

Contextualizing the Health of Low Income Single Mothers:
Employability, Assistance, Gender and Citizenship

by

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Bachelor of Arts, Memorial University, 2009

A Thesis Submitted in Partial Fulfillment of the Requirements
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Abstract

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In Canada, the growth and intensity of neo-liberal governance and philosophy, which includes idealizing a self-sufficient and independent citizenry continues to inform public policies at the federal and provincial levels. These policies, in turn, have implications for individuals' health and well-being. Health implications are further visible and intensified along gender, class and ethnic lines. In this study, in-depth qualitative interviews were conducted with eight low income single mothers who had been affected by employment and assistance policies and regulations in British Columbia. The findings revealed the ways in which these women were affected by neo-liberal policy initiatives that held them individually accountable and responsible for managing their life circumstances in order to achieve the expectations bestowed upon them as citizens. It also revealed the inequalities that existed at the intersection of gender, class and ethnicity. The findings point to the need to address the policy barriers that confront lone mothers.

Table of Contents

Supervisory Committee.....	ii
Abstract.....	iii
Table of Contents.....	iv
List of Tables.....	vi
Acknowledgments.....	vii
Chapter 1: Introduction	
1.1 Contextualizing the research.....	1
1.2 Conceptualizing the research.....	1
1.3 Theory.....	4
1.4 An overview of this thesis.....	7
Chapter 2: Literature Review	
2.1 Welfare state restructuring and neo-liberalism.....	9
2.2 Employability and assistance regulations - Background and development	15
2.3 Employability and assistance regulations	18
2.4 Employability, assistance, gender and citizenship	26
2.5 Health implications of employability and assistance regulations	32
2.6 Statement of research questions and objectives	35
Chapter 3: Methodology	
3.1 Focus of the study	37
3.2 Study design	37
3.3 Study sample and size	38
3.4 Data collection	40
3.5 Transcription and analysis	41
3.6 Evaluation	44

Chapter 4: Research Findings	
4.1 The participants	50
4.2 Categories and themes	55
Chapter 5: Discussion and Conclusions	81
Endnotes.....	103
References.....	104
Appendix A: Consent Form	109
Appendix B: Questionnaire and Interview Guide	112
Appendix C: Example of Interview Transcripts	119
Appendix D: Example of Coding	128

List of Tables

Table 1. Participant Characteristics	50
Table 2. Categories and Themes	55

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Chapter 1. Introduction

1.1 Contextualizing the research

This thesis explores how employment and assistance policy affects the health and well-being of low income single mothers in British Columbia (BC). I decided on the direction of this research after reflecting on the conditions of lone parenthood in Canada. In particular, I was interested in understanding the scope of social supports and services available to single mothers, and whether these supports influence health and quality of life among women and children who are vulnerable to poverty and unemployment. In addition, I sought to further my knowledge in areas surrounding citizenship rights and expectations, which I argue, are central in contextualizing definitions of health and individual perceptions of responsibility for health. The thesis traces the evolution of social assistance policy in both Canada and BC, as understood by scholars, providing accounts of the political factors that may have influenced the current state of employment and assistance policy in British Columbia. While the current state of employment and assistance policy can be seen as evolutionary and impacting individuals and families over time in both BC and Canada, this research does not attempt to report research results on a national level. Instead, this research is specific to one Canadian city and province (i.e., Victoria, British Columbia) and therefore reflects the policies in effect in that city and province. However, similarities can be seen on a national level, suggesting the results may be useful for broader research and analysis.

1.2 Conceptualizing the research

To better understand the trajectory of welfare state restructuring, an introduction to the origins of neo-liberalism as well as the shifts that have occurred in social policy is necessary. The rise of

neo-liberalism is both a multifaceted and complex concept that structures the relationship between individuals, the market and the state (Jessop, 2002). Thus, it can be said that the rise of liberalism invariably led to the rise of neo-liberalism, in a growing market-oriented economy. In an idealistic sense,

“liberalism claims that economic, political and social relations are best organized through formally free choices of formally free and rational actors who seek to advance their own material or ideal interests in an institutional framework that, by accident or design, maximizes the scope for formally free choice” (Jessop, 2002:453).

While liberalism and neo-liberalism both emphasize limiting government involvement and deregulation, neo-liberalism places particular emphasis on the significance of the market economy in guiding the state and government interventions (Larner, 2000).

Scholarly literature demonstrates that neo-liberalism requires deregulation within and across national borders (Jessop, 2002). Jessop (2002:455) argues that the use of neo-liberalism, through liberalization, is actually attributed to a “successful hegemonic project voicing the interests of financial and/or transnational capital”.

The origins of neo-liberalism are said to be historically embedded in the ‘neo-liberal regime shift’ that occurred in the 1970s in the U.S and Britain (Jessop, 2002). Such shifts, Jessop contends, were also followed by similar shifts in countries like that of New Zealand, Australia and Canada (Jessop, 2002). Changes in the structure of the state, vis a vis ‘regime shifts’, lead to changes in the expectations and role of the welfare state.

Traditionally, the welfare state has been defined by Bryant (2009:232) as:

“a capitalist society in which the state has intervened in the form of social programs, policies, standards, and regulations in order to mitigate class conflict and to provide for, answer or accommodate certain social needs for which the capitalist mode of production in itself has no solution or makes no provision”.

Furthermore, while welfare state provisions exist in the form of social support programs federally and provincially, expectations are placed on individuals and their ability to ‘make it’ and provide for their families, independently of the state. Ideas of success and what one must possess to be considered a ‘valuable’ citizen permeate society. For example, one can argue that an employed, self-sufficient individual who can adequately care for his/her own needs and that of the family is often idealized. One may argue that many of these notions are rooted in one’s ability to attain an education and secure and sustain employment and make one’s ‘own’ way so to speak.

Some scholars, such as Banting (1997), maintain that a sense of market individualism that values self-sufficiency and individual accountability creates an environment in which one’s value and place in society are determined by one’s capacity to contribute economically to society while making limited claim on its resources. Given this worldview, some scholars assert the possibility that the implications of these values of individualism and self-sufficiency, and the policies and practices that are based on them, are enforced on those who do not hold ‘valued’ or advantageous positions, be it due to employment and/or social status, level of health, or other factors. Clement and Vosko (2003:111) maintain that the new welfare state is composed of a social welfare system that attempts to “help welfare dependents kick their habit”. These authors argue that such a model is punitive and holds individuals responsible for meeting their social needs, resulting in an increase in poverty and hardships among certain groups of people. While there is some literature to suggest that individuals in vulnerable positions often end up in positions of unemployment and low wage work, it is less clear how one’s health is impacted by these conditions, particularly health as understood more holistically and therefore, beyond

physical conditions. Therefore, the relationship between employment and social status and health deserves further attention.

While there are many potential people and/or groups that are affected by dominant societal values (such as those discussed above) and policies and that could be considered for this study, I chose to focus on single mothers with low income. Low income single mothers undeniably occupy a precarious position in our society. As a review of the literature will reveal, not only are these women often expected to contribute to society in a market-dominated economy, they are also expected to do so while caring for their families as well, often with minimal support from other family members, friends, or government intervention. As such, I have decided to focus on the perceived health consequences of employability and assistance supports on low income single mothers. This includes understanding how their social position in society, along with the dominant emphases on individualism, self-sufficiency and success contribute to the women's perceptions of their own and their families' health along with their perceived 'rightful' place in Canadian society.

1.3 Theory

In order to understand the conditions (social, political, economic, and otherwise) that confront low income single mothers, it is imperative to investigate the way in which various forms of power influence the lives of these women. To do so also requires an analytic framework that prioritizes the need for gendered analyses when attempting to investigate the effects of social and economic policy on the lives of women. I therefore chose to investigate the lives of the women who participated in this study by drawing on feminist political economy and intersectionality perspectives.

Scholars such as Kate Murphy (2010) contend that political historians traditionally understood politics from a male centric perspective (male parliamentarians to be specific), and therefore dismissed or overlooked anything that fell outside of this realm of political understanding. In fact, it was not until the 1980s and 1990s that more nuanced conceptual approaches were used, revealing the place of gender in the political (social) world (Murphy, 2010). Murphy (2010) contends that when men become “visible as gendered subjects”, it is then that we, as researchers, will have the ability to build upon our knowledge base and further our understanding of the dynamics of power relations that permeate our society.

A feminist political economy is one that attempts to counteract the disadvantages that women face by providing new understandings of policy and enlightened understandings of power dynamics as they relate specifically to women (Waylen, 2007). More than “analysing the impact of macroeconomic policy on gender relations”...it is about “investigating how macroeconomic institutions, analysis and policies are gendered” (Waylen, 2007:211). Waylen maintains that a feminist analysis can be useful in providing relevant perceptions on the level of macroeconomics. For example, Waylen (2007:211) maintains that by problematizing perceptions of the labour economy using gender as a category, a feminist analysis uncovers and counters the biases surrounding gender that exist institutionally (i.e., in homes, governments, markets, etc) (Waylen, 2007).

As this study aims to understand the health effects of employment and assistance policy on women who are in low income positions, a feminist political economy framework aims to conceptualize the position of these women in light of the many ways that their lives have been affected by policy changes, under various circumstances, and as understood by the women themselves.

In addition to the use of a feminist political economy perspective, I also draw from intersectionality theory to draw attention to how multiple factors (such as ethnicity, class, social status, history, etc) combine and intersect to exacerbate the conditions experienced by women, such as those who participated in this research. Intersectionality theory “proposes that gender cannot be used as a single analytic frame without also exploring how issues of race, migration status, history, and social class, in particular, come to bear on one’s experience as a woman” (Samuels and Ross-Sheriff, 2008:5). In this way, an intersectionality perspective allows for the examination of similarities and differences amongst various dynamics as they relate to factors affecting women’s lives (McCall et al, 2013).

According to Grabham et al. (2009), intersectionality theory examines the foundations of inequality, whether at the level of the family, state, law or otherwise, and how these inequalities are reproduced institutionally. Shields (2008) speaks to the way in which intersectionality theory has changed how gender is discussed amongst scholars. In particular, it challenges the previously taken-for-granted assumptions about gender that are often embedded in various theoretical and methodological approaches. As a result, attention is placed on social identities as well as social location, and it is argued that gender must be examined in such a way that situates the various power relations that are embedded within social identities (Shields, 2008).

This study aims to understand the ways in the social locations (such as gender, class, etc) intersect with one another and how these intersections influence women’s experiences, including their perceived overall health and well-being. Intersectionality theory allows for a more intricate way of understanding similar and different experiences between the women in this study, given their diverse realities as individuals (i.e., ethnicity, class, etc). Scholars contend that “intersections create both opportunities and oppression” (Shields, 2008:311). An intersectionality

approach draws our attention to these differences and similarities and their impact on the women in the study, in the broader context of ethnicity, class, socioeconomic status, and so forth.

Essentially, an intersectionality approach situates not only the power relations that exists on the basis of gender, but the power relations that exist and underlie gender as a category as well.

Armstrong and Connelly (1989:5) note that “gender, race/ethnicity and regionality/nationality interact with class in various ways with one being more salient than another at different points in time.” Thus, a framework that considers a multitude of factors, with gender at the fore, is particularly useful in attempting to understand conditions that may arise and that may lead to low income single mothers’ vulnerability. Such vulnerability may be heightened in light of policy changes under what some may argue to be, an increasingly neo-liberal era of politics.

1.4 An overview of this thesis

To date, research addressing the issues presented above is limited. Therefore, given the theoretical importance and applied implications of changing citizenship requirements under continuous welfare restructuring, this thesis proposes to examine the significance of contemporary restructuring efforts as noted by employability and assistance regulations, for the health and well-being of low income single mothers (and their families). Using data drawn from in-depth interviews conducted with a sample of eight low income single mothers living in Victoria, British Columbia, this study examines their perceptions of and responses to employability and assistance regulations, their level of acceptance of personal responsibility for health and well-being, and the perceived importance of each of these factors in influencing their overall health and well-being.

The chapters that follow will provide a deeper account of the above identified issues. Chapter two will provide a literature review of the existing knowledge base surrounding low income single mothers, citizenship, gender and health in this context. Chapter three will reveal the methods used to recruit participants to this research study, collect data on single mothers' experiences, as well as to analyze the data. Chapter four will report the findings of this research and chapter five will reveal the conclusions of this study.

Chapter 2. Literature Review

2.1 Welfare state restructuring and neo-liberalism

The 1980s and 1990s are widely referred to as a period of welfare state restructuring in Canada as well as many other western capitalist democracies (Laforest, 2001). Scholar Amber Gaszo (2008) contends that these reforms have continued into the 21st century as well. Scholars have linked this restructuring to the demise of the post-war Keynesian welfare state that was once characteristic of Canadian policy and governance, particularly prior to 1970 (Banting, 1997). While the years that followed WWII through to the 1970s were years of increasing state responsibility for meeting the needs of its citizens and thus, for the provision of economic, health, and social services for the population, this subsequently began to erode as politicians and policy makers increasingly attributed economic recessions to the fiscal crises generated by an overly generous welfare state (Brodie, 1994).

Welfare state restructuring is widely linked to the growing influence of neo-liberalism (Kemp and Denton, 2003); that is, it is centred on a belief in the virtues of the market, the market economy, and thus, a market-oriented society (Coburn, 2000). A neo-liberal worldview came to dominate the federal government, particularly during the 1980s, when the federal government used mounting deficits as a rationale for eroding the welfare state (Brodie, 1994). According to Berry et al. (1995:4), the concept of ‘structural adjustment’ - “the process of deliberately adjusting or changing the structure and operation of the economy to mitigate the effects of negative internal and/or external shocks, or to take advantage of new opportunities to more effectively and efficiently achieve the objectives of economic development” - is central to understanding the current fiscal situation. They note that while the pressures for such an

adjustment emanated from the recessions and high unemployment of the 1980s and 1990s, structural adjustment was imposed as a result of neo-liberal market forces, including technological change and global competition. Thus, privatization and cutbacks in public sector wages and employment, mixed with de-regulation, are central aspects of structural adjustment embedded in neo-liberal doctrine.

Banting (1997) suggests that restructuring has led to a more pluralist state in which power and influence have become more widely distributed amongst those in control of production and industry, as opposed to power being more centralized. As a result, new ideas concerning the role of government and the rights of citizens have taken precedence. The literature suggests that the growing movement towards welfare state restructuring has evolved in such a way as to justify the dominance of neo-liberal ideology in ways that “minimize state interference”, “prioritize market individualism”, and promote values of “self-reliance”, “self-sufficiency” and “competition” (Gazso, 2007:454). In this sense then, some scholars maintain that the restructuring of social policy under neo-liberal doctrine is a way of reducing state dependency and maximizing and promoting opportunities for flourishing economies (Gazso, 2008). It has been argued that universalistic postwar notions of citizenship no longer prevail, and instead ideas of citizenship are grounded in notions of individuals who are capable of serving and maximizing their own interests and well-being (Ilcan, Oliver and O’Connor, 2007). When speaking to this ‘new citizenship regime’, Ilcan et al. (2007:80) state:

“It encodes new representations of rights and obligations and the legitimate social relations that determine the boundaries of inclusion and exclusion. The new post-Keynesian citizen is constituted in the image of the active entrepreneur, a subject who is autonomous rather than dependent, and self-reliant in terms of securing their own welfare.”

The newly envisioned model of social welfare and assistance in Canada that led to the development of employability and assistance regulations evolved with increasing marketization and individual accountability and responsibility for economic growth and well-being (Gazso, 2006). Gazso (2006) references the idea of social cohesion as the Canadian government's next step towards encouraging labour market participation and inclusiveness. "Social cohesion is a product of civil society, social capital, cultural or human capital, engagement and participation, and networks of cooperation" (Gazso, 2006:1). Therefore, the cooperation of individuals to contribute toward the accumulation of 'capital' can be seen as the end goal or aim of 'social cohesion'. Furthermore, in understanding the Canadian government's move towards social cohesion, it is possible that this move represents a turn towards earlier notions of rights and social citizenship (Gazso, 2006) in which the requirements of parents themselves, regardless of circumstance, to invest in their families' financial stability via participation in welfare to work, training or educational programs, that serves to "integrate" people into the labour market, creating experiences of 'social cohesion' (Gazso, 2006). Therefore, according to Gazso (2006), there is a consistency between the agenda of social cohesion, the change in social citizenship rights, and BC policy reforms. Furthermore, while some of the literature maintains that welfare state restructuring undoubtedly affects a wide range of groups (based on class, race, age, etc.), the effects of social policy restructuring under the mantra of neo-liberalist doctrine likely influences the lives of women in particular. This includes vulnerable women, such as those in single parent families and/or families with low incomes. While it can be argued that women remain the major sources of unpaid care and support at all stages of the family life course in Canadian society, they also tend to be those with the greatest unmet care needs (Cooke and Gazso, 2009).

One can argue that efforts aimed at reducing inequality have become overshadowed by government efforts to induce individual and family (or private) responsibility. According to Brodie (1994:4), the restructuring of welfare states “seeks to renegotiate and recode the public and private by radically shrinking the realm of political negotiation and expanding the autonomy of the market and family.” Under the influence of neo-liberal governments, it is assumed that families should be responsible for their members, and state policies should reinforce such responsibility. Thus, “privatization, and the erosion of the welfare state often simply mean that health care, child care, and elder care are forced back onto traditional family forms, and the unpaid work of women” (Brodie, 1994:6).

This erosion of the welfare state may contribute in part to reasons why lone mothers represent a large proportion of the total welfare caseload in this country (Cooke and Gazso, 2009).

Researchers maintain that nearly 250,000 (almost 1/3) of Canada’s lone mothers are in receipt of social assistance (Cooke and Gazso, 2009). Furthermore, in 2003, lone mother households had the highest risk of poverty at 63 percent, compared to two parent families at 17 percent.

While governments have played a role in dealing with inequality through the implementation of social and health care programs, some scholars have argued that the current government agenda (both at the federal and provincial levels of government) is less focused now than they have been in the past on mitigating the negative effects of inequality, certainly as it pertains to vulnerable groups. For example, Lee (2004:22) states that:

“A large number of government interventions have historically played a role in mitigating inequality in BC and Canada, although many have been eroded during the 1990s. These include: Income supports or social assistance at adequate levels; access to high quality education, health care and other public services; publicly-funded social housing; and, currently in development, a publicly funded child care system”.

It may also be the case that while family responsibility increases, family relations also become the subject of government surveillance in which the state imposes ‘decentralized social guidance strategies’ encouraging a citizen- market relationship. For example, there is some literature which contends that post WWII gave way to a different set of principles and expectations concerning the role of government and citizens’ rights (Brodie, 1994). As will be revealed, literature maintains that the citizen-market relationship that is encouraged under neo-liberal principles also affects single parent families headed by women in a way that places responsibility for the security of the family onto women themselves (thereby reinforcing decentralization - moving responsibility from the state to the family). Furthermore, scholars such as Schmitz (1995) contend that there is a focus on this type of family unit that categorically stereotypes single parent families as deviant and has, and continues to blame unmarried or single women for their circumstances. Schmitz asserts that this ‘blame’ is projected onto these family types rather than supporting lone parent families by way of social support structures to ‘lift’ these families out of poverty.

According to Dobrowolsky (2008), citizenship discourses direct attention to the marginalization of women’s concerns and needs, and is exacerbated by policy priorities that are rooted in market assumptions, for example, “promoting human capital and employability as investments in the future” (Dobrowolsky, 2008:465). Therefore, he argues that this may lead to an incompatibility between a neo-liberalized view of the ‘ideal citizen’ and the citizenry status bestowed on vulnerable women, such as low income single mothers. Conceptualizing the “active citizen” is central to looking beyond lone parents’ low income or impoverishment as an individual problem. Certainly, it can be said that the “active citizen” exemplifies the ideal citizen in a market economy such as Canada’s. However, some scholars contend that this notion of the ideal or

active citizen sometimes excludes those who are vulnerable or marginalized, and places blame for their “inability” to acquire desired active citizen status. For example, Gurstein and Vilches (2010:421) state that:

“The implication that an active citizen is one who exercises their rights and responsibilities in a balanced way is problematic, and has the potential to add blame to poverty, justifying exclusion rather than inclusion.”

In fact, Gurstein and Vilches (2010) question the extent to which these women can enjoy the full benefits of such citizenship given the current contention over one’s rights versus one’s responsibility as citizens, particularly as the underlying assumption remains that an active citizen exercises both “rights and responsibilities.” As such, this may leave vulnerable women, such as low income lone parents in precarious circumstances in which their legitimacy as ‘active citizens’ may be called into question. A reason why such legitimacy may be called into question is that attaining employment outside the home is often a required responsibility of citizenship in Canada’s neo-liberal environment (Gurstein and Vilches, 2010).

While employability is a pre-condition for acquiring the status of the ‘active citizen’ according to the scholarly literature, it and other such conditions of citizenship may often undermine lone mothers’ ability to care for and nurture children. In some cases, the active citizen model presents a conflict to lone mothers, especially when citizenship requirements cannot be fulfilled without alternate or adequate child care arrangements (Gurstein and Vilches, 2010: 429). When this happens, lone mothers sometimes become caught between being able to provide the material necessities for their homes and their families, and their responsibility to care for their children (Gurstein and Vilches, 2010).

2.2 Employability and Assistance Regulations - Background and Development

The 1970s saw social assistance programming that was geared towards anti-poverty objectives (Ismael, 2006). For example, the Unemployment Insurance (UI) Act of 1971 made benefits more accessible to citizens (Ismael, 2006). In 1973, there was the introduction of the Family Allowance Act, which also increased benefits. Adjustments to Old Age Security during the period of 1973-1975 also opened the door for increased coverage (Ismael, 2006).

