What does the MAP (Mothers with Power) initiative teach us about integration practices with single mothers with young children?

Geneviève Turcotte, M.Sc.¹, Claire Chamberland, Ph.D.², Louise Lemay, Ph.D.³, Isabelle Sanchez, M.Sc.⁴

ABSTRACT

OBJECTIVES : MAP (Mères avec pouvoir, or in English, Mothers with Power) is a program that proposes a comprehensive approach to promote the social and vocational integration of low income single mothers with children under six years old. Using the results of a qualitative evaluation of the program's outcomes and the contextual factors that produced the outcomes, this article aims to identify the aspects of the program that are most promising for practise.

METHOD : To assess the program outcomes, the study used two monitoring tools and an information sheet on each participant. An in-depth analysis of the connections between the program's outcomes and the contextual factors that produced them was conducted using 15 case studies, a case being defined as the integration path of each participant during their involvement in the program. For each case, four data sources were used; in addition to the monitoring tools, semi-structured interviews were conducted with the participants and the case workers at two points in time.

RESULTS : Data showed positive outcomes for this program. After three years, a majority of the participants returned to school, completed high school, started collegial studies, or found employment. These outcomes resulted from a set of factors, including structure provided in the living environment, support from an intervention team working in proximity with the participants, and individualized links with community programs and services.

CONCLUSION : The results support the relevance of an integrated and comprehensive approach to the social and vocational integration of low income single mothers.

KEY WORDS : Social and vocational integration, low income single mothers, qualitative evaluation.

Can J Public Health 2015;106(7)(Suppl. 2):es58–es66
doi: 10.17269/CJPH.106.4845

Recognition of the serious consequences that poverty may have on the health, development, and well-being of children is at the root of global consensus on the need to develop measures to combat family poverty.^{1,2} It is increasingly clear today that the most promising practices in this regard focus on comprehensive approaches that consider the personal, social, and political, as well as the educational and vocational dimensions of social exclusion.^{1,3,4} It is this solution that MAP (Mères avec pouvoir, or in English, Mothers with Power) has sought for almost 15 years among low income single mothers with young children, who are one of the groups most exposed to the precariousness and persistence of poverty^{1,5} and who face significant barriers to integration.^{1,6,7}

Using the results of a qualitative evaluation of the outcomes of MAP on a cohort of women participating between January 2005 and February 2008, this article aims to identify the aspects of the program that are the most promising for the social and vocational integration of low income single mothers, to present the challenges of this process, and to develop recommendations for practices related to integration.

The type of solution offered by MAP is the basis of the Act to combat poverty and social exclusion, adopted by Quebec in 2002 as a result of major civic mobilization. Unique in North America, Act 112 is generally regarded as progressive, first, because it makes poverty an explicit priority for government; second, because it subscribes to a multidimensional and integrated approach for actions related to this issue, including commitment by the government to promote citizens' involvement in the solutions that concern them.⁸⁻¹⁰

The first government action plan to implement the principles of Act 112 was adopted in 2004. It proposed a series of "activation" measures to promote "employment [as] the first solution to ensure economic security and social

inclusion," provisions to "increase protection for people with significant employment limitations," and a child support program that was universal but more generous to low income families¹¹ (p. 7). Among these activation measures, some were intended to increase the income of the working poor (beyond social assistance), while others affected social assistance beneficiaries by providing greater employment-assistance allowances for those participating in training or employability programs, as well as a range of return-to-work programs.¹²

By the end of the first decade of the 2000s, the incomes of families targeted by these measures had increased under the combined effect of the activation policies, the creation of a reduced-rate daycare system, and child allowances.^{5,13} This is particularly the case for single-parent families: low income rates in this group has significantly declined since 2000, from 41.6% to 24.2% in 2011.^{13,14} While these figures may provide grounds for optimism, the poverty rate of these families remains high. Their situation is particularly more fragile

Author affiliations

1. Chercheure, Centre de recherche Jeunes en difficulté, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal. Montréal (Québec)
2. Professeur émérite, École de service social, Université de Montréal, Montréal (Québec)
3. Professeure titulaire, École de travail social, Université de Sherbrooke, Sherbrooke (Québec)
4. Coordinatrice des projets de recherche, Centre hospitalier universitaire Sainte-Justine, Montréal (Québec)

Address of the corresponding author : Geneviève, Turcotte, 1001 boul. De Maisonneuve Est, 7ième étage, Montréal, (Québec) H2L 4R5, tél. 514-896-3498 genevieve.turcotte@cjm-lu.qc.ca, genevieve.turcotte51@hotmail.com

