



# Rethinking Health Inequities: Social and Economic Inclusion (SEI) and Lone Mothers in Atlantic Canada

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## **EXECUTIVE SUMMARY**

A growing focus on the social determinants of health exists within Canadian research, policies and programs. However, health disparities among vulnerable populations persist- particularly in poorer areas of Canada such as the Atlantic region. For example, in Atlantic Canada, lone mothers are at a high risk for illness and marginalization despite the increased focus on improving their social and economic circumstances through policies and programs. In addition, many of these policies and programs are developed with little input from the mothers themselves. In order to address this lack of representation of the needs and voices of lone mothers in the Maritime provinces the Atlantic Centre of Excellence for Women's Health conducted 11 focus groups and 27 semi-structured interviews with lone mothers in New Brunswick (NB), Nova Scotia (NS), Prince Edward Island (PEI) and Newfoundland (NL). A total of 99 women participated in these focus groups and interviews.

The goal of this qualitative study was to create a more integrated and responsive policy-development model by using a Social and Economic Inclusion (SEI) framework. This would allow for the consideration of the experiences and suggestions of lone mothers while making cross-provincial comparisons regarding their health, social and economic status and needs for, or evaluations of, current resources. Such an approach promotes more relevant and equitable methods to addressing health, poverty and social marginalization. The findings from this study provide a portrait of the needs, resources, experiences and perceptions of lone mothers and their families in Atlantic Canada. These findings also reveal the links between lone mothers' health and their social and economic inclusion/exclusion.

We used seven interconnecting SEI indicators to open a dialogue with the participants as well as to provide structure through the data analysis process. These indicators and our key findings are presented below:

### 1. Employment

The lone mothers we interviewed expressed a desire to work but found that the current labour-market was at odds with their circumstances as lone mothers and therefore acted as a barrier to their inclusion. They explained that positions available to them (due to their skill levels) were seasonal, often involved shift-work, lacked security, and offered poor pay. In addition

transportation to potential employment was an issue as well as ensuring access to childcare during the hours they needed to work. Participants also noted experiencing discrimination in the labour force as lone mothers.

## 2. Health

Participants described suffering from numerous physical and mental health conditions such as chronic fatigue, osteoarthritis, migraines, diabetes, asthma, cancer, anxiety, depression, bi-polar disorder or manic depression as well as stress and mental exhaustion, which impeded their abilities to pursue work or normalcy within the home. Lack of nutritious foods and diet due to limited income and reliance on food banks also added to their poor health. Furthermore, many of lone mothers we interviewed discussed the strain of having to manage their own health issues as well as their children's physical and mental health conditions. This caused immense stress and the women described feeling isolated and excluded from society due to their own or their child's health status.

## 3. Housing

The majority of participants were living in low-income or low-rent housing at the time of this study. Three main issues were shared by these lone mothers: 1) limited space – the women described having to fit multiple children in one bedroom, or using closets as sleeping areas as they could only afford smaller houses or apartment units; 2) quality of housing – dealing with pests such as bugs and rodents, mould and poor structural conditions were experienced by participants and often led to multiple moves; 3) safety of neighbourhood – the women complained that certain areas were known for violence, drug trafficking, vandalism and theft and that they did not feel safe living in such areas. Stigma and discrimination associated with living in such areas were also commented on by lone mothers in PEI, NB and NL. These housing issues affected women's health and their families health, impeded their ability to belong to their communities, and caused stress and worry, particularly as they continued to struggle with the cost of housing including heating and power.

#### 4. Access to Essential Services

Challenges to accessing four main services were identified by participants: 1) childcare – women discussed that the cost of childcare was beyond their means even with subsidies available, that availability was also an issue (ie finding it during times needed – particularly when working shift work), and the quality of care was questioned, especially if using private care versus a day care centre; 2) transportation – participants explained that the high costs associated with taking taxis or having and maintaining a car and the inadequacy of public transportation services limited their ability to access resources needed, attend classes, or find and keep work; 3) recreational and support programs – women shared that they often felt isolated and lacked a sense of community and worried about their children feeling isolated due to lack of recreational and support programs in their areas, the high costs to attend such programs, the lack of transportation to programs, and lack of childcare available to attend these programs; 4) medical and dental services – a major detriment to the health and social and economic inclusion of lone mothers and their families was the cost of medications and medical and dental treatments. The lone mothers we spoke to described having to balance bills and food with medication costs – often going without the latter, and having to make due with less effective treatments in order to keep down costs, or because that is what was available to them through social assistance (SA) programs.

#### 5. Financial

The lone mothers we spoke to described experiencing high amounts of stress and anxiety due to financial constraints. This financial struggle was evident whether the women were receiving SA or working for wages; either way, these women shared that they were always having to juggle between paying bills, buying groceries, filling prescriptions, or trying to access and pay for childcare. Thus juggling created feelings of helplessness and a sense that they would never get ahead. In addition, navigating SA, engaging with social workers and other associated personnel and trying to live on SA's limited funding caused further stress and strain for those we interviewed. In order to address these financial constraints some women reported having to work under the table, barter for services with other lone mothers or neighbours, and rely on family and friends for support.

## 6. Social Support and Participation

A strong desire for emotional support and the ability to participate in communities was expressed by the majority of lone mothers in Atlantic Canada. These women felt there was a lack of support programs geared for lone parents (lone parenting groups, social activities or classes that include child care). They also described facing discrimination and stigma in their broader communities because they are lone mothers or because of the areas in which they can afford to live. Some participants also explained that it was difficult to relate to others (two parent families, individuals without children) who could not grasp the full reality of their lives as lone mothers. If possible, many participants thus relied heavily on family and friends for childcare, transportation and funds so that they could participate in various social activities, but also for emotional support.

## 7. Education

Many participants did report an aspiration to return to school to complete or further their education. However, many also stated that they felt this was impossible due to the costs of education as well as the difficulties and costs of transportation to school and finding childcare while they attended classes. Although a few participants mentioned the potential to receive various educational subsidies, they still found it would be problematic to pay the remaining amounts. In addition, navigating the process to apply for funding assistance or educational programs was also seen as a deterrent. Therefore, despite understanding that advancing their education may be worthwhile in potentially obtaining better employment or improving their social and economic status – pursuing this goal seemed unrealistic for lone mothers given their circumstances. A few participants also commented that returning to school would not be worth the risk of leaving work they had secured and having to go back to relying on SA or a reduced income.

It should be noted that throughout these seven SEI indicators, lone mothers commented on being caught in a “catch-22” when dependent on SA. The majority wished they could work and not use SA but found that the process of being cut from its programs would result in worsening circumstances for their families. Despite struggling within the limitations of SA, participants expressed that the employment they could secure would not cover costs of housing, food,

transportation and child care, and would not include medical and dental coverage. As such, lone mothers felt there was no way to get ahead whether they found employment or remained on SA. They expressed doubt at being fully included in their communities under the present nature of the labour-market and SA system.

With these findings in mind we have made the following recommendations:

- 1) In order for policy-makers to recognize the diverse and unique needs of lone mothers it is important to engage in conversations with lone mothers and listen to their perspectives, experiences and suggestions. These perspectives and suggestions should then be considered and applied to programs and policies that are created to assist this group of women.
- 2) A key challenge for lone mothers in acquiring employment or engaging in social and community events, and thus experiencing SEI, was the cost and limited availability of childcare services. Programs that would provide all lone mothers (whether working, at school or caring for children at home) with affordable reliable childcare services would therefore assist in overcoming social and economic exclusion. Furthermore, these childcare services should be available outside of the standard nine-to-five, Monday-to-Friday work schedule, accommodating shift work and summer care for school-aged children.
- 3) Financial supports are required for lone mothers to be socially and economically included in our societies: funding and income assistance programs should provide an actual living income as well as safe, quality housing and transportation. Financial supports and benefits through programs such as social assistance should continue for a period of time after lone mothers successfully find employment in order to allow these individuals time to establish themselves, to “get ahead”.
- 4) Lone mothers described facing humiliation, discrimination and stress in navigating government programs and services. Lone mothers stressed the importance of changing



stereotypes, particularly among policy makers and service providers, and the need to incorporate the knowledge and perspectives of lone mothers into policies and programs.

- 5) Lone mothers also commented on the logistical challenges of navigating policies and services. They identified the need for clearer, plain language information available in a timely and accessible manner as well as practical and helpful programs.
- 6) Considering the stress and limitations that exist for lone mothers, quality medical and dental services are required. Fewer restrictions and more coverage for prescriptions, mental health care and dental care were also recommended.
- 7) Education programs for lone mothers should be more readily available, including funding for such programs. Eligibility criteria should be more flexible and lone mothers should have access to more and better programs and the ability to remain on SA while advancing their education. Having the support of career counselors would also benefit lone mothers in choosing their educational paths.
- 8) Parenting supports were also seen as a means to confront social and economic exclusion, allowing lone mothers to share experiences, learn new skills and build networks. Lone mothers suggested the benefits of parenting groups specifically geared for lone mothers, such as parenting courses, and having access to funded counseling services.
- 9) In order to feel less isolated and more included, participants suggested having funded, affordable and accessible community or recreational activities for both themselves and their children, particularly children from ages eight to sixteen.

## **INTRODUCTION**

The past decade has witnessed mounting awareness and research on the social determinants of health in Canada. Despite this increased focus, significant health disparities among vulnerable populations remain. In poorer areas of the country, such as Atlantic Canada, marginalized groups are greatly affected by illness and by economic and social exclusion (Colman, 2002; Raphael, 2001). Women are among the most vulnerable groups in Atlantic Canada, and those women who are raising children alone are at even higher risk of illness and marginalization (Colman 2003). Although policies and programs have been developed to improve the social and economic circumstances for lone mothers in Canada, they often remain insensitive to lone mothers' needs and continue to be developed with little to no input from local community leaders or the women themselves. The purpose of this research project was to use a Social and Economic Inclusion (SEI) framework to create a more integrated and responsive policy-development model with the aim of improving health for lone mothers in Atlantic Canada. Such a model would take into consideration the thoughts, feelings, suggestions and experiences of lone mothers, thus promoting more relevant and equitable approaches to addressing poverty and social marginalization.

In order to develop a portrait of the needs, resources, experiences, and perceptions of lone mothers and their families in Atlantic Canada, and to identify the significant links between their health and their social and economic inclusion/exclusion, we conducted 11 focus groups and 27 semi-structured interviews with lone mothers across the Atlantic provinces. This allowed for cross-provincial comparisons regarding lone mothers' health, and social and economic status; their needs for resources; and their evaluations of existing programs and policies.

This report presents the major findings from our qualitative research with lone mothers in Atlantic Canada. It is divided into six sections. The introduction provides the initial presentation of our research and its purpose. The background defines social and economic inclusion and exclusion and describes its beginnings within Europe and the United Kingdom, as well as its transferability to Canada. This section also presents the circumstances and research that led us to pursue this project and how we chose our framework. Next we discuss the methods used to conduct the research. The significant and cross-provincial outcomes are presented and

summarized in the findings section. We then move to our conclusion and finally, offer recommendations based on the research findings.

## **BACKGROUND**

### **Lone Mothers**

The term single mother often denotes moralistic assumptions regarding a woman's marital and family status, thereby deflecting focus from her mothering roles and responsibilities (Murray, 2004). In order to avoid this moralistic approach and improve our understanding of the complex circumstances, needs and health concerns women face in raising their children alone – regardless of their marital status – we have chosen to use the term lone mother (Murray, 2004). Statistics Canada (2001) reported that 16% of all families were lone parent families, and 81% of those were female-headed households. In Atlantic Canada specifically, 21% of families were headed by lone mothers (Statistics Canada, 2001).

What is significant in looking at the number of female-headed lone parent families in Canada is the health disparities and social and economic exclusion these families face. For instance, lone parent families are more likely to live below the poverty line; experience more family structure transitions; live in less desirable neighbourhoods; and have higher rates of social assistance (SA) utilization (Ambert, 2006). In addition, lone parent families, and more specifically female-headed lone parent families, are more likely to experience hunger, homelessness, and other forms of poverty (McIntyre, Connor & Warren, 1998; Pascal & Morley, 1996; Rude & Thompson, 2001). For lone mothers, these hardships worsen. The lifetime occurrence of depression is three times higher for Canadian lone mothers than women in households with two parents and they are three times more likely to report drug or alcohol abuse compared to women raising children with someone else (Avison et al., 1996). In comparison to mothers who are married or not alone with their children, lone mothers also tend to be poorer, have less education and be more likely to smoke (Curtis, 2001). Their poverty often causes exclusion within their communities (Vosko, 2002), leaving lone mothers and their children increasingly marginalized from mainstream society.