With regards to employment, job cuts due to recession were heightened during the period of 1981 to 1983, as cuts to the UI program of the 1970s were “registered on income” (Ismael, 2006:57). The years between 1985 and 1995 saw the state transitioning from a welfare state to a residual state (Ismael, 2006). Ismael contends that: “the residual state framework promotes an ethic of liberal individualism-that is, work attachment and individual self-reliance-in social policy that is especially reflected at the provincial level in social assistance policies” (Ismael, 2006:59).

Poverty and in inequality were on the rise by the late 1970s and 1980s, with welfare state restructuring budgets and programming (Olsen, 2002). For example, trends towards increasing decentralization in Canada brought with it an increased emphasis on the ‘private sector’ along with ‘fiscal welfare’ (Olsen, 2002). This era brought decreased spending on social programs, leading to an increase in inequality and poverty amongst citizens - with many cutbacks concentrated on targeting the poor or those Canadians with lower income comparatively (Olsen, 2002). Furthermore, unemployment benefits were affected, resulting in a withdrawal of federal government contributions, also minimizing its role in providing financial assistance for the job development sector or training programs (Olsen, 2002).

As a part of the mentality behind the move to the residual state of the 1980s, Ismael (2006) maintains that issues such as child poverty (due to unemployment and/or low income families) were thought by some to be best solved by charity rather than by right of entitlement.

Interestingly, during the period from 1985-1995, it was found that when federal spending on social programming increased, rates of child poverty decreased (Ismael, 2006). Thus, it is Ismael's assertion that child poverty was a continuing problem in this era, and this reflected the fact that we lived in a residual welfare state, on both provincial and federal levels.

Currently in British Columbia, employability and assistance regulations tend to target particular groups of people to encourage maximum employability among citizens, while aiding in their transition to the labour force. Employment-related programs are those programs that are established or funded under the Employability Act, and they include employment search training, job placement, self-employment, and volunteer programs (Ministry of Social Development and Social Innovation, 2010:5). These programs are significant as they stipulate the actions that are expected of individuals in order to become employable or employed. However, it is also important to note that components of these programs, many of which demand compliance, affect various individuals (low income single mothers in particular), in various ways. For example, when individuals have disability status, programming standards change and the expectations placed on the individual change as well, sometimes alleviating the individual's need to secure employment in a timely manner. These conditions will be exemplified further in chapter four.

The expectation of employability however, is placed on citizens who do not qualify as having a disability. An examination of the literature reveals that the expectation is that these citizens adapt to labour market changes and secure employment as a means of self-sufficiency and

independence. In this sense, employability becomes a central feature to attain independence.

According to Hillage and Pollard (1998:2):

“Employability is about being capable of getting and keeping fulfilling work. More comprehensively, employability is the capability to move self-sufficiently within the labour market to realize potential through sustainable employment. For the individual, employability depends on the knowledge, skills and attitudes they possess, the way they use those assets and present them to employers and the context (e.g., personal circumstances and labour market environment) within which they seek work”.

In instances where individuals are unable to secure employment, they may qualify for assistance in the form of welfare. Assistance refers to “ income assistance, hardship assistance or a supplement” (Ministry of Social Development and Social Innovation, 2010:5). Welfare has also been defined as a program of last resort- for families when they have exhausted any and all alternative options (Klein and Pulkingham, 2008). Pulkingham et al. (2010:277) assert that “welfare to work policies simultaneously demand independence and self-sufficiency and rote obedience to punitive rules that seem to preclude opportunities for longer term advancement, all the while subjecting recipients to intrusive surveillance”. They suggest that welfare reforms are aimed at grooming workers in specific vocations, primarily in low wage work, and serve to restrain many individuals from aspiring to full, active participation in society.

Scholars such as Hillage and Pollard have demonstrated that employability and assistance regulations have been designed and implemented to ensure citizens maintain and/or gain the ability to integrate into the workforce and become contributing members to sustain the economy, socially and politically (Hillage and Pollard, 1998).

2.3 Employability and Assistance Regulations

Before recounting the nature of assistance programs and the political mentalities that shaped these assistance initiatives in the 1980s onward, it is important to note the events that took place prior to this era. Hicks (2008) contends that it can be understood that social policy in the 1990s onward was influenced by the political mentalities and trajectory of events that occurred prior to the 1980s. In particular, it was the initiatives that were implemented in the years surrounding 1967, that when taken all together, came to define the welfare state in Canada (Hicks, 2008). There was an expansion in the postsecondary education sector, along with reforms in health and income security for the senior population (Hicks, 2008). Furthermore, this era marked the setting of the stage for the social assistance system with the implementation of the Canada Assistance Plan (CAP), which provided “federal, cost shared financing for provincial social assistance (welfare)” (Hicks, 2008:2). Further to this, an “Active Manpower Policy” that allowed for larger government jurisdiction in adjusting the labour market (including counselling, community and economic development, training, mobility support), was also introduced in Canada during this time (Hicks, 2008).

One can argue that the presence of assistance regulations and measures to ensure employability efforts reflect effective welfare regulations designed to meet the needs of citizens in their efforts to procure a high level of well-being through work. That is, social programs and policies are in place to ensure that citizens have equal access to opportunities, regardless of social or economic constraints. However, literature also reveals that the ongoing restructuring of welfare state programming that directly affects employability efforts is not unrelated to or unaffected by current restructuring initiatives under neo-liberal ideology.

Although the mature welfare state prior to the 1980s saw an increase in social programs on both the federal and provincial levels in Canada, it is argued that the 1980s paved the way for fiscal restraint. Battle (2001) contends that the debt that accumulated in the post WWII era had taken its toll on Canada and governments were forced to restrain both public and social spending in particular during the 1980s and into the 1990s. As a result, social policy reform in this era was marked by spending cuts and an increase in taxes (Battle, 2001).

Spending cuts took a variety of forms during this period. For example, Peter Graefe (2006:10) notes that the 1985 Canadian Jobs Strategy (CJS) “shifted the emphasis from job creation to improving employability through skills development”. Thus, the shift towards improving employability involved “changing the focus from the demand side (employment creation) to the supply side (employability).” This shift led the way to encouraging more individuals to enter into the work force, cutting social spending in areas of social assistance. This shift was seen through changes which included job training (which some argue was done with the assumption that people were unemployed due to lack of skill), as well as job development (Corak, 1991). Graefe (2006) contends that this shift heightened the targeting of programs towards particular groups and their skill needs, as opposed to problems inherent in the labour market such as seasonal and structural unemployment. To this end, the implementation of the CJS did not necessarily promote access to good training and jobs, but conversely prepared workers for low-skilled positions with low wages. Furthermore, in 1984, the Canada Health Act marked the end of financial control over social policy, as provinces took increasing control of social policy direction and initiatives (Ismael, 2006).

The 1990s saw a continuation of fiscal conservatism by government. In fact, in a budget speech offered by the federal government in 1992, pertaining to both the federal and provincial levels, it was stated that the responsibility of the government, first and foremost was to increase "reliance on the private sector and market forces" (Brodie, 1994:3). Further to this was the federal government's commitment to "deficit reduction, inflation control, free trade, and developing a new consensus about the role of government" (Brodie, 1994:3).

The public and private sector remained on the agenda throughout the 1990s as well. The government aimed to increase expectations on the role and responsibilities of the private sphere, while decreasing the responsibilities of the public sector (Brodie, 1994). As a result, this increase in expectations would see an increase in family responsibility, while at the same time, securing market autonomy (Brodie, 1994:4). Brodie maintains that new ideas of ideal citizenship continue to prevail and differ from those of the post-war Keynesian state. To this end, Brodie (1994:7) states that "the new good citizen is one who recognizes the limits and liabilities of state provision and embraces her obligation to work longer and harder in order to become more self-reliant."

Furthermore, Brodie (1994) maintains that the restructuring of social welfare during this new era had brought with it an agenda of forcing individuals (those deemed employable) into the labour market, even under conditions in which the jobs available were insecure and underpaid.

In British Columbia, the 1990s saw rising welfare caseloads, countered with a move in 1995 by the government to increase the requirements surrounding eligibility for assistance, along with increasing methods around enforcement of these criteria (Schafer and Clemens, 2002). Later, in 1996, there was the implementation of what was known as "BC benefits", which saw cuts to

benefits of “8 to 10 percent for welfare recipients without dependents and who were deemed employable” (Schafer and Clemens, 2002:6).

Scholars like Baker (1997:2) note that increasingly, with regards to social programming, entitlement to programming and assistance had become contingent upon one’s agreement and readiness to participate in job training programs and continually search for employment. He stated: “program entitlement has become conditional on applicants’ willingness to engage in retraining, to search for paid work, and to re-enter the labour force”. To this end, governments were shifting the rhetoric from that of guaranteed annual income, social security and rights of citizens, to that of temporary assistance measures, based on a demonstrated need amongst citizens, in an effort to promote self-sufficiency and employability (Baker, 1997). In her view, this kind of entitlement shifts the emphasis from a social level, to a more individualized system of rights. In this sense, dependency upon the state for support becomes less acceptable, leaving the welfare of citizens to the market. Furthermore, in this shift to independence and employability, the Canadian government placed the onus on the individual to explain his/her reasons for not finding paid employment, without considering salient structural barriers (i.e., systemic discrimination) to income, family responsibilities and the limited availability of full time employment.

Labour standard guidelines and changes continued to have an impact into the 21st century. With new labour standards implemented in the early 2000s, it has become increasingly difficult for employees to access information pertaining to their rights as workers, thus affecting their ability to file worker complaints (Fairey, 2005:11). Fairey (2005) identified some of the difficulties that employees face. They included: the implications of decreased expectations placed on employers (for example, in the area of no longer being mandated to post employee rights in areas of the

work place); the fact that all employee complaints need not be investigated; employee difficulty in accessing rights; and lack of employee benefits associated with part-time work status.

The literature reveals that ideas of self-reliance and self-sufficiency can also be found in the BC government's current approach to a 'flexible' labour strategy. For example, the Minister of Labour, in announcing legislative changes in 2002, is quoted as saying that: "These changes are designed to provide flexibility and encourage self-reliance so employees and employers can build mutually beneficial workplace relationships" (Fairey, 2005:11).

Fairey (2005) maintains that there were 42 changes made to the Employment Standards Act in the period from 2002 to 2004. However, upon analysing the changes for their effects on employees, he maintains that only seven were positive for workers. While Farley maintains that government rhetoric of the time, under this legislation, was to increase the security of workers in vulnerable positions, this was not necessarily the case. Fairey (2005) identifies some of these legislative changes as: an exclusion of employees covered by collective agreements and that employers could now hire children between the ages of 12 and 14 years with only the consent of one guardian. Fairey explained that doing so placed the responsibility for safety of the child worker back onto the private sphere and employers are no longer mandated to inform employees of their rights as workers. For example, those individuals in shift work have no certainty of being able to comply to changes in shift work scheduling; there was a decrease in the amount of minimum hours that could be worked, which affect benefits, and employers no longer have to investigate all complaints received by employees, only "accept and review". However, according to Fairey, employers are not mandated to accept or review complaints if employees fail to take the necessary steps in the complaint process.

Fairey (2005) contends that while “flexibility” is key to the provincial government’s overall labour strategy, it is also indicative of neo-liberal theory that believes that a larger workforce will increase competitiveness, thereby enhancing job growth. In thinking back to the Canadian Jobs Strategy, “if governments adopted more market-based or neoliberal policies, and in particular reduced social support programs and deregulated labour laws, the workforce, then, would become more flexible” (Fairey, 2005:11). The author points to both provincial government and labour minister claims that “providing protection to our most vulnerable workers is a priority for the Employment Standards Branch” (Fairey, 2005:12). However, he and other scholars maintain that the actions undertaken to implement new labour standards are in fact in direct contradiction to enhancing the protection of vulnerable persons in the workplace.

Klein and Montgomery (2001) discuss the role of public policy and policy changes in affecting the most vulnerable as well. They lament that the prevalence of homelessness, economic insecurity and poverty are built on inaccessible income supports, low earnings and lack of adequate benefit provisions from the low wage market, along with inadequate public services like social housing, child care, and so forth. Some policy changes, such as the two year independence test, had direct effects on lone parents in Canada. Under this policy change, people were and are denied welfare assistance, regardless of their level of need (Klein and Montgomery 2001). Klein and Montgomery (2001) maintain that this has become one of the more common rationales for denying assistance to individuals in need. Furthermore, with the independence test, in order to qualify for assistance, one must prove that he/she had been financially independent for a period of at least two consecutive years prior to receiving benefits.

Gazso (2009) identified some of the policy changes that took place. She notes that in both 1995 and 2002 restructuring strategies came in the form of welfare to work initiatives, a reduction in

benefits, and the elimination of earning exemptions, program cuts and strengthened eligibility criteria (Klein and Montgomery, 2001). Pulkingham et al. (2010) found that the introduction of reformed employment policy in 2002 in BC brought with it a crucial change. The policy indicated that women were now expected to work when their youngest child turned three years of age. Prior to 2002, the age was seven years, and in 1996, the age was twelve years. In discussing employment, Klein and Pulkingham (2008) report that BC had seen a decrease in the provision of employment standards, removing groups of workers from the protection of the law, and making regulations and incorporating changes that affect all workers (for example, making it more difficult to qualify for overtime pay, and reducing the minimum shift).

As well, the Vancouver Status of Women's Committee (VSW, 2005) has maintained that persistent cutbacks have taken place in access to subsidized childcare as a result of the tightening of criteria for eligibility. In their view, the issue of forcing dependency upon vulnerable women through various forms of social cutbacks also brought with them the elimination of earning exemptions while on assistance, which the VSW maintains complicates women's ability to meet their own and their children's basic needs. They report that welfare funds for single parents with one child covered only 65 percent of minimum living costs. They also note that "the elimination of the Family Maintenance Exemption, and the sporadic nature in which Family maintenance cheques are often received, adversely affects the mother's ability to care for her child" (VSW, 2005:7). The Vancouver Status of Women (2005:6) stated that:

"tightened criteria for access to Child Care Subsidy Programs have greatly decreased eligibility and access for parents in need of additional aid in maintaining adequate childcare. Parents are no longer able to access Childcare Resource and Referral One Stop Access programs due to devastating funding cuts and rigid criteria. In some cases, particularly in poorer communities, this has resulted in the closure of Child Care centres."

Klein and Pulkingham also report that in 2006, “a total of 13 percent of British Columbians were actually living on low incomes, which was 2.5 percentage points higher than the national rate and also significantly higher than the rates in any other province” (Klein and Pulkingham, 2008:16). In their study, Klein and Pulkingham (2008) observed that individuals/clients with a low income or in receipt of assistance, were left in the ‘expected to work’ category under provincial employability regulations, often inappropriately, even for a period of years, when they were not actually imminently employable. They also report that lack of phones and stable housing represents barriers to employment. According to these scholars, government should not assume that the creation of jobs and a growing economy will on its own solve problems related to income insecurity and unemployed individuals in receipt of income assistance.

Creese and Strong-Boag (2005) note that while the state does indeed support employability, the current government has cut day care subsidies, closed schools, decreased subsidies available to low income families, and undermined some daycare facilities, particularly those in low income neighbourhoods. They also note that employment policies that support employability serve to increase the difficulty for women to achieve wages comparable to men (Creese and Strong-Boag, 2005). With the agenda of employability currently on the table, the Liberals have “implemented a new training wage at \$6 an hour (less than the minimum wage) for the first 500 hours of paid work, introduced negotiated work schedules that allow weekly hours to exceed 40 hours without overtime pay so long as they averaged 40 hours over several weeks, cut the minimum shift in half (from four to two hours), and made entitlement to statutory holidays dependent on working 15 of the previous calendar days” (Creese and Strong-Boag, 2005:25).

2.4 Employability, Assistance, Gender, Citizenship, and Health

A review of the literature points to the way in which individuals who are targets of regulated employability measures are often in positions of low income, suffer poorer health conditions due to a broad range of factors affecting their health, and suffer stigmatization related to their social position (VSW, 2005). Low income single mothers represent one such group (VSW, 2005).

Although low income single mothers are among those targeted by regulated employability measures, relevant policies maintain gender neutrality. According to the BC government, ‘gender equality has been won’ (VSW, 2005), suggesting that provincial employability and assistance regulations are likely implemented with the understanding that gender has little or no bearing on how policy affects women specifically. There is literature to suggest that gender-neutral policies assume equality of opportunity for men and women but overlook inequality of outcomes, as well as how the implementation of such policy exacerbates such inequalities. Thus, the assumption of equality of opportunity coincides with the assumption that “gender equality has been achieved” (VSW, 2005). Yet, as Gazso (2009:45) notes, the citizenship rights of women have not evolved similarly to those of men, nor as equally. Thus, it can be argued that the assumption of gender equality leads to the development and implementation of social policy that is not cognizant of the many inequalities that exist between men and women, and consequently, actually exacerbates such inequalities. Thus, while employability and assistance regulations target those groups in marginal positions (socially and economically), it would appear that due to conditions that prevent low income single mothers from finding and maintaining meaningful employment (i.e., children’s health, accessibility, etc), low income single mothers may also be negatively affected by these regulations.

For example, gender neutral policy can prove problematic in various circumstances. For example, according to Pulkingham et al. (2010), while marriage is no longer mandatory or explicitly valued and expected, it sometimes emerges implicitly as an expectation at the policy level. For example, when living in a common-law relationship, there are situations in which the income of the partner may affect the assistance eligibility of the person seeking assistance (e.g., disability assistance).

An important dimension of gender-neutral policy is reflected in the expectations that all citizens, regardless of gender, find and maintain paid work. Pulkingham et al. (2010) note that such a strategy coincides with a shift to ‘active citizenship’. Yet, the women they studied faced confusing interpretations of who they should be, and what their rights and responsibilities as mothers and citizens should be. For example, should lone mothers take full care of their children, such as being there for them when they get come from school? Or, should they forego that responsibility and ensure that the family is being provided for financially? It would appear that the ability to provide for one’s family sufficiently and adequately, both at home and financially, was and is often a complicated and arduous task. According to these authors, such confusion stems from many sources, including policy and legislation, teachers, and prospective employers as all of these groups have different opinions as to what it means to be a successful parent and what an active citizen looks like. In so doing, it appears that social and economic conditions and opportunities are often overlooked, often leaving lone mothers in precarious positions. Thus, it can be argued that policies and assistance programs, such as those that implement employability and assistance regulations, can potentially impact individuals’ perceptions of who they are as citizens, and who they need to be in order to be successful.

It can be argued that cuts to women's jobs, the elimination of pro-active measures like pay equity, weakened employment standards and cuts to childcare all serve to reinforce the ideal of employability and active citizenship, while excluding those most vulnerable and most adversely affected by social welfare cuts from the ability to attain a better quality of life and health.

According to Creese and Boag (2005:25), "the Employment Standards Act was revised to foster flexibility for employers while weakening safeguards for workers, particularly for the part-time, short-term and low waged, who are largely women and recent immigrants. Policies designed to achieve equality in the workplace have been eliminated, the Equity and Diversity Branch was axed and the pay equity provision in the Human Rights Code repealed."

The Vancouver Status of Women's group (2005) further contextualizes the implications of gender neutral employability regulations by acknowledging that setting time regulations often forces women into 'precarious' working conditions which include exploitative, low waged, work without benefits. Furthermore, marginalized peoples, such as low income single mothers, may be forced to work in the "underground market", which does not follow the rules of the Employment Standards Act. As a result, there are increased chances of exploitation, violence, drugs and abuse. In this way, it can be argued that the development and implementation of forced employability can fail in creating meaningfully 'active citizens' who have the capacity to become self-sufficient individuals, and instead, may direct single mothers into positions in which their well-being is individualized.

Employability standards affect welfare policy as well. Klein and Pulkingham (2008) noted that since 1995, the number of people receiving welfare in BC had been dropping. While this may appear to be positive news, these authors note that the new rules made it more difficult to access assistance when assistance was needed, along with creating more demanding employment rules

and work search criteria for those who were already in receipt of assistance. As a result, the number of people receiving welfare decreased sharply between 2002 and 2005. These authors assert that an Economic Security Project report examined the new rules and found that the process for applying for assistance “systematically discouraged, delayed and denied help to people in need, and that many experienced harm and homelessness as a result” (Klein and Pulkingham, 2008:7).

Considering policy changes in relation to health is imperative to better understanding the experience of lone mothers as it relates to finding and maintaining employment. Low income levels and poor health combine to create unfavourable conditions for single mothers in their quest for ‘meaningful’ employment which according to employability and assistance regulations is necessary for successful integration into the labour market as a means of achieving self-sufficiency. It is argued that “social determinants of health such as income and income inequality as well as housing, food security, and health and social services are heavily influenced by the ideology of the government of the day” (Raphael, 2006:127). Furthermore, childcare becomes a pressing issue and determinant of quality of life as well. Raphael is quoted as stating: “the availability of child care is an important contributor to women’s quality of life as it is essential for the support of their equality. It assists women in their role as primary child rearers and facilitates employment outside the home” (163-164).

Throughout their work, Klein and Pulkingham (2008:19) discuss the prevalence of hunger and food insecurity under an analysis of reports written by the Dieticians of Canada. The authors note the following:

“According to the most recent Dietitians of Canada report on the cost of eating in BC, a family of four with one average income would spend 17 % of their income buying

nutritious food for a month, while the same size family with one lone income earner would spend 31% of their income on nutritious food. On income assistance, this same family would have to spend 42 % of their income to provide healthy food, leaving them unable to afford rent, let alone other basic living necessities. The result is that many low-income families go without adequate nutrition”.