Sources of funding : Fondation Lucie et André Chagnon

Conflict of interest : none to declare

compared to two-parent families, whose low income rate in 2011 was 6.0%.¹⁴ In addition, some observers believe that improvement in the income of families targeted by these measures (including single-parent families) does not compensate for the increase in prices of basic goods for the same period.^{8, 10, 15, 16}

Moreover, since the government action plan did not include programs aimed at the job market, some wonder about the impact of certain trends on the employment status of women, including 1) greater qualifications required for all job categories¹³ and 2) the rise of atypical jobs.⁵⁻⁷ The challenges therefore remain significant.⁵

Alongside public policies, integration programs using the expertise of local communities have developed in recent years, following the principle of "shared governance" that characterizes Quebec's strategy to combat poverty.¹⁶ These programs have in common their commitment to meet a variety of needs through an integrated and concerted approach. It is in this context that MAP emerged in the early 2000s to find a solution to the particular problems faced by low income single mothers with young children.

THE MAP PROGRAM

Using a reference framework based on the ecological model; an approach based on empowerment; and the notion of action plan as a catalyst for integration¹⁷⁻¹⁹, MAP proposes concerted, multi-targeted, and multi-strategic action to promote the social and vocational integration of this group of women. Ultimately, the program aims to improve the living conditions of these families and the optimal development of the children. It derives from work conducted at the Institut de recherche pour le développement social des jeunes (IRDS) and was developed and implemented through the collaboration of some twenty partners from community and institutional settings. The guiding principles of the framework were applied through the creation of a residence. Located in Montreal, the residence provides 30 subsidized dwellings, access to a daycare adjacent to the facility, and the support of a team of social and daycare workers. The dwellings are subsidized for the duration of the women's stay. As such, participants are required to contribute only 25% of their income and may live in the residence for up to three years. The daycare has 80 places, 30 of which are reserved for MAP children.

Selection of residents is based on four criteria.¹⁷ To be eligible for the program, candidates must 1) be single mothers in a vulnerable situation; 2) have at least one child aged 0-5; 3) live in Montreal; and 4) demonstrate motivation to engage in an integration plan. Following the work of Castel²⁰, MAP adopts a definition of vulnerability that incorporates the following dimensions: socio-economic (financial insecurity, debt, housing problems), relational (lack of access to a support network and formal services), and cultural (low education, lack of integration into host society). Regarding the vocational aspect, the notion of plan refers to the objectives related to acquiring skills that give access to employment (including improvement in educational level). As for the social aspect, the notion encompasses the objectives of community integration, including the development of social ties, experiences of social participation, and the full exercise of citizenship.

Support for the residents takes several forms.¹⁷ Case workers provide individualized monthly follow-up to support pathways to integration; actions include assistance in registering for training courses, budget planning, and developing parenting skills. Group activities (mandatory monthly meetings, thematic training workshops, activity committees) are used to discuss group-related issues and to encourage social participation, which is crucial to developing empowerment at the heart of the intervention model.²¹ The role of the intervention team in this regard is to create opportunities for social participation, encourage the involvement of residents in these activities, and incorporate democratic processes. Furthermore, one of the unique aspects of MAP support is its informal nature, with case workers being accessible outside structured activities.

The intervention team also makes use of networking to provide complementary services and refer residents to community resources where appropriate, even accompanying them when needed. Finally, access to the daycare provides an opportunity for the participants to exchange with the educators to improve their parenting skills, while the children participate in activities that promote their cognitive and social development.

METHOD

During the first four years of MAP (2001-2004), a research team analyzed the implementation of the program and assessed its outcomes for the residents and their children.^{17, 21-23} A second assessment of outcomes (2007-2010) was conducted with a third cohort of MAP residents arriving between January 2005 and February 2008. The results of this assessment form the basis of this article.

The assessment of MAP outcomes had two objectives: 1) highlight the progress (or lack of progress) reported by the case workers and participants regarding an action plan in two spheres of the women's lives (academic/vocational and social/civic) and 2) identify the contextual factors that may have produced (or not) these outcomes, including the characteristics of the intervention process, the residents, and the implementation environment. The term "outcome" is used here to mean that, at least implicitly, there was a prior condition to the outcome, and does not connote the idea of causality.

To evaluate the residents' progress, the approach gives as much importance to the actions taken to achieve their plan as it does to the results of these actions. The assessment was therefore concerned with two types of outcomes: 1) intermediate outcomes, or the actions taken in two spheres of the women's lives (academic/vocational; social/civic), and 2) final results, i.e., the achievements related to the action plan, such as a diploma, employment, or a social participation experience. Figure 1 presents the analytical framework used for assessing MAP outcomes.

Measuring outcomes in the academic/vocational sphere

Assessment of outcomes in the academic/vocational sphere was conducted among all the residents (n=30), using three data sources: 1) monthly follow-up sheets completed jointly by the case workers and participants; 2) information sheets on the participants; and 3) a monitoring tool to measure the participants' progress in the academic/vocational sphere, coded by the workers on a monthly basis, using five categories of occupation: in school, employed, undertaking career counselling or employability efforts, at home (e.g., sickness, maternity, moving adjustment period).

Measuring outcomes in the social/civic sphere and analyzing the conditions for producing outcomes in both spheres of the women's lives (social/civic; academic/vocational)

To measure the outcomes in the social/civic sphere and identify the factors underlying the outcomes in both spheres of the women's lives (social/civic; academic/vocational), the team used the qualitative research strategy of multiple case studies.^{24, 25} A case was defined as the integration path of each participant during their involvement in MAP. Funding obtained for the study allowed conducting 16 case studies.

Data collection was concurrent with the intervention process. For each case, five data sources were used; in addition to the tools already mentioned, semi-structured interviews were conducted with a sample of 16 residents (randomly selected) at two times during their participation in MAP (in June 2007 and two years later, in June 2009, or upon departure), and with their case worker and the daycare educators. Lasting 120 minutes, the interviews with the residents took place in their homes, while the case workers were met in their offices. The interviewer used an interview guide constructed from the variables of the analytical framework (Figure 1). All ethical rules of confidentiality and consent to participate in research were followed.

All interviews were recorded and transcribed in full. The corpus underwent conventional thematic content analysis based on data condensation and presentation.²⁵ The method used for data condensation was that of analytical memos.^{25, 26} To interpret the data, a process of corroboration between at least two members of the research team was used. In addition, systematic exercises to validate the results were conducted with the case workers during occasional meetings at the MAP offices.

Figure 1. Analytical framework for assessing map outcomes

RESULTS

Profile of participants upon arrival

The MAP target population was composed of women of all ages who, upon arrival, shared certain vulnerabilities (Tables 1 and 2, see annex). They were single with a young child and had incomes below the poverty line. Poorly educated, they had little work experience. One participant in two was born outside Canada; the women had been in the country for seven years on average, but five were recent immigrants who had arrived within the previous five years. These women also faced the challenges of adapting to a new society and having their experiences in their countries of origin recognized. Upon arrival in MAP, almost all the residents had plans to study rather than integrate directly into the labour market. Among the strengths of the residents, it should be noted that many of them (70%) had significant informal social networks upon arrival in MAP. On the other hand, the case workers identified a lack of knowledge and under-use of community resources in 56% of the residents. While the prospect of exchanging with women in situations similar to theirs was one of the factors that led them to join MAP, few residents formulated objectives in the social/civic sphere.

Outcomes in the academic/vocational sphere

For 90% of participants in the third cohort (27 out of 30), participation in MAP was an opportunity to make choices and to formalize an integration plan, which, a priori, was an achievement in itself: indeed, the ability to choose one's vocational orientation is a decisive step in the integration process. However, we observed from the interviews that these choices were sometimes dictated by practical consideration rather than genuine interest. The need for financial security in the short term discouraged some women

from making plans requiring long-term studies, as evidence by one resident who changed directions even though she had already been accepted in a CEGEP (general and vocational college):

I'm leaving and I'm happy. I'm leaving with a job, a driver's license, two diplomas... I'm really happy (...) I know I completely changed directions (...) I wanted to get off welfare (...) I wanted something quicker to enter the work force right away. CEGEP is three years (...) So I tried to be more realistic, more logical. (...) So I enrolled in a DEP (vocational studies program) (departure interview, June 2009).

