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Exploring children's resilience growing up in low socioeconomic, single-parent households: A Systematic Review

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Keywords

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Single Parent Household

South African Context

Systematic review

Young Children

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Acronyms and Abbreviations

ACEs: Adverse Childhood Experiences

SES: Socio-Economic Status

WHO: World Health Organisation

SA: South Africa

UWC: University of the Western Cape

SR: Systematic Review

US: The United States of America

UK: The United Kingdom

GPA: Grade Point Average

SP: Single parent home

TP: Two parent home

FA: Father Absence

ADHD: Attention deficit hyperactivity disorder

Abstract

Adverse childhood experiences (ACE) have been shown to affect children in many areas of life, including that of their overall resilience. Due to the distinctive socio-political history and diverse cultures in the South African (SA) context, families experience unique circumstances that affect the family relational structure as well as the socioeconomic and relational aspects of families. This study employed a systematic review (SR) research design to explore the resilience of young children (experiencing ACE's) within single-parent households in low socio-economic contexts. Ethical approval was obtained from the University of the Western Cape (UWC) Humanities and Social Sciences Research Ethics Committee. Electronic databases were accessed through the UWC library, and a search which included several keywords relating to the study was conducted for articles published between the months of January 2011 and June 2022 for inclusion. Articles sourced from these databases were scrutinised at three process levels, namely, title reading, abstract reading and full text reading. The PRISMA-P tool was used to assist with the quality of the reporting of the review. Thirteen articles were included in the study and a narrative analysis was conducted that yielded the following key findings: Children's resilience is affected by growing up in single parent, low SES homes. This finding was found to be expressed in the form of psychopathological behaviours manifested internally and externally. Furthermore, a key finding was that children experiencing adverse childhood experiences (ACEs) were found to display lowered school readiness and adaptation thus influencing resilience capabilities. In most of the studies, the single parent in the families were predominantly mothers and most included studies stated that the level of father involvement carried benefits for young children's resilience and the family. The findings of this review therefore confirm that the resilience of children of single parents is negatively affected by various adverse childhood experiences (ACEs) in low socio-economic status (SES) contexts. Most of the articles were quantitative with three articles incorporating elements of mixed methods

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however the results were quantified therefore a key recommendation includes the need for qualitative research regarding young children's resilience within an African and South African context that captures the lived experience of African/SA's youth and their families. Further limitations and implications for practice and research are also presented.

Declaration

I declare that *exploring children's resilience growing up in low socioeconomic, single-parent households: A Systematic Review* is my own work, and that it has not been submitted before for any degree or examination at any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references in accordance with the APA 7 guidelines.

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Date: November 2022

Signed:

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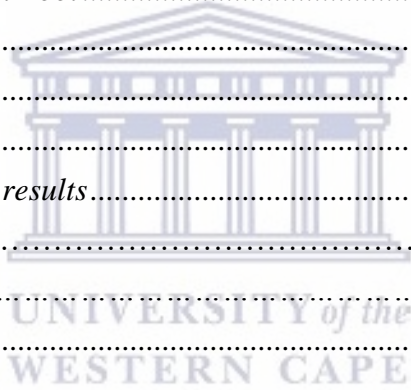
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1. Chapter One: Introduction

1.1. Background

This study is a systematic review of the literature reporting on the possible implications that growing up in single-parent, low socioeconomic status households have on young children's resilience. Children living with single parents in low socio-economic contexts, often struggle to overcome the barriers inherent in social contexts and this is becoming a critical issue in societies worldwide (Maldonado & Nieuwenhuis, 2019). These barriers may refer to social adversity which includes hardships resulting from social circumstances such as poverty, racial discrimination, maltreatment, intergenerational trauma, and violence, to name a few (Gartland et al., 2019). Statistics South Africa (2018) reports that healthy early childhood development influences a variety of factors, including resilience to face various adversities that life may present. Existing research has suggested that developmental trajectories which result in poor health outcomes tend to be established in early developmental stages of individuals lives and are predicted by various prenatal, perinatal and childhood environmental adversities (Cabaj, McDonald & Tough, 2014). Manas (2020) expands on early childhood development and writes that this period (early – middle childhood) is the basis for later successful adaptation in life, as it is the critical time in a child life when their brain develops at a rapid rate, making learning and development possible for them. Early childhood development encapsulates the time that spans the prenatal period to eight years of age (WHO & UNICEF, 2012). The researcher further continues to state that when a child grows up in a nurturing, consistent and stimulating environment where basic as well as psychological, social, and intellectual needs are met, they stand a greater chance of reaching their potential later in life (Manas, 2020). If these core needs are missed holistically, the child is at risk for negative developmental outcomes. The middle childhood

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developmental stage spans from approximately six to twelve years of age and has been found to be critical in the shift in cognition, motivation, and social behaviour with implication for the development of personality, sex differences and possibly psychopathology (Del Giudice, 2014).

Single parenting (SP) has become increasingly common in the world's society, due to many reasons, which often changes the structure and overall circumstances of a family unit that could bring on unique challenges (Barajas, 2011; Greeff & Fillis, 2009). Within the SA context, due to the unique socio-political history and diverse cultures, families experience unique circumstances that affects the family relational structure as well as the socioeconomic aspect of families (Roman, et al., 2016). It is reported that more than half of black African children grow up in single, mother headed households, which places severe psychological and financial strain on parenting (Power et al., 2015). Cokley et al., (2011) found that children who grow up in poorer, high level risk environments are more at risk of experiencing higher levels of behavioural and emotional problems which may lead to a lower level of children's resilience.

While resilience has proven to be a contested concept in providing a universally accepted definition, Fenwick-Smith et al., (2018) apply a broad definition to resilience, stating that it is the capacity, plus a learned set of skills which allows an individual to avoid, minimise and/or overcome the damaging effects of adversity. Included in the defining process of resilience are internal and external aspects of an individual which includes emotions, behaviour, biology, development, and their environmental context. Protective factors such as one's coping skills, healthy family and social relationships, help-seeking behaviours as well as meaningful interactions also tend to play a significant role in resilience development (Fenwick-Smith et al., 2018). However, Vella and Pai (2022) explicitly report that the concept known as resilience has been studies for decades, and that currently there remains to

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be a lack in consensus regarding the definition, conceptualisation, and the measurement of resilience. Although consensus has yet to be reached regarding resilience, most research that has been done refer to resilience being comprised of the experience of adversity as well as positive outcomes (Vella & Pai, 2022), indicating that for an individual to be considered as resilient, they must show resilience against some form of adversity or risk factor (Fletcher & Sarkar, 2013). The researchers further state that resilience has been conceptualised as a process as well as an outcome, which are a unique combination of personal and internal characteristics as well as external, ecological sources (Vella & Pai, 2013). Cowen (1994) speaks to the ecological factors and states that resilience is promoted through the formation of wholesome attachments, the acquiring of age and ability appropriate competencies and exposure to settings which favour wellness outcomes.

Although this review was focussed on the resilience related aspects of children, an integral part of individual resilience, especially for young children is family resilience which can be regarded as an essential part of any child's upbringing and one of the most important contributions to individual resilience (Govender et al., 2017). It is made up of several individuals and the relationships between them. Family resilience is an aspect which enables members of the family to overcome difficult experiences and hardships and in turn to display longevity and ensure positive outcomes for the future with regards to bouncing back (Bhana & Bachoo, 2011). It also includes the ways in which interpersonal bonds within the family can be continuous and strengthened despite adversity, stress, and setbacks (Govender et al., 2017).

However, studies also show there are several possibilities for positive outcomes with regards to children who are exposed to even the extreme stressors and hardships of life and that this can be overcome by having a competent, warm, and emotionally available parent which inevitably promotes healthy development of resilience and protects children from

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maladjustments (Masten, 2014). Simões and Alarcão (2014) notes that a nurturing and secure attachment during infancy provides a pivotal foundation for healthy social development throughout childhood. Employing certain parenting styles also tend to be quite effective in building resilience in various domains of functioning (Simões & Alarcão, 2014). Other positive factors include constant parental involvement, clear boundaries and expectations, supervision, and high levels of warmth (Price, 2015). Children are embedded in families and other systems (such as peer groups, school) and the interactions of these systems (child and family) are affected by one another, directly as well as indirectly. Thus, Masten (2018) states that from a systems perspective, the resilience of one system will depend on the resilience of connected systems indicating that the resilience of children will be highly dependable on the systems that directly support the child (and their resilience) such as parents and families. In holding the variations and lack of consensus regarding the definition of resilience, the resilience of a young child will depend on the resources and support or lack thereof available to them through different processes, both within the child (personal characteristics) and between the child and the systems they interact with (parents and family) (Masten, 2018). However, like all psychological constructs, the concept of resilience should equate to certain characteristics in order to be subjecting to some form of experimental testing to be effectively applied to benefit research (Naglieri, LeBuffe & Ross, 2013). Despite much of the current resilience literature focussing on the *process (individual traits, coping skills and support systems)* in order to positively adapt despite adversity (Bhana, 2011) the purpose of this study will be to establish the extent to which the resilience of children of single parents is impacted by ACE's and reporting on how external systems and conditions facilitate resilience of children of single parents in low socio-economic contexts. Therefore, considering the variations in understanding the concepts of resilience, it shows that the concept may be understood in various ways. For the purpose of this study, resilience will be defined and

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understood as internal characteristics and strengths such as self-esteem, self-efficacy, self-control, emotional intelligence, and cognition (Gartland et al., 2018; Miller-Lewis, 2013; Ortiz, 2019).

1.2. Problem statement

It has been said that resilience is the ability to recover from or adapt to adverse experiences (Ortiz, 2019). A lack of consensus has been found to define the aspects that encompass the term resilience, but what is widely known is that individual resilience is fostered through self, surrounding environments, relationships, and communities (Ortiz, 2019). Investigators who have researched the resilience of children have shifted their focus to the "developmental task" expectations and/or criteria for positive behaviour development in that particular developmental phase (Masten, 2018). For the purpose of this review, the developmental phase ranges from early to middle childhood, ranges from the age of zero to twelve. This age range was selected due to it being the beginning and basis of learning and brain development, for successful adaptation later in life (Manas, 2020). Further to this, children's ability to succeed through each developmental phase tends to be highly dependent on the family system (Masten, 2018), therefore this research explored this specifically of single parent families in low socio-economic contexts. Families that have a strong sense of coherence often have the ability to endure negative effects of adversity and stressful circumstances (Price, 2015). Therefore, according to Greeff and Fillis (2009), individual resilience is positively influenced by family communication, commitment, adaptability, cohesion, connectedness, quality time spent together as well as secure child-parent bonds, clear roles, and encouragement. On the other hand, it has also been found that aspects such as isolation, lack of support and resources makes overall stress management and the handling of crisis more challenging.

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Various research sources address resilience with regard to traumatic life events, adverse living conditions and specific life circumstances, such as single parenting (Barajas, 2011; Stack & Meredith, 2017). The ever-changing nature of the traditional family structure and composition of households create certain challenges to child protective factors (Cokley et al., 2011). Within SA, the White Paper on Families (Department of Social Development, 2013) report that one of the most common types of family structures consists of SP headed households, which seems to be more common in the so called African and Coloured communities, with more than 40% of households being headed by a single-parent or caregiver. It is further reported that many of these family structures are disadvantaged with regards to access to needed socio-economic resources and the question of how resilience is manifested within these contexts is important. It is therefore imperative to understand the strength and resiliency factors displayed by children growing up in single-parent households (Barajas, 2011).

This review study therefore attempts to consolidate the research, specifically with regards to children who are raised in low SES, single parent / guardian households, and how this can affect their resilience.

1.3.   Rationale

The widely used term known as resilience has in the history of research been derived from both social and health sciences and has regularly been criticized due to ambiguities in definitions, terminology and heterogeneity in the level and type of risk or stressor experienced by an individual in order to deem them as "resilient" (Davydov et al., 2010). Some researchers have investigated resilience as an individual trait, an epiphenomenon of adaptive character and habitual effective coping as a durable personal resource which constitutes a facet of trait resilience used as a buffer against adversities (Davydov et al., 2010). Further research over the years have consistently shown that factors such as low levels

of income and single parenting are two potent risk factors that are inclined to have adverse impacts on families and children (Bryant et al., 2015).

Children living with single-parents or caregivers earning a low-income, often struggle to overcome barriers while striving to succeed and this has become a widespread critical issue facing the current social context (Archer-Banks & Behar-Horenstein, 2012). Cokley et al. (2011) found that children who grow up in poorer, high level risk environments are more at risk of experiencing higher levels of behavioural and emotional problems. Therefore, longitudinal, and cross-sectional studies suggest that there is a correlation between family protective factors that promote resilience and a child's overall development (de Carvalho & Spears, 2019). Although a wide body of research proves that generally children from more structured, dual-parent or caregiver families fare better than single-parent families, various longitudinal studies have also shown that nurturing and stable home environments prove to be a significant protective factor which alleviates risks for children growing up in low- income, single-parent environments (National Centre for Education Statistics, 2016). Changing developmental pathways for children from risk to resilience is a process which starts in the home and is positively impacted by the attitudes and beliefs present in the family, school, and community (de Carvalho & Spears, 2019).

Therefore, this review study is aimed at establishing the extent to which the resilience of children of single parents is impacted by ACE's and reporting on how external systems and conditions affect the resilience of children of single parents in low socio-economic contexts.

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1.4. The review question

The current study attempted to answer the following review question through a systematic review:

1). How is children's resilience impacted by growing up in low income, single-parent households?

1.5. Objectives of the study

The objectives of this study are as follows:

1). To synthesise the current body of literature regarding the effects of growing up in low SES, SP households on young children's level of resilience.

2). To report on aspects which promote young children's level of resilience who grow up in low SES, SP households.

1.6 Summary

This review focussed on children's resilience and how it is affected by growing up in a low socio-economic, single parent home environment. For the purpose of this review, resilience has been conceptualised and understood as internal characteristics and strengths such as self-esteem, self-efficacy, self-control, emotional intelligence, and cognition. Although individual and family resilience are separate topics with intricate differences, it has been found that the resilience of children are highly dependent on the family system. Therefore, this is review will be led by the following review question: How is children's resilience impacted by growing up in low income, single-parent households? It will also be guided by the following aims: To synthesise the current body of literature regarding the effects of growing up in low SES, SP households on young children's level of resilience and to report on aspects

which promote young children's level of resilience who grow up in low SES, SP households.

1.7   Chapter Organisation

The following thesis is comprised of five chapters and is structured in the following manner:

Chapter *One* provides the *Introduction* of the topic and a general summary of the main topic of the study. Context was also provided by means of current literature to address the research question, aims, objectives, problem statement and the rationale for the study.

Chapter *Two* is comprised of a *Literature Review* providing an account of current literature regarding resilience, prevalence of single parenting as well as ACEs. Literature consulted consists of international and national studies and aimed to report on the literature that is known as well as possible gaps which may require further consideration.

Chapter *Three* discusses the *Methodology* which mainly highlights the SR process. A rigorous and transparent approach was carried out to align evidence with the objectives of this study.

Chapter *Four* represents the *Results* section which details the research findings and describes the process and tools which were utilised to ensure a rigorous systematic process. The results are discussed based on the following steps, namely: 1). Title Identification, 2). Abstract screening and 3). Eligibility of full-text studies. A narrative description of each study was utilised, and studies were ranked according to threshold scores. Studies were discussed and grouped according to the most prominent themes which emerged.

Chapter *Five* consists of the *Discussion* and *Conclusion.* The discussion aligns the objectives of the study with the most prominent themes which emerged from the results of the most eligible studies. The conclusion of this study is discussed based on limitations of the study and recommendations for future research studies.

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2. Chapter Two: Literature Review

2.1 Defining resilience

Kolar (2011) emphasises that numerous attempts have been made to define and operationalize resilience. According to Mampane (2018), the concept resilience should be viewed as an ongoing process, rather than a static construct which assists individuals in overcoming obstacles and adversities to ensure further development and positive adaptations. It is also imperative to note that in order to assess resilience of a particular group, specific context and culture should be taken into consideration (Theron & Theron, 2010).

Fenwick-Smith et al. (2018) apply a broad definition to resilience, stating that it is the capacity, plus a learned set of skills which allows an individual to avoid, minimise and/or overcome the damaging effects of adversity. Included in the defining process of resilience are internal and external aspects of an individual which includes emotions, behaviour, biology, development, and their environmental context. Protective factors such as one's coping skills, healthy family and social relationships, help-seeking behaviours as well as meaningful interactions also tend to play a significant role in resilience development (Fenwick-Smith et al., 2018).

Theorists who research resilience state that all children (regardless of home circumstances and risk factors) will benefit from help and support in developing effective mentally healthy strategies and resilience skills, and although a focus on developing the resilience of children does not lead to a risk-free life, it can indeed increase children's self-worth, self-efficacy, and ability to seek support (Catalano et al., 2004).

Bhana and Bachoo (2011) indicate that resilience is believed to be an evolving capacity present to some level of degree in all people. Although resilience studies are primarily

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focused on individual traits, coping skills and support systems, reviews of various literature also show that resilience is not only a personality trait, but more importantly a process of positive adaptation in the face of adversity (Barajas, 2012). This particular process occurs according to the interactions between the individual, the family, the community, and the family's dominant culture (Bhana & Bachoo, 2011). Theron et al. (2011) argue that an individual's culture has the ability to promote resilience (extended families, religious structures, and ethnic social systems) and ultimately encourage adaptive behaviour. However, social practices encouraging resilience may not be equivalent across different cultures, therefore it is imperative to explore exactly what it is which is culturally endemic to resilience-promoting resources (Theron et al, 2011). Decades of research on resilience has reliably shown that low levels of income, growing up in low SES communities, and single parenting has been proven to be two potent risk factors on children and their mental health (Carvalho & Spears, 2019). For the purpose of this review, resilience was defined as individual traits and characteristics that are related to aspects such as self-esteem, self-efficacy, self-control, emotional intelligence, and cognition (Gartland et al., 2018; Miller-Lewis, 2013; Ortiz, 2019).

2.2. Prevalence of single parent / caregiver households

There is a significant number of children, both nationally as well as internationally, who are exposed to various social adversities in childhood on a daily basis, which more likely have multiple direct and indirect effects on the social, mental, and physical health of children as well as the family structure (Gartland et al., 2019). An increase in the number of SP families have been seen, globally, as approximately three quarters of these families are single-mother households compared to single-father households (Matsai & Raniga, 2021; Vespa et al., 2013). US based evidence in 2018 showed the number of single-mother households was estimated at fifteen million (United States Census Bureau, 2018), UK based

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evidence shows that single-mother household have increased from 13% (1968) to 32% (2016) and in Africa single-mother households' range between 10% and 44,6% (Matsai & Raniga, 2021).

Households being headed by single fathers are also a growing demographic, as this shows distinctive influences on child development (Daryanani et al., 2017). Regarding South Africa's unique socio-political history and diverse culture, the nuclear family or the term parenting takes on a different meaning as a typical South African family structure can be described as children being raised by a lone-caregiver, child headed households or children being raised by grandparents, aunts / uncles, or other caregivers / guardians (Roman et al., 2016). In their study, in a sample of 358 families across 12 low socioeconomic communities in the Western Cape, Roman et al. (2016) report that although most of the participants lived in two-parent (TP) households, 43.3% of participants reported living in SP households, and although most of the families did have a father present, 30.7% of the sample experience father absence (FA). This is therefore in accordance with literature that agrees that most families are headed by a single parent and mostly characterised by absent fathers (Roman et al., 2016). Thus, when considering the correlation between family characteristics such as dual incomes in combination with protective factors, parents who struggle to physically provide for their families often experience stress which manifests in their parenting styles (Whittaker et al., 2011).

However, Gartland et al. (2019) report that there is evidence which shows that children do show positive outcomes, when they receive additional support from different sources such as teachers, extended family members, government support etc. Keown and Palmer (2014) report through their results that father headed homes require much more research and hold positive outcomes for children, as both mothers and fathers contribute different aspects to children's development, both being vital for healthy outcomes.

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2.3.   Adverse Childhood Experiences (ACEs)

Adverse childhood experiences are hardships which are likely to affect children's well-being and development directly and indirectly through various life stressors (Huges et al., 2017). Zilanawala et al. (2019) report that the immediate family environment which include household social and material resources and economic hardships can have dire effects on children's' behavioural outcomes. Children who report emotional, mental, or behavioural difficulties are likely to have had exposure to ACEs which may include economic hardship, witnessing or experiencing violence, mental health problems in the home, parental loss or divorce, social rejection through racial or ethnic discrimination or loss / death of a caregiver and food insecurity (Bethell et al., 2016). These may also include abuse (sexual, physical, or emotional) or neglect (physical or emotional) (Agarwal, 2015). The literature shows that deprived living conditions, poverty, a lack of educational opportunities as well as aspects such as harsh or a lack of caregiving is likely to lead to behavioural problems or lowered resilience in children (Agarwal, 2015).

Ellis and Dietz (2017) reports that a relationship has been found between adverse childhood experiences and psychological and health problems in adults, indicating that the more stresses endured in childhood, the greater likelihood for chronic and mental conditions later in life. Although research states that children in poorer communities are more likely to show a greater risk of being exposed to ACE's, children at all levels of the income ladder can experience stress and trauma when exposed to adverse childhood experiences (Ellis & Dietz, 2017).

2.4.   Factors promoting children's resilience in single – parent, low socio-economic households

Early childhood can be considered an imperative time to implement early intervention and resilience strategies with the aim of altering the trajectory of pathways which lead to

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emergence of mental health difficulties and difficulty in coping with hardships (Miller-Lewis et al., 2013). Therefore, it has proven to be easier (more effective as well as more economical) to employ intervention as early as possible in a child's life in order for them to develop optimally (Miller-Lewis et al., 2013).

As resilience is referred to the process of positive adaptations despite unfavourable or adverse environmental factors and conditions, it has become increasingly important to identify resources in a child's immediate environment which will allow the child to adapt positively to any adversity and to guide the development of evidence based early interventions and strategies to better prepare parents and families to help their children cope with current and future adversities, which are often a given (Kolar, 2011). An individual's socio-economic status can be defined as one's position on the socio-economic scale which is determined by a combination of social and economic factors which contributes to well-being (Bradley & Corwyn, 2002). Within low socio-economic contexts, families are likely to experience resource constraints in their functioning which may switch their focus to daily survival rather than on positive growth or development in the family (Isaacs, et al., 2017).

Miller-Lewis et al. (2013) states that a wide body of research has recognised core sets of resources which are associated with resilience with regards to adversities and developmental outcomes. These include a). children's internal characteristics and strengths (self-esteem, self-efficacy, self-control), b). family characteristics and relationships (child-parent closeness and parenting styles) and c). characteristics of children's social environment (student-teacher relationships, peer-relationships, and school quality). Essential skills such as problem-solving, building and maintaining important relationships, and realistic goal setting are amongst some of the attributes strengthened in resilient children who are able to contribute meaningfully to daily life (Fenwick-Smith et al., 2018).

Gartland et al. (2019) highlight five domains of imperative structures which shape and contribute to children's overall resilience. These include individual, family, social, school and neighbourhood/community.

Individual characteristics include gender, temperament, emotion regulation, cognitive skills, social skills, self-efficacy, and self-esteem (Gartland et al., 2019). There are some studies which show a connection between an aspect of cognition and resilient outcomes (Gartland et al., 2019). There are also significant findings with regards to self-regulation and resilience, which refers to the purposeful modulation of thoughts, emotions, or behaviours. Other child characteristics associated with resilience includes prosocial skills, coping skills, hope, daily living skills, help seeking and empathy (Gartland et al., 2019).

Family and social support factors looks at caregiver relationships, family environment and parenting skills which contributes significantly to the process of resilience. Aspects which are considered includes support from family members in the form of feeling loved, cared for and supported add significantly to emotional health. Broader social support from those outside of the nuclear family (such as friends and other adults) also play an imperative role, especially in single-parent households. This includes instances when children are able to form positive relationships with adults' figures, such as teachers or mentors. Cross-ethnic friendships have also been found to be associated with well-being and resilient outcomes (Gartland et al., 2019).

School factors have an inclusion criterion of academic engagement and school environment factors. School commitment rather than academic performance has been found to be associated with resilience, as well as a supportive school community or more specifically, positive student-teacher-relationships. Other factors included are safe and orderly school environments (Gartland et al., 2019).

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Community factors associated with resilience included community cohesion and a sound level of spirituality which aids cohesion in communities (Gartland et al., 2019).

Universal community and school-based programmes have proven to enhance resilience factors for the most vulnerable parts of the population, and for those who require additional support. It serves as a protective shield for children from different walks of life (Cicchetti, 2013). An intervention such as universal school-based programming serves as an ideal opportunity to gain access to children, as all children are required to attend school. Universal programmes tend to be different in approach, context, and implementation, as some focus on mental health promotion, some are class based and focused on certain prevalent issues, others target the whole school environment while others may have a focus on developing cognitive or affective skills and behaviour, environmental factors or certain skills and behaviours in functioning (Fenwick-Smith et al., 2018). It is also found that school and community-based programmes may also be compromised of social and emotional learning programmes, mindfulness curricula, stress-management programmes, emotional well-being programmes, coping skills, empathic relationship formation, help-seeking behaviour and methods of mentorship which may be more aimed at resilience development.

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3. Chapter Three: Methodology

3.1. Research Design

This section details the research method and design used to accomplish the aims and objectives of the study. Further to this, it also explains the study procedures, elaborates on the inclusion criteria, data retrieval strategies and instruments used. The study's ethical considerations are also addressed.

A systematic review is a form of research where previous literature is reviewed and addresses a clearly defined question, using an explicit methodology to identify, select and critically evaluate all relevant studies (Petticrew & Roberts, 2006). The review identifies appropriate studies, appraises their quality, and also summarises the evidence by means of explicit methodology (Khad et al., 2003). A systematic review therefore collects, critically evaluates, and synthesises primary research studies (quantitative, qualitative, or mixed methods) that deal with a specific question in a certain manner which limits bias. A systematic review therefore forms part of a secondary study (Kitchenham, 2004). Khad et al. (2003) summarise the steps of a systematic review as stating the research question as a query, identifying relevant publications for data collection, assessing the study quality, and designing a threshold for study selection, summarising the evidence, and finally interpreting the findings. It should be noted that primary studies often present with methodological and design limitations, whereas a systematic review will allow for the evaluation of the methodological rigour of articles which are selected to report consistent findings (Khad et al., 2003). Conducting a systematic review will allow for the evaluation of the methodological rigour and integrity of selected articles, thus, only including strong and consistent research findings (Khad et al., 2003). With this in mind, this study has employed a systematic review research methodology to answer the following research question:

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1) How is children's resilience impacted by growing up in low income, single-parent households?

3.2. Study Protocol

Khad et al., (2003) outlines five logical steps of conducting a systematic review which includes 1) framing the focus of the review; 2) locating and selecting articles; 3) assessment of study quality; 4) Collecting data; 5) analysing and presenting results. Step one of framing the focus is explained in chapter one, whereas further details on the additional four steps are detailed below.

3.3. Eligibility Criteria

3.3.1. Inclusion and Exclusion criteria

For the purpose of this study, research articles were considered and included based on the following criteria:

1). Types of studies:

a) Research articles if they appeared in peer-reviewed journals

b) Full text articles

c) English language published journal articles,

d) Local as well as international studies where a low socioeconomic context was

   described

e) Research articles published between June 2011 and December 2021 in order to

   ensure that the last decade on the topic is considered

f) Research articles utilising qualitative, quantitative, and mixed research methods

2) Types of participants:

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a) Studies that highlight aspects of children's resilience (as per the definition of resilience discussed in previous chapters)

b) Young children between the ages of 0-12 years to capture the experience of early to middle childhood.

c) Children raised in one parent / guardian households

d) Children (and families) from low socioeconomic status households

Additionally, the CHIP framework (Shaw, 2010) assisted in developing the review question and provided guidance of the development of the study's inclusion criteria to inform the search strategy. While there are various frameworks that can be utilised to conceptualise and structure systematic review questions, the CHIP framework was found to be most suitable for this review. The CHIP framework tool assisted with the thoroughness of the search of evidence to ensure that all relevant literature had been consulted (Shaw, 210). It does this by guiding the researcher within the following domains which are described in relation to this study:

- *Context*

The context of this study was children and families from low socio-economic status backgrounds and home environments.

- *How*

This domain considers the type of research that was conducted. For the purpose of this review, all modes of research were considered i.e., quantitative, qualitative, and mixed method studies.

- *Issues*

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Within this section, the issue that this review looked at was the resilience (as per the definition for this review) and related factors of young children.

- *Population*

This section considers which sector of the population the review will be focussing on. For the purpose of this review, it was young children and single parents / guardians in low socio-economic contexts.

The exclusion criteria excludes systematic reviews, unpublished studies, editorials, letters, books and book chapters, dissertation papers and meta-analysis papers from the review.

3.4. Search strategy

Search terms were developed by dividing the research question into different concepts (Laher & Hassem, 2020) and consulting the CHIP framework (Shaw, 2010). The search strategy was tested and adjusted twice throughout the review process. Searches were conducted in the middle and at the end of 2021 in search of English peer reviewed articles which were published between 2011 and 2021. To ensure that relevant studies were extracted, variations of the following terms were used: young children, resilience, adverse childhood experiences, low socioeconomic status, and single parent as guided by the CHIP model. The articles were retrieved by using search terms or keywords used in different combinations with a mix of Boolean operators (such as early and middle childhood, young children, resilience, single parent household, low socio-economic status). Boolean functions are words that are used to exclude to combine search terms (Laher & Hassem, 2020). The Boolean words used for this review were "AND" and "OR". Firstly, limited searches were conducted across the various databases to identify the main keywords found in most titles and abstracts within the

index terms that were used to describe the articles. The search terms decided upon were also verified through consultation with supervisors.

The following search terms were identified. These key words allowed for an optimal amount of hits and made provision for a wider pool of articles:

(young children) (early childhood) (middle childhood) (early childhood development) (resilience) (single parent household) (single headed household) (adverse childhood experiences) (low socioeconomic status) (low income) (see appendix C for the exact manner in which the keywords were used in the respective databases)

Databases were chosen as they were accessible, and articles were available via the University of the Western Cape's Library. The databases were chosen according to the number of articles with a focus on social and psychological topics, in order to collect the most relevant data. Databases were also identified through the expert opinion of research supervisors and through examining the A-Z available databases on the library. Additionally, they were also selected considering the nature of the databases (psychological and social). The following databases were decided on to search for peer-reviewed studies. These included Sage Journals Online (SJO), Wiley Online Library (WOL), Science Direct, APA Psych Articles, PubMed, ERIC and BioMed Central. The latter two i.e., Eric and APA Psych Articles were accessed via the EBSCO host meta database. The above-mentioned key terms / words were utilised within these databases to search for relevant articles and a total of 2440 hits were received across the six databases.

3.5. Method of review

Assessment strategy

The systematic review made use of three steps in assessing and identifying possible sources from the database searches. This included *title screening*, *abstract reading* and then

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full-text reading in order to determine the highest calibre of literature for the review (please see Figure 1 which details the process). During the reviewing process, the researcher was the main reviewer of the study but had two supervisors available to step in as peer reviewers and mediators if a decision could not be reached by the main reviewer. Consolidation was mainly sought with supervisors at the abstract and full text reviewing stage.

Title Screening

Articles retrieved within the title reading stage were reviewed in order to evaluate if they met the inclusion criteria. The primary researcher reviewed article titles and consulted with the supervisors when necessary. To identify appropriate studies, the previously established keywords and the variations of the keywords were consulted to identify relevant titles. This was also considered in conjunction with the CHIP guidelines. They keywords used to guide selection were young children, early childhood, middle childhood, resilience, single parent household, single headed household, low socioeconomic status, and low-income households. The articles which were identified as having relevant titles, which suited the inclusion criteria and the CHIP model were saved and documented within an excel sheet. These articles were thus deemed as appropriate and moved onto the next stage of abstract reviewing. Through this process a total of 63 titles were identified as relevant in meeting included key terms and the inclusion criteria across the six different databases. This therefore excluded 2377 articles from being considered. Articles which passed the title reading stage was subjected to an assessment on the relevancy of their abstracts on the basis of the inclusion criteria (please see appendix D).

Abstract Screening

The primary researcher reviewed abstracts of articles and consulted with supervisors to verify relevant abstracts which should be included in the next stage. The researcher was

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guided by the review question, the CHIP framework (Shaw, 2010) as well as the inclusion criteria. The researcher also consulted with the supervisors where there was uncertainty. Of the 63 titles which were reviewed, one duplicate article was found and removed, leaving a remaining 62 articles. The remaining 62 articles' abstracts were assessed. During abstract screening, 47 abstracts did not fully meet the studies inclusion criteria. They were thus excluded from the review which left a total of 15 articles eligible for full article reading.

Full Text Reading

The studies with abstracts which met the inclusion criteria were read in depth by the researcher. Of these 15 articles, 13 proceeded to be assessed at the full text reading level. The reasons for the exclusions at this stage were due to the articles not being relevant to the specific inclusion criteria of this review specifically in relation to the age group of participants. The remaining 13 articles were assessed by the primary researcher by means of a critical appraisal tool (Appendix A / B) to determine methodological quality and coherence of the studies. Data extraction took place according to the headings in Appendix C (Popay et al., 2006). A composite score grading followed, and once all the articles were appraised, relevant data was extracted for analysis. The following Prisma flowchart (figure 1) provides a brief overview of the systematic review findings.

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Figure 1

Prisma Flow Chart
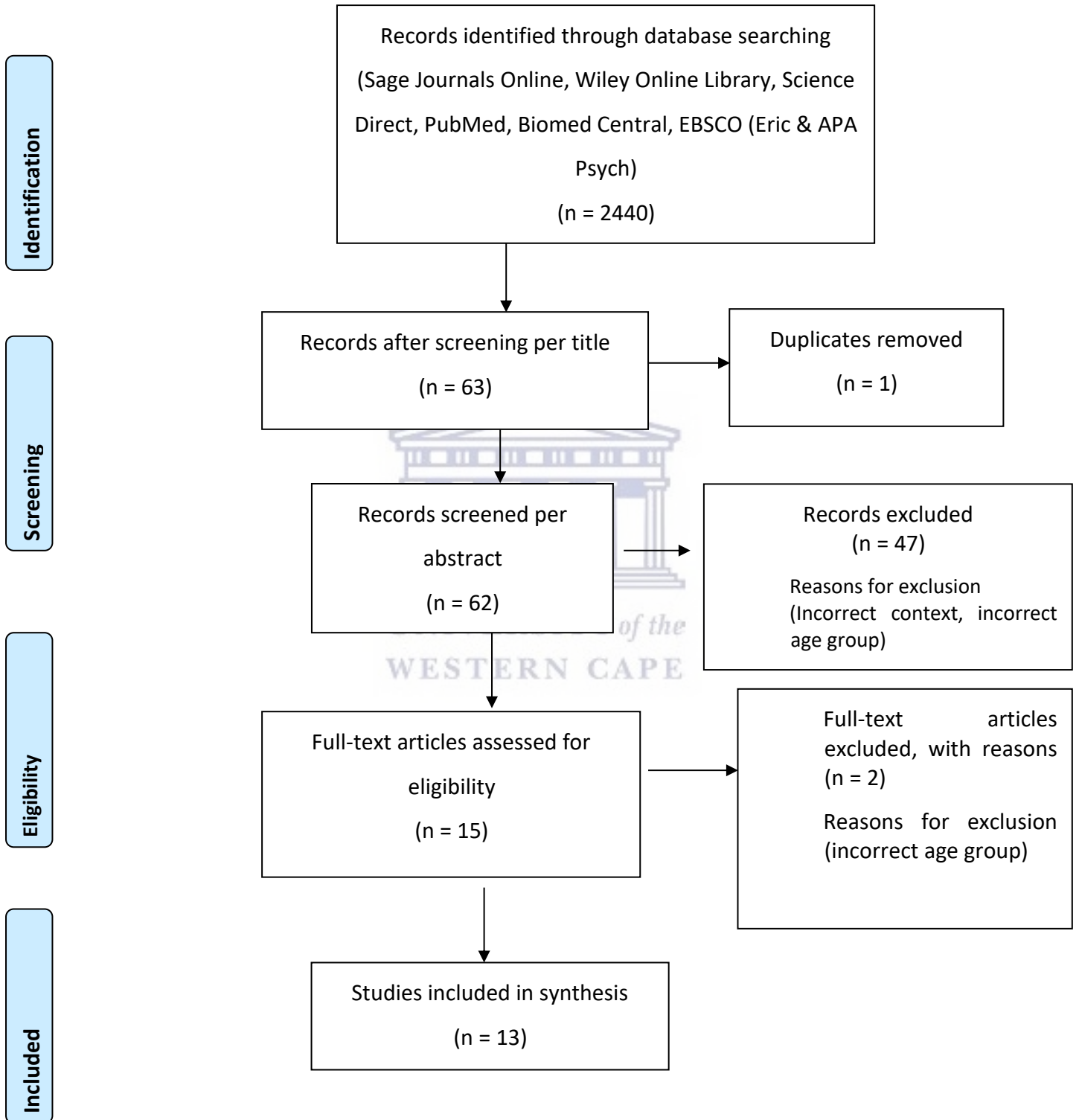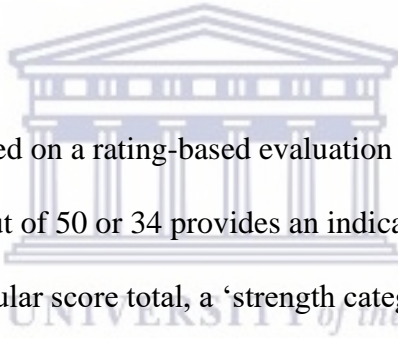

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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Critical Appraisal Tool

Critical appraisal is a vital step in the progression of a systematic review (Munn et al., 2014). Systematic reviews are known as scientific exercises which produce results that can be used for future research and are thus expected to have a high level of methodical rigour and quality (Munn et al., 2014). The explicit and rigorous methods distinguish systematic reviews from traditional reviews of literature (Munn et al, 2014), and therefore require and rely on the use of a critical appraisal checklist (tool) which are tailored to assess the quality of that study design (Munn et al., 2014). Therefore, for the purpose of this review, two critical appraisal tools were adapted to suit the study in order to source the most relevant and highest quality articles for this particular study. The first tool was sourced from Munn et al., (2014) and an adapted version of the Critical Appraisal Skills Programme (CASP) Tool from Laher and Hassem (2020). The tool has been adapted for quantitative, and mixed methods studies as indicated below in the illustrated shortened example (full critical appraisal tool can be found in the appendix A). Full text articles were assessed by means of this tool to evaluate both quantitative and mixed methods studies on various aspects of methodological quality. The first section of both tools was used across all study types and generally provided a summary of the overview of the article in the form of a short description of the study, the year of publication as well as the title, author names and bibliographic details. The first evaluative tool has nine sub-sections which include study purpose and design, sample, ethics, data collection and analysis, instruments used (if applicable), results and conclusion. Each section is comprised of scores. The tool has 50 questions in total, therefore a score out of 50 was calculated and a percentage was given accordingly.

To account for the inclusion of qualitative studies, the qualitative evaluation tool (see appendix B) which was adopted from Long et al., (2002) was utilised to assess the

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uniqueness of qualitative research, looking at the meaning, context, and depth of the research. The tool consists of 34 questions in total which assessed the study based on questions related to the purpose, key findings, phenomena, theoretical framework, setting, sample, outcomes, ethics, data collection, researchers potential bias and implications. These questions sought to evaluate the core content of included studies and to assess the quality of the designs and how they relate to set out aims and objectives. For both tools, if the reviewer was able to answer 'yes' for an item, one point was allocated for the particular study. If the particular item was not relevant or the information could not be found in the study, the reviewer would answer 'no' and a zero would then be allocated for that item. Therefore, the total score out of 50 and 34 respectively, provides an indication of the quality of the paper (Full tool can be seen in Appendix B).

The articles were assessed on a rating-based evaluation scale of a score out of 50 and 34 respectively. A total score out of 50 or 34 provides an indication of the quality of the paper. Depending on the particular score total, a 'strength category' was given to a specific study. Scores were classified according to the following strength categories: Weak (<40%), Moderate (41 – 60%), Strong (61 – 80%) and Excellent (>80%) (Long et al., 2002). The strength categories were used for quantitative, qualitative, and mixed methods studies. Based on the above rating and appraisal tool, only articles that had a rating of <61% (strong category) were considered for this systematic review, and those that achieved a score that fell under 61% and which were categorised within the weak – moderate range, were automatically excluded from the study. For this specific research, a tool was used to assess quality indicators which are specific to the intended study, covering a variety of questions. Table 1 highlights the scores achieved by the articles that were scored by the appraisal tool.

Figure 2

Critical Appraisal Tool excerpt

Bibliographic Details	Author	Title	Source

Description of the study		Year

1. Study Purpose	Yes (1)	No (0)
1. Is there evidence that literature has been consulted in providing context or background?	☐	☐
2. Is there a clear problem statement?	☐	☐
3. Is there a clear rationale provided for the study?	☐	☐
4. Are the aims of the study clearly stated?	☐	☐
5. Are the aims explicitly related to the problem statement?	☐	☐
	☐	☐
Total points for this section	/5	

Table 1

Threshold scores (Critical Appraisal)

Title of study	Author	Threshold score
The lifelong socioeconomic disadvantage of single-mother background - the Helsinki Birth Cohort study 1934-1944.	Mikkonen et al., 2016	66% (Strong)

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Individual and Family Level Correlates of Socio-Emotional Functioning among African American Youth from Single-Mother Homes: A compensatory Resilience Model.	Sterrett-Hong et al., 2020	92% (Excellent)
Non-resident Fathers' and Grandparents' Early Years Support and Middle Childhood Socio-Emotional Adjustment.	Parkes et al., 2021	70% (Strong)
Adverse childhood experiences and behaviour problems among poor Black children: Non-resident father involvement and single mothers' parenting stress.	Ray et al., 2021	72% (Strong)
Adverse childhood experiences and behavioural problems in middle childhood.	Hunt et al., 2016	77% (Strong)
Adverse Childhood experiences and School Readiness Among Preschool-Aged Children.	Jackson et al., 2020	67% (Strong)
Adverse experiences in early childhood and their longitudinal impact on later behavioural problems of children living in poverty.	Choi et al., 2019	78% (Strong)
Maternal adverse childhood experiences, attachment style, and mental health: Pathways of transmission to child behaviour problems.	Cooke et al., 2019	85% (Excellent)
Traumatic and stressful events in early childhood: Can Treatment help those at highest risk?	Ippen et al., 2011	90% (Excellent)
Development Delay and Emotion Dysregulation: Predicting Parent-Child Conflict Across Early to Middle Childhood.	Marquis et al., 2017	88% (Excellent)
From Parent to Child to Parent…: Paths In and Out of Problem Behaviour.	Bradley et al., 2013	73% (Strong)

The Development of Cooperation and Self-Control in Middle Childhood: Associations with Earlier Maternal and Paternal Parenting.	Gulseven et al., 2021	81% (Excellent)
Family Socioeconomic Status and Child Executive Functions: The Roles of Language, Home Environment, and Single Parenthood.	Sarsour et al., 2011	75% (Strong)

3.5. Data Synthesis and Extraction

After the final stage, the extracted data will be synthesised by means of a textual narrative synthesis for further investigation. A textual narrative synthesis relies primarily on the use of words as well as texts to condense and explain certain findings of the synthesis, similar to taking on the approach of "telling a story" of the findings from the included data (Cruzes et al., 2014; Popay et al., 2010). It focusses on four elements and certain tools and techniques in order to manage data, manipulate and synthesise information from various sources (Popay et al., 2006). The four elements present in the narrative synthesis process includes developing a theory of how the intervention works, why and for whom, developing a preliminary synthesis of findings of included studies, exploring relationships in the data, and assessing the robustness of the synthesis (Popay et al., 2006). For the purpose of this review, element two to three were employed. The researchers go on to explain that the first element is to inform decisions regarding review questions and the types of studies being reviewed as well as contributing to the interpretation of the review's findings and assessing how applicable these findings may be. The second element aims to organise findings from the included studies to describe patterns across studies, while the third element focuses on factors which might explain differences in direction and size of effect across included studies. The final element has a purpose of providing an assessment of the strength of the evidence in drawing conclusions across the various included studies (Popay et al., 2006).

Ryan (2013) states that the narrative synthesis includes the investigation of similarities and differences between studies. This can be done by summarising the features for each study, grouping the studies together according to a thematic area and importing the main arching results in tables or graphs to identify patterns and essentially to translate the data using content analysis to draw comparisons between the studies (Ryan, 2013). In order to structure the narrative synthesis in this review, each article was printed, and the main outcomes of the studies were highlighted and manually coded in an individual manner. The researcher was able to categorise the included studies according to the various study characteristics and domains (Adams & Savahl, 2017). This was done by means of grouping the data according to themes, in order to report on differences and similarities between the different studies. Relevant data from the included studies of this review was extracted using an adapted data extraction table (full extraction tool can be found in appendix B). The table included the following key areas:
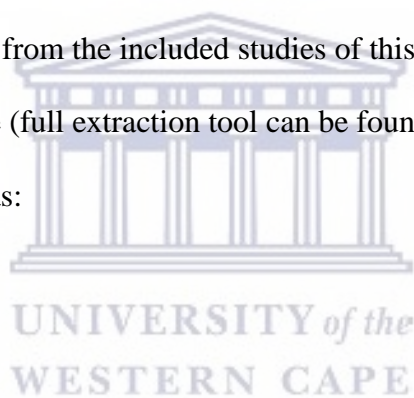
Figure 3

Data extraction tool

Title and Author	*Aims and Objectives*	*Method, Data Analysis & Theory*	*Sample size, age Cohort & Context /Setting*	*Key Findings*

3.7. Ethics

According to Chiringa et al. (2016), ethics can be considered as rules that researchers are obliged to adhere to during their research process. Systematic reviews have a basis of pre-defined suitability criteria and are conducted according to well defined methodological approaches (Moher et al., 2015). This review was not registered with PROSPERO, however, the JBI guidelines assisted in the preparation planning and documentation of the review,

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which promotes consistency, integrity, and transparency (Moher et al., 2015). Therefore, the

PRISMA-P (the Preferred Reporting Items for Systematic reviews and Meta-Analyses)

template as illustrated in Appendix E was employed in order to assist in the quality of the

review report. Ethical approval for this research study was obtained from the Humanities and

Social Sciences Research committee of UWC (Ethics number: HS21/6/3; Appendix F).

However, due to the fact that this study is a systematic review, it required no researcher-

participant interaction, therefore, ethical considerations such as informed consent,

confidentiality, privacy, and anonymity did not apply. Second order ethical considerations

such as accurate execution, non-bias, transparency, accuracy, and plagiarism, which is

pertinent to systematic reviews, was considered and facilitated as stipulated by Wagner and

Wiffen (2011). Two supervisors were available throughout to assist with transparency and

management of potential bias. All text and authors' contributions in the review was

acknowledged through referencing using the APA 7 format.
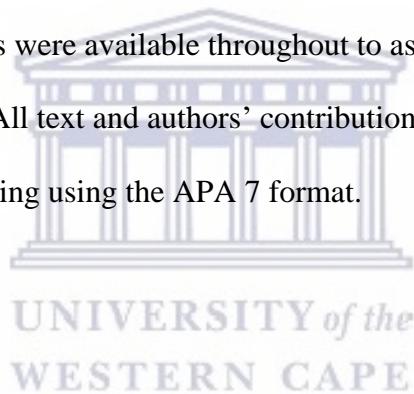
4. Chapter Four: Results

The primary aim of this study was to report on the effects of growing up in single parent, low socioeconomic households on children's resilience. The articles which received an appropriate threshold score, and which were included in the review were categorised into main and sub themes based on the focus of the study. In order to synthesise the findings, a narrative synthesis was utilised to discuss the included studies under the relevant headings. A total of 15 articles were appraised at full text level, where two articles were excluded due to the articles not meeting the inclusion criteria of this review. This chapter therefore expands on information and data extraction from the 13 included articles, which met and were found to score above the required threshold score, thus showing high methodological rigour and were included in the results section of the study. In this chapter, general characteristics of the included articles will be considered, various themes which have been highlighted were discussed, and an explanation of emerging themes were expanded on.

By utilising a narrative synthesis, the studies which were included in this SR were synthesised and discussed in the form of a thematic analysis under the following headings: Context; Aims and Objectives; Method, Data Analysis and Theory; Sample size, Age cohort and Context/Setting; and Key Findings. The excerpt below provides a glimpse into the data extraction process, and the manner in which the data was captured (the full data extraction table can be found in appendix B):

Table 2

Data Extraction example

Title and Author	Aims and Objectives	Method, Data Analysis & Theory	Sample Size, Age Cohort & Context/Setting	Key Findings
Maternal adverse	Examining the cascade from	Mixed Methodology;	1994 mother-child dyads:	Maternal ACEs were associated with

childhood experiences, attachment style, and mental health: Pathways of transmission to child behaviour problems. Cooke., et al (2019).	maternal ACEs to risk for child behavioural problems at five years of age, via mothers' attachment insecurity and mental health.	Longitudinal study; Path analysis.	Child ages 36 – 60 months. Calgary, Alberta, and Canada	children's internalising problems indirectly via maternal attachment avoidance, attachment anxiety and depression symptoms. Direct influences were also observed from maternal ACEs to child externalising problems. Addressing maternal insecure attachment style and depression symptoms as intervention targets for mothers with histories of ACEs may assist with mitigation of intergenerational transmission of risk.
Non-resident Fathers' and Grandparents' Early Years Support and Middle Childhood Socio-Emotional Adjustment. Parkes., et al (2021)	An investigation of how different patterns of non-resident father support for both children and mothers in early years predict middle childhood adjustment. Also, whether grandparents support has compensatory effects.	Mixed Methodology; Birth Cohort study; Latent class analysis.	648 Families Young children (46 – 122 months) (*n*=352). Scotland, UK.	Low, moderate and no father support resulted in higher externalising and internalising problem levels and steeper increases in internalising problems (poorer middle child adjustment). Support from both sets of grandparents offered children protection against the effects of weaker father support.
Adverse childhood experiences and behaviour problems among poor Black children: Non-resident father involvement and	Testing a model linking economic hardship, single mothers' parenting stress, ACE's, and non-resident	Structural equation models with latent variables that incorporate path analysis and confirmatory factor analysis.	800 unmarried black mothers; non-resident fathers and children (ages 1 – 15). Low-income families in the US.	A direct association was found between mothers' economic hardship and parenting stress, and both were directly and indirectly related to children's increased likelihood of exposure to ACE's and development of

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single mothers' parenting stress. Ray., et al (2021)	fathers' involvement in early childhood to behaviour problems.			behaviour problems. Negative father involvement not only affects children behaviour but also mother's psychological well-being.

4.2   General Characteristics of included studies

For most of the included articles, research was conducted in and around the different cities and larger states within the United States of America (USA) (n = 9), which made up about 69% of the 13 articles. One study specified that data was collected in the San Francisco Bay area of the USA and another study used data collected from Calgary, Albert, and Canada simultaneously. One of the studies were conducted in the United Kingdom (UK) and one study indicated that data was collected from 10 geographically separated cities but did not specify these locations. One study was conducted in Finland.

When considering the general study designs used, 11 (85%) of the articles utilised a quantitative research method mostly analysing data by means of Stata Statistical Software and multivariate and multiple regression analysis. The remainder (n = 2) of the articles employed a mixed methodological approach that included utilising home visits, self-report questionnaires as well as neurological assessments, longitudinal and cohort studies. One of the articles included did not mention the specific study design that was used.

Sample size and age cohort in most studies included families, children, and their mothers. Characteristics of sample size and age cohort included between 60 and 2750 families from diverse backgrounds who had school aged children (3 – 9 years old). Nine of the studies focused on children and their mothers, whereas the remaining four included other family members. One study also included children's teachers and the schooling environment.

Of the final articles included in the study, six articles focused on internalising and externalising behaviour as a result of ACE's and growing up in single parent households while nine (69%) of the included articles in this review focused on mothers in particular as the single or sole parent within the household. Furthermore, three (23%) of the included studies explored adversity and school readiness / adaptation and the effects it has on children's experience and performance in school while approximately three (23%) of the studies had a separate focus on advocating for and reporting on the ways that protective and resilience factors can be supported for children who face adversity. An overview of these general characteristics is presented in the following table:

Table 3

General Characteristics of studies

Geographical Location	*Study Design*	*Sample Size & Age*
Nine (69) % of studies conducted in and around large cities of the USA. One study was conducted in the UK.	Eleven (85%) of studies: Quantitative study design.	Nine (69%) of studies focussed on children and mothers specifically
One study specified data being collected in San Francisco	Two (15%) of articles: Mixed Methods study design.	Four (31%) of studies included additional family members. Samples size: Between 60 and 2750 families.

One study specified data being collected in Calgary, Albert, and Canada simultaneously.		Studies utilised school aged children between 3 and 9 years of age. One study also included teachers.

4.3   Themes

Upon a narrative synthesis of the selected articles, by means of a thematic analysis, the themes highlighted below emerged from the final included articles (table 4). A discussion on the themes and sub themes will follow.

Table 4

Themes and subthemes

Articles	*Themes*	*Sub-Themes*
Ray et al., 2021, Hunt et al., 2017, Choi et al.,2019, Bradley & Corwyn, 2013, Sarsour et al, 2011, Cooke et al, 2019.	*Theme 1:* Psychopathology in young children	- Internalising behaviour - Externalising behaviour
Jackson et al, 2020, Hunt et al., 2017, Sarsour et al., 2011.	*Theme 2*: School performance and adaptation	- School readiness - School performance

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Parkes et al., 2021, Ray et al., 2021, Cooke et al., 2019., Ippen et al., 2011, Mikkonen et al., 2016, Sterrett-Hong et al., 2020.	*Theme 3:* Single parenting effects on children	- Mothers as the single parent - Limited Father Involvement

4.3.1 Theme 1: Psychopathology in young children

Pathology in children is often exhibited in the form of behaviours that are internalised or externalised and often affects their ability to develop optimally. Under this theme, six (46%) of the articles focused on psychopathology that could possibly emerge in children due to certain ACEs. Parkes et al. (2021) looked at the ways in which different patterns of interactions of non-resident father support for both children and mothers in early years predict middle childhood adjustment. In their study they also considered grandparent's support and whether this type of care has compensatory effects for children. Studies also looked at linking economic hardship, single mothers' parenting stress, ACE's, and non-resident fathers' involvement in early childhood to behaviour problems (externalising as well as internalising). It was also highlighted in nine (69%) of articles that greater economic hardship had a high association with greater parenting stress, of which both constructs shared a high correlation with greater ACE exposure for children early on in their lives. Economic hardship was thus also found to increase behaviour problems in children. Hunt et al. (2017) aimed to assess the adverse experiences (such as childhood abuse, neglect, parental domestic violence, anxiety/depression, substance abuse or incarceration) and the subsequent behaviour problems that children display. Choi et al. (2019) examined whether exposure to ACEs

before the age of three among poor children would result in behaviour problems (external as well as internal) between the ages of three – 15. Cooke et al. (2019) looked into the cascade from maternal ACEs to risk for child behavioural problems at five years of age, via mothers' attachment insecurity and mental health and Bradley and Corwyn (2013) studied the relationships between parenting, self-control, and externalizing behaviour from early childhood – mid adolescence. Finally, Sarsour et al. (2011) investigated the independent and interactive associations between family socioeconomic status and single parenthood to predict child executive functions of inhibitory control, cognitive flexibility and working memory. It is therefore evident, according to the above results that factors such as a variety of ACEs (economic hardships, absence of fathers, parenting stress, childhood abuse and neglect) contribute to the development of pathology, in the form of internalising and externalising behaviours, in young children. The indirect effects of maternal pathology and insecure attachment was also reported to have an effect on the behavioural outcomes of young children.

4.3.1.1 Internalising behaviour

It was widely found amongst results that exposure to ACE's is strongly associated with internalising behaviours. Parkes et al. (2021) found that low, moderate and no father support resulted in steeper increases in internalising problems (poorer middle child adjustment). It was also evident within this study that support from both sets of grandparents offered children protection against the effects of weaker father support.
The findings concluded by Choi et al. (2019) correspond with the above studies that exposure to multiple ACEs before the age of three was significantly associated with later behaviour outcomes for children. In addition, Cooke et al. (2019) relay that maternal ACEs were associated with children's internalising problems indirectly via maternal attachment

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avoidance, attachment anxiety and depression symptoms. The study also highlights the role that attachment theory plays in providing a useful framework for understanding the complex process of transmission between mother ACEs and child psychopathology (Cooke et al., 2019). In their study, Hunt et al. (2017) also state that early parent child attachment relationships are used by children as a relational prototype for how to interact with others in close relationships, leading to a risk of adult attachment insecurity and mental health difficulties, which supports the study's findings. Additionally, they report that from their findings they found that children of mothers with an education level higher than a High School education, were more likely to show clinical levels of internalising behaviours and outcomes. One can thus conclude from the results that the more ACEs experienced by young children, the more likely they are to develop and exhibit internalising behaviours which hold the potential to hinder emotional and social development. However, it was also proven that aspects such as external support in grandparents can serve as a protective factor for young children who experience absent or weaker father support.

4.3.1.2 Externalising behaviour

Externalising behaviours were found to be more prevalent amongst children who faced adversity and difficult life circumstances. Direct influences were also observed from maternal ACEs to child externalising problems. Four (30%) of the included studies found that aspects such a maternal sensitivity and parental harshness had a significant correlation to young children exhibiting externalising behaviour. They went on to state that maternal sensitivity throughout children's development has been shown to promote adaptive functioning. Bradley and Corwyn (2013) suggests that there is an indication that maternal sensitivity, parental harshness, and productive activity are related to externalising problems

but that relations change through childhood phases and that externalising behaviour influences parenting, more than the reverse from middle childhood and onwards.

The likelihood of an ADHD diagnosis in middle childhood due to ACE exposure was also found within the study. Sarsour et al. (2011) found that single parenting and family SES were found to be interactively associated with children's inhibitory control and cognitive flexibility. Specifically, children from low SES families living with one parent performed less well on executive function tests than those from similar SES circumstances living with two parents. Aspects such as parental responsivity, enrichment activities and family companionship interceded the association between family SES and child inhibitory control and working memory. The findings by Ray et al. (2021) suggests a direct association between mothers' economic hardship and parenting stress, and both were directly and indirectly related to children's increased likelihood of exposure to ACE's and development of behaviour and oppositional problems. They stipulate in their study that consistent father involvement and support result in less externalising behaviour and pathology in children. Similarly, Cooke et al. (2019) concur from their study that a direct effect was observed from maternal ACEs to child externalising problems, particularly via maternal attachment anxiety and maternal depression. 35% of the studies also report on the high correlation between ACE exposure and externalising problems in children. It was found that boys were more likely to demonstrate externalising behaviour after ACE exposure, but that girls were much more likely to demonstrate clinical levels of externalising behaviours. The above results confirm that externalising behaviour in young children is directly increased through the experience of ACEs (as well as maternal ACEs), parental harshness, single parenting, and economic hardships.

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4.3.2 Theme 2: School performance and adaptation

Studies under this theme aimed to examine the associations between preschool-aged children's exposure to ACE's and various domains of school readiness (early learning skills, self-regulation, social-emotional development, physical health, and motor development). Sarsour et al. (2011) examined the relationship between family SES and single parenthood in the prediction of child executive functioning of inhibitory control, cognitive flexibility and working memory. These are all functions which are detrimental for adapting to a schooling environment (Sarsour et al., 2011). Hunt et al. (2017) assessed the effects of adverse experiences on children's behaviour, but also considered how these experiences may lead to an ADHD diagnosis in middle childhood which is also likely to affect the way that children adapt when starting school. 30% of studies agree that toxic stress carries the ability to disrupt brain circuitry, therefore confirming that ACEs have a profound link to adverse scholastic outcomes. Therefore, clear evidence of association was found between family SES, economic hardship, and lowered level of development in child executive functioning that leads to a lack of school readiness, performance, and success.

4.3.2.1 School readiness

The findings within this theme are related to the effects that adversity (low SES and single parent household) may have on children's school readiness and adaptation. Jackson et al. (2020) holds that parenting stress reduced positive parenting practices and an accumulation of ACEs among preschool aged children elevates risk within and across school-readiness domains. It can thus set the stage for disadvantageous educational trajectories in hindering the ability for children to start school in a "healthy" manner. Three (23%) of the studies included in this review report that children exposed to three or more ACEs are more than four times as likely to be on track on only one or none of the school readiness domains

when being compared to children who has had no exposure to ACEs. In the study conducted by Jackson et al. (2020) they report that their findings indicate that older, non-white children who reside in low income, single parent households have a higher tendency to be exposed to a greater number of ACEs. This then increases the rate of needs support / at-risk items within all four domains of school readiness. The results maintain that the more ACEs experienced by children the higher their risk of lowered resilience. Children who experience a single ACE are between 16% to 33% at risk of being less resilient as compared to children who experience three or more ACEs who become between 76% - 100% more at risk to being less resilient. School readiness can thus be regarded as the social, emotional, and cognitive ability of young children to start school in a healthy manner. The above results state that this ability to start and to excel in school is negatively affected when children face ACEs and can also depend on the number of ACEs experienced by young children.

4.3.2.2 School performance

This subtheme is related to the effects of a lowered level of resilience and the effects it has on children's ability to start formal schooling and to succeed. Hunt et al. (2017) notes as part of their findings that children exposed to ACEs had a higher probability to develop an ADHD diagnosis by middle childhood and Sarsour et al. (2011) reported on the statistical relationship between single parenthood and low SES and found that children who grow up in these contexts performed less well on the tests that assessed inhibitory control and cognitive flexibility, aspects which form a big part in the schooling system. Jackson et al. (2020) maintain that ACE exposure has an effect on the risk of staying on track in the various school readiness domains as children progress through school. Furthermore, the previous research conducted by Sarsour et al. (2011) shows that ACEs have downstream impacts on conduct problems which may be intensified to the extent that adverse educational outcomes such as

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school failure, dropout and disengagement results from children being unprepared upon entering school.

Another study reported on the effects of growing up in a single parent low SES home on expressive language ability, working memory, inhibitory control, and cognitive flexibility – all skills which are critical for everyday functioning in the school context. Sarsour et al. (2011) reported from their findings that single parent status affected inhibitory control and cognitive flexibility but not working memory for children. The researchers stated that reasons for this is multivariate and could include aspects such as the family environment (parenting, material resources), larger scale social contexts (social policies), physiological aspects (individual variability in processing and embedding biologically stressful environments via the stress response system). Their findings which looked at children's expressive language ability were found to be inconclusive. It is therefore evident from the results that the effects of adversity and ACEs on young children may hinder various aspects of their lives including their educational outcomes. This may also negatively affect their quality of life in the long term.

4.3.3 Theme 3: Single parenting

The studies under this theme looked at single parenting particularly and how this affects the development of young children's resilience and the family as a whole. One study examined the risk and protective factors at the family (maternal warmth, monitoring, psychological control) and youth (ethnic identity and religiosity) levels as predictors of depressive symptoms, hopelessness, and self-esteem among African American youth from single mother homes (Sterrett-Hong et al., 2020). Parkes et al. (2021) looked at how different patterns of non-resident father support for both children and mothers in early years predict middle childhood adjustment in homes where the mother is the sole parent. This study also considered whether grandparents support has compensatory effects and found a positive

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correlation. The study that Ray et al. (2021) conducted, tested a model linking economic hardship, single mothers' parenting stress, ACE's, and non-resident fathers' involvement in early childhood to behaviour problems. The focus was on children who came from single mother homes. Furthermore, Cooke et al. (2019) looked at generational links and focused on the cascade from maternal ACEs from their childhood to risk for child behavioural problems at five years of age, via mothers' attachment insecurity and mental health. This study considered how a single mothers upbringing could have affected their own parenting and level of resilience. Ippen et al. (2011) considered whether parent-child psychotherapy (CPP) could be useful as a vehicle for child improvement for children who have experienced multiple traumatic and stressful life events. This form of therapy was offered to children and single mothers, who had experienced domestic violence and who no longer have a father figure present within the home. Lastly, Mikkonen et al. (2016) explore whether being born to an unmarried, single mother is associated with socioeconomic position and marital history over the lifespan. This theme will be explored with regard to the following two sub-themes namely mothers as single parent and limited father involvement. From these results, it was found that although single mothers were presented with many challenges, mothers who were present and exhibited warmth and consistent attention resulted in lowered internalising behaviour from children and a greater sense of self-worth. It was also found that children who had the additional support from fathers (even if they were non-resident fathers) and grandparents exhibited less pathology and easier adjustment. Furthermore, the findings support other additional interventions such as support networks and therapy modalities for children and single mothers who experience difficulty, as favourable outcomes were found.

4.3.3.1 Mothers as the single parent

Many studies included in this review focused on children growing up in single mother households. One study emphasised that single mothering, especially in low SES contexts

where mothers have limited access to social and financial support, was associated with high levels of parenting stress and mostly stems from single handed negotiation of heavy parenting responsibilities. In one longitudinal study which recruited a mixed sample of children and their mothers, it was found that children of mothers with a high school or lower level of education had more exposure to each ACE than children of mothers with more education. The researchers also reported that 77,4% of children had been exposed to at least one ACE (parental anxiety or depression, domestic violence exposure, emotional abuse, emotional / physical neglect) and that black children reported the highest prevalence of ACEs. Generally, boys and girls reported similar exposure each of ACE, with boys being more likely to experience physical and emotional abuse. The study by Sterrett-Hong et al. (2020) found that lower levels of perceived maternal psychological control and higher levels of perceived maternal monitoring were associated with lower levels of youth hopelessness and depressive symptoms with higher levels of self-esteem. They furthermore report that maternal monitoring was a way in which mothers communicate their belief in the value of their children, which likely promotes self-esteem and confidence. Parkes et al. (2021) maintained that when single mothers and their children are supported by non-resident fathers, school aged children are likely to display less externalising and internalising problems. This remains true if grandparent support is also shown to single mothers and their children. The data also shows that non-resident father and grandparent support also boosts the mothers' mental health and the family SES. In another article by Ray et al. (2021) a direct association was found between mothers' economic hardship and parenting stress, which was found to be directly and indirectly related to children's increased likelihood of exposure to ACE's and development of behaviour problems. Negative father involvement not only affects children behaviour but also mother's psychological well-being and the less stress single mothers experience, the better they are able to protect their children from adverse experiences. Cooke

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et al. (2019)'s research found that maternal ACEs from childhood were associated with children's internalising problems indirectly via maternal attachment avoidance, attachment anxiety and depression symptoms. Direct influences were also observed from maternal ACEs to child externalising problems. Ippen et al. (2011) state that children and mothers who receive CPP and who had previous trauma from possible violence in the home show great improvements and reductions in PTSD and depression symptoms. Mikkonen et al. (2016) found that when compared to the children of married mothers, children of single, unmarried mothers were found to have lower educational attainment and occupation status. They were also less likely to reach the highest income third in adulthood and more likely to remain single and unmarried themselves. The above associations were also found when adjusted for childhood socioeconomic position. This information relates to children's ability to form and keep relationships throughout their lifespan. From these results it is therefore clear that single mother households often present additional difficulties such as financial and economic hardships which result in high levels of stress and tension for the family. This therefore increases ACEs resulting in higher levels of maladjustment and child pathology. For these families, support and interventions have been shown to have the most positive outcomes in the long term for both mother and children.

4.3.3.2 Limited Father Involvement

Ray et al., (2021) highlight in their study that when there is consistent father involvement in children's lives (especially between the ages of one to five years old) there seems to be less economic hardships, less parenting stress, fewer ACE's, and less behaviour problems. There is also significant evidence that some fathers' involvement with their children is determined by their relationship with the children's mother. In three of the included studies, it was found that moderate, low and no father involvement and support

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resulted in higher pathology in children at the age of 84 months. As previously noted, Parkes et al. (2021) concur that positive interaction between the mother and the father increases positive interaction between fathers and their young children. Three of the included studies expand on the social emotional effects that low father involvement has on young children. Parkes et al. (2021) relay that these include behaviour problems, children's ability to socialise productively and emotional insecurity and difficulties with stress regulation. These findings highlight the importance of emotional support and physical involvement of fathers (resident as well as non-resident) in the development of young children.

This chapter provided an overview of the narrative synthesis conducted on the final thirteen selected articles in this systematic review. Three key themes were identified namely 'Psychopathology in young children' which was divided into two sub themes namely 'internalising behaviour' and 'externalising behaviour'; School performance and adaptation was another main theme which was discussed under the sub-themes of 'school readiness' and 'school performance'; and finally, 'Single parenting effects on children' which was discussed under the sub-themes of 'mothers as the single parent' and 'limited father involvement'. The following chapter will discuss these in more depth in relation to the research question and objectives.

5. Chapter Five: Discussion

This study aimed to systematically review existing research and to synthesise and report on the findings of how young children's resilience who grow up in low SES, single-parent households are affected. The themes from the results that have developed indicate that there is a connection between children's psychopathology, school performance and that family structure (single parenting and limited father involvement) plays an important role in children's resilience. The following chapter will critically discuss these findings in relation to the study's research objectives.

In providing an overall description of the contexts of eligible articles included in the study, the researcher made use of different keyword strings in the previously mentioned databases on the UWC online library platform using a defined search strategy. The initial keyword search yielded 2440 potential articles, of which 13 were included in the review. The included articles were all conducted within the last decade and therefore reflects a body of empirical work done within this area of research. The articles reflect the evidence that states that the more ACEs children are exposed to, the more vulnerable they become in the process of life.

Included articles had a central focus on young children, ACEs experienced in their lives and the effects of these on the mentioned aspects related to resilience, as per the definition provided for resilience in chapter 1. The included review studies were conducted internationally, in and around cities and larger states of the UK and mainly in the US. One study was conducted in the San Francisco Bay area of the USA and another study used data collected from Calgary, Albert, and Canada simultaneously. The lack of African / SA studies holds many disadvantages for this SR, as specific results and intervention strategies for the SA context could not be reported on. This indicates that this topic may be an under

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researched area in the SA context and presents an opportunity for the discipline of psychology to contribute to. In terms of methodological frameworks, most studies utilised a quantitative research method, and some used mixed methods while there were no studies included that utilised a qualitative method.

The following section will highlight and discuss the objectives which were set out for this study and will incorporate an integration of the main themes which were found in the results with supporting literature.

5.1   Factors which reduce young children's resilience

The key findings from this review reveal that there are several factors that reduce young children's resilience. The mental health of young children was found to be particularly affected by ACEs experienced during childhood which result in internalising as well as externalising behaviours. This has been found to impact the social, mental, and physical health of children. As evidenced from the results in this SR, more than half of the studies had a central focus on ACEs in childhood resulting in externalising and internalising behaviours exhibited in children. Additional literature supports these findings and go on further to state that children who living in high levels of risk are more likely than other children to develop behavioural and emotional problems, which is likely to affect their ability to adapt to the progression of life's various cycles, in the context of school performance, relationship formation and management as well as emotion regulation (Carvalho & Spears, 2019; Roman et al., 2016).The results furthermore revealed that mothers tend to be the predominant SP in homes, and although FA has been seen to be a global problem in families, consistent father involvement holds significant benefits for children and families. Although the international results found in this review hold similar evidence to SA literature, the contexts, policy formation and implementation was found to be different due to SA's unique history (Roman

et al., 2016; Zilanawala et al., 2019; Department of Social Development, 2021). The formation and implementation within a unique South African context are discussed below.

While the aim of the review was to explore the resilience of young children from low SES, SP households through a SR, the final articles which received an acceptable threshold score and formed part of the composition of this SR did not include studies from an African or SA context. The absence of this data is significant given that within the SA context, the structure of families is unique in the sense that the nuclear family is not always made up of the traditional father, mother, and child / children setup. As a result of SA's unique socio-political history and diversity of cultures, the family setup has not been a simple concept to explain or understand (Roman et al., 2016). For previously disadvantaged families and children during the apartheid regime, families were often separated from fathers and often mothers too, due to parents having to work in separate towns (Roman et al. 2016), which meant that children were forced to live in SP or 'child-headed' households, where children were forced to care for their younger siblings, nieces, and nephews themselves. The impact of having experienced ACEs resultant from social and economic adversity as reported by Roman et al. (2016) is consistent with the findings from this review. Reports of children externalising behaviour such as violent behaviour, aggression, vandalism, gang fighting, school-related problems, substance abuse as well as internalising behaviours in the form of depression and anxiety, low self-esteem and suicidality have been found to be common amongst children who face various ACEs and adversities (Savahl et al., 2013). This therefore highlights the fact that children's overall well-being, sense of self and opportunities for optimal growth is highly dependent on the quality of the family environment and relationships formed. This poses the need for further research in the area of buffering resilience in the midst of adversity. The two articles presented in this discussion are South African authors whose publications were not included in the review however the conclusions

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drawn in the aforementioned publications, are consistent with the outcome of the findings of the review.

Resilience literature has described risk factors as conditions or circumstances that increases an individual's vulnerability and may have the likelihood of compromising one's health, psychological and emotional well-being, and social performance. (Lipsky & Johnson, 2010). The findings of this review reveal that ACEs experienced in childhood had an effect on the resilience of children and often resulted in a variety of internalising and externalising behaviours. Of the studies included in the results of the review, 55% highlighted the effects of ACEs on children and how these cause short-term and long-term pathology in children in the form of internalising and externalising behaviours. Researchers such as Gartland et al. (2019) and Ellis et al. (2017) concur with these results and reiterate the direct and indirect effects that experiences of social adversity and ACEs have on the social, mental, and physical health of children and are generally manifested in emotional and behavioural problems, mental health disorders and learning difficulties. Behaviour problems in the findings generally speaks to the acts of people who either exert negative impacts on their own quality of life or the quality of life of others (Ara, 2016). Additionally, Ara (2016) and Zilanawala et al. (2019) describe externalising and internalising behaviour problems as two empirically derived dimensional constructs used to operationalise behavioural problems. The literature states that externalising behaviour can be defined as aggressive, delinquent, and disruptive behaviour (fighting, stealing, vandalism, rule breaking behaviours) and internalising behavioural problems are seen as anxious and affective symptoms (like worry, sadness, hopelessness, physical symptoms in the body) (Ara, 2016; Savahl et al., 2013).

Additional literature expands on these findings and report that internalising and externalising behaviours in childhood holds the power to significantly reduce quality of life in the form of academic failures, juvenile delinquency, and poor labour market outcomes as

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well as peer and learning difficulties, school dropout, substance abuse and family violence (Bayer et al., 2012; Zilanawala et al. 2019). These studies demonstrate the extent to which ACEs may affect the pathology of young children, decreasing their ability to build resilience in order lead healthy lifestyles and excel in the various domains. Therefore, this reiterates the need for SA based research and ways to assist children and families to reduce these behaviours. This can possibly assist in extending on the larger scale as well as the immediate sources of support structures available to families and youth in SA.

From the findings in chapter 4, it was highlighted that limited support from key players in children's lives such as fathers, the community, grandparents, and teachers resulted in higher externalising and internalising problems (Gartland et al., 2019). Existing literature confirms the evidence which shows that children do show positive outcomes and are deemed resilient, when they receive additional support from different sources, even when facing various ACEs (Gartland et al., 2019; Cicchetti, 2013; Fenwick-Smith et al., 2018). This holds even more truth for families within the SA context, who are faced with one of the highest rates of unemployment, hunger, and poverty worldwide, causing an enormous amount of stress within these homes (Department of Social Services, 2021). This suggests that internationally, as well as nationally, external support, understanding and resources are considered as a major physical and emotional protective factor for young children and their families.

Limited external support has also been found to make circumstances difficult for single mothers and also affects mothers' mental health and emotional capacity due to their own ACEs experienced as children. As evidenced in chapter 4, Cooke et al. (2019) found that this is especially true if mothers experience ACEs as children and therefore maternal attachment avoidance, attachment anxiety and depression symptoms indirectly influence the development of child internalising and externalising problems. This therefore means that

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mothers' experienced ACEs confer an intergenerational risk to their children's emotional and behavioural outcomes (Cooke et al., 2019). As seen from the results and existing literature, it can be implied that a factor in determining resilience when being raised in a SP household might be if a parent has not been exposed to significant ACEs and when maternal insecure attachment styles can be intervened on before mothers embark on parenthood in order to help mitigate the intergenerational transmission of risk (Cooke et al., 2019; Bradley & Corwyn, 2013; Ellis & Dietz, 2017). These results also speak to the quality of the relationship between the parent and child which lays the blueprint for the child's resilience in future contexts and relationships. If a child's first relationships are at risk, their ability to interact successfully within their world may be in jeopardy (Louw & Louw, 2007). This therefore speaks to parents being offered support, mentoring and possible training in the form of workshop interventions to assist them in preparing to venture into parenthood.

Relating to the above-mentioned point of discussion, according to the White Paper on Families within the SA context, the role of the family has many functions, which include firstly the financial provision of the family members (Department of Social Development, 2021). Secondly is child rearing and socialisation of the next generation and lastly is caregiving – the emotional, mental, spiritual, and physical care for not only children, but also the elderly, ill and those with disabilities (Department of Social Development, 2021). Within SA's unique society, financial and physical provisions usually take precedence above emotional provisions, which may at times negatively affect resilience of young children in the long term. According to the Department of Social Development (2021) this is mainly due to the range of challenges from unemployment to poverty that makes economic provision in the household that much more challenging for SA families. This supports the idea that the level of resilience that children require is directly affected by a lack of emotional provision

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and parenting in SP contexts, as other aspects of life may be more prioritised than the quality of the relationship.

The findings in this SR as reported on in Chapter 4 also highlights a relationship between the number of risk factors/ACEs and academic problems in observed in children (Jackson et al, 2020; Hunt et al., 2017; Sarsour et al., 2011). As reported, children who face ACEs are at risk for a lowered level for resilience and ability when it comes to preparing for entering the schooling system and ultimately succeeding in order to become well integrated individuals who are able to achieve a good quality of life when they become adults. As evidenced in the results section, Jackson et al. (2020) reported in their study that an accumulation of ACEs among preschool children placed them at risk within and across school readiness domains and thus sets the stage for disadvantageous educational trajectories and hinders young children's abilities to start school in a healthy manner. Furthermore, the results also show that children exposed to ACEs have a higher probability of developing an ADHD diagnosis and tend to perform less well on tests that assess inhibitory control and cognitive flexibility (Sarsour et al., 2011). The literature states that US children who are exposed to ACEs have been found to be more vulnerable and more likely to repeat grades in school and lack resilience. The NSCH have found that 70% of the 7.9% of US children between the ages of 2-17 years who have a diagnosis of attention deficit hyperactivity disorder (ADHD) have had some form of exposure to ACEs in childhood. Children from high-risk families have also been found to be more likely than other children to have been suspended, expelled or to have skipped school and they are disproportionality more likely to be much less engaged in school (Bethell et al, 2016; Edelman, 2016). The findings in this review as seen in chapter 4 are therefore also in line with Barajas (2012) who reiterate this result in their study and state that results show children who grow up in SP homes tend to score lower on school readiness, cognitive functioning, and standardised tests, receive lower

GPAs and often fail more years of school when being compared to children from TP homes. Literature shows that this is mainly due to limited parental expectations, a lowered number of accessible books and resources within the home and a lower income (Barajas, 2012). In this context, this indicates that young children's futures may be compromised in terms of education and job opportunities, limiting their ability to provide for their own physical and financial needs as adults as the needs of society as a whole.

Education and school adaptation can also be seen as one of SA's key difficulties, in a post-apartheid society. Historically disadvantaged communities within the SA context, together with parents of children, consistently struggle to implement a universal curriculum due to a lack of resources which results in ineffectiveness at school and at home (Adonis & Hartley, 2019). The authors also report that since 1994-2011, the rate of subject failure and school dropouts has been on a steady increase and that in essence, parents, guardians, and caregivers of children should be working with the governance structures of the schools. However, the reality is that often parents and caregivers of children also have low educational qualifications and have various other needs which supersedes involvement in their children's education (Adonis & Hartley, 2019. Therefore, the cycle tends to repeat itself as the home environment tends to have an effect on the school environment.

Resilience studies have consistently proven that single parenting seems to be a risk factor which has adverse impacts on families and young children. Several million young children live in female-headed, low-income homes which fall below the poverty line (Carvalho & Spears, 2019), as found in 60% of the results in this SR. The studies from the results indicate that many single mothers living in low SES contexts tend to have limited access to support (emotionally, physically, and financially) which cause a significant amount of stress and sole responsibility in caring for children. Additional literature and statistics reiterate this fact and state that approximately one in three children within the US live in

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single mother households (Vespa et al., 2013). In the SA context, many families are headed by SP's who consist of both men and women, but mostly high rates of female-headed households (Department of Social Development, 2021). This is in accordance with a study conducted by Roman et al. (2016) which looked at 358 families across various low socioeconomic communities in the Western Cape and found that almost half of the homes are headed by single mothers (43.3%). They further report and confirm that these mothers find it challenging to provide the essentials for their families and end up experiencing stress in their own mental health and style of parenting (Whittaker et al., 2011). This is exacerbated by the fact that single mothers in Africa face social discrimination as well as economic exclusion in the formal and informal sector due to gender inequality and sexual discrimination (Matsai & Raniga, 2021). However, this also highlights the need for further research within the particular context of SA with regards to the particular needs of these types of family structures. Although there were similar findings in this review of children and families internationally and nationally, a significant difference may be the contexts of the countries and aspects such as laws, policies and available resources. Within SA, policy makers have prioritised this dilemma and incorporated strategies to address the gap. However, this gap remains evident in practice, as the number of single mothers as well as the issues that single mothers face rise each year (Department of Social Development, 2021). In a study conducted by Matsai and Raniga (2021), in the sample of single mothers living in Zimbabwe, they found that although these mothers face many private struggles, they also experience profound difficulty with structural concerns such as a lack of state intervention, social protection legislation and economic exclusion. Often times their ability to earn a stable income in the informal economy is also disjointed and irregular. Therefore, it is evident that although the policy and legislation has been passed on paper, it seems as though insufficient efforts have

been made to implement these changes which leaves mothers in the predicament of not being able to care sufficiently for their children.

The majority of previous research has placed much emphasis on the fact that mothers are found to be the majority of single parents to children worldwide. However, although the numbers are limited at the time of this study, research shows that households being headed by single fathers are also a growing demographic and that consistent father involvement shows distinctive influences on child development (Daryanani et al., 2017). In the review of all the studies which were included, the theme of absent fathers yielded the least studies, but appeared as point of discussion across many of the included articles. Approximately 20% of articles included an exploration around this topic. Within the SA context, The Department of Social Development (2021), report that it is also important to note that in troubled families where regular conflict, neglect or abuse occurs, families should be supported by court orders or state to amicably ensure future limited / supervised contact between children and key players of the family (such as abusive / incarcerated parents), instead of keeping young children away from key players who could have served a positive purpose in their lives.

It should be noted that there are no articles which surfaced from the SA context within this review. This could be due to a combination of the databases which were utilised as well as the mixture of keywords that were used. This contributes to a major limitation within this SR as the researcher was unable to gain a true reflection of the data from the SA context. This therefore means that the researcher could not report on the specific nuances regarding children's resilience and ACEs that are unique to the SA context of families and communities, as the SA economy is built very differently to that of the US and the UK, due to historical events like colonialism, apartheid, and global pandemics as well as contemporary contexts.

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5.2   Factors which promote young children's resilience

According to the findings of this review, it was evident that a range of factors can facilitate and promote young children's resilience. These factors include aspects such as correct implementation of policy reform and legislation, community resources, parent training programmes and interventions, prevention programmes (fathers, mothers, and couples), father involvement, shared conventions (religion, culture, language), partnership between the community and schools, positive parent-child relationship and a positive family and home environment. These factors interact with one another, and some may be seen as larger scale interventions which may make subsequent factors easier and more accessible.

Within the SA context, since the end of apartheid after 1994, policy reform has been made a priority to strengthen families who have been found to be at risk and to focus on addressing resilience as a development agenda for SA. Studies which have been included in this review draw answers from policy makers and legislation to address some of the results found through their research studies. Looking at additional literature, Strydom et al. (2017) emphasise that following the first democratic election in 1994 in SA, various policy changes were made and implemented. However, as we find ourselves almost three decades post the fall of the apartheid regime, there is still a dire need for additional research and policy implementation regarding how resilience can be strengthened in SA's unique communities and contexts. This has been done by means of the development of the White Paper on families by the SA government which has been geared towards strengthening families by means of focusing and reporting on aspects such as parenting, family structure, the status of SA families as well as the family environment (Roman et al., 2016). The Children's Act (Republic of South Africa, Act 38 of 2005) also plays an integral part of the regulation of children's rights and welfare and provides protection for children, emphasising on the

preservation and the strengthening of families (Strydom et al., 2017). The aim of these policies has placed emphasis on prevention and early intervention, providing support to empower families to use community services for their socioeconomic needs. It has however been debatable as to whether these services have made a significant difference to the macro and structural causes of deficits and injustice (Strydom et al, 2017) in SA's society, highlighting the need for further investigation.

Updated research is necessary in order to update the policy so that it can be useful to health professionals in order to assist children and families. Ellis (2017) argues that policy makers should not see at risk families and youth in light of an incomplete "deficit-model", but that policy makers and researchers should rather focus on how at-risk families and individuals adapt to their environments by means of fine tuning their resources and abilities to solve their problems. In this way they are seen in a strength-based approach and the other half of their story can thus be considered and used to build upon in collaboration with intervention from the state.

As evidenced in chapter 4, Choi et al., (2019) state in their study that exposure to multiple ACEs before the age of three was significantly associated with later behaviour outcomes for children. As seen in the findings of this review, studies support government and public policies and programmes for families with children who have experienced adversity. Therefore, children who fall in this category need dedicated services and treatment to assist them in coping with trauma and stressors. Adequate intervention, support and community resources are in need to foster resilience. Parent-training interventions show the most favourable outcomes, especially interventions which directly support the parenting process. These types of trainings work best when parents are given specific instructions in ways to improve family management practices.

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The studies included in the results of this review also show that what matters most is the immediate moment and the connection found between parents and children in the mundaneness of everyday life. In their study, as evidenced in chapter 4, Gulseven et al., (2021) emphasise the importance of sensitive and stimulating maternal and paternal parenting in early childhood particularly in order to nurture cooperation and self-control in that specific period of development. They advocate for prevention and intervention programmes to assist parents in fostering this in their children. Finally, from the results, Sterrett-Hong et al., (2020) reiterate the importance of targeting maternal psychological control, youth ethnic identity and children's self-esteem in prevention and intervention programmes for single mother families. According to the results, Ray et al (2021) states that the strong body of research regarding the struggles of single parenting and the effects that it has on children's resilience should be useful to policymakers and programmes who are aimed at reducing child adversity by mitigating parenting stress and should focus more on aiding unmarried parents in building healthy co-parenting relationships with their young children. In a study conducted within the SA context by Rose et al., (2018), the researchers looked at a parenting programme and how this could possibly improve on levels of parental self-efficacy in SA families and found that the simple and powerful aspect of play within the parent-child relationship seemed to lack significantly due to parents often being overwhelmed by physical and financial demands of parenting. Emotional demands were often found to be secondary (Rose et al., 2018). This mainly points to the fact that necessities such as consistent employment and social protection from the state seems to be missing for parents, which shifts attention away from emotional connection with their children.

As seen from the results, intervention approaches with unmarried parents, early on in their relationship can also be prioritised to ensure healthy and strong relationships. Within SA, the number of teenage and unplanned pregnancies remain three times higher than the

average rate in east Asia and four times higher than the average European rate (Holborn & Eddy, 2011). It is often especially when people become parents suddenly and when unprepared and unplanned that parent self-efficacy is harmed and parents become overwhelmed by responsibility (Rose et al., 2018). Teenage and unplanned pregnancy has become even more prevalent in South Africa and one of the largest growing reasons why many young children grow up in adversity and especially in single parent households. This may be due to the fact that young and unprepared parents are essentially not ready to become parents and/or lack the maturity, resources, and support necessary to enter parenthood,

Consistent father involvement has widely been proven to have significant benefits for children's growth and resilience development. The results in this review report that if there is a consistent amount of father involvement in young children's lives, physical, emotional, and psychological benefits are available to the whole family. It was also proven from the results that when there is positive interaction between young children and their fathers, a lowered number of behavioural problems are exhibited, and children are able to develop a higher sense of resilience by socialising more productively and emotionally regulating themselves more efficiently. They also then have the ability to exhibit a higher sense of self-esteem and hope, through a more integrated sense of self (Ray et al., 2021; Parkes et al., 2021). This is supported by additional research and the findings reported by Keown and Palmer (2013) who concur that paternal involvement contributes unique aspects to the development of children and are associated with fewer behavioural problems and enhanced cognitive development. The researchers also report that an increased level of father involvement for boys particularly lead to less behavioural problems, and for girls it resulted in a lowered level of psychological problems (Keown & Palmer, 2013). This has been found to be in accordance with current literature which concurs that family satisfaction and positive child resilience is influenced by whether or not there is a consistent and nurturing presence of a father in the home (Roman et

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al. 2016 & Holborn & Eddy, 2011). Therefore, the level of involvement from fathers hold the potential to have a variety of positive as well as negative effects on children's resilience and their ability to succeed in life, on an emotional, psychological, and physical level.

As stated in chapter 4, Bradley and Corwyn (2013) also include that the quality of parenting is often affected by children exhibiting externalising behaviours (and vice versa). As seen in additional literature within the SA context, Roman et al. (2016) concur that children's mothers parenting style was found to be a strong factor in predicting children's internal and external behaviour. Therefore, as an intervention strategy, the results from this SR show that it would be useful to include programmes which are aimed at parents during the different developmental stages of their children's lives. During the preschool periods, programmes could assist parents in developing child management techniques. Later on, in childhood, as children may exhibit more disruptive and/or non-compliant behaviour, there may need to be an increased focus on parents themselves, providing attention to ways that they could be supported emotionally as well as practically. Furthermore, as children grow older, parents may require input with regards to re-negotiating the parent child relationship and finding new ways of connecting with their children.

With regards to a lowered sense of resilience when it comes to school readiness and performance, the study's results (Jackson et al., 2020) emphasise on the need for paediatric or clinic visits to serve as a window to screen for ACE exposure and to create a platform for community resources for families who are at risk to promote child wellness and early learning. Additional literature, as highlighted in the findings from Adonis and Hartley (2019) who looked at the schooling in the SA context, found that aspects such as constant communication and partnership between principals, teachers and parents and the community regarding visions, missions and needs was instrumental in effective learning for children. Additionally, resources such as external volunteers to assist educators and learners with

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reading, writing and other tasks proved to be beneficial (Adonis & Hartley, 2019). Finally, the researchers also found that external influences in the form of partnerships and collaborations with stakeholders and the education department also played a significant role in educational transformation (Adonis & Hartley, 2019). Therefore, constant collaboration between important stakeholders such as schools and medical professionals and parents already serve as an important protective factor to foster learning for children.

In the study by Theron et al. (2011), as presented in the findings of this SR, it was found that besides programmes and initiatives, another effective protective factor for children's resilience is that of a sense of belonging in the form of culture and religion. Additional literature also confirms that more specifically, aspects such as relatedness, a culture of sharing, religious affiliation and mother tongue all seem to serve as a buffer for resilience for youth (Theron et al. 2011). This may hold particular truth for families and youth in SA owing to the rich history and diversity of culture, tradition, religion, and language. From the White Paper on Families, The Department of Social Services (2021) report that a key player in assisting SA families enhance and support the functions and responsibilities in this context is the family policy which can provide consistent support with regards to access to primary resources such as goods, services, and community interventions. Further to this, the family itself also plays an integral role in the promotion of societal outcomes in the form of promoting the well-being of individuals by promoting emotional support and encouragement (The Department of Social Services, 2021). These results and additional literature emphasise that it is not only support and care, but rather the cohesion and the connection of the family which fosters resilience in children.

Essentially, as confirmed in chapter 4 and the study by Gartland et al. (2019), amongst other factors, family, and social support in the form of loving and caring caregiver relationships, positive family environment and effective parenting remains one of the most

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integral aspects of young children's lives which is associated with favourable resilient outcomes. Parental involvement, or the 'at home' relationship has also been identified as one of the most significant factors that is responsible for resilient aspects such as academic success and positive behaviour as it builds self-esteem and higher educational outcomes (Carvalho & Spears, 2019). However, as seen from the results and concurred by the literature, due to policy makers and regulatory systems in SA not being implemented consistently, parents tend to be overcome by financial strain and may not have the capacity to create, sustain and model a positive family life at home, which forms part of one of the main drivers behind resilience in young children.

5.3 Limitations of the study

Although every effort was made to reduce potential bias and limitations and to ensure methodological rigour of this SR, the findings must be considered in light of various limitations. SRs are dependent on the methodological quality of the primary studies which were included in the review, therefore, limitations in the method, design and sample size of these studies could affect the practical conclusion of this review. Only eight databases were utilised in this review (Sage Journals Online, Wiley Online Library, Science Direct, PubMed, BioMed Central, EBSCO – APA Psych articles and ERIC). Retrieving a wider rage and variety of articles from additional databases may have been more beneficial towards the review. Additionally, in the process of conducting the SR, the final included studies focused on children internationally, mostly US based, therefore no national or African data and results formed part of the findings. This serves as a major limitation as the motivation for this review is to recognise gaps in our societies research, practice and policy making regarding this topic. However, what we can take from this is motivation and creative ideas which could be used as part of a guide for future research in Africa. Another major limitation is the lack of qualitative studies which were found. Therefore, no qualitative data was included in the final

number of articles which meant that many lived, in depth experiences of children and families may have been missed out on, which could have provided rich data for this SR and for future research and practice. Additionally, it is also possible that the choice of key words could have contributed to valuable studies not being included in this review. Future studies could focus on conducting qualitative research with regards to children's resilience in order to enrich and inform interventions geared at facilitating resilience. Finally, only English language and peer reviewed studies were considered to be included in this review, therefore, other literature and publications which did not fall under this scope which could have contributed valuable results and information may have been missed.

5.4   Conclusion

This systematic review aimed to synthesise large bodies of relevant research that looked at young children's resilience and how this is affected by single parenting and high ACEs present within the home context and environment. The researcher sought to report on the aspects within this context that reduces and promotes resilience. A limited body of research was found with regards to young children's resilience, therefore, this study attempted to synthesise the information that is available and to report on factors which serves as protective factors to boost resilience. While many studies had different focus areas regarding children's resilience, this SR focused on reporting on the effects that single parenting in low SES communities / home environments had on children. It was found that ACEs experienced in childhood (such as growing in single parent households, in a low SES home context) resulted in a lowered sense of resilience which often resulted in the development of psychopathology in the form of either internalising or externalising behaviours or both. Children's overall ability to start and persevere through school has also been found to be affected when ACEs are endured through childhood. Furthermore, from the included articles it was found and confirmed through literature that mothers make up most of

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the percentage of parents who head households and that limited or absent father involvement hold negative effects for young children's growth as well as overall family functioning. Inclusiveness of the family members have been proven time and again to hold the most benefits for children's development of adaptation and resilience and can be uniquely adapted to fit the circumstances of various contexts. Finally, literature proves that although young children are negatively affected by ACEs, interventions are available to them, they are still able to rise above adversity and succeed in life on an emotional, psychological, academic, and physical level. This is especially true for families within the SA context, as policies, social protection and state legislation have been developed for children and families who are at risk. However, it may be the consistent implementation of services which may be missing. It is therefore hoped that this study has served its purpose and contributed to future research and ideas for mental health practitioners and social workers as well as others in practice when working with vulnerable youth and their mothers, fathers, and families.

5.5   Recommendations for future research

The findings in this SR reveals various gaps within the literature. Firstly, although this review reported on the effects of various ACEs on children's resilience, resilience studies on young children seem to be limited, therefore future research could place more emphasis on young children (birth to 12 years old) and how their development of resilience may be affected by various ACEs. As no qualitative studies formed part of the final included articles and the results which were reported on, this may point to a major gap in the literature pertaining to the lived experiences of children and their families with regards to the effects of these adverse circumstances on young children's resilience and the mentioned aspects related to the term resilience. Many studies focussed on mothers as the single parent of children and not many on fathers. Research shows that households being headed by single fathers are also a growing demographic and that consistent father involvement shows distinctive influences

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on child development (Daryanani et al., 2017). Therefore, studies with a focus on fathers could afford parenting practices and future intervention strategies with important information that could be utilised. It also indicates that more research is necessary with regards to single fathers heading households and the impact that this may have on children's resilience, whether it be negative or positive. Additionally, a major recommendation would be to address the lack of contextual research within South Africa and the larger Africa pertaining to young children's resilience and how this could possibly be addressed and built upon in SA's unique society. Family setups and resilience in SA is often accompanied by unique definitions and parameters, which cannot always be understood and built on by results from international studies. SA's nuclear families are made up of different family members majority of the time and community support and policy makers are often at the centre of the source of help for many SA families. Therefore, findings through research to strengthen community and family resilience can thus have positive effects on family resilience and children resilience and vice versa. Additionally, although the literature speaks about various models of resilience in different contexts, it may be useful to investigate a systems theoretical model particularly within the SA context, within low-income communities. It may be beneficial to understand children's resilience from this framework in order to inform practice for social services and health practitioners. With SA's already developed policies, social protection and state legislation for children and families who are at risk, these gaps could possibly be mitigated through aiming mental health services towards families and communities and to implement parenting and child rearing programmes and trainings. This can also be implemented more regularly to expecting couples and individuals. Additionally, the state can also consider assisting SP households, particularly mothers, with social protection and regulation who work in the informal economy. This may ensure a more consistent and steady income for families who are at risk.

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Appendices

Appendix A
Critical Appraisal Tool

Bibliographic Details	Author	Title	Source

Description of study		Year

1. Study Purpose	Yes (1)	No (0)
1. Is there evidence that literature has been consulted in providing context or background?	☐	☐
2. Is there a clear problem statement?	☐ ☐	☐ ☐
3. Is there a clear rationale provided for the study?	☐ ☐	☐ ☐
4. Are the aims of the study clearly stated?	☐	☐
5. Are the aims explicitly related to the problem statement?		
Total points for this section	/5	
2. Study Design / Theoretical Perspective	Yes (1)	No (0)

6. Was the study design stated?	☐	☐
7. Was the study design appropriate for the aims of the research?	☐	☐
8. Was a theoretical perspective identified?	☐	☐
9. What is the relationship of the study to the area of the topic reviewed?	☐	☐
a. Minimal to no relevance (1) ☐		
b. Moderate – High relevance (2) ☐		
Total points for this section	/6	

3. Sample	Yes (1)	No (0)
10. Was the source population clearly identified?	☐	☐
11. Was the process of purposeful selection described?	☐	☐
12. Was the sample appropriate to the aims of the study?	☐	☐
13. Did the author(s) state the key characteristics of the sample (events, persons, times, and settings)?	☐	☐
Total points for this section	/4	

4. Ethics	Yes (1)	No (0)

	Yes	No
14. Was ethics approval obtained from an identifiable committee?	☐	☐
15. Did the authors report on obtaining access from principals, school governing bodies and education departments?	☐	☐
16. Was informed consent obtained from the participants of the study?	☐	☐
17. Have the following ethical issues been reported on:		
18. Confidentiality?	☐	☐
19. Anonymity?	☐	☐
	☐	☐
20. Withdrawal	☐	☐
21. informed consent?		
22. Additional ethical considerations	☐	☐
Total points for this section	/8	

	Yes (1)	No (0)
5. Data Collection		
23. Was the description of the data analysis adequate (participants and setting)?	☐	☐
24. Was the method of analysis clear and motivated?	☐	☐
25. Was the method of analysis appropriate and relative to the research question?	☐	☐
26. Is adequate evidence provided to support analysis?	☐	☐
Total points for this section	/4	

	Yes	No

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6. Data Analysis	(1)	(0)
27. Were data analysis inductive?	☐	☐
28. Were the findings consistent with and reflective of the data?	☐	☐
29. Was the process of analysis described adequately?	☐	☐
30. Did a meaningful picture of the phenomenon under the study emerge?	☐	☐
Total points for this section	/4	

7. Instruments	Yes (1)	No (0)
31. Were instruments clearly identified with full references?	☐	☐
32. Were specific outcomes identified?	☐	☐
33. Were instruments appropriate for the outcomes identified?	☐	☐
34. Which of the following psychometric properties were reported on?	☐	☐
35. Did they report on the psychometric properties?	☐	☐
36. Did they report on psychometric properties of the scale for this sample?	☐	☐
37. Did the authors report on the type of data produced by the instruments?	☐	☐
38. Did the instruments produce data that supported the proposed analysis?	☐	☐
Total points for this section	/7	

8. Results	Yes (1)	No (0)
39. Were results correctly interpreted?	☐	☐
40. Were results clearly linked to the research question?	☐	☐
41.Were the results represented in an appropriate format?	☐	☐
42.Was the clinical importance of results indicated?	☐	☐
Total points for this section	/4	
	Yes	No

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9. Conclusion	(1)	(0)
43. Was a clear conclusion drawn?	☐	☐
44. Was the conclusion supported by the findings?	☐	☐
45. Were relevant recommendations made based on the findings?	☐	☐
46. Was the contribution of the study towards existing research discussed?	☐	☐
47. Are new areas identified where research is necessary?	☐	☐
48. Are there other ways considered in which the research can be used?	☐	☐
49. Were limitations identified?	☐	☐
Total points for this section	/ 7	

	Score	Score (%)
Total score/Score (%):		
Weak ☐ **(<40%)** ☐ **Moderate (41-60%)** ☐ **Strong (61-80%)** ☐ **Excellent (>80)** **(Studies will be excluded from the systematic review if the quality of evidence was rated as weak (<61%).**		

Overall Appraisal:　　　**Include** ☐　**Exclude** ☐　**Seek** ☐ **further info**

	Study	
1) Study overview	**YES (1)**	**NO (1)**
Purpose		
1. Is there evidence that literature has been consulted in providing context or background?		
2. Is a clear problem statement?		
3. Is a clear rationale provided for the study?		
4. Are the aims of the study clearly stated?		
5. Are the aims explicitly related to the problem statement?		
Key Findings		
6. Are the key findings of the study clearly stated?		
(2) Study, setting, sample and ethics		
7. Is the design of the study stated?		
8 Was the study relevant to the area of the topic review?		
9. Is the theoretical orientation of the study reported and described?		
10. Was the theoretical orientation described in detail		
Setting		
11. Did the authors report on the geographical and setting where the study was carried out?		
Sample		
12. Was the source population stated?		
13. Is the inclusion criteria stated?		
14. Is the exclusion criteria stated?		
15. Was the sampling choice motivated?		
16. Was the sampling frame identified?		
17. Was the sampling method appropriate?		
18. Is the achieved sample size sufficient for the study aims and to warrant the conclusions drawn?		
19. Is information provided on the follow up of loss participants?		
20. Is the sample appropriate to the aims of the study?		
21. Was the key sample characteristics, in relation to the topic area being reviewed stated?		
(3) Ethics		

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22. Was Ethical Committee approval obtained?		
23. Was informed consent obtained from participants of the study?		
24. Have ethical issues been adequately addressed?		

(4) Group comparability and outcome measurement

25. Were the confounding variables controlled (e.g. matching, randomization, in the analysis stage)?		
26. Was this control adequate to justify the author's conclusions?		
27. Were there other important confounding variables controlled for in the study design or analyses?		
28. Did the authors take these into account in their interpretation of the findings?		

Outcome Measurement

29. Were the outcome measures stated?		
30. Are the measures appropriate, given the outcome criteria?		
31. Are the measures well validated?		
32. Is there a sufficient breath of perspective?		

Implications

33. Are the study findings generalisable? (For example, is the setting typical or representative of care settings and in what respects?)		
34. Was population where the study's findings are generalisable stated?		
35. Is the conclusion justified given the conduct of the study (For example, sampling procedure; measures of outcome used and results achieved?)		
Total score/Score (%):		

Weak <40%) ☐   Moderate (41-60%)   ☐
Strong (61-80%) ☐   Excellent (>80) ☐

(Studies will be excluded from the systematic review if the quality of evidence was rated as weak (<61%).

Overall Appraisal: Include ☐   Exclude ☐   Seek   ☐ further info

Appendix C
Data Extraction Table

Title and Author	Aims and Objectives	Method, Data Analysis, Theory	Sample size, Age Cohort & Context	Key Findings

Title and Author	Aims and Objectives	Method, Data Analysis, Theory	Sample size, Age Cohort & Context	Key Findings
Individual and Family Level Correlates of Socio-Emotional Functioning among African American Youth from Single-Mother Homes: A compensatory Resilience Model. Sterrett-Hong et al., (2020)	This study examined risk and protective factors at the family (maternal warmth, monitoring, psychological control) and youth (ethnic identity and religiosity) levels as predictors of depressive symptoms, hopelessness, and self-esteem among African American youth from single mother homes.	Mixed Methods Study Compensatory Resilience Framework, SPSS v.25, Multivariate Multiple Regression.	N =193 Youth: 13.39 average age, Mothers: 39.04 average age.	Lower levels of perceived maternal psychological control and higher levels of perceived maternal monitoring were associated with lower levels of youth hopelessness and depressive symptoms with higher self-esteem.
Non-resident Fathers' and Grandparents' Early Years Support and Middle Childhood Socio-Emotional Adjustment. Parkes., et al (2021)	An investigation of how different patterns of non-resident father support for both children and mothers in early years predict middle childhood adjustment. Also, whether grandparents support has compensatory effects.	Latent class analysis.	Young children (46 – 122 months) (n=352). Scotland, UK.	Low, moderate and no father support resulted in higher externalising and internalising problem levels and steeper increases in internalising problems (poorer middle child adjustment). Support from both sets of grandparents offered children protection against the effects of weaker father support.

Adverse childhood experiences and behaviour problems among poor Black children: Non-resident father involvement and single mothers' parenting stress. Ray., et al (2021)	Testing a model linking economic hardship, single mothers' parenting stress, ACE's, and non-resident fathers' involvement in early childhood to behaviour problems.	Structural equation models with latent variables that incorporate path analysis and confirmatory factor analysis.	800 unmarried black mothers; non-resident fathers and children (ages 1 – 15). Low income families in the US.	A direct association was found between mothers' economic hardship and parenting stress, and both were directly and indirectly related to children's increased likelihood of exposure to ACE's and development of behaviour problems. Negative father involvement not only affects children behaviour but also mother's psychological well-being.
Adverse childhood experiences and behavioural problems in middle childhood. Hunt,. et al (2017)	Assessing the adverse experiences (such as childhood abuse, neglect, parental domestic violence, anxiety/depression, substance abuse or incarceration) and subsequent behaviour problems of children.	Longitudinal National Urban Birth Cohort; $n = 4998$ children. Bivariate Analyses; Regression Analysis.	Young – middle childhood between the ages of 1 – 9 years old.	Exposure to ACE's is strongly associated with externalising behaviours and likelihood of ADHD diagnosis in middle childhood.
Adverse Childhood experiences and School Readiness Among Preschool-Aged Children. Jackson., et al (2020).	To examine the associations between preschool-aged children's exposure to ACE's and various domains of school readiness (early learning skills, self-regulation, social-emotional development, physical health and motor development).	Cohort study (US) - National Survey of Children's Health; Negative binomial regression	Preschool aged children: 3 – 5 years old.	Parenting stress reduced positive parenting practices and an accumulation of ACEs among preschool aged children elevates risk within and across school-readiness domains.
Adverse experiences in early childhood and their longitudinal impact on later	Examining whether exposure to ACEs before the age of three among poor children would longitudinally	Longitudinal study; Social Ecological perspective; Logistic	N=2750 children and their parents living in urban poverty from the Fragile	Exposure to multiple ACEs before the age of three was significantly associated with later behaviour outcomes for children.

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behavioral problems of children living in poverty. Choi., et al (2019)	result in behaviour problems between the ages of three – 15.	regression model.	Families and Child Wellbeing study.	
Maternal adverse childhood experiences, attachment style, and mental health: Pathways of transmission to child behavior problems. Cooke., et al (2019).	Examining the cascade from maternal ACEs to risk for child behavioural problems at five years of age, via mothers' attachment insecurity and mental health.	Longitudinal study; Path analysis.	1994 mother-child dyads: Child ages 36 – 60 months. Calgary, Alberta, and Canada	Maternal ACEs were associated with children's internalizing problems indirectly via maternal attachment avoidance, attachment anxiety and depression symptoms. Direct influences were also observed from maternal ACEs to child externalizing problems. Addressing maternal insecure attachment style and depression symptoms as intervention targets for mothers with histories of ACEs may assist with mitigation of intergenerational transmission of risk.
Traumatic and stressful events in early childhood: Can Treatment help those at highest risk? Ippen., et al (2011).	Examining whether parent-child psychotherapy (CPP) could be useful as a vehicle for child improvement for children who have experienced multiple traumatic and stressful life events.	Reanalysis of data from a randomized controlled trial.	75 preschool aged children and their mothers. USA Mothers and children who had been previously exposed to violence.	Children who received CPP showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of occurring diagnosis and behvaiour problems. Mothers also showed greater reduction in symptoms of PTSD and depression.
From Parent to Child to Parent…: Paths In and Out of Problem Behavior. Bradley & Corwyn (2013).	Examining relationships between parenting, self-control and externalizing behaviour from early childhood – mid adolescence.	Path analysis	NICHD Study of Early Child Care and Youth Development; 1364 Families; Children – Gr 5 – 10.	There is an indication that maternal sensitivity, parental harshness, and productive activity are related to externalizing problems but that relations change through childhood phases and that externalising behaviour influences parenting, more

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				than the reverse from middle childhood and onwards.
The Development of Cooperation and Self-Control in Middle Childhood: Associations with Earlier Maternal and Paternal Parenting. Gulseven et al., (2021).	Examining the growth of cooperation and self-control and the relations between them in middle childhood (Gr.3-6) as well as the extent to which mothers' and fathers' parenting during early childhood (54mnths – Gr1) was associated with children's cooperation and self-control.		$N=705$ children and their mothers, fathers, and teachers.	Maternal and paternal sensitive and stimulating parenting in early childhood was positively associated with children's cooperation and self-control in middle childhood.
Development Delay and Emotion Dysregulation: Predicting Parent-Child Conflict Across Early to Middle Childhood. Marquis et al., (2017).	Investigating two risk factors – youth development delay (DD) and emotion dysregulation as predictors of change in parent-child interactions, from early to middle childhood.	Longitudinal study; Naturalistic home observations.	$N=211$ (children ages 3 to 7 years old).	It was found that parent-child conflict increased only for families of children with both developmental delay and high dysregulation.
Family Socioeconomic Status and Child Executive Functions: The Roles of Language, Home Environment, and Single Parenthood. Sarsour et al., (2011).	Examining the independent and interactive associations between family socioeconomic status and single parenthood to predict child executive functions of inhibitory control, cognitive flexibility and working memory.	Home observations; Neuropsychol ogical evaluations.	Sixty families; school aged target children (average 9,9 years).	Single parent and family SES were found to be interactively associated with children's inhibitory control and cognitive flexibility. Specifically, children from low SES families living with one parent performed less well on executive function tests than those from similar SES circumstances living with two parents. Aspects such as parental responsivity, enrichment activities and family companionship interceded the association

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				between family SES and child inhibitory control and working memory.
The lifelong socioeconomic disadvantage of single-mother background - the Helsinki Birth Cohort study 1934-1944. Mikkonen et al., (2016)	This study looked at whether being born to an unmarried, single mother is associated with socioeconomic position and marital history over the lifespan.	Birth cohort study; Independent sample t-test	Birth cohort study Finland Low SES mothers and children	When compared to the children of married mothers, children of single, unmarried mothers were found to have lower educational attainment and occupation status. They were also less likely to reach the highest income third in adulthood and more likely to remain single and unmarried themselves. The above associations were also found when adjusted for childhood socioeconomic position.

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Appendix D

Keyword Search Strings and results

Database Searches Data				
Sage Journals Online (SJO)				
Keywords	Results Title search	Abstract review	Full text review	Researcher
Early and middle childhood OR young children AND resilience AND single parent household AND low socio-economic status	453	5	1	Courtney Stone
Wiley Online Library (WOL)				
Keywords	Results Title search	Abstract review	Full text review	Researcher
Young children AND resilience AND single headed household AND low socio-economic status AND early childhood development	866	8	2	Courtney Stone
Science Direct				
Keywords	Results Title search	Abstract Search	Full text review	Researcher
Early and middle childhood AND primary caregivers OR single parenting AND resilience AND early childhood development AND adverse childhood experiences OR low socio-economic status	301	32	6	Courtney Stone Checked by supervisors

PubMed				
Keywords	Results Title search	Abstract review	Full text review	Researcher
Young children AND resilience AND single parenting OR single headed households AND low socio-economic status	85	3	2	Courtney Stone

BioMed Central				
Keywords	Results Title Search	Abstract review	Full text review	Researcher
Young children OR early and middle childhood AND resilience AND single parenting OR single headed household AND low socio-economic status	434	1	1	Courtney Stone

EBSCO (APA Psych Articles and ERIC)				
Keywords	Results Title search	Abstract review	Full text review	Researcher
Single parenting AND resilience AND adverse childhood experiences AND young children OR early and middle childhood AND low socio-economic status	301	14	3	Courtney Stone
Total	*2440*	*63*	*15*	

Appendix E

Prisma-P Checklist

PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist: recommended items to address in a systematic review protocol*

Section and topic	Item No	Checklist item
ADMINISTRATIVE INFORMATION		
Title:		
Identification	1a	Identify the report as a protocol of a systematic review
Update	1b	If the protocol is for an update of a previous systematic review, identify as such
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number
Authors:		
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments
Support:		
Sources	5a	Indicate sources of financial or other support for the review
Sponsor	5b	Provide name for the review funder and/or sponsor
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol
INTRODUCTION		
Rationale	6	Describe the rationale for the review in the context of what is already known
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (CHIP)
METHODS		

Eligibility criteria	8	Specify the study characteristics (such as CHIP, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated
Study records:		
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators
Data items	12	List and define all variables for which data will be sought (such as CHIP items, funding sources), any pre-planned data assumptions and simplifications
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)

* It is strongly recommended that this checklist be read in conjunction with the PRISMA-P Explanation and Elaboration (cite when available) for important clarification on the items. Amendments to a review protocol should be tracked and dated. The copyright for PRISMA-P (including checklist) is held by the PRISMA-P Group and is distributed under a Creative Commons Attribution Licence 4.0.

From: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.

Appendix F

Ethics clearance

UNIVERSITY *of the* **WESTERN CAPE**

60 YEARS *of hope, action & knowledge*

22 September 2021

Mrs C Stone
Psychology
Faculty of Community and Health Sciences

HSSREC Reference Number:	HS21/6/3
Project Title:	Exploring children's resilience growing up in low socio-economic, single-parent households: A systematic review
Approval Period:	21 July 2021 – 21 July 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

NHREC Registration Number: HSSREC-130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.