Furthermore, according to the latest Food Banks Canada Hunger count, in March 2008, over 78,000 British Columbians used food banks (19). The authors state that “BC’s poverty rate of 13 percent means that 546,000 British Columbians live in poverty. Approximately one quarter are children. Of the 133,000 children living in poverty, 70,000 (13 percent of all poor people in BC) are in two-parent families and 54,000 (10 percent) are in female lone-parent families” (Klein and Pulkingham, 2008:20). In relation to health status, the authors asserted that of the participants in this study that approximately 10 per cent of all BC’s self-report that they have poor or fair health status, in comparison to 37.4 percent of those who receive income assistance, while 73 percent reported having some health problems (Klein and Pulkingham, 2008: 32). Additionally, the authors found that in this study the most common reason for participants’ inability to find work were health and social problems (Klein and Pulkingham, 2008). The authors conclude that people in receipt of assistance cannot secure adequate housing, nor the basics like nutritious food, or even a telephone in some cases (Klein and Pulkingham, 2008). Without such basics, the task of finding and/or maintaining employment, combined with a broad range of factors affecting health status, may create unfavourable conditions for women attempting to enter into the workforce.

The reality of gendered poverty is also apparent in British Columbia as indicated by the high poverty rates for single mother led households or senior women, in comparison to two parent family homes and homes led by single parent fathers. According to Klein and Pulkingham (2008: 21), “the largest share of women living in poverty is women ages 18 to 64 in families (21 per

cent), and this is undoubtedly due to the high rate of poverty among single mothers.” In discussing gender, age and family type, these authors note that males are more likely to be poor or experience poverty when they are single, while females are more like to experience poverty as lone parents or seniors.

When discussing gender in relation to employment, it is women who are far more likely to occupy low wage jobs. The authors report that women’s median income is 63 percent that of men-\$19,997 compared to \$31,598 (Klein and Pulkingham, 2008). For many of these women engaged in low wage work and receiving income assistance, living in poverty translates into not being capable of providing a safe and secure home environment for themselves and their children (Klein and Pulkingham, 2008). These conditions of impoverishment also create the conditions under which these women may be vulnerable to abuse, violence and exploitation (Klein and Pulkingham, 2008). Thus, the authors stipulate that any poverty reduction strategy must encompass addressing poverty as it affects and pertains to women. Even though there are fewer lone parent families than couple families, lone parent families face a much higher rate of poverty (Klein and Pulkingham, 2008).

Klein and Pulkingham (2008) discuss the severity of poverty in which they report that in 2006, the average poor person in the province of BC had a yearly income of \$7,700 below the after-tax low income cut off line, implying that people are not just living below the established poverty line, but are in fact, living far below the poverty line.

In addressing the ‘working poor’ in relation to those who are paid in the labour force, Klein and Pulkingham (2008:27) state: “Most poor people in BC are employed, and over half of the poor children in BC (54.3 per cent) live in households where their parents have at least the equivalent

of full-year full time work. Thus, BC has the highest proportion of working poor families in Canada”. The authors state that:

“full time minimum wage worker earns only \$16,640 a year, not even close to keeping her or him above the LICO of \$21,666 (before tax) for a single person living in a major city in 2007, and much farther below the LICO if this earner has dependent children. Women and recent immigrants are disproportionately affected as they are more likely to be earning less than \$10 per hour” (28).

As a result, it would appear that welfare policies in BC are not always conducive to helping individuals find a path out of poverty (Klein and Pulkingham, 2008:15). In fact, the participants in this particular study who had remained on assistance actually remained very poor (Klein and Pulkingham: 15). While those who moved from assistance to paid work were better off, most of those individuals are counted amongst the working poor (Klein and Pulkingham, 2008:15).

2.5 Health Implications of Employability and Assistance Regulations

In order to understand health care in the context of low income single mothers lives, it is imperative to understand evolving definitions of health and health care in light of restructuring under neo-liberalism. Definitions of health in Canada often underscore the emphasis placed upon physical ailments and aging, as opposed to social and economic disparity. Olsen (2002:158) maintains that Canada defines health as:

“the absence of disease and views illness as primarily determined by genetics, external pathogens, degeneration associated with aging, and poor choices made by individuals rather than by poverty and socio-economic inequality”.

As a result, a re-conceptualization of the many facets of health and health care are needed. Olsen (2002 :40) maintains that new policy practices and changes in policy in Canada have not only shifted the structure of policy, but have heavily influenced the rhetoric behind the policy changes as well, particularly as they pertain to individual rights to health care. For example,

Canada's portrayal of health care has transformed it from a 'social right' to a 'civil right' (Olsen, 2002). According to Olsen (2002), while social rights are grounded in a doctrine of how individuals should treat one another and what the state should be responsible for, civil rights are those that are predicated upon state expectations of the citizen.

Historically, the Canadian state worked to create a Canadian identity that was tied to the protection of the equality and shared rights of all Canadians, commonly identified as social rights (Olsen, 2002). However, a shift from social rights to civil rights reveals the manner in which ideas and definitions of health in Canada underwent transformation. In fact, while funding cuts to health care were obvious, Olsen contends that the justification of these cuts in Canada was sought by changing individuals' expectations of what the state had the capacity to provide for citizens, and what citizens should be doing to help themselves; discursive persuasion (Olsen, 2002).

While the stated objectives of employability and assistance regulations frequently include enhancing the independence, health and well-being of those receiving assistance (Gazso, 2007), a review of the literature highlights the concern that policies of this nature are in fact inconsistent with the day-to-day realities of low income women's lives, and, as a consequence, may frequently undermine rather than facilitate such outcomes. According to Gazso (2007:455) for example, studies show that for single mothers who leave assistance for employment, such changes "do not necessarily equate with a mothers' economic stability unless important additional supports exist." Along similar lines, L'Hirondelle (2006) asserts that in Victoria, women are more likely to be poor than men and are responsible for more unpaid childcare than both non-poor women and men. L'Hirondelle discusses this reality, one which connects income and health regarding the former as a major determinant of the latter. Once women are deemed

employable, they are considered responsible for maintaining and securing their own health and well-being. Yet, evidence suggests that due to the limitations and overly rigid regulations inherent in such legislation, it is nearly impossible for many women to do so (VSW, 2005).

Poverty is a determinant of health and also shapes access to health care (Creese and Strong-Boag, 2005). Considerable research evidence attests to the relatively poorer health and well-being of low income single mothers (VSW, 2005). For example, the 1994/95 and 1996/97 National Population Health Surveys found that “lone mothers reported consistently worse health status than mothers in two parent families” (VSW, 2005:5). Klein and Pulkingham (2008) found that 58 percent of the respondents they interviewed cited “too many health/social problems” as a reason for their difficulties in finding paid work. Over one-half of the participants reported having a long-term physical or mental health problem. Twenty percent reported having Hepatitis C.

Since 2001, the Dietitians of Canada report that the “BC region have calculated the basic budget needed to eat a healthy and nutritious diet, and each year they find that welfare incomes are well below what is needed to meet basic food costs” (Klein and Pulkingham, 2008:10). Furthermore, inadequate income and the responsibility of care giving are large contributors to women’s health (Raphael, 2006:160).

According to Raphael (2006), health status and health care are also affected by gender. He points not only to differences in health status, but in the use of health services, experiences of illness and participation in health-related activities and contends that:

“Health is grounded in the context of men’s and women’s lives. It arises from the roles we play, the expectations we encounter and the opportunities available to us based upon whether we are women or men, girls or boys” (p.159).

There is evidence to suggest that low income single mothers are disadvantaged when it comes to accessing health services (Klein and Pulkingham, 2008). Even within a coveted health care system in Canada that proposes universality regardless of barriers such as location, finances, and so forth, there is evidence that equality of accessibility is not a universal feature for all users (Klein and Pulkingham, 2008), and this inequality of access can be seen at the intersection of gender and ethnicity as well (Shields, 2008).

However, while it is apparent that health problems exist among individuals who are expected to be employable, there is limited knowledge as to how employability and assistance regulations are perceived by the women themselves in relation to their own and their family's overall health and well-being.

2.6 Statement of Research Questions and Objectives

A review of the literature points to the importance of employability and assistance regulations, along with gender and citizenship requirements, in influencing the health and well-being of vulnerable groups. This is particularly evident with regard to low income single mothers who may be faced with the realities of forced employment, minimal assistance opportunities, and often inadequate working conditions, which characterize the evolving welfare state under liberal governments. There is a need to examine the effects of continued dependency for basic needs that affect health status in a state that emphasizes individual responsibility and accountability for well-being and assesses individual adequacy, success and worthiness through such means.

However, while the stated objectives of government include enhancing independence, health and well-being of those receiving assistance, there is concern that policies of this nature are in fact inconsistent with the day-to-day realities of low income women's lives and, as a consequence,

frequently undermine rather than facilitate such outcomes. Yet, research addressing the health implications of employability and assistance regulations is conspicuously absent.

To address this issue, this study examines how these policies play out in the lives of low income single mothers living in Victoria, British Columbia. In particular, the goal of this study is to examine the implications of employability and assistance regulations for the health and well-being of low income single mothers. The following research questions are addressed:

1. How do low income single mothers perceive and respond to employability and assistance regulations?
2. To what extent do low income single mothers perceive individualized responsibility for their own (and their children's) health and well-being? How do they perceive governmental responsibilities for health and well-being? (Health refers to both psychological and physical health).
3. How do low income single mothers perceive employability and assistance regulations in relation to their own (and their children's) overall health (physical, psychological) and well-being?

Chapter 3. Methods

3.1 Focus of the study

This study examines the lives of low income single mothers' in relation to their experiences with employment and assistance policies and services in their region. In particular, it attempts to understand the effects that employment and assistance policies and programs have on their day to day lives, including their own and their families' health status (both physical and psychological well-being). Finally, the focus is on these experiences as understood by the women themselves. This study looks closely at the women's own ideas surrounding health, what it means to be healthy, and how healthy they feel their families are, in an effort to understand the totality of potential effects of employment and assistance measures. It also aims to understand how gender and citizenship requirements play out in the lives of these women and influence their position or status as low income single mothers in society.

3.2 Study Design

In order to explore low income single mothers' experiences with policies and services offered under employability and assistance regulations, a qualitative in-depth interview-based methodology was employed. Qualitative methods are ideally suited to providing in-depth understanding of social phenomena and "learning about people's social and material circumstances, their experiences, perspectives, and histories" (Ormston et al., 2003: 22). Given my interest in participants' subjective perceptions, experiences, and interpretations of policy as well as the lack of research that addresses particular policies as factors affecting the health status of low income single mothers, a qualitative strategy that employs in-depth interviews to gain insight into the experiences of these women is considered most appropriate.

3.3 Study Sample and Size

Purposive sampling procedures were used to identify participants with specific characteristics relevant to the study. Participants were recruited with the assistance of local organizations and community groups that provide programs and services to low income single mothers on a regular basis, such as the Single Parents' Resource Centre (SPRC) in Victoria, British Columbia. This Centre was instrumental in helping me gain access to many of the interview participants.

Recruitment was also accomplished with the aid of recruitment letters/pamphlets that outlined the nature of the research and why such research is important. These were distributed through the SPRC, the Vancouver Status of Women's Centre, and the University of Victoria Campus. I asked the SPRC and the Vancouver Status of Women Centre to display my posters and brochures and then waited for potential respondents to contact me. I also inquired as to whether the organizations would be willing to put me in touch with willing respondents. The SPRC was willing and helpful in directing women to my pamphlets and the Vancouver Status of Women Centre offered to send my information to their mailing list serve. However, I was not contacted by participants through the Vancouver Status of Women Centre and consequently, all of the respondents came from the Victoria region.

Specifically, single mothers were recruited and interviewees were selected on the basis of the following criteria:

- 1) Self-identification as low income earners.
- 2) Having one or more children, in the age groups ranging from 0-18.
- 3) Having at least one of the children living with them on either a full-time or part-time basis, now or in the past.

4) Being currently in receipt of assistance, attempting to receive assistance, or inquiring about receiving assistance, or affected by employability and assistance regulations in some way.

5) Having been a part of Youth Works (YW) or Welfare to Workfare (WW) programming.

These criteria were selected in order to develop a sample of participants who would have a broad range of experiences as low income single mothers. This is important as employability and assistance regulations maintain strict stipulations and guidelines as they pertain to any of the situations that a low income single mother may find herself in. As well, such regulations are applied to these women in a variety of situations. Thus, the above-noted selection criteria served to reveal a range of experiences by low income single mothers in Victoria, British Columbia in relation to employability and assistance regulations.

A sample consisting of eight low income single mothers who lived in Victoria, British Columbia and who consented to participate were interviewed for this study. The respondents who were interviewed represented several key ethnic, racial and social class backgrounds and also reflected diverse experiences with employment and assistance regulations. For example, the respondents included Aboriginal, African Canadian as well as Caucasian women from a variety of social classes and backgrounds. In addition to ethnic and class diversity, participants were also diverse in terms of age, marital histories, current living arrangements, the levels of education they had attained, and with regard to health status and the levels of family and social support available to them. This sample provided data that afforded a picture of wide ranging and diverse experiences of low income single mothers.

I sought out University of Victoria Ethics Board approval before contacting any organizations/community groups to assist with recruitment as well as before contacting the

interviewees. Once approval was obtained and respondents were identified, they were contacted by the researcher and given further information on the purpose of the study, the expected benefits to accrue from the research, as well as potential risks associated with their participation in the study. Research participants were also informed of their rights to confidentiality, and their right to withdraw from the interview process at their own discretion. They were also informed that their identities would be protected through the use of assigned pseudonyms in my discussion and analysis. They were informed that field notes would be locked in a filing cabinet and that computer generated notes and transcriptions would be stored electronically with the aid of password protected files. Participants were asked to review and sign a letter of informed consent to participate. A copy of this letter is included in Appendix A.

3.4 Data Collection

I used semi-structured interviews as the main source of data collection. These interviews were conducted face to face, at a time and location convenient to both the participants and the researcher (as dictated by time constraints, financial constraints and child care capacity). Respondents were asked questions regarding their employment experiences, perceptions of and experiences with employability and assistance regulations, child and family care responsibilities, and health. These questions were useful in gaining a better understanding of a range of health consequences related to Employability and Assistance Regulations for low income single mothers, under these conditions (see Appendix B for a draft of the Interview Guide). A brief questionnaire was used to elicit basic demographic information. On average, interviews took between 1 hour and 2 1/2 hours, with the majority of the interviews lasting closer to 2 hours. I concluded each interview with a short debriefing about the study and then by thanking the participants for their involvement in the study.

I also made use of field notes to record my impressions of any body language or non-verbal communications that I observed during the interview process. I recorded these observations following each individual interview. Follow-up interviews were not considered to be necessary as the use of field notes, as well as ample time and discussion during the interview process, allowed for participants to convey their experiences fully and to be able to alter their comments or add to conversations during the interview process itself.

3.5 Transcription and Analysis

To preserve the accuracy and richness of the data and with permission from the participants, the interviews were audio-recorded and transcribed verbatim. Qualitative analysis was then pursued as a “process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge” (Corbin & Strauss, 2008:1). In analyzing the data, I followed the principles of grounded theory (Glaser and Strauss, 1967) which offers “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves” (ibid., p.2). More specifically, I followed the constant comparative method (CCM) which is central to qualitative analysis within the grounded theory approach (Boeije, 2002).

I made use of three phases of coding - open, axial and selective – consistent with CCM in order to develop categories, interconnect the categories (where and when possible), and to build an analysis that connects the categories. All coding phases made use of the ‘constant comparative method’ (CCM – see Glaser & Strauss, 1967). In CCM, coding and analysis occur simultaneously so as to allow the researcher to gain an in-depth understanding of individuals’ experiences. In this way, the researcher can form categories, establish boundaries for the

categories, identify segments to and within categories, summarize the content contained within the categories, as well as find any negative evidence (Boeije, 2002). These strategies allow the researcher to “discern conceptual similarities, to refine the discriminative power of categories, and to discern patterns” (Boeije, 2002:393).

Open coding refers to “coding the data for its major categories of information” (Creswell, 2003:64); i.e., those that emerge directly from the data. In open coding, researchers “immerse themselves in the data through line by line analysis, coding the data in as many ways as possible and writing memos about the conceptual and theoretical ideas that emerge during the course of analysis” (Walker & Myrick, 2006:551). Axial coding emerges from open coding in which the researcher reassembles the codes into larger categories and groupings by making connections, patterns, and relationships among the themes and subcategories (Walker & Myrick, 2006). Here one “identifies one open coding category to focus on, such as the core phenomenon, and then goes back to the data to create categories around this core phenomenon” (Creswell, 2003:64). Selective coding is the final step in which the researcher “takes the model and develops propositions that interrelate the categories in the model or assembles a story that describes the interrelationship of categories in the model (Creswell, 2003:65). I coded each interview manually and then re-evaluated the content of the interviews based on the criteria for each phase of the coding process. As my sample size was relatively modest, the use of computerized software programs (such as NVivo) was not necessary. Therefore, it was possible to complete this process by manually hand coding the transcripts.

Using the CCM approach, common themes emerged during both open and axial coding. For example, one of the most prevalent themes that arose pertained to feelings of entitlement amongst the participants in relation to their need for adequate government services and for such

services to be available for those individuals who need them. This theme emerged early during the open coding phase. Participants expressed feelings of entitlement in their responses throughout the interview. The following exemplify some of the codes/labels that emerged during the initial phase of coding that gave rise to the prevalence of themes surrounding feelings of entitlement: inadequate resources to provide for one's family when meeting the needs of the family is a priority; assistance measures that do not meet citizenry needs; the right to work full time and have access to child care. Responses like these represented participants desire to adequately care for their families, but came with the admission that this was impossible to achieve in light of inadequate government provisions.

The codes and labels that emerged from the open coding phase were then compared with other transcripts by reviewing the transcripts with the above codes and labels in mind. By using axial coding, I was able to reassemble these codes which allowed for the development of particular categories and sub-categories. For example, sub-categories emerged from within the development of the core category of feelings of entitlement. Sub-categories included: entitlement to social assistance, entitlement to basic needs, and entitlement to adequate child care arrangements.

The subcategories that emerged from axial coding were then compared across transcripts as well, relating concepts across the transcripts. Developing connections and relationships between categories and sub-categories in this way produced themes such as: the idea that one cannot meet the basic needs of the family so there is a need for assistance and governmental support; assistance should not be so complicated to navigate and apply for; while assistance is possible, the expectation to work with young children poses another problem, as assistance is lessened and you are expected to work. This phase allowed for a further understanding of the similarities and

differences between respondents as it pertained to various ideas regarding entitlement. For example, it became apparent that while all of the women believed that they were in fact entitled to supports, the degree to which these supports were needed varied amongst the women in this study. These similarities and differences are further relevant and discussed in the discussion of the research results.

The use of field notes in addition to the transcript analysis, served to further highlight and validate common themes and ideas as they pertained to each individual interviewee. The categories also reflect the objectives of the study. As a result, the identification of core categories and an intensive review of the transcripts through each stage of coding and analysis, allowed me to identify the subcategories and themes embedded within them. In doing so, it was possible to make connections between the categories and in many cases, between the themes as well. For example, issues related to child care appeared as a common theme across multiple categories. Feelings of entrapment were also prevalent across themes within various categories.

Overall, the CCM enhanced the credibility of this research as the constant and explicit comparison of the findings, including comparisons and cross comparisons of categories and themes, all served to identify similarities and dissimilarities embedded in the data, increasing the internal validity of the research findings.

3.6 Evaluation

Credibility

This study made use of several strategies to help ensure the credibility of the study and the accuracy of the findings from the perspective of all involved. Baxter and Eyles (1997:512) refer to credibility “as the connection between the experiences of groups and the concepts which the

social scientist uses to recreate and simplify them through interpretation.” In this study, several strategies were used to try and enhance credibility. Purposeful sampling was undertaken to ensure that respondents represented a diverse range of individuals with a broad range of experiences, and who provided rich sources of information. Other strategies that I employed as a researcher included: member checking, persistent observation, and reflexive bracketing or disciplined subjectivity (Baxter and Eyles, 1997),

Member checking was employed by giving participants the option of viewing the transcripts once the interviews had been transcribed and giving participants the opportunity to participate in post-interview follow up. However, though none of the participants asked to see the reported findings, the interview process itself allowed the participants ample opportunity to reflect on their experiences and to articulate their responses in a way that reflected their experiences. For example, clarification was sought on questions where the answers seemed confusing, and participants were invited to reflect or to go back to particular questions or ideas and thoughts, etc., and expand further if they thought necessary or wished to do so.

Persistent observation, as a strategy that allows the researcher to focus and be attentive to “things that count” (Baxter and Eyles, 1997:514) was also used in this study. The diversity of the participants ensured a wide range of experiences were accounted for in the research findings (Baxter and Eyles, 1997). During the interview phase of the research, I maintained attention to detail as it pertained to participant accounts of their experiences, and in particular, to those details that were directly related to the questions and goal of the research, as well as to details of respondent discussions and answers that at first glance, appeared to be less relevant or useful. I employed the use of descriptive observation in which the researcher describes any and all facets of the interview, the interview process, including the location of the interview (Kawulich, 2005).

This also included noting why the participants chose a particular interview location and their relative level of comfort during the interview at this location. It is worthwhile to note that as a result of my observations, it became apparent that all participants chose an interview location that was familiar and relevant to them in their daily lives e.g., coffee shops, home, university, place of employment. I also used a focused observation stance, which allows participant insights or feedback to lead or guide the researcher as to what is key to observe (Kawulich, 2005). In this way, persistent observation techniques allowed me to uncover a range of details that were relevant to understanding each individual interview.