In Atlantic Canada, 67 % of female-headed lone parent families are living below the poverty line (Colman, 2000). The large percentage of lone mother families living in poverty, and higher rates of poverty in the Atlantic region, places these women at higher risk for significant health disparities and social and economic exclusion (Colman, 2000). It is therefore imperative to increase our understanding of the complexities of these women's lives, the "choices" and interrelated health concerns they face, and the resources and support (or lack thereof) presently available to them. In order to do this, a new lens needs to be applied in examining the lives of Atlantic Canadian lone mothers.

Current policies continue to encourage reinsertion of lone mothers into the workforce as a solution to the economic, social and health deficiencies that these women face (Duncan & Edwards, 1996; 1997; Evans, 1992; 1996, Lord, 1992- proposal). However, most of these women end up in low-skill, lower waged employment (Colman, 2003). Thus, while rates of poverty decrease in Atlantic Canada through the increases of paid employment, there are still women and children facing substantial economic hardships and associated health risks. For instance, research shows that working lone mothers have considerably less time for taking care of their homes, children and themselves, compared to married or partnered mothers (Colman, 2003). Furthermore, Curtis (2001) concludes that there is no indication of a harmful link between unemployment and lone mothers' self-reported health status. There is, however, a connection between poor self-reported health and lone mothers receiving SA. This then leaves us questioning both the push for "employment and income focused" policies, as well as the systems and policies surrounding SA programs. It is evident from the literature that women are experiencing negative health outcomes in relation to being on SA (Curtis, 2001), and yet working lone mothers may be paying a high social, personal and economic cost for little gain when they enter the workforce and must balance a lack of accessible childcare, low wages, and less time for self and family (Colman, 2003).

A more complete picture is necessary in understanding the various dimensions involved in the social and economic barriers that exist for lone mothers. Assumptions are often made regarding what is considered a "necessity" and what lone mothers need and do not need – without engaging the voices or including the input of lone mothers. Our conversations with lone mothers illustrate that this results in inappropriate "one size fits all" policies and programs and misunderstandings

about the realities of lone mothers' daily lives. Applying social and economic exclusion and inclusion theories allows for new ways to recognize and comprehend poverty and disadvantage and their impact on health and well-being (Shookner, 2002), while redefining necessities to include those things lone mothers and their families need to be socially and economically included in society. This approach enables researchers, policy makers and program managers to acquire and potentially understand the fuller picture.

### **Social and Economic Exclusion/Inclusion**

Many of us can relate to feeling included or excluded in the experiences of our daily lives; whether we are being included in or excluded from our family, neighbourhood, or community (Shookner, 2002). Social exclusion, for instance, can occur “when people lack access to education, employment, decent housing, healthcare, and other conditions necessary for full participation in society” (Williams, 2000, p.5). These dimensions interact to exclude individuals from having the opportunity to participate in the social and economic benefits of society (Guildford, 2000). Social and economic exclusion and inclusion have been considered in central public policies in Europe and the United Kingdom since the 1970s, and can be seen addressing many dimensions of life and experience – cultural, economic, functional, participatory, physical, political, structural, and relational (Shookner, 2002). This has influenced a change in the way we view poverty – expanding from a focus on inadequate material income to include lack of education, poor nutrition, poor health, powerlessness, voicelessness, vulnerability and poor nutrition as well as low income. High costs are often associated with social exclusion, particularly in relation to poor health (Guildford 2000).

The recognition that people suffer from both economic and social outcomes when excluded, inspired the term ‘Social and Economic Inclusion’ (SEI) and its application to policy development in the EU and later in Canada (Guildford 2000). For instance, as Guildford (2000) presents, the European approach to social and economic inclusion has offered a practical context for Canada and other countries to think about alternatives for learning about and addressing poverty, social justice and economic efficiency, while recognizing that social and economic exclusion is also very expensive for society as a whole. This recognition led to the incorporation of social investment in policy debates in the EU, which led to policies that address social exclusion and therefore also provide the potential to increase employment and reduce poverty.

Reducing poverty can have a positive economic impact on a country through improved health of its citizens and thus lower health care costs, as well as less costs surrounding social support programs (Guildford 2000). As SEI continues to be advanced in the EU, Canada also looks toward using SEI to inform its own policies (Guildford, 2000; Shookner 2002).

### **SEI in Atlantic Canada**

A desire for alternative solutions to social and economic issues in Atlantic Canada encouraged the consideration of an SEI-based approach to policy development (Guildford 2000). For example, in the late 1990s the Newfoundland and Labrador Reference Group on Social and Economic Inclusion (NLRG) and the Maritime Centre of Excellence for Women's Health (MCEWH)<sup>1</sup> produced a policy discussion paper on inclusionary approaches for the province's new Strategic Social Plan. The Strategic Social Plan was developed to address key provincial issues, such as unemployment, poverty and declining communities. It also recognized that a high percentage of people were self-reporting as being excluded from mainstream society due to poor education, low income, disability, gender and age (Williams, 2000). The paper presented the Scottish Social Inclusion Programme as a potential model, due to its focus on and promotion of inclusion (rather than exclusion) and its encouragement of involving community organizations as well as those who have direct experience with social exclusion (Guildford, 2000; Williams, 2000).

Similarly, Shookner (2002) created the Inclusion Lens as a tool that would assist the Population and Public Health Branch, Atlantic Regional Office, Health Canada<sup>2</sup> to achieve one of its broader objectives to guide the development of healthy public policies and programs that speak to the determinants of health as well as social and economic inclusion. This tool was also made available for the broader use of policy makers, program managers, community leaders, and activists (Shookner, 2002).

The SEI concept in Atlantic Canada was developed to emphasize the importance of considering not just financial resources but also the social structures, policies and programs that influence social and economic inclusion and exclusion and affect people's daily lives (Guildford, 2000).

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<sup>1</sup> The Maritime Centre of Excellence for Women's Health is now called the Atlantic Centre of Excellence for Women's Health (ACEWH).

<sup>2</sup> PPHB Atlantic became part of the Public Health Agency of Canada.

### **An SEI framework for qualitative research with lone mothers**

We wanted to ensure that the SEI framework we utilized for our research would recognize the importance of valuing the knowledge of lone mothers and allowing them to speak to the issues that affect them directly (MCEWH & NLRG, 2000). It was important that our framework serve as an inclusion lens that would “provide a way to begin the dialogue with excluded groups, raise awareness about how exclusion works, and identify steps to move toward policies, programs and practices that will be inclusive” (Shookner, 2002, p.1). We also required an SEI framework that would recognize the overlapping nature of economic and social barriers which “interact with one another, creating long term effects on individuals and families” (Williams, 2000, p.5).

Examining poverty and its impact on health in strictly economic terms would not capture the depth of poverty in which many lone mothers live, and further, would ignore the experiences of lone mothers who are not living below the low-income cut off rates yet continue to experience social and economic exclusion. We required a framework that would consider how lone mothers are excluded or included according to different dimensions and that this inclusion or exclusion is not just an outcome but a process that can be social, structural, geographic or temporal.

Therefore, we chose to structure our research and analysis on seven inter-connecting indicators of social inclusion: (1) Employment, (2) Health, (3) Housing, (4) Access to Essential Services, (5) Financial, (6) Social Support and Participation and (7) Education (Atkinson et al., 2002). It is important to note that due to the interconnection between and within these dimensions, it was difficult to separate out the themes that were described by the participants. Thus some of these themes may be described more than once but with reference to different dimensions of the social inclusion framework.

## **METHODS**

The goal of this qualitative study was to increase our understanding of the complexities of lone mothers' lives, the social and economic exclusion they face, and the impact this has on their health and well-being as well as that of their children. In using an SEI framework to structure our research and data analysis we also utilized the seven social inclusion indicators listed above to open a dialogue about social and economic inclusion and exclusion with 99 lone mothers in Atlantic Canada. In addition, we used this opportunity to learn about the services, policies and programs these mothers can and cannot use, as well as listen to their suggestions about how to

move toward more inclusive policies and systems in order to improve their overall health and well-being.

### **Research design and methods**

We conducted 11 focus groups with lone mothers across Atlantic Canada. Focus groups are valuable qualitative research tools as they create fluid and flexible environments where multiple perspectives can be shared (Madriz, 2000). In addition, we conducted 27 semi-structured interviews with women in order to develop a fuller picture of the social and economic inclusion and exclusion that exists for these lone mothers.

Ethics approved focus group and interview guides were utilized and structured to follow the seven key social inclusion indicators listed above. The focus groups and interviews lasted approximately two hours and were audio-recorded.

### **Participants**

Women over the age of 19, raising one or more children on their own, and who had the ability to speak English were eligible to participate in the study. Theoretical sampling was used to ensure a cross-section of women in terms of employment status. The participants were recruited through community organizations, and as such, were already aware of various forms of services available to lone mothers. This is important to note, as the recruitment, and thus our research, may not include those lone mothers who are not aware of or using services and as such are considered to be the most marginalized.

The locations of the focus groups and interviews were chosen to include a variety of participants based on a community's geographic location, population-size, and demographic diversity. Focus groups were conducted as follows: two in New Brunswick (NB); three in Nova Scotia (NS); three in Newfoundland (NL); and three in Prince Edward Island (PEI). A total of 77 participants were included in the focus groups. Six lone mothers were interviewed in NB; seven in NS; five in NL; and nine in PEI. Many of the women interviewed were also participants in the focus groups; therefore they were counted only once in the total number of participants in this study (99).

Appendix A includes merged demographic tables for the 99 lone mothers who participated in the focus groups and interviews.



## **Analysis**

The audio-recorded interviews and focus groups were transcribed verbatim and transcripts were then entered into the qualitative software package – QSR N6 for coding and analysis. A modified deductive thematic approach (Boyatzis, 1998) using the SEI lens and framework was used to analyze the data. Themes were developed and guided by the seven key inclusion indicators,.

## **FINDINGS**

The findings that emerged from our research illustrate how lone mothers in Atlantic Canada face social and economic exclusion in a variety of settings, where a number of contributing factors intersect to perpetuate this exclusion. In addition, lone mothers describe the existing policies and programs they must navigate as largely failing to address their needs and realities. Our findings thus reveal the systemic challenges lone mothers’ face and the effects of social and economic exclusion on lone mothers’ health and well-being.

For the most part, lone mothers across Atlantic Canada expressed similar concerns and struggles in relation to the SEI dimensions (Employment, Health, Housing, Access to Essential Services, Financial, and Social Support and Participation). However, differences did emerge and these have been identified where appropriate.

## **EMPLOYMENT**

The participants we spoke to indicated that either they were currently working in a waged position, or were not working and thus relied on SA programs and services. Those who did work (30 of the 99 participants) felt they had no other option as they were the sole income earners for the family:

*Just about everything is placed on me. Like there is no back-up. There is only the one income. And I don't have the option of staying home with him [my child] because I have to go out to work to pay bills. (PEI Interview)*

*And I have looked into other places. But if I left the job I am at right now, it would be lower than what I am making now. I looked into it. So I am not going to accept that. I*

*want to go up the ladder, not down the ladder... I went into work a couple of times sick as a dog, and I still went to work. I couldn't afford to stay home. (NB Interview)*

Those not working expressed a desire to work but did not feel it was possible given the obstacles they faced in finding decent employment. For instance, most of the women from NS, NL and PEI described feeling guilty about not working and relying on SA services but felt it was nearly impossible to participate in the workforce given their circumstances:

*And I don't want to take, like I feel guilty taking government money, I do... Like I have all my uniforms downstairs and I want to be out working. The other thing being a single mother has prevented me from being able to do shift work. (PEI Interview)*

*...and then money-wise, I don't know if it would even matter, because by the time I go back to work and then pay for childcare – like you know it don't – it won't even out. Like, you know and pay rent, and pay this. You won't have enough money to do that anyway. So that's the only problem that I find with going back to work right now. (NL Interview)*

The above quotes touch on two barriers (condition of the labour-market and inaccessible child care services) that women identified as preventing them from joining the labour force. These will be discussed shortly in more detail. Two other barriers – discrimination and lack of needed job skills and training – also work to exclude lone mothers from the job-market. These will also be presented in subsequent sections. All four factors interconnect, acting as exclusionary agents for lone mothers.

### ***Present nature of the labour market***

The majority of participants across all four Atlantic Provinces explained that the current labour-market was at odds with to their needs and circumstances as lone mothers. They described the positions available to them (due to their existing skill-set, experience and education) as fluctuating, seasonal, lacking security, and offering poor pay:

*I mean it [the system] is geared to jobs where you still won't earn any more than if you were working basically minimum waged jobs... Most of the jobs around here are under 30 hours a week. (NS Focus Group)*

*There's a lot of minimum wage work but I mean that is the same thing as going on Social Services for me. Because I mean I need something that is going to pay pretty good. Because six something [dollars] an hour, like babysitters charge that. If I am working and have to pay a babysitter six something [dollars] an hour, I mean I am defeating the purpose. (NL Interview)*

In addition, these positions tended to require shift work –something that is difficult to accommodate as a sole caregiver for children and child care services are not available during the required hours, such as night shifts. Three mothers explain the issues around the present availability of work and trying to meet shifts while caring for their children:

*Well, any jobs these days you get, it is not full time...No, it's [shift] always different. Every week is different – some days, some nights. It's very difficult. (NB Interview)*

*No but because you're a single parent there are a lot of jobs, I mean, I wouldn't be able to take a job at [call centre]... The hours would have been four in the evening until one in the morning. I could not take it... (NL Focus Group)*

*I went back to school and got my GED, and then carried on and took a course and got my degree in being a resident care worker. And I can't work. I am single. Heck when you go out there, it's shift work. It's what is called shift work. Yes my 12 year old could very easily get herself to school in the morning... I could bring the little guy to day care. No problem... But what about the three to eleven [pm] when it's bath and supper, homework and bed? Or what about eleven [pm] to seven [am] when your children are sleeping? (PEI Focus Group)*

These examples illustrate how the present nature of the labour-market acts as a barrier to lone mothers' participation in the workforce. The majority of positions the participants would qualify for offer only minimum wage, require shift work and do not provide long-term security. When considering the costs and limited availability of child care (the next factor we will discuss) as well as the minimal income gained, it is no wonder that so many women feel they are economically better off to stay on SA. Two women explain:

*For single mothers, social assistance is better than working; it pays more. (NB Focus Group)*

*...but if we're trying to work and we're trying to get up off our feet, at least let us make enough, concerning everything around here is minimum wage, minimum wage doesn't pay the bills. That's all there is to it. Help us out to at least come up to the poverty line...But we are living way below the poverty line like I mean I remember five years ago someone saying that a single person making \$10,000 dollars is the poverty line. There's many years I haven't made more than that supporting two kids by myself. ...And that is why sometimes you do see some people taking advantage of that distance and staying on assistance and not making any extra income because they know once they do get a job they're going to fall further behind. (PEI Interview)*

But not working also contributed to feelings and experiences of social and economic exclusion.

***Inaccessible child care services- cost, quality, and availability***

As some of the women indicated in earlier excerpts, many faced challenges in finding childcare for the shifts they are or would be required to work if they gained employment. Without another parent to care for children, the fact that daycare facilities are not open during late night hours meant participants were unable to consider applying to or accepting employment that require shift work. A PEI woman describes the challenges around finding childcare for shift work:

*Around here a lot of work, it's only seasonal, but a lot of it's shift work. Daycares are only open 'til five-thirty [pm] maybe six [pm] if you're lucky. I have no family okay so if I have to work you know past six o'clock who am I going to find to pick up my child and take care of him until god knows when or until I get off?... I don't know what the legalities are but it would really help if we had a shift work daycare. (PEI Interview)*

During a focus group in NL women noted that daycare services were more reliable, but were also more expensive and thus many had to rely on private child-care workers. However, the quality of care provided by babysitters was questioned:

*...we're funded but they pay for our childcare and we can put our child in a daycare which is usually reliable but when we're done at school, if we go to get a job and we got to pay for daycare ourselves we better get some high paying job. Are we going to hire a babysitter at home who can do like what she said, oh I can't come in today whereas the daycare unless there's something major... (NL Focus group)*

*I'm going to work and get \$6.25 an hour and work and bring home \$250 every couple of weeks versus \$100 a week which then you're looking at the situation of putting a young girl, or a teenager in your home and then how do you know, with me I'm very particular, I didn't want anybody who is into drugs, I didn't want anybody that was drinking and stuff a whole lot with the exception of week-ends, what they did outside my household was their decisions, I wanted somebody who was going to keep my house tidy, not necessarily scrub the floors, but at least do the dishes in the run of the day, on nice days take my child outside and whatnot. And it's like it's so hard to get a babysitter to do that. (NL Focus group)*

Facing childcare barriers that excluded women from participating in stable employment proved to be very upsetting for some women and caused others to feel they were not living to their full potential:

*So I'm working at odd jobs that are not going to get you anywhere even though I have a high school diploma. I didn't excel but there was always potential. I always felt there was potential. Tourism, I've got a diploma in tourism however that is up in the air. Who knows if you are going to be working tomorrow. And then when you have a child, you cannot travel. And you are limited to what you can and cannot do. (NS Focus group)*

*I used to be the one who had the job, who had the [pause] I had all the opportunities in the world and now that I have a baby, it's totally flipped around on me. Like I'm looking for help and it's not there... Even going back to work that's rough for me right now... Say you're paying somebody five to six dollars an hour and you're only make eight... So it don't make no sense. And I love working, I love to be working, I'd love to go back and do what I was doing and [crying], this is too much... (NL Focus group)*

### ***Discrimination***

Lone mothers in two of the four Atlantic Provinces (PEI and NS) described encountering discrimination in their workplaces or believed they had been disqualified from gaining employment due to discriminatory practices toward lone mothers. Women also reported experiencing stress and emotional distress in how they were treated at work.

Two women, for instance, felt that assumptions made around lone mothers' capabilities and limitations, particularly for those known to have relied on SA, interfered with their chances to secure employment:

*If you go for a job interview and say you are a single parent, it's just like, "Oh, well, we are not very interested," because they know you are going to take time off for your kids. (PEI Interview)*

*...But there have been a few times where I have applied for work at a specific place, and I feel like the director of that place- because she knows a bit about me and she knows that I am a single parent, and she knows that I have been on social assistance, hasn't hired me because she sees me as the needy and not able to fulfill that role even though I have the training and the skills necessary ... (NS Interview)*

Others described facing discrimination on the job-site. One woman explained that assumptions are often made about how "desperate" lone mothers are for their pay cheque and how this can lead to poor treatment and disempowerment:

*First of all, I think it is the perception in the environment, the business world, that us women when do get to work, we are to hang onto that job by the skin of our teeth. We are very... And some are very educated and some may not have completed programs. But I tend to think they assess our desperation for that pay cheque. ... I am truly worried if this society believes that when we do eventually get back to work, we are still seen as if we are under somebody else's thumb. (NS Focus group)*

### ***Lack of needed job skills and training***

Lone mothers in each of the four provinces mentioned that their lack of job skills and training limited the types of positions they were qualified for, and thus the nature of the work and income

they would potentially receive. Participants wished for more accessibility to job training and learning or improving certain competencies such as computer skills. They felt this would aid in their efforts to find and secure employment:

*The jobs, you can't get the job that you would like to have... And in order to get the different job, you have to have the grade 12, like everybody wanted at the time. And now it's more. So you have to do what people want in a round about, respectable way. (NS Interview)*

*Like I put my name before at the job at the hospital but you have to have computer courses. You have to know a lot more to just even get into the hospital system. Like I went to school and got my GED but I knew I would need it before I could even apply at places.... And plus then you have to know how to use a computer...I can use a basic computer but I don't know like a program or anything. But I can use the keys and how to get into it...I think social assistance, they should have a program where you can go in and teach you how to use a computer. (NB Interview)*

The women also mentioned the cost of receiving training or advancing their education and questioned if the payout was worth the return. For instance, one woman revealed her desire to be a Veterinary Assistant but when she investigated the cost of schooling versus the pay she would receive she decided it was not worth it:

*[I am interested in becoming a] Veterinarian assistant. And since my cat has been sick, I have been talking to his doctor. And seven dollars an hour to me after taking all that study and time and effort isn't enough money. I can go and work at a call centre right now for over ten dollars...ten or over. So it doesn't...- That doesn't make sense to me to do that. (NB Interview)*

### ***Others barriers and 'raising kids is work'!***

The four barriers we presented above were the key areas women discussed in acquiring or actively searching for work. Participants did mention other barriers such as illness, transportation, and risking the loss of certain SA benefits once they were working. However,

these issues and their impact on the women's social and economic inclusion will be given more attention in the later sections of Health, Access to Essential Services and Financial.

It should also be noted that while there were participants who felt guilty about not working, or were actively trying to find work, there were others who actively made choices to stay at home to raise their children. These choices were often difficult to make, but the women expressed their belief that this should be their choice and that it was a better alternative than leaving their children behind with a care provider in order to be able to work:

*So you've got a choice of doing that (part-time job) or staying home, raising your kid the best way you can. And you have to keep telling yourself this is a good thing. Even though I am using the system, and I hate to do it, this is a good thing. (NS Focus group)*

*Yes, I am choosing not to (work) because I would like to be the one to raise my son, not just go back to work and dump him off with people that I don't even know. (NB Interview)*

One woman also pointed out that being unemployed did not mean she was not working. She understood the importance of the work she was doing in raising her son, and felt it should be recognized as work:

*People don't look at that. I am doing something. I am raising my kid. And I mean I don't want somebody else raising him. I went back to work. I worked at a job for 3 months... But in that 3 months, my son was being raised by somebody else. He was turning into somebody I didn't even recognize... So I made a conscious choice to try to stay on Assistance as long as possible because I want to raise my son. I don't want somebody else raising him. (NS Focus group)*

As our research illustrates, lone mothers are often excluded from social and economic dimensions of society because of the barriers that exist in entering the labour-market. For many lone mothers, employment options are limited to low wages and shift work, which are not suitable for their circumstances. In addition, finding employment often means a sudden end of all support received from SA, including as subsidies for day care, housing, and medical costs, which can push women even further behind (this is discussed in more detail in the Financial and



Essential Services sections). Therefore, the lone mothers we interviewed questioned the feasibility and value of leaving SA for low paying employment opportunities.

## **HEALTH**

The participants were asked about their overall health, including both physical and mental well-being. Women spoke to the challenges they faced with respect to their own health and well-being, as well as their children's, including meeting nutritional needs and navigating health systems. They also shared how they coped with such challenges and the stress it caused.

### ***Physical Health***

The majority of lone mothers in PEI, NB and NS informed us that they felt healthy despite also reporting that they suffered from numerous health conditions, such as chronic fatigue, osteoarthritis, migraines, diabetes, asthma, cancer and fibromyalgia. In NL, however, the majority of lone mothers stated that they did not feel healthy and that their poor health added to the challenges they faced as lone mothers and (for some) working outside the home. Managing health conditions while attempting to 'get ahead' or maintain a level of normalcy added to the exclusionary barriers these women faced, and often perpetuated feelings of embarrassment or shame:

*I have arthritis in my spine – I have it in my hip – I have it in my knees.... I have it, which is a great challenge – having to lift a child around who's 2 – having to lift everything from day to day, having to move this, move that, that's a challenge. It's harder on my body. (NL Interview)*

*I clean an old person's house, he just don't really need anything clean, he just wants to give me money. So I go and get \$20 worth of stuff. It's sad. It's sad to say out. It's just plain embarrassing. I tried working like I said but my body just can't do it. (NL Focus group)*

*...you guys didn't talk about chronic fatigue syndrome. Most people don't really understand what it is. It's just a word to them. But what it is a compromise of everything in you. Your immune system is shot. You are sick every month with something, usually*

*like strep throat, any virus that is going around or anything like that. You can't cope with anything.... (NS Focus group)*

Many mothers also explained that in general they had felt healthier prior to having children:

*Because like ever since I've had her, I don't know if it's just exhaustion or what it is but I find I just get light-headed sometimes. I haven't really felt like myself... my health was way better before I got pregnant... But I was always so active. (NS Interview)*

### **Health and Nutrition**

Lone mothers linked their poor health partly to poor nutrition and a lack of access to healthy foods. Many of the women reported relying on food banks, which was often problematic due to the rules governing the amount of times individuals are allowed to use its services:

*Oh gosh, no (Food bank is neither a weekly nor a daily event). You are only allowed to go once a month. That is another thing - you can only go there once a month. (PEI Interview)*

*It takes all day to go to the Food Bank. When people are critical and people are going to the Food Bank, it's not like it is an easy thing to do. I mean you go, you have to line up, and then you have to wait, and then you have to give your name and information, and then you have to wait. And then they give you your food. And then you have to get it home... Like it is not a quick and easy trip to the grocery store to get exactly what you want. And so sometimes being poor requires more effort in order to get the things that you want. There may be those resources but you have to work at it. (NS Interview)*

There were also some cases where the women felt they could not turn to the food bank for fear of being stigmatized:

*I've heard a lot of negative stuff that you just feel like crap because people working there (food bank) look down on you. They look at you like oh God, what did you do with your money anyway? (NL focus group)*

Not being able to feed their children proper foods led the women to feel as if they were failures and caused them to worry about their children's health and inclusion in society. Many mothers

chose to go without food in order to ensure their children ate first and the best food they could provide.

*I can't afford to buy fresh fruit. I can't afford to buy yogurts all the time and the doctor doesn't understand that. Okay, you take my income and you go out and buy me the groceries, right. Because I can't afford it. So I do without and I always make sure that he's [son] got what he needs for school and I do without. I shouldn't have to. Nothing you can do about it right. (NL Focus Group)*

*We all want our children to eat healthy and want the best for them in life. But when you're put in the situation where you feel you're not even able to provide for them in that way. You feel like you're just a failure and you're letting them down really. (PEI Interview)*

### **Health of Children**

Participants in NL, NS and NB also mentioned that adding to the strain of managing their own health was dealing with the health concerns (both physical and mental) of their children – often with very little support:

*Challenging? Well, what I found really hard was when my son was...before he started school, we didn't know. Like I didn't know he had ADD then. And he was really difficult to raise. And it was really hard because I was alone. Like I didn't have any support. I didn't even know what was wrong with him. I didn't even know if there was anything wrong with him. If there was, I didn't know. And my family, like I said, weren't there for support. They wouldn't take him to babysit. Like they wouldn't babysit him because he was too bad... (NL Interview)*

*Especially if your kid [has] got something wrong. How can you go to work every day, come home with your kids and take them to a doctor's appointment once a week, especially if there's something wrong with them? There's no job going to let you, okay, you go two hours now. A job is a job. They're not going to let you go to the doctor*

*because your kid got issues every once a week or twice a week, it's not happening... (NL Focus Group)*

Addressing their own health issues, as well as their children's caused stress and created many barriers for these mothers' inclusion in the workforce and their communities. The women we interviewed did touch on ways to avoid, prevent or manage disease and illness, mainly describing exercise and diet as ways to stay healthy. However, these attempts were often hindered by the challenges of obtaining nutritious foods (as we reported earlier in this section) and financial constraints. Although, some found the cost was necessary for better physical health, as one woman explained:

*I recently started going to a gym even though I really can't afford it. I've had to work that in because it's necessary for me, and I feel physically better. You know, I'm losing some weight, and it just means I'm not getting stressed out all the time, flying off the handle at my son. (NL Interview)*

Coping with stress, feelings of isolation, anxiety and other forms of mental health issues also affected lone mothers' overall health and well-being, often overwhelming the women and further impeding their attempts at social and economic inclusion.

### ***Mental Health***

What was most significant across the four provinces was the amount of mental health issues lone mothers reported. The participants described suffering from mental exhaustion, lack of sleep, anxiety, stress, depression, bi-polar disorder or manic depression, as well as feeling lonely, isolated and angry. The women described how the day-to-day issues they dealt with, such as financial strain, worry about their own and their children's safety, having no support, work concerns, and leaving relationships exacerbated their experiences of isolation, depression, anxiety and stress.

*Stressful, overwhelmed [with debt] ... Well, just things get hard sometimes, and you get overwhelmed, and you feel like, "Okay, is this my day to have a breakdown?" ... Every day is different. All of the above. You know, worried, stressed, overwhelmed, anxious, like anxiety. Everything. ...I don't know how to say it. Bills, money, worry about am I doing a*

*good job, am I doing it right. Right now I am going through a custody battle so that is a lot of worry.” (NB Interview)*

*...Not a lot of people to talk to. I worry about everything, everything. Everything is a worry...You got to carry it inside. And especially if you left somewhere where you're used to. You were in your husband's life. When you leave you lose all that, you lose all your friends, you lose everything. Like he took all that with him. (NL Interview)*

Some of the mothers also described dealing with a history of violence or abuse as well as ongoing threats of violence. These experiences not only affected their current mental health status, but also became another issue to worry about.

*He [ex] calls and threatens me all the time. ...Oh, that he is going to take my son for the summer, and that he's going to do all kinds of different things...I called Legal Aid. The only way that Legal Aid will even help with financial or any kind of support is there has to be physical abuse. Well, there was when we were together, physical abuse, and you know, cops called and all that. But now he's in Vancouver. There is no physical. So there are threats but... (NB Interview)*

*Well, one thing, I always worried about my kids. The first thing would be sexual abuse... But as you get older, you really learned about mental abuse and verbal abuse, which I went through myself... And that is worse than anything anybody could do to you. (PEI Interview)*

The participants recognized that dealing with mental health conditions, histories of violence and abuse, and the strains of their day to day circumstances negatively influenced their parenting practices. They also felt it caused concern about their own and their children's social and economic exclusion.

*You get so frustrated all of the time. And then you are yelling, you are screaming, and the kids are suffering because you are unhappy...(PEI Interview)*

*I guess my own fears, like you've seen movies where the kids go to like father day and the father's not there. I guess the worry and fear of that happening. Just being outcast for that reason. Someone finding out. I don't think, either than a couple of neighbors that know, I don't think a lot of people know that I am a single mom or that my children don't live with both parents. But I think just the fear someday my child's going to realize like oh my God, I'm not living like everybody else is. I don't think he realizes it yet... (NL Focus group)*

### ***Coping with stress and challenges to well-being***

In the face of managing various health conditions, a decrease in overall well-being and the stress or strain this can cause, the women reported diverse coping strategies. The participants recognized that some of their approaches to coping might not be considered 'healthy' or had the potential to lead to other problems, such as addictions. However, they felt these methods were necessary to deal with the stress of their situations. Two women explained:

*Like I know sometimes I like a beer. And once I seen this happen two or three different times, where if I was coming home from work, I couldn't wait to get home and start [drinking]. But it wouldn't be one or two, it could be more. And I could see where I was starting to crave it. But then what I would do, I would just shut it right off. Stay away for three weeks, and then it would be alright for one, if I wanted one. And I can see where people that are lonely or living alone could get into that rut. But that happened to me two or thre different times. And if I wasn't strong enough and recognized the problem... (PEI Interview)*

*I buy those bags of 200 (cigarettes) for \$30 dollars. It's my only bad habit. It helps alleviate my stress, my addiction to alcohol, [and] it calms me down if I'm edgy with my bipolar. I know we have meds for that, but this is my only bad habit. Thirty bucks and it will last me a month. I know it could go on other things, but it could be worse. (PEI Interview)*

Other women reported reading, talking to friends, getting time for themselves, journaling, exercising, taking part in community programming and seeing a counselor as ways to cope with their mental health conditions and general stress and strain.

*Well, I mean I make time for us all to spend time with friends. I am involved in activities and things that I enjoy where I can socialize with other people. Music is a big important part of my life, so I play and I sing and I write songs and that's a creative outlet for me. (NL Interview)*

*...And I guess too with stress, as the kids got older, I got out talking more to my friends. And like then I was in that parenting program. (PEI Interview)*

Given financial constraints and general symptoms of anxiety, depression or other mental health conditions, actively pursuing coping strategies was challenging for many of the mothers. However, the participants felt it was better for their own health if they did push themselves to engage in these activities.

*Try to go out (to relax). Try to get someone to watch the kids so I could go out, to relax. I know I can, but I'd rather stay home, but there's some times that you need time for yourself. Cause if not you'll lose your mind. (NL Interview)*

*What do I do to make it better? Well, I learned one thing, going to the gym and doing the aerobics helps me a lot. I go walk a lot. That I find is good. Last fall, I started doing clogging. It's \$5 a week. So I think I am going to give myself... And I find I concentrate. I mean it's just for me. When I go there, it's just for me. It's for nobody else. Because you need to have something that you do, that you say, "And I am going to succeed." At first, like I know it is a lot of steps, but things are going better. And I enjoy that, but it's something that I do just for me. (NB Interview)*

Lone mothers must manage their own physical and mental well-being as well as their children's which, as we have reported here, can create added strain and challenges, personally and economically as well as for their involvement in the community. It also causes mothers to worry about social inclusion for their children. While the participants discussed the challenges they faced in terms of health, it became apparent that this was also linked to their housing situation; a further dimension of social and economic exclusion.

## HOUSING

The majority of the women we spoke to were living in low-income or low-rent housing. In all four provinces women described three key issues relating to the housing available to them: 1) limited space; 2) quality of housing; 3) safety of neighbourhood. Stigma or discrimination associated with living in low income/rental housing was a fourth issue, but only as described by participants in PEI, NB and NL.

### *Limited space*

Women described how they and their children had to make due with limited space because the homes they could afford or were allocated to them through low income/rental housing did not fit their family size:

*I have a three-bedroom and there's almost a 13-year-old and a 7-year-old in one room. Well, with the two boys it's not a problem, but the two girls really need their privacy and their space... (NL Interview)*

*I live in a basement apartment. I've been there actually now for over 6 years. As basement apartments go, it's probably one of the better ones I've seen. It's bright and it's mostly above ground ...my son is 16 – he likes to have his friends over. And it's a small – it's not a big place. So mostly he hangs out in his room. If he's hanging out in the living room, then I'm kinda left to hang out in my room, so there's not a lot of space... (NL Interview)*

As one woman explained, often lone mothers feel forced to take inadequate housing due to their financial circumstances:

*...And I hate saying this but I took this apartment because it has a walk-in closet off my bedroom that is almost as big as a bedroom. And that is where my daughter is. It has no windows in the room but the rent is cheap. (NS Focus Group)*

Many coped with inadequate space and by sharing rooms and adapting areas to create more useable space, but these solutions often came at the price of privacy.

### *Quality of housing*



Participants reported numerous examples of having to contend with the poor quality of the housing accessible to them. These issues, such as the home requiring multiple repairs, having bugs, mice or other pests, and living in homes with poor air quality or mould, contributed to poor health for lone mothers and their children. Furthermore, it perpetuated their economic and social exclusion as poor housing led to higher costs in heating and moving as participants felt compelled to leave home they could not afford to heat or that had serious issues of repairs and pests:

*I'm in the process of, this is my fifth move in two years... and it's all because of the heating costs and whatnot, not being able to afford to stay where I'm staying and I had beautiful little homes, they're beautiful and I thought oh, this is going to be great. When the heating bill starts coming in I say I don't want this place anymore and you're constantly and now I have to think about moving my child from one school in the middle of the term and putting him somewhere else. It's hard. (NL Focus Group)*

*You've really got to fight to get anything repaired like you have to I don't know. I've got the impression that if they think you live in low-housing...low-income family you're not very important to them. They just, I don't know the upkeep is not what it should be. (PEI Interview)*

*It was an old old house. And it was damp. There was spiders everywhere. ...And they tried to paint it up and put new carpet down and do stuff like that to make it look better, but that's all it did – make it look better. Because the house was still very damp – the baby was like – she was having breathing problems, and the spiders just come up from down in the basement part of the house. And they were everywhere – every morning we would have to vacuum up bugs – and she got so used to it. (NL Interview)*

### ***Safety of neighbourhood***

For many of the participants, living in lower income/rental housing meant living in less desirable areas. This made the majority of those participants feel uncomfortable and unsafe in their neighbourhoods, ultimately limiting their involvement in their communities while adding stress

and worry to their lives. The women described situations of theft, vandalism, break-ins, fighting, drug trafficking and other illegal activities in their neighbourhoods.

*The place was cleaner but the environment was really bad. The cops were on the street oh my God almost 24 hours around the clock dealing with domestic violence, fights between people, a little bit of drugs on the street and I look out my front door... there were children up on the roofs of their places, coming out of their bedroom windows and going on the roofs of their houses...Out all night, exactly. (NL Focus Group)*

*Violence, yes. Our house gets egged. And my house is completely scratched all the time. And garbage cans, you can't leave garbage cans out. You can't leave towels on your line. They steal clothes right off your clothesline. Yes, it's terrible. (PEI Interview)*

*...Like even through my pregnancy, I wasn't comfortable. Like I don't really feel safe here... In this whole neighbourhood. I have heard too much about it. There are bad things that happen here. Maybe not necessarily right around where I live but just down the road. I mean people are getting shot. (NS Interview)*

Not feeling safe within their own homes and neighbourhoods directly influenced whether or not lone mothers could interact with their communities, use community supports, and acquire a sense of social inclusion. For instance, participants described having to learn to isolate themselves from their surroundings and community.

*I don't get out in the community here because I don't like living here. I don't find it's a place to be raising your children. This place has gone down a lot...There's a lot of drugs around here. There's a lot of everything around here. People just can't get along. So I'm just not wanting to stay here anymore. So I don't involve myself very much around here... (NL Interview)*

*To me, I try to teach myself because there is a lot of problems in the neighbourhood. So I found it is better to keep to yourself around here than to mix in too much. (NB Interview)*

### **Stigma and discrimination based on housing**

Experiencing stigma and discrimination due to their housing situation was described by the majority of participants in NL, PEI and NB. The women in these provinces described how living in lower income/rental houses and less desirable neighbourhoods meant that you were classified as “poor” and therefore treated differently. This contributed to lone mothers’ anxiety and stress as not only did they have to contend with being stigmatized, but their children did as well.

*Newfoundland and Labrador housing, now they have the subsidy for heat. That draws people in to take the housing which puts you in, everybody knows when you’re in housing, you’re poor, right? So your kids grows up this way. If you live in the housing, we know that you’re poor. They look down on you. They think you’re nothing but dirt if you live in housing. (NL Focus Group)*

*The neighbourhood can be difficult but single mothers don’t have much choice when it comes to low rental. Not everyone likes low rental. Children don’t want to stay because of the stigma that is attached to low rental. You are labelled. The parents of the children’s friends are the greatest disapprovers. Children’s esteem is affected as a result. (NB Focus Group)*

This issue did not arise to the same degree in NS, which might be due to the availability of co-operative housing programs. Co-operative housing offers not-for-profit housing with rental costs that align with an individual’s income, allowing for a mixed income community with some members paying maximum rental costs and others reduced (CHF Canada 2012). One participant explained how she felt this created fewer stigmas around housing:

*... The way a housing co-op works is that my rent is scaled with what the maximum is, and then they do a worksheet because to give me space to pay my power bill. And then they write out a lease, and I take that lease to social assistance. And social assistance issues that amount of money... We need federal funding for houses that behave like co-ops, that have mixed income levels so that you don’t get ghettoized housing. (NS Focus Group)*

A second woman in NS expressed the benefits of living in rural areas when raising children on a low income:

*...I have lived in towns and I have lived in rural communities and all the rest of it, and I like the rural community better because it is safer for people with low incomes. In so many ways, it's better for raising a child. He's not being raised on the streets surrounded by thugs. (NS Interview)*

This excerpt again demonstrates the degree to which safety and conditions of housing play on the minds of lone mothers and can hinder or encourage their and their children's social and economic inclusion. However, another dimension to consider, as we will discuss in the following section, is how geographical location can have a significant impact on access to essential services.

### **ACCESS TO ESSENTIAL SERVICES**

Across the Atlantic Provinces lone mothers described the importance and challenges of the following services: childcare, transportation, recreational/support programs and medical and dental services. Having SA was also seen as an essential service across the provinces. However, needed improvements to the accessibility of SA programs and processes were also identified. For the most part, women felt that the difficulties that existed in being able to access these much needed services further impeded their efforts for social and economic inclusion.

#### ***Childcare***

Lone mothers reported that high costs of daycare made this service inaccessible to many. Some women reported that even with childcare subsidies, they still felt unable to cover the remaining fees, and the subsidy rates were simply not realistic given the costs of daycare. Waitlists for daycare spaces and conflicting schedules between work hours and daycare hours also created challenges to utilizing these services:

*And day care, that was a nightmare... I did end up getting a spot for my daughter. But it wasn't subsidized, and that was another whole slew of problems. You know, Assistance will pay up to \$400 a month, and the day care was more than that. And I'm thinking... Out of all the places that I called for day care, a good 25, 30, nobody was \$400 or under. Nobody. So why would they have that in place, the \$400 cap on day care? It just doesn't make any sense. You are on a fixed income anyway. Where was I supposed to come up with the extra money. And it's like they don't care. (NS Focus Group)*

*They [social assistance] were only willing to pay \$75 a week for a babysitter. Nobody in their mind is going come in and babysit for a full week for \$75. I wouldn't do it. (NL Focus Group)*

As we described previously in the section on Employment, women thus relied on hiring older children or younger adults to care for their children but questioned the quality of care:

*... I have to get them [older children] to babysit because I can't afford to pay a regular babysitter. So I pay them so I can access things that I have to do. So they are basically raising him when they are babysitting him... (PEI Interview)*

The women explained that processes for gaining access to childcare assistance seemed to make moving ahead or making positive changes impossible for lone mothers. They described the impracticalities of subsidies only covering childcare for children of certain ages, needing to be working to qualify for childcare subsidies, and the process of assistance being reduced as soon as the women started working, which failed to provide them a chance to really “get on your feet”:

*... [Ages] 0 to 6, you get a supplement for your children who may be in daycare or childcare. But if your child still needs childcare through the summertime, March Break, from [ages] 6 to 12. You just can't leave them home. Oh my gosh, social assistance would be taking them. (NS Focus Group)*

*Yes [have to look after the child by herself], because I don't qualify for childcare because I am not working at a job. So I can't go out and get a job because I have to pay for childcare to go and get - Like they make it impossible. They really, really make it impossible. (PEI Interview)*

*But you know, childcare is one of the biggest obstacles for most women that are trying to get off Assistance. Because you have to be making a really good wage to be able to afford to completely get off Assistance and make as even as much money as you do on Assistance. Because even when you start to make the money, your GST will change, and your Child Tax Credit will change. It seems like instead of just leaving everything the*

*way it is until you get on your feet, they start clawing back 70% extra. And if you make a little bit more, then it's dollar for dollar. So what incentive is there to that? (NS Focus Group)*

In this way, lack of access to this essential service meant women could not participate fully in the workforce or, indeed, in their communities.

### ***Transportation***

Transportation was labeled by participants as essential in order to participate in work, community programs, and acquire needed resources. Women reported poor or non-existent public transportation systems, particularly in rural settings. This limited women's economic and social inclusion, as the majority relied heavily on such systems since they could not afford a car, car insurance, gas or taxi services.

Participants described the difficulties in trying to find work when transportation was not available, reliable or affordable. They could not apply for jobs outside of their local communities because these would be too challenging to reach on a regular basis. As one woman described in regard to her experience with bus services:

*Horrible. Absolutely horrible. You've got to get up two hours earlier just to get over town. It's crazy... Well, yes, a lot because a single mother, you can't afford a car. So there is only so many types of jobs that you can get because you don't have a car. Like, I was thinking about doing home care. Well, you can't do home care without a car because you have to travel from house to house. Even volunteering is hard to do without a car. You just can't afford it. (NB Interview)*

As two women described, acquiring necessary resources such as groceries and medical attention was also difficult when access to transportation was limited. This could cause potential risks to health if shopping for food was a challenge or if medical attention could not be had in a timely fashion:

*Because it was in the middle of the winter, and storms, and then to find somebody – cause usually it takes like three to four days to even find somebody to take you to town when they're not busy, right? So, to get somebody to take you when she's having an asthma*

*attack - well not an asthma attack, but she had allergies – when she's having an attack on the spur of the moment... it was hard. It was scary. (NL Interview)*

*And that makes it really hard is that you have to have a vehicle or know somebody who's willing to drive you around cause otherwise... There's no public transportation, there's no I mean we can't afford to take a cab... so we've got particularly in the small rural areas the transportation is a big problem even getting to the grocery store.... it's that's a real barrier here. [PEI Interview]*

Lacking access to transportation also jeopardized lone mothers' opportunities to participate in social activities. Without transportation, as one participant explained, lone mothers are unable to support their own and their children's involvement in community:

*Single mothers lack of affordable and accessible transportation. If they could afford a vehicle, gas and insurance are too expensive. This prohibits them from taking kids to the YMCA, movies, Boys & Girls Clubs, beach, park, mall, and school activities. (NB Focus Group)*

Transportation is a key service for lone mothers' social and economic inclusion. Without access to reliable and affordable transportation services women described feeling excluded from the workforce and community, and they felt this limited access to needed resources affected their health and well-being and that of their children.

### ***Recreational and Support Programs***

Participating in recreation programs and utilizing community support programs are significant avenues for social inclusion. Lone mothers described the importance of these programs for their own health and well-being, but emphasized their importance more so in relation to their children's well-being and positive social inclusion. Gaining access to such programs was difficult, however, due to a combination of cost, childcare, and transportation. The following excerpts illustrate these points but also the interconnection between SEI dimensions and various contributing factors:

*...My daughter, there is nothing that makes her happier than going to the pool. Nothing. And whether the waves are on, the waves are off, it's Parent-Tot or whatever, she didn't*

*care. She loves the water. But now I mean it is \$4.50 to take her to Parent-Tot. With my budget, I can't afford that. We go. We try to go every Monday but that right there that is \$20 a month. (NS Interview)*

*They should have a lot of youth centres out this way, which they don't. And I think that's why the young teenagers and the young youth out here get in trouble so much because they have nothing. ... And then they get into a lot of bad stuff when they're that age because they're so, you're trying to find yourself, and then you're meeting up with these people who are doing things that they shouldn't be doing and you're a teenager and you're bored and you don't have nothing to do, you don't have nowhere to go... (NL Focus Group)*

*Myself, I always wanted to go into dance lessons, and stuff like that. I can't find the money to do it, can't find the transportation, let alone the time. It's not just the cost of even going, it's childcare costs, transportation to get there. Ah, because I find if you're dancing and stuff like that it takes tension off you and stress relief. I wanted to go to the gym again, it cost money like \$300 dollars a year to go to the gym. You know, I could walk if I wanted to and stuff like that. But then again you still have to pay for childcare. (PEI Interview)*

The participants expressed excitement and appreciation for the existence of programs that provided emotional and social support, as well as those that assisted with the cost of recreational activities for themselves or their children:

*When I attend Support to Single Parents, I feel very welcome when I go there. It's a wonderful environment. The people are so friendly. And I enjoy going there. I have been going there I think maybe three years now... There are so many services out there that I was not aware of, and that I wish I was aware of a lot sooner. (NB Interview)*

*This year was the first year my children were actually able to go to do something sports-wise because here on PEI, there's Kids Sport. And they paid for the kids to play, and paid for their uniforms and everything. So it's really great that way... (PEI Interview)*



However, as two women pointed out these programs did not always address or cover all the challenges that hindered their participation, such as transportation issues or stigma in using such programs:

*And the things that he (son) seems to be interested in aren't really available for him. But you see the thing is too, like I know through the Town of [name of town] that there are programs that you can take, and that if you can't afford them, there is like what they call pro-kids or something. And they help you, or pay for the whole thing or whatever. But I just...That is fine but it is still the transportation for me.” (NB Interview)*

*I could join like a club for losing weight. It's one of my goals... I have been checking around to see what is the best place to go. But I would have to pay for that out of my pocket. So I will have to find out the price and how to get there, and how far it is for transportation...I was going to join the Y one time until I went down and asked them the price. They will give you a discount if you on social assistance but I didn't want the stigma of them giving you a discount so I never bothered with it. ... (NB Interview)*

Applying an SEI model to review both recreational and support programs and those that offer financial assistance would help to address the combination of challenges lone mothers face regarding transportation, childcare, and program costs.

### ***Medical and dental services***

One of the most significant challenges women discussed was access to quality medical and dental care. Participants reported the difficulties they met in trying to get these services and how lack of services limited their social and economic inclusion by hindering their participation in employment and social activities, and decreasing their confidence and overall health. Worrying about getting services for their children and the impact this had on their children's health was also a sizeable concern for the lone mothers who participated in this study.

In terms of medical care, women spoke about wait-lists for specialists, quality of care, constantly battling the costs of medications and having to miss work or school due to illness. For instance, one woman felt care for her son was just a long line of waiting lists:

*I personally think that the medical services are lacking for just different things. Like you have to wait so long to get on a list. And as a single parent, you just can't take the time that you absolutely need to make sure your children are fully healthy...Like for specialists, for special things. Like my son for instance has been on a list to see a child psychologist now for three months. Before that, he was on another list to see the child psychiatrist. And he was on there for three months. It's just like it is a pattern ... long waiting lists. (PEI Interview)*

Others described having to go without necessary medications due to costs and finding it difficult to pay for medications for their children even if they had partial coverage:

*What I find now for me, like working and not getting drug card anymore, like I had a prescription at the drug store since November and I only got it filled the other day because it's the first time I had enough money to go pay for it. [laughing] ...if my ex-husband didn't have insurance which covers 80 percent, I'd never be able to afford my son's meds. Holy freak it still costs me, almost \$80 a month at 20% of his prescription. (NL Focus Group)*

Living in rural areas also influenced the type of care available and, consequently could create additional burdens in time and expense to travel to other communities to get care. For example, one woman reported having to travel longer distances to see a doctor:

*Nothing [no doctors]. You'd drive here in town – that's about a ½ hour away – to get to a doctor. And then you'd have to pay to get here. So it wasn't easy. Oh yeah the public health nurse was there, but you only got to see here if the baby's needles came up or something like that, right? (NL Interview)*

Some women complained that they felt doctors did not listen to them or give them credit for knowing their own or their children's health conditions. For instance, one woman described having to miss school because she felt health providers would not listen to her warnings of her son's allergies:

*I missed two weeks of school last year because my little guy had an ear infection. When we go to the hospital they gives him, well he got allergies to antibiotics, to penicillin. I*

*told them not to give him any sort of antibiotics anything that's associated with penicillin. What did they turn around and do? They gave him an associate to penicillin. What happened? An allergic reaction. (NL Focus Group)*

Other women described having to travel great distances to see their doctors because either they could not find a doctor willing to take new patients or they chose to keep the doctors they trusted:

*My doctor is in [town]. And I kept that doctor partly because I couldn't get one here, and partly because everybody I have talked to, they don't know anything about it. They don't know much about environmental illness. It's all in your head. Most of the doctors around here say you are sick because you are over-weight." (NS Focus Group)*

Women's main concerns about dental care were related to costs and the policies around what treatments were and were not covered. For instance, participants reported that because certain dental procedures, such as fillings, were not covered through SA they felt compelled to use covered treatments, such as tooth removal, to address their dental needs:

*Only the x-ray is included and antibiotics and pulling out teeth. But fillings aren't, and cleanings aren't. And I think they should be because...I haven't gone to the dentist since [child's name] was two. I lost four teeth since... Well, not since he's been two, but that is how many teeth that I have missing. (NB Interview)*

As one woman explained, the loss of teeth may not cause long-term physical harm, but can contribute to social and economic exclusion through loss of self-confidence, and potentially the ability to take part in social and employment opportunities:

*Dentally, my [dentist] has removed almost all my teeth. That is the reason I talk with my hand over my mouth a lot. There are things like that that don't actually hurt me but would make me a lot more self-confident. (PEI Interview)*

### ***Social Assistance – A Catch-22***

Throughout the interviews and focus groups, lone mothers continued to express the challenges they faced in getting SA and utilizing SA services and programs. SA was considered essential to the majority of women we interviewed. However, they also described the paradox in wanting to

remove themselves from SA, but knowing they could not afford the cost of living without its benefits and programs. In addition, women felt the internal processes of SA did not encourage or support their efforts to make changes for themselves and their families:

*Medical benefits plans are too expensive and unaffordable. If you go off assistance and work instead, it is worse; you get nothing. (NB Focus Group)*

*Even though they're [social system] trying to get you off of the system, it's like they're not trying to get you off of it. It's awkward. It's like they don't want you on the system, but when it comes to calling you back to try to get you to do something else, you don't hear from them... I would love to get back and do my community studies. I'd like to do community studies. But I haven't heard nothing back from her [social worker] (NL Interview)*

Furthermore, women explained that cuts to their SA benefits when they found employment provided little time or space to catch up on bills, maintain financial stability, or address health-related issues. One woman questioned the process and felt policies were better when they allowed for a grace period of providing services while women began working and establishing themselves on their new income:

*...they used to let you keep your cheque for three years a program until you were working and established... still let you have your health benefits, but now you can't even have those health benefits. I'm paid \$520, how can you do it... There's some of us who haven't given up and we struggle every day... but no matter how much we push we can't get ahead... we look around and see everyone around us giving up and they've got nothing to do but talk... it's frustrating... we're reaching for resources and there's lots of there but there's none we need. (NB Focus Group)*

The current processes to get access to the services and benefits offered by SA were also described as inadequate by many of the participants. These women explained that it was difficult to obtain information from their social workers, and as has been discussed previously, the funds allocated for essential expenses, such as housing, childcare, and medical costs, were seen as

insufficient. In addition, women reported having to fight and appeal in order to receive specific program funds:

*The one I didn't really like when I was on social assistance...They never gave you the information about where you can go to get support, like for single mothers to other parents. They never told you the things you can go to get information to help you with the kids or to learn about discipline, about care. You didn't learn even about cooking on a budget. You didn't get any information. I found that out through other parents where to go or even at the schools." (NB Interview)*

*And I've had to fight tooth and nail for the little bit of extra money that I have for special diets. And even though my doctor put down that I needed this, this and this, my social worker decided the only thing my director is going to let you have is this. So this is how much I can allow you. Because I know... And it wasn't her fault. She says, "I know he is going to ignore the doctor and tell you you can only have this much even though the doctor states you need this much." And you have to go back every once in a while and get the doctor to do it again so that you can keep getting it." (NS Focus Group)*

Lone mothers shared how difficult it was to navigate the services they required, and how the realities of their lives placed them in a type of “catch-22” where they wanted to live without SA, but recognized the impossibility of foregoing its benefits and programs. One woman summarized this situation, the disheartening feelings it causes, and how it excludes lone mothers from participating as healthy and positive members of society by stating:

*If you are on social services, your health and dental. Well, not all the dental... But that is all provided for you. Now I am on social assistance this month. Hopefully I will get a job and not have to be. ...But as soon as I go off social services, all of that stops. You have no benefits. I can't get a half decent job because I don't have the education to get a good paying job. So if you work at all, you can't be on social services. So that means you can't get any medical benefits. So if you do happen to get a \$6 an hour job, which is what is available to most women that have no education, you can't do medical benefits. You can't get any of that. It's impossible... It almost benefits me to be on social services. Which it demeans me personally, emotionally and every aspect. And it sucks. It is like*

*you are not allowed to be a whole person. And it's really disheartening. It's upsetting... I am literally screwed if I am not on Social Services. And I am screwed when I am on Social Services because I am not eligible to get a job. (PEI Interview)*

## **FINANCIAL**

In all four provinces lone mothers reported experiencing varying degrees of frustration, stress, anxiety and depression due to financial constraints. Whether working for wages or relying on SA, the women described a constant struggle in trying to make ends meet.

### ***Juggling bills, groceries, childcare...***

Women shared the ways in which they had to juggle and make choices between paying bills, buying groceries, or finding childcare, feeling they were always behind in payments or owing money. Dealing with financial pressures did not only affect the lone mother's well-being but also caused concern regarding their children's health, including having enough to eat, providing diet or medications for health conditions, and potential limitations on school and community opportunities:

*It's just a constant up hill battle. And sometimes you can only fight for so long and you get tired you know. So none of us here are asking for any hand outs but when your kids say can I go into this...there were times when I've had to keep my kids home from field trips because I didn't have the money with a three day notice to come up with X amount of dollars. Sorry don't have it. That's pretty bad when a kid can't go on a simple field trip...It makes you feel that your children are being singled out. I think every child deserves the same opportunities. My child deserves the same rights and same opportunities to get involved in the activities than any other child. (PEI Interview)*

*... you got a bill and you go to the grocery store. Well you're going to go to the grocery store, you can't not go to the grocery store, you have to buy groceries. And then you got a phone call, when are you going to make the payment. Okay, let's see the date, the 15th and then the 15th comes and you can't pay all of that because you need to buy food so you give them half. You're always behind. (NL Focus Group)*

*...I would work 40 hours a week and know what is coming all the time. Because right now, every pay, it's still a struggle to make sure there are enough hours in every week to pay the rent, to pay the phone, the cable, the groceries, and all the bare necessities. (NB Interview)*

### ***Navigating Social Assistance***

As we have previously discussed financial issues were related to difficulties in finding employment, low wages, not having adequate funding through SA, getting behind when funding from SA is cut-back once working, and dealing with poor access to transportation and childcare. Further to this, women spoke of the humiliation and sense of defeat they experienced in having to rely on and deal with SA programs, while feeling there was no other way to afford living:

*But their [social assistance] budgets like the ceiling with one kid you're allowed so much and two so. Their ceilings haven't changed you know. If you noticed groceries have gone up in the last couple of weeks, months whatever. Gas keeps going up, oil keeps going up everything keeps going up. But nothing-[budgets] hasn't changed. (PEI Interview)*

*Punishing scrutiny: For example, when women have to justify their claims to numerous government workers. It is humiliating. Requirements such as like rent receipts, dental, everything you own to justify your claims. There is not respect. Case workers are very rude... Assumptions can be punishing. (NB Focus Group)*

*...By the time you get your pay, you've got \$150 to do four kids for a week. Well, it ain't going to. You know, I can't do it. I have tried. (PEI Focus Group)*

### ***Finding ways to address financial constraints***

The participants shared the various ways they attempted to address their financial constraints, including working under the table, bartering with other lone mothers for an exchange of services, freezing vegetables and other foods to extend their use, making their own baby food, and borrowing money or relying on support from family and friends:

*Yes, I have gone to the Food Bank. I have done babysitting. I barter with friends. They would help me with shovelling snow, and I would help them do housework or sew or bake or... Yes, there have been a few things I have done (to make ends meet)... (NB Interview)*

*I tend to stock up on... I freeze a lot of vegetables that can be frozen, and buy big packages of meat and cut them in half and freeze them. It tends to last. I make my own baby food. It's cheaper. (NB Interview)*

*...I have done child care under the table. And I probably make about \$200 a month doing that. And I didn't do that, we would go hungry or I would be at the Food Bank. (NS Interview)*

*They [social services] gave me \$729 of that \$650 was my rent. So I had \$50 - \$79 for myself and my son to get groceries and I just about lost it. I called my sister and I cried and everything and she said, "What's wrong?" I said, "What am I going to eat this month?" So she goes down and she buys me groceries but I said, "Boy, you can't do this every month right." (NL Focus Group)*

As this last excerpt indicates, not all women could rely on family or friends to assist them all the time. In addition, many women spoke about how difficult it was to rely on child support from their ex-partners:

*My parents got a home to run, and they got their own income. They're working two jobs now to keep everything going out there, how can they support me and my child, it's not possible. (NL Focus Group)*

*As far as deadbeat dads go, there is plenty of that. And you won't even get me on that subject. So the fathers are not helpful. Not in this case, they never have been. He's never put his two cents in to anywhere. (NS Focus Group)*

The financial barriers discussed here exclude lone mothers from fully engaging in society. As one woman explained, these barriers hinder their ability to maintain a decent living and their right to a healthy life for themselves and their children:



*I mean the necessities just to live, to eat, to have shelter...I mean you need to have these basic things. If you don't have them, you are not a very secure person. And especially if you want your child to be secure, you have to be a secure, healthy parent too. And if not, the child feels it. (NB Interview)*

Women felt that improving funding allowances to match cost of living and child support, as well as allowing for certain funding programs and benefits to continue while working in order to grant time to get established would benefit lone mothers and their families.

### **SOCIAL SUPPORT AND PARTICIPATION**

As mentioned in the above section, the lone mothers we interviewed often relied on family and friends for support. This support could include anything from transportation, money and childcare to stepping in to help in urgent situations, but what the women expressed as equally important was having social and emotional support from family and friends, and opportunities to participate in social communities.

#### ***Challenges to social participation: Stigma, discrimination, isolation and lack of support***

The women told us how they felt excluded from social participation due to the stigma and discrimination they faced as lone mothers, and particularly lone mothers relying on SA. This discrimination was experienced at their banks, children's schools, churches and in communities. Mothers also noted that the same discrimination and stigma was not often directed at lone fathers:

*In some respects like I find on PEI because a lot of it's a lot of older traditional values okay. I find you're very looked down upon if you're a single mom. They don't stop and think okay well where's the guy you know what I mean it's put all on the woman and that's what I find. That's one thing that I've noticed even when you're registering your kids for school well what's your...the first thing is the husband's name or phone number, work number and if you don't put that in then they'll question you. You know what I mean, stuff like that. It's just a lot of the mentality is that you're supposed to be from two-parent homes. (PEI Interview)*

*...I know sometimes I've come up against attitudes of – particularly where both my kids had a lot of issues – mental health issues in school, and so sometimes dealing with schools and sometimes dealing in the healthcare environment, I've come up against that attitude of, well – and it's unspoken but it's very evident that it must be parenting issues. The reason why your kids are acting and behaving the way they are is because you're on your own. And it's unspoken but it's definitely that attitude of – maybe this is – your kids are from a broken home. You know that type of thing. (NL Interview)*

*Like even going to church, I wanted to get my son involved in that. But church is hard too. You know, they are not really... They don't look at you the same as a single mom. They don't help you out. They don't encourage you to go. There is no real programs in the church to help you out as a single mom or as a single parent period. (NB Interview)*

They also found it hard to relate to other people, particularly non-lone parents, individuals without children, or those with varying incomes, because the women felt these groups were often unaware of the realities and circumstances of lone parenting. This meant many of the lone mothers we spoke to faced isolation:

*Well, definitely [feel isolated] because people that are single, whether they be male or female, they are kind of made to feel like they have done something wrong. And that makes it hard to go out in the community and kind of face people because they just kind of look at you differently than they would if you were a couple. That is the way I perceive things anyway... (PEI Interview)*

*I am a little bit of an odd ball in that I have lived in poverty for a long time. And we didn't necessarily have a lot of money growing up. It isolates me a little bit because there are a lot of women living in poverty who I can't relate to. And then I have a whole bunch of friends who are PhD students and things like that. And they all have more money than me. So I kind of fit in a funny place. (NS Interview)*

*I have my two children 24/7. And it's hard to relate to other people who don't have kids. When you are single or a just a couple, you just... The family context doesn't...- There is a big gap... (NB Interview)*

Participants in all four provinces also mentioned how lack of support programs or social events geared toward lone parents was a deterrent to their participation in social activities, feeling included within the community, or having a sense of security or support. Those who had participated in such programs wished there were more, but also mentioned that issues around childcare and transportation needed to be addressed:

*I don't think that in general that there is enough support for single parents, be it male or female. In the way of social groups, like even just talk groups or like groups that people can just go and feed off each others' information, different ideas and stuff. There's not enough parenting courses for sure... (PEI Interview)*

*But we don't have many opportunities to get together and even if we had a support group here but unless you got transportation, unless you got child care, it's hard to get here. But I think the only people who really understand what it's like to be a single parent are other single parents, you know. Unless you kind of live that life you really don't know. (NL Focus Group)*

*... I think it would be really nice if there was more parenting courses. You know, you don't have any experience to draw on things... Yes, relationship meetings or courses, right. I think that is good for everybody. (NS Interview)*

### ***Friends, family and community can assist in facing challenges to social inclusion***

As discussed in previous sections, participants relied on the support of family, friends and community members as a means to overcome many of the challenges they faced. This support, however, was also a way for women to counteract the isolation and stigma they experienced. Family and friends, for instance, allowed for a chance to engage in social activities, build networks, and feel less isolated:

*...And my family doesn't live here. My late husband's family lives here, and I am so grateful for them. You know, they are really good to us. And they say to me, "Don't pay a babysitter. Send the kids out here." ... (PEI Focus Group)*

*My sister. My parents. Friends for sure [to support me]. I have good friends. I have a good support network. And I've learned the necessity of having that – not just for my kids but for me. Because it was so challenging raising those two kids, and because there was so many issues that were there. Like I've learned that it's vitally critical for me to have good supports in place... do things for me – like I'm involved with my church. I have good friends...I have people that I can talk to when I'm upset, when I'm bothered, when I'm worried, when I'm anxious. (NL Interview)*

However, not all participants were able to receive such support for a variety of reasons: the economic or geographic situation of their families; their own difficulties in asking for help as they did not want to be a burden to family or friends; and the lack of programming geared toward the needs of lone parents:

*...because when I was in a rural community where every person for three miles around you, you were related to, someone would take of your kids for an hour or two for you, for nothing or you know, the barter system, I'll take yours, you take mine. But now I'm in [name of place] where I've got one close friend and of course she's married, she's working, her husband works, they've got their own kids, they've got their own life, they're not going to go baby sit my two kids with their two kids for me to walk for an hour, it's just something a little bit above and beyond and that's the obstacle, I find with the city. (NL Focus Group)*

*I don't have a lot of friends, or family. My parents are up in X, they help me out when they can...but dad's disabled and mom can't work and my only sister she tore apart her shoulder in a fish plant, so they're all, nobody is working in my family...and I'm sure if I phoned mom and said, I need groceries, she will, but I won't. I won't worry her that way.... (NL Focus Group)*

The majority of women expressed a desire to feel included in their communities and social surroundings but felt the stigma attached to being a lone mother or a lone mother on SA as well as barriers around cost, childcare and transportation excluded them. Those who were fortunate to have family and friends able and willing to assist them found some ways to participate in their communities or build and maintain much needed social networks. However, not all could be so fortunate. One woman also described how her family provided practical help but could not offer the emotional support she required:

*I think I was fortunate that I have this house. It was actually inherited by my dad. My dad never lived here but he basically gave it us to... Well, I find like with my family, I can talk to them but not so easily on any other subject... Like they can't seem to grasp why I would want to carry on studying. They are just different. So I don't feel emotionally so much supported because I can't express... Like who I am, I can't express it openly. (NB Interview)*

The interviews with lone mothers reveal the need of emotional and social resources in order for these women to actively and positively participate in their communities:

*...like having these resource centres, like the Support for Single Parents, the one lady that is facilitating these classes, she's got lots of experience which is so...- I feel drawn to her by her experiences and just her positive way of just wanting to overcome her struggles or her daily challenge or whatever. So it just feels good actually. (NB Interview)*

In addition to the provision of supportive and affordable programs, efforts to address discrimination and stigma are equally needed to overcome the isolation and exclusion lone mothers face. It is important, for instance, to challenge the double standard that exists between the responsibilities, ideals and criticisms placed on lone mothers compared to those placed on lone fathers. Lone mothers cannot overcome deterrents to their social and economic participation if negative stereotypes continue to be perpetuated in our society and resources offering the emotional and social support these women need continue to be limited or non-existent.

## EDUCATION

Many of the lone mothers we spoke to expressed a desire to return to school to advance their skills and education; however, most were unable to pursue further education due to costs, processes involved in securing funding, and other barriers, including transportation and childcare. The complex nature of these barriers illustrates once again how dimensions of SEI are intertwined, and together deepen lone mothers' exclusion.

### *Costs of education*

A number of women across provinces explained how paying for tuition and school supplies often meant having to use funds that would otherwise be allocated for other bills, and reduced the amount of time available for work (either under or over the table) further curtailing their financial resources. The fear of accruing additional debt through education costs and reductions in wages meant some of the women we spoke to decided not to return to school:

*Not having enough money to do everything I need [worries me]. Trying to pay for my schooling. Like my son's is all paid for but it's just my schooling. And knowing that I am going to have to jip some bills in order to keep going so I can get a job and we can get out of this rut. (PEI Interview)*

*...And if I go back to school, I am not going to have the time to work under the table part time or have the time to take contracts over the table that are going to make enough money to give me that extra bit of money. So I have actually sort of... I think there is no point. We can't get by for two years just on the... So maybe going back to school is just not a great idea. (NS Focus Group)*

Although subsidies were available for tuition, books and school supplies through certain programs, even with this coverage it could still be difficult to manage the remaining expenses. As one PEI woman explained:

*... Unemployment paid for me to go to the RCW course but they only paid for 80%. And I could not get a student loan because I had a student loan. And so like that took 20% of that out of my own pocket that I didn't have to help pay for my education so that I could get a decent job to provide for my family. (PEI Interview)*

Despite the help that exists, many women still feel the financial obstacles are too great to consider a return to school.

***Processes of acquiring funds or information***

The process of gaining subsidies and applying for funded education programs was also seen as a challenge. Women described contending with strict criteria; slow and ineffective methods of providing accurate information regarding programs and application processes; and having to prove the employment- market value of their desired program. The women felt these processes and policies limited their options and exhausted their efforts and desire to pursue funded education:

*Like I wanted to go back to school too. And that is great. Okay, for me to go back to school, I have to be on Unemployment. To get Unemployment, you have to work six weeks. To get six weeks, I have to get the babysitters. To get the babysitters, I have to - Like there is just one thing after frigging other thing that you've got to go through. Then about the sixth thing in, I can't do it... And then you get discouraged and you say, well, then I guess I can't go to school. (PEI Focus Group)*

*I went to see my counselor...from social assistance – for to go back to school about a month ago. And she said that I'm EI-eligible, and she'd get back to me that following Monday to see what I would be interested in doing.... But I haven't heard nothing back from her in almost a month. And I've been calling her and calling her and calling her, and I still haven't heard nothing back from her. So I find that really discouraging. Cause you know September's coming, and I don't know if I'm gonna get in to do anything... So I found it really discouraging. But I would love to go back, yes. (NL Interview)*

*...But I find it is not a wide spectrum what you can take [from community college]. There are different things that I am interested in. And it has taken so long to make appointments for an aptitude test even though I do know that there are many interests... They are slow. And then you've to prove to them in order to be granted or to receive funding for going back to school, you've got to prove to them what is in demand. I'll tell you what is in demand, caseworkers... (NS Focus Group)*

### ***Transportation and childcare***

The lone mothers we interviewed worried about the cost of childcare and having someone else take care of their children while they were at school. Women spoke of wanting to ensure they had someone they trusted and could afford. They also noted the difficulties they would face in arranging and navigating transportation between home, school and childcare locations:

*Like education for single women is difficult because first of all, you have to make sure your kids are either in school or with a baby-sitter. (PEI interview)*

*... So if I could get somebody to take care of her that I know I could trust – I wouldn't mind going back to school (NL Interview)*

*I do want to take some kind of course. And to me, going to take a course and leaving my son at child care all day long, I just feel I am losing somehow. Do you know what I mean? I don't want to dump him. I don't want to dump him off somewhere. You know what I mean? And have somebody else raise him...And the fact that with the bus system, that is horrible. So it would take me a long time to get home from my course too. (NB Interview)*

For many women these obstacles resulted in their decisions not to pursue further education, despite the potential that upgrading their skills might have in the job market.

### ***Other concerns: Taking a risk and children's education***

There were also diverging issues that arose among the participants which are important to note. For instance, those mothers who were already working did not want to risk leaving their employment despite their desire to return to school and advance their education. As one woman explained, having to rely on SA or Employment Insurance (EI) while at school meant a loss of control and independence, something lone mothers were not willing to give up now that they had established themselves in the job market:

*I probably could, and I think I will have to. But it's one of those things that has to go on the back burner all the time because if I am going to school then I am not going to work.*



*I wouldn't do well on social assistance or anything like that. I don't do well with people being in control of my life. So I would just prefer to work. (PEI Interview)*

There were also several women in NL, NS and NB who discussed challenges they faced in terms of their children's education. The women reported how their children were often isolated from other children or excluded from participating in social and educational activities due to costs:

*That's [fees for school events] an issue. Most times he'll get to go with the school but if it's something that's going to cost me \$50 or \$60 then I say no, I just can't. It's just not possible. It's not possible. And it hurts. There's nothing you can do. If you don't have it, you don't have it... (NL Focus Group)*

Overall, the lone mothers who discussed their desires to return to school felt strongly that in order to pursue education they would need the following opportunities and supports: (1) an increase in career counseling that included accurate and timely information; (2) classes to update computer skills and other basic job skills; (3) an increase in funded programs where tuition, supplies and childcare were covered in full and the women could continue to receive SA benefits for day to day living; (4) greater flexibility in funded programs, allowing women to take more than one program and building their resumes and marketability, and; (5) an increase in online courses, which would be beneficial for those with computers as it would mean less stress around arranging childcare and transportation:

*They need more funding for going back to school. They need more career counselors ...They have to be honest with you. The caseworker and the career counselor. I mean like I said, my dilemma was that I could have started looking into school a couple of years ago to upgrade or to further my education, and I was given the run around... (NS Focus Group)*

*...the problem I am going to be running into once I finish school, and because I had funding from them... Like I have been told that you can only get the funding once. Okay, what if I want to go on and further my education? I can't. I've come to a dead stop. You know what I mean? I can't get ahead unless I go and get a loan. But there is no more funding. So maybe they could set up more funding for students who want to go on for*

*single parents who want to try to better their lives for themselves and for their families.  
(NL Interview)*

*I would like the cost of tuition for community college to be lowered. It shouldn't be. ...  
But for education, which is the key to understanding how people are, and the key to the  
job that you need, your education. But at least make it affordable. A lot of people don't  
go for that because you don't want to have a bill at the end. (NS Interview)*

In terms of their children's education, lone mothers suggested that an increase in funded programs and resources was required for special needs children, as well as funded summer programming for all low-income children. In addition, they felt an awareness and understanding of low-income families would be beneficial so that schools and teachers could reduce the cost of field trips and other activities and also recognize that many low-income families do not have personal computers or easy access to public computers when communicating with parents or assigning homework projects to the students:

*I wish they'd come up with some kind of support program for kids who are havin' a hard  
time in school. (NL Interview)*

*School programs are too expensive, e.g., school lunches, outings, books, activities.  
Summer school programs for children are also too expensive to afford to send children.  
Children from low-income families do not have computers. Meanwhile, teachers use  
computers to contact parents. Not convenient and unaffordable. Going to local libraries  
is also not a solution. (NB Focus Group)*

Suggestions such as these, and the challenges described above, illustrate the societal ignorance and misconceptions about the realities that lone mothers and their children face on a daily basis. Lack of knowledge and understanding further impede the inclusion of lone mothers and their children, not only in educational settings, but also in social and economic communities as well.

## CONCLUSION

The purpose of this research project was to use a Social and Economic Inclusion (SEI) framework to consider the thoughts, feelings, suggestions and experiences of lone mothers and thus promote more equitable approaches to addressing poverty and social marginalization. By using the seven SEI dimensions (Employment, Health, Housing, Access to Essential Services, Financial, Social Support and Participation, and Education), we were able to create an open dialogue with lone mothers in Atlantic Canada. This dialogue allowed us to gain insight into lone mothers' experiences and perceptions regarding the numerous challenges they face in their daily lives and their constant struggles against social and economic exclusion.

The findings surrounding each dimension reveal their overlapping and interconnecting nature, as well as the variety of specific factors within each dimension. It is not enough to consider each dimension separately; rather, we must step back and consider the full picture and how the barriers within each dimension interact with others. For instance, without access to adequate and essential services such as transportation and childcare lone mothers cannot further their education or participate in their communities. Without education, skills or strong networks lone mothers have difficulty actively seeking employment, which deepens economic constraints. A lack of financial security means lone mothers struggle to maintain the quality of their homes, their health, and the overall well-being of their families. Poor health then worsens the barriers they face in seeking employment, education and connections with their communities. And the processes that lone mothers must navigate along the way may further trap them in poverty and isolation, rather than supporting them and allowing them to establish a decent way of life for themselves and their families. Each dimension and its connection to the others thus needs attention and consideration when attempting to improve the lives of lone mothers.

It is our hope that this research will provide a deeper understanding of the complexities of lone mothers' lives and the struggles they must face and overcome on a daily basis. We also hope that by applying an SEI approach to our research we can both demonstrate the benefits of such a model in evaluating the needs of lone mothers and encourage policy and decision makers to adapt such an approach when changing or creating programs and policies that affect lone mothers.

## RECOMMENDATIONS

Throughout our conversations with lone mothers numerous suggestions and recommendations to overcome social and economic exclusion were discussed. We have summarized these into the following nine key recommendations:

- 1) In order for policy-makers to recognize the diverse and unique needs of lone mothers it is important to engage in conversations with lone mothers and listen to their perspectives, experiences and suggestions. These perspectives and suggestions should then be considered and applied to programs and policies that are created to assist this group of women.
- 2) A key challenge for lone mothers in acquiring employment or engaging in social and community events, and thus experiencing SEI, was the cost and limited availability of childcare services. Programs that would provide all lone mothers (whether working, at school or caring for children at home) with affordable reliable childcare services would therefore assist in overcoming social and economic exclusion. Furthermore, these childcare services should be available outside of the standard nine-to-five, Monday-to-Friday work schedule, accommodating shift work and summer care for school-aged children.
- 3) Financial supports are required for lone mothers to be socially and economically included in our societies: funding and income assistance programs should provide an actual living income as well as safe, quality housing and transportation. Financial supports and benefits through programs such as social assistance should continue for a period of time after lone mothers successfully find employment in order to allow these individuals time to establish themselves, to “get ahead”.
- 4) Lone mothers described facing humiliation, discrimination and stress in navigating government programs and services. Lone mothers stressed the importance of changing stereotypes, particularly among policy makes and service providers, and the need to incorporate the knowledge and perspectives of lone mothers into policies and programs.

- 5) Lone mothers also commented on the logistical challenges of navigating policies and services. They identified the need for clearer, plain language information available in a timely and accessible manner as well as practical and helpful programs.
- 6) Considering the stress and limitations that exist for lone mothers, quality medical and dental services are required. Fewer restrictions and more coverage for prescriptions, mental health care and dental care were also recommended.
- 7) Education programs for lone mothers should be more readily available, including funding for such programs. Eligibility criteria should be more flexible and lone mothers should have access to more and better programs and the ability to remain on SA while advancing their education. Having the support of career counselors would also benefit lone mothers in choosing their educational paths.
- 8) Parenting supports were also seen as a means to confront social and economic exclusion, allowing lone mothers to share experiences, learn new skills and build networks. Lone mothers suggested the benefits of parenting groups specifically geared for lone mothers, such as parenting courses, and having access to funded counseling services.
- 9) In order to feel less isolated and more included, participants suggested having funded, affordable and accessible community or recreational activities for both themselves and their children, particularly children from ages eight to sixteen.

## Appendix - Demographic Tables

### Lone Mothers Merged Interviews and Focus Groups- 99 Participants

		number of children	number of girls	number of boys	AGE
N	Valid	98	97	97	98
	Missing	1	2	2	1
Mean		1.93	.86	1.07	37.0408
Median		2.00	1.00	1.00	35.0000
Mode		2	1	1	35.00
Std. Deviation		1.028	.722	.893	8.40584
Minimum		1	0	0	21.00
Maximum		6	3	5	59.00

### Province

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	New Brunswick	28	28.3	28.3	28.3
	Prince Edward Island	18	18.2	18.2	46.5
	Nova Scotia	31	31.3	31.3	77.8
	Newfoundland	22	22.2	22.2	100.0
	Total	99	100.0	100.0	

**Ethnic Group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Canadian	4	4.0	11.1	11.1
	English	7	7.1	19.4	30.6
	Acadien	6	6.1	16.7	47.2
	European	3	3.0	8.3	55.6
	African American	2	2.0	5.6	61.1
	Aboriginal	11	11.1	30.6	91.7
	Caucasian	3	3.0	8.3	100.0
	Total	36	36.4	100.0	
Missing	System	63	63.6		
Total		99	100.0		

63 participants did not indicate an ethnic group (63.6%). 36 did (36.4%).  
Of those 36, 11 were Aboriginal (30.6%), etc.

**Ethnic Group 2nd**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African American	2	2.0	100.0	100.0
Missing	System	97	98.0		
Total		99	100.0		

**Born in Canada**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	7	7.1	7.1	7.1
	yes	92	92.9	92.9	100.0
	Total	99	100.0	100.0	

**Type of Community**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	rural	22	22.2	22.7	22.7
	village/town	20	20.2	20.6	43.3
	city	55	55.6	56.7	100.0
	Total	97	98.0	100.0	
Missing	System	2	2.0		
Total		99	100.0		

**Living with a Disability or Chronic Disease/Disorder**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	65	65.7	66.3	66.3
	yes	33	33.3	33.7	100.0
	Total	98	99.0	100.0	
Missing	System	1	1.0		
Total		99	100.0		

**Living with Children**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	5	5.1	5.1	5.1
	yes	94	94.9	94.9	100.0
	Total	99	100.0	100.0	

**Living with Partner**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	94	94.9	94.9	94.9
	yes	5	5.1	5.1	100.0
	Total	99	100.0	100.0	



**Living with Other Family**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no	94	94.9	94.9	94.9
yes	5	5.1	5.1	100.0
Total	99	100.0	100.0	

**Other Living Arrangements**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no	96	97.0	97.0	97.0
yes	3	3.0	3.0	100.0
Total	99	100.0	100.0	

**Number of children**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	39	39.4	39.8	39.8
2	40	40.4	40.8	80.6
3	8	8.1	8.2	88.8
4	10	10.1	10.2	99.0
6	1	1.0	1.0	100.0
Total	98	99.0	100.0	
Missing System	1	1.0		
Total	99	100.0		

**Income**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	under \$15,000	68	68.7	72.3	72.3
	\$15,000-\$24,999	20	20.2	21.3	93.6
	\$25,000-\$49,999	6	6.1	6.4	100.0
	Total	94	94.9	100.0	
Missing	9999	3	3.0		
	System	2	2.0		
	Total	5	5.1		
Total		99	100.0		

**Education level**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	elementary	1	1.0	1.1	1.1
	some high school	19	19.2	20.0	21.1
	high school	29	29.3	30.5	51.6
	technical college	27	27.3	28.4	80.0
	university	12	12.1	12.6	92.6
	GED	7	7.1	7.4	100.0
	Total	95	96.0	100.0	
Missing	9999	1	1.0		
	System	3	3.0		
	Total	4	4.0		
Total		99	100.0		

**Currently in an Educational Program**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	65	65.7	74.7	74.7
	yes	22	22.2	25.3	100.0
	Total	87	87.9	100.0	
Missing	9999.00	10	10.1		
	System	2	2.0		
	Total	12	12.1		
Total		99	100.0		

**Current Education Program**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	academic studies	3	3.0	15.0	15.0
	GED	3	3.0	15.0	30.0
	community college	11	11.1	55.0	85.0
	graduate school	3	3.0	15.0	100.0
	Total	20	20.2	100.0	
Missing	9999	2	2.0		
	System	77	77.8		
	Total	79	79.8		
Total		99	100.0		

**Paid Work**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	69	69.7	69.7	69.7
	yes	30	30.3	30.3	100.0
	Total	99	100.0	100.0	

The following tables use 30 as the maximum sample because 30 women indicated that they had paid work.

### Occupation

	Frequency	Percent
Valid health care services	7	23.3
administrative support	6	20.0
child care provider	5	16.7
service industry	4	13.3
natural resources	1	3.3
social services support agency	1	3.3
self employed	1	3.3
Total	25	83.3
Missing	5	
Total	30	100.0

### Type of Work

	Frequency	Percent
part-time work	17	56.7
full-time work	7	23.3
casual/on call work	8	26.7
permanent work	5	16.7

Note: multiple responses are possible. Total equals more than 100.0%.

Note: Since there was not an option for “no”, it can only be stated that xx% of participants indicated that they worked full-time and not that xx% did NOT.

Same applies for the following table on income sources.

**Sources of Income (other than paid work)**

	Frequency	Percent
income from any government source	61	61.6
child tax benefit	26	26.3
income assistance	42	42.4
employment insurance	11	11.1
child support	3	3.0
disability	3	3.0
other	9	9.1

Note: Multiple responses are possible. Total equals more than 100.0%.

**Age Categorized**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-29	15	15.2	15.5	15.5
	30-39	46	46.5	47.4	62.9
	40-49	28	28.3	28.9	91.8
	50-64	8	8.1	8.2	100.0
	Total	97	98.0	100.0	
Missing	System	2	2.0		
Total		99	100.0		

## References

- Ambert, A.M. (2006). *One Parent Families: Characteristics, Causes, Consequences, and Issues*. Contemporary Family Trends, Vanier Institute of the Family.
- Atkinson, AB., Marlier, E., & Nolan, B. (2004). Indicators and targets for social inclusion in the European Union. *Journal of Common Market Studies*, 42(1), 47-75.
- Atkinson, T., Cantillan, B., Marlier, E., & Nolan, B. (2002). *Social Inclusion Indicators: The EU and Social Inclusion*. Oxford: Oxford University Press.
- Avison, W.R. (1996). Family structure and mental health. Paper presented at the NIMH Research Workshop on Social Stressors, Personal and Social Resources, and their Health Consequences, Bethesda, MD, 17-19 August.
- Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Colman, R. (2003). *A profile of women's health indicators in Canada*. Halifax, NS: GPI Atlantic.
- Colman, R. (2002). *The cost of chronic disease in Nova Scotia*. Halifax, NS: GPI Atlantic.
- Colman, R. (2000). Health impacts of social exclusion in Atlantic Canada: The effect of income, poverty and employment patterns. Genuine Progress Index for Atlantic Canada.
- The Co-Operative Housing Federation of Canada. (2012). What is a Housing Co-Op? Accessed December 2012 from: [http://www.chfcanada.coop/eng/pages2007/about\\_1.asp](http://www.chfcanada.coop/eng/pages2007/about_1.asp)
- Curtis, L.J. (2001). Lone motherhood and health status. *Canadian Public Policy*, 27(3), 335-356.
- Duncan, S. & Edwards, R. (Eds). (1997). *Single mothers in an international context: Mothers or workers?* London: UCL Press Limited.
- Duncan, S. & Edwards, R. (1996, Summer/Fall). Lone mothers and paid work: Neighborhoods, local labor markets, and welfare state regimes. *Social Politics* 3, 195-222.
- Evans, P. (1996). Single Mothers and Ontario's Welfare Policy: Restructuring the Debate. *Women and Canadian Public Policy*. Toronto: Harcourt Brace and Company.
- Evans, P. (1992). Targeting single mothers for employment: Comparisons from the United States, Britain, and Canada. *Social Service Review* 66 (3), 378-397.

- Guildford, J. (2000). *Making the case for Social and Economic Inclusion*. Prepared for Population and Public Health Branch Atlantic Regional Office, Health Canada. Retrieved from: <http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/social.pdf>
- Kilky, M. (2001). *Lone mothers between paid work and care: the policy regime in twenty countries*. London: Ashgate Pub Ltd.
- Lord, S. (1992) Social assistance and 'employability' for single mothers in Nova Scotia. In A. F. Johnson, S. McBride, and P. J. Smith, Eds. *Continuities & Discontinuities: The Political Economy of Social Welfare and Labour Market Policy in Canada* (pp. 191-206). Toronto: University of Toronto Press.
- Madriz, E. (2000). Focus Groups in Feminist Research. In *Handbook of Qualitative Research*, second edition, Norman K. Denzin and Yvonna S. Lincoln, editors. Thousand Oaks, Sage Publications.
- McIntyre, L., Connor, S., & Warren, J. (1998). *A glimpse of child hunger in Canada*. Ottawa, ON: Applied Research Branch, Strategic Policy, Human Resources Development Canada.
- Pascall, G., & Morley, R. (1996). Women and homelessness: Proposals from the Department of the Environment. I. Lone mothers. *Journal of Social Welfare and Family Law* 18 (2), 189-202.
- Raphael, D. (2001). From Increasing Poverty to Societal Disintegration: How Economic Inequality Affects the Health of Individuals and Communities. *Unhealthy Times: The Political Economy of Health and Care in Canada*. P. Armstrong, and H. Armstrong, Eds. Toronto: Oxford University Press.
- Rude, D., & Thompson, K. (2001). *Left in the cold: Women, health and the demise of social housing policies*. Winnipeg, MN: Prairie Women's Health Centre of Excellence.
- Shookner, M. (2002). *An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion*. Halifax: Population Health Research Unit. Retrieved from: [http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/inclusion\\_lens-E.pdf](http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/inclusion_lens-E.pdf)
- Statistics Canada. (2001). Census families in private households by family structure and presence of children, by province and territory. 2001 Census.
- Vosko, LF. (2002). The pasts (and futures) of feminism and political economy in Canada: Reviving the debate. *Studies in Political Economy*, 68, 55-85.
- Williams, S. (2000). Social Inclusion: On the Path to Social Development in Newfoundland and Labrador. *Policy Discussion Series Paper, (6)*. Halifax, NS: Maritime Centre of Excellence in Women's Health. Retrieved from: <http://www.acewh.dal.ca/eng/reports/No6e.pdf>