MARITIME CENTRE of EXCELLENCE for WOMEN'S HEALTH

*Promoting social change through policy-based research in women's health*

# Single Mothers: Surviving Below the Poverty Line

## Assessing the Impact of Social Policy Reform on Women's Health (Prince Edward Island)

**Sponsored by**

**The Prince Edward Island Advisory Council on the Status of Women**

**Researched and Written by**

**Cooper Institute**

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IWK Health Centre

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## Executive Summary

*Our social programs are about hope, security, and sharing. They have, above all, been about the pursuit of equality.*[1]

*Poverty is hunger, loneliness, nowhere to go when the day is over, deprivation, discrimination, abuse...*[2]

The project, *Assessing the Impact of Social Policy Reform on Women's Health*, aims to assess how the health of impoverished women, single mothers, is affected by social policy changes. The women who participated are all on social assistance in the Queen's Region of Prince Edward Island. The study was done according to participatory action research and feminist research methodology.

The study confirms that social well-being and economic security are major determinants of the health of mothers on social assistance. The vast majority (83%) of the women studied are either in poor health or have some significant health problems. Most of these health problems are directly related to the deprivation and stress which arise from having to depend on an inadequate social system. Women single mothers define their health and well-being in terms of their children's welfare. Social programs, which do not provide adequately for children, create untold hardship for their mothers. Sole-parent women adopt for themselves many unhealthful practices and stressful compromises in order to provide better for their children. These are women at risk.

All cutbacks in programs and their delivery, any decrease in social assistance cheques, even minor rearrangements of payment schedules cause hardships and uncertainty for women whose lives are already precarious. Mothers are trying to feed, clothe, and house their children while receiving income at approximately 30% below the poverty line. Added to this is the anxiety of providing their children with enough ordinary "extras" so that their peers will not treat them as unusual.

Single mothers indicate that their greatest stress comes from health and social services policies around transportation, shelter and the restrictive definition of "special needs". The cost to parents of school programs, increased because of cutbacks to education, is a special burden to mothers on social assistance. Lack of access to legal aid requires that a woman who wants a divorce must find the money on her own for a lawyer or remain tied into an unsatisfactory marriage relationship. The money for these areas comes out of the fixed monthly cheque designed to cover food, clothing, shelter and personal expenses. The majority of the women sense that when any extra demands are made on their income, it is their food budget which suffers.

The women identify a number of programs which improve their life and enhance their health. The most significant are childcare and kindergarten. Most of the women appreciate the drug program. All are appreciative of having access to the universal medical services.

Mothers on social assistance almost unanimously reserve their strongest language to describe their outrage for the Prince Edward Island government's *claw back* of the national child tax benefit. They understand that this act of the government does not leave them much worse off financially than before the federal government provided the benefit. They insist, however, that this act of their own government is an unexpected demoralizing, personal affront.

On the other hand, the women praise this same government for returning to them the GST rebate which the previous provincial government had deducted from the social assistance cheques.

In this study, single mothers are frustrated and humiliated by a system which they feel dehumanizes them by giving them little control over their own lives and little opportunity to make choices for themselves and their children.

The point is often made that the fulfilment of basic needs must be recognized as a right, rather than a privilege. The women identify the unyielding stance of governments, and the negative attitudes of the community as major contributors to their situation of continued impoverishment and social isolation.

Many women cannot imagine themselves escaping from social assistance. Those who are participating in programs for job placement appreciate the opportunity to get employment. Unfortunately, many doubt that they can earn enough to justify the expenditure of energy and the reduction of parenting time. Others feel that they do not have sufficient opportunities for education or job preparation.

On the one hand, women say that being on social assistance contributes to their lack of self-esteem and sense of control over their lives. On the other hand, many of the women speak with pride about their capacity to organize their household and to create a relatively secure home for their children with very limited resources.

## Recommendations

The researchers and Working Group for the project, *Assessing the Impact of Social Policy Reform on Women's Health*, make the following recommendations to: single mothers on social assistance; the Maritime Centre of Excellence for Women's Health; the PEI Department of Health and Social Services; and the PEI Government:

**R1.0 That single mothers on social assistance**

R1.1 develop a network of mothers on social assistance for sharing information, for mutual support, and for strengthening their voice.

**R2.0 That the Maritime Centre of Excellence for Women's Health**

R2.1 sponsor a project to support a group of PEI mothers on social assistance to investigate collective means to improve the health and well-being of their families;

R2.2 sponsor research in PEI into innovative methods and programs of furthering education and job training for mothers on social assistance;

R2.3 sponsor research into the value of social housing in contributing to the economic security and social well-being of mothers on social assistance;

R2.4 sponsor research into the role of community attitudes toward women on social assistance in the formation of public policy.

**R3.0 That the Prince Edward Island Department of Health and Social Services**

R3.1 create plain language information instruments (brochure, video, etc.) to inform social assistance recipients of their rights;

R3.2 create an atmosphere of encouraging and honouring attempts of women to direct and control their own lives and decisions;

R3.3 develop a method of ongoing sensitivity-training and updating of workers' skills;

R3.4 develop a consistent, non-threatening method of assessing the educational and job training needs of mothers on social assistance;

R3.5 review the transportation and accommodation ceiling policy to provide adequate, non-humiliating services for Social Services clients;

R3.6 provide assistance to enable social assistance recipients to attend university.

**R4.0 That the Prince Edward Island government**

R4.1 develop a method of screening all policy decisions so that the health needs of women are considered;

R4.2 reverse its decision to deduct the national child benefit from the cheques of mothers on social assistance;

R4.3 increase the allotment of funds for direct payment to social assistance recipients to bring them up to the PEI poverty line so that all normal basic needs are met;

R4.4 develop various models of non-ghettoizing social housing which would provide single mothers with more options for affordable housing.

R4.5 create the position of Ombudsperson to protect the rights of social assistance recipients.

# The Project

## 1.0 Description of the Project

The overall goal of this research project was to assess the impact of changes in social policy on the health of single mothers. The project was funded by he Maritime Centre of Excellence for Women's Health (MCEWH) and sponsored by the PEI Advisory Council on the Status of Women. The research focusses on the interrelationship of current federal and PEI provincial social policies and their effect on the health of single mothers. It explores the factors single mothers identify as the main determinants of their health, and the relationship of these factors to social policy. The research also assesses how the health needs of single mothers on social assistance are considered in policy development and health reform.

## 2.0 The Context

Women's health and the health of their children depend on economic and social security. How are women who are most vulnerable, and their children, affected by changes in social policy and the underlying philosophy that guides these policy changes? Without social and economic security, women face undeniable barriers to equality at home, in the workplace, and the community. For example, dependence and isolation are key factors in wife abuse. The fact of having children is the greatest barrier to employment.

How are the lives of sole-parent women living on social assistance in the Queens Region affected by the cascading effect of federal policy on provincial policy and ultimately on regional programs?

In 1985, the federal government introduced the Budget Implementation Act (BIA) that repealed the Canada Assistance Plan (CAP), and Established Program Financing (EPF) and created Canada's Health and Social Transfer (CHST).

CAP had been introduced in 1966. It committed both levels of government to provide welfare assistance everywhere in Canada to all people unable to provide for their own needs. CAP was based on national standards – accessible, adequate, universal, with right of appeal. A person was not required to work to receive benefits. There was an incentive under CAP for provincial governments to provide services which were eligible for 50:50 cost sharing – for every 50 cents the province spent they could provide one dollar's worth of services.

CHST is a transfer of funds to provinces which eliminates conditions formerly attached to social assistance spending, and combines social assistance funds with block funds for health and post-secondary education. There is a general trend to reduce the commitment of federal contributions to social programs. With the change to the CHST funding, there is no way to enforce the national standards, which threatens the principles of universality.

In Prince Edward Island the number of lone-parent families increased by 18.7% between 1991 and 1996 (females by 19.5% and males by 15.5%). In Queens County, the increase was 16.6% overall (15.8% for females and 21.3% for males). The number of lone-parent families in Queens County in 1996 represents 15.6% of all families in Queens (see Table 1).

In 1997, 31% of Islanders earned less than $20,000 a year; 26.4% of males and 38% of women (see Table 2). The percentage of the PEI population who earn less than $20,000 a year is slightly higher than the Atlantic average which is 28%, and much higher than the Canadian average of 21%.

Employment Insurance (EI) reform in 1996 and 1997 changed eligibility and benefits for people who are unemployed. Employment

Table 1: Number of Families, Lone-Parent Families, Families on Social Assistance 1991, 1996[3]

| Census Year | All Families - PEI | Lone-Parent Families - PEI | Lone-Parent Families - Queens Region | Lone-Parent Families on Social Assistance - PEI* | Lone-Parent Families on Social Assistance - Queens Region* |
|---|---|---|---|---|---|
| 1991 | 33,900 | Total: 4,375<br>M: 740<br>F: 3,635 | Total: 2,495<br>M: 375<br>F: 2,120 | Total: 2,391<br>M: 126<br>F: 2,265 | Total: 1,358<br>M: 72<br>F: 1,286 |
| 1996 | 35,875 | Total: 5,195<br>M: 855<br>F: 4,345 | Total: 2,910<br>M: 455<br>F: 2,455 | Total: 2,580<br>M: 130<br>F: 2,450 | Total: 1,545<br>M: 78<br>F: 1,467 |

*Estimates calculated from eight months (July to October data missing)

Insurance benefits to PEI were reduced significantly between 1992 and 1997. In 1992, a total $213 million was paid out compared with $175 millions in 1997, for a difference of $38 million. The average weekly benefit payment increased from $246 in 1992 to $278 in 1997, for a difference of $32. However, in the same time period, the average monthly number of beneficiaries decreased by 4,002, from 15,808 in 1992 to 11,806 in 1997. The total number of weeks of benefits fell from 850,020 in 1992 to 628,660 in 1997 for a decrease of 221,360.

Trends in provincial budget estimates are difficult to follow because of organizational and category changes. However, a review of estimates in the health and social services budgets between 1994-99 shows a decrease in overall grants to individuals and families, with a significant increase in job grants (see Table 3).

These statistics showing lower income levels in PEI, a significant decrease in employment insurance benefits, and a decrease in overall grants to individuals and family grants from the Department of Health and Social Services demonstrate that there are more people in PEI living in poverty. They indicate that people have fewer options in generating enough income to meet their basic needs.

## 3.0 The Participants

The participants in this research include a Working Group, interviewing team, the women interviewed, and key informants.

Table 2: Income Levels of Adult Canadians (percentage), 1997[4]

| | Under $5,000 | $5,000-9,999 | $10,000-19,999 | $20,000-39,999 | $40,000 and over |
|---|---|---|---|---|---|
| Prince Edward Island | Total: 2.6%<br>M: 2.3%<br>F: 3.2% | Total: 6.9%<br>M: 5.2%<br>F: 9.3% | Total: 21.9%<br>M: 18.9%<br>F: 25.8% | Total: 48.6%<br>M: 47.2%<br>F: 50.4% | Total: 26.8%<br>M: 26.3%<br>F: 11.3% |
| Atlantic Region | Total: 2.5%<br>M: 2.3%<br>F: 2.9% | Total: 5.1%<br>M: 3.3%<br>F: 7.6% | Total: 20.5%<br>M: 14.4%<br>F: 29.1% | Total: 45.0%<br>M: 44.4%<br>F: 45.6% | Total: 26.9%<br>M: 35.7%<br>F: 14.7% |

*Source*: Statistics Canada, Household Surveys Division, Earnings of Men and Women 1995, January 1997.

Table 3: Budget Estimates from Estimates of Revenue and Expenditure, Department of Health and Social Services, 1994-95 to 1999-200 (in $000,000)

| Budget Estimates | 94-95 | 95-96 | 96-97 | 97-98 | 98-99 | 99-00 |
|---|---|---|---|---|---|---|
| Job Grants | 0.12 | 0.17 | 0.92 | 1.37 | 1.4 | 1.69 |
| Family Grants | 50.2 | 46.3 | 45.07 | 44.21 | 42.29 | |
| Cash & Benefits | | | | | | 32.27 |
| Other Grants | | | | | | 3.01 |
| **Total** | **50.32** | **46.47** | **46.92** | **45.58** | **43.69** | **36.97** |

### 3.1 The Working Group

The Working Group was formed to oversee the research project. This group included representatives from the following sectors/groups: CHANCES, a family resource centre in Charlottetown, which provides services and support to families with special emphasis on children 0-6; ALERT, a lobby group for people on social assistance; the PEI Advisory Council on the Status of Women; the University of Prince Edward Island; the Maritime Centre of Excellence for Women's Health; women researchers; the PEI Department of Health and Social Services (this person later withdrew); and Cooper Institute, a research and education institute. Cooper Institute was contracted to coordinate the research, to supervise interviewers, and to draft reports. A team of six people carried out all the interviews.

The first task of this research was the formation of the Working Group. A great deal of emphasis was placed on creating an environment of trust in the Working Group in which sensitive issues could be discussed openly and safely. The Working Group saw this building of trust as the first level of an ethics review.

The tasks of the Working Group included designing the research, giving input into the interview guide, selecting and training interviewers, suggesting methods of finding women on social assistance to be interviewed, reviewing the draft report, and participating in the dissemination of the findings. The Working Group invited resource people to speak to them on various topics; the nature of participatory action research, how public policy is made, and policy from the perspective of recipients of social assistance. It was also planned to have the Director of Income Assistance from Queens Region give a presentation but due to scheduling difficulties, it had to be cancelled. Instead the Director provided answers in writing to questions presented by the Working Group.

### 3.2 Interviewers: Selection and Training

An interviewing team was formed which included two professional researchers from Cooper Institute and four women who are social assistance recipients. The team received a day and a half training on interviewing skills, including exercises on building trust with the person interviewed, interviewing ethics, getting informed consent, how to ask questions, active listening, and role playing in conducting interviews. The team was divided into pairs for the interviews, made up of one member from Cooper Institute and one woman on social assistance. The team approach combined the expertise of professional, experienced researchers with the lived experience of women on social assistance. Being involved in the interviewing team gave the women on social assistance an opportunity to learn new skills. But more than that, it was an empowering experience for the women. It enabled them to see that their experience as mothers on social

assistance is not an isolated experience of one individual family. The insights gained from the interviews gave the women a clearer sense that the elimination of poverty requires collective solutions.

### 3.3 SINGLE MOTHERS: PROFILE AND SELECTION

Twenty-four women were interviewed in the research project. The following is a profile of these women:

Age:
- 20 to 30 years - 10 women
- 31-40 years - 9 women
- Over 40 years - 5 women

Place of residence:
- City - 19 women
- Rural -5 women

Number of children:
- 1 child - 1 woman
- 2 to 3 children - 13 women
- 4 to 6 children - 4 women
- Total # of children = 61

Years on social assistance:
- Less than 5 years - 10 women
- 5 to 10 years - 9 women
- 10 to 15 years - 4 women
- Over 15 years - 1 woman

Ethnic origin:
- Non-Caucasian - 1 woman
- Caucasian - 23 women

Education level:
- Not finished high school - 7 women
- High school - 13 women
- Post-secondary - 4 women
- Need literacy training - 1 women

Queens Region was selected as the demonstration site for the interviews. A list of single mothers who receive social assistance was generated using the following sources: suggestions from the organizations CHANCES and ALERT; and responses to an advertisement in the *Guardian* and on Cable 10. From these sources the researchers generated a list of 40 eligible women. Out of the list of 40 women, 24 were selected using the criteria of age group, rural/urban and ethnic background to get as diverse a representation as possible. An attempt was made to get representation from immigrant and Aboriginal women. One Aboriginal woman was interviewed. However, it was not possible to get an immigrant woman because the majority of immigrant families are two-parent families.

Great care was taken to ensure confidentiality and anonymity for the women interviewed. The women were identified by number codes. The master list and interview write-ups were kept in a secure place. All women interviewed signed a consent form. The interviews were audiotaped with permission of the women. The tapes were identified by a number code and erased afterwards. No references or comments that could identify the women are made in the report.

### 3.4 KEY INFORMANTS

Key informant interviews were carried out with eight staff people of the Department of Health and Social Services, both at the provincial level and from the Queens region.

## 4.0 METHODOLOGY

All research includes three parts:

- theories about knowledge – who can be a "knower", what things can be "known", and what knowledge is legitimate (wpistemology)
- theories about research – the beliefs about how research is done, how research is carried out (methodology)
- tools for getting information – techniques or procedures for collecting data (methods)

This project uses a participatory research model. It takes, as well, a feminist research approach. These are complimentary models which have compatible theories of knowledge, methodology, and methods.

### 4.1 Participatory Action Research

The following are essential considerations of participatory action research (PAR):

- place of values in research
- ownership of knowledge
- approach to gathering data
- role of participants
- action for change

Participatory action research differs from traditional/historical approaches, which claim to be an objective, value-free search for the truth. Those engaged in PAR acknowledge upfront that all research is influenced by values. All decisions about what to study, for what reason, who will provide the data, what questions will be asked, etc. are value laden.

Participatory research shares ownership of knowledge with those providing information. The information gathered in the research goes back to the people who gave it. One of its goals is to support the people affected by the research problem in determining how they will use knowledge from the research.

The traditional approach emphasizes gathering numerical data and doing analysis based solely on these enumerations. In PAR, those involved are subjects and actors in the research. They are not objects to be studied and analyzed. They *participate actively*. They exist not as numbers but as persons with specific life stories and numerical relevance. People's stories are given high value. It is important to emphasize that while PAR honours the qualitative aspects of a situation or issue, this does not mean that it can be done without considering quantitative data. It is not based merely on anecdotal evidence. PAR is a highly disciplined form of research which requires a standard form of information gathering, analysis and interpretation. Because PAR attempts to study a situation or issue in depth, new and significant knowledge can be gained, even with a limited number of people surveyed.

In this research project, women on social assistance were members of the Working Group. They were active participants at all levels of the research – from the design to the interviews to the final report. All the women who were interviewed will receive a copy of the findings of the research and will have an opportunity to reflect on them as a group.

PAR is designed to lead to action, to some change in a given situation. The research itself is meant not only to engage the participants in discovery and analysis, but also to empower people to move forward on the issue studied.

PAR is an approach that values feminist theory about how to do research. It shares with feminist theory many of the same approaches such as honouring women's experience and using research to contribute to their empowerment.

### 4.2 Feminist Research

> Feminist methodology must be included in any meaningful discussion of research approaches on gender and health.
>
> *Frances Gregory*

Feminist research is often called biased, especially by people in government and corporate organizations who have relied on "scientific" or "social science" knowledge to develop policies and programs. Most scientific or social science knowledge has been written by men and about men. Women, if considered at all, were included in the generic "man".

Feminist methodology focuses on gender, women's experience as both the starting point

and test of knowledge development, emancipation as the research goal, and the rejection of hierarchy in the research relationship.[5] How do women experience a problem? Is women's experience different from that reported in traditional knowledge? How can research contribute to women's equality in both the process and outcome of research? How can differences be valued and power equalized in research relationships?

### 4.3 Limitations of the Research

A significant limitation of the project is the impossibility of making clear cause-effect links between social policy changes and the situation of the health of mothers on social assistance. There are three explanations for this. First, many of the major changes are recent and not easily identified as the cause of current situations. Second, social policies in PEI are closely tied to Federal transfers, requiring an intermediate study of how changes in federal policies affect the provincial policies and programs which this research was not designed to do. Third, an honest assessment of the effects of changes in social policy would require a more elaborate study of the "before and after" situation. The limited resources of the project did not allow for a study of the latter two issues.

There have been a number of challenges in developing a mutually satisfactory partnership with the Department of Health and Social Services in the research project. In the original proposal it was planned to have a representative of Queens Region as a member of the Working Group. From the beginning the members emphasized the need to develop a level of trust in the Working Group. They also recognized the reality of power imbalance. Women on social assistance, and representatives of Queens Region, the source of income assistance, could not be equal members in the same Working Group. Out of consideration for the vulnerability of the women on social assistance, it was decided not to have representatives of Queens Region on the Working Group. It was felt that the Working Group member representing the provincial department would provide a liaison with the Department of Health and Social Services. It was suggested that the research coordinators meet with the Director of Income Assistance in Queens Region to explain the goals and process of the research. This meeting did not happen in the early stages of the project. In the later stages of the project, two members met with the Director of Income Assistance to bring her up-to-date on the project.

The Department representative, close to the end of the project, expressed concerns of the Department of Health and Social Services about the interview schedule. As well the representative continued to express the concern that Queens Region and Child, Family and Community Service Division were not involved in the earlier stages. The Department of Health and Social Services, therefore felt that they could not participate further in the project. This has meant that the Department of Health and Social Services was not at the table when the final report was prepared.

There were several meetings with high level managers to try to resolve these differences. Various options were discussed concerning how the Department could continue its participation. In the end the Department agreed to withdraw as a participant. However, they offered to make available senior and other staff to meet with the Working Group to discuss the findings of the research. They also agreed, prior to the finalization of the report, to review the findings from a technical point of view.

## The Findings

## 5.0 The Health of the Twenty-Four Women Interviewed

### 5.1 Women's Description of Their Health

When the 24 women were asked to describe their health, their answers ranged from *excellent* to *pretty good,* to *good, except for...,*to *poor*. Only one woman said that she was in *excellent* health. The majority responded that they have pretty good health. Two women said an unqualified *pretty good,* and 14 women qualified *good* with such health concerns as constant headaches (e.g., migraine sufferers), depression, low energy, various degrees of stress due to financial restraints, insufficient nutrition, panic attacks, and some serious chronic illnesses. Six said they are in *poor* health due to current medical problems or an injury.

### 5.2 Determinants of Health

The women were asked to identify specific factors which influence their health. With very little explanation or prompting they responded as follows. (Many of the women identified more than one factor.)

| Determinants | Number of Responses |
|---|---|
| Income and Social Status | 14 |
| Having a Job and Good Working Conditions | 12 |
| Education Level | 10 |
| Physical Environment | 9 |
| Social Support Networks | 7 |
| Personal Health Practices and Coping Skills | 3 |
| Being Raised as a Woman | 3 |
| Health Services | 0 |
| Genetics | 0 |
| Health Status as a Child | 0 |
| Culture | 0 |

Most of the women see the first three determinants as one. They perceive education as opening the door to a job. Having a job may improve income and social status. Low income does not allow them to meet the basic health needs of their families. The most-often mentioned consequence of low income is the inability to provide sufficient food for their children. Over and over again in the course of the interviews they reveal that this is especially detrimental to their health as mothers.

When discussing their employment situation, most of the women distinguished between merely having a job and having one that pays sufficient for basic living.

> *An important influence on my life is my education level. I have only Grade 9. I feel that I am being turned down in the workforce. I feel low about myself. With more education I would have more confidence in my abilities.*
>
> *Working for low wages does not relieve stress.*
>
> *People on assistance are forced to take whatever they get...what I get has nothing to do with my career. This causes a lot of stress.*
>
> *I worked for low wages...I was more stressed out than when I wasn't working.*

All of those who indicated physical environment is a determinant of health spoke about their housing conditions. They indicated that for mothers on social assistance inadequate, unsafe, and unattractive housing creates stress. Good housing is too costly for them.

Most of the women who identified social support networks as a factor contributing to health indicated a lack of support from others. On the other hand, many others appreciate family and friends who stand with them, who understand, and are not swayed.

## 6.0 PUBLIC POLICY: CHANGES AND THE EFFECT ON THE HEALTH OF MOTHERS ON SOCIAL ASSISTANCE

The health of women with children is affected by various public policies. In this research project, the researchers reviewed selected public policy changes in four different government departments: Health and Social Services, Education, Revenue Canada, and Justice. The women were asked if they experienced changes in public policies over the past five years, and if these changes have impacted on their health.

### 6.1 HEALTH AND SOCIAL SERVICES

In assessing the impact of changes in public policy in the PEI Department of Health and Social Services on women's health, the researchers looked at policy changes in the following areas: medical services, drug program, dental program, transportation, special needs, housing, clothing, opportunities for employment, opportunities for education, and childcare.

#### 6.1.1 *MEDICAL SERVICES*

All the women interviewed indicated that access to medical services was not a problem. One woman, however, did not have a family doctor. Another commented the hospital system is deteriorating.

#### 6.1.2 *DRUG PROGRAM*

The biggest change in the drug program was the introduction of a $2.00 per prescription user fee, introduced in 1994. This fee is for emergency drugs bought at a commercial pharmacy outside the hours of operation of the Provincial Pharmacy. Drugs are still available free-of-charge from the Provincial Pharmacy. Nine of the 24 women interviewed stated the $2.00 fee sometimes causes them some problems, especially if children are sick on the weekend and they have no money. Seven women stated the program does not cover at least one medication that they need. Thirteen of those interviewed said the drug program serves them well. Others indicated transportation to the Provincial Pharmacy is difficult. Some women said they worry about the loss of the drug program if they were to go off social assistance. They would have no way of paying for medications when their children get sick.

*Drug system is ok. They cover all the drugs I get at the Provincial Pharmacy. I have an emergency drug card which I can use and pay $2.00. I don't mind paying that though they never used to charge the $2.00.*

*It hasn't changed much. Only trouble is that if one of the kids gets sick, it is a real pain if the Provincial Pharmacy is not open. My daughter needs a certain antibiotic and if I have to get it at a regular pharmacy, I have to pay for it up front and submit a receipt and wait two weeks to get reimbursed. I'm sure I used to get that drug 2-3 years ago, but it stopped.*

*I am afraid to leave welfare if the kids get sick, and I won't have the money to pay for drugs. I think the drug program is good.*

#### 6.1.3 *DENTAL PROGRAM*

Twelve women say that dental care is insufficient for adults because Social Services will only cover extractions, not fillings. The majority were pleased with the program for children.

*It is a sacrifice to have to pay [the fee] out of our small income for dental care for our children, but it's worth it to make sure the children's teeth are cared for.*

*It is really distressing for me as a mother not to be able to save my teeth. When Social Services allow only extractions, it means that you have dentures at 30 years.*

*It sucks. I had two root canals that were not that bad, but they pulled them. I just got all*

*my front teeth out and a denture. It was traumatic. I would have preferred to get my own teeth fixed.*

### 6.1.4 *TRANSPORTATION*

It is evident that the transportation allowance is a major cause of stress for mothers on social assistance. The main change in policy noted by the women is the removal of transportation money as a regular part of the monthly cheque. Instead transportation is provided as needed for particular situations, e.g., medical, employment, and daycare related. Of the 24 women interviewed, 19 responded that they have difficulty in meeting their transportation needs. Five of these women stated they depend mainly on family and friends for transportation. Four stated they own their own car and it is even more difficult for them to get money to pay for maintenance and gas. The women said they do get transportation for activities that are medical, work or daycare related. However, they often have to fight for it, or it is inadequate, or they have to pay it back from the next month's cheque. Having to call a worker to get a cab authorized and then having to identify oneself as a social assistance recipient to the taxi driver is stressful and humiliating.

The lack of public transportation on PEI serves to make this issue more acute. Also transportation is an issue that the women must deal with on an almost daily basis just to carry out such basic activities as getting groceries, paying bills, doctor's appointments, etc. As well, the lack of transportation is often a barrier to women and children's involvement in any community or extracurricular activities, which can lead to isolation and depression.

*It's really hard. They used to give us a monthly transportation allowance. Now they authorize taxis for medical reasons. You have to call the taxi controller and tell him, and then the driver, that you are on social assistance. It's very stressful. I do everything to avoid it. It is very humiliating to go through these explanations with strangers.*

*I don't have transportation. Bumming a ride with two kids is not nice...It stresses me out.... The last two times I had to go to the hospital I was lucky enough to have a cab fare.*

*I don't usually have to ask for transportation money. My brothers and sisters have a car and they take me when I need to go somewhere. Social Services will pay for transportation for an appointment over five km. I have no problems with transportation.*

*We used to get transportation. Now we don't. I fight constantly for transportation. If I have to take the children to the hospital, I have to fight to get a cab authorized.*

*I own my own car and have a bank payment of $240 a month. They will not give me anything for the car. They will pay for taxis. If I used taxis when I was working and for daycare, it would cost me more than $240 a month. I guess when you are on Social Assistance you don't deserve to have a car. When I was working they gave me $50 a month to go to work, but it cost me $100 a month.*

### 6.1.5 *SPECIAL NEEDS*

Since the area of special needs includes requests for items outside the basic package of assistance, it is in this area where people first notice the results of changes in policy. All of the women interviewed stated they made requests under special needs. The items the women asked for can be divided into three categories: a) basic furniture for the house, e.g., beds/crib, couch, washing machine, b) services for the children, e.g., daycare, camp for special needs child, and c) health needs, e.g., money for special diet, eye glasses, asthmatic mask. Of the 47 items identified by the women, 31 were received and 16 were not received. Some

difficulties experienced in the area of special needs are delays, sharing the cost, and inconsistent criteria for granting requests.

There is a general perception that there is less flexibility over the past few years in granting special needs requests. The women stated that in most cases, the worker makes the decision. If the cost of the item is over a pre-determined amount, the supervisor makes the decision. Of the 24 women interviewed, 21 indicated they have had problems in getting special needs. Six stated they have to "fight for everything they need". Of the items requested under special needs, the majority are for their children.

While the majority of their requests were granted, in whole or in part, the hassle of having to fight for basic things such as a bed or a tutor for a child, has a negative effect on their health. There is also some perception that special needs are dealt with differently from one recipient to another. This creates an atmosphere of mistrust and suspicion. Four responded that they have received what they requested without any problem. These items are essential in meeting the basic needs of their children. These women appreciate the cooperation of their worker in granting these requests. This has a positive effect on their health.

*They would not give me a bed for my oldest child. In the end they bought me a bed. Anything I need I have to get myself. It is much harder now than when my first child was born.*

*I wouldn't be bothered asking for anything because of the hassle I get. It's much more stressful than before as Social Services is going through a lot of changes.*

*It seems harder to get special needs. The only thing I wanted and didn't get was a washing machine. They told me they would pay $400 towards the price of a new one but I would have to pay the rest. I couldn't afford to pay the remaining $200-300. This makes me upset.*

*Social Services did provide a crib for me and did allow me a special diet for my child. It would have been stressful if they had not provided these things.*

*I needed a bed for my daughter, and my worker was very cooperative.*

### 6.1.6 *HOUSING*

It is clear that the women are convinced that housing is directly related to health. For the majority of the women interviewed, it is a priority to have decent housing where they and their children can feel safe and comfortable. In the opinion of the interviewers, the majority of the women live in acceptable housing. Many of the women state that housing is directly related to health.

*Just because I'm on social assistance doesn't mean that I can't live in a decent place... All the stress of worrying about paying for it means I have an ulcer. Where you live definitely affects your health.*

One of the major changes that women identify in housing policy is the lowering of the accommodation ceiling which came into effect in 1996. Of the 24 women interviewed, 12 (50%) are paying above the accommodation ceiling. The amount ranges from $5 to $175 per month. The women were clear that the extra money is coming out of other areas of their budget such as food. Ten women said they had found housing within the accommodation ceiling. One receives housing from other sources and one owns her own home. Of the ten women who are living within the ceiling, three are doing so because of special deals with their landlord.

*I can't afford to move. My landlord was good enough to drop the rent by $100 because I am*

*a responsible tenant, and he wants to keep me. But the house is not suitable. The roof used to leak and the attic is full of mold.*

*The house I am renting is $100 over the ceiling. That comes out of my family allowance. My ceiling is only $700. It is really stressful. To find the extra money for rent everyone does without. You learn to cope.*

There is very little low-rental housing in the Queens Region. Mothers on social assistance must try to find housing at the market rate. This creates serious problems.

*There is some low-rental for working people. There is no low-rental for people on Social assistance. Without low-cost housing it is very difficult to get off welfare.*

Housing costs represent a significant percentage of the income of social assistance recipients, even when they are within the accommodation ceiling. The fact that 50% of the women interviewed are paying above the ceiling means that the money to meet other needs is severely restricted.

### 6.1.7 *EMPLOYMENT OPPORTUNITIES*

One of the changes that the women identified is the increase in efforts to help social assistance recipients find employment. Needs assessments in all five health regions showed that unemployment got the highest rating as a determinant of health. As a result, Queens Region has put more resources into programs to enable social assistance recipients to be more employable.

In terms of the effectiveness of employment enhancement programs in providing employment opportunities for the women, there was a mixed response. Of the 24 women interviewed, 15 indicated they are currently, or have been, involved in some part of the Employment Enhancement Program. Of these 15, only two felt they are on the road to meaningful employment that would enable them to get off assistance. Most of the women interviewed stated that they feel better and more productive if they are working. However, many are frustrated at the fact that the jobs available through the Employment Enhancement Program are often low-wage jobs which lead to even lower employment insurance benefits and, ultimately, back to social assistance. They feel pressured to take whatever job is available, regardless of the wages or working conditions.

This woman best sums up these frustrations:

*Through employment enhancement they try to find you a job. But it's not a job you can live on. Maybe it is good for your self-esteem, but a job at $6.00/hr. doesn't help you to get off welfare. ... I was working shift work and I used to get extra shifts, but I wasn't any further ahead. I wasn't sure of the extra shifts so I couldn't go off welfare. It was so much hassle getting baby sitters for shift work, that it wasn't worth it.*

The Department is to be commended for putting resources into programs to enable recipients to enter the job market. But the urgency to get women into the job market seems to take priority over any concern for the wages or working conditions involved. On the one hand, employment enhancement programs provide a certain proportion of women with skills for employment. On the other hand, these programs make available a low-wage workforce, and they do nothing to pressure employers to pay a living wage to workers.

### 6.1.8 *OPPORTUNITIES FOR EDUCATION*

One of the main changes in providing opportunities for education and job training is the closer relationship between the Department of Social Services and Human Resources Development Canada (HRDC) in developing and implementing job training programs. This is positive because it allows the two departments

to share resources more efficiently. But one of the results of this closer relationship is the restricted availability of education and training courses. The women stated that to access these courses you have to be on Employment Insurance (EI). The Department of Health and Social Services indicates that its relationship with HRDC enables its clients to access training/education available to HRDC clients.

Another change in department policy is that social assistance recipients who want to go to university have to get a student loan. HRDC is implementing a new program, the Skills, Loans and Grants Program, which provides help for people who are enrolled in technical programs. The current belief is that education has value only if directed by labour market needs. This limits the scope of educational opportunities for women on social assistance.

Many of the women interviewed feel that there are now fewer programs than previously for upgrading their education. Finishing high school does not seem to be valued as much as in earlier years. Although the educational levels of the 24 women interviewed differed, it is clear that the majority have an average and above-average literacy level. Seven had not finished high school. Of these, five were taking upgrading courses. Thirteen had finished high school or its equivalency. Of these, two were enrolled in a post-secondary program. Four women had a post-secondary diploma. Only one woman indicated she is illiterate. Three women stated they cannot get support from Social Services to finish high school. Some had been told by their workers that it would be better for their financial situation if they could find employment.

Three women had finished high school, or its equivalency, with the help of social assistance. Four were currently finishing high school, or its equivalency, on their own. Five stated they want to go to a post-secondary institution to upgrade their skills but were unable to get support from Social Services to do so. They were told that their only option is to take out a student loan. They were reluctant to do this out of fear that they could not repay it. Two women were currently involved in a post-secondary course with the help of social assistance. Two had finished post-secondary programs with the aid of a student loan.

It was obvious from the interviews, that there is a direct connection between educational levels and feeling healthy. Courses to upgrade their education prepare women for the workforce, but they also increase self-confidence and self-esteem. In the key informant interviews, Queens Region staff stressed that anyone who wanted to finish high school would be given the opportunity. The women's responses in the interviews indicates the need for clearer information about the educational programs that are available. As a minimum, all women who wish to finish their high school should get the opportunity to do so.

> *They should give priority to education. It's difficult for me. With three kids, I can't find time to study.*
>
> *I was involved in a program..., but when I found out you had to read, I dropped out. I don't read to my children. The hardest thing I do is help my child with her homework.*
>
> *I went to a program, but it was difficult to get in to...I needed life skills and the program was wonderful. It made me see that I am capable of doing things. But politics got involved and the money was cut to the program. Social Services have no idea what they are doing. No one gives a damn about the person anymore. All humanity is gone.*

### 6.1.9 *CHILDCARE*

Childcare programs are seen as very important in enhancing the health of mothers. Thirteen

out of 24 women were using, or had recently used, the daycare program. Of the 13 women, seven used daycare because the mother is working. Six use the daycare program because of health problems, either of the child or of the mother. The mothers feel that in situations where they or their children have a health problem, the availability of daycare has very positive effects on their health. It relieves the stress on the mother and enables her to recuperate faster. The availability of daycare programs is indicative of the priority that Health and Social Services puts on early intervention for children.

One of the changes noted is a greater tendency to provide daycare to enable the mother to return to work as soon as possible. In the past, the trend was to encourage mothers to stay at home if they had more than one preschool child. In terms of health, mothers feel better if they have some choice in this matter. Some mothers feel a lot of pressure if they have to go to work when their children are young, especially under some working conditions such as long hours and shift work. Other mothers feel healthier if they have opportunities to go back to work. The provision of daycare is important in helping them make a choice.

*When I was working they paid for daycare. They don't give me a hard time. Even if I am off social assistance but don't make enough money, they pay for my childcare. I've never had a problem.*

*When I was in hospital last month, I needed someone to come in and look after the kids while I was in hospital and after I came home. I got a worker to come in for 3 days. If I didn't have my mother living with me, I would be in real trouble.*

*They put my two young children in daycare three days a week because I had health problems. Having four children is very hard when you are alone. Someone reported to Social Services that I had left the children alone. When the Social Worker heard about my health problems, they agreed to give me a break and put the two youngest children in daycare three days a week.*

### 6.2 EDUCATION

Cutbacks in education affect all families. These cutbacks affect mothers on social assistance more acutely. (Note: Seven of the women do not have children in school. They are either preschool or have left school.)

#### 6.2.1 *ZONING*

The mothers interviewed did not express a great concern about school zoning regulations. Seventeen said there are no problems. Three women had children that are not yet in school. Four said the arrangement is either unsafe or their children are unhappy in their assigned school. It would be safe to say that this is not much different from the general parent population. One woman indicated, however, that when there is a safety issue, they have to accompany their children to school. They do not have access to transportation for this.

*Re-zoning causes worry about the safety of the children. The distances are too great for little ones. Mothers suffer.*

#### 6.2.2 *SCHOOL FEES*

About half the women said school fees are very high, even considering that Social Services provides money for this purpose at the beginning of the school year. The demands of the school for extra supplies are stressful for mothers on social assistance. Any extra materials have to be paid for from grocery money.

#### 6.2.3 *SCHOOL PROGRAMS*

The women who had children in school generally found that the cost of programs such as lunches, skates, trips, etc. creates a great deal

of stress. Eleven women cited the cost of school programs and their feeling bad for having to deprive their children as a source of ill health. For most of them, it was drastic because they deprived themselves of food in order to protect their children from embarrassment before other children. Other women found ways of coping with this problem.

*School programs are a headache. I can't afford it. The school asks for too much money from parents... They are not geared to low income people. With the prices going up. I just can't afford it. It puts a lot of pressure on the kids.*

*There is a skiing trip for $15.00. Now they have started charging $1.00 for the bus. And you have to give them something for lunch. This is extra money I have to come up with. something has to go until the next cheque. I hate to refuse the child.*

*Doesn't affect me. My daughter usually brings her lunch. She is not a complainer. She finds the cafeteria food reasonably priced.*

*School gives me headaches. Trying to do this on very little money.*

*School's a pain in the ass. You don't have money for milk for the children. I was taking $65.00 out of my food money to buy lunches for the children. I can't continue. It makes me feel bad, discouraged. I keep my kids home when I can't give them lunches. Sometimes the oldest one stays home and I take his lunch and divide it for the two younger ones. I eat one meal a day. All day I live on coffee and tea. I am taking from me and my older child to feed the younger ones. I should be eating better...but I can't afford to. I will be all right. I'll survive. A lot of parents are doing without to feed their children.*

### 6.2.4 *FUNDRAISING PROGRAMS*

Twelve women expressed a variety of anxieties about the fundraising activities which their children are expected to participate in. Most were alarmed by the increase in these demands on the children. Their concerns ranged from safety issues: the mothers do not feel they live in a safe enough neighbourhood to allow their children out alone. Others were embarrassed to send their children to other homes when they cannot buy from the neighbour's children who also go door-to-door. Several women said the fundraising activities do not bother them.

*Fundraising costs me. They send a 7-year-old out to sell bars. If he doesn't sell them or doesn't get the right money, the parents have to pay the money. I can't afford to pay the costs of these activities.*

*Every year there is more and more for kids to sell. I shell out because I don't like my little boy to go out by himself.*

*I haven't seen many changes. They bring home chocolates to sell. I used to volunteer at the school, but I am too stressed these days.*

*I hate them (the fundraising activities). The kids come home from school with books, chocolates, etc. to sell. I don't have the money. My daughter says, "All you ever say is 'no'."*

*It made me feel good. It made me feel good to help (my daughter) and it made her feel good to go to school after having sold $150.00 worth of goods.*

### 6.2.5 *KINDERGARTEN*

Generally, the women who had a child of kindergarten age were using the system and were pleased with it. For one woman, it was impossible to have her child in kindergarten because of the schedules of her other children whom she picks up at school. She teaches her child at home.

*Social Services covers the cost of kindergarten for half days. I have a good child protection worker who supports my children being in kindergarten. I don't get much of a hassle.*

*My daughter went half-days. I don't have any problem. My daughter loved kindergarten. She had a wonderful teacher. These things have affected my health in a positive way.*

## 6.3 REVENUE CANADA TAXATION

### 6.3.1 *NATIONAL CHILD TAX BENEFIT*

There was almost total agreement that the province's policies around the national child tax benefit have had negative impact on the health and well-being of mothers on social assistance. For the most part, the women interviewed admited the action of the provincial government does not significantly change the amount of money they receive each month. For them, though, it means rearranging the family budget. This is a special challenge given their precarious economic situation. Cutting money from the social services cheque at the beginning of the month because of the addition of the national child tax benefit to the cheque in the middle of the month throws confusion into an already tight arrangement of paying bills and meeting other financial commitments.

The women identified, however, a far deeper effect of the province's decision to deduct from social service cheques the amount which the federal government allots to low income families. Even while understanding the seemingly logical explanations of the provincial officials, the women feel angry, diminished and hurt by the government's action.

*I lose the money off my cheque the first of the month. When you get your cheque, you have to pay rent, light bill, and other bills. So you have to stretch your money until the 20th when we get our CTB (Child Tax Benefit)...I don't think it's fair to take the money off us. It is not fair.*

*They give us money with one hand and take it away with the other. It makes me angry and depressed.*

*It felt good hearing we were going to get an increase, but then welfare (social services) took it away. How could they do this to us? It is maddening.*

*It sucks!*

*I am very upset with the fact that it is being taken off our cheques... They say it (the National Child Benefit) benefits the poor. I'm poor. There is no change for us.*

*I think it's stupid that they took the NCB from us. Many people were happy when they heard about the increase. But Social Services took it off. You can't get ahead.*

### 6.3.2 *GOODS AND SERVICES TAX REBATE*

The current provincial government's reversal of the clawback of the GST rebate got an almost unanimous round of applause from the women on social assistance. Many of their comments about having this money returned to them were reversals of those in reference to the national child benefit. Women generally felt there is some honour in the government's returning their GST rebate to them.

*We lost our GST rebate and now we got it back. I buy my children's clothes out of this.*

*I was glad to get it back. It took some stress away.*

*It was great to get it back. It felt like we were controlling our own lives and not social services.*

*It's a real bonus, but it's not enough. It doesn't come near what we pay.*

*It's great they're not taking it away from us. They should have given us back pay.*

*I was supposed to get money back for my son, but I never did get it.*

### 6.3.3 *CHILD TAX BENEFIT*

Since several women had been on social assistance for more than five years, many of them were aware of the policy change from lump sum payments to monthly payments. Much of the discussion centered around the pros and cons of these arrangements. Two of the women expressed the impression that they were receiving less money than previously. Nine women said they would prefer receiving a before-Christmas bonus. It should be noted many of the interviews were conducted shortly before Christmas when the level of anxiety about lack of resources was extremely high. Seven indicated the current terms of monthly payments was preferable because it allows for careful monthly budget management.

*I prefer the other arrangement of a lump sum before Christmas and one in January. Back then I didn't have to use my family allowance for groceries. I had enough money in my food budget. The amount we receive for food has not gone up in years. In the old days, people could use their family allowance to buy things for their kids, Now they have to use it for food and housing.*

*I find the new way fair...I prefer the system in which we have regular monthly payments.*

## 6.4 JUSTICE SYSTEM

The only significant justice system concerns for the women on social assistance who were interviewed is in the area of legal aid.

### 6.4.1 *LEGAL AID*

The women indicated legal aid is an institution that does not play an important role in their lives. Nine of those interviewed had not approached legal aid. Eleven said that what is provided by legal aid does not better the life of mothers on social assistance. Many of the women need free or low-cost divorce proceedings which are not provided by this system.

Four women commented that Social Services, through its Family Support Orders Program, incurs legal costs for demanding child support from the fathers. This benefits Social Services but does not improve the life of the mother. It often creates more problems for the women.

*I was turned down for my divorce process. I can't afford a divorce which requires $400.00 up front for an uncontested divorce. I feel tied.*

*I cannot get a divorce. I am tied to my husband and his name.*

*Social Services used the services of a lawyer to get child support...but it all goes to Social Services. I am no better off.*

*I don't want to press for child support. I do not want the children's father in my life or in theirs. I don't think Social Services knows the shit they put women through when they dig up old partners to pay child support. It puts a lot of stress on women.*

## 7.0 ATTITUDES OF COMMUNITY

The researchers explored how the attitudes of society impact on public policy and on the well-being of women on social assistance.

Almost unanimously, the women agreed people have a very negative attitude towards mothers on social assistance. They feel that there is a particularly judgemental attitude towards mothers. They hear phrases all the time such as "you just have babies to get more welfare", "you could have stayed married", and "you should be out working". The majority feel that societal attitudes are becoming less tolerant, maybe because of the economy which is creating greater distance between the rich and poor. However, some women feel that the middle class is disappearing and more people are on welfare. This has made being on social assistance more acceptable in some ways.

*When I was a kid, my grandmother was always helping someone. ...There was a sense*

*that it was good to help the poor. Nowadays, it you're poor—it's your own fault.*

There is a very strong perception that government is not very affected by societal attitudes towards people on social assistance. The women felt the government listens to people with money; they will only respond to people on social assistance if they take a strong stand for their rights. But they said when you are more public, there is more backlash. About half the women said these negative attitudes affect their self-esteem, making them feel depressed and ashamed. Others said the negative attitudes do not bother them. They try to live their lives for their children and ignore the attitudes of others around them.

*It's harder for my kids than it was for me. Back then you didn't have to worry about how you were dressed. Now they need better clothes.*

## 8.0 Changes in Policy Implementation

The researchers also explored how procedures, or the way policy is implemented, affects the health of mothers. The women were asked about changes in procedures and changes in relationship with their workers.

### 8.1 Procedures and Delivery

Questions in this section were designed to identify any perceived changes in the delivery of programs in the Queen's Region and to pinpoint how these changes affect the health of women.

Most of the concerns about procedure center around the main connection the women on social assistance have with the system, that is, the worker.

Thirteen of the 24 women interviewed refered to the stress caused by the frequent change of workers. Six women commented on how they feel depersonalized, like a number. They indicated that some workers go too far with their questions. The workers asked too many questions and in more detail than necessary for the job they have to do. Several women observed a level of nervousness and insecurity in the workers, as though they are afraid of retaliation from their supervisors. Two women noticed no significant changes in procedures. Three said they have wonderful workers. One woman noted the location of Social Services outside of town makes it difficult to get to the office.

The women observed a general tightening up of the system and a greater degree of control on the workers. It is becoming more difficult to have ordinary basic needs met.

*I just get used to one worker and another is assigned, I have to tell my story again. It is tiresome. It creates insecurity. I do not relate well to new people. It is stressful. I have never met my new worker.*

*The workers treat you like a number, not a person. They used to call you back shortly after you called them, but now they take their time. It is harder to get approval for things now. It seems that different people can get things depending on the worker.*

*I feel lucky to have my worker. she does not judge me. She talks to me openly. It makes me feel better. I have noticed some changes in procedures, but living on social assistance is like living in another world anyway.*

*I have an excellent worker now. She will go out of her way to help me. Before her, I had some workers who wouldn't take the time of day to help me. They had poor attitudes about people on Assistance. Things seem to be much tighter now.*

*I have noticed a few changes since I started on social assistance. When I first got Assistance, I had a male worker who had a very poor attitude towards women on social assistance,*

*so I requested a new worker. They assigned me a new woman whom I really like.*

*We are putting a lot of money into studying Queen's Region. I haven't seen any change as a result of this. They are putting a lot into PR and a lot less to people who are at the bottom.*

*One reason why there are so many changes is that they are training FA (financial assistance) workers, Some are part-time and are cheaper to hire than social workers. There is an assessment at the beginning to decide if you need a social worker or a FA worker.*

### 8.2 RELATIONSHIP WITH WORKERS

The women interviewed about changes in their relationship with their workers and how the changes affect their health, repeated many of the concerns voiced above. Many spoke specifically about their individual workers.

The examples ranged from *no change* in the character of the relationship to *don't want a relationship*. Four women said they see no change. Three acknowledged their workers are wonderful. Several others implied that workers had become more business-like, rushed, less personal, less free, and more afraid to be involved. Others indicated some workers give the impression they do not care, while others are simply rude and cruel, indulging in put-downs. Two women said they did not trust their workers.

Some of the negative effects of changes in relationships with workers are: feeling put down or being treated like a child, feelings of low-esteem, stress, and increased use of stress medication. The effects of positive changes are a new sense of well-being and a better level of self-motivation and independence.

*I feel looked down upon by workers.*

*Before, workers were easier to talk with. They could make more decisions. Now they have to get an ok from someone else. It's harder to get the things you need. It makes me feel worthless and stressed out.*

*I've got a worker from hell. I am going to start taping every thing my worker says. I can't come away from there with anything positive. I used to take one pill a day. Now, because of tension, I am taking three.*

*I am not interested in a relationship with my worker. I don't trust any worker at Social Services.*

*I have a good worker. She even calls me once in awhile to see how things are.*

*I've had good experiences with my workers. They are always the same.*

## 9.0 ROLE OF ADVOCATES IN INFLUENCING PUBLIC POLICY FOR MOTHERS ON SOCIAL ASSISTANCE

Of the twenty-four women interviewed, nine said they had never had an advocate, but that it is important. Three women had had family members intervene on their behalf. Two said a friend had supported them. Three women considered themselves self-advocates. Other advocates identified were professionals (a nutritionist), CHANCES, ALERT, and Anderson House.

Advocates can play roles such as pressing for more money and basic needs for recipients; standing up and saying that social assistance recipients have rights; providing recipients with information about rights, new programs and procedures; providing accompaniment for moral support; and providing reading skills for recipients who cannot read or write. One woman said advocates are of no use because there is nothing that can be done; everything is written in stone. One woman observed that, in some circumstances, an advocate can arouse the anger of those who hold power and can

actually worsen the situation of the recipient who may suffer from the vengefulness of the system.

## 10.0 Economic Security as a Determinant of Health for Mothers on Social Assistance

In this section, the researchers focussed on the effect of economic security on health. The two indicators of economic security are level of income and security of income.

### 10.1 Level of Income

The women were asked if the amount of money they receive each month is sufficient to meet their needs in each of these categories: food, clothing, housing, transportation, personal needs, children's needs, and recreational needs.

In terms of *food*, 22 out of 24 women responded that their food allowance is insufficient to meet the basic food needs for them and their children. Most mothers are concerned about the effect of insufficient food on their children's health. They feel that the lack of food, especially milk, vegetables and fruit, has an effect on their children's health. Not having adequate food is very stressful on them as mothers. They cite other health consequences such as low iron, low weight during pregnancy, and feeling depressed. Four mentioned that they use food banks but they find it "degrading and depressing" to have to rely on the food bank on a regular basis.

> *Not enough [to buy the food I need]. I get very upset and frustrated. There are days when I just eat toast so that there will be food for my son. I get $550 a month from social assistance and $238 from CPP. I pay $510 for my rent and have $278 to buy food and pay all bills.*

> *If I asked my worker to give me a list of nutritious food and I went to the store to buy them, [the bill] would be over what I could afford. It's very hard to afford meat on this budget. There are some things I can't buy for my little girl, like oranges.*

Considering *clothing*, 23 out of 24 women said they do not have money to buy clothes. Some women said they are lucky to have family and friends who provide clothes for their children and themselves. The women were more concerned for their children than for themselves. They put a lot of energy into dressing their children as best they can with the limited resources they have. When describing the effect on their health they used phrases like, "I feel guilty when kids get teased in school", "I feel stressed", and "People look down on you and it makes you feel bad".

> *I don't have enough money to buy clothes. My daughter is a big girl. It is very expensive to buy a bra and panties in larger sizes. It doesn't make me feel very good. I'd like to see her dressed better.*

Regarding *housing*, 12 of the 24 women were over their rent ceiling. Paying the extra money for rent does not allow them any extra money for anything, and five women of the twelve said the extra money they pay in rent comes out of food money. It is obvious that having a decent house is a priority even if they have to pay over their accommodation ceiling

> *I am not over my ceiling. I got a good rate because I, with the help of my father, do all the renovations [donate the labour] in the house. I like it here and the place has a good effect on my health.*

Insufficient money for *transportation* was a common refrain. Eighteen of the 24 women stated they did not have enough money to meet their transportation needs. Many of the women depend on friends and family to meet

their transportation needs. While some stated that they did not mind asking family or friends, others found it humiliating and depressing to be always "bumming a ride". In answering this question, the women were thinking primarily of transportation to get groceries, going to medical appointments, etc. In subsequent questions, it is evident that the lack of transportation was a major barrier to getting involved in volunteer activities or getting their children involved in extracurricular activities.

*I don't have a problem. Everything is within walking distance. My parents or my sister loan me their car if I need it. If I didn't have access to their cars, it would be difficult.*

*Not enough [money for transportation]. There's many a month where my mother gives me gas money. It's degrading because I am not able to support myself.*

In their responses to questions dealing with *personal needs, children's needs and recreational needs,* the women were almost unanimous in saying that the amount of money they get does not allow them to meet these needs. There were several recurring themes. Children's needs take priority over the needs of the women. The women's comments regarding meeting their personal needs were revealing: "Don't have personal needs", "My need is a low category", "I make do", and "I can do without as long as my children have what they need". The women talked as if they do not have a right to have personal needs.

What causes them distress is not being able to provide adequately for their children. The needs the women named as having difficulty in meeting are: buying medication over the counter, e.g., Tylenol; children's haircuts; personal hygiene products, e.g., shampoo, tampons; and extra-curricular activities, e.g., hockey, band, gymnastics, and soccer. In terms of recreation, the women interviewed felt they do not have the money for recreation for themselves. Some say they go bowling, to a movie or to bingo occasionally, but generally they spend a lot of time at home. Some stated their recreation is cable television or crafts.

Speaking of how the lack of money to meet these needs affects their health, the women made comments such as: "Makes me feel miserable not to provide for my children's needs", "I feel like I am always saying NO", and "It hurts that I can't give my daughter the opportunity to do things with other kids".

*No real money for personal needs. I guess those who make policies have not heard that women menstruate. Personal hygiene products are taxed to add insult to injury.*

*I don't worry about myself. I can do without as long as the children have what they need.*

*None. I can't even get a decent haircut. Can't buy anything personal. If I do, it comes out of food.*

*Nothing for recreational needs. Every now and again I do some little thing, knowing that later I will suffer for it. I do not have the choice of putting my baby in the YMCA infant swim. Even though it's cheap, I cannot afford it.*

*It's difficult to pay the fee for extracurricular activities. I pay half and my parents pay half. Sometimes it gets to me, but Social Services have been understanding and very helpful.*

### 10.2 SECURITY OF INCOME

Only seven women felt they would be able to be on social assistance as long as they need it. About half of these women said they personally feel either threatened or strongly urged to get off assistance. The other half observed that the ongoing cutbacks will eventually lead to a total elimination of the system.

Sixteen women hoped to be off assistance one day. Several said they are trying to improve

themselves and to get jobs but jobs are not available, especially ones that pay enough to live on.

Three women said they are relaxed about their future income, giving such reasons as worrying does nothing to help and, having survived difficult times already, this is no worse.

The majority indicated that, because of insecurity of future income, they are under stress, suffer from constant anxiety, panic attacks, depression, emotional outbursts, nervousness, and poor self-esteem. Two women said the only way to relax is with Valium or other pills. Another woman said she tries not to dwell on the future; this is the only way to stay healthy under the circumstances.

Only one woman indicated she has money put away for her child's education. None of the other women had any savings or assets.

The high level of stress and anxiety which the women expressed about their future economic insecurity centers around their inability to make a decent life for their children. They want their children to have a better life than their mothers have.

*My mother was on welfare. I want something different for my kids. ... I see the pattern and I want to change it. ...I don't tell my kids that we are on social assistance. I want them to have something better. But social assistance doesn't give you time to get on your feet. It is hard to break the cycle.*

## 11.0 Social Supports

Researchers also focussed on how social supports, or the lack of them, affect the health of mothers on social assistance. In assessing the level of social supports that mothers on social assistance have, the researchers examined how personal well-being is affected by being on social assistance, participation in the community, and support from family and friends.

### 11.1 How Personal Well-Being is Affected by Being on Social Assistance

The majority of women stated that as a result of being on social assistance, they have very negative feelings about themselves. Their self-confidence and self-esteem are low. They feel they do not have choices, or a sense of control over their lives. It is hard to be energetic and creative when a lot of energy goes into survival. However, in the areas of "courage to stand up for yourself", "pride", and "sense of belonging", the responses were more balanced. About half the women stated they do have pride and the courage to stand up for themselves. Their main motivation for speaking out and for having a sense of personal pride is their children.

*I spend a lot of time in a rut and don't want to do anything.*

*I am proud of being a mother. I feel pretty good, but it's a struggle month-to-month. I don't feel good about how long it's going to take me to get where I want to go. I feel I should be doing better.*

*I am going to school to try to improve myself but sitting in a classroom worrying about money all the time is very stressful and makes it very hard to concentrate.*

*I have no choices. They tell me what to do and I do it.*

*It would be nice to have more control over things. I'm limited in what I can do. I got a summer job where I made more money, but Social Services took more off me, so it's hard to feel you are getting ahead.*

*I'm not ashamed about the circumstances that brought me here.*

*I'm more assertive than I used to be. I watched them walk all over my mother; I don't want that to happen to me.*

### 11.2 PARTICIPATION IN THE COMMUNITY

When the women were asked about their level of participation in the community, four out of 24 women responded they are "very involved" in the community, 17 responded they are "not involved", and three were "somewhat involved". The kinds of activities in which the women are involved were: CHANCES, ALERT, the food bank, community kitchens, non-governmental organizations, and Al-Anon. CHANCES, a family resource centre in Charlottetown, received the highest rating as a volunteer activity. The women who participated in CHANCES found it a valuable support in terms of parenting courses, building self-esteem, and providing a safe place for them and their children.

It is clear from the interviews that the majority of the women are not involved in community or volunteer activities. Four women stated their non-involvement is not due to being on social assistance, but more to personal preference. However, the most frequent reasons for their non-involvement were lack of transportation and childcare which are directly related to living in poverty. Many stated their lack of involvement has implications for their health; leaving them feeling depressed, isolated and "in a rut".

*I would like to get involved in some volunteer work. What prevents me? Depression, lack of childcare. I often thought I would like to work at Transition House. But it's hard to arrange things like that when you are on social assistance.*

### 11.3 SUPPORT FROM FAMILY AND FRIENDS

When asked if they enjoy support from family and friends, 20 out of 24 women stated they have "lots of support". Two stated they have "no support" and two stated they have "some support". This support has a very positive impact on the health of the women. It is important to know that they have someone to turn to. Some felt guilty they only receive and cannot return the favor; others worry about being a burden on their families.

*I have support from my family and friends. I feel they're there for me. I needed them last year when I was sick. Without their support I would be a basket case.*

*I never get out to meet friends. I do feel isolated and am beginning to feel anti-social. After not going out for so long, now I don't care if I ever go out.*

## 12.0 WOMEN'S SUGGESTIONS FOR POLICY AND PROGRAM CHANGES TO IMPROVE THEIR HEALTH AND TO ENSURE THE WELL-BEING OF THEIR CHILDREN

The mothers on social assistance made suggestions for improvement in the areas of basic needs, and attitudes of the system and its workers. They have specific messages for policy makers.

### 12.1 BASIC NEEDS

Almost unanimously, the women interviewed insisted that unless they receive enough money to cover basic needs, they cannot live a healthy productive life. They insist that the definition of basic needs must be widened so that normal household furnishings are not treated as special needs.

They appreciate the benefits of good, accessible daycare so that their children can learn to interact with other children.

Many of the women know that good employment training and appropriate education programs are essential if they are to get off the system. However, some realize that it is very difficult for them to take advantage of these programs at any given time, and they do not want to feel threatened if they are unable to do so.

### 12.2 Attitudes of the System and its Workers

The attitudes prevailing in the system and expressed by workers have a deep influence on self-esteem, pride and sense of control of mothers on social assistance. The women suggested that the Department and the regions find ways of becoming more sensitive to the reality of the life of mothers on assistance. Workers need to be careful that they are not giving the impression that assistance is coming out of their pockets. They need to remember that they are dealing with mothers and children, not just with numbers.

Workers must have adequate training for the job. This training includes human relations, sensitivity, empathy, non-judgement, honesty, confidentiality, and dedication to responding to the legitimate requests of their clients. Workers should not be rotated so often.

Mothers on social assistance want to have clear information about what their rights are and how they can claim their rights without fear of retaliation.

A number of the women commented that workers would do better if they did not have to work so hard and if they had encouragement to put their clients in the center of all they do.

### 12.3 Knowledge and Motivations of Policy Makers

The women challenged policy makers to try to get a sense of what it is really like to live on social assistance: to be a mother who worries about where the next meal comes from; to be a mother whose children feel people are looking down on them; to be poor and have no voice; to have no incentive to work when their only choice is working in dead-end jobs, for low wages and when they are allowed to keep too little of earnings; to have to justify every transportation need; to be made feel that being poor is the fault of the person on social assistance; to have to spend an impossible amount of income just to get decent housing; or to have your teeth extracted unnecessarily just because you are poor.

These mothers on social assistance challenge the government of PEI to shed the attitudes which prompted them to take back the national child benefit from mothers on social assistance. These women expect their government to take at least as good care of impoverished citizens as they do of the wealthy.

## 13.0 Conclusions

### 13.1 Motherhood – The Overriding Factor in the Life of Women Interviewed

The women in this study are defined by being women, mothers, and social assistance recipients. Their place in the world is sometimes described in terms of being women. This is usually obvious only when direct questions are asked about the effects of being a woman. Being impoverished and on social assistance is an obvious and ever-present reality given the nature of the study.

What overrides these two attributes in every instance is motherhood. The women interviewed identified themselves first and foremost in relation to their children. Their hopes, dreams, anxieties, fears, and their state of health are clearly conditioned by the well-being of their children. They place their impoverishment as social assistance recipients within the context of their children's needs rather than their own basic necessities.

This study reveals over and over again a mother's capacity to deprive herself for the sake of a better life for her child. When one asks questions about how policy changes affect the health of mothers on social assistance, the number of women for whom this means not eating for days is alarming. Policy makers can

make the claim that a given change leaves a person on assistance *no worse off* than before. However, this study reveals that the life of mothers on social assistance is so precarious that any change which *does not better* the day-to-day living of the family is bound to create inordinate stress and disease.

### 13.2 Social Policy, the Resulting Programs, and Their Delivery: How They Affect the Health of Women on Social Assistance

In the years prior to this study, there was a general consensus in the PEI community and among policy makers that economic security is the major determinant of health in various populations. A review of the findings from interviews with twenty-four single mothers in the Queens Region confirms this conviction. Mothers on social assistance live in impoverished conditions. These women reveal that every aspect of physical poverty has a detrimental effect on their health. As well, a significant aspect of that poverty is its accompanying social isolation and marginalization which has a negative influence on the health of the women.

Social policy which does not lessen this poverty and social exclusion is a prominent factor in contributing to physical, mental, emotional and spiritual ill health of mothers on social assistance.

There are programs which aim to better the economic situation of these women, which inspire self-esteem, and which honour the capacities of these women to direct their own lives. When these programs are successful, they enhance the health and personal well-being of mothers on social assistance.

The respect and human concern with which programs are delivered also has an important effect on how women feel about themselves. Workers who have the capacity to encourage and creatively challenge women to appreciate and use their own capacities are key agents of health for their clients.

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