Reflexive bracketing allowed the researcher to remain cognizant of her own ethnocentricity, which is an important part of ensuring the credibility of qualitative research (Baxter and Eyles, 1997). In this study, maintaining awareness of researcher ethnocentricity was accomplished by keeping field-notes that included reflexive journaling of biases, interests and opinions.

Throughout this process, I was able to reflect on the possible ways that bias might infiltrate my interpretations and analysis of the interview data, and to stay mindful of these factors throughout the research and analysis process.

Reflection on the interviews, field notes and my personal biases and experiences allowed me to develop my thoughts and interpretations in a way that enabled me to further understand and engage with the data collected, as opposed to allowing my bias to overpower the data collected from the interviews and my interpretation of these data. As well, allowing for reflexivity enabled me to call into question authority and legitimacy, and reposition myself away from the “knower” and acknowledge my place as a participant as well.

For example, while the data collected from participant interviews were integral in contextualizing the impact of employment and assistance measures on the overall health and well-being of low income single mother's lives and their families, I was aware that my presence during the interview process as a university student researcher may have affected the responses of the interviewees. As a researcher, I am also restricted in my data collection by the amount of information that respondents are willing to divulge. Finally, the data obtained for this research may have been restricted by the smaller number of interviewees who participated in the study.

Furthermore, as a researcher it is important that I acknowledge my experiences and background and position as a single mother as well in relation to this study. Certainly, I was new to single parenthood just prior to beginning the recruitment and data collection of my research study.

While my initial interest in understanding how single mothers' lives are affected by social policy did not surface as a result of my relationship status (I was married at the time of the interviews), my own eventual path into single parenthood played a role in how I received the information from the interviewees and the importance I placed on not just listening to everything I was told, but in interpreting and understanding the details of the women's lives, and understanding their situations and circumstances as a possible reflection of my own. In this sense, I was better able to situate myself as a researcher, as someone the participants could relate to and in the end, I felt as though I was received by the participants as trustworthy. At the same time however, I took care to ensure that I did not allow my experiences to bias or direct participant interviews. It was enough for the participants to know that I came from a similar background - that of a single parent. However, during the interview process with participants' A and B (both of whom are Aboriginal women), I disclosed that I was also an Aboriginal woman, in addition to being a relatively new single parent. This similarity between me and these participants served to heighten

my credibility with them and they were very open and frank in their discussions with me as a result.

Transferability

Baxter and Eyles (1997:515) maintain that “transferability refers to the degree to which findings fit within contexts outside of the study. Elements of research produced in one context may be transferred to others.” There is importance placed on conducting research that serves to be useful, or transferable, to some extent into other environments and situations, rather than simply producing research and data that “exists” on its own, with little or no inherent qualities that allow for transferability (Baxter and Eyles, 1997). While this research does not propose to be universally transferable across cases or contexts outside of this study, the rigour of the strategies used in the interview and analysis phase of the research does allow for aspects of the research to be transferrable to other cases. For example, the results of this study corroborate literature which indicates that low income single women with children in similar settings, experience similar circumstances. Thick and detailed description is a useful tool that aids in revealing how theories are developed and what they mean, to both the researcher and the reader (Baxter and Eyles, 1997). In this study, thick rich description was used by providing dense, deep, and detailed accounts of the social settings, interactions, participants, and the range of experiences of those interviewed. As a result, intricate details and explicit accounts of individual experiences would be viewed to allow for some degree of transferability and applicability to other relevant cases in other contexts.

Summary

The qualitative methodology employed in this study design provided me with the opportunity to investigate the lives of low income single mothers in relation to their experiences with employability and assistance regulations in Victoria, BC. This methodology was vital to this study as the stated purpose was to gain a deeper understanding of the lives and health status of some of the more vulnerable individuals affected by employability and assistance regulations. Essentially, this research design enabled me to look beyond the formally stated objectives of employability and assistance regulations and official accounts of their effects on women's lives, and to better understand how services under these regulations were both perceived and used by the women themselves.

The results chapter that follows provides a detailed review of how employability and assistance regulations in Victoria, BC impacted the lives of those interviewed, how these impacts were perceived and interpreted by the participants themselves, along with their strategies and tenacity in coping and providing for their families under difficult conditions.

Chapter 4. Research Findings

This research looked at the influence of employability and assistance regulations on low income single mothers in Victoria, British Columbia. The chapter begins with a description of the participants in the study and proceeds to a discussion of the analyses and results derived from the participant interviews.

4.1 The Participants

Table 1 outlines some of the characteristics of the eight participants at the time the interviews took place. The participants are listed in chronological order based on their interview. Participant A was the first person interviewed and participant H was the last to be interviewed.

Table 1. Participant Characteristics

Participant Identification	Age	Education	Employed Y/N	Marital Status	# of Children	Ages of children	Live with participant	Rent Own
A	47	Gr.12	N	Separated	3	19, 21, 23	0	Rent
B	54	Gr.12	N	Widowed	6	16, 17, 18, 27, 32, 36	0	Rent
C	40	Gr.7/Trade school	N	2x divorced	2	8, 18	1	Rent/Co-op
D	36	Some University	N	Divorced	1	11	1	Rent
E	31	Some college	Y	Single/never married	1	8	1	Rent
F	35	BA	Y	Divorced	1	4	1	Rent
G	43	BA	N	Divorced	2	9, 5	2	Rent
H	30	Some University	Y	Single	1	1	1	Rent

Participant A is an Aboriginal woman who was 47 years of age at the time of the interview. Participant A was interviewed in her home. At the time of the interview, she was renting an apartment with a friend (participant B), both of whom lived together without their children during the time the interview took place. Participant A had attained a grade 12 education. She also went through the residential school system during her school years. She was relying on social assistance as her primary source of income at the time of the interview. While her three children were no longer living with her at the time of the interview (they were adults), she had many years of experience living as a single mother. During this time, she worked in low wage jobs and was dependent on social assistance as a means of providing for her family. Participant A's previous work experience was primarily in the areas of retail and housekeeping. This type of employment, along with living on social assistance, made up the majority of her income history as an adult and lone parent. She was hoping to volunteer (however, at the time of the interview she was not volunteering) in order to become comfortable enough to integrate back into the work force. She did not feel as though she was ready to join the work force at the time of the interview. Participant A also identified herself as having a range of health problems, such as diabetes and depression. She stated that she was a recovered alcohol and drug user and, at the time of the interview, was also taking medication for depression. She also admitted to mental and physical health issues.

Participant B is an Aboriginal woman who was 54 years of age at the time of the interview. Participant B was interviewed in her home. At the time of the interview, she was renting an apartment with Participant A. Participant B had attained a grade 12 education. However, she also revealed that she had gone through residential schools during her school years. Participant B was

in receipt of social assistance which she identified as her primary source of income. While caring for her six children, currently aged 16 to 36 and not living with the participant, she said that for the most part she was a working parent. However, before the death of her husband, they were both able to take part in child care, which made working a possibility without having to rely on alternative child care arrangements. She suffered from health problems (including blood sugar issues and diabetes, as well as other physical and mental health issues), and was a recovered alcohol and drug user. Participant B did not feel ready to re-enter the workforce and was hoping to volunteer to re-acquaint herself with employment type situations.

Participants A and B requested to be interviewed together, as they shared an apartment. Doing so accommodated the participants in making them feel comfortable, both by interviewing them in their home and by allowing them to discuss questions with each other during the interview, and share and acknowledge the struggles they had endured.

Participant C is a Caucasian woman who was 40 years of age at the time of the interview.

Participant C was interviewed in a coffee shop/book store. She had two children (ages 8 and 18), the youngest child was living with her at the time of the interview. Participant C had graduated grade 12 and had attained some trade school education. At the time of the interview, she was in receipt of permanent disability benefits and noted that she suffered from a variety of health issues, including chronic Interstitial Cystitis (IC), depression, arthritis and hepatitis C. She explained that her oldest son also suffered from neurological issues. She also had a long history of drug and alcohol abuse. Her previous work experience included working in restaurants, hotels, and illegal drug work. Her teenage years and early adult years were comprised of the latter.

Participant D is an African Canadian woman who was 36 years of age at the time of the interview. Participant D was interviewed in a Café on the University of Victoria campus. At the time of the interview she was a university student and a single mother living alone with her son, aged 11. She relied heavily on student assistance and subsidies as her primary source of income. Participant D's previous work experience included bartending and waitressing (both full and part time). She was searching for employment at the time leading up to the interview, but had been unsuccessful up to that point. She also relied heavily on food banks and subsidies to make ends meet. Participant D did not report any significant health issues, but did say that while she relied heavily on food banks, her food allergies prevented her from the ability to take advantage of an already limited supply of food from the food banks. She also noted that work such as bartending and waitressing often left her with back pains. However, she did not seem to pay much attention to these as serious health issues.

Participant E is a Caucasian woman who was 31 years of age at the time of the interview. Participant E was interviewed in a coffee shop. She had some college education and worked casually as a Licensed Practical Nurse (LPN) while attending school to become a registered nurse. Before her work as a student and LPN, she received social assistance as her primary source of income. Before the interview she was raising her son alone and found it necessary to move to a location close to family. She noted that it would have been impossible for her to continue her schooling otherwise. At the time of the interview, Participant E remained the lone child care provider for her eight year old son. Participant E did not identify any serious health issues, but did speak to the stress of lone parenting and its effect on her mental health.

Participant F is a Caucasian woman who was 35 years of age at the time of the interview. Participant F was interviewed in her home. At the time of the interview she lived alone with her

daughter (aged 4); however, the father was in the picture and spent approximately two days per week with the child. The participant was also a student and worked part time as a graduate research assistant at the time of the interview (she had previously completed a bachelor of arts and was struggling to complete a graduate degree). She was not in receipt of social assistance but confided that social assistance support would be ideal for her at that time. However, due to her status as a university student, and her work as a research assistant at university, she claimed that she would not qualify. Participant F did not report any significant physical health issues during the interview; however, she did explain how she had been affected by anxiety and depression in recent years, exacerbated by the stress of single parenting, working, and trying to further her education. She also spoke of how such anxiety and depression had the potential to affect her parenting and at times, how both lone parenting and these health concerns, impacted her education.

Participant G is a Caucasian woman who was 43 years of age at the time of the interview.

Participant G was interviewed in her home. At the time of the interview, she was a part-time university student who was looking for a job. While participant G had already attained a bachelor's degree, she was completing required courses and upgrading so that she could apply to a nursing program. Participant G did not report any health issues, but she did tend to view health as primarily physical. She had two children, ages 9 and 5. She noted that she did not have enough money to look for a job and maintain rent and bills and thus, student status allowed her access to a student loan to provide for her family. While this allowed for short-term access to money and resources to care for her family, she was accumulating more debt for the long-term.

Participant H is a Caucasian woman who was 30 years of age at the time of the interview.

Participant H was interviewed at her place of work after her shift was over. At the time of the

interview, she was working as a waitress. She had been attending university but dropped out once she became pregnant. While she was working, her one-year-old son stayed with a babysitter. She stated that she would like to return to school but felt that doing so was not financially possible as a single mother. While Participant H did not identify any significant physical health issues, she did allude to the effects that the burdens and stress that lone parenting and the struggle to make ends meet had on her life.

4.2 Categories and Themes

Upon review and reflection of the interview transcripts, along with coding and analysis, distinct categories and common themes began to emerge from the data collected. A list of the categories and themes within each category follows. It is important to note that many common themes overlapped with many of the categories.

Table 2. Categories and Themes

Category	Theme
Work Status	Need to know someone to find work; discouragement due to a lack of available work and work type
Programs and services (Under Employment and assistance Regulations)	Perceived inability to adequately provide for family; feelings of entrapment; stuck in a cycle of low income; unable to navigate bureaucracy; stress about child care options; higher quality services could increase quality of life
Child Care	Stuck in a cycle of low income; feelings of entrapment; child care stress (having to go outside of the home for care); cost of child care
Health and Health Care	What does health mean? health impacted by social circumstances including child care; connection between work and illness; services/programs not adequate in meeting needs
Gender and Citizenship	Self-sufficiency; feelings of entitlement; feelings of entrapment due to position.

Category 1 - Work Status

Participants in this study identified work status as a factor affecting one's ability to achieve a higher quality of health and well-being. The main themes that emerged from this category included: the perceived need to know someone to find work and discouragement due to a lack of available work. Participants discussed that there was a need to *know someone in order to find employment*, that credentials alone, or previous work experience were not necessarily enough to secure employment. Some of the participants spoke of how the most promising prospect of finding a job was through knowing someone who could connect them to employment. For example, Participant D explained:

“Um, well I just find Victoria to be a city where you don't get a job unless you know someone, first of all. And that makes it really hard to get a job if you don't know anybody. I'm asking everyone who's got a job, where'd they get it and their telling me that they know somebody. Even the simplest dishwashing job. Education, I don't know if that's the biggest, like people like to say education is the reason, but that's not it.”

One woman explained that she was more than qualified to work as a bartender/waitress, but could not find employment in these areas. Some of the women noted that their experience of needing to know someone to find work was not only specific to themselves and their experiences, but that they also had friends and acquaintances that experienced the same phenomenon.

Participants also expressed a *sense of discouragement due to their perceived inability to secure employment and the type of employment available*. The participants' discouragement with being able to secure employment was evident in discussions regarding their need to rely on welfare in times of unemployment and the inadequacy of low wage work. Searching for and attaining adequate employment appeared to be arduous tasks for many of the women interviewed. For example, participant D stated, in relation to being unable to secure adequate employment:

“Well just the whole scheduling, because of my, ya know, I don’t wanna, I don’t really wanna work too late at night and actually I’m having a hard time finding a job. I’ve been applying for lots and lots and lots of jobs and I don’t get any phone calls back and everybody I know that has a job here, says it’s because of who they knew that they got a job”.

For example, when asked which of the two (low wage work or welfare) best provided for one’s overall health and well-being, the responses were mixed and complicated. Discouragement with their current ‘work status’ was expressed as the women I interviewed indicated that neither low wage work nor welfare offered opportunities for optimal health and well-being for themselves or their children. They explained that both provided for only a minimalist lifestyle in which sacrifices had to be made in one area to meet needs in another. For example, some women spoke of the necessity to compromise in providing nutritious food for a week in order to be able to supplement their lifestyles with an activity or an outing for the family, or to pay bills, including health care expenses. As participant C explained:

“I don’t wanna constantly be in that poverty mentality. And having to go without for a week, a little bit, because we had a splurge, in the long run for their mental health I think and for mine, its worth it, it is. You gotta splurge. Some people, they know that they have x amount of money in the bank, they aren’t constantly thinking I gotta buy groceries, thursday there’s no food, there’s no eggs, there’s no milk, or, I gotta pay the hydro bill, or their gonna cut it off. They are not thinking in that stress, so when you got x amount in the bank it’s sort of like mad money, you can literally say, that’s just gonna be a cushion of money and we’re gonna go to the mall and you can have whatever you want, it gives them that experience of feeling like a normal kid too. I don’t want my kids to constantly be thinking, oh my mom’s a single mom, I just want them to not have that stress”.

Furthermore, one woman expressed her discouragement as she stated that “low wage work is a joke” and she further explained that involvement in low wage work only serves to further “dig a hole to become poor.” Thus, it appeared that both low wage work and welfare made it difficult for these women to participate in activities that promoted a higher level of health and well-being, physically, emotionally and mentally. As a result, the women I interviewed were discouraged by how their lack of income and support, in either scenario, provided them with little opportunity to

participate in activities/programs that enhanced well-being and health on these levels, yet the opportunity to do so was both important and vital for optimal well-being.

Yet, “the emphasis placed upon parents’ potential employability suggests that they are conceptualized in social assistance policy as workers first and parents and caregivers second” (Gazso, 2008:32). For example, Cooke and Gazso (2009) assert that the interventions used to encourage a ‘work ethic’ “fail to provide any real training or educational opportunities while pressuring recipients to take any available work, regardless of whether it is likely to lead to real independence” (Cooke and Gazso, 2009:353). Therefore, while employability and assistance regulations provide a mandate to encourage and enforce the ‘employable’ citizen, and to support citizens’ efforts in search of employment, research evidence suggests that it is often done by further exacerbating the unequal conditions experienced by low income single mothers.

Category 2 - Programs and Services

The participants in this study noted that many programs and services that were offered to them, primarily as single parents with the intention to return to work, were inadequate in providing ‘real’ opportunities for them to be successful in doing so. The women interviewed in this study had experienced a variety of programs and services under Employability and Assistance regulations. Most of the programs and services that were offered were designed to move the women back into the work force. Some of these programs and services included life skills training; resume writing workshops, child care subsidies and food bank access. Common themes that emerged from this category were as follows: the perceived inability to adequately provide for family; feelings of entrapment; perceptions of being stuck in a cycle of low income; being

unable to effectively navigate the bureaucracy; stress about child care options; and the view that higher quality services could increase quality of life.

The women who were interviewed in this study frequently expressed *an inability to adequately provide for themselves and their families*. Participants expressed a mix of opinions when speaking about the effectiveness of programs designed to help them find work or integrate back into the workforce. In fact, one of the participants I interviewed relied specifically on a disability service (as she was classified as unable to work under employability and assistance regulations). Participant C spoke about her experience on disability status and how difficult it could be to acquire the resources and services one needs.

“Cause the system, they don’t pay for all of my meds, there are still medications I have to make money to pay for, but, my pain medication alone is 200\$ a month, and so, if I didn’t have that permanent status (refers to disability status) and know how the system works, I don’t know what I’d do”.

Participant C went on to explain that while she did have services at her disposal, it was her familiarity with the system and the services that were available that enabled her to survive on these services. She explained:

“I’m constantly meeting people who have HIV, or ya know, ongoing health issues, or, chronic fatigue or, whatever, who don’t know that they can go and get a piece of paper from disability office and they can go camping provincially for two weeks at a time, on a camp ground for free. They don’t know that they can have an option to have transportation offered, almost a thousand dollars a year. If they need to drive their own car, can’t ride the bus ‘cause they have panic attacks, so there all of these things that are buried that people don’t know about.”

In speaking to the effectiveness of programs and policy designed to integrate people back into the workforce, participant D explained:

“No, it doesn’t do anything like that.....because in this city you have to know someone to get a job anyway”.

In further identifying their inability to adequately provide for themselves and their families, the use of food banks was necessary in most cases to supplement food costs. Participants revealed that the services (like food banks, subsidies, etc) that were received were not adequate in meeting their needs. Several of the participants noted that the services, while necessary for survival, only allowed for a very basic and minimal lifestyle and they could not provide everything they felt was necessary for their families health and wellness.

For example, food banks (while not a service directly related to employability and assistance regulations, were among services most notably used by the women who had experienced or had been in receipt of various services under the regulation) were among the services most frequently used by the participants in this research. Some participants relied on food banks regularly and said that access to food banks helped to fill in for a lack of income to purchase food. However, participants also noted how food banks could not and did not provide adequate nutritious food, and that getting food from a food bank was even more difficult if one had serious dietary restrictions (such as food allergies). In discussing food security participant C explained:

“Some people they aren’t constantly thinking I gotta buy groceries. They are not thinking in that stress.”

In talking about the difficulty of supplementing food costs with food banks, one of the participants discussed how her dietary restrictions played a further role in limiting food supply, expressing a further inability to provide. Furthermore, dietary restrictions were considered problematic by some of the women in this study. For example, Participant D explains:

“I’m allergic to wheat and then they give me all this food with wheat in it. And then I go, geez man, thanks but, I do appreciate what I get, but at the same time it’s like I can’t eat it. You keep giving it to me and I keep telling you I can’t eat it. Ya know, I’ll take less of what I can have, rather than more of what I can’t have”.

Thus, there appeared to be the expectation among some people operating food banks that individuals in receipt of food bank items should be grateful for whatever was available, regardless of how inadequate the service might be for some people. In fact, when Participant D stated that she gave some of the food back that could not be eaten in her home; she noted that she received comments or stares from those operating the food banks that insinuated her ungratefulness. However, her decision to return food that could not be eaten in her home was based on the recognition that, in addition to the fact that she was allergic to the food, she also thought it would be best to leave it for those who could find it useful, since the food bank supply was limited.

There was no mention of dietary restrictions for the children. However the women did note that some of the programs directed towards young children and that were advertised as initiatives to provide a healthy lifestyle, involved subsidies that were inadequate and thus they were not able to maintain the activities for their children. For example, Participant E described her difficulties in making monthly payments for daycare, after receipt of subsidy:

“Um, I got, James was 2 and a half and you only get a certain amount for childcare subsidy. Everywhere in Vancouver, um, no one offered ah, daycare, full time, for the amount that they gave me. So my parent portion was over \$300 a month. If it wasn't for my mom, um, contributing each month, \$300, I wouldn't have been able to participate in the programs”.

In discussing their experiences with government programs and services, participants also expressed *feelings of entrapment* and of *being stuck in a continuous cycle of low income*. For example, in thinking about employability and assistance regulations, participant D described how she felt about regulations that enforce employability, like that of welfare to work programing. She noted:

“I think it was supposedly the attempt, but I don’t think it actually does anything like that. So all that is just an excuse to kick a whole bunch of people off welfare. Put more people on the streets. Well, the resources for street people, well, we all know the streets in Victoria. It’s like geez”.

