthermore, research is very limited, and critically needed, to explore the lived experiences and needs of the children who have been separated from their parents in the context of homelessness.

Next, it would be useful to replicate the specific methodological approach using intersectionality as an analytic tool (in Chapter 4, Manuscript 3), and perhaps including additional social locations (e.g., sexual orientation, gender identity, race, religion, language, age, ability) to understand the experiences and identities of additional particularly vulnerable sub-groups of people who experience homelessness. In particular, since this study focused on cis-gendered parents, additional studies might focus on parents who identify as trans-gendered. As well, research is needed to understand the experiences of sub-groups of racialized mothers and fathers, immigrants, and lone-parent families who are overrepresented in the homeless population in Canada. In a study of over 1500 families living in Toronto rental high rises, Paradis (2013) found that:

... people from racialized groups, immigrants, and lone-mother-headed families are more likely than non-racialized, Canadian-born, and couple-parent families to live in buildings and neighbourhoods that have a very high prevalence of inadequate housing, and to be at risk of homelessness.” (p. 5)

Finally, additional outcomes studies are needed to understand the impacts of HF programs on parent-child relationships for families experiencing homelessness and separations (or at risk of separation), using both quantitative and qualitative methods.

## **Action**

**Contributions.** The research in this dissertation contributes to our understanding of the lived experiences of parents who have experienced homelessness, mental illness, and separation from their children. With this greater understanding, practitioners and community-based researchers can design and implement intervention programs that support “invisible” parents appropriately throughout their individual healing and recovery journeys. The studies contributed a deeper understanding of the unique experiences, needs, and recovery journeys of: “invisible” mothers (Chapter 2, Manuscript 1) and Indigenous parents (Chapters 3 and 4, Manuscripts 2 and

3). As demonstrated by the exemplary HF programs in the Winnipeg site of the AHCS project, services must also be culturally-adapted effectively in order to achieve positive parent-child outcomes.

**Implications.** Knowledge gained through this research implies that HF and other housing providers need to identify “invisible” parents and to support their unique needs as parents throughout their recovery journey. Service providers can identify these parents, attempt to learn how homelessness impacts their relationships with their children, and provide appropriate services that support them in their roles as parents based on the best interests of their child(ren). These supports include services that prevent family separation, encourage reunification, as well as legal supports.

This research has implications for service providers, researchers, and policymakers in child welfare, justice, health care, education, and homelessness systems. Practitioners who work within these systems with children and families who are at risk of homelessness and/or separation, must connect these families to culturally-appropriate resources aimed at preventing homelessness and family separation, and reunifying families who have been separated. Since Indigenous peoples are disproportionately represented in the homelessness population in Canada (Patrick, 2014) and Indigenous children are markedly overrepresented in Canada’s child welfare system (in fact, there are three times more First Nation children in Canada’s child welfare system than during the residential school system (Assembly of First Nations, 2006)), priority must be given to Indigenous families at risk of or experiencing homelessness and/or family separation.

Furthermore, practitioners need to pay attention to gender, ancestry, and additional intersecting social identities in order to better support particularly marginalized individuals who experience homelessness. Specifically, practitioners working with Indigenous individuals must

understand the importance of and offer culturally-appropriate services based on the specific needs and worldviews of each individual they are working with. Many Indigenous organizations, such as those that partnered with the AHCS project to offer HF programs, are experts in offering these services, and can be looked to as models in the field of homelessness. Importantly, this dissertation is particularly timely and provides an ideal opportunity to meaningfully respond to the Calls to Action (2015) outlined by the Truth and Reconciliation Commission of Canada, which focus on our obligation as Canadians to redress the legacy of residential schools, including Indigenous homelessness and family separation, as well as Canada's 2017 National Housing Strategy in which the Government of Canada has committed to focusing on housing for Indigenous peoples – both urban and First Nations communities on-reserve, as well as women and children fleeing family violence (Employment and Social Development Canada, 2017).

### **What I Have Learned**

My personal and professional life's journey has led me here, to the final stages of writing my doctoral dissertation. I have learned so much throughout my experiences of writing this dissertation. As a community-based researcher and advocate for social justice, I oftentimes focus on what needs to be "fixed"; on what can be "changed"; and I yearn for new and innovative approaches to social transformation and equity. However, I have learned from the stories that parents have shared through the AHCS project, and from the community narratives that have been identified – that my responsibility is to use my privilege to support, advocate with and for, to educate others, and to learn from the strength and resilience that already exists within every individual and family, and each community in their journeys to wellness. I have learned about the importance of walking with people along their journeys, and in being with them just where

they are. Interestingly, through my affinity for many Indigenous worldviews that I have learned about through my research process, I have begun to learn how to walk with myself as well.

At the beginning of my dissertation (in Chapter 1), I shared that I have lived experience of mental illness, and that I am still trying to understand my own journey. Through my reflexive research process whereby I committed to trying to understand the wellness journeys of the parents in this research, I have also learned a lot about my own journey with wellness. Indigenous worldviews have helped me to better understand some of my lifelong internal conflicts – both personally and also with Western society more generally. For example, I have been trained/indoctrinated (emotionally, physically, spiritually, and mentally) within Western views throughout my life (in which I have always felt imbalanced, and incomplete), yet I relate to and identify with many Indigenous worldviews. As just a few examples: I identify with a holistic view of relationships and the interconnectedness of all being; I relate to the interconnectedness and striving for balance between mental, emotional, physical, and spiritual being of the medicine wheel; I relate to views of children as being central and integral to family and community; and I identify strongly with and have always strived to live my life by the seven grandfather teachings of wisdom, love, respect, bravery, honesty, humility, and truth (Connors & Maidman, 2001).

When I first begun immersing myself in the stories of the mothers who participated in this research, one of the conversations between the mother and researcher stood out to me. I believe that what she said is a good reminder to all of us – across all disciplines and fields – when we work people with lived expertise. She said:

You live off a textbook. I live off what you read in a textbook. You know what I mean; how can you say what something is when you haven't actually been there? A lot of people think you know or you'd like to think you know but you don't know. You don't learn though; you learn what you hear and you learn the knowledge you take in. But you

never really learn until you've done it. The feeling, the experience, exactly what it's like to go through it because you've not actually gone through it... this is what I do every day. This is what I look like every day. That's why I know so much about it: because I live it. I don't study it; I live it.

For a long time, I have believed that acquiring a Ph.D. meant becoming an expert. Throughout my doctorate, I have learned that the experts are those who have experienced the phenomenon being studied. I am a channel upon which the expert voices of those with lived expertise might be amplified in order to create meaningful and sustainable social change, and I have the responsibility to do so through wisdom, love, respect, bravery, honesty, humility, and truth.

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## **APPENDICES**

### **Appendix A: List of Acronyms**

AHCS: At Home/Chez Soi project

HF: Housing First (intervention group) in AHCS

TAU: Treatment as Usual (control group) in AHCS

## **Appendix B: A Scoping Review of Parent-Child Separation in the Context of Homelessness**

### **Introduction**

Neo-liberal policies resulting in declining working conditions and reduced funding for social housing have contributed to the homelessness epidemic (Nelson, 2013; Roman & Wolfe, 1995). Annually, over 235,000 Canadians experience homelessness, and over 35,000 Canadians experience homelessness every night (Gaetz, DeJ, Richter, & Redman, 2016). In the U.S., approximately 1.6 million Americans experience homelessness every year (U.S. Department of Housing and Urban Development [HUD], 2009), with about 564,708 Americans experiencing homelessness every night (National Alliance to End Homelessness, 2016). People with mental health issues and co-occurring addictions are particularly vulnerable to homelessness and are disproportionately represented in the homeless population (Frankish, Hwang, & Quantz, 2005; Rosenheck, Kaspro, Frisman, & Liu-Mares, 2003). Serious mental illness is experienced by approximately one quarter to one third of homeless Canadians (Hwang, Stergiopoulos, O'Campo, & Gozdzik, 2012).

Generally, the circumstances and experiences of women who are homeless differ from those of men who are homeless, regardless of their parenting status (i.e., parent versus non-parent) (Burt & Cohen, 1989; Hagen, 1987; Milburn & D'Ercole, 1991; North & Smith, 1993; Roll, Toro, & Ortolla, 1999; Shinn, Rog, & Culhane, 2005). One similarity between homeless mothers and fathers, however, is the common experience of parent-child separations. Families that are homeless are much more likely to experience parent-child separations than families with a home (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; Goodman, 1991). Burt, Aron, and Lee (2001) reported that 57% of homeless fathers and 76% of homeless mothers in the U.S. had minor children. However, only 2% of fathers and 43% of mothers lived with their children.

Furthermore, homeless mothers who live with at least one of their children in shelters often have minor children that also live apart from them (DiBlasio & Belcher, 1992; Paradis, Novac, Sarty, & Hulchanski, 2009; Smith & North, 1994).

Much of the family homelessness research has focused on the experiences and circumstances of homeless single mothers living with their children in homeless shelters (Bassuk, 1986; Lindsey, 1998; Slesnick, Glassman, Katafiasz, & Collins, 2012; Thrasher & Mowbray, 1995). As well, some research has examined the differences between homeless mothers living with their children in family shelters compared with homeless mothers living in shelters for adult women who are separated from their children (Bassuk, 1993; Glick, 1996; Hoffman & Rosenheck, 2001; Johnson & Kreuger, 1989; Metraux & Culhane, 1999; Swick & Williams, 2010; Tischler, Rademeyer, & Vostanis, 2007). While a few studies have examined the experiences of homeless single fathers in general – both those fathers living with and those separated from their children (Barker, Kolar, Mallett, McArthur, & Saunders, 2011; Barker & Morrison, 2014; Bui & Graham, 2006; Ferguson & Morley, 2011; McArthur, Zubrzycki, Rochester, & Thomson, 2006; Paquette & Bassuk, 2009; Schindler & Coley, 2007), they do not disaggregate findings based on father-child separation status (i.e., homeless fathers living with their children versus those separated from their children). Lastly, some research has focused on the separation of children from their parents in general (i.e., the focus is not specifically on mothers or fathers) within a broader context of family homelessness (e.g., Bussiere, 1990; DiBlasio & Belcher, 1992; Park, Metraux, Brodbar, & Culhane, 2004; Shinn et al., 2005).

The objective of this literature review is to better understand what is known from existing research about the parent-child relationship circumstances and experiences for homeless mothers and fathers who have been separated from their children.



### **Method: Scoping Review Approach**

A scoping review maps out and examines broad research questions and topics, as opposed to specific research questions. This allows for an iterative process of redefining literature search terms as familiarity with literature increases, in order to comprehensively review relevant literature. Scoping reviews incorporate studies that use a variety of research designs, and these types of reviews do not always assess study quality (Arksey & O'Malley, 2005). This particular area of research – homeless parents – has not yet been systematically reviewed, and therefore, a scoping approach was undertaken in order to map out and organize the existing evidence available on this topic (Arksey & O'Malley, 2005; Armstrong, Hall, Doyle, & Waters, 2011). This scoping review follows Arksey and O'Malley's (2005) stages for conducting a scoping review, including: identifying the research question (stage 1); identifying relevant studies (stage 2); study selection (stage 3); charting the data (stage 4); and collating, summarizing, and reporting the results (stage 5).

