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“Active Mothering”: Social Investment and Parenting Support in Child and Family Interventions

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“Active Mothering”: Social Investment and Parenting Support in Child and Family Interventions

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Introduction

The social investment perspective² has been circulating in line with two “cognitive axes” in Canadian social policies. First, the assumption of the existence of a “welfare wall”, presupposing that social programs for the unemployed are serious disincentives to employment, has been addressed by activation policies. (Dufour, Dobrowolsky, Jenson, & Saint-Martin, 2007) Activation policies, which are also found in other OECD countries such as the U.K., Sweden, France, Denmark, the U.S., the Netherlands, Germany and Switzerland, cover a broad range of policies that all share the idea of linking or reinforcing the links between the right to social protection and professional activities. (Eichhorst & Konle-Seidl, 2008)

In Canada, welfare policies have introduced work requirements for single mothers as a condition for income support, while stronger enforcement of alimony and child support would ensure that non-residing parents pay. For example, in the province of Ontario, lone parents with children over six years old were no longer exempt from employability programs in 1996. At that point, lone parents lost their eligibility for stay-at-home support. (Jenson, 2004) Maternity and parental leaves, childcare services, along with other work-family conciliating measures were introduced, enabling access to income transfers through adults’ relationship to the labour

¹ This paper is based on a presentation given during a Politics and Society seminar at the Collegio Carlo Alberto, in Torino, on December 6th, 2018. I would like to gratefully thank Prof. Chiara Saraceno for her support through the writing of this thesis and for her insightful comments on my thesis project during my research internship at the Collegio in the Fall of 2018. I would also like to thank Prof. Jane Jenson for the comments she provided on an earlier version of this paper.

² Social investment reinforces an interpretation of “social risks” and of social responsibilities that abandons “passive” forms of assistance in favour of intervention as an “investment”. In this respect, social investment and neoliberalism both encompass the notion of “activation” (i.e., the goal of making individuals, families, and communities active and responsible through the market and, more particularly, the paid job market) but it also recognizes the importance of public support in facilitating this activation. (Jenson & Saint-Martin, 2003)

market. The underlying idea of these policies is that it should always be more attractive for adults, including mothers and lone mothers of very young children, to be part of the labour market rather than to receive social assistance. (Dufour, 2002)

The second current of dissemination of the social investment discourse in Canada was driven by research on early childhood poverty and its economic and social consequences in the longer run, urging for public investments designed to prevent the ill effects of such poverty. (Dufour et al., 2007) Early-stage interventions have been thought to lead to mostly positive outcomes not only for the children themselves but also for society as a whole, as they shape “a future of well trained, flexible and productive workers” (Jenson, 2004, p. 431) while potentially breaking the transmission of inequality. (Esping-Andersen, 2002) As a result, after some stagnation dating back to the 1980s, a number of early-childhood funding policies were launched in Canada. (Jenson, 2004)

The two currents of dissemination of social investment perspective in Canadian policies correspond to the ones generally found in other OECD countries: activation through the labour market and an early childhood education system. Similarly to what Jenson notes about the European Union context (2017), in Canada these policies were also implemented with the help of “social entrepreneurs” whom, despite the variety of relationships they may have forged with public administrations, were the linchpin for applying this new governance mode. In Quebec, this transition has been concurrent to the promotion and structuring of the social economy sector, launching initiatives such as child care, perinatal services, and the social integration of parents. (Arsenault, 2016) Social entrepreneurs thus embraced, to some varying degrees, the theoretical foundations and compelling examples that guided the creation of programs rooted in the medical science literature, and different rationales from social justice to economic arguments (see for e.g. Heckman & Masterov, 2007).

In addition to a child-focused approach in the social investment perspective, certain countries such as France, the Netherlands, Ireland and the U.K. have also increased investments in “parenting support policies” (Daly, 2013; Knijn & Hopman, 2013; Martin, 2015; Morrison, Pikhart, Ruiz, & Goldblatt, 2014). Daly (2013) defines these policies as “a suite of resources and measures that aim to educate parents about child-raising and, at the more interventionist end

of the spectrum, engage them in activities that seek to change their approach to managing and controlling their children's behaviour" (p. 223). Although the specific orientation, the cultural traditions which inform them and the organization of such policies vary greatly from one country to the next, there seems to be evidence of a "parental turn" (Knijn & Hopman, 2013): a move in the direction of a greater state engagement with how parents rear their children, directly or indirectly endorsing a particular model of parenting. Poor parents and mothers are a specific, although not exclusive, target of these policies.

With this in mind, in this paper, I will explore what parental support looks like in child and family services within the Canadian context. Among other characteristics, my research suggests that "good parenthood" relates to parental involvement in an active citizenship. After presenting the emergence of the "parental turn", this article will present original findings to explore the notion of "active parenting" in social intervention practices. Drawing on ethnographic research in a poor neighbourhood of Montreal (Quebec), Sainte-Rita³, I will present the types of services examined in this study. I will then show evidence illustrating how the idea of "active parenting" is present in intervention programs about early childhood education and parenting development. I will argue that there is evidence of a redefinition of parenting and parenthood around expectations surrounding the involvement.

The second claim I make is that mothers are the main target group of most of the observed intervention towards parents, even though the representations of parenting in such programs are often genderless. Thirdly, based on the differentiated experiences of mothers in the services, I argue that this "active parenting" expectation is targeted differently towards educated mothers with higher social capital and towards poorer or marginalized mothers. Evidence shows that in the former group, mothers are most inclined to respond positively to the expectation of involvement, taking on an active collective responsibility in their community. But the relatively easy involvement of these mothers affects the service providers' perceptions and expectations of the poorer and more marginalized mothers, who are also invited to rise to the involvement expectation. For this second group of mothers, however, involvement or

³ The names of the neighbourhood, participants, and organizations have been changed to preserve confidentiality. The interviews were translated into English by the author.

“active parenting” expectation is defined by an individual responsibility or engagement to improve their own parenting competency, implicitly or explicitly defined as somewhat lacking.

Combining higher social capital and economic resources, “active” mothers often redirect their attention to poorer and more marginalized mothers, inviting them to “activate” by being part of their activities and initiatives, without necessarily including them in the planning or decision-making process. In the discussion section of this paper, I will describe how this gendered dynamic perpetuates a class stigma around parenting expectations, enforced by service providers, but also “active mothers”, leaving few opportunities for each mother’s empowerment, especially if they are poor and marginalized.

Educating Parents through Parenting Support Services

According to Martin (2014), sociodemographic transformations starting at the end of the 1960s (lower fertility rates, higher divorce rates, decomposition and recomposition of parental arrangements, etc.), but also the change in work and employment conditions (feminization and flexibilization of the labor market, and so on), which in turn lead to a greater diversification of parenting experience, drew the attention of policymakers in the OECD to parenting support. Concurrently, albeit not a “new” topic in the scientific literature per se, parenting and transition to parenthood have become an emergent theme within the social policies that have structured relations between the State and families for the past twenty years. (Ivan, Da Roit, & Knijn, 2015) Combining old and new ideas, objectives and instruments, conceptualization and policy framing, parenting support is a many-faceted notion that brings about ideological, scientific and political debates. (Martin, 2015)

Comparing parental support policies found at the end of the 1970s in France and integrating the idea of “activation” to procure productive adult workers through the current labour market, Martin (2014) analyses that recent policies also take into consideration “activation” in the role that adults, especially parents, play in socializing their children. (Martin, 2014, p. 23) “New” forms of parental support policies call upon parents to take action and their responsibility, to become “frontline” educators (Daly, 2013) “both on behalf of the children and on behalf of the society” (Hopman & Knijn, 2015, p. 4). These policies take a variety of forms in practice, such as workshops, pre- and postnatal educational programs as well as home visits,

thus providing educational material and engagement to parents. The goal is to strengthen and increase parenting skills, thereby improving the transition to parenthood, as well as the welfare and development of their children.

In the province of Quebec, in the early 1990s, services to support parenting have been delivered by public services, but also through programs and partnerships with social entrepreneurs such as non-profit and philanthropic organizations. (Arsenault, 2016) The involvement of non-profit organizations (sometimes created for this sole purpose) in the provision of services sought to have various services complement one another, but also targeted a bigger responsabilization of communities and parents in educating the children. (Lemieux, Charbonneau, & Comeau, 2005) Recognized for their expertise in empowerment practices (Fournier et al., 2001), Quebec's community organizations were called upon to provide parental support and increase the extent of their responsibility. (Lemieux et al., 2005) In Lemieux, Charbonneau and Comeau's report on parental support and family community services (2005), parental learning was the main reason as to why parents initiated contact with such services. Parents found opportunities to meet peers and adapt themselves to their new parenthood state. The researchers also mention volunteering as a way for parents to get involved and become models for others while being service users.

A case in point of involvement of philanthropy in the shift towards the social investment perspective in Quebec is the structuring of three partnerships between the private foundation *Lucie et André Chagnon* and the provincial government to promote (1) healthy and active living habits, (2) school perseverance and (3) early childhood intervention. The latter, *Avenir d'enfants* ("Future of Children") was formalized in 2009, with an investment of \$400M over ten years on projects targeting young children living in poverty (Lefèvre & Berthiaume, 2017), including in the Sainte-Rita neighbourhood where I conducted my empirical study. These partnerships provided non-profit organizations with funding as well as accompanying frameworks and practical guides for the provision of services.

Gender and Social Blindness in Child and Family Policies

A few years after the launch of *Avenir d'enfants* and its implementation, however, representatives from non-profit organizations, unions and universities in the province were

very critical of the initiative's programs and its reference frameworks. Concerned with an orientation shifting towards early childhood intervention, they criticized the use of narrow scientific approaches to understand and define poverty (Ducharme & Lesemann, 2011), which mitigate the importance of structural context (such as the causes of poverty, housing conditions, and access to educational resources) while reinforcing the stigma faced by poor parents. (Parazelli et al., 2003) Their criticisms were reiterated in the international analysis of early childhood programs, primarily pertaining to neuroscience, skills and parental behaviour, which are considered to encourage individualization or even a biologization of the social problems and the parent-child relationship. (Macvarish, Lee, & Lowe, 2014)

The analysis of parenting support programs in other countries, such as France and Switzerland, suggests, on the other hand, that the parental practice model promoted by such policies has not only been stigmatizing for poorer parents, but also failed to take into account social settings and gender in their representation of parenting. (Landour & Odier, 2017) While representations of "parenting" or "parentality" may not make any distinction between the responsibilities of fathers and mothers—even though recipients of parenting support provisions are commonly mothers—the theoretical foundations and design of programs often carry a representation of the "parent" as a generic, genderless adult. However, this can be construed as a weakness leading to a persistent gender inequality and in the asymmetrical impact of becoming a parent for men and women. In other words, de-gendering representations of fatherhood and motherhood and promoting, to a certain extent, a more egalitarian representation of parental responsibility can render it more difficult to address the impact of the gendered burden of parenting if gendered roles and responsibilities are not addressed right from the start. (Giampino, 2006)

This absence of consideration for gendered dynamics is also noticeable when research and materials refer to the "family system" as a collective unit, referring to mothers and fathers as if they were interchangeable items. (Ferree, 2010) This alleged gender neutrality is more akin to gender blindness, as research, policies, programs, and materials fail to acknowledge or recognize gender as a characteristic influencing parenting practices and parenthood as a whole. (Daly, 2013) And while there is an increased interest in fathers' involvement in parenting,

research continues to show that under the label “parent”, there is a different type of expectation and responsibilities when it comes to men and women. The latter are still considered the “primary” caregivers, or the “ultimate” ones in the case of lone mothers, thereby reinforcing traditional gender roles. (Wall & Arnold, 2007) In other words, a greater parental involvement for early childhood education does not necessarily translate into a greater empowerment for the parents and for mothers in particular. The crux of this matter is in the definition of the “problems” addressed by related programs, as well as the types of interventions they pursue.

Feminist scholars studying the social investment perspective and observing the resulting shift in the target from adults to children have challenged this failure to recognize women and women’s issues outside of their mothering role. (Jenson, 2009; Saraceno, 2015) Still, the implications of a child-centered strategy for women remain under-documented from an intervention and parental support practices’ perspective. How do these recent changes in the institutional discourse and policy parenting trickle down into social intervention practices surrounding children and their families? How do mothers react, oppose or invest in these norms and expectations related to parenting?

To further develop this idea, I posit that parenting support may be influenced by competitive normative representations of parenting, and am looking specifically at “active parenting” representations. First and foremost, these representations are gendered, they target mothers who are expected to behave according to certain norms related to the typical gender division of labour. But these representations are also class-differentiating, seeing as “active parenting” expectations for middle-class mothers and mothers with a higher social capital encourage them to engage in the community and partake in service activities. Such engagement often helps overburdened social workers while enriching the offer of available activities. However, “active parenting” representations are also promoting more top-down patterns, which target mainly poor and marginalized mothers considered a “risk” for the development of their children. These conflictual expectations are thus perpetuating the stigmatization of poorer mothers and mothers outside of the social norms who are pressured in a particular way.

Research Design

Being the historical site of many social innovations that have been carried out in other parts of the province over the last decades, the neighbourhood of Sainte-Rita, in Montreal, is an ideal location to observe social intervention practices in Canada given the number of actors involved and the persistence of needs in this neighbourhood. In response to poverty and economic transformations, many social initiatives, from political action and advocacy to more classic forms of religious charity, have shaped the neighbourhood's history and its social networks.

After being an important industrial hub in the 19th century and the beginning of the 20th century, the economic crisis and delocalization trend of 1980s resulted in a loss of jobs for many "unskilled" Sainte-Rita residents. Today, in comparison with other neighbourhoods in the city of Montreal, statistics continue to show a stronger percentage of adults without a high school diploma living on welfare or living with a low income. Among the approximately 50,000 residents, more than half of them live in areas considered socioeconomically "disadvantaged" or "very disadvantaged" by the public administration. A little less than half of the families with children at home are headed by a single parent (mothers being overrepresented in those numbers)⁴. Approximately one out of three parents is an immigrant in this neighbourhood and French continues to be the language most spoken at home (roughly 80%), followed by English and Spanish (in much smaller proportions).

In this context, social workers and other service providers identify various social issues related to poverty in Sainte-Rita, such as the prevalence of sex work (in unsafe conditions), mental illnesses, drug addictions and homelessness (including high numbers for women). However, a recent statistical analysis shows an influx of new residents in the neighbourhood, and indicators for living conditions, health, and poverty have improved. Indeed, like many other poor neighbourhoods in metropolitan cities around the globe, Sainte-Rita is undergoing a gentrification process, bringing its share of challenges, such as aggressive rent increases, police

⁴ According to data from the 2011 Canadian *National Household Survey*, in the City of Montreal, 15% of families are single-parent, 6% are step/blended and 78% are considered intact. Families of 2 children are the most common (44%), while 32% of families have 1 child and 24% have 3 children or more. (Early Childhood Observatory, 2017)

brutality and other tensions, as acknowledged by my interviewees (some with more nuance than others).

Drawing from the American critical ethnographer Atkinson (2015) and ethnographic inquiry methods from Beaud and Weber (2010), this project's purpose was to grasp the neighbourhood's dominant trends in services, as well as the practical specificities that are negotiated locally with respect to child and family services. The intended goal, more than drawing up a detailed picture of the interventions in a specific neighbourhood (as a case study could have done), was to understand and analyze the "generic" dimensions of the processes that take place at the local level. As such, without being generalizable or systematic, this work aims to study the local environment and highlight which analytical elements can potentially transcend limitations (both geographical and analytical) in order to grasp the social, economic and political relationships at hand.

Sampling

Empirically, three types of material were collected for the purpose of my research: (1) The participants' observations from community assemblies, the local roundtable⁵ and committee meetings that are related to community organization and poverty. These observation sessions were meant to better my understanding of the local dynamics and to allow me to identify the organizational context underlying social intervention practices and discourses surrounding parental services and involvement. Volunteering in certain activities such as the exchange event organized by the local parents' committee also gave me a chance to get in touch with participants and to engage in informal discussions about their parenting experience.

(2) Fourteen service providers participated in semi-structured interviews. Half of them were working at the "community" level, where they participated in community organization, program coordination or supported the local community roundtable and the adjunct committees. They were employed by the local CLSC (public agency) (n=3), the local community

⁵ The local community roundtable in Sainte-Rita is an incorporated organization consisting of more than 60 actors coming from the community, institutions (municipal governments, schools, local health and social services) and the private sector, along with a few individuals. Its goal is to improve the living conditions of residents by favouring a social local development.

roundtable (mostly funded by public and philanthropic grants) (n=3) or by a philanthropic initiative (n=1). Interviewees discussed local issues and the organization of services, and described their intervention's target group as well as the children and families' unmet needs. The other half of the service providers was working in frontline services⁶ (non-profit organizations) as social workers, workshop animators or service directors. Three of them were also involved in the local roundtable meetings and committees, and other partnerships with local actors. Their services were partially funded by the provincial government and the municipality, and they received grants from private corporations and philanthropic foundations. All fourteen service providers were asked about their experience and expertise in working with the local population, specifically around children and families. Interviewees described their intervention approach and target population and shared examples of successful and failed interventions within their services. They also shared their analysis of the local community's responses to poverty and the unmet needs in the neighbourhood. Unsurprisingly, more women (11 women vs. 3 men) responded to the call for interviews as they are over-represented among the workers in the not-for-profit sector (10 women for 7 men) (Comité sectoriel de main-d'œuvre, économie et action communautaire [CSMO-ÉSAC], 2019) and in social services in general. (Institut de la statistique du Québec, 2012)

(3) Semi-structured interviews with sixteen mothers who have used child or family services in Sainte-Rita formed the third type of data collected for this research. Within my sample, most of them had young kids (with ages ranging from newborn to teenager). Two of them were still on maternity leave, and eight of them had more than one child. At the time of the interview, mothers were not necessarily living with the father of their child. Eight out of 16 declared to be living with a partner (in a civil union or as a married couple), but 10 out of 16 declared having been separated/divorced since the birth of their first child. Information regarding incomes collected through the socio-demographic questionnaire is too fragmented to

⁶ Services are situated in Sainte-Rita and are offered to all residents (and sometimes more broadly), regardless of the household's income. However, some prioritize access to vulnerable populations, which are defined differently depending on the service provider, and sometimes between workers from the same organizations (including, for example, economic poverty, lone parenting, young first-time mothering, disability, mental instability or substance addiction). Subscription through an annual membership fee (around \$15CAD) is sometimes required from parents to access services, but many of them are completely free.

be used effectively⁷. For every service encountered, mothers were asked to identify which services and programs were used by them, their children and their family and to share their experiences with the service, by giving examples of the best and worst support they received. At the end of the interview, they were also invited to give broader comments on what services seemed to be lacking in the neighbourhood.

The snowball method was the main method of recruitment for the interviews, yet some participants received electronic invitations sent to different mailing lists, and posters were shared in various Facebook groups.

Parenting Support in Child and Family Services

In Sainte-Rita, one can observe differences in intervention practices between service providers, depending on the focus of their intervention. Among the seven service providers interviewed that work on the frontline, five targeted mainly children for their interventions. Every service provider had activities related to parental support, including, for example, home visiting, individual and group counselling, on topics such as parenting skills development, co-parenting, school readiness, healthy habits, parental empowerment, and capacity building. While certain activities do not fall under the “parenting support” category, many early childhood development activities (e.g., language stimulation, physical activities, facilitated reading sessions) had parental support components, also combining health, nutrition, and psychosocial interventions. When asked about their intervention approach, many local service providers defined their activities as concrete efforts to improve the social determinants of health⁸ considered to be protective factors in a child’s development. Among them, personal health practices, social support networks, and education (for children and parents) were recurring themes.

⁷ The question pertaining to income was sometimes left blank, and some participants confused weekly, monthly and annual revenues. Certain mothers also included child benefits. These difficulties left me unable to use the data reliably for this study.

⁸ Social determinants of health include: income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture. (Public Health Agency of Canada, 2016)

For the seven service providers interviewed that work at the community level, their intervention was mainly directed at Sainte-Rita's families. They organized awareness campaigns, informed parents of available services in the neighbourhood, and were the political voice for frontline organizations with political actors, potential funders or public administrators. Only one interviewee working in a more "macro" perspective identified children and the promotion of children's rights as its organization's main focus.

The next section provides an overview of the approaches mentioned by service providers to define their practice. As one can see, while there is a convergence of actions towards parenting support in child and family services, in these services, the staff bases its everyday decision-making process on the target of its intervention.

Child-centered services

Programs for child-centered services focus their activities on children's needs (after-school programs, support in legal cases), interests (leisure, music lessons, sports, etc.) and health (pediatric hospital). Typically, in these services, the notion of empowerment is very often—if not always—related to the respect and the promotion of children's rights. "*Once you meet children's needs, you respect children's rights,*" says Salda, program coordinator in a service whose mission takes a holistic approach. By taking care of children's needs, the service's objective is to reduce toxic stressors by building support networks in the community around children, and to increase awareness around children's rights. Empowered children can then become "*social entrepreneurs*" and later help build stronger networks within the neighbourhood. Here, parenting support is secondary to the social workers' and educators' interventions, but, nevertheless, it comes systematically from formal and informal discussions between parents and the staff.

The most child-centered service provider found in Sainte-Rita, *Kid's Castle*, organizes playful and leisure activities for children. Explicitly influenced by the Convention on the Rights of the Child, this unique local organization's mission is geared towards offering "*a listening place for children*". To avoid voluntary or involuntary stigmatization and discrimination of children and their parents, this service provider does not wish to collect statistical data on attendance. When asked by grant-makers to give a portrait of attendance, workers use the

neighbourhood's statistics related to poverty instead. No information is kept on parents. Moreover, because service providers consider their intimacy with the attending children as sacred, staff and volunteers are also asked to refuse to inform parents of their children's mood or feelings (except for situations where it is required by law). When more formal interventions need to be put in place, a referral is generally preferred.

In this service, parental support is present mostly through modeling. Onesime, a volunteer coordinator for the service provider, describes adults from his team as being "*Watson rather than Sherlock*," in the sense that adults act as an assistant for each kid, same as Watson would for the famous detective. For him, being child-centered would radically change how institutional and community services are organized.

Looking at services with missions centered on the children's needs, one can observe that this focus does not necessarily exclude parents benefitting from intervention. For example, many service providers offered after-school transportation to the service's space, or offered activities on site to facilitate the participation of every child, thus accommodating the parents' busy schedules. For a particular respite service provider also using the Convention on the Rights of the Child to guide its action, selected children—and mostly young children, 0–5 years—can get a 3-day stay at a fun and welcoming shelter. The service provider intends to prevent youth placement by offering some time off to parents. As a worker and ex-user of this service, Maggie explains:

From 0 to 5 years old... That's when, in terms of a child's development, it's time to take action. When a child has a developmental delay, a child can be neglected or whatever, that's when we should fully support the parent so as to empower him or her, so they can straighten the situation out and have the child stay with them.

Parents could also have access to a food bank or clothing for their children, thus reducing stress at the end of the month. Sandrine, a social worker, also reported having created a space for parents to vent about their feelings and discuss their alcohol consumption, love relationships or other "*therapeutic topics*", once she managed to develop a strong rapport with them.

From time to time, however, interviewees working for service providers dedicated to children suggested that the needs of the parents are competing with that of their children. It is especially true for families dealing with what are considered “*risk factors*” for the children, factors that can’t be overlooked. Manon, a social worker for one of the local service providers also aligned with the Convention on the Rights of the Child, illustrated this dilemma with her own reality:

The problem here is that we are caught up in the needs of the parents, as social workers. The educator will work with the kid, the occupational therapist will work on the family dynamic, but we are caught up with the mothers because they have so many needs! ... And for real, you end up asking yourself: Well, what is my priority? Should I go straight for the children’s needs?

Among various needs, she talked about economic poverty, drug use and mental health problems. Talking about this dilemma, she switched back and forth from a genderless generic parent to real examples of mothers, for whom she feels empathy but also a certain weariness. Acknowledging the fact that their challenges were real, and formulating her service provider’s mission behind their interventions helped her with the decision-making process. In the end, she says:

We [social workers] work with the parent for the well-being of the children. We will try. This will be our objective. That’s what I say, here. It’s not every one [of my colleagues] who feels that way, but that’s the direction I’m taking. We have no choice but to work with the parent to make them more available for their children.

From this perspective, her approach to meeting children’s needs is built on establishing a feeling of trust with the parent.

Family-centered services

The dilemma between responding to a child’s needs versus that of his or her parents’ needs is interpreted differently depending on the service provider targeting families. For such

service providers, the staff never referred to a child's rights. Instead, the family, as a unit, is at the center of these service providers' presentations.

The core programming of these services is unsurprisingly focused on parental knowledge and capabilities. Depending on the children's age, the provision of services included clothing banks, counselling sessions and workshops. Different themes were explored such as when and how to introduce solid food in a baby's diet, how to breastfeed, how to discipline children, how to relax with your baby, how to prepare your children for kindergarten, and so on. In not-for-profit organizations specifically, the activities programmed are designed by the employees or the administration, and reflect the demand as well as the funding received. Educational workshops are facilitated by local staff and sometimes experts from independent programs. For example, in one service, a workshop about breastfeeding and the introduction of solid food was given by a nutritionist, as part of a public program created to reduce the number of low-weight babies, statistically overrepresented in Sainte-Rita. These types of activities and workshops on parental skills and knowledge are generally the first reason that parents, and more specifically mothers, have identified when asked why they consulted or used services dedicated to families in the first place.

For example, at *Moms and Dads' Place*, an animator dedicates all his time to parental support, and helping building parental capability—or what Adele, a service coordinator, calls “*personal growth*.” The latter consists in “*giving tools to the new or soon-to-be families for their new parental responsibility. It's not easy to manage work, family, and society,*” she adds. Here, autonomy is measured by the parental competency, with great prominence given to the role of parents as frontline educators.

According to Adele, society is not built to favour families, and many families are discriminated against, when looking for housing, for example. “*Here, we try to value them*”, she says. “*It's fun, to be parents; it's not just about constraints. [Our activities] are always built around the idea that it's fun to be parents!*”. At *Moms and Dads' Place*, parents from different ethnocultural backgrounds are more represented than with other service providers of Sainte-Rita, and this diversity is also reflected in the staff. For Adele, the key is to attract all parents by

highlighting the fact that there are various ways to be a good parent and that different style of parenting can be valued.

As mentioned by two service directors interviewed, the present context favouring child-centered interventions gave us an opportunity to expand the child and family service offer for early childhood education and parental support activities in Sainte-Rita. Irrespective of whether their mission was centered on children or families, parental support interventions were very important to the service providers interviewed. Service providers viewed their intervention as complementary or as an extension of services dedicated to children and their families, alongside other professionals such as teachers, educators, pediatricians, nurses, social workers from youth protection, etc. They described their intervention through different approaches, all sharing the goal of developing greater autonomy, empowerment or capability for the children and their parents. When not specifically talking about fathers' involvement, mothers were given examples to showcase the service providers' interventions. But my analysis suggests that the definition of parenting can also be laid out through other types of intervention.

“Active” Parenting as an Expectation

Aside from parenting workshops, training, and counselling sessions, parenthood representations were also, though more subtly, defined through volunteering and involvement in parenting. In this section, I will argue that “active parenting”, often labelled as a form of empowerment, shares similar ideas to what is found in employment policies related to “engagement” and the responsabilization of individuals through activation. Furthermore, this expectation is gendered. Indeed, as mothers are overrepresented in child and family services, they are also the main target of this expectation. For middle-class mothers and mothers with a higher social capital, active parenting is a collective responsibility and requires a certain involvement within the community. They were found in a broad range of services in Sainte-Rita, from attending governing boards, to organizing or cohost activities with a service provider, and hosting activities through school committees or the neighbourhood's Parents' Committee. They organized events intended to reach out to children and other parents: book fairs, parent group discussions, costume parties, family picnics, clothing exchanges, etc. For the service providers, it was acknowledged that certain activities could not be held without their contribution. But for

poorer and more marginalized mothers, the expectation to “activate” in parenting is rather oriented towards themselves as individuals, as they are expected to engage in their parenting role and take individual responsibility for their child—an attitude that is taken for granted in the case of more fortunate mothers.

With respect to frontline services, including parents through volunteer work was described as a mean to boost self-esteem and develop a sense of belonging to the community for participating parents. Ultimately, organizations have come to rely on volunteers for certain tasks, for which they lack sufficient resources.

The administrator of the family service *Moms and Dads’ Place* illustrated her empowerment approach with an example: when parents are invited to complete a survey with their interests and needs in order to inform the next programming (fall and spring), they are also asked to include their skills and competencies on the form. For her, parental involvement is a way for parents to “give back” to the organization that is helping them. Based on parents’ responses, employees then work on the programming over the next few months. Here is how they describe their approach:

Our approach, it’s always to see the good in people, because we invite them to participate. It can be cooking classes, but it has to involve a parent. We want a parent that can show us good cooking skills, that can share with other parents and then we eat together. So, this is how we value people.

While in recent years, public support has diminished, volunteer parents are now co-hosting workshops, and organizing meetings every semester with the service provider. Other parents give short-term or sporadic help depending on the service’s needs, by folding clothes at the donation counter or picking up corporate donations. For the professionals interviewed, having parents volunteer for them was considered to be a gift. The director of the *Moms and Dads’ Place* was proud to present her volunteers: “I must say, we have the cream of the crop. We have mothers on maternity leave who come here and have specific jobs.” Indeed, in this service, one mother had expertise in baby massage, another in aromatherapy, the other in osteopathy, and so on. They shared their expertise in workshops, which, when no specific

material is required, was usually free for parents who paid the annual membership fee. The activities were also recorded in annual activity reports.

Parents can also be involved in their community outside of the frontline services. Sainte-Rita's Parents' Committee, for example, is a space where parents can design different activities for other families. The Parents' Committee was created a couple of years ago in the aftermath of the local roundtable's reorganization, and has been meeting monthly and organizing family activities in the neighbourhood, such as a biannual kids' clothing exchange, fundraisers, family picnics, and so on. The children's clothing exchange activity is one of its main success stories, and reaches out to more than a hundred families in one day.

I was introduced to the Parents Committee's objective by one of the staff members, who viewed it as an initiative *"to improve, not necessarily living conditions, but improve living in the same community. The mutual help between neighbours"*. Depending on the activity, the Committee is supported by one or two roundtable staff members. For the service providers, it has a solid reputation and is a successful case of citizens' empowerment. This is precisely why, when members of the roundtable make decisions about neighbourhood services and funding allocations, the resources allocated to this committee are never questioned. Besides being cost effective, the Committee is very much considered to be a beacon in the neighbourhood (and for funding parties), which is why most groups insist on keeping it among the local priorities. In some circumstances, the only difference between a mother's involvement and the services' work seemed to be that the latter was performed by a hired and paid individual (most likely a woman). Additionally, I met volunteer mothers who were working or had worked in community services (in Sainte-Rita and adjacent neighbourhoods), thus accentuating the blurred lines between the different roles. For example, they could organize activities from start to finish, communicate on social media, reach out to local partners, and so on, which are tasks that could be considered to fall under an actual employee's responsibility.

Expecting from Mothers

When describing the users of the services they offer, employees typically used generic, gender-neutral terms such as *"families"* or *"parent."* Interestingly, however, when they gave examples of situations at work, or when they talked about the volunteers, the gender-neutral

expressions were almost always quickly replaced with “*mother(s)*”. Both at the community level and for frontline services, mothers made the bulk of the service users and volunteering parents. Since the creation of the Parents’ Committee, for example, only two or three fathers have joined, but none of them has gone on with his involvement. As a matter of fact, only when fathers were participating (even when underrepresented in comparison to mothers) was attention given to gendered aspects of parenting, revealing certain gender blindness in the traditional parental support services.

For the “active” mothers I interviewed, the first years of motherhood were often viewed as an isolating experience. Spending the first months with a newborn baby at home during maternity leave was sometimes perceived as an undesired retirement from work and one’s regular social networks. For this reason, “active” mothers were pleased to meet an “expert” (social worker, therapist, nurse, doctor, and so on) that would listen to their parenting concerns and offer solutions. They were also glad to have opportunities to meet other mothers and even become a role model for them. It also gave them the opportunity to stay in touch with other parents and teachers within their children’s environment, and even have a say in different discussions regarding the school or the services offered. Without being too political or militant, being “active” enabled these mothers to reconcile their aspirations to be women involved in their community with their day-to-day maternal responsibilities.

Mothers got involved by facilitating workshops and assisting staff members in certain tasks, even though many “active” mothers mentioned that volunteer mothers, including themselves, are all exhausted. Indeed, they recognized that they work too much (on the labour market and/or at home). According to Olga, one of these single mothers, being an “active” parent is a double-edged sword, it creates a sense of community but also increases the burden of motherhood:

We feel obligated to meet high-performance standards in the ways we raise our children. And since we are all working a lot, how can we stop feeling guilty for not being there for our child? [...] I do volunteer work for children, but my kid comes with me! When I lend a hand at school, my daughter comes with me. OK, if I had a son, I would feel a little less guilty for making him do volunteer work as well, but ... you

know? At the same time, I feel I am perpetuating something [with her]. Yet I feel guilty for not being with her enough.

Same as other “active” mothers, she knew she was working a lot and acknowledged the fact that her fatigue was gendered: “*We are really into extreme performances as women. For every performance! Our performance at work, at home, the performance of our bodies, our appearance.*” Olga later confessed that she was unable to break the not so virtuous circle in which she puts herself and her daughter. For her, the problem is structural:

We feel that we need to fill in for something that is not there anymore. The Welfare State doesn't exist anymore. We were children of that era, and that model worked to our advantage. We were all like “Wow!’ We have it all”. Now, you raise your children with half the time we had, and you try to make do with that. You tell yourself that you want to offer the same thing to your kid, but the services don't exist, so how can I possibly pull it off?

She felt the tension between familiarizing her daughter with volunteer work (which relates to a traditional form of socialization around women and promotes a sense of dedication to others) and giving back to the community as a value, on the one hand, and the lack of resources, time and the fatigue that comes with juggling too many responsibilities on the other. Notwithstanding the apparent contradiction of involving her daughter in gendered dynamics that actually oppress her, Olga continued to be “active” in her community, at the expense of her personal time, but also her energy, as she went on a six-month sabbatical following a mental burnout.

Observing the disproportion of mothers participating in children and family activities, many service providers of Sainte-Rita have recently taken steps to increase the fathers’ participation. Influenced by awareness-raising campaigns and professional training offered to practitioners to promote paternity and a paternal involvement, some services introduced a basic change in habits or patterns during interventions. Certain professionals developed or reinforced practices such as insisting on the value of having both parents present during meetings or calling both parents in case of an emergency. One social worker started calling fathers to get their consent to intervene with children in order to include them in the

intervention process. Many service providers also changed their imagery (posters, pictures, websites, and the like, to include more father figures). A philanthropic awareness campaign, *Naître et grandir*, designed to support parents of young children, also prompted the creation of a second electronic newsletter exclusively for fathers. What is more, an organization changed its name to include “*fathers*”, and a father is now the head of the board of directors.

Efforts to increase fathers’ participation also transpires in communications to parents and within the programming offer. For instance, *Moms and Dads’ Place* introduced leisure activities, such as barbecues, football games, and father-son activities, often on Saturdays to be more accessible to working fathers. A service provider similar to *Moms and Dads’ Place* also facilitated group discussions on fathering, co-hosted by a volunteer father, and invited men to share experiences and be more confident in their fathering role. In all the service provider surveyed, no equivalent activity was found for mothers.

By developing special activities or communications for fathers, as well as initiatives aimed at increasing fathers’ participation, the more traditional activities and communications related to education and care work were *de facto* left to the mothers, often perpetuating the typical gender division of labour within the households. And when fathers got involved, the same gender division prevailed. Participating fathers (who are in a smaller proportion than mothers) lent a hand with more technical tasks, such as building a website, creating a pamphlet, or working outside to install stalls for a fair or help with the actual maintenance of the buildings. This was highlighted in an interview with a service director who stated that she relies mostly on mothers to volunteer ... unless they require a form of “physical” help:

But when it gets physical ... for example, right now, we need to build a shed. [...] I have back problems these days. I said: “We should involve more fathers”... For anything physical, we turn to a lot of fathers. Some of them are happy to come and help us “Helping the little ladies,” as they say. So, it’s fun for everyone. I told my girls [the service provider’s employees], “We shouldn’t be shy, we have to solicit their help. Because we know that when they come here, they like it; they feel valued.”

In sum, parental support took for certain parents the form of an invitation to support volunteering initiatives. It appears, however, that the parents’ “active” involvement with the

various service providers and within the confines of Sainte-Rita also revealed a gendered parenting norm. For mothers, integrating this expectation is also a sort a contradiction in itself. On the one hand, it corresponded to a need to break isolation and to live their motherhood outside of their household. Being “active” mothers was a way to embody altruistic values and be part of their community during their maternity leave and the early years of their newfound motherhood without being too political or critical of the institutions in place. On the other hand, their experience, same as the one of involved fathers, seemed to perpetuate a gendered division of labour, offering few or no challenges for a renegotiation of gender roles.

A Dimension of Social Class

If we are to take a closer look at the group of “active mothers”, it becomes apparent that they had distinct resources such as an education, a social capital and a higher financial autonomy supporting their parental involvement. But while their progressive politics and their education can explain their open-mindedness and their continuous effort to favour the inclusion of parents, and mothers in particular in their projects, it doesn’t follow that “active” mothers are never guilty of holding certain biases towards the poorer and marginalized residents of Sainte-Rita.

In the parents’ committee of the Saint-Thomas elementary school, where one of my interviewees is assigned, there are 20 parents, 18 women and two men. Each of them holds a university degree. Olga, an “active” mother, explains: *“There is a core group ... with people a little bit like me, with an artistic flair, and a little hippie side, or God knows what, that see this as having a huge social value and that makes them want to volunteer everywhere. They don’t have time and they have bags under their eyes.”* In my research, most of the “active” mothers I encountered were middle-class women, with the exception of Olga, who lives with a monthly revenue between \$1,500 and \$2,000 to cover all expenses for herself and her daughter. The working mothers in this group have different jobs, but many of them work in the arts, culture and social sector. All of them hold university degrees, including masters or PhDs. At the time of the interview, Caroline, a veterinary technician, was the only participant enrolled in a visual arts undergrad program (for her sole benefit).

In addition to their higher education and their social capital, the “active” mothers I met had a certain flexibility allowing them to shuffle their work schedule around the school activities to accommodate their volunteering responsibilities. For two of the mothers I interviewed, their maternity leave meant giving more time to their children and a longer stretch away from the job market. Others were freelancers or had some flexibility with their work schedule, which gave them more time to be with their children for the activities organized at school. Realizing that the time she spent with her children was a luxury, Dominique, another mother, decided to live more modestly and work 4 days a week instead of 5. In Pascale’s family unit, the couple decided that the husband’s full-time salary and the small revenues generated by Pascale’s self-employed work would be enough to cover their needs. Emma, in turn, was very involved during the school year in the parents’ committee at her children’s elementary school, and was also able to cover her expenses without having a full-time job. For her, being involved was a way to broaden her social network, and avoid being bored in her day-to-day life. A few years ago, she decided to stop working in an office, and “explore other means of living”. Aside from her volunteering projects with other mothers, she was also planning to open a family restaurant in the neighbourhood with her husband. This complex schedule flexibility was based on her financial capacity, but also on what they identified as their values and parenting style. In my interviews, “active” mothers described themselves as “*an engaged mother*”, “*a mother first and foremost*”, “*an involved citizen*”, with their involvement and their motherhood being central to their identity.

Like other service providers promoting the residents’ involvement in Sainte-Rita, Geneviève, a project coordinator supporting the neighbourhood’s Parents’ Committee, noted that its composition was quite homogeneous. Nevertheless, for her, the empathy and solidarity expressed by these mothers were palpable. Involved mothers wished to create a family-friendly community by reaching out to other mothers in the neighbourhood. Many among them deplored the difficulties they faced when trying to access information and learn about services after they became mothers. They found that the information was scattered, and when available, not always attractive. Olga, one of the “active” mothers, explained that it’s either “*you feel like you’re stealing someone’s place that would need the help more than you,*” or the

service “*is miserable and depressing,*” so she prefers to avoid it altogether. Initiating projects in Sainte-Rita was a way for her to put in place projects that reflected her interests and values, and that would be more inviting for families like hers as well as others.

But these identity markers of the social capital also shaped the way mothers saw their involvement in the community and their parenting practices. This came to light in the socio-economic family owned coffee shop, in which Pascale and Olga invested a lot of their volunteer time. For Olga, setting up a coffee shop coop was a “*crazy dream,*” which she wanted to be as inclusive as possible. She dreamt of a project where mothers would feel free to grab a coffee while their baby cried or ran around. This project was supported by a dozen other parents (mostly mothers) over time, all wishing to create a space where social diversity was promoted. Nevertheless, interviewed mothers reported important clashes between the “active” parents with higher social capital and other residents from the neighbourhood.

Among the former, Pascale, a 45-year-old mother of two, was very involved in the neighbourhood. She knew Sainte-Rita’s networks, having lived there for over 20 years and having engaged in different citizen mobilizations. She was under the impression that “*the middle-class mentality is very progressive*” in Sainte-Rita, and was convinced that community initiatives helped “*maintain a social network. After that,*” she added, “*as middle-class people, you only need to remember that there are poorer people and that it will feel very uncomfortable, to go and talk to them.*” Pascale saw this persistent split in different projects throughout the years, including in the coffee shop: should the food offered be healthy or popular? Should every meal be vegan? Is the food worth its price tag? Should quality be favoured over quantity? Espressos and lattes or filtered coffee? In the end, the project didn’t stand the test of time. Both Olga and Pascale are still bitter about the fact that they failed to include parents from diverse socio-economic backgrounds among their customers and the volunteers.

This split between mothers of different social classes was also mentioned during observations and interviews where mothers shared anecdotes on their children’s classmates or their neighbours. For example, unsure about the way to handle tensions with her neighbours presumed to live on social welfare, Caroline, a mother, confessed that she felt sorry for the

children and was, in certain situations, tempted to call the police. In an attempt to avoid fueling the conflict by interacting with them, Caroline was reassured when she told herself that daycare and school would provide these children with the tools they need to succeed in life.

Dominique, an “active” mother, also remembered during the interview how, at first, she was bothered by parents on social welfare, or unemployed, who used the respite care service⁹ where she sent her son. For her, these parents—poorer parents—were “*taking the spots*” of working parents like herself. She changed her mind, however, after talking to one of the staff members: “*It’s through contact with the respite service that we can educate them, do popular education [...] we’re lucky that this service exists for the kids’ socialization, and it allows us to find them winter boots, snowsuits or clothing.*” Since then, Dominique has joined the governing board and is promoting social mixing for the service provider.

Around “active” mother’s condominiums or apartments, outdoor cleaning and greening projects in alleyways or streets were also a popular activity where social class distinction was present. These projects were often considered by service providers and mothers as a way to increase the sense of security in the neighbourhood by truly owning the space around the homes. They added greenery, public benches and participated in cleaning efforts to pick up trash, abandoned objects and eradicate graffiti. These cleaning habits also contribute, to a certain extent, to the “social cleansing” of their environment, deterring certain types of behaviours and fringes of the poorest residents of Sainte-Rita, which include visible street solicitation and drug use. The more neighbours were present and invested in their surrounding sidewalks and alleyways, the more they gained a sense of community and ownership of the space. Other users of the alleyways also disciplined themselves and started to take out their trash on the designated day.

When comparing the mothers involved in this project, one could also observe that “active” mothers developed a close relationship with the staff, one of proximity and trust, as they shared a similar social capital and values. Conversations were more casual than in a typical

⁹ Respite care is a short-term service offered in the community that provides childcare services to parents with children between 2 and 5 years old. Parents can enjoy this break to relieve stress, and do other tasks such as going to the grocery store, have a medical appointment, or go to a job interview. Cost and schedule can vary from a service to another, but the price on average is around 5\$/3 hours (less than 4 €).

expert-patient relationship. In this sense, the involvement of “active” mothers did not only conform to gender-related social norms, but also set an expectation often fulfilled by the middle class and more educated mothers of Sainte-Rita. They had not only a social capital, but also financial resources and a certain work flexibility that helped their “active” parenting capacity. These social markers may be explained by the mothers’ progressive views, but they also maintain social barriers with other mothers and Sainte-Rita’s residents in general.

What Parental Support for Poorer and Marginalized Mothers?

The bond between the service providers and the “active” mothers was not comparable to the one the former developed with poorer or more marginalized mothers, who were less prompt to get involved. These mothers were generally marginalized or more vulnerable due to an accumulation of social characteristics and their social location (age, health, abilities, resilience, range of support available). In my study, these mothers were financially poorer, less educated and had limited social networks. Three of them were teenagers at the time of their pregnancy (which also implies they didn’t finish school). One was diagnosed with a borderline personality disorder and three others went through episodes of depression. Two of them openly talked about their drug use and alcohol consumption, both knowing that this would be considered “bad mothering” by an outsider. Marginalized mothers were harder to find for certain service providers and tended to visit fewer service providers over the same period. They were more the type to be “carted around” or referred to different service providers and programs by professionals, including youth protection services for two of them. Their experiences with the service providers in Sainte-Rita were very different from that of the mothers who were keen to perform “active” parenting: even though they found support, the poor mothers perceived service providers (schools, hospitals, medical clinics, and youth protection programs, but not exclusively) as being very “*strict*”, “*rude*” and sometimes “*paternalistic*”. In their case, parental support seemed to be geared towards engaging mothers in their own parenting, and allowing them to develop their own parental competencies, since they often had multiple traits considered to be “risks” by the service providers and the various programs.

Lidia entered a public program designed for teenage mothers when she was 19. It gave her access to a gynecologist at the time of her pregnancy. She felt perceived as *“the young mother that needs to be taken in charge of because she didn’t know what to do”*. Lydia remembered her interaction with the program’s nurse and her own impression that the nurse was telling herself that the soon-to-be-born child had a bad start in life. She felt humiliated, even though she trusted her ability to raise her child; she was just looking for more tools. Another mother, Émilie, was a single teenage mother and an immigrant when she decided to attend a school program for young mothers. Despite being motivated to finish her high school, she had a hard time abiding to the attendance policy that expected her to be present and on time, every day. Between her lack of sleep and her newborn baby’s needs, she couldn’t move her schedule around enough to stay in the program. After a conversation where one of the school’s staff members implied he would alert youth protection, Émilie dropped out of the program, blaming its lack of consideration for mothers in need (despite the fact that they were the target population).

Now for Véronique who is living on an annual revenue of \$11,000, working part-time and going to school full-time was making it hard for her to use the services offered. After being referred to the OLO program (*Egg, Milk, Orange*) during her pregnancy, she met with a nutritionist who went over the requirements for the program. After the 12th week of pregnancy, low-income pregnant mothers could get free food (an egg, a liter of milk and a serving of orange juice per day), along with vitamin and mineral supplements. This was, however, conditional on her participation in educational workshops covering different topics, including couponing or budget management. But for Véronique, the expectations were too high and her cost-benefit analysis of the program prompted her to quit, despite her financial needs. Her busy schedule was already making it hard to fit medical appointments in and she found that the workshops did not have anything to do with her needs: *“I didn’t need to know how to budget my week, I only needed more cash! [...] I couldn’t take a day off work to go to a workshop to receive some food!”* Same as Lidia and Émilie, Véronique was frustrated after being *“treated like a child”*.

Some mothers did find an actual parenting support through Sainte-Rita's service providers. This was the case for Marie-Ève, the lone mother of a hyperactive child with an attention deficit disorder, who needed support to assist her with the child's development and facilitate his transition into elementary school. When Charlotte, a teenage mother looked for help, she was very happy to have access to a special public program designed for poor young mothers. She had a very positive experience of the relationship she developed with the nurse and the social workers who supported her in different aspects of her life:

They were very useful concerning parental skills and discipline but also on a physical level. And even just like that, for life matters. I was young so ... to a certain extent, well, I am still young, but, one way or another, when you are 20 years old or younger, you don't have all the tools you need in life. You arrive, you get your hydro bills, you fill your income taxes, you start your job, and then you're like: I have family allocations here, I have this, I have that. At 16, you are an adult for the government, you're rushing. And [the program] was very useful, because I was also talking with a social worker to help me with this.

For this mother, having such support was a relief but we can clearly see that her position is not that of an autonomous woman showing initiative, as "active mothers" are described for the middle class. It seemed, however, to be the common trend for mothers coming from poorer socio-economic backgrounds when they shared their best experiences with Sainte-Rita's service providers.

And even when empowering marginalized and poor mothers was part of the program's objectives, one can observe that gendered expectations on parenting roles still prevailed. In the social economy project *Key to Success*, for example, poor mothers were hired as homework assistants for an after-school program. Philomène, one of its co-creators told me that mothers were able to change family cultures and act as role models to influence children and give them a successful education. Ultimately, by involving mothers in the children's education, the project was "double-missioned": encouraging a change for the mothers themselves and trying to get them to get back to school:

The first respondents in this program will be housewives. Rather than university students [...] Our model, we want to pass it down through siblings. We want to pass it through the family. We want to introduce it through culture. And culture comes through the mothers. [...] And that's where we will really see the biggest changes within the target population. Many of these women will go back to school. Because they are happy and proud. These are women who believe in school.

Lidia, who became a mother at 19, quickly realized that she would be the main parent, feeling the overburden of parenting, when she went to service providers to enroll in prenatal classes with the father of her soon-to-be baby. Having access to a gynecologist through a young mothers' program, she was also expected to attend several one-hour appointments with a social worker or a nurse to discuss various aspects of her life:

I was forced to fill out all these forms on the values that I wanted to teach my children, and like if I have a substance addiction, my family history, and everything. It was only me, not my boyfriend, obviously [sarcastically] [...] [The service provider] would ask me questions about what I'm doing in life, what my occupations and my revenues were, what my relationship with the father of the child was. I needed to fill in a page with a figure ... in the shape of a human body, where I needed to point out the values that I thought important to transmit to my child. [...] They were keeping track, it was really the mothers who were targeted [by the program]. And I can understand in a sense that they want to make sure that mothers have tools, but ... anyway, I was frustrated!

Véronique, who introduced herself to me as a long-time feminist, reported the same feeling of gender inequality. When entering one community service for the first time, she noticed all the promotion around engaging fathers in parenting, with photos of fathers with children on the wall, posters, slogans, etc. Looking at the programming with her partner, she then noticed the gendered division in the programming: mother-daughter pyjama evenings, father-son barbecues, etc. The couple was shocked and decided to turn around.

Poorer mothers and mothers with lower social capital faced particular expectations from staff members in terms of parenting and parental competency. To a certain extent, their mothering role and the conditions of their mothering were perceived as a “*risk*” for their children. Rather than expecting them to “activate” through volunteering in the community and model parenting practices, these mothers were invited to invest in their own maternal practices and revisit them. Professionals and experts, including social workers, doctors, and nurses, were much more directive in their interactions with them, especially when relationships had a legal dimension with respect to youth protection. This was enforced through mandatory workshops or conditional access to benefits, follow-up meetings and phone calls. It is in reference to the most marginalized families that social workers talked to me about the importance of building networks around mothers and their households, increasing inter-professional collaborations, sharing information on the family, and the presence of other significant adults around the children. Parental support therefore resembled surveillance, and my observations suggest an expectation of a more “passive” involvement from parents, through individual participation in programs and workshops.

Parental Support as a Form of Empowerment?

Is there empowerment in “active” parenting? One might perceive certain parenting support interventions as a means to gain autonomy for mothers: offering resources to improve their mothering skills, acknowledging the importance of their role and in some cases even recruiting them as role models and experts. The context and process in which these interventions occur, however, suggests a more nuanced and ambivalent view.

Overall, activities and programs related to parenting skills and knowledge were generally what mothers sought when reaching out to Sainte-Rita’s services, reinforcing the idea that interventions for parenting support don’t only fit into economic imperatives of a children-first social investment strategy, but can “also be envisioned as fulfilling a demand from uncertain parents.” (Ivan et al., 2015, p. 1984)

For middle-class woman and woman with a higher education using service providers in Sainte-Rita, “empowerment” seemed obvious at first. Not only did their concerns get dealt with, but also their active participation with service providers was a way to break social

isolation, make friends and be socially recognized. At best, “active” mothers put in place services for themselves and others they wished to see in the neighbourhood. Their involvement contributed to the provision of services in the neighbourhood, but it also highlighted a class distinction in the mothers’ parental engagement. (Landour, 2016) At the same time, the mothers’ involvement lead to a crystallization of gender roles, for which they often felt burdened and overwhelmed by the pressure to perform as mothers. These involvement opportunities offered little to no discursive and practical resources to renegotiate gender roles within or outside the households.

The potential for empowerment through parenting support was even less clear in the case of the more marginalized or less fortunate mothers, who also shared the gendered burden of parental responsibility. These mothers were thought to potentially lack adequate mothering skills, that they would need to learn from somebody else. They were expected to actively take part in activities that they hadn’t helped design and define. This setting was strengthened by a strong presence of professionals who monitored and guided the relationship of these mothers with the service providers, enforcing individual responsibility to improve parental competency. (Martin, 2017)

Furthermore, since the involvement of women with service providers focused almost exclusively on mothering roles, skills, and responsibilities, they really didn’t have many opportunities to discuss specific situations outside of this relation. Marginalized and poor mothers, who are also poorer in social capital, rarely found support to address their own needs, such as information or counselling with respect to training, job hunting, social housing, domestic violence, and how to take care of oneself. And, despite the local roundtable’s efforts to network between service providers and gather relevant information, even frontline workers admitted that they didn’t have enough time to stay informed and integrate the information about external services that could be given to parents with other needs.

Four mothers did admit, during the interviews that it is through parenting support interventions that they were able to address other issues in their lives: drug addictions, domestic violence, financial insecurities, and lack of training. They received help from social workers and other staff members who taught them how to cope and gain confidence in their

parenting skills. However, when the child withdrew or didn't fit in the service provider's program (for example, when the child reached 18 years old, his needs changed, the situation improved, or he refused to cooperate or participate), the relationship was ended. Nevertheless, experience showed that putting an end to services for the children does not mean that there is no longer a need for the parent.

For mothers, and particularly those who are not so close to public services, the trust built in a relationship with a specific service provider is not transferable. None of the four mothers interviewed sought help for themselves after their connection with the service ended. In this sense, family services were narrowed to a definition in which a family necessitated the presence of children to be recognized as such. The related intervention and services for adults were reduced to parenting roles and responsibilities. Divorce, for example, was discussed in one service provider's workshop on co-parenting. Consequently, when an intervention fails, women not only lose the benefits derived from the services they received, but they can also feel stigmatized for being "bad mothers".

This discussion, however, cannot be reduced to an analysis of poor and marginalized mothers as being passive actors. Interviews have shown examples of resilience, revealing the mothers' ability to resort to their own creativity and turn a situation to their advantage to gain benefits or to have access to certain restricted programs. Mothers were also critical in their analysis of motherhood and its related social pressures. They spoke openly about the burden of the unequal share of housework. Véronique is working on her master in sociology and comes from a poor family; she was also very critical of the autonomy discourse promoted by organizations in the neighbourhood. For her, the contradiction is self-explanatory: while organizations present themselves in support of parents and mothers, in particular, they require forms and other official documents that she isn't able to provide. For her, *"precarity is not just a line on my income notice of assessment [...] When you are going to the [service provide] to get eggs, milk, and oranges, you're not trying to screw the system! To believe women in what they say, and what they live, that would already be supporting their autonomy."* The rigid access to certain benefits showed her the patronizing side of most parenting support interventions.

Conclusion

In concordance with the social investment perspective, changes in policies towards child-centered strategies have approached parents in a particular way, through “parenting support”, as they act as the first educators of their children. As per Daly (2013), “parenting support” is therefore not only about actively engaging parents in their parenting knowledge and skills, but also significantly influencing the way parents and parenthood are viewed in our society. This research suggests that one aspect of this redefinition revolves around “active” parenting. And while social work and other professional discourses about parental involvement and volunteering are often built to be gender-blind, observations gathered in Sainte-Rita show that mothers are largely overrepresented within the group.

There is, of course, a lot of variations in the specific program designs informed by the gender-blind conceptions of poverty and parental support intervention that I described in this paper. Programs are built around gendered assumptions of parenting that can take supportive, coercive or purely symbolic forms. We cannot deny that services geared towards children and their families are likely to improve the lives of women, for a variety of reasons, but first and foremost because they can support them with respect to one of their most important responsibilities: being a mother. However, my ethnographic study suggests that other aspects of adulthood and womanhood remain unaddressed, in part or in whole (echoing Molyneux’s [2006] findings on conditions of cash transfers in Latin America). They also underscore both the gender division in parenting as well as social class-based differences in perceptions of adequate and inadequate mothering skills. Further research with a larger pool of mothers would benefit a common understanding of the vast array of mothers’ experiences going to service providers. While some interviewed mothers felt it was apparent that they were treated differently because of their young age, other discriminatory variables such as race and mental health could potentially appear as influencing relationships in parenting support interventions (Cerny, 2012).

Moreover, this study points to a redefinition of mothering through “active” parenting, which is done in part by the mothers themselves. With the end of the Keynesian era, the architecture of the “responsibility mix” welfare model has engaged social entrepreneurs, along with individuals, families and the private sector, to recreate the institutions of social support,

altering the kinds of partnerships that exist between the different actors. (Jenson, 2011) Social entrepreneurs, including the community sector, appear to shoulder a significant part of the responsibility in responding to individual and social needs. Ilcan and Basok (2004) argued that the redefinition of frontline workers in community services represents a dual role: both to be *responsibilized*, i.e., subject to the implicit norms of outside agents (funders, legislative administrations, etc.) and to be *responsibilizing*, as agents of these norms' preservation within the populations they serve. In Sainte-Rita, observations suggest that middle-class and mothers with a higher education (the "core group" of "active" mothers) played a significant role in providing services but also in reaching out to other mothers and passing on the expectations to activate.

Even though most mothers involved are struggling with recognizing and limiting the pressure from peers to perform as "active" mothers, mothers willing to go along with this convinced "inactive" or "less active" mothers to join and volunteer. In this context, "active" mothers served as role models or educators in workshops and undertaken projects in which they invited poor and marginalized mothers to join. In both scenarios, the position of the former in regards to the latter was one of imbalance, which can outline a range of attitudes, from one of solidarity to a more paternalistic approach of charity. And that is where we can see a possible polarization of mothers. When policies and programs—even if well intended—coincide more with the culture and situation of middle-class women, the marginalization and social exclusion of those for whom they are most intended is heightened. At best, marginalized and socially excluded mothers are perceived as "good pupils", following the prescriptions of different programs and various experts. At worst, they are judged for failing to perform, in other words, for being "inactive".

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