During their stay in MAP, the 27 women carried out their action plans through practical steps such as career guidance counselling, registration in an adult school, vocational training, and employability efforts. Analysis identified four types of paths depending on the extent to which participants completed their action plan (Figure 2, see annex):

- 1) Continuous path resulting in achievement of the plan (Type 1). This type of path describes the situation of 18 residents (60%). At the last observation period, 14 residents (47%) had obtained at least one diploma (secondary, vocational, or collegial); among them, six were still pursuing their studies and eight had entered the labour market. In addition, four women (13%) had jobs following employability efforts. In total, 40% of residents (12 out of 30) had entered the labour market; for the majority of these women (8 out of 12), their job was directly related to their area of study (e.g., design, accounting, secretarial, or nursing). In all cases, these were full-time jobs. Upon departure, the participants had held these jobs for an average of 12 months.
- 2) Continuous path with unknown outcome (Type 2). This was the case for five residents (17%), whose study programs were underway but who had not yet graduated because they had recently arrived in MAP.
- 3) Interrupted path (Type 3). Four participants (13%) had taken action in terms of an academic plan but did not persist, putting their plan on hold after discontinuous and chaotic progress.
- 4) No action taken (Type 4). Three women (10%) left MAP without initiating an action plan even after many months (14 on average) in the program.

Analysis of the various types of paths thus showed that 77% of residents (23 out of 30) persisted in their integration efforts during their stay in MAP. For many residents, the very fact of returning to school and persevering was an achievement. On the other hand, despite all the means at their disposal, seven women (23%) were no longer taking action in the academic/vocational sphere upon their departure from MAP.

Outcomes in the social/civic sphere

For a little more than half of the residents (53%), participation in MAP allowed for the emergence of new social networks and mutual aid that remained nevertheless informal and were structured around small groups based on affinities and ethnocultural belonging (table 3, see annex). The residents and case workers reported that it was difficult to bring about a sense of community belonging within MAP. On the other hand, the fact that several recently immigrated women were able to establish a network of friends and become involved in the various activities proposed by the case workers was one of the positive outcomes of MAP. Among the other benefits of MAP, it should be noted that many residents (67%) improved their ability to use local resources.

The degree of participation in community life was highly variable in MAP. At one end, five residents participated in the mandatory group meetings only. Since it was mandatory, participation in these meetings could hardly be regarded as taking action in the social/civic sphere. At the other end, there was a core of six women who were quite active in MAP, becoming involved in several areas of participation established by the intervention team (including the board of directors of MAP). Participation in decisions related to the program remained rather limited, and it was difficult to promote the

emergence of collective projects for the well-being of the residents or for more structural changes in the community. This did not exclude that some learning took place: the case workers reported that participation in one or another group activity fostered a better understanding of the rules of working and communicating in groups – useful skills for improving the employability of the residents.

Conditions for producing the outcomes

By intersecting the perspectives of the residents and the case workers, we were able to identify four elements that appeared to make a difference in the women's lives: structure provided in the living environment, length of stay in MAP, approach adopted by the case workers, and use of community resources (table 3).

Structure provided in the living environment

By promoting access to housing and daycare, the MAP program in itself played an important role in social and vocational integration and the development of citizenship.

To explain their success, all the residents cited the essential role of access to decent, affordable housing. This was manifested in several ways. First, by freeing them from the anxiety associated with housing costs and having to work while studying and raising a child, access to housing allowed them to focus more fully on their studies. Second, for some residents, being able to live alone with their child was an opportunity to learn about their rights and responsibilities as tenants, which is a first step in developing citizenship. Finally, in certain cases, it was also an opportunity to distance themselves from a negative or overly intrusive social network.

Part of the success of the residents may be related to the fact that the intervention took place within the context of a living environment. Several residents cited the mobilizing effect of community life and feeling supported by their peers and motivated by observing changes in others. Anchoring the intervention in a living environment also favoured proximity within the intervention and the constant presence of the case workers – factors that were often cited by the residents as being a source of their success.

By helping to reconcile outside activities and family responsibilities, access to daycare allowed the residents to take action in their integration plan. However, it was undoubtedly the proximity of the facility that made a difference: by freeing up time, energy, and transportation costs, proximity to the facility encouraged the residents to persist in their integration efforts and become involved in social activities. Note as well that since the housing and the daycare were part of the same facility, the case workers and educators worked in concert around the needs of the children. The daycare centre was also a space for social participation for the residents, some becoming involved in the centre's board of directors.

Length of stay in MAP

The duration of the program was also a factor in the participants' success. The results of the MAP evaluation suggest that, given the personal histories of the participants and the many obstacles they had to overcome to formalize and complete their integration plan, practices that promote social and vocational integration must take into account intervention duration.

Approach of the intervention team

Many residents also attributed the observed changes in their integration path to certain aspects of the support provided by the intervention team. In particular, the adopted approach focused on proximity to the residents, both spatially (daily presence in the living environment) and relationally (egalitarian relationships, non-judgmental attitude toward the residents' situation). This approach helped build a relationship of trust even with those most resistant to the intervention, a factor that was conducive to the residents' progress, judging by their testimonials. Another important dimension was the focus on providing individualized links with community resources. A number of residents reported that without the presence of their

case workers, they would not have sought out the services that assisted them in managing the many spheres of their lives.

Use of community services

With the help of the case workers, several residents took advantage of government programs to develop an action plan and persist in their integration efforts. Many also sought support in neighbourhood resources, including CSSS (health and social service centre) programs, and organizations offering employability, economic assistance, and budget planning resources. Structured career guidance was often assigned to school guidance counsellors, whose work was often cited by the residents as helping them develop a career plan. Furthermore, the approach adopted by the adult education schools the residents attended, which was based on respect for each student's pace, was not unrelated to the observed outcomes: here the residents found an environment conducive to returning to school and pursuing their studies.

DISCUSSION

The MAP program had several major successes, with the majority of residents improving their education or entering the labour market. While the methodology used in this evaluation warrants a great deal of caution in interpreting the data, the continuous monitoring of the practice that developed in MAP, and the intersection of perspectives regarding the initiative's outcomes, nevertheless allows proposing a hypothesis on the process that produced the outcomes. Data showed that the observed successes could be attributed to the multiplication of strategies, thus confirming the merit of multidimensional approaches to promote the social and vocational integration of single mothers with young children.¹ The positive outcomes resulted from a set of factors, including structure provided in the living environment, support from an intervention team working in proximity with the participants, and individualized links with community resources, allowing the majority of these women to take action and persist in their efforts. In particular, our results confirm the importance of including housing as a condition for successful social and vocational integration.²⁷

Despite the successes observed in MAP, certain challenges remain. Assessment of the initiative led to the same conclusions that many evaluations of integration measures implemented over the last twenty years have reached.^{19, 28} Save for some exceptions, MAP had the greatest success among participants who were further along the integration process initially. While they experienced personal difficulties in many areas of their lives, these women were able to build on certain gains in terms of personal and social resources to best utilize the services available to them in MAP. Noteworthy among these resources was the support offered by their informal social networks: many participants attributed a part of their success to the encouragement provided by their friends and families and the presence of female role models in their family environment.

One of the challenges of MAP was therefore to encourage women who had to cope initially with a number of personal and relational difficulties to persist in their action plans. More generally, there was the issue of creating a vocational plan in the first place for these women, because of the increasing demands in terms of qualifications.^{19, 28} Such demands were difficult to meet for some participants who, upon their arrival in MAP, had significant academic delays. For those with less than Grade 9, progress was often slow and discouraging. Dubet²⁸ refers in this regard to an "unattainable image that defeats those who cannot lay claim it" (p. 5). The work of Castra¹⁹ also offers a critical perspective on integration approaches centred on the notion of plan as a prerequisite to action for those whom he calls precarious populations. He argues that people in situations of crisis, disruption, or instability are perhaps not in the best social conditions to plan for the future. He concludes: "What is most urgent in these situations is not to create action plans (which often seem to be utopian, unrealistic, and unachievable)... but to restore a minimum of control of the situation for the subjects" (p. 88).

The testimonials of the participants also show that the effect of anxiety caused by lack of time with the children, a major concern for many single mothers, should not be neglected.^{6, 29} For some women, the importance of being a mother, and the child in their lives, took precedence over their academic/vocational plan. Perhaps there was too much ambiguity initially in defining their plan. Faced with the demands of the integration process and the perspective of low-paying and unrewarding jobs, they chose to engage in a project that was more meaningful for them, more secure, indeed, more empowering. This was also the explanation given by the case workers who monitored the participants.

The results also confirm the observations of Mendell³⁰ to the effect that it remains challenging to obtain a truly significant level of involvement in community life. Certain factors seem to have hindered the emergence of group solidarity in MAP. In particular, there was the heterogeneous profile of the group of residents in terms of age and social and ethno-cultural background. While some residents found it enriching to be with women with a diversity of experiences, others had greater difficulty accepting different lifestyles. In some cases, this led to more palpable neighbourhood tensions that required mediation intervention by the case workers. Furthermore, since the beginning of MAP, it was difficult to generate the interest of some of the residents to participate in the activities offered since they tended to focus on more personal processes. There was also undoubtedly the effect of time constraints, since most of the participants had an outside activity during the day and did not want to leave their child in extended daycare.

CONCLUSION

The MAP experience confirms the merit of multidimensional approaches offering various types of support in the integration process for women. In this regard, MAP reflects the spirit of Act 112.

Despite the observed successes, however, some challenges remain, the main one being meeting the needs of women who had to cope with a number of difficulties and were further from integration initially. For these women, other courses of action should be considered. The proposals by Castra¹⁹ deserve attention. According to him, the solution lies in a model alternating between action (in real-life work situations) and training, so that the latter has more meaning and usefulness, with the priority being to distance these populations from academic failure by giving them a social role. The author refers to a true alternation, "involving training programs that are truly woven into the surrounding socio-economic fabric, and the construction of a real dialectic between doing and knowing" (p. 219). This observation reminds us of the importance of taking action in the world of work and education. This is indeed the challenge for public policies that are slow to include such measures. To help women who face severe constraints to integration, the solution lies in the complementarity of measures, as shown by a comparative analysis of public policies to reduce child and family poverty in several countries.¹

REFERENCES

1. Raynault MF, Bernard P, Jenson J, Rose-Lizée R. Pauvreté et monoparentalité : Ce que peuvent nous apprendre les comparaisons internationales et interprovinciales croisant situations sociales et politiques publiques. Research report submitted to the FQRSC. Concerted action research on poverty and exclusion, 2010.
2. Ministère de la santé et des services sociaux. Riches de tous nos enfants. La pauvreté et ses répercussions sur la santé des jeunes de moins de 18 ans. Retrieved September 26, 2014 from publications.msss.gouv.qc.ca.
3. Dufour S, Chamberland C. The effectiveness of selected interventions for previous maltreatment: enhancing the well-being of children who live at home. *Child Fam Soc Work* 2004; 9(1):39-56
4. MacMillan, H. L., Wathen C.N., Barlow, J., Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. *Lancet* 2009, 373: 250-266.
5. Raïq, H. Pauvreté des familles monoparentales. Le Canada et le Québec dans l'univers des régimes providentiels. Unpublished doctoral thesis. Montreal: Université de Montréal. 2012
6. Evans P. Familles monoparentales, workfare et emploi précaire : le moment est-il venu d'instaurer un revenu d'existence au Canada ? *Rev int sécurité sociale* 2009;62:47-69.
7. Baker M, Tippin D. Poverty, social assistance and the employment of mothers; Restructuring welfare states. Toronto, University of Toronto Press, 1999.
8. Noël A. Priorité au soutien du revenu: La mise en œuvre de la Loi québécoise visant à lutter contre la pauvreté et l'exclusion sociale. Réseaux canadiens de recherche en politiques publiques, 2004. Retrieved August 29, 2014 from http://www.cprn.org/documents/29660_fr.pdf.
9. Noël A. Une loi contre la pauvreté: la nouvelle approche québécoise de lutte contre la pauvreté et l'exclusion sociale. *Lien social politiques* 2002; 48 :101-114.
10. Collectif pour un Québec sans pauvreté. Analyse du plan d'action requis par la Loi visant à lutter contre la pauvreté et l'exclusion sociale. Québec, Collectif pour un Québec sans pauvreté, 2004.
11. Ministère de l'Emploi et de la Solidarité sociale et de la Famille. Concilier liberté et justice sociale: un défi pour l'avenir. Plan d'action gouvernemental en matière de lutte contre la pauvreté et l'exclusion sociale. Gouvernement du Québec, 2004. Retrieved on August 29, 2014 from <http://www.mess.gouv.qc.ca/grands-dossiers/lutte-contre-lapauvrete/plan.asp>.
12. Collin, C. Stratégies de réduction de la pauvreté au Québec et à Terre-Neuve et Labrador. Ottawa, Bibliothèque du Parlement, Service d'information et de recherches parlementaires, 2007.13.
13. Ministère de l'Emploi et de la Solidarité sociale. Les rendez-vous de la solidarité 2009. Vers un deuxième plan d'action en matière de lutte contre la pauvreté et l'exclusion sociale. Cahier de consultation pour les régions. Québec, Gouvernement du Québec, 2009.
14. Institut de la statistique du Québec. Retrieved on April 7, 2010 from http://www.bdsso.gouv.qc.ca/docsken/flex/ken_tbl_bord_0005/documents/revenu_02.pdf.
15. Ulysse PJ. Politiques et programmes sur la réduction de la pauvreté. La lutte contre la pauvreté et l'exclusion par le développement social au Québec : un portrait de vingt dernières années. Ottawa, Conseil canadien de développement social, 2009.
16. Ulysse PJ. La lutte contre la pauvreté et l'exclusion. Les paradoxes des stratégies québécoises. *Informations sociales* 2007;7(143):54-63.
17. Turcotte, G., Blais, MF, Sanchez, I et Tremblay, V. Le projet MAP à Montréal. Pour favoriser l'insertion socioprofessionnelle de femmes chefs de familles monoparentales. Final evaluation report presented to National Crime Prevention Centre (NCPC): IRDS. 2006. For more information on the MAP reference framework, the selection criteria, and the selection process.
18. Le Bossé Y. Intégration socioprofessionnelle des jeunes adultes et pouvoir d'agir : devenir des compagnons de projets, dans : Fournier G, Monette M (éd.), L'insertion socioprofessionnelle. Un jeu de stratégie ou un jeu de hasard ? Québec, Presses de l'Université Laval, 2000.
19. Castra, D. L'insertion professionnelle des publics précaires. Paris, Presses universitaires de France, 2003.
20. Castel, R. La dynamique des processus de marginalisation : de la vulnérabilité à la désaffiliation. 1994. *Cahiers de recherche sociologique*, (22):11-28.
21. Lemay L. Conditions et conséquences des pratiques d'empowerment. Une étude interdisciplinaire et intersystémique des rapports de pouvoir Professionnels-Clients [Doctoral thesis] , Université de Montréal, 2005.
22. Turcotte G, René JF. Le projet MAP ou le difficile parcours vers l'autonomie de femmes chefs de familles monoparentales avec jeunes enfants, dans : Goyette M, Pontbriand A, Bellot C (éd.), Les transitions à la vie adulte des jeunes en difficulté : concepts, figures et pratiques. Québec, Publications de l'Université du Québec, 2011.

23. Turcotte G. Le projet MAP à Montréal. Pour favoriser l'insertion socioprofessionnelle de femmes chefs de familles monoparentales. *Rev can Psycho-Education* 2007;36(2):287-301.
24. Gerring J. Case study research: principles and practices. Cambridge, Cambridge University Press, 2007.
25. Huberman AM, Miles MB. Analyse des données qualitatives. Recueil de nouvelles méthodes. Bruxelles, De Boeck Université, 1991.
26. Corbin, J. Coding writing memos and diagramming, dans: Shenitz WC, Janis M (éd.), *From practice to grounded theory: qualitative research in nursing*. Menlo Park (California), Addison Wesley, 1986.
27. Morin P, Baillergeau E. L'habitation comme vecteur de lien social. Québec, Presses de l'Université du Québec, 2008.
28. Dubet, F. Préface, dans Castra D (éd.), *L'insertion professionnelle des publics précaires*. Paris, Presses universitaires de France, 2003.
29. Gemelli M. Understanding the Complexity of Attitudes of Low-Income Single Mothers Toward Work and Family in the Age of Welfare Reform Export Find Similar. *Gender Issues* 2008; 25(2):101-113.
30. Mendell M. L'empowerment au Canada et au Québec : enjeux et opportunités. *Géo Eco Soc* 2006;8(1):63-85.

Table 1. Socio-demographic characteristics of the residents and their children upon arrival in MAP

		N	%
Age of residents	Under 20 years	3	10.0%
	20-24 years	12	40.0%
	25-29 years	10	33.3%
	30 years and older	5	16.7%
	Total	30	100.0%
Age of children	0-11 months	8	26.5%
	12-23 months	14	47.0%
	36 months and older	8	26.5%
	Total	30	100.0%
Source of income	Social assistance	16	53.3%
	Employment insurance	2	6.7%
	Government measures (Emploi-Québec)	5	16.7%
	Loans and grants	2	6.7%
	Employment income	5	16.7%
	Total	30	100.0%
Education	Less than Secondary 3 (Grade 9)	10	33.3%
	Secondary 3 or 4 (Grades 9 or 10)	9	30.0%
	Secondary 5 (Grade 11) completed	5	16.7%
	Vocational Studies Diploma (DEP)	2	6.7%
	Post-secondary studies	4	13.3%
	Total	30	100.0%
Country of birth	Canada	15	50.0%
	Outside Canada	15	50.0%
	Total	30	100.0%

Table 2. Action plans of the residents upon arrival in MAP

	N	%
Short-term plans in the academic/vocational sphere		
Obtain a high school diploma or equivalency	18	60.0%
Obtain a Diploma of Vocational Studies (DEP) or Attestation of Vocational Specialization (ASP)	6	20.0%
Obtain a Diploma of Collegial Studies (DEC) or Attestation of Collegial Studies (AEC)	4	13.3%
Undertake employability efforts	2	6.7%
Total	30	100.0%
Plans in other spheres (n = 30)		
Create a solidarity network		73.3%
Become economically independent		50.0%
Break from social isolation		33.3%
Break from a situation of domestic violence		33.3%
Break from emotional dependency		33.3%
Improve self-esteem		33.3%
Improve parenting skills		26.7%

Figure 2. Types of paths in the academic/vocational sphere (n= 30)

Table 3. Excerpts from interviews illustrating MAP outcomes and the conditions for producing the outcomes

Outcomes	Conditions for producing the outcomes
Academic/vocational sphere	
<p><i>I also came to break the isolation, meet others mothers in the same situation. Not just talk for I'm leaving and I'm happy. I'm leaving with a job, a driver's licence, two diplomas. I'm really happy. I learned a lot. I feel like I'm ready to leave the fold. I've come full circle (...). And I have a permanent job since June 1. I'm paid very well, with benefits (Resident 1; departure interview, June 2009, following a 38-month stay; Type 1 path)</i></p> <p><i>Coming to MAP really helped me complete my studies (...). So I'm really happy. Because I'm on the right path. I'm achieving what I wanted to do. I'm very optimistic now (Resident 4; Phase 2 interview, June 2009, following a 36-month stay; Type 2 path).</i></p>	<p>Structure provided in the living environment: affordable housing and nearby daycare</p> <p><i>Yes. MAP had a role to play in all these changes. Having a structure; the daycare is right there; the apartment doesn't cost a lot. There are social workers to help you. You couldn't ask for more for returning to school and doing something. If you don't succeed here it's because you don't want to or are not really interested (Resident 1; departure interview, June 2009; Type 1 path)</i></p> <p><i>That's right, MAP gave me the opportunity to achieve that (...). Otherwise, I would be looking for a daycare, which would have prevented me from being here (Resident 4; Phase 2 interview, June 2009; Type 2 path).</i></p> <p><i>The housing is nice, especially the daycare (...). I don't have family here. If I had my mother or a sister here I could have left my child with them (...) So especially the daycare helps me do what I want to do, that is, break from the circle of poverty (Resident 4, Phase 2 interview, June 2009, Type 2 path)</i></p> <p><i>(...) the daycare especially, and the housing. The proximity is a plus. The housing, the nice housing (Resident 4; Phase 2 interview, June 2009, Type 2 path).</i></p>
	<p>Approach of the case workers: supporting the participants' efforts</p> <p><i>My case worker did 90% of my résumé. She helped me find an adult education program for high school (...). It's incredible how she helped me. We made a concrete action plan that helped me move forward (Resident 1; departure interview following a 38-month stay, Type 1 path)</i></p>
Social/civic sphere	
<p>Emergence of new social networks...</p> <p><i>I made an effort to integrate (...). I was disciplined about it because I told myself (...) if it doesn't work [with her spouse] I'm not alone. I had lost the ability to meet people. It's a great source of pride for me (Resident 17; Phase 2 interview; August 2009).</i></p>	
<p>Improvement in the ability to use community resources</p>	<p>Approach of the case workers: link with resources</p> <p><i>I knew it wouldn't go well. I told myself "I won't get anywhere, I won't get anywhere." My case worker gave me some referrals (...). She offered to go with me to my first therapy sessions. She also helped me work with my lawyer for joint custody. (...). I'm really insecure, and the support did me a lot of good [...] For sure, I wouldn't have taken the steps if my case worker hadn't been there... not at all (Resident 16; departure interview; August 2009).</i></p>
<p>Level of involvement in decision-making</p> <p><i>I also came to break the isolation, meet others mothers in the same situation. Not just talk for talk's sake, but be involved in something. So I became involved in the board. I worked in the cloakroom [second-hand clothing counter] And the residents' committee, which began in the meantime (Resident 7; Phase 2 interview, June 2009; Type 1 path).</i></p>	
<p>Difficulties of involvement in the community sphere</p>	<p>Importance of devoting time to their child</p> <p><i>You have to consider the fact that women need to spend time with their children too. Community involvement is all well and good, but being with one's child is community involvement in itself. Deep and important. (Resident 10; Phase 2 interview; June 2009).</i></p>