#### **Stage 1: Identifying the Research Question**

The first stage of conducting a scoping review is to identify the general research question or topic of the research. The research question for this review is: *What is known from the existing literature about the parent-child relationship circumstances and experiences of homeless mothers and fathers who have been separated from their children?*

#### **Stages 2 and 3: Identifying Relevant Studies and Study Selection**

Both peer-reviewed and grey literature, and primary and secondary sources are included in this review. Sources of research include electronic databases, reference lists, and manual searches of relevant government and organizational websites. To be included, sources had to be written in English and relate closely to the research question.

**Electronic databases.** The databases searched to explore the research question included PsycINFO, Social Work Abstracts, Medline (Ovid), Social Services Abstracts, Web of Science, Cumulative Index for Nursing and Allied Health Literature (CINAHL), Evidence Based Medicine Reviews (EBM), and CBCA Reference. The key terms entered were: “relationship”, “father” or “mother”, “child” or “children”, “homeless”, and “separate” or “separation”. The number of references generated by entering the key terms varied greatly depending on the database searched. In addition, a large number of irrelevant studies were included as a result of the searches. Arksey and O’Malley (2005) have noted the importance of having a “mechanism to help us eliminate studies that did not address our central research question” (p. 25). For this review, the title of each abstract was read initially, and if it was a “best fit with the research question” (Arksey & O’Malley, 2005, p. 26), the source was reviewed in its entirety, but only included in the review if it related directly to the research question. For example, articles related to parent-child separations due to poverty were excluded unless they specifically addressed parental homelessness. Articles describing circumstances of children living in foster care were excluded unless they specifically addressed child separation from a homeless parent. Articles describing parent-child relationships for homeless parents and families were excluded unless they involved parent-child separation.

**Reference lists and manual searches of relevant government and organizational websites.** Additional sources that helped to answer the research question were found from the reference lists of articles located through the database searches. Reference lists of these new sources were also used to find additional sources, until a saturation point was reached and no new sources pertaining to the research question were identified. Relevant governmental and organizational websites were accessed as well, to acquire additional sources, with the key words

used in the database searches entered into the “search” field of the websites. These included the following Canadian and U.S. websites: Canadian Observatory on Homelessness, called the Homeless Hub; Canadian Alliance to End Homelessness; U.S. National Alliance to End Homelessness; Mental Health Commission of Canada; U.S. Substance Abuse and Mental Health Services Administration; and the U.S. Department of Housing and Urban Development.

#### **Stage 4: Charting the Data**

For the database search, the total number of relevant articles was tracked for the first database searched (i.e., PsycINFO). For subsequent database searches, only the additionally relevant references generated were recorded. To understand parent-child circumstances and experiences for homeless mothers and fathers who have been living apart from their children, 19 relevant references were included through the electronic database search, and 22 additional sources were found through reference lists and manual searches of relevant government and organizational websites. Overall, references generated through database, reference list, and manual searches yielded a total of 41 relevant sources. A summary of the results can be found in Table 1.

Table 1

*References Generated From Database, Reference List, and Manual Searches*

Type of Search	Number of Relevant References Generated
Database Searches	
PsycINFO	2 sources
Social Work Abstracts	7 additional sources
Medline (Ovid), Social Services Abstracts, Web of Science, Cumulative Index for Nursing and Allied Health Literature (CINAHL), Evidence Based Medicine Reviews (EBM)	0 additional sources
CBCA Reference	1 additional source
Google Scholar	9 additional sources
<b>Total Sources from Database Searches</b>	19 sources from database searches in total
<b>Reference Lists and Manual Searches</b>	22 additional sources from references lists and manual searches
<b>Total Sources from Database Searches, References Lists, and Manual Searches</b>	<b>41 sources in total</b>

Of the 41 sources, 20 of them specifically describe mother-child separations: 14 describe experiences before homelessness, 15 during homelessness, and 10 after homelessness (see Table 2). For fathers, 4 sources specifically describe father-child separations: 3 describe experiences before homelessness, 3 during homelessness, and 4 after homelessness (see Table 3). For parents, 17 sources describe parent-child separations in general (i.e., they don't separate mothers and fathers): 9 sources describe parent-child separations before homelessness, 8 during homelessness, and 10 after homelessness (see Table 4).

Table 2

*Descriptions of Homeless Mothers Separated From Their Children*

Authors and year of publication	Title of source	Time of study or report	Before separation and homelessness	During separation and homelessness	After homelessness
Susser (1991)	The Separation of Mothers and Children	Prior to 1991	✓		
Smith & North (1994)	Not All Homeless Women Are Alike: Effects of Motherhood and the Presence of Children	Between 1989-1999	✓	✓	
Glick (1996)	Mothers With Children and Mothers Alone: A Comparison of Homeless Families	Prior to 1996	✓	✓	
Metraux, & Culhane (1999)	Family Dynamics, Housing, and Recurring Homelessness Among Women in New York City Homeless Shelters	Between 1989-1995	✓	✓	
Zlotnick, Robertson, & Wright (1999)	The Impact of Childhood Foster Care and Other Out-Of-Home Placement on Homeless Women and Their Children	1991	✓		
Hoffman & Rosenheck (2001)	Homeless Mothers with Severe Mental Illnesses and Their Children: Predictors of Family Reunification	1994-1998		✓	✓
Cowal, Shinn, Weitzman, Stojanovic, & Labay, (2002)	Mother-Child Separations Among Homeless and Housed Families Receiving Public Assistance in New York City	Between 1998-1993	✓	✓	✓
Culhane, Webb, Grim, Metraux, & Culhane (2003)	Prevalence of Child Welfare Services Involvement Among Homeless and Low-Income Mothers: A Five-Year Birth Cohort Study	1993-1999	✓	✓	
Zlotnick, Robertson, & Tam (2003)	Substance Use and Separation of Homeless Mothers From Their Children	1991-1992	✓	✓	
Hanrahan, McCoy, Cloninger, Dincin, Zeitz, Simpatico, & Luchins (2005)	The Mothers' Project for Homeless Mothers With Mental Illness and Their Children: A Pilot Study	1996-2002			✓
Zlotnick, Tam, & Bradley (2007)	Impact of Adulthood Trauma on Homeless Mothers	Data collected in 1996	✓		
Barrow & Laborde (2008)	Invisible Mothers: Parenting by Homeless Women Separated from Their Children	Prior to 2008	✓	✓	✓
Shinn, Schteingart, Chioke Williams, Carlin-Mathis, Bialo-Karagis, Becker-Klein, & Weitzman (2008)	Long-Term Associations of Homelessness With Children's Well-Being	Prior to 2008		✓	✓
Barrow & Lawinski (2009)	Contexts of Mother-Child Separations in Homeless Families	Prior to 2009	✓	✓	✓
Fonfield-Ayinla (2009)	Commentary: A Consumer Perspective on Parenting While Homeless	Prior to 2009	✓	✓	✓
Novac, Paradis, Brown, & Morton (2009)	Supporting Young Homeless Mothers Who Have Lost Child Custody	Prior to 2009	✓	✓	✓

Nemiroff, Aubry, & Klodawsky (2010)	Factors Contributing to Becoming Housed for Women Who Have Experienced Homelessness	2002-2005			✓
Dotson (2011)	Homeless Women, Parents, and Children: A Triangulation Approach Analyzing Factors Influencing Homelessness and Child Separation	2007-2008	✓	✓	
Zabkiewicz, Patterson, & Wright (2014)	A Cross-Sectional Examination of the Mental Health of Homeless Mothers: Does the Relationship Between Mothering and Mental Health Vary by Duration of Homelessness?	2009-2013		✓	
Shinn, Samuels, Fischer, Thompkins, & Fowler, (2015)	Longitudinal Impact of a Family Critical Time Intervention on Children in High-Risk Families Experiencing Homelessness: A Randomized Trial	Prior to 2015		✓	✓
	Total sources = 20		14	15	10

Table 3

*Descriptions of Homeless Fathers Separated From Their Children*

Authors and year of publication	Title of source	Time of study or report	Before separation and homelessness	During separation and homelessness	After homelessness
Bui & Graham (2006)	Support Issues for Homeless Single Fathers and Their Children	Prior to 2006	✓	✓	✓
Ferguson & Morley (2011)	Improving Engagement in the Role of Father for Homeless, Noncustodial Fathers: A Program Evaluation	2008			✓
Barker, Kolar, Mallett, McArthur, & Saunders (2011)	More Than Just Me: Supporting Fathers Who Are Homeless	2009-2013	✓	✓	✓
Barker & Morrison (2014)	Supporting Fathers who are Homeless (summary of Barker et al. 2011 study)	2009-2013	✓	✓	✓
	Total = 4		3	3	4

Table 4

*Descriptions of Homeless Parents Separated From Their Children (Mothers and Fathers)*

Authors and year of publication	Title of source	Time of study or report	Before separation and homelessness	During separation and homelessness	After homelessness
Bussiere (1990)	Homeless Families and the Child Welfare System	N/A	✓	✓	✓
DiBlasio & Belcher (1992)	Keeping Homeless Families Together: Examining Their Needs	Prior to 1992		✓	
Nelson (1992)	Fostering Homeless Children and Their Parents Too: The Emergence of Whole-Family Foster Care	1990	✓		
Roman & Wolfe (1995)	Web of Failure: The Relationship Between Foster Care and Homelessness	Prior to 1995	✓	✓	✓
Zlotnick, Kronstadt, & Klee (1998)	Foster Care Children and Family Homelessness	1993-1996	✓		

Emerson-Davis Family Development Center in Brooklyn, New York City (2000)	Supportive Residential Services to Reunite Homeless Mentally Ill Single Parents With Their Children	Between 1994-2004			✓
Harburger (2004)	Reunifying Families, Cutting Costs: Housing-Child Welfare Partnerships for Permanent Supportive Housing	N/A	✓		✓
Park, Metraux, Brodbar, & Culhane (2004)	Child Welfare Involvement Among Children in Homeless Families	1996-2001	✓	✓	
Shinn, Rog, Culhane (2005)	Family Homelessness: Background Research Findings and Policy Options	N/A	✓		
Rog & Buckner (2007)	Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research	N/A		✓	
Padgett, Henwood, Abrams, & Drake (2008)	Social Relationships Among Persons Who Have Experienced Serious Mental Illness, Substance Abuse, and Homelessness: Implications for Recovery	2004-2006		✓	✓
Paquette & Bassuk (2009)	Parenting and Homelessness: Overview and Introduction to the Special Section	Prior to 2009		✓	✓
Shelton, Taylor, Bonner, & van den Bree (2009)	Risk Factors for Homelessness: Evidence From a Population-Based Study	1994-2001	✓		
Padgett, Smith, Henwood, Tiderington (2012)	Life Course Adversity in the Lives of Formerly Homeless Persons With Serious Mental Illness: Context and Meaning	2010-2011	✓	✓	✓
Gubits, Spellman, Dunton, Brown, & Wood (2013)	Interim Report: Family Options Study	2010-2012			✓
Gubits et al. (2015)	Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families	2011-2013			✓
Gubits et al. (2016)	Family Options Study: 3-Year Impacts of Housing and Services Interventions For Homeless Families	2013-2015			✓
	Total = 17		9	8	10

### Stage 5: Collating, Summarizing and Reporting the Results

One of the best predictors of adult homelessness is having been separated from one's family of origin during childhood (Shinn et al., 2005). Nonetheless, parent-child separations are commonplace for people experiencing homelessness, to the short- and long-term detriment of children, parents, families, and society. Research is lacking when it comes to understanding this unique group of families (Dotson, 2011; Rog & Buckner, 2007). As Cowal et al. (2002) stated:

Separation from the family and the sequelae of that separation may be among the more important long-term effects of family homelessness on children. To the extent that children who are placed come from more troubled families, or are themselves more troubled than children who remain with their mothers, most studies of homeless children are biased towards healthier children and families, and underestimate associations of problems with homelessness. (p. 728)

As mentioned, some of the homelessness literature focuses on mother-child separations for homeless mothers (see Table 2) and some has described families in general, where parents and children have been separated (see Table 4), but an enormous gap exists with respect to understanding father-child separations for homeless fathers (see Table 3), and in comparing the experiences and circumstances of homeless mothers versus fathers who have been separated from their children. The following sections of this review will summarize the findings related to mother-child separations, father-child separations, and parent-child separations before, during, and after parental homelessness.

## **Results**

### **Mother-Child Separation and Homelessness**

Much of the family homelessness literature focuses on women more generally (youth and adult), many of whom are mothers that had experienced separations from their children in the context of homelessness (Paradis, 2016; Paradis & Mosher, 2012; Paradis et al., 2009; Yeo et al., 2015). Moreover, some family homelessness literature focuses on homeless mothers with mental illnesses, many of whom also experience separation from their children (Benbow, Forchuk, & Ray, 2011; Montgomery, Brown, & Forchuk, 2011). Furthermore, a sub-section of the literature focuses more precisely on the issue of mother-child separation for homeless mothers. Many of these sources differentiate between mothers who are homeless and living with all of their children versus mothers who are homeless and separated from at least one of their children (“separation status”). While a few studies have compared mothers who are homeless and living



with their children, to “single/unaccompanied women” who are homeless – thereby assuming that the women are not mothers – they do not distinguish between the group of “single/unaccompanied women” based on those who are not mothers to those who are mothers but have children living elsewhere (e.g., Burt & Cohen, 1989). Distinguishing between unaccompanied women – those who are “unaccompanied” because they are homeless and separated from their children versus those who are “unaccompanied” because they are not mothers – would give us a better understanding of how separation status intersects with “parenting status” for homeless mothers.

Furthermore, the circumstances and experiences of mothers before, during, and after homelessness while facing separation from their children are examined. Specifically, experiences *before* becoming homeless and enduring mother-child separation and shortly thereafter, as well as the contextual factors contributing to the predictors, precursors, and reinforcement of separation have been examined. Next, experiences of mothers *during* their time being homeless, while separated from their children have been explored, and finally, the importance of or specific interventions aimed at preserving mother-child and family relationships *after* homelessness are discussed. A description of how the research distinguishes between homeless women by separation and parenting status, as well as the circumstances and experiences of mothers separated from their children across time will be discussed next.

### **Differentiation of homeless women based on separation and parenting status.**

***Separation status.*** Much of the mother-child homelessness literature explicitly differentiates between homeless mothers who have been separated from their children and homeless mothers who are living with their children (i.e., separation status). Glick (1996) and Barrow and Lawinski (2009) found homeless mothers living with their children to be younger

and to have younger and fewer children than homeless mothers separated from their children. They also found that homeless mothers living with their children were less educated than those living without their children. Cowal et al. (2002) found that homeless mothers living with their children were older, had fewer children, but did not differ from mothers living without their children in terms of educational attainment. Furthermore, they found that those separated from their children were more likely to be African American than Latina or other race/ethnicity. Zlotnick, Tam, and Bradley (2007) found that homeless mothers living with their children were more likely to be younger, and homeless for less than a year. They also found them to be less likely to have been incarcerated, to have used psychiatric medication, to have lower reported rates of adulthood trauma (physical assault and rape), and to have been involved in drug-related activity. Overall, research shows that the well-being of women living with their children tends to be better than for those separated from their children. Furthermore, women separated from their children are more likely to be younger, belong to a racialized group, and experience more psychiatric and substance use problems.

***Separation and parenting status.*** There appears to be differences between homeless women who are mothers and have been separated from their children (i.e., separation status), and homeless women who are not mothers (“parenting status”) (D’Ercole, Morris, & Clutz, 1990; Milburn & D’Ercole, 1991; Smith & North, 1994; Zabkiewics et al., 2014). However, most research with these sub-groups of women has examined the differences between “single” or “solitary” or “unaccompanied” women versus those accompanied by children. Yet, these studies had not disaggregated the groups of “single”, “solitary”, or “unaccompanied” women by parenting status (i.e., determined whether these “unaccompanied” women were mothers who had been separated from their children or if they were not mothers at all) (e.g., Burt & Cohen, 1989;

Roll, Toro, & Ortolio, 1999). In other words, mothers separated from their children have been “lumped” into the same group as non-mothers. Only a few studies have disaggregated groups of unaccompanied women by parenting status.

One source that had disaggregated for parenting status of unaccompanied women was Zabkiewicz et al.’s (2014) study. In the Canadian At Home/Chez Soi (AHCS) randomized controlled trial of Housing First (HF) (an evidence-based, consumer-driven approach to housing and treatment with individuals who are chronically homeless, experiencing severe mental illness, and co-occurring addictions), Zabkiewicz et al. (2014) compared women who were mothers (and while not indicated explicitly in this study, these mothers were also separated from their children) with women who were not mothers. They found that for chronically (more than two years) homeless women, mothers were more than twice as likely to experience depression and post-traumatic stress disorder than women without children, and 2.62 times more likely to experience substance dependence (a relationship that was found regardless of duration of homelessness – more or less than 2 years).

Smith and North (1994) compared the following four groups of homeless women in St. Louis: women who were not mothers; mothers accompanied by their children; mothers unaccompanied by their children; and mothers with children over the age of 16 years old. They found that mothers accompanied by their children were younger, more likely to report being unemployed, more likely to be dependent on welfare, and more likely to have contact with relatives than the three other groups of women. They were also less likely than the other groups of women to have psychiatric disorders or alcohol use issues. Smith and North (1994) said that: “homeless mothers with dependent children with them, compared to other homeless women, have greater social vulnerabilities (dependent children; lack of employment) and fewer personal

vulnerabilities (substance abuse and other psychiatric problems) to homelessness” (p. 609).

Mothers that did not have any of their children present with them had significantly higher rates of schizophrenia, generalized anxiety disorder, and alcohol use disorder than women in the other groups. Women who were not mothers were more likely to be white, least likely to have ever been married or to be dependent on welfare, and had lower rates of substance use.

Aside from these few quantitative studies, most of which were conducted in the 1990’s (with the exception of one that was conducted in the last decade), not much research has focused on the intersections of separation and parenting status (i.e., differences between mothers who are separated from their children and women who are not mothers). Therefore, more research is necessary to understand the experiential differences between unaccompanied homeless women – mothers separated from their children versus women who are not mothers.

***Summary of differentiation of homeless women based on separation and parenting status.*** Overall, there are differences between mothers separated from their children versus those living with their children (i.e., separation status of mothers), and distinctions have been found between mothers that have been separated from their children and women who are not mothers (i.e., parenting status of women). Therefore, it is clear that within the population of homeless women, mothers – and more particularly, mothers who have been separated from their children – are a particularly high-risk group that requires targeted services and interventions. Mothers living apart from their children have higher psychiatric needs and substance use issues than both mothers living with their children and non-mothers. To better understand the intersectionality between separation status and parenting status, further investigation is required, particularly through qualitative research methods. The experiences and needs of unaccompanied homeless

mothers (i.e., mothers separated from their children) must be qualitatively compared to unaccompanied women who are not mothers.

Next, contextual factors contributing to the predictors, precursors, and reinforcement of mother-child separation *before* becoming homeless and shortly thereafter; the experiences of mothers *during* their time being homeless, while separated from their children; and the specific interventions aimed at preserving mother-child relationships *after* homelessness will be discussed.

### **Circumstances and experiences of homeless mothers over time.**

***Before separation: Predictors and precursors of separation for homeless mothers and their children.*** Predictors and precursors of mother-child separation are intricately connected with one another and are characterized by multiple crises, precarious circumstances, and systemic barriers (Barrow & Lawinski, 2009; Metraux & Culhane, 1999). While there are many predictors of and precursors to mother-child separation for homeless mothers, the most noteworthy predictor (risk factor) of mother-child separation is homelessness itself (Barrow & Lawinski, 2009; Cowal et al., 2002; Glick, 1996; Shinn et al., 2008; Zlotnick et al., 2007; Zlotnick, Robertson, & Tam, 2003).

In addition to homelessness itself, Cowal et al. (2002) identified significant predictors of mother-child separation for mothers who became homeless, including maternal drug dependence, domestic violence, and institutionalization, and most research in this area has highlighted the challenges that single mothers face finding stable jobs and affordable child care for their children, which exacerbates their vulnerability to becoming homeless (e.g., Milburn & D'Ercole, 1989; Susser, 1991).

Precursors of separation are defined as “the stressful events and conditions that characterize mother’s situations at the time of separation” (Barrow & Lawinski, 2009, p. 161). Some of the common precursors associated with mother-child separation for homeless mothers reported in the literature include: domestic violence or maternal substance use (Barrow & Lawinski, 2009; Cowal et al., 2002; Shinn et al., 2008; Zlotnick et al., 2003; Zlotnick, Robertson, & Wright, 1999); maternal child abuse and neglect (Belcher, Greene, McAlpine, & Ball, 2001; Zlotnick et al., 1999; Zlotnick, Kronstadt, & Klee, 1998); maternal mental illness (Hanrahan et al., 2005; Hoffman & Rosenheck, 2001; Zlotnick et al., 2007); adverse maternal childhood events (Tam, Zlotnick, & Robertson, 2003; Zlotnick, Tam, & Robertson, 2004); and maternal traumatic life events (Barrow & Lawinski, 2009; Zlotnick et al., 2007). As part of the Family Composition Study, Barrow and Lawinski (2009), found that of 61 homeless mothers with mental health and/or substance use issues in Westchester County, New York who were separated from their children, 13% had lived in foster care, 17% had lived in group homes, 39% experienced life threatening illnesses, 74% experienced physical violence by a person they knew, and 53% had been sexually assaulted or molested by someone they knew. They also found that homeless mothers living in shelters and separated from their children had experienced significantly higher rates of sexual abuse (53.5% versus 36.7%) and physical abuse (70.3% versus 58.3%) than homeless mothers living in the shelter who had not been separated from their children. Furthermore, they found the following precursors and their associated processes for the 61 homeless women with mental health and/or substance use issues and separated from their children in the study: housing loss, substance use, abusive intimate partner relationships, institutional experiences, and children’s needs.

Additional frequently reported predictors and/or precursors of mother-child separations in families who are homeless have included: shelter regulations that exclude older and adolescent male children from living in family shelters, leaving mothers with no choice but to have their older children live elsewhere (Barrow & Lawinski, 2009; Cowal et al., 2002; Friedman, 2000; Rossi, 1994; Susser, 1993); amplified surveillance and hence observation of familial problems in shelters, increasing child welfare involvement and removal of children (Barrow & Lawinski, 2009; Culhane, Webb, Grim, Metraux, & Culhane, 2003; Park et al., 2004); and mothers having children live with relatives to avoid bringing them into inadequate shelters environments or to maintain the routines of older children who are attending school (Barrow & Lawinski, 2009; Cowal et al., 2002; Glick, 1996; Shinn & Weitzman, 1996; Zlotnick et al., 2003). When separated mothers living in homeless shelters were asked why they “voluntarily” separated from their children, most said “to provide a better, safer, or different environment for the child” (Cowal et al., 2002, p. 721). About 40% shared that it was because of their own inability to care for their child due to substance use, imprisonment, medical hospitalization, or personal issue, while other reasons included the child’s behavioural problems, and a need to improve their financial situation (Cowal et al., 2002).

Since the 1990s, the abundant literature about specific predictors and precursors of mother-child separation in the context of homelessness has been consistent and clear. The risk factors are grounded in structural issues of unemployment, underemployment, poverty and other social service systems that reinforce separation (e.g., housing, child welfare, public assistance, shelter, child care) (e.g., Susser, 1991). As Barrow and Lawinski (2009) stated:

Even in our selected sample of homeless mothers with mental health or substance (ab)use problems, these problems alone rarely triggered separations, which far more often occurred within a chain or cluster of stressful life events and chronic strains that are hallmarks of homeless poverty. In the face of multiple difficulties, separations were often

unwanted but inescapable trade-offs resulting from, and sometimes constituting, mothers' efforts to address destabilizing events and circumstances. (p. 172)

Once homeless mothers have been separated from their children, research has demonstrated that their circumstances, needs, and experiences are uniquely different from the larger group of women who are homeless. In the next section, these experiences are reviewed.

***Experiences during maternal homelessness and mother-child separation.*** Research has suggested that it is difficult to determine exactly when mother-child separation most commonly occurs for homeless women (Glick, 1996; Metraux & Culhane, 1999). It may occur before mothers enter a shelter, or shortly thereafter, once the mother's social networks have been exhausted (i.e., family and friends can no longer accommodate mother and her children living in their home) (Glick, 1996, Milburn & D'Ercole, 1991). In some cases, for example, mothers will "voluntarily" separate from their oldest children so that their children can remain in school by staying with other family members, while the mother takes her younger children to the shelter with her (Glick, 1996).

A large proportion of homeless mothers living in shelters for "single" adults – referred to as "invisible mothers" (Barrow & Laborde, 2008, p. 159) – have been separated from all of their children (D'Ercole & Struening, 1985; Zabkiewicz et al., 2014). In one study, Culhane et al. (2003) reported that 44% of mothers who entered a New York City shelter with their children, were separated from at least one of their children five years later, with most of the children moving in with relatives and a considerable minority moving into foster care. Another example is from Shinn, Samuels, Fischer, Thompkins, and Fowler's (2015) Family Critical Time Intervention (FCTI) – a randomized controlled trial of 200 homeless families (mothers with mental illness or substance use issues and their children) that compared outcomes for families in the treatment as usual group to those in the intervention group receiving housing and services



within the community. Families were followed for two years and outcomes were examined at five different time points over the two years. Despite positive findings revealing the effectiveness of the intervention on mental health and school related outcomes for children experiencing homelessness, Shinn et al. (2015) found that a total of 41% of mothers experienced separation from at least one child across the two years, and that the FCTI had no effects on mother-child separation (Shinn et al., 2015).

The needs and experiences of homeless mothers living in shelters with at least one of their minor children differ from those who live in shelters without any of their minor children (“invisible mothers”) (Barrow & Laborde, 2008; Barrow & Lawinski, 2009; Cowal et al., 2002; Dotson, 2011; Smith & North, 1994). For example, due to strict eligibility criteria, while homeless women living with their children may be candidates for housing, parenting, job, and child care assistance and services, “invisible” mothers are not (Barrow & Laborde, 2008; Johnson & Kreuger, 1989). Evidence shows that the acquisition of housing tends to be quicker for homeless mothers living with their children than for those living without them (Zlotnick et al., 2007; Zlotnick, Robertson, & Lahiff, 1999). Additionally, while “invisible” mothers tend to receive similar psychiatric and substance use treatment services as homeless women who are not mothers, they do not receive services related to their needs as mothers (Barrow & Laborde, 2008; Smith & North, 1994), likely due to the invisibility of their parenting status.

Not only does the status of being homeless impact one’s identity (Daiski, Davis Halifax, Mitchell, & Lyn, 2012; Lafuente, 2003; Rokach, 2005; Takahashi, McElroy, & Rowe, 1995), but separating a mother from her child also impacts her identity and role as a mother and in turn, as a person. In addition to feelings of being inadequate mothers (Dotson, 2011), homeless mothers separated from their children have expressed their yearning for:

...being there to feed them, dress them, and help with homework, being there to provide, to talk with them, to care for them, being there when they hurt themselves, being there to spend time with them, being there for them mentally, physically, and emotionally, being in their life. (Barrow & Laborde, 2008, p. 163)

For many homeless mothers living apart from their children, “they continued to see parenting as a primary responsibility even though day-to-day care was in the hands of others” (Barrow & Laborde, 2008, p. 163). Through this responsibility, they described wanting to remain in their children’s lives (i.e., through visits, phone calls, exchanging letters, forming relationships with their caregivers); attempting to ensure their children’s physical and emotional well being in their new homes (i.e., by petitioning family courts, appealing child welfare workers, negotiating with care givers); addressing their own mental health and addiction issues (i.e., through involvement in treatment programs); and envisioning reunification with their children in their future home (Barrow & Laborde, 2008).

Reunification with one’s children has been consistently described as motivation for mothers to refrain from using drugs and to address other issues they may have (Barrow & Laborde, 2008; Padgett, Smith, Henwood, & Tiderington, 2012). For example, Barrow and Laborde (2008) found that even for those with extensive reunification requirements, and at times wanting to leave certain programs, mothers’ “desire for reunification provided a strong motivation to adhere to program expectations” (p. 165).

In summary, while the literature does not provide a clear delineation in the timing of mother-child separation throughout the process of homelessness, it does show that the experiences, mental health status, functioning, and service needs of homeless mothers who have been separated from one or more of their children are different from those of housed and homeless mothers who live with their children (Barrow & Laborde, 2008; Barrow & Lawinski, 2009; Crystal, 1984; D’Ercole & Struening, 1992; Hoffman & Rosenheck, 2001; Shinn et al.,

2008; Smith & North, 1994; Zabkiewicz, Patterson, & Wright, 2014). Furthermore, the issues faced by mothers separated from their children are uniquely challenging for “invisible mothers”, as well as mothers with “invisible children” (i.e., mothers who are living with at least one of her children but not all of them, hence rendering them “invisible”). It is also clear that the lived experiences of mothers separated from their children are extremely painful and detrimental to their identities, roles as mothers, and impact their recovery from homelessness. Moreover, despite abundant systemically oppressive challenges faced by mothers separated from their children, mothers remain committed to and motivated by their children and the hopes of reunification with them – a topic that will be discussed in the next section.

***After maternal homelessness: Family preservation and reunification.*** Multiple sources have described the barriers to “invisible” mothers finding the support and resources needed to create living conditions that are suitable to reuniting with their children (through visitation or re-acquiring custody) (Cowal et al., 2002; Steinbock, 1995; Williams, 1991). Nemiroff, Aubry, and Klodawsky (2010) found that when 52 unaccompanied homeless women (44% of whom were “invisible” mothers to at least one minor-aged child) were compared with 49 homeless women accompanied by their minor children, those mothers who were accompanied by their children were substantially more likely (almost ten times more) to be re-housed and achieve housing stability than women unaccompanied by their children (despite being mothers as well).

Lack of support services and a lack of choice of housing types and neighbourhoods leave mothers living far from their support networks, which impacts their mothering roles (Cowal et al., 2002). Housing stability and choice are paramount not only to preventing family separation in the first place, but also to promote family preservation and reunification for families that have been separated by homelessness (Barrow & Lawinski, 2009; Glick, 1989; Metraux & Culhane,

1999; Novac, Paradis, Brown, & Morton, 2009). Just as housing instability and homelessness are risks for child welfare involvement (Culhane et al., 2003; Paradis, 2016) and housing loss can facilitate family separation (Barrow & Laborde, 2008, 2009), difficulties acquiring housing once homeless, creates a substantial barrier to family reunification (Barrow & Laborde, 2008; Cowal et al., 2002; Dotson, 2011; Novac et al., 2009; Paradis, 2016). As Shinn et al. (2005) have said: “homelessness can make the reunification of separated families more difficult. This is particularly true if, after separation, parents lose access to income and housing supports that allow them to create a suitable environment for their children” (p. 6). Further, Barrow and Laborde (2008) found that for mothers who had been separated from their children in their study, a lack of housing created one of the most substantial barriers to reunifying with their children.

While stable housing has consistently been shown to lead to reunification for some families who were separated (Courtney, McMurtry, & Zinn, 2004; Hoffman & Rosenheck, 2001), additional structural barriers, including lack of system integration, cohesion, and expectations between housing, child welfare, health care, criminal and family justice, child care, shelter, and other systems preclude access to housing. The following are two of many examples in the literature – of mothers living in shelters, having been separated from their children, compliant with their child welfare service plan, and attempting to reunify with their children – but being restricted by access to suitable housing:

... her case manager helped her apply for a federal housing subsidy, but expected it would take a year to come through, if at all. In the meantime, the case manager was looking for single adult housing, but Sandra would not be allowed to live there with her children. If she failed to find family housing by the deadline extension [by child welfare services], her parental rights would be terminated. Janice had also adhered to all of her service plan requirement, and had applied for a housing subsidy that would allow her to afford housing that child welfare would consider adequate. When a background check revealed a 2-week jail stay, her application was denied. Though she was appealing the decision, it was unclear whether it would be resolved before the service plan deadline. (Barrow & Laborde, 2008, p. 166)

Multiple studies have revealed findings, provided suggestions, or described interventions designed around preventing further separation and/or encouraging family preservation or reunification for mothers separated from their children. Hoffman and Rosenheck (2001) found the following predictors of family reunification for homeless mothers who had been separated from their children and participated in a project that provided comprehensive services and intensive case management teams for homeless people with severe mental illnesses: positive changes in maternal health status and community adjustment; an increase in number of days housed; a decrease in psychotic symptoms; reduced drug use; and improved therapeutic relationships. Barrow and Lawinski (2009) suggested offering the following to mothers separated from their children: accessible advice on financial, legal, care options; legal aid to deal with custody issues; counseling for families (mothers and children); and preventative services provided by child welfare agencies. Hanrahan et al.'s (2005) pilot study on the Thresholds Mothers' Project is an example of an intervention program showing promise in encouraging mother-child relationships (preventing separation and encouraging preservation and reunification). The program was designed to support homeless mothers with psychiatric illnesses either living with their children or separated from their children, through supportive housing, child care and mental health services, and legal assistance to help mothers regain custody in situations where it was in the best interest of the child.

In general, just as the facilitators of mother-child separation are clear, so are the barriers to mother-child family preservation and reunification following maternal homelessness. The literature clearly suggests that the barriers are structural (including lack of social service accessibility, integration, and efficacy), and predominantly and intricately connected with housing instability and homelessness.

**Summary of findings regarding mother-child separations for homeless women.** To summarize the findings on mother-child separations, we know that mothers – particularly mothers who have been separated from their children – are a high-risk group in the homeless population. Within this group, younger mothers, mothers of colour, and mothers experiencing psychiatric and substance use issues are particularly vulnerable. We know many of the specific predictors and precursors of mother-child separation and we know that once homeless mothers have been separated from their children, that their circumstances, needs, and experiences are unique and distinguish them from the larger group of women who are homeless. During separation, women often become “invisible” within the system, marginalizing them even further. Despite their “invisibility” and their painful experiences associated with separation from their children, these mothers remain committed to and motivated by their children and their hopes of reunification. Despite mothers’ commitment and resilience, compounding systemic barriers often preclude mother-child reunification even once mothers are no longer homeless.

Some of the limitations in the mother-child separation literature include: a vague delineation of when mothers are separated from their children (i.e., before or during homelessness); how mental illness impacts mother-child separation experiences in the context of homelessness; and how housing interventions, such those using a HF approach, might impact family preservation and reunification for formerly homeless parents. The next section of this review examines what is known from the existing literature about father-child relational circumstances and the experiences of homeless fathers who have been separated from their children.

### **Father-Child Separation and Homelessness**

Father-child separation is a distinct and complex issue to review in the literature for

multiple reasons. First, with evolution of the stereotypical role of fathers in North America from “breadwinner” (Doherty, Kouneski, & Erickson, 1998), or one that represents an “economically based paternal identity” (Kost, 2001, p. 501), to caregiver over the last few decades, family structures have changed with time (Ferguson & Morley, 2011). Further, the homeless population of documented single father families is increasing (i.e., in 1992, 1.5% of homeless families with children under 15 were single father families and in 2003, the number increased to 2.5% (Australian Bureau of Statistics, 2003)). While many homeless men are fathers, most of them live apart from their children (Ferguson & Morley, 2011). Yet, there is a growing trend and increased documentation of single fathers trying to access housing services for themselves and their children (Bui & Graham, 2006), many of whom experience unique barriers due to a lack of research and services available for this particular group (i.e., resources that target homeless youth, and mothers and children escaping domestic violence).

Relationships between fathers and their children are commonly and intricately connected with the relationship between the child’s father and mother (Cox, Owen, Lewis, & Henderson, 1989; Doherty et al., 1998; Jackson, Choi, & Franke, 2009). For example, “If mothers do not view a father’s involvement as useful and beneficial, fathers will be less likely to engage with their children and assume their parenting role” (Ferguson & Morley, 2011, p. 209). Furthermore, Barker et al. (2011) found that for homeless single fathers: “...it was by having a working relationship with the children’s mothers that enabled some single fathers to maintain contact with their children” (p. 9). Stemming from the aforementioned reasons, it is difficult to distinguish between father-child separations that occurred due to factors associated with homelessness, or due to other complexities of the father-child relationship related to family breakdown (i.e., mother-father relationship, separation/divorce).

Another reason that father-child separation is a complex issue is because it is challenging to identify how many homeless men are also fathers in research studies and census data (Ferguson & Morley, 2011). There are two reasons for this challenge. First, although “single”, unaccompanied males have been recorded as homeless, their parenting status has been omitted since they did not have their child(ren) in their custody (Chamberlain & Mackenzie, 2003), and thus they are “invisible fathers” (Barker et al., 2011). Second, most services targeting homeless fathers require fathers to have full custody of their children, and therefore data about non-custodial, invisible fathers are non-existent (McArthur et al., 2006).

Only four sources, based on three separate empirical studies (Barker et al., 2011; Bui & Graham, 2006; Ferguson & Morley, 2011), have examined father-child relationships in the context of homelessness. None of these studies explicitly disaggregates their findings to distinguish between parenting status and separation status in order to understand differences in circumstances and experiences in father-child relationships, as in the literature about mother-child separations. Furthermore, with such small sample sizes ( $n = 40$ ;  $n = 5$ ;  $n = 4$  respectively) and the fact that two of the three studies were conducted in Australia, the findings of these studies and themes across studies are not generalizable.

The first source is a research report of a study by the Institute of Child Protection Studies, Australian Catholic University (Barker et al., 2011) to understand the relationship experiences of 40 custodial and non-custodial homeless fathers with their children – some of whom had contact with their children and others that had no contact – as well as how their experiences of homelessness impact their identities and fatherhood roles. The second source, a report by the Institute of Child Protection Studies, Australian Catholic University summarizes the key findings from Barker et al.’s (2011) study, emphasizing specific implications of the findings for policy



and programming (Barker & Morrison, 2014).

The third source is a research report by the Australian Wombat Housing and Support Services, and Victoria University that examined experiences of five single fathers experiencing homelessness and accessing housing services and five housing/welfare workers that worked with single fathers experiencing homelessness. Prior to receiving housing accommodation, all five fathers were living with or had regular contact with at least one of their children, but did not distinguish between minor and older children (i.e., age range of children was 2-21 years old). Two of the fathers lived alone and three fathers lived with their children – one of these fathers was trying to access housing for himself – a place that would be suitable for his children to visit, while the four other fathers were trying to access housing for their children to live with them. Three of the five were involved in legal disputes for custody of their children and two had protection orders against the children's mother due to violence against the father (Bui & Graham, 2006).

The final source is a peer-reviewed article of an evaluation of a housing program for non-custodial fathers: the Project for Pride in Living Inc.'s Non-Custodial Parents Housing Program. The key objectives of the program were to support fathers to stabilize their housing and participate in parent education, and psychosocial and mutual support services to reduce homelessness and improve their relationships with their children. The evaluation assessed whether these objectives were met through the program for four out of the seven fathers who were part of the housing program at the time of the evaluation (Ferguson & Morley, 2011).

Due to the dearth of literature – only three qualitative research studies, two of which are Australian and one American – around father-child separations for homeless fathers, and for consistency purposes, the timeline used to frame mother-child separations will be used in this

section as well. First, contexts for which father-child separations occur *before* becoming homeless or shortly thereafter are discussed. Next, literature describing the experiences of fathers *during* their time being homeless and separated from their children is discussed. Finally, literature describing specific efforts and interventions aimed at preserving father-child relationships *after* homelessness are discussed.

***Before father-child separation and paternal homelessness.*** Fathers described family and relationship breakdown (i.e., parental divorce or separation) as a key contributor to their homelessness. One father in Barker et al.'s (2011) study attributed his homelessness to the breakdown of his intimate partner relationship, which led to issues finding accommodation and resulting in homelessness. However, it is not clear whether father-child separations happen most frequently before or during homelessness, or what precursors and predictors contribute to the separation. Only a few examples from qualitative interviews can be found, where homeless fathers explain why they believed they were separated from their children. For example, one father believed that he did not have contact with his daughter or family because of his addiction. Of the limited sources available on the topic, most of them contain examples of homeless fathers' experiences of separation from their children while homeless. Overall, very little is known from the existing literature about father-child relationship circumstances and experiences for homeless fathers separated from their children before becoming homeless. While slightly more information is known about fathers' experiences during homelessness, it is critical to note that these data are only based on three empirical studies.

***During father-child separation and paternal homelessness.*** Both Australian studies examined single fathers' views and experiences being homeless, specifically around how homelessness impacted their capacities, identities, and roles as parents, and around their

experiences with homelessness services offered to single fathers in Melbourne (Barker et al., 2011; Bui & Graham, 2006) and Canberra, Australia (Barker et al., 2011). Neither study explicitly disaggregated findings based on separation status from children, as is common in literature about homeless mother-child separation (i.e., see Table 4.). However, some implicit indications within the findings suggesting that the father had been separated from their child revealed two general themes across these two studies. The first theme was the psychological and emotional impacts of father-child separation, and the second was the determinants of father-child connections.

Fathers expressed the importance of having their children in their lives. Psychological and emotional impacts of being separated from their children were evident in their interviews. In fact, similar to research about mother-child separation, some of the homeless fathers separated from their children in both studies described the idea of reuniting with their children as sources of motivation to improve their life conditions, such as refraining from using drugs and addressing other issues going on in their lives. However, they also emphasized that separation from their children adversely impacted their own health and well-being in the following ways: causing despair, anguish, and anger; and impacting their identity.

For homeless and separated fathers, feelings of extreme despair and anguish were described with respect to being disconnected from their children – a few of whom described coping through substance use and the negative impacts on their mental health. One father said the following about his children: “I have avenues of numbing that sort of feeling. But realistically all I dream about is - and I just think I just wish that we were back together again [weeps]” (Barker et al., 2011, p. 36). Barker et al. (2011) attributed the cycle of homelessness experienced by many fathers being exacerbated by separation from their children. They

described the cycle as going from experiences of such emotional turmoil from separation that would lead to dysfunctional coping behaviours, buttressing their homelessness, which would in turn, reinforce separation from their children.

Fathers also expressed feelings of anger about the fact that when their relationship ended with their children's mother, that she portrayed fathers as the disposable parent, and they also felt that "they were being dispossessed of their children" (Bui & Graham, 2006, p. 33). Feelings of anger, frustration, helplessness, and hopelessness arose when fathers described having their children taken from them and placed with their ex-partner or in foster care, and feelings of isolation, depression, and negative thoughts came about when fathers explained how hard they tried to remain connected with their children in spite of the mother's attempts to disconnect them (Bui & Graham, 2006).

Similar to mothers' experiences in the literature about mother-child separations, identity as a parent (father) was important for participants in both Barker et al.'s (2011) and Bui and Graham's (2006) studies, and being separated from their children greatly impacted these identities, and hence their psychological and emotional health. One father identified strongly as a father and was troubled by his inability to parent his children due to homelessness. The workers in Bui and Graham's (2006) study described fathers as being extremely proud of their roles as fathers. They spoke affectionately about their children, and indicated that their children were a fundamental part of their identities. Fathers emphasized the negative impacts that homelessness, which had resulted from family breakdown, had caused. They emphasized that homelessness had created a sense of loss in their roles as fathers and hence their identities and purpose in life.

Despite the detrimental psychological and emotional impacts of father-child separation, Barker et al. (2011) found that services in Australia were not structured to support single fathers'

relationships with their children if they were living apart from each other. Fathers struggled with finding safe places to stay to bring their children, and found that most parenting support programs for parents in the homeless community were for homeless single mothers (Barker et al., 2011), especially those escaping violence, as well as for youth who are homeless (Bui & Graham, 2006). Despite these and other structural barriers for fathers in maintaining relationships with their children, their children were important for their psychological health and well-being.

Various determinants of father-child connections were found in the context of homelessness from the three studies. Barker et al. (2011) broke these down into the following categories of determinants: circumstances of the father; circumstances of the mother; interpersonal relationships; and access to appropriate services.

Circumstances of the father included: financial status, supporting Nelson's (2004) finding that non-custodial fathers with low incomes have lower rates of contact with their children than those with higher incomes, which worsen when the father is homeless; employment status; incarceration; mental health; substance use; and levels of support from extended family and friends. Fathers' accommodation types (i.e., squatting/rough sleeping, crisis accommodation, transitional housing, public/private housing) and the necessity of having a stable home foremost and fundamentally impacted their ability to connect with their children and the quality of their connection (Barker et al., 2011). Lack of adequate income which led to housing instability and homelessness, and consequently having to place children with their mothers or with protective services impacted father-child connections. Additional structural barriers impacted father-child connections, such as trying to secure stable housing for themselves to reunify with their children, they faced structural issues: if children were not living with them, they couldn't receive income

supplements or government supported housing to acquire stable housing. Even for fathers who could afford housing, they could only afford enough space for themselves and not enough space to accommodate their children to live with them. Aside from stable housing, there is a lack of temporary places to live with one's children as a father, including homeless shelters, which often do not allow children from entering (Bui & Graham, 2006). Ferguson and Morley's (2011) evaluation of the Project for Pride in Livings Inc.'s Non-Custodial Parents Housing Program for homeless non-custodial fathers, supports Barker et al. (2011) and Bui and Graham's (2006) findings by emphasizing that a father cannot fulfill his role as parent without stable housing (amongst additional supports).

Circumstances of the mother included father's beliefs about the suitability of the child's mother in providing a safe, appropriate, and caring environment for their children. For example, one father described pursuing legal custody of his children when their mother began using substances again, resulting in their children being placed in foster care (Barker et al., 2011). Interpersonal relationships discussed were those between the father and their child's mother, grandparents, and the foster care system. They found that: "The relationship the fathers had with their (ex)partners emerged as a key aspect regarding the level of contact they had with their children. Typically, it was mothers who regulated the nature of the contact between fathers and their child." (p. 44). Furthermore, legal problems related to child access, were mentioned by fathers and workers in Bui and Graham's (2006) study.

Fathers struggled with access to appropriate services for many reasons including restrictive eligibility criteria (i.e., entitlement barriers, rigidity of catchment areas), discrimination and gender bias, and overwhelming expectations of the homelessness services system (Barker et al., 2011).

Overall, similar to literature on mother-child separation – although much less extensive – these three studies show that during homelessness and separation from their children, fathers experience emotional distress, challenges with their identities and roles as father. Furthermore, their children are important sources of motivation in their lives. As well, a lack of adequate income, housing instability, and a lack of appropriate services and supports impact father-child separation. Note again that these findings are based only on three studies. In the next section of this review, the dearth of literature available to understand father-child relationships after homelessness and separation becomes evident.

***After paternal homelessness.*** Ferguson and Morley (2011) evaluated the Project for Pride in Livings Inc.'s Non-Custodial Parents Housing Program – a program designed specifically for homeless non-custodial fathers. The program involved helping to stabilize the father's housing and supports by providing supportive housing. The program required that fathers participate in parenting education, and psychosocial support and coaching, in order to strengthen his relationship with his children. In total, four African-American fathers participated in the program in 2005 when the program was evaluated. Researchers found that while participant contact and engagement with their children improved, as did their roles and identities as father, after participating in the program, fathers attributed these improvements to a variety of reasons. Some of the reasons included improved parenting knowledge and competence through parenting education, social support through peers in the program, dramatic improvements with relationships with their child's mother, and improved psychological well-being. This is the only study that focused on father-child relationships after homelessness, and was only based on interviews with four fathers.

**Summary of findings regarding father-child separations for homeless men.** To summarize the findings on father-child separations: very little is known because this issue is essentially absent from the homelessness literature. We do not have a clear understanding of the demographics of this particular group of the homeless population. We know very little about father-child relationship circumstances and experiences for homeless fathers separated from their children *before* becoming homeless, and *after* homelessness ends. While slightly more information is available in the literature about fathers' experiences *during* homelessness and while separated from their children, these data are based on only three empirical studies, which do not disaggregate their findings according to separation status. Based on these three studies, we learn that fathers experience emotional distress, challenges with their identities and roles as father, and that their children are important sources of motivation in their lives – in similar ways as described by mothers. Furthermore, a lack of adequate income, housing instability, and lack of appropriate services and supports are fundamental factors that impact father-child separation. Some literature, however, describes parent-child separation more generally, without explicitly separating experiences and circumstances of mothers versus fathers. These sources are reviewed next.

### **Parent-Child Separation and Homelessness**

Some research has focused on the separation of children from their parents in general (i.e., the focus is not specifically on mothers or fathers) within a broader context of family homelessness. Some of these sources explicitly delineate characteristics and statistics pertaining to homeless parents separated from their children (DiBlasio & Belcher, 1992; Paquette & Bassuk, 2009; Rog & Buckner, 2007; Shinn et al., 2005).

The foci of additional literature include: child separation from homeless parents through



child welfare services and/or foster care involvement (Bussiere, 1990; Park et al., 2004; Rodriguez & Shinn, 2016; Roman & Wolfe, 1995; Zlotnick et al., 1998; Zlotnick, 2014); programs and interventions aimed at family preservation and reunification of children with their formerly homeless parents (Emerson-Davis Family Development Center, 2000; Harburger, 2004; Nelson, 1992; Zlotnick, 2014); social relationships (Padgett, Henwood, Abrams, & Drake, 2009); and adverse life events (Padgett et al., 2012) among adults who had been homeless, experienced serious mental illness, and used substances; and separation from one's parents/caregivers as a risk factor for homelessness (Shelton, Taylor, Bonner, & van den Bree, 2009). However, since these sources did not disaggregate their findings to distinguish between parents who had been separated from their children versus parents living with their children, only findings within particular studies that explicitly stated that parent-child separation had occurred were included in this review.

These foci can be categorized based on the contexts for which parent-child separations tend to occur *before* becoming homeless or shortly thereafter. Next, literature describing the experiences of parents *during* their time being homeless and separated from their children is discussed. Finally, literature describing specific programs and interventions aimed at reunifying parents and children *after* homelessness are discussed.

***Before separation and homelessness.*** We know that children whose families are homeless are more likely to be separated from their family than those whose families have a home (Shelton et al., 2009). When children are separated from their homeless families, they are often placed into the child welfare system and/or foster care. While placement into child welfare/foster care has been linked to child abuse and neglect (Zlotnick et al., 1998), in many cases, placement has been associated solely with systemic issues around economic insecurity and

unstable housing (Bussiere, 1990; Nelson, 1992; Roman & Wolfe, 1995).

While no evidence exists to suggest a direct causal link between child foster care placement and subsequent adult homelessness, becoming homeless as an adult is significantly associated with having been separated from one's parents/caregivers as a child (Shelton et al., 2009; Shinn et al., 2005). In other words, being placed in the child welfare/foster care system as a child is inextricably associated with becoming homeless as an adult. This association is described in much of the literature on parent-child separations for homeless families (Bussiere, 1990; Park et al., 2004; Roman & Wolfe, 1995; Zlotnick et al., 1998).

In an effort to contest unnecessary separation of children from their parents and placement of children in foster care, Nelson (1992) described a "whole-family foster care" program targeting parents and their minor children living with unstable housing and experiencing physical or mental illness, developmental issues, or chemical dependency, and therefore at risk of separation. The program operated through Minnesota's social services department, where peer-support foster families, case management, and community-based family resources supported at-risk families to promote housing and parenting stability. Evaluations of this program have not been located.

Overall, a large body of literature has explored the implications for families at risk of or experiencing homelessness, most of which indicate significant associations with child welfare and foster care involvement for children, and hence separation from parents. Furthermore, child welfare and foster care involvement as a child has been consistently and significantly associated with becoming homeless as an adult. It is clear through the literature that this intergenerational cycle associated with child welfare/foster care and parent-child separation, and homelessness is a critical time and space for intervention. In the next section, some of the experiences of parents, in

general, who have experienced separation from their children while homeless, are reviewed.

***During parent-child separation and parental homelessness.*** In their study, DiBlasio and Belcher (1992) explored the characteristics, service needs, and experiences of 178 homeless adults (94 were parents). They were specifically interested in evaluating the differences in parenting status (parents versus non-parents), and also disaggregated some of their findings based on separation status (parents living with their children versus those living apart from their children). Findings relating to separation status revealed that parents living with their children made more requests for services than those whose children were living elsewhere. Additionally, strong associations were found between parents living with their children and lower employment rates, as well as a greater need for child care services. Separation from one's children was strongly associated with wanting parent skills training and drinking status, while these associations did not exist for parents living with their children.

Padgett and colleagues (2008) explicated findings regarding social relationships, while Padgett et al. (2012) examined the impacts of adverse life events for adults who experienced homelessness, substance use issues, and serious mental illness. However, the findings in these studies did not disaggregate the data based on separation status. Therefore, the findings only included a few examples of experiences of homeless parents who had been separated from their children during homelessness, because parents explicitly indicated that they had been separated from their children.

While only eight studies were found to describe the experiences and service needs of parents who have been separated from their children in the context of homelessness, it is clear that parents who are homeless are different from adults who are homeless but are not parents. In the last section of this review, what is known from the existing literature about the parent-child

separation circumstances and experiences after homelessness is discussed.

***After homelessness.*** Studies about parent-child separation in the context of homelessness mainly focus on housing interventions to prevent parent-child separation or reunify families that had been separated. The necessity of stable housing in preventing parent-child separation and promoting reunification has been clear in the literature for decades (Bussiere, 1990; Roman & Wolfe, 1995). The award-winning Emerson-Davis Family Development Center in Brooklyn, New York City (“Emerson program”) – a community-based housing intervention program that included providing support services (i.e., access to scattered-site housing and case management) to single-parent families experiencing homelessness, mental health and substance use issues – is an example of a program aimed at preventing parent-child separation and reuniting parents and children that had been separated. The program has been evaluated, revealing promising findings in parent and child outcomes (Emerson-Davis Family Development Center, 2000).

In a cost-benefit analysis, Harburger (2004) demonstrated that collaborative housing partnerships between housing and child welfare services could curb the impacts of homelessness and parent-child separation. In fact, offering supportive housing through this partnerships had the potential to improve child well being by preventing parent-child separation associated with housing instability. Furthermore, supportive housing was introduced as a way to reunify parents and children who had been separated in the context of homelessness. Harburger’s (2004) analysis showed that a program, such as the Family Unification Program, which offered housing vouchers and support services for families in low-income and inadequate housing situations, and experienced or were at risk of parent-child separation, can prevent separation and reunify separated families. In fact, thousands of children were either prevented from entering foster care or reunified with their families through this program. Finally, Harburger (2004) found that

supportive housing for families is 70% cheaper than maintaining children in foster care.

In the large-scale, multi-site randomized controlled trial – the Family Options Study – researchers examined the effectiveness of various housing and service interventions for homeless families. Over 2000 families were enrolled in the study. The following three interventions were compared to treatment as usual and to each other: 1) permanent housing subsidy as a Housing Choice Voucher and no supportive services; 2) project-based transitional housing (temporary housing for up to two years) and intensive on-site services; and 3) community-based rapid re-housing (temporary rent assistance) and limited services. Interim findings revealed that almost one quarter (23.9%) of the parents were separated from at least one of their children, with older children more likely to be separated from the family than younger children (Gubits, Spellman, Dunton, Brown, & Wood, 2013). Short-term findings (20 months after random assignment to intervention groups) revealed that the intervention group receiving permanent housing subsidies experienced improved family preservation – substantially reduced parent-child separations since baseline (from 16.9 to 9.8% of families) and reduced foster care placements (from 5.0 to 1.9% of families) (Gubits et al., 2015). Long-term findings (37 months after random assignment) showed that the only group that showed any significant impacts on family preservation indicators was the group receiving permanent housing subsidies (Gubits et al., 2016; Shinn, 2016).

While only 10 sources (3 of the 11 were regarding the Family Options Study) were found to include information about parent-child relationships following homelessness, they are clear that systems-level interventions related to permanent housing (i.e., rent subsidies or vouchers), and partnerships between housing and child welfare are essential in order to preserve and/or reunify families that have experienced or are at risk of separation in the context of homelessness.

**Summary of findings regarding parent-child separations for homeless parents.** To summarize the findings on parent-child separations, a sizeable body of literature is clear that the intergenerational cycle associated with child welfare/foster care, adult homelessness, and parent-child separation must be targeted to prevent the recurrence of parent-child separation. Some of the family homelessness literature has described experiences and service needs of parents who have been separated from their children in the context of homelessness, as well as systems-level interventions targeted at preserving and/or reunifying families that have experienced or are at risk of separation in the context of homelessness.

### **Conclusions and Limitations of the Research**

Based on this scoping review of the extant literature, ample evidence is available to understand what is known about mother-child relationship circumstances and experiences before, during, and after homelessness, and some research has been done to understand parent-child separations in general in the context of homelessness. However, an enormous gap exists with regards to father-child separations before, during, and after parental homelessness. Moreover, the differences between experiences and circumstances of mothers versus fathers that have been separated from their children is almost void from the homelessness literature.

Furthermore, the impacts and associations between mental illness and other structural risk factors associated with homelessness and parent-child separation are unclear from existing literature. Additionally, despite clear findings that stable housing positively impact family preservation and reunification, literature that compares experiences and outcomes of mother-child and father-child relationships from randomized controlled trials of housing interventions for homeless parents separated from their children is missing. In particular, more research is needed to understand the experiential differences between different categories of

“unaccompanied” homeless women/men – mothers/fathers separated from their children, and women/men who are not mothers/fathers.

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## Appendix C: Baseline Consumer Narrative Interview Guide

# INTERVIEW GUIDE FOR BASELINE CONSUMER NARRATIVE MHCC AHCS PROJECT

### Introduction

#### *[Complete informed consent]*

This interview is an opportunity for you to tell the story about your experiences living on the streets or in a shelter and your experiences with the mental health system. We're interested in learning about what life has been like before and after you started living on the streets or in a shelter. You've been asked about some of these issues in the previous interviews. This interview is an opportunity for you to share those experiences and to talk about your life using your own words. All of this will help us learn how the project works, so we can help make lives better for people who have been homeless. Take the time you need. For most people it takes about 90 minutes, but how much time we take to do the interview is up to you. We can take a break if you wish.

Just as a reminder, please be aware that your participation in the study is completely voluntary. You can decide not to participate, to withdraw your participation at any time, and to skip any questions that you do not wish to answer. Also, your decision to participate or not participate will not affect the services or support you receive. You may find some of these questions sensitive or disturbing. We will only proceed with the interview today if you feel comfortable doing so. We are interested in hearing about your life. Please keep in mind though that this is a research interview and not a clinical or therapeutic interview. If you do have concerns and questions about resources or support, we will be able to provide you with information after the interview. We will hold everything that you say in confidence. Please note that your name will not be associated in any way with your responses. You will receive a written summary of the findings when the research is completed.

Do you have any questions before we get started? I'm going to start the recorder now – is that still okay with you?

## Part I: Story of Living on the Streets or in a Shelter

I'm interested in learning about your experiences with your housing situation.  
Now I'm going to ask you about that.

### Theme 1: Pathways into Homelessness (or Precarious Housing)

#### a. Life before Homelessness

Tell me please what life was like before you started living on the streets or in a shelter.

Tell me about the first house or apartment that you remember.

(probes: things that kept you housed prior to homelessness; things that kept you housed;)

### **b. How the Person First Became Homeless**

Now, I'd like to hear the story about how you first became homeless. (issues or experiences that led to you living on the streets or in a shelter [e.g. relationships, poverty, health, exclusion, requirements for medication compliance/sobriety, re-hospitalization, etc.] )

### **c. Recurrent Experiences of Homelessness**

Have you been homeless more than once? If so, when you think of your various experiences with homelessness, please talk about any common barriers that stand in the way of your attempts to find and keep housing.

### **d. Most Recent Experience of Homelessness**

Tell me please about your most recent experience of becoming homeless.

(probes: how you found the housing your most recent housing; issues/experiences related to living on the streets or in a shelter; issues that prevented you from finding housing.)

## **Theme 2: Life on the Streets or in a Shelter**

Now, I'd like to talk about what life has been like for you while you've been living on the streets or in a shelter.

### **a. Typical Day**

First of all, I'd like you to tell me about what your average day is like. For example, if yesterday was an average day, tell me about what your day was like.

(probes: where did you sleep, places visited, people met with, nature of encounters with people, etc.)

### **b. Services, Supports, and Community Organizations**

Now, I'd like you to tell me about the services, supports, or community organizations that you have used while living on the streets or in a shelter.

(probes: what they're like; types of services/supports/community organizations found to be most helpful [e.g., services, family, friends, church]; types of services/supports found

to be least helpful; sort of involvement in the community while living on the streets or in a shelter?)

### **c. Experiences with Housing**

Now I'd like you to tell me more about your experiences with housing during the period of time when your housing situation has been unstable.

(probes: places lived [quality, safety, support]; relationships with landlords, superintendents or neighbours; experience of stigma, discrimination or other barriers in relation to services and housing; any positive experiences)

### **d. Vision for Housing for the Future**

Now, I'd like you to talk about how you envision your housing situation in the future and how you might get there.

(probes: what does home mean to you; what would be an ideal housing situation [individual vs. shared living situations; landlord relationships; location; safety issues]; the kinds of challenges that would have to be addressed to allow you to achieve a more ideal housing situation);

Only for those in one of the housing interventions – What do you think of the “At Home” intervention project in which you will be involved?

(probes: hopes, fears, challenges)

### **e. Life on the Streets or in a Shelter**

I want to ask you a few general questions about life on the streets or in a shelter.

How has your life changed since you started living on the streets or in a shelter?

(probe re: feelings about oneself, relationships, family, friends, health, involvement in the community, poverty, stigma, addictions)

What has been *hardest* since living on the streets or in a shelter? (probe re: feelings about oneself, relationships, family, friends, work, health, involvement in the community, poverty, stigma, addictions);

What keeps you going?

(probe: what do you enjoy doing?)

## **Theme 3: Experiences of Mental Health Issues and Mental Health Services**

In this part of the interview, I'd like to hear more about your experience with mental health issues and the mental health system.

### a. First Experiences

First of all, please talk about when you first remember thinking that something was different, or that something was not quite right.

(probes: what life was like at that time; feelings about oneself, relationships, family, friends, physical health, involvement in the community, poverty, stigma, addictions)

### b. Experiences with the Mental Health System

What have been your experiences with receiving help from the mental health system?

I'm interested in hearing about your experiences with the relationships that you've had with mental health professionals and service-providers.

(probes: first experiences; experience with mental health services and with mental health providers since that first time; current experiences; did services or providers meet needs; inadequate or unfair treatment; any changes or improvements needed)

### c. Recovery

What would recovery (or healing) mean in your situation?

What kind of support would you need to realize this idea of recovery or healing?

## Part II: High-, Low-, and Turning Point Stories

In the final part of the interview, I'd like to ask you about some of the key moments in your life. So, I'm now going to ask you to highlight a high-point, a low-point, and a turning-point from your life. What would you like to start with? a high point, a low point, or a turning-point<sup>1</sup>?

*Note to Interviewers: Make sure that the participant addresses all of the following questions, especially ones about impact and what the experience says about the person. Do not interrupt the description of the event. Rather ask for extra detail, if necessary, after the participant has finished initial description of the event*

### a. High Point Story

I would like you to reflect on a high point in your life, what you might think of as the best moment in your life. It could be a moment or time in your life where you experienced very positive feelings, such as joy, excitement, happiness, or inner peace. Does an event or time like this come to mind? Describe it for me in detail. Make sure to tell me what led up to the scene, so that I can understand it in context. What happened in the scene? Where and when did it happen? Who was

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<sup>1</sup> If the participant has already recounted a high-, low-, and/or turning-point story earlier, there is no need to ask about this again here at the end of the interview. However, be sure to clarify that the stories are high-, low- or turning- point stories for the participant, rather than assuming that they are.

involved? What were you thinking and feeling in the event? Why is it an important event? What impact has this event had on who you are today?

**b. Low Point Story** (*note to interviewer: you may want to check in with person as to whether they've already told a low point story, especially if what they've already talked about sounds traumatic; however, you should leave the choice up to the participant about what topic constitutes the low point they choose to talk about*)

Think back over your entire life and try to remember a specific experience or event where you felt really low: it could involve emotions such as deep sadness, fear, strong anxiety, terror, despair, guilt, or shame. You might think of this as the worst moment in your life. Please describe this scene for me in detail. Again, tell me what led up to the scene, so that I can understand it in context. Where and when did it happen? Who was involved? What happened? What were you thinking and feeling? Why is it an important event? What impact has this event had on who you are today?

**c. Turning Point Story**

In looking back on your life, are there any big “turning points” that come to mind? This could be times when you experienced an important change in your life.

IF YES: Please choose one key turning point scene and describe it in detail.

IF NO: Describe a particular time in your life that comes closer than any other to qualifying as a turning point – a scene where you changed in some way. Again, tell me what led up to the scene. What happened? Where and when did it happen? Who was involved? What were you thinking and feeling? Why is it an important event? What impact has this event had on who you are today?

## Ending the Interview

- How are you feeling right now?
- Is there anything that we have not covered that you think is important for me to know about how being homeless has affected your life?
- What are your plans for the future?
- What did you think of the interview?
- Did you feel comfortable doing this interview?
- Is there anything we can do to improve the interview?
- Do you have any questions of me?

Thank you very much for participating in this interview. I appreciate your willingness to share your story with me – this is an important part of the project.

## Appendix D: Follow-Up Consumer Narrative Interview Guide

# INTERVIEW GUIDE FOR FOLLOW-UP CONSUMER NARRATIVE INTERVIEW MHCC AHCS PROJECT

### Introduction

#### *[Complete informed consent]*

This interview is an opportunity for you to tell the story about your experiences over the past year. We're interested in learning about your life experiences, personal changes, housing, and supports. You've been asked about some of these issues in the previous interviews. This interview is an opportunity for you to share those experiences and to talk about your life using your own words. All of this will help us learn how the project works, so we can help make lives better for people who have been homeless. Take the time you need. For most people it takes about 90 minutes, but how much time we take to do the interview is up to you. We can take a break if you wish.

Just as a reminder, please be aware that your participation in the study is completely voluntary. You can decide not to participate, to withdraw your participation at any time, and to skip any questions that you do not wish to answer. Also, your decision to participate or not participate will not affect the services or support you receive. You may find some of these questions sensitive or disturbing. We will only proceed with the interview today if you feel comfortable doing so. We are interested in hearing about your life. Please keep in mind though that this is a research interview and not a clinical or therapeutic interview. If you do have concerns and questions about resources or support, we will be able to provide you with information after the interview. We will hold everything that you say in confidence. Please note that your name will not be associated in any way with your responses. You will receive a written summary of the findings when the research is completed.

Do you have any questions before we get started? I'm going to start the recorder now – is that still okay with you?

### **PART I: LIFE STORY FOR THE PAST YEAR**

I would like to hear about your experiences over the past year ... I will ask you some questions about some of your experiences.

#### **Theme 1: Life Changes, Typical Day**

##### **a. Life Changes**



1. First of all, in general, please tell me about how your life has been over the past year.
2. What has your housing situation been like over the past year?

**b. Typical Day**

1. Tell me about what your average day is like or what you do on a typical day. For example, if yesterday was an average day, please tell me about what your day was like.
  - a. What did you do?
  - b. What places did you go to?
  - c. Who did you meet?
2. How, if at all, has the way you spend your typical day changed over the last year?
  - a. Why do you think this has changed?
  - b. What are your favourite places to go in the community?
    - What do you do there?
    - How often do you go to these places?
  - c. How easy or hard is it for you to get around your community?
  - d. Who do you typically spend time with in the community?
  - e. Tell me about any experiences of discrimination or stigma that you have experienced in the community in the past year?

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**Theme 2: Recovery/Mental Health/Well-being, Relationships, Material Situation**

**a. Recovery, Mental Health, and Well-being**

1. Please describe any personal changes that you have experienced over the last year with regard to your health or well-being.
2. What has been helpful to your health or well-being over the last year? What keeps you going?
3. What have you had difficulty with that has gotten in the way of your health or well-being over the last year?
4. What mental health issues were you experiencing at the start of the At Home Project? How have you been coping/dealing with these issues over the past year?

**b. Relationships/Social Support**

1. Tell me a bit about your relationships over the past year. Have there been any important changes in your relationships during this time?
  - a. Changes in relationships with family, friends or acquaintances (including new or renewed relationships)

- b. Changes in sense of community
  - c. Changes in feelings of stigma
2. Over the past year, who in the community have you been able to trust or count on for support?
    - a. How have they supported you?

**For participants who are parents For participants who are NOT parents, proceed to section c: Material Situation below**

- b. How has housing instability affected your roles as a mother/father?
- c. (This question should be asked only of those parents who have obtained housing.) How has stable housing affected your role as a mother/father?

**c. Material Situation**

1. Tell me about your situation with money. Has it improved, stayed the same, or gotten worse over the past year?
  - a. Probe about any changes
2. Tell me a bit about your financial responsibilities. How have you been managing those responsibilities over the past year?
3. How have you been eating over the past year ?
  - a. Probe about the quality of food and access to food

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### **Theme 3: Housing**

**For the Treatment as Usual participants who have successfully obtained housing**

1. How were you able to find your current housing?
2. What do you think of your housing?
  - a. Privacy
  - b. Quality
  - c. Location
  - d. Choice
3. What do you like most about your housing?  
What do you like least about your housing?
4. What is your understanding of your responsibilities as a tenant?
5. What have been your experiences with your landlord(s)?
6. How do you like your neighbourhood? (What do you like/not like about it?)

7. What has helped you to keep your apartment? What are the challenges in keeping your apartment?
8. Can you tell me about anything you find yourself missing about the way your life was before you became housed?

## **2. For all Treatment as Usual participants**

1. What do you like most about your housing situation? (Note that this question might not be appropriate for participants who are still living on the street or shelter)
2. What do you like least about your housing situation?
3. If not housed, what are your current challenges?

## **3. For the HF intervention participants**

1. What do you think of the housing that you have obtained through the AHCS project?
  - a. Privacy
  - b. Quality
  - c. Location
  - d. Choice
2. How did you select your apartment?
  - a. Did you accept the first apartment that was presented to you? Why or why not?
  - b. Would you make the same decision today? Why or why not?
3. What do you like most about your housing? What do you like least about your housing?
4. What is your understanding of your responsibilities as a tenant?
5. What is your understanding of the responsibilities of the At Home/ Chez Soi project?
6. What have been your experiences with your landlord(s)?
7. How do you like your neighbourhood?
8. What has helped you to keep your apartment?
9. What are the challenges in keeping your apartment?
10. Can you tell me about any aspects of your life before you became housed that you miss now that you have housing?

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## **Theme 4: Mental Health Services**

**\*Section differs depending on client group (ACT, ICM, TAU - see below)**

I'd like to hear about your experiences with people working in the mental health services system during the past year. Tell me about the support and treatment that you have received from mental health service-providers during the last year.

**For ACT clients (ask about):**

1. **Services/supports received through the team**
  - a. Which services offered in the last year have been the most helpful?
  - b. Which services offered in the last year have been the least helpful?
  - c. What other kinds of services have you been using in the past year, and what have your experiences been like with them?
    - Relationships with service providers
    - Experiences with medications
    - Types of information and support provided
2. **Clinical supports, i.e. hospital-based care or treatment received outside of the team**
  - a. What has been helpful about the mental health services that you have used during the last year?
  - b. What has been unhelpful about the mental health services that you have used during the last year?
  - c. Relationships with service providers
  - d. Experiences with medications
  - e. Types of information and support provided
3. **Other community services received outside of the team**
  - a. note: This information may be available through the service inventory so qualitative interview would be used to probe existing information rather than asking this question again
  - b. I'd like to hear about your experiences with people working outside the health services system during the past year
    - Relationships with service providers
    - Experiences with medications
    - Types of information and support provided

**For ICM clients (ask about):**

1. **Services received directly by their case manager**
  - a. What has been helpful about the mental health services that you have used during the last year?

- b. What has been unhelpful about the mental health services that you have used during the last year?
- c. Relationships with service providers
- d. Experiences with medications
- e. Types of information and support provided

**2. Community services brokered through their case manager**

- a. What has been helpful about the mental health services that you have used during the last year?
- b. What has been unhelpful about the mental health services that you have used during the last year?
- c. Relationships with service providers
- d. Experiences with medications
- e. Types of information and support provided

**3. Hospital/treatment-related services received outside of the team**

- a. I'd like to hear about your experiences with people working outside the health services system during the past year
- b. What has been helpful about the mental health services that you have used during the last year?
- c. What has been unhelpful about the mental health services that you have used during the last year?
- d. Relationships with service providers
- e. Experiences with medications
- f. Types of information and support provided

**For TAU participants (ask about)**

**1. Any mental health services/supports that they have received**

- a. What has been helpful about the mental health services that you have used during the last year?
- b. What has been unhelpful about the mental health services that you have used during the last year?
- c. Relationships with service providers?
- d. Experiences with medications?

- e. Types of information and support provided?
- 

## Theme 5: Hopes for the Future

### a. Plan for the Future

1. What are your plans or goals for the coming months or further in the future?
  - a. Social/relationship goals
  - b. Occupational/work/school goals
  - c. Other personal goals
2. What do you need to accomplish your future plans or goals?

### b. Vision for Housing for the Future

1. Now, I'd like you to talk about how you envision your housing in the future and how you might get there.
    - a. Ideal housing situation
    - b. Challenges to obtaining ideal housing
    - c. Pets
- 

## Part II: HIGH, LOW, AND TURNING POINT STORIES

In the final part of the interview, I'd like to ask you about some of the key moments in your life over the past year. So, I'm now going to ask you to highlight a high-point, a low-point, and a turning-point for the past year. What would you like to start with? a high point, a low point, or a turning-point<sup>2</sup>?

*Note to Interviewers: Make sure that the participant addresses all of the following questions, especially ones about impact and what the experience says about the person. Do not interrupt the description of the event. Rather ask for extra detail, if necessary, after the participant has finished initial description of the event*

### a. High Point Story

I would like you to reflect on a high point in your life over the past year, what you might think of as the **best moment in your life over the past year**. Is there a high point that comes to mind?

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<sup>2</sup> If the participant has already recounted a high-, low-, and/or turning-point story earlier, there is no need to ask about this again here at the end of the interview. However, be sure to clarify that the stories are high-, low- or turning- point stories for the participant, rather than assuming that they are.

Describe it for me in detail. It could be a moment or time where you experienced very positive feelings, such as joy, excitement, happiness, or inner peace. Make sure to tell me what led up to the scene, so that I can understand it in context.

- **What** happened?
  - **Where** and **when** did it happen?
  - **Who** was involved?
  - What were you **thinking and feeling**?
  - Why is it an **important** event?
  - What **impact** has this event had on who you are today?
- 

**b. Low Point Story** (*note to interviewer: you may want to check in with person as to whether they've already told a low point story, especially if what they've already talked about sounds traumatic; however, you should leave the choice up to the participant about what topic constitutes the low point they choose to talk about*)

Think back over the past year and try to remember a specific experience or event where you felt really low. You might think of this as the **worst moment in your life over the past year**. Is there a low point that comes to mind?

Please describe this scene for me in detail. It could involve emotions such as deep sadness, fear, strong anxiety, terror, despair, guilt, or shame. Again, tell me what led up to the scene, so that I can understand it in context.

- **What** happened?
  - **Where** and **when** did it happen?
  - **Who** was involved?
  - What were you **thinking and feeling**?
  - Why is it an **important** event?
  - What **impact** has this event had on who you are today?
- 

### **c. Turning Point Story**

In looking back on your life over the past year, I would like you to think of a particular time when you experienced an important change. Is there a big “turning point” that comes to mind? .

Describe it for me in detail. This could be one particular event or a moment or time where you experienced change or when you changed in some way. Again, tell me what led up to the scene.

- **What** happened?
- **Where** and **when** did it happen?
- **Who** was involved?

- What were you **thinking and feeling**?
  - Why is it an **important** event?
  - What **impact** has this event had on who you are today?
- 

## Concluding Remarks

Consider asking participants if there is anything they would like to add regarding how their lives have been in the past year.

Before we bring this interview to a close, I would like to ask if there is anything you wish to add about what your life has been like in the past year.

I would also like to know about your experiences (how you feel, what you are thinking) about having participated today/tonight. What was it like for you to participate in this interview?

Is there anything we could do to improve the interview?

I am now shutting off the recorder. What questions do you have of me?

Thank you very much for your participation in this interview. I appreciate your willingness to share your experiences with me.