Participants also noted that they were involved in resume creation and employment training programs through government services. However, many participants claimed that these services and their participation in them were not conducive to preparing them for the movement into the labour market. As well, when participants did find employment, it was often low wage jobs that did not offer the flexibility needed for child care arrangements. As such, welfare to work policy was not conducive to successfully removing individuals from a state of dependency, to a state of self-sufficiency. In fact, the low waged work that many of the women spoke of was not adequate in meeting the basic needs for themselves and their families.

Another barrier that participants felt they came across when dealing with programs and services was the feeling that they *could not navigate the bureaucracy effectively*. Others expressed the need to be able to navigate their way through the bureaucracy in order to benefit from some of the government programs and services. In speaking to some of the difficulties involved in accessing support services, participant C spoke of the difficulties involved in losing and regaining her disability status, pointing to the intersection of disability status with gender and class. She explained:

“I was with someone, so I was off of it for a few years (refers to permanent disability status). When we separated, I had to jump a bunch of hoops to go back on it”.

When Participant C entered into a relationship she lost the disability status that she had received under the Assistance Act. Thus, there seemed to be an implicit expectation that Participant C could now, and should, rely on her significant other. Of course, this also implies that her

significant other was in a position to take on this reality as well. Once the relationship ended, Participant C was able to regain her disability status, without which she says the following:

“Having this disability status is kind of like this holy grail where if you got it, once you got it, you know what your rights are. It’s pretty sweet”.

Stress related to child care was also referred to by the women when discussing their experiences with government programs and services. Participant D also described a level of frustration when talking about the importance placed on regulations to enforce people to go to work, without providing necessary childcare supports. For example, she stated:

“What are they supposed to do? Leave their kid at home, leave their kid for \$11 a day and get a babysitter... They didn’t care if my kid needed a place to be when I needed to work. They didn’t care the fact that it’s hard for me to go to work when I have a kid, and ya know”.

Stress when child care fees and subsidies did not seem to be adequate was also apparent.

Participants also spoke of the difficulties involved in trying to apply and qualify for subsidies.

And even when they did qualify for and receive subsidies, some participants spoke of how inadequate the subsidies were in meeting their financial needs. For example, participant E noted that once her son turned school age, her child’s recreation subsidy (a subsidy available through the province) had been reduced:

“We use to be eligible for \$450 a month, now he’s eligible for \$200 a month, which puts the parent portion at \$115 more.”

Participants also expressed the idea that better services, or *increased quality of services, could also help to increase quality of life*. In thinking further about the various types of government support services, participant D explained:

“The supports that are there are struggling. And I’m thankful for the one that’s Mustard Seed. You can get 2 grocery bags a month, ya know. For me, that’s what I can get. A single person gets one grocery bag a month, I mean, that’s nothing. You can eat that in 2 days right. That’s like, but that’s the best support in the city”.

Participant E spoke highly of the job shadowing program she participated in. The opportunity for the job shadowing experience materialized under employment related programs under the Employment and Assistance Act. This program allowed participant E to shadow nurses and she claimed that if she had not been involved in that program, that she would have not come to realize her desire to become a nurse. Thus, this particular program proved motivating and successful for her. However, it is important to note that participant E also admitted that if it were not for her family caring for her son during the duration of this program, she would not have been able to participate.

Category 3 - Child Care

As noted, the participants in this study identified child care barriers as one of the main impediments to securing and maintaining employment. Themes that arose from this category included: being stuck in a cycle of low income; feelings of entrapment; feelings of child care stress (having to go outside of the home for care); and concerns about the cost of child care.

Feelings of being stuck in a cycle of low income affected the women’s experiences with and opportunities for child care. The type of employment available to participants also had an impact on the suitability of existing child care resources. Much of the work participants spoke of was low wage work, which also demanded shift work, and was inflexible in scheduling. This type of work did not coincide with the realities of daycare and schooling for single mothers employed in

such work. For example, when asked about her ability to search for work, Participant E explained that:

“Um, being able to do that during the day when James was smaller was pretty much impossible. I had him in preschool, but the amount that I got from welfare ah, was not nearly enough to keep James in preschool for any or any kind of babysitting. Not, um, there was that, not really receiving enough support. Um, also, where I was, there wasn't a lot of jobs.”

The participants also expressed feelings of entrapment when they discussed their experiences with child care, often with regards to having to juggle being a parent and finding or holding down a job to provide for one's family. The juggling of parenthood with finding and sustaining a job reflect work-family balance issues- with participants feeling trapped in a cycle in which they could not find and maintain work because of inadequate child care or the absence of child care, and they could not afford child care due to inadequate or low wage work, or, work schedules that were inconsistent with the realities of daycare schedules. For example, Participant D explained how child care and employment are often incompatible, with childcare not necessarily being a concern of those who encourage employability. *Feelings of entrapment* in one's personal circumstance were also apparent when participant D discussed her experience as a student and working as a LPN, along with being a full time single mother, which she explained had been difficult in light of child care opportunities and arrangements. She stated:

“Ah, but it's the before school care and after school care. In nursing I have to be at the hospital by 7:00. So, I need to find someone to look after him and take him to school and after school care. And when I have an evening shift, after school stops at 5:30 and I have to have someone pick him up and then take him until 11 at night. And trust me, it's really challenging to find somebody who's willing to be able to do that.”

The participants in this study experienced a great deal of stress related to child care as well. Some of the stress related to child care was cited as a concern on behalf of the participants when faced with the reality that one would have no choice but to send the child outside of the home for care. There was concern voiced by the participants pertaining to where they sent their child/ren to daycare. There was concern voiced that some available centres, often private home care centres (which appeared to be more prevalent than certified, public centres), were of questionable quality. Alternatively, participants were unsure of the suitability and security of these places in particular. Participants often relied on family members and/or baby sitters if daycare centres were not an option, and only in circumstances in which it was possible to have done so. One woman explained that if it were not for her mother taking care of her son during the day, she would not be able to attend the training program she was in at the time. Participant E explained:

“Ah, it was easy cause I wanted to be there. But, um, it was difficult with childcare. Um, I got, James was 2 and a half and you only get a certain amount for childcare subsidy. Everywhere in Vancouver, um, no one offered ah, daycare, full time, for the amount that they gave me. If it wasn't for my mom....I wouldn't have been able to participate in the programs”.

Participant D explained how she felt about alternative childcare arrangements when she stated:

“To give my kid to someone else, then I'm not even sure about the care that their getting and there's no connection, like I felt, like I was losing connection by putting my kid in daycare all the time because I really wanted to be with him myself.”

Participant E explained that she was forced to rely on siblings who have children of their own, to care for her child while working:

“That’s why I moved to Victoria, because I was well, if I’m gonna do this, I’m gonna need help. (family in Victoria). His dad is totally out of the picture. So, my brother and my sister, two of my brother and my sister live here. My mom was a help when he was a baby, but she lives in Vancouver. But, moving here I knew my sister had kids, brother has kids, so I knew I could throw my kid in with their pack. So, yea, if it wasn’t for them, I really don’t know what I’d do. It’s pretty scary”.

This created a great deal of stress for her as she was forced to juggle work, child care as well as the anxiety and stress that comes from relying on another individual, and their availability, on an almost daily basis.

Participant D spoke to the reality of the instability and/or suitability of child care arrangements, particularly when one does not live in an urban environment where child care centres are the norm. She stated:

“But I lived on Galliano too, so it’s not like there’s child care centres. You’ve gotta find a babysitter, and then, having the child care people telling me that I’m sposed to get the one babysitter to pay the other babysitter cause they can’t write two cheques. And so, no, there was no concern for my employability. If they wanted to have me employed yes, but they didn’t care if I was employable, they didn’t care if I had ya know, no man. They didn’t care if my kid needed a place to be when I needed to work.”

Participant G also faced a similar reality with finding suitable and adequate childcare. She explained:

“I couldn’t find people that I could depend on to pick the kids up and take them home and give them dinner and I was always getting late or had to be early or something like that”.

The *cost of child* care was also expressed as a concern for the participants in this study. As previously discussed, many of the women, if employed, were in positions of low income which would undoubtedly complicate one’s ability to pay for child care. For example, Participant F explained the following:

“I mean it doesn’t really make sense to pay for child care in you’re only gonna be making minimum wage, or, slightly better. And the also, finding adequate, affordable child care was difficult but I had my sister looking after her while I was working, and then I was going to school.”

Participant F also spoke about the difficulty in finding childcare. She explained:

“And then also, finding adequate, affordable child care was difficult but I had my sister looking after her while I was, and then I was going to school”.

Category 4 - Health and Health Care

Ideas pertaining to health and health care were also discussed by the participants in this study.

Themes that arose from this category included the following: what health means; the view that health is impacted by social circumstances including child care; the connection between work and illness; and the view that services/programs were not adequate to meet needs.

The majority of women in this study *defined health primarily in physical terms*, but also saw it as encompassing social, mental and emotional components. When participants were asked about their perceptions of health and health care in general as well as about their own health status, many of the respondents began by identifying health in term of physical ailments or as those ailments that affect one’s physical self. For example, in responding to a question pertaining to how one understands overall health, Participant D responded with the following statement: “Um, mostly physical. But I’d go a little bit emotional to ya know. It’s pretty important.”

Participant C stated the following when explaining her understanding of health:

“I guess its health and well-being go hand in hand, and yea, that’s a hard question. Um, I think a lot in terms of mental health because I do have some issues with that at times. Um, I can be a little neurotic or whatever, I’ve got my stuff. I guess a healthy balance, just, if I cared for myself as well as I cared for my kids I’d be in much better shape.”

Participated E explained:

“Um, I think it’s, um, not just the absence of disease, but it’s actually a state where you’re emotionally, mentally, capable and, um, healthy I guess, in order to make um, so you have proper choices, access to things that will make you healthy, like fresh food, safe housing”.

Participant A stated:

“Health is like you know, able to get your mind going and to be able to um, to sit down and eat a meal, your vegetables, your potatoes, or rice or whatever and your meat. We don’t take the time to do that. I’m trying now, we are both trying to, sit down and eat now, and to eat properly”.

As revealed in participant interviews, many of the participants explained that health should also be understood as something that is beyond one’s physical condition. Participants indicated that emotional, social, mental and spiritual factors were important aspects of health that worked, along with the physical, to make up the overall health and well-being of the person. Many of the participants made the connection between maintaining sufficient employment and overall well-being, as well as their ability to provide for their families, even if that meant social assistance was required for the short term. However, there were apparent differences in participant responses across education levels. For example, participant E (with university/college background) explained:

“We all know that healthy happy children grow up to be responsible, productive citizens. If you don’t support somebody who’s already struggling because of the situation that they’re in, regardless of what they end up doing with their lives, if you don’t support them then you’re not supporting the child.”

Participant E explained that extracurricular activities for her child were important for overall health and well-being; however, pending employment and/or income situation, participation in extracurricular was not always a possibility. She stated:

“I mean I can’t, like I took James out of gymnastics, can’t afford it and um, when I was on welfare, you get, you get some kind of benefit, I think I got like a voucher for like at a

recreation centre and some stuff but, um, yea I feel like there wasn't, there was more things that cost than things that I had access to or that I could afford. And the benefits that they do give you are pretty, pretty rigid. You still have to pay; there are still things that, yea that you had to pay that wasn't built into your monthly pack. So, it basically took away from your food budget".

Participants also discussed matters pertaining to one's health being impacted by the *social circumstances* of one's life. For example, participant D explained that one's mental, emotional and social health was also affected by lifestyle, opportunities including the availability and type of work and child care, the ability to afford nutritious food and safe and secure housing, the ability to participate in activities that promoted a healthy life style (i.e., recreational activities, time for leisure, vacations, etc.). However, in relation to her own health she stated that:

"I don't care for myself that much, but I don't really need that much care. I did go to the dentist finally, got him to do a few things in there but um yea, I'm sitting, I'm taking care of myself."

Those participants who made the strongest connection between one's social circumstances and health were those living on lower incomes or living on social assistance. For example, in explaining that quality of life had an effect on her families' well-being, Participant C stated:

"I think I have sort of that king for a day sort of welfare mentality where I'll get my disability welfare cheque and be like, okay, we're gonna go to Vancouver cause I'm gonna take you guys to the fair in September for a day. And we'll go over and blow a couple hundred dollars on going to the fair once a year, or doing something like that cause I want them to have a normal experience, I don't wanna constantly be in that poverty mentality."

Participant G did not believe that income level, in particular, affected one's health status or well-being, definitively. She explained that one has the opportunity, regardless of advantages or disadvantages, to make one's health what it is. She noted that there are other ways of achieving good health and well-being without money. For example, this included spending time outside, hiking, walking, and so forth. Interestingly, this participant also seemed to consider health as being primarily physical. She explained that you can always substitute hiking and walking, being

outside, for activities that one would otherwise do which cost money. Furthermore, Participant G was a student, and while she admittedly experienced financial insecurity, she appeared to be in a better position both social and economically than Participants A, B and C who were not students and who were not employed. Participant G received child care payments from her ex-spouse (albeit not consistently), and was receiving financial aid from her parents on occasion as well, revealing the greater opportunities she possessed in relation to the more vulnerable women in this study. Her educational background was also apparent in her articulation of her experience.

When the women were asked about the *impact that childcare issues had on their health*, some of them did not make any direct connection between the two. However, others gave a number of responses referring to the fact that childcare issues and obstacles added to their stress. For example, Participant C stated:

“Oh absolutely. The stress. Literally if I didn’t have the status that I have, um, and the option, ya know, to work when I’m well, and not work when I’m not well, or I can push through, but it’s up, it’s in my hands. If I didn’t have those options, I literally don’t know what I’d do....But yea, I don’t think that putting more pressure on people to get their kids into fulltime daycare and to be working and all that, I don’t think that it helps in every situation.”

Some of the women suggested a connection between the lack of adequate child care and their ability to carry out their other activities. Participant E described her experiences in light of not having any family supports and few alternate child care arrangements. She stated:

“I mean, not so much now that she’s older. But younger, I mean, you have to do everything for them like, help them with the toilet, and bathing and food, and the constant all day long thing, and so, health problems I mean. Of course, when they’re younger, not sleeping, sleep deprivation that was a big problem. Like you can’t do anything. Ya know, I would wake up and go to class. I’m not alert.”

In speaking to her own health, Participant E claimed that her work as an LPN, and her studies to become a nurse have been useful in educating her so that she can care for herself. However, she

did speak to the effects of the inability to access necessary resources for optimum health. She stated that:

“Being healthy, being able to make choices. Being able to keep fresh food in the house all the time to ensure that our needs are met, a bit of a challenge.”

However, the women did not necessarily see the stress they were under as completely undermining their health or quality of life. For example, while participant D noted that her life was affected by child care arrangements, and by juggling work and child care, she offered a different view of the impacts of such circumstances upon her life. She stated:

“I didn’t make him go to school when he didn’t want to cause school was kind of not really happening anyway. And then, ah, yea, until, once he was in school, well, school never really gave me a child care thing cause I worked nights, so it never really helped me anyway. But, I just lived on nothing. It was the long and short of it. I probably worked three days a week and probably lived on that. I was doing laundry in a bucket, moving wood to heat my house; quality of life was probably pretty good though. We had fresh air and land behind us.”

For the most part, participants who were engaged in low wage work seemed to view themselves and their children as being in good health, even though they made the connection between health status and vulnerability associated with low level income as a consequence of low wage work and living on assistance. For example, participant D stated:

“I have pretty good health. So it doesn’t really ya know. I don’t care for myself that much, but I don’t really need that much care. I’m sitting, I’m taking care of myself. But it is, not doing anything is a form of giving yourself a break. I make music.”

Participants also alluded to the reality of a connection between employment and illness and this was discussed by the participants as a barrier to employment. For example, parental illness was discussed by participant C in discussing her ability to find work. She stated:

“When I was in my teens I had contacted hep C, and was ten years before I did any treatment and I was in my early twenties and I was really ill, and um, a form of arthritis that comes and goes, a really serious thyroid issue that has to do with my liver, when my

son was hospitalized and ah, I don't look ill, but right now I'm a chronic IC, so I've got pain every single day. I do treatments for that that aren't covered, that I have to save money, and so yea there's my pain, then the arthritis issue, I have a lot of fatigue, it's kind of an on-going thing."

Participant C also admitted to a long history of drug abuse, and physical and mental health concerns, including depression, anxiety, arthritis, chronic IC and hepatitis C. She noted that these concerns prevented her from obtaining employment. During the time of the interview she was dependent upon disability assistance to maintain a very basic lifestyle for herself and her school age daughter. Her health concerns had interfered with her ability to maintain employment and she had been assessed and classified by social assistance as being unable to work and maintained disability status.

Participant A explained that her job impacted the quality of her health, particularly as she is a diabetic. She stated:

"I'm a diabetic so, when I was working in um, retails, I managed to eat, ya know, with my health, as in doing housekeeping, like what I was doing, I didn't eat as much, because I was constantly going and going, and um, actually the owner of the company had to stop and feed me, take the time to say come on let's eat, cause she knew I wasn't doing it. And, I lived on soda, coffee and chips. That was my basic meals. Havin' a coffee, working, and ya know, having a soda, sitting down for a few minutes having a bag of chips."

Participant A also made the connection between her quality of health working as a single mom and that of working while in a relationship. She stated:

"I found I was more healthy as my husband was working, um, and, because we were a couple we were able to ya know, juggle. He worked mornings; I worked in the evenings, so we were able to juggle for looking after our daughter and that. As a single parent I didn't have that opportunity."

The theme arose that current *services/programs were not adequate in meeting the needs* of participants. In speaking to the inadequacy of programming and services, participant D discussed

the importance of having adequate assistance, such as housing and food security, in order to grow healthy children. She explained:

“And then, the parents, I feel like, I’m a parent, and I’m trying to like grow my kid and trying to make sure that he can grow up and do lots of stuff, ya know, like happy and confident in this world, and then yea, the government has been one of the biggest obstacles for me, ya know.”

When it came to health services, most of the participants expressed dissatisfaction with the current health services that were offered and were not satisfied with the quality of assistance available to them as citizens. For example, participant E described her frustration in having to make monthly payments for health insurance. She explained:

“And the city, actually they’ve been calling me cause I haven’t been able to make payments. I don’t know how they recognize it but um, I still have to pay like a certain amount for me and him, um, the BC care card. I still have to make monthly payments. I don’t know how they base it on, like, they look at last year’s taxes, but ah, there has to be a more efficient way of doing it, but um, basing my income this year on last year isn’t working, especially cause I went back to school.”

Some of the participants reported that they experienced obstacles in accessing necessary medications or treatment for their health care needs. For example, participant C stated:

“Cause the system, they don’t pay for all my meds, there are still medications that I have to make money to pay for.”

When asked if the current health services were adequate in maintaining health and well-being, participant E replied:

“No, definitely not. Pharma Care looks at two years prior and being in school now I totally, have to pay all the um, all my prescriptions and James’ prescriptions out of pocket. And like income is ah, ah, my student loan, which I can just barely live off that. So, having to pay for all the Pharma Care is not adequate...I still have to pay like a certain amount for me and him (speaking of her son), um, the BC Care Card.”

Some of the participants in this study also discussed the quality of care and access to health care encountered by close family and friends, which in turn, influenced their opinion about current programs and services available, including level of health care. For example, participant E stated:

“My sister-in-law was on a waiting list for six months for a family doctor. And she has actually a lot of health issues, they’re considering her um, she might have Crohns.”

Category 5 - Gender and Citizenship

Ideas of individual versus collective responsibilities for care and ultimately, survival, were pervasive throughout the course of this study. Participants’ ideas of who should be responsible for the security and well-being of families gave rise to a need for more collective responsibility as well as individual responsibility. Ideas pertaining to gender and citizenship became integral to understanding this dynamic and how gender and citizenship ideals can influence individual ideas pertaining to one’s responsibility for survival.

The themes that arose from this category included the desire for self-sufficiency; feelings of entitlement; and feelings of entrapment due to position. Participants clearly revealed a strong desire to provide for themselves and their families. While many of the participants had been in receipt, or were currently in receipt of social assistance, self-sufficiency and the opportunity and/or desire to provide for one’s own family were important to many of the women interviewed in this study.

Participant E explained that the main reason for her motivation to become self-sufficient was the fact that she was a single mother who is responsible for her son:

“It’s why I decided I can get further education. If I’m doing this alone, I need to be able to make more money to support him. I know that good food and a safe place to live is all a factor. So he is the number one thing that is driving me, upgrading my skills. Number one reason, for sure”.

The results of this study indicate that not all participants are in a position to return to school in efforts to enhance or increase their earning potential, however.

Furthermore, there was the idea that investing in children also meant investing in a more prosperous future. For example, participant C stated:

“I think supporting that one parent who’s trying to juggle the whole world on their own, with at least a minimum financially so that you have a fighting chance. It pays off in the long run. Because then you have a kid that’s emotionally secure, and is having her needs met, and who’s not gonna end up in prison, ya know..... So, um, if we’re kinda cutting them the short end of the stick at this point, it’s not gonna do us any good when they’re like hey, I’m really emotionally detached, I really don’t care about old people, so you all can just rot in your diapers, ya know”.

Feelings of entitlement to better support for people to provide a better life for one’s family was expressed throughout the course of the participant interviews. Participants also noted that supports should be in place that make it possible and provide opportunities so that single parents have an opportunity to achieve independence and care for the health and well-being of themselves and their families. According to the participants, support should be provided when needed, to allow families the opportunity to become self-sufficient; to help provide families with the basic tools necessary to foster self-sufficiency in order to build the capacity to provide for themselves and their families. For example, in keeping with the idea that individuals should be entitled to assistance, participant D challenged the idea that individuals who are working and in need of assistance, are “struggling.” She stated:

“Single mothers are entitled to social assistance. Low income single mothers are sort of like implying that, like, I don’t know, that their working and struggling. I don’t like that part. But, um, yea as far as it goes, I think single mothers should be, I mean I guess it’s a fine line cause I do know some people who have so many babies they don’t even know

what to do with them and then it's like, there's that world too but I don't know what to think about that.”

Participant D expressed her discontent with the implications of being identified as a low income single mother. Doing so reveals her agency in wanting to overcome obstacles to obtain self-sufficiency, but yet understanding that assistance needs to be provided for many individuals before self-sufficiency can be attained. She also indicated that there is a limit to the idea as to who should be supported, but did not feel that she was in a position to speak to the issue further.

Some of the participants also expressed feelings of entrapment due to their position in society and the barriers they faced as low income single mothers. While the participants in this study were interested in providing for their families, they did acknowledge that their ability to do so under the current system was constrained, especially in areas pertaining to welfare to work regulations, eligibility criteria for subsidies like child care, and so forth. For example, Participant D stated:

“ I'm trying to like grow my kid and trying to make sure he can grow up and do lots of stuff, ya know, like happy and confident in this world, and then, yea, the government has been one of the biggest obstacles for me, ya know”.

Several of the women also noted that individuals who needed services the most, often did not receive them. And, those services that were received (i.e., income assistance, subsidies for child care or recreation) were often inadequate in either meeting their needs or providing realistic opportunities to become self-sufficient and independent individuals, or in helping to provide the conditions necessary to obtain successful employment. Additionally, in talking about whether or not those who need assistance the most actually receive it, Participant E explained that people in need of assistance often fall through the cracks:

“Totally no, totally not. Um, I think that there's ah, a section of people that fall through the cracks. If you're extremely low income, you get your basic needs somewhat met, to a

point where you're not starving and homeless. Um, but, and then there's the people who don't need assistance, but there's the people on assistance, or need it, where you work, and you make a certain amount, and you decide to go back to school to upgrade your training. So, I'm in total limbo land where they're basing everything on last year's, where actually this year we're in a completely different financial situation. And ah, so it's sort of like the low to middle income people that fall through the cracks".

In response to questions asking about whether people who needed supports the most received them, participant F added to the discussion:

"I'll say no. But, it's kinda like, you get your assistance (referring to income assistance), but it does not mean anything, cause it's not really helping you anyway. I would say no on both accounts, even if they are employed. Because I've heard lots of, I mean horror stories in the wake of single mother poverty is the highest in this province, and then for children, which shouldn't be happening in our abundant society, they are seen as dependents right. It's like, you're supposed to like, go and live with your parents or something, and then you have to prove that you need assistance. And many families can't take that burden."

Summary

Overall, there were similarities and differences among the experiences of the participants who were interviewed for this study. All were single mothers who were struggling on some level to care for themselves and/or their families. All of the women expressed a desire to improve their health and reach a higher standard of living and to provide a higher quality of life for themselves and their families. Certainly, all of the women interviewed acknowledged that there was a connection between employment and opportunities for health and quality of life.

However, there were also differences with regard to the level of responsibility that a woman felt for advancing her own and her family's overall health and well-being. While some of the women felt that their opportunities for health and well-being were directly confounded by the lack of resources available to them, a minority of the women expressed the view that as individuals, they were primarily responsible for their health and that of their families' health, regardless of

employment or living situation. Chapter 5 will reveal how differences in women's experiences were further affected across educational, class and ethnic lines.

The participants in this study expressed a range of opinions pertaining to work, employment and assistance regulations, health and health care, as well as ideas surrounding gender and citizenship. Overall, the participants acknowledged a relationship between their level of employment or unemployment, and their health, including the ability to provide for family. Many of the participants spoke to the inadequacy of provincial programs and services in providing realistic opportunities for employment, health and access to quality childcare. In fact, childcare was identified as a main barrier to employment, restricting the women's ability to sufficiently care for the well-being of themselves and their families.

Education and class were key factors that informed participant understandings of health as well. Discussions surrounding health revealed that while employment status did affect participants' opportunities to advance their lives and well-being as citizens, some of the women interviewed understood health primarily in the physical sense, while other women made a direct connection between their level of health and their life circumstances. In particular, those women interviewed with lower levels of formal education, and who occupied relatively lower socioeconomic status.

The women interviewed also expressed the view that they and other single mothers should be entitled to assistance and support from government. While entitlement to assistance was seen as a need and the women supported the idea of entitlement, they also noted that efficient and adequate assistance and support are necessary to allow individuals the opportunity to become self-sufficient and capable of adequately caring for themselves and their families' well-being. In this sense, entitlement to assistance was primarily seen as a means to an end. Thus, notions of

entitlement were understood to be an integral part of increasing opportunities for self-sufficiency and independence.

The following chapter offers a critical analysis of the research findings, drawing on a feminist political economy and intersectionality theory to inform the way in which gender neutral policy affect women in this study, and more broadly. Furthermore, the use of these theories will also uncover factors that underlie gender and serve to enhance women's vulnerability to employment and assistance regulations in ways that affect their overall health and well-being.

Chapter 5. Discussion and Conclusions

This study was conducted in order to address three research questions: (1) How do low income single mothers perceive and respond to employability and assistance regulations? (2) To what extent do low income single mothers perceive individualized responsibility for their own (and their children's) health and well-being? Also, how do they perceive governmental responsibilities for health and well-being? (3) Finally, how do low income single mothers perceive employability and assistance regulations in relation to their own (and their children's) overall health (physical, mental/psychological) and well-being?

The findings from this research can be understood within the context of scholarly literature that contextualizes the circumstances of the women involved in this study, and provides a broader understanding of how social inequalities are sustained by social policy. However, although previous literature successfully identifies many of the barriers faced by low income single mothers in relation to employment and assistance efforts and regulations, there is a lack of research that connects these barriers to health, including their own and their families' health status. The results of the interviews conducted with low income single mothers in this research serve to enhance our recognition of the barriers faced by these women and reveal the reality of health and well-being issues that affect lone mothers under employment and assistance policy and regulations. In doing so, they also point to the importance of acknowledging heterogeneity within the population of single mothers in Victoria, BC.

The following discussion employs feminist political economy and intersectionality perspectives as theoretical frameworks that can be used to help us understand the results of this study. A feminist political economy perspective reveals the power relations that tend to be embedded in

policy and how these affected the women in this study. Previous research into the design, implementation and effects of employability and assistance regulations reveals a potentially contradictory and unequal disposition towards the economy and life for single mothers. More specifically, it suggests that lone mothers affected by employability and assistance regulations (e.g., those transitioning from welfare to work) are also frequently faced with barriers, such as health and/or economic issues, that prevent them from successful integration into the work force (Cook, 2012). The realities of living on assistance, such as impoverishment and an inability to meet basic needs, are often exacerbated by the conditions experienced while receiving assistance. Thus, the balancing of paid work and family responsibilities combined with conditions that undermine quality of life, become a reality that often prevents the successful integration of lone mothers into the workforce.

Linking feminist political economy to intersectionality theory helps us to better understand how factors including gender and other dimensions of social location, combine to create more vulnerable circumstances and who is most negatively affected. An intersectionality perspective employs a type of investigation which reveals that “individual’s social identities profoundly influence one’s belief about and experience of gender” (Shields, 2008:301). As a result, intersectionality theory makes room for analysis that situates an individual’s social location at the forefront of gender research.

1. How do low income single mothers perceive and respond to employability and assistance regulations?

To a large extent, the findings of the present study suggest that the women studied felt that they were being “conceptualized in social assistance policy as workers first and parents and

caregivers second” (Gazso, 2008:32). The participants in this study noted that many programs and services that were offered to them, primarily as single parents with the intention to return to work, were inadequate in providing ‘real’ opportunities for them to be successful. In addition, those services that were received (i.e., training programs, income assistance, subsidies for child care or recreation) were often inadequate in meeting their needs, in providing realistic opportunities to become self-sufficient and independent individuals, or in helping to provide the conditions necessary to obtain successful employment. At the same time, women were being pressured to take any work that might be available (Cooke and Gazso, 2009). As well, when participants did find employment, it was often in low wage jobs that did not offer the flexibility needed for child care arrangements. Therefore, while employability and assistance regulations provided a mandate to encourage and enforce the ‘employable’ citizen and to support citizens’ efforts in search of employment, our findings suggest that it was often done by reinforcing and further exacerbating the unequal conditions experienced by low income single mothers.

The degree to which the women in this study fared better or worse with regard to their experiences with employment and assistance policy reflected intersections of gender with class and ethnicity as well as other factors (e.g., disability status). For example, participants A and B, two Aboriginal women who were in receipt of assistance during the time of the interview, maintained that they fared better by living together. They expressed the view that living alone while on assistance would create further barriers for them in their abilities to provide for themselves as neither would be able to afford basic necessities such as food and housing. The women also maintained that living together served as a source of emotional support for both of the women.

Social class was also an important factor in this study and in understanding the women's experiences with employment and assistance regulations. While the women interviewed in this study either were dependent on social assistance or held employment positions that were primarily low wage, several of the women who were interviewed were students. The finding which reveals the split in education levels among the participants in this study has significant implications for further understanding the impact of policy on the lives of the women interviewed. In this study, education levels affected how dependent participants were on social assistance. The more educated participants appeared able to move from assistance to employment or into the education system easier than those who held the lowest education levels. As a result, employment and assistance regulations did not seem to restrict these individuals to the extent it did those with lower levels of education (e.g., the Aboriginal women in this study). Furthermore, education levels affected participants' abilities to articulate their experiences and perceptions of employment and assistance regulations, with those holding higher levels of education better able to articulate views consistent with the goals and objectives of employment and assistance policies throughout the interview. As a result, those with higher levels of education were better able to describe what they thought the regulations were designed to do and the limitations and potential of these regulations as it pertained to their lives.

The education levels of the women in this study tended to vary in relation to ethnicity, class and other aspects of social status. For example, as previously revealed, the lowest levels of education were represented by the Aboriginal women and the one Caucasian woman with a disability, while higher levels of education were represented by Caucasian women with no identified disability. However, participant D, an African Canadian woman, had acquired an educational level on par with the Caucasian participants. Yet, participant D still appeared to fare worse in her

ability to secure employment, in relation to the Caucasian women in the study. Furthermore, participant D's employment history was primarily in low wage areas, such as bartending and waitressing. Interestingly, participant D was not convinced that education was the main factor involved in obtaining employment, but rather, felt that the need to know the right people was more important and reflective of her experiences. This finding also speaks to the impact of her position or social location in affecting her ability to secure employment, even with relatively equal levels of education to those of the Caucasian women in the study.

Some of the women discussed the dominance of low wage work in comparison to work that could adequately provide for basic needs and acceptable quality of life. Coincidentally, when faced with employment opportunities, the women described the prevalence of work that was low waged and temporary, also citing the incompatible nature of these forms of employment as it conflicted with their daily lives (i.e., the incompatibility of child care with shift work employment). This finding is significant in light of the fact that temporary employment grew in Canada from the 1980s into the early 2000s (Fuller and Vosko, 2008). Fuller and Vosko (2008) note that gendered and racialized "social relations appear likely to shape the demographic composition of temporary employment as a whole" and that "it is important to consider the potential impact of linkages across different dimensions of social locations" (2008:34). In this study as well, employment levels and experiences were shaped by the social locations of the women, with education levels affecting levels of economic security, with a further connection to the women's overall health and well-being, as perceived by the women themselves. The women in this study with the highest levels of education also experienced the least financial and social vulnerability. As a result, they were less dependent on employment and assistance policies for income support.

The women in this study were often subject to welfare to work initiatives, and therefore it is imperative to take a closer look into how these types of initiatives materialized and affected the women's ability to find and maintain adequate employment. Klein and Pulkingham (2008) found that those individuals who were cut off assistance and expected to work were not actually "job ready". These results reveal the contradictory nature of welfare to work measures and shed light on the circumstances of many of the women in this study.

Those individuals who had been expected to work and who were in advantaged social positions fared better relative to those individuals who did not share the same opportunities for success and advancement. For example, participant C, who had been in receipt of disability assistance at the time of the interview, struggled throughout her adult life to find and maintain adequate forms of employment. In fact, much of her employment during her early adult years was in illegal drug work. Furthermore, with her numerous health problems (physical, mental), participant C was further restricted in her ability to find work. In her circumstance, however, her ability to claim "disability" secured for her a way to live and provide for her family, albeit inadequately.

For the women in this study, the government support services offered in their region were considered inadequate and often did not serve to enhance their efforts to gain entry into the labour market, particularly into areas of employment that were meaningful or able to give them opportunities to sufficiently provide for their families. Some of the women spoke about the inadequacy of some of the training programs they attended that were geared towards helping them re-enter the work force. These included programs that focused on job search and resume writing, and even programs that proposed to assist with life skills. While these programs were considered useful to some extent by some of the women, they did not necessarily assist in helping the women secure adequate employment. This also varied by class and ethnicity. For

example, the Aboriginal women and the African Canadian woman found these forms of assistance to be less effective in helping them become employable or find adequate employment. On the other hand, participant E, a Caucasian nursing student, found the job shadowing program useful. The opinions expressed by the women in this study reveal and substantiate an abundance of literature which identifies the inadequacies of public policy in delineating services and resources that serve to significantly enhance vulnerable people's ability to gain not simply employment, but adequate employment.

The inadequacy of child care subsidies also points to intersections of gender with class and ethnicity. Whereas it is clear that the impact of inadequate child care or child care resources affected all the women along gender lines, the magnitude of the impact differed for those women who had access to alternate child care opportunities (such as family resources) and those who did not, and these differences varied across class and ethnic lines. For example, the Caucasian women in this study with higher levels of education did have access to child care, either in the form of daycare, family assistance, or an ex-spouse. In contrast, the African Canadian woman in the study explained that child care remained an obstacle for her and that she did not have access to alternative child care, outside of her son attending school during the day.

Participants spoke of how increasingly difficult it had become to apply for and meet the eligibility requirements for things like subsidies related to child care as well as for disability assistance or social assistance in general. Furthermore, many women noted how the services that were available were not openly offered or identified by government employees and that in order to access the services that they were entitled to, they had to "know" the system and know what to look and ask for. Thus, previous literature reporting the decreasing number of individuals receiving services or assistance along with the introduction of new eligibility rules, increasing

difficulty in accessing assistance, make sense in light of the data obtained from discussions with low income single mothers in Victoria, BC. In this sense, it becomes apparent that even though the number of individuals receiving assistance may in fact be on the decline, this decline in use is not necessarily indicative of success. Instead, it more likely reflects an era of neo-liberal politics characterized by government objectives of increasing self-sufficiency and independence, without procuring appropriate conditions to create equal opportunities for vulnerable individuals to do so.

Marc Lee (2004) wrote that while government interventions have historically worked to counteract inequality in Canada and BC, many of these interventions were eroded during the 1990s. The erosion of services included, but was not limited to housing, child care and health services. The results from the interviews conducted in this study speak to the way in which government interventions in the form of social assistance measures appear to be on the decline in Canada. For example, interviewees spoke of the lack of housing and of supports in place to find adequate housing, inadequate health care services, and a dire lack of funding or subsidy programs for child care.

Furthermore, the expectation of employability placed on lone parents who lacked adequate child care arrangements, particularly in the face of day care closures or affordable and reliable child care, all combined to present obstacles to those lone mothers attempting to secure adequate employment as well as navigate employment and assistance regulations and policies. Such situations complicated the women's abilities to meet basic needs and provide for the necessities their families required. This was further entrenched for those lone mothers who did not have access to other supports (such as family supports for child care or financial assistance). In this way, gender and other aspects of social location became defining characteristics of individual capacity in this regard.

In summary, it is evident that the women in this study faced obstacles as it related to employment and assistance regulations. The women's perceptions of and responses to these regulations revealed similarities along gender lines. However, their perceptions and experiences also differed along class, education and ethnic lines. Overall, the women maintained that better government services are required if they, as individuals, are to meet state expectations of independence and self-sufficiency. The inadequacy of services and supports is furthermore related to the women's high degree of unmet needs. This coincides with current literature that attests to the high degree of unmet care needs that lone mothers incur, particularly those occupying low wage employment positions or in receipt of assistance. Scholars note that lone mothers have the highest risk of poverty and represent a large proportion of the total welfare caseload (Cooke and Gazso, 2009), making the connection between previous research literature and the results of this research clear. The low income single mothers interviewed in this study did have a high degree of unmet care needs, were at a higher risk for poverty than their counterparts, and lived in a state of poverty, despite government programming and services. In addition, the heterogeneity evident among the participants in this study further reveals the multiple inequalities that often underlie gender. While all of the lone mothers in this study were vulnerable to poverty, low wage jobs, and welfare dependency, gender was but one of several factors that contributed to this vulnerability. In this study, inequalities due to class, education and ethnicity enhanced the vulnerability of lone mothers who occupied these social locations.

2. To what extent do low income single mothers perceive individualized responsibility for their own (and their children's) health and well-being? How do they perceive governmental responsibilities for health and well-being?

The concept of responsabilization persists throughout this study. Responsibilization expects and assumes the “reflexive moral capacities of various social actors,” and therefore acts as a tool of governance (Shamir, 2008:7). Shamir contends that neo-liberal responsabilization assumes moral agency which reflects economic rationality - that is, that of self-determining, independent and autonomous subjects (Shamir, 2008).

According to Gazso (2009:52), a restructuring of the 2002 social assistance reforms in BC encouraged a shift from a culture of entitlement to a culture of employment and self-sufficiency, and these reforms were directed toward reducing individual dependency on state supports (increasing individual responsibility). Individuals (i.e., mothers and fathers) become entitled to support through a citizen-market relationship. In this sense, individuals become responsible for predicting the outcomes and potential risks and for investing in ‘human capital’, particularly through ‘welfare to work programs’, as a means of combating poverty or the need for support and assistance. Responsibilization is at work here, as the reconfiguring of welfare entitlements is now increasingly linked to people’s “willingness to share the responsibility for enhancing their own earning capabilities” (Shamir, 2008:8). Furthermore, the responsibility to care for oneself and to ensure earning capability has an effect on health security (including overall health and well-being).

Therefore, the individualization of citizens through emphases on self-reliance and self-sufficiency becomes paramount in state efforts to achieve and maintain a successful ‘existence’ built on neo-liberal values (in which health is increasingly seen as a responsibility of the individual), and the ability to achieve this successful existence has an impact on individuals’ health status. Shamir notes that this “economized language of responsibility has become a pervasive element of our culture” (Shamir, 2008:8). In this way, responsabilization works at the

individual level and reconfigures roles (family, work, etc.), in order to “govern” one self to meet the expectations of economic rationality, prevalent under neo-liberalism (Shamir, 2008).

In this study, the implications of emphases on responsabilization could be seen in the way that lone mothers were left to their own devices in meeting child care demands. The expectation was that individuals comply with employment and assistance regulations (such as welfare to work initiatives or participation in training programs); yet, the women’s need to secure adequate child care to meet these expectations as they pertained to employment and assistance regulations, was not a consideration of employment and assistance regulations.

Any discussion of the economic position of the women interviewed in this research cannot be conducted in isolation from the social positions these women held, or perceived themselves to hold. Furthermore, understanding that one’s economic and social position affect health (physical, mental, emotional) is integral to understanding this discussion. Throughout the interviews it was clear that the women felt that their position as single mothers was undervalued. This became apparent as the women explained how difficult services were to obtain or how non-existent they actually were (i.e., health and social services). It was also evident in discussions that the women felt it was important to “know someone” in order to get hired, or felt mistreated or stigmatized as “lazy” while acknowledging that often, a negative stereotype accompanied relying upon government assistance and support for survival. The women collectively agreed that lone mothers deserved assistance and believed that such assistance should not be a long term fix, but should be adequate enough to aid them in progressing from assistance or low wage work into more suitable employment through which they could adequately care for the health needs of themselves and their families, and in a way that was comparable to two parent families or those earning higher incomes. The women also understood that their ability to attain adequate

employment had implications for their own and their children's health. The fact that many of the women did not feel as though the training programs or services offered by government did anything to direct or secure efficient employment for them, but served mostly to direct them into positions of low wage work, once again revealed the position they felt that they occupied in society. The LPN student was somewhat of an exception. Certainly, the training program that allowed her to shadow nurses in the field was a large part of what motivated her to become a nurse herself. In understanding her relative success however, it is important to keep in mind that while she was disadvantaged by her position as a low income single mother, her social location was also one of relative advantage insofar as she was able to take advantage of family supports and reported minimal health concerns.

Certainly, the women I interviewed were interested in achieving independence and self-sufficiency and aspired to care for the health needs of their families. Yet, barriers such as inadequate child care and low wage work, all of which influenced levels of income, worked to prevent this aspiration from becoming a reality for many of the women in this study. Thus, a regulation ostensibly designed to encourage independence and direct individuals toward entering the labour market with a goal of self-sufficiency, appeared to fail the women who participated in this research. This was particularly evident for those women who faced additional barriers related to class, disability status and ethnicity.

Situating the dominant status of an employed citizenry is integral to contextualizing the results of this research. While most of the women interviewed were either living on assistance, searching for employment, or currently employed in low wage work, there was no indication that they were or felt valued for the work they did. While these ideas pertaining to citizenry status and rights are not referred to directly in discussions with the women interviewed, analysing the interviewee's

responses in relation to these ideas is a pivotal part of the research. A thorough understanding of the literature surrounding citizenry expectations and of the circumstances of vulnerable persons like low income single mothers reveals the value accorded to these women as citizens, what is expected of them (including health responsibility), and the consequences of their performance.

A feminist political economy perspective reveals the way in which power relations play out in the lives of these women, and how state expectations of self-sufficiency and independence fails to take into account, not only the disadvantages women face relative to men, but how their social location as low income single parents further entrenches the inequalities they face. As such, one can understand more clearly the significance of deeming citizens employable and responsible for their own health and well-being in a state that idealizes and rewards individualism and self-sufficiency. What these one on one interviews add to our understanding of their situations is that these expectations of individualism and self-sufficiency are placed upon these women without the necessary supports and resources to make it possible for them to succeed in a market-oriented society. Thus, the overall health and well-being of these women and their families are threatened by the already limited capacities these women endure in their daily struggles to become self-sufficient and independent in a society that, at the same time, does not appear to provide the foundations for these women to forgo dependency.

Additionally, employing intersectionality theory in this context further allows for intricate understanding and analysis as it pertains to understanding that these expectations of self-sufficiency and individualism affect women differently as a result of their social location as well (Fuller and Vosko, 2008). Clearly, the women in this study experienced the effects of these expectations differently, depending on other aspects of social location. For example, participant D (African Canadian) occupied a lower socio-economic status than the Caucasian women in the

study, even though her level of formal education was equal or on par to that of the Caucasian women in this study. Participant D also held different expectations than those that generally dominated discussions with the Caucasian women in the study. For example, Participant D did not necessarily share the same interest in external child care arrangements per se - thinking it more appropriate to be responsible for her child herself, as much as possible. For participant D, the ability to care for her child without depending on alternative child care arrangements would also help to ensure that her child would grow to be healthy, confident and in turn, successful. This conflicted with the dominant narrative in which adequate child care was deemed necessary to meet expectations of individualism and self-sufficiency in this regard, yet this still reinforced a sense of personal responsibility for the health and well-being of her child.

The Aboriginal women in this study (i.e., Participants A and B), while occupying the lowest socioeconomic positions amongst all of the interviewees in this study, experienced state expectations of self-sufficiency and individualism differently as well. In detailing the differential impact of these expectations on these women in particular, and to better understand their ideas pertaining to individual and governmental responsibility for health and well-being, it is necessary to note that Aboriginal ways of knowing and viewing the world are often in contrast to those of the dominant society (in particular, the Caucasian women in this study). In fact, many Aboriginal societies and communities place a particular importance and emphasis on the role of women as significant and integral to an overall healthy life and existence (Halseth, 2013). The woman, or female, is seen as a leader of her people or community, embodying strength and wisdom (Halseth, 2013). While it is important to further note the diversity that exists within and between Aboriginal nations and communities, taking care to not draw generalizations that are restrictive, it is equally important to note the collective and communal emphasis that tends to be

characteristic of Aboriginal communities and in direct contradiction to neo-liberal ideals of self-sufficiency and individualism.

Certainly, Aboriginal women's experiences and perceptions of individualized responsibility for health and well-being must be further understood within a particular context – one that reflects a history of oppression, marginalization, and resistance as a consequence of colonial policies and practices that serve to deny the different realities of Aboriginal people, and instead, impose upon them expectations that reflect a foreign culture (Halseth, 2013). As a result of the history of colonization and oppression, it becomes nearly impossible for Aboriginal women, particularly those occupying marginalized and vulnerable social locations, to meet these expectations. Yet, instead of informed policy that recognize these dynamics, neo-liberal policies and programs ignore these realities. As a result, they serve to further hold these women accountable for their circumstances and as solely responsible for finding a way out of the oppressive structures created by colonial society. In other words, it is a society which at the same time continues to perpetuate this oppression through policies that are not only blind to gender, but that also fails to account for factors that underlie gender as a result of colonialism.

In summary, it can be said that the shift from social rights and responsibilities to an individualization of the rights and expectations of citizens, has evolved and has become the dominant rhetoric as a way of achieving a means to an end - the ideal citizen, without creating a solid base or foundation upon which to achieve this ideal citizen type. In this way, the creation of policies that demand familial responsibility - family is deemed solely responsible to care for other family members - has health implications (emotional, social, physical and otherwise) for the women doing the “caring”, in particular, mothers (Treloar and Funk, 2008). It is also important to note that fully understanding the extent to which the women in this study perceive

individual responsibility and government responsibility for their health and well-being is complex. Particularly, as factors related to health (i.e., education, class, and ethnicity) intersect and affect women differently. The women in this study interpreted and responded to the responsabilization of health and well-being both similarly and differently. Overall, the women felt a responsibility for their health and well-being, and for that of their children, but they also recognized the need for services and supports to assist in this regard. Furthermore, the urgency of the need for support and services can be further understood along ethnic and social class lines.

3. How do low income single mothers perceive employability and assistance regulations in relation to their own (and their children's) overall health (physical, mental/psychological) and well-being?

Health and well-being were identified by the women in this research and in the scholarly literature as having a complex dual role. On the one hand, they were seen as factors that, to some degree at least, influenced the women's ability to secure and maintain employment and look after themselves and their families. On the other, they were also viewed as having been influenced by Employment and Assistance policies and the public programs and services associated with them.

Almost all of the women interviewed for this study reported experiencing physical and/or mental health problems. Once again, however, the Aboriginal women appeared to be particularly disadvantaged, reporting a long history of multiple chronic physical (e.g., diabetes), mental (e.g., depression) and other health issues (e.g., alcohol and drug use). To some extent, these health problems were seen as impeding the women's ability to secure and maintain employment.

Although not discussed as such by Participants A and B, Participant C, in particular, acknowledged the negative impact that a history of health problems had had in influencing her

ability to secure and maintain employment. Conversely, however, she suggested that her health had also become something of a resource, allowing her to access the disability benefits that made it unnecessary for her to continue efforts at securing employment and thereby allowed her to access the resources that she required and that would not be accessible otherwise.

More frequently, the women noted how their own and their children's health status was influenced by the conditions that had arisen from the circumstances surrounding employability and assistance regulations. For example, participants frequently referred to the negative health implications of: restrictions on the availability and type of work they could secure; their low wages and poor economic conditions; their inability to afford nutritious food, find safe and secure housing, ability to pay for needed health services; the difficulties of accessing adequate child care; and limitations on their ability to participate in activities that promoted a healthy lifestyle (i.e., recreational activities, time for leisure, vacations, etc.). Once again, it appeared that while all of the women I interviewed were in positions of low income, those who were dependent on assistance or who held the lowest wage jobs seemed to report the poorest health status.

Participants A and B fared the worst of all participants interviewed in this study in their efforts to benefit from employment and assistance regulations as they were unable to move from social assistance to employment (i.e., welfare dependent, lowest levels of formal education). As a result, their continued welfare dependency affected their health status, or their potential for optimum health. In addition, as previously noted, to understand the inequality faced by these two women on the basis of gender and class lines, we must also take into consideration the impact of colonialism (both historically and presently) that continue to hinder these women not only from integrating back into the workforce, but from attaining equal opportunity to do so, in relation to

the other women in this study. For these two women, inequality did not exist along class and gender lines only - a history of colonization that included forced residential schooling, with the consequence of language loss and intergenerational trauma, added to the struggles faced by these women, who already faced social and economic barriers as females.

This study also found that it was largely incumbent upon the women interviewed to care for the health-related needs of themselves and their children, even when conforming to expectations under employment and assistance policy. The women often did so without assistance from anyone else and encountered difficulties in making ends meet with regards to food, housing, child care, and other basic needs that influence health. Nevertheless, they also tended to point out that they did not require much care for themselves and suggested that their health was not an impediment in their ability to look after their own and their families' health. This one again suggests that they have internalized their roles and responsibilities as active and independent citizens, pointing to the effectiveness of state responsabilization efforts at the individual level.

In summary, the women's experiences with employment and assistance policy in this study had implications for their health status. Both previous literature and this study point to the fact that the onus is on these women to care for themselves and their families and the reality of employment and assistance policy reflect this expectation; yet such expectations are not consistent with the realities of these women's lives. Such inconsistency and unrealistic expectations placed upon women are embedded in an inequitable neoliberal philosophy.

Neoliberalism's concerted focus on the market and market-oriented logic, on social reproduction as commodity and privatized, together with the reduction and erasure of post war citizenship rights and social safety nets, all served to affect women's health and well-being negatively, and

even more acutely, those women further marginalized by class, ethnic or other social and economic differences (Brodie, 2008).

Conclusions

This study has revealed the way in which the women interviewed were affected by particular policy, policy initiatives, and neo-liberal rhetoric. After interviewing eight low income single mothers in Victoria, BC it became evident that these women were held individually accountable and responsible for managing and mitigating a plethora of complex dynamics in order to achieve expectations bestowed upon them as citizens - expectations of an active and independent citizen. The idea that individuals should or could move from welfare to employment, and adhere to employment and assistance policies in efforts to transition from welfare to work, or to become employable, and become self-sufficient and independent, was evidenced in the interviews with the women in this study. The reality of these women's experiences is indicative of policy that is short-sighted and points to the increasing responsabilization of the citizen, or the individual, to succeed. Furthermore, policies that tighten eligibility criteria for supports and services (e.g., child care subsidy) also serve to entrench individual responsibility for further meeting one's needs.

Inadequate subsidies or the expectation that families should and could meet child care or other care demands on their own, while attempting to meet citizenry expectations of individualism and self-sufficiency are incongruent with the realities of these women's lives. As such, policies that hold strict citizenry expectations, that neglect to consider gender, class and ethnicity in the formation and implementation of policy, as seen in this study, have implications for the health and well-being of women and their families in this study. Clearly, individual experiences of

employment and assistance regulations, including the impact on overall health and well-being in relation to these policies, are evident along gender lines. However, this study also revealed that the impact of employment and assistance policy varied in intensity amongst the women along class, ethnic and other lines as well. And, the extent to which women's health status (physical and psychological) was affected, was also apparent along such lines.

Without a strategic and concentrated effort put into the consideration of the many factors that act as barriers to lone mothers at the policy level, and that affect one's ability to 'actively' and 'successfully' compete in today's market-oriented society, the increased importance and significance placed on the active and ideal citizen will continue to be founded upon and perpetuated by ideological rhetoric as opposed to real life experiences and demonstrated evidence. However, the prominence of the "individual" appears well-entrenched in the design and development of policy measures. Certainly, while the women in this research saw current policy measures as barriers facing them in their abilities to care for themselves and their families' well-being, they also seemed to have internalized their roles and responsibilities as active and independent citizens - revealing the power and persuasive capacity of neoliberal philosophy.

Efforts to counteract gender neutral policy as well as the diverse factors that underlie gender and lead to increased vulnerability amongst women, require the increased political participation of women, including women from diverse backgrounds. It is imperative that women reach parity with men in positions of power and influence at both the provincial and federal levels. A gross under-representation of women in these positions serves to deny voice to women and erase women's diverse realities from the purview of discussion as it pertains to policy. As we have

seen, this reality leads to ill-informed policy that does not reflect the diverse realities of women's lives.

As noted, the impact of employment and assistance policy and the neo-liberal ethic of individualization and self-sufficiency was significantly intensified in the experiences articulated by the Aboriginal women in this study in particular. Their experiences were further intensified as they intersected with class and education. Furthermore, given the political histories of the relationship between Aboriginal people and the state in Canada, this finding as it relates to class and education deserves further contextualization. The degree to which Aboriginal people are vastly under-represented in the post-secondary education system in relation to non-Aboriginal people is well known in Canada. While Canada has seen some improvement in this regard, the gap between graduation rates for Aboriginal and non-Aboriginal people persist and has a direct impact on individual lives as well as the economy. Therefore, it is necessary for policies and initiatives to recognize the urgency of this inequality, particularly as education levels affect levels of health and well-being and determine to a large extent, individuals' social locations. This has never been more evident than for Aboriginal people and communities, and this study reflects this reality.

Given the relative vulnerability of the participants in this study who experienced further barriers and obstacles along ethnic and class lines, it is further necessary for federal and provincial government jurisdictions, as well as community partners, to work together and toward creating opportunities for those most entrenched in welfare dependency and low wage jobs (in particular, those with low levels of formal education). The power of education rests in its ability to ultimately provide more advantageous opportunities for people. Certainly, the results of this study as well as previous literature suggest a relationship between education levels and social

location (which includes their health status). Therefore, creating equitable opportunities for individuals to access formal education is of importance not only to those most negatively affected by their education status, but for society as a whole.

In moving forward, it is important to investigate avenues that may open doors for equality of opportunity to achieve that which is necessary to compete in market-oriented societies such as ours. This is particularly the case if one's capacity or ability to compete is a precursor for determining one's ability to achieve the type of independence and self-sufficiency that paves the way for opportunities to enhance overall health and well-being of citizens. In order to do so, I propose that a further destabilizing and deconstruction of the current dominant political rhetoric is necessary. A deconstruction that aims to uncover the complexities of gender neutral policy, and the negative implications that such policy can have on vulnerable populations, is vital to policy change that can effectively rewrite the narrative of struggle and hardship that is emblematic of too many Canadian families.

ENDNOTES

1. However, this is not to deny that there are not low income single mothers who do receive help and assistance from family members, or friends, or government in some form or another, or that persevere independently of intervention.

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Appendix A: Consent Form

*Letter of
Information for Signed Consent*

Consent

Contextualizing the Health of Low Income Single Mothers: Employability, Assistance, Gender and Citizenship

You are being invited to participate in a study entitled ‘*Contextualizing the Health of Low Income Single Mothers: Employability, Assistance, Gender and Citizenship*’. This study is being conducted by Amy Morrisseau, graduate student in the Department of Sociology at the University of Victoria.

This research is being conducted as part of the requirements for a Master’s degree in Sociology. It is being conducted under the supervision of Dr. Margaret Penning, Professor in the Department of Sociology, University of Victoria.

Purpose and Objectives

The goal of this research is to examine the perceived implications of employability and assistance regulations, health care policy and citizenship status for the health and well-being of low income single mothers and their families.

Importance of this Research

This research addresses issues that are particularly important to the lives of low income single mothers. The expectations placed on lone mothers to secure and maintain efficient paid employment through employability and assistance measures undoubtedly have implications for the health of mothers and their families. This research will examine these issues from the perspective of women themselves, in an attempt to contribute to knowledge in this area and through this, to future policy development.

Selection

Participants being selected to participate in the research include:

- low income (according to LICO cut off) single mothers with one or more children, ranging from 0-18 years of age.
- Children may live with mothers on either a full- or part -time basis.
- Participants may be currently in receipt of social assistance, currently employed (full-time, part-time, or casual), but previously in receipt of assistance, or may be currently inquiring into or attempting to receive assistance.

What is involved

Participants will be asked to participate in a personal interview, in person if possible. It is estimated that each individual interview should take from 30 to 60 minutes. The interview will be audio recorded. I will give participants the opportunity to read the results of the interview if they so wish. If participants wish to participate in post interview follow up or to review transcripts, then the participant's signature on the signed consent form also allows for ongoing consent so that they may do so if they choose. If the participant decides to withdraw from the study, then participant permission will be required for use of the data, otherwise the data will be destroyed.

Inconvenience

Participation in this research attempts to inflict the least amount of inconvenience to volunteer participants. Interview scheduling is flexible and will take place at a time and location agreeable to research participants.

Risks

There are no known risks to the participants who decide to participate in this research.

Benefits

This research examines the implications of employability and assistance regulations from the perspective of women themselves so as to contribute to knowledge in this area and through this, to inform future policy development. Thus, the hope is that we may begin to create a body of knowledge that may be useful in encouraging social policy reform that is cognizant of the specific effects policy has on particular groups of people.

Compensation

As a way to compensate you for any inconvenience related to your participation, you will be given a \$15 gift card to a regional grocery store or equivalent cash honorarium. Participants may keep the honorarium, even if they choose to withdraw from the study.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any explanation or any consequences.

Anonymity

In order to protect your anonymity, your name will not be used to identify you in any written or other reports about the study. Code names will be used to distinguish between participants.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by the use of password protected computer files and locked filing cabinets. You should be aware that there is a potential limit to your confidentiality on behalf of the recruitment organization/(s)centre(s). As a result, there is a potential possibility that individuals affiliated with these centre(s)/organization(s) that know you personally, may recognize you within the research.

Dissemination of Results

The results of this study will be compiled to create a Master's thesis which will be defended upon completion in front of a supervisor and two committee members from the university. I may also disseminate the findings of my research by seeking to publish article(s).

Disposal of data

Upon completion, data from this study will be disposed of with the use of a shredder for any and all paper files, and through deleting any electronic files and recordings that exist.

Contacts

Individuals who may be contacted regarding this study include the Principal Investigator Amy Morrisseau (Email: amyh@uvic.ca or Phone: 250-380-7909); the Research Supervisor, Dr. Margaret Penning (Email: mpenning@uvic.ca or Phone: 250-721-6573), and the Departmental Committee Member, Dr. Karen Kobayashi (Email: kmkobay@uvic.ca). In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

By participating in and completing the interview with the researcher, YOUR FREE AND INFORMED CONSENT IS SIGNED and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Please retain a copy of this letter for your reference.

Signature,

Appendix B: Questionnaire and Interview Guide

Questionnaire:

Please take a few minutes to complete the following brief questionnaire. The personal information you disclose in this questionnaire will be used to better understand your particular situation in relation to the interview.

Can you tell me your age (in years)? _____

What is the highest level of education you have completed? _____.

Are you currently employed (for pay):

- a) Yes, I am employed on a full time basis
- b) Yes, I am employed on a part-time or casual basis
- c) No, I am not currently employed
- d) Other (Please explain):

What is your current marital status?

- a) Married
- b) Common-law
- c) Divorced or separated
- d) Never married
- e) Other (Please explain):

How many children do you have?

How old are they?

a) Child 1;

b) Child 2;

c) Child 3;

d) Child 4;

How many of your children currently live with you?

Do you rent or own your own residence?

a) Rent

b) Own

c) Other (Please specify):

Thank You

Interview Guide

(1) Employed in low wage work, on social assistance, or attempting to receive social assistance.

What does a regular day entail for you? At work, at home, or both?

(Probe): *With whom do you spend the majority of your time?*

(2) Labour participation

(If unemployed): What was your last job?

Are you currently seeking/looking for employment?

(If employed): What kind of job are you currently employed in?

(If currently employed :) How many hours per day/week do you generally work?

What kind of jobs have you held in the past?

Are there any factors that have impacted your ability to search for paid employment?

(probe): *Are they health related?*

(3)Employability and Assistance Regulations

Have you ever participated in any training and/or educational programs to gain skills necessary for work?

(Probe): *Welfare to work programs?*

(Probe:) Have training programs been important to you in finding employment?

(Probe): If so, what kind of employment were you able to find when participating in these programs?

(Probe:) Were they helpful in doing so?

(Probe:) Was it easy/difficult to participate?

(Probe) : Have any health problems impacted your ability to participate in training programs or made it impossible for you to complete training programs?

Have any health problems of children or other family members that you care for, impacted your ability to participate in training programs or made it impossible for you to complete training programs?

What is your opinion of current employment and assistance regulations as they pertain to your experience or people you know?

Are there any components of employability and assistance regulations that you are aware of that make it easy or difficult for you to find meaningful employment?

(4)Child/Familial Care

What kind of care do you currently provide in your home (children, other family members)?

(probe) How much time do you tend to spend caring for family members?

Have health problems impacted your ability to care for family members?

(Probe): Have you experienced any health problems that you believe are a result of the amount and type of care you give?

Are you able to take the time necessary to care for your own needs and health?

Do you have other supports (familial or otherwise) to help you with care work?

(5) Health

What does health mean to you?

(Probe): Thinking generally, how do you think health is defined in this province (i.e., what aspects of health are granted priority)?

(Probe) Do you think this definition of health leaves out a wider range of health issues?

In general, how healthy do you consider yourself to be?

Has your health changed at all in recent years? If so, when and how did it change?

How healthy do you consider your children to be?

(Probe) (If applicable) Do you find that living on assistance or maintaining low wage work influences your ability to participate in activities that promote healthy living? How so?

What facets of your health would you consider to be most affected by your day to day living as a result of caring at home, low wage work, or unemployment? Probe?

Are the current services offered to you under the health care system adequate for you in maintaining quality overall health and well-being?

(6) Gender and citizenship

In general, what is your opinion on the following statement: “low income single mothers are entitled to social assistance and benefit receipt?”

Are there any current benefits/regulations/supports offered by the government that you find impact your day to day living?

(Probe): How so?

Have you noticed any recent changes in assistance or regulations as they pertain to welfare or employability?

(Probe) How have these changes affected you?

How do you feel about the provincial regulation that stipulates that women are employable once their youngest child turns 3 years of age?

(Probe): Do you think that such a regulation has the ability to impact the health or well-being of yourself, or your child(ren)?

(7) On the topic of Assistance

Do you think that people who need assistance the most receive it?

Do you think that there is a need for more efficient assistance programs as they pertain to single mothers on assistance or in low wage work?

Are you aware of any particular types of assistance or regulations that influence quality of health and life for you? Probe ... what are these?

Are you aware of any differences that may exist between that of lone parent families and two parent families in receipt of assistance?

(Probe): Do you think these differences, if any, affect people's health and well-being (physical, mental, emotional or otherwise)?

(Probe) Currently, would/do you find it more beneficial to your health and the health of your children to be in receipt of assistance or employed in low wage work?

(Probes): What makes it difficult/or easy to transition from social assistance to paid employment?

What makes it difficult/or easy to transition from paid employment to social assistance?

Are your children a factor in making the decision to transition from one or the other?

Thank you for agreeing to participate in this interview and taking the time to do so.

The above interview guide has been adapted and influenced from the interview guide used in the dissertation of Dr. Amber Gazso.

Appendix C: Example of Interview Transcript

Interview with Participant C (May 6th, 2011, James Bay Coffee cO).

What does a regular day entail for you?

C:

My usual day I get up at about twenty after seven, and ah, jump in the shower and ah then after I've had sort of a few minutes on my own, it's sort of my peaceful morning time. I'll get my daughter out of bed and we'll start her process, brushing teeth clothes, um, get the dog out, feed the hamsters, we have like a little ritual that we do in the morning. It's really nice because when I ask my daughter to do stuff she pretty much, she sees that there's a goal, we are gonna try to get to school on time, and she's really, for an 8 year old, she's amazing. I just have to scoop her up out of bed; we hit the ground running and she's quite positive, whereas my older one was not. It's nice not to have yelling and screaming, that calm early in the morning. So yea, we'll drive off to school and I'll go into school with her and I'll spend about 15 minutes with her doing the reading and making sure she's got what she needs, which is really nice to have the luxury to do, get that time together. And then I'm off to work. Most days I'll go to the studio downtown and I'll, on an average day I'll see 2 or 3 clients and then I'll spend about an hour cleaning, maybe another hour running around doing errands, going to the library, putting gas in the car, go to single parent, I'll probably eat at about 2 or 3 in the afternoon for the first time of the day. I'll usually grab a coffee or something on the way out the door in the morning, but, I'll feed my daughter but then I usually don't have time to feed myself. Make sure she's okay and then hit the ground running. And then, the first couple days of the week, Monday, Tuesday and Wednesday I have to get her from school so that's before 3, and Wednesday, Thursday, Friday, she's with dad for a couple hours so I get her later. But we've got a couple evenings a week where she's got piano lessons or swimming lessons, um. The other days of the week I'm usually quite um, I'm usually totally exhausted by 4pm, so I'll try to make it home, probably half of the days of the week ill just pick something up, a bit of chicken and some salad from the grocery store, and ah, maybe half the days of the week I'll make us a meal. And then, we try to get up to bed by 8:30 and then ah, brush teeth, play with the hamster, ya know, might take the dog out for a little walk, and then um, we'll read, she'll read to me for about 15 minutes and then I'll read to her for about 15 minutes and then we go to bed. And my 8 year old still sleeps in my giant monstrously huge bed, she refuses to sleep in her own room. But, we just recently got her a feather bed for on top of her bed and so she's talking about sleeping in there one day a week. Um, but I really don't mind cause she doesn't kick me anymore, and she's, ya know, if I'm away from her all day or she's at summer camp and we're feeling a little disconnected because of our schedules to kind of get together, cuddle in at the end of the night, real a little, and even if I get up, cause after I put her to bed I will usually, I don't ever go to bed with her unless I'm sick at 9pm. I stay up till 1 or 2 in the morning most days, I'll get documentaries from the library, maybe watch a movie. We

don't have cable so we're always sort of chasing down different movies from the library, and then I'll paint or draw. I love to paint or draw, so I'll maybe spend an hour or two doing that, and then I'm doing laundry, usually at midnight, and often, throw a load into dry, so then one of my morning chores is folding laundry before I leave the house, um, yea, and my dishwasher, which is my other salvation, it recently broke and I had to replace it by myself, which was a bit of a nightmare, but I did it. And, ah, yea it's all about staying on top, doing chores. On the weekend, when she's not in school, I'll spend a good whole day cooking, cleaning, looking after the house, washing, vacuuming, ya know, shampooing carpets, ya know, taking down draperies, just trying to keep the place in order. And ah, that's it.

What kind of jobs have you had in the past?

C:

Um, let's see, I left school when I was 13 and was on my own and I worked doing lots of manual labour. Doing things like restaurants, working in hotels, I did some illegal things, like, I dealt drugs, I ran for companies that were kind of not on the up and up, um, just kind of making money here and there, piecing it all together. I worked for animals, I was an animal groomer, I basically apprenticed that for a few years, um and, then um, when my daughter started kindergarten I went back to get school, took a student loan, studied aesthetics and um, so I've been doing aesthetics for a few years now. The day that I graduated I started my own business; I borrowed money and hit the ground running. And um, that been good, but now I do a lot of work for barter and trade and I work to keep the place open, I don't draw an income off of it, other than, doing a bit of work for cash, it's all about putting gas in the car and food on the table,. And that's the whole process.

Have you ever found that there was any sort of health problems that sort of impeded your ability to search for work?

C:

Well, absolutely, completely. When I was in my teens I had contracted hep c, and was ten years before I did any treatment and I was in my early twenties and I was really ill, and um, a form of arthritis that comes and goes, a really serious thyroid issue that has to do with my liver, when my son was hospitalized and ah, I don't look ill, but right now I'm a chronic IC, so I've got pain every single day, I do treatments for that that aren't covered, that I have to save money for, and so yea there's my pain, then the arthritis issue, I have a lot of fatigue, it's kind of an on-going thing, it has to do with thyroid. Sometimes my fatigue is worse, other times it's not so bad, so, definitely had health issues that are sort of commonplace for people that are, have the lifestyle I've had when I was younger, I had really poor health for many years. Then I just worked on it over the years, kinda building my health back. When my daughter was 2 I got sick with the IC and that was a major journey, like I'm in a pretty good place with it right now, yea that's totally affected my ability to work.

Have you participated in any training/skills/educational programs to prepare for work?

C:

I've been through, I did elements at peers, I did that when my daughter was really little, she was like, I got sick when she was 2, and I was really sick when I was going through the program, at about 3, that was amazing, it was really life changing, and after I finished elements I did some long term programs for parents. I did choices and changes twice, we had an extended program we got funding to do basically two rounds of it with the same group of people, which was amazing, and, um, I've done a lot of little short programs. Nothing like official job search type thing. I did some one on one stuff with triumph which was the, they use to do stuff for people with disabilities, um, cause I do have my permanent disability status.

Were they helpful in helping you find jobs?

C:

It was helpful in helping me to, um, see options. Because I've sort of been on the outskirts and I've had only a grade 7 education and um, a lot of social barriers, even though I don't look like I'm ill, and no one would know looking at me that I'm ill, or wasn't educated, maybe being 13 and having other issues leaves, and health issues, I mean being really ill and not looking ill has its own issues as well, so um, the programs were great cause it helped me to see that other people saw me in a different way and that if I set other goals, my skills that I had could be used. So it did help me see myself in another way.

Did you find it easy to participate?

C:

It was challenging, things like daycare, getting support for my daughter, and getting there and back, not always having a vehicle, um, there were other barriers; my life was really different raising my son, then raising my daughter. There was some huge issues around that so, yea, at time sit was challenging, um, yea.

Have any health problems of the people you care for impacted your ability to search for work or maintain employment?

C:

My son has really severe ADHD and has turrets, and possible Fas. And we went through; I did a lot of FAS support work, volunteered with different groups, trying to get an insight to have support. Being his birth mother as well was an unusual situation cause a lot of birth mothers aren't involved or don't talk about it. Um, so his neurological stuff needed help. School was a nightmare me. With my son he was getting kicked out all the time, and psychiatrists, psychologists, lead programs, made it really challenging for me to hold down a regular job and

then my health issues as well. We went through a lot together, um, so yea his health issues and psychological issues impacted my ability to try to work and, just juggling his schedule and holding a job was really hard. I've always been really independent, so working for myself, even with my daughter, cause I go to work and if she's got the flu I don't have to phone and cancel because there's movies and books, so I bring her with me and stuff, there's a whole other room, it's like a living room so, she's fine to do that. I don't have to go and find a babysitter to look after her while I'm working. But I don't push it either, it's a juggle, making sure it's not too hard on her. Ya know, the money that I would spend on a baby sitter I'll take her out for lunch, ya know, and that way we get to, she's close to me, and we get to have the resource to do something that she wants to do. So it's, even with my son, he was in and out of school, I had to home school him for a few years, it was a lot of, well, they won't accept him back, ya know, you don't have any options, ya know, it's hard. So, yea, we're in a better place now.

How do you feel about current employment and assistance regulations. Do they affect your ability to find work, etc?

C:

If I didn't have my PWD as a permanent status where ya know, I was with someone, so I was off of it for a few years. When we separated, I had to jump a bunch of hoops to go back on it. Cause the system, they don't pay for all of my meds, there are still medications I have to make money to pay for, but, my pain medication alone is 200\$ a month, and so, if I didn't have that permanent status and know how the system works, I don't know what I'd do. Thankfully there's groups like taps, there's advocates for people, through single moms, but I'm constantly meeting people who have HIV, or ya know, ongoing health issues, or, chronic fatigue or, whatever, who don't know that they can go and get a piece of paper from disability office and they can go camping provincially for two weeks at a time, on a camp ground for free. They don't know that they can have an option to have transportation offered, almost a thousand dollars a year. If they need to drive their own car, can't ride the bus cause they have panic attacks, so there all of these things that are buried that people don't know about, its brutal cause the quality of life from doing something like taking my kids camping, that's our vacation, ya know, and it's wonderful, and I can go, and there's hot showers, ya know, it's not knowing how the system works is the real hindrance, and you don't have people inside the system saying this is how it works. You have to figure it out, its like a don't ask, don't tell kinda thing. And so, the fear of what if this changes, what if the government changes, there's always that sector of you know, having a provincial disability benefit versus a federal one to, huge differences in that. So yea, it's a little scary cause you are always looking over your shoulder, going ya know, what if I lose my status, without my housing and my work being the way it is, my benefits being permanent, I don't know what I'd do. I really don't, especially with kids too.

Would you draw a connection between the type of regulations that enforced employability and health, quality of life?

C:

Absolutely, yea, yea. Um, I think it's like, having this disability status is kind of like this holy grail where if you got it, once you got it, you know what your rights are, it's pretty sweet, cause they have a window where you are allowed to make a certain amount per month, and if you are doing that, if you are capable of doing that, it puts you into an income bracket that's actually similar to working poor. Or even better, just below the middle range of ya know, they allow you 500\$ a month before they start taking it back off of what your benefit is. And, if your medicines are mostly being paid for, you can live on that if you're careful. You can do it, and you can raise kids on it, baby cheques, so it's possible to do that and actually have a decent standard of living if you know where the programs are and where the extras are. But for people that are just in regular system and have not had the support to go for their PWD or if they don't have any health issues. I know that they use to have an allowance that you could make each month that they'd only take a quarter back, it was different. Now there's none of that, it's dollar for dollar. And I think that the other issue is like there's no incentive to work. And if you start working, and you're making more then, I can't remember what it is, they shut your case and you have to get back in the system. You have to go through this whole process of applying online, you've gotta wait, interviews, you have to go through a work force thing and, so there's no incentive for someone who's not on disability to even look for work. Because as soon as, you might get a little work, or seasonal work, then you create this whole cascade of problems for yourself if you get cut off. It's just not well designed to help people become independent, legally, I mean other than doing things that are illegal or working under the table, there's no incentive, it sucks.

Do you find that you have the time necessary to take care of your needs and your health?

C:

I will make sure my children are fed and well dressed and I'll take the money that I could spend on myself and ya know, buy my daughter a second hand drum kit, or do, I always invest in my kids first um, I don't know, I'm really bonded to both of them, even though my son doesn't live with me, and there are issues around his stuff, I always like, from the time I had them I considered it be like, you brush their hair, you wipe your butt, you wipe your kids butt, you do this, I'm really strongly identified with them. I think at around positive ways, so it never feels like an expense, it never feels like a hindrance. So if it's something for them, it feels like I'm caring for a part of myself. I very often put my own needs, even my, if I'm in a lot of physical pain I disconnect from that, I'm about what up here (referring to neck up), and then I'll go to work and I work really hard and at the end of the day I'll sink back in and just sit in my car and cry cause it hurts so bad. I had been doing a pain clinic once a week for a couple hours, but if there's work I'll go to work before I go to it. Because we need to eat, so, it's a juggle, where I'm still having the trouble drawing the connection between looking after myself and, and still having a hard time with that. But I think, in our society, moms and women, and the way that we juggle

things, the way that I approach things is pretty calming. I don't think its right, I do think it's an issue, but I haven't figured out how to fix it yet.

What does health mean to you?

C:

I guess its health and well-being go hand in hand, and yea, that's a hard question. Um, I think a lot in terms of mental health because I do have some issues with that at times. Um, I can be a little neurotic or whatever, I've got my stuff. I guess a healthy balance, just, if I cared for myself as well as I cared for my kids I'd be in much better shape. But, it's a backburner issue, ya know, it's like if you have resources to the number of 10, and the kids are requiring 6 or 7 or 8 or 9, and then there's the dog and the hamster and the gas and the car, and all those things add up, and sometimes I'll sublimate my own needs so there's other things in there. In the long run it's like a trade-off, a balance in keeping everything and everyone else happy and in good shape. I just always keep banking, and like well, I'll take care of that one day, someday I'll retire, someday I'll have more time for myself, or this and that, or whatever. But I know it doesn't really work like that. And that's my issue, I'm at a point in my life where I have to address that. So health is complicated.

In general, how health would you consider yourself to be?

C:

Um, on a 10 right now, I would say probably about 6 and a half. I do a pretty good job of making myself look okay from out here (body/image), and then I get really stressed and pluck out all my eye lashes. I have no eyelashes right now. Little things, there's like little cracks in the pavement ya know. My skin will get really bad, or something will happen that kinda shows it on the outside, but I've has ulcerative conditions, I ulcerate cause I sublimate. And so I have a lot of somatic stuff going on. I have a lot going on underneath.

Do you find living with a low income status influences your ability to participate in healthy living?

C:

I think it's a priority thing. Um, cause often times there's a way that you could sometimes ask, like or you gotta keep a look out, or you have got to be kinda willing to get involved and find out cause there are resources out there, and there's wonderful programs like ya know we get imax tickets at Christmas time so even when we don't have money we can go to the movies, and the art gallery we can go there and get a family membership for relatively cheap and then once a month they have the art days that you can go through. So there's all of these things, but again, it's like knowing your resources. I literally moved back to Victoria because I knew where those things were and how to access them, um, yea, it's getting involved like that, it just knowing

where things are. And then having a will to ask for help. Being a single parent and being like yea I could use some bread or yea, we can totally get all our clothing from the clothing room so then I have money for other things. I think I have sort of that king for a day sort of welfare mentality where ill get my disability cheque and be like, okay, we're gonna go to Vancouver cause I'm gonna take you guys to the fair in September for the day. And we'll go over and blow a couple hundred dollars on going to the fair once a year, or doing something like that cause I want them to have a normal experience, I don't wanna constantly be in that poverty mentality. And having to go without for a week, a little bit, because we had a splurge, in the long run for their mental health I think and for mine, it's worth it, it is. You gotta splurge. Some people, they know that they have x amount of money in the bank, they aren't constantly thinking I gotta buy groceries, Thursday there's no food, there's no eggs, theres no milk, or, I gotta pay the hydro bill, or their gonna cut it off. They are not thinking in that stress, so when you got x amount in the bank its sort of like mad money, you can literally say, that's just gonna be a cushion of money and we're gonna go to the mall and you can have whatever you want, it gives them that experience of feeling like a normal kid too. I don't want my kids to constantly be thinking, oh my mom's a single mom, I just want them to not have that stress.

Do you find that the current services offered under health care are adequate for you in maintaining a good quality of life and health?

C:

I think I got really lucky, at one point had a doctor wh0 moved away to south Africa and when he did I had a friend who's a doctor, like a family friend type thing and took me on as a patient and I um have the doctors email and phone number and I can call him at 2 in the morning and say ya know, what about this or whatever, or I'm freaking out cause I need a different whatever and can I go to Vancouver to see so and so, and I need a taps form, and I need, and he's amazing. I know that it's very unusual to have that kind of resource and I try not to abuse it but having that connection medically, like, I can literally have a conversation. I can do some research and I can come back and say hey, there's a steroid called DHA that I heard about, and he'll say okay, we can try it. Ya know, it's having that support and my doctor thinks im amazing, thinks I'm like this amazing person and he's very very supportive. So that for me, really really helps. Without that I would be a single mom at the clinic trying to figure out how to cobble the system together, one clinic doctor after another, so I know that I'm really lucky to have that and that's my resource.

What is your opinion that LISM are entitled to social assistance benefit and receipt?

C:

I'm a little bit sweetish on this one. I think that supporting primary caregivers, whether it's moms or dads, who are looking after little people, you know up to the age of 7 or 8, um, I think there's a couple breaks that happen in development with kids, changes with infancy, when their 4, 5, there's a whole other thing, more involved in the community. Then at around 8 or 9 when their really reading and their brains are developing differently, they're going to sports, there's another kinda level of independence. But I think up until that point they really need a really well supported parent, who can give them what they need when they need it, ya know. Like oh no, you have to do this, mommy's got to be at work in 15 minutes. If that child has a meltdown and really needs the world to stop and just be, and have that intensive parenting support right in that moment, I think that they deserve that. And, I think that when you have two parents, one's gotta great income and doing the breadwinner thing, and the other one can be more supportive, or whatever. That works great, it's an ideal environment to have children in, a loving house with lots of resources and community, but, when you don't have that, I think supporting that one parent who's trying to juggle the whole world on their own, with at least a minimum financially so that you have a fighting chance. It pays off in the long run. Because the you have a kid that's emotionally secure, and is having her needs met, and whos not gonna end up in prison, ya know. That's having all those insecurities and being involved in whatever, so I think as far as government funding and all that, it really pays off, it's like a short term investment, for having people that are socially responsible, involved in the community, because they have had that 0-7 or 0-8 support. I think it pays off. So even if it costs a lot of money to keep to those moms or das supported, fed and kids health, paying intensive support, those kids are just gonna blossom. And then they're the ones that are gonna be looking after us when we are 90. So, um, if we're kinda cutting them the short end of the stick at this point, it's not gonna do us any good when they're like hey, I'm really emotionally detached, I really don't care about old people, so you all can just rot in your diapers, ya know.

Are there any current benefits by the government that you find impact your day to day living?

C:

Um, things like, um, family allowance. Knowing that that's coming at a certain point and that's a, like anytime knowing there's gonna be a direct deposit on the 20th, or any time there's gonna be a gst, like for things like for birthdays, car payments, like you know, that takes some stress off me knowing that that's gonna be there. And, um, I think that a lot of it is really invisible. I know there's like the Victoria foundation and United Way, and these other places that put resources into things like single parent. I know that there are government programs and stuff out there, but you, it's not really visible. Um, yea, and when you are using resources you don't really think about where the funds are coming from. Um, single parents a little different, because when you do programs there you might meet people coming from United Way, they write a lot of assessments, a lot of feedback, which is fine because it's going back to United Way or whatever, but, I don't know, I don't know that you really see things that are stamped with sort of funding by it, by your liberals or your NDP. Politically it could be a pretty good disconnect.

How do you feel about the provincial regulation that says that once your child turns 3 you are expected to be employable?

C:

It's crazy. Like I said, my son, he had neurological issues that weren't really well defined, especially when he was little. Um, it's impossible, it's absolutely impossible. It's a situation where there's no one that could have done a better job than I did. You could not have paid someone to be more involved and on top of it. But even I couldn't do it alone. I think that that whole 0-3, or 0-2, that whole back to work thing, it just, the pressure that that creates is just very unrealistic. It might work for some people, um, I don't know a lot of them. I know a lot of people or individuals that need more support than that to make it really work. They can pretend that it's kind of working, but those are the kids that are really, they are getting the short end of the stick.

Do you find that something like that (this regulation), would exacerbate your health conditions?

C:

Oh absolutely. The stress. Literally if I didn't have the status that I have, um, and the option, ya know, to work when I'm well, and not work when I'm not well, or I can push through, but it's up, it's in my hands. If I didn't have those options, I literally don't know what I'd do. And I know that a lot of people were sort of weeded out of the, when one political party came in, and made the rules harder to get this, and it's harder to get that, more challenging. A lot of those people that were in the normal rules, they said oh look at our numbers it's great, weeded all these people off, made them disappear, a lot of them were on the street or in another province or not well or in prison, but a lot of those people would literally hit the bottom and then get resources to be redefined as PWD. It's that redefinition happens. It's like oh our rules; they are counting these numbers but not realizing that PWD numbers have swelled. It's like we won't look over there. Look what we did we are getting people back to work. A lot of people, I guess on one hand is good, cause they found support to get that. But yea, I don't think that putting more pressure on people to get their kids into fulltime daycare and to be working and all that, I don't think that it helps in every situation.

Do you think that people who need assistance the most receive it?

C:

I think it has to do with their tenacity to, and um, their connections. I mean I have a neighbour who has got some disabilities would very easy qualify.

Appendix D: Example of Coding

Coding: Participant D

(1)1st pass through

Currently a student with one son.

Minimum wage work (salvation army).

Scheduling around son difficult for employment. Its who you know.

Some training for work.

Physical consequences of bartending and waitressing.

Son in good health.

Did not use daycare very much, wanted to care for her child herself. Loss of connection by putting kid in daycare.

Poor supports offered by government

Housing a real issue for her. Feel as though no one is listening to her.

Feels like she is only being bumped along, that there are other forces controlling her life, telling her what she needs.

Food bank helpful, makes it difficult with serious dietary restrictions. Often depends on food bank, yet overwhelmed with the amount of unhealthy canned food.

A back problem sometimes interferes with work (but says that's not a big deal). Says she doesn't take care of herself that much, but also that she does not require much care.

Defines health as mostly physical, but does acknowledge the emotional.

Yes and no regarding current health care services.

Single mothers deserve assistance, but currently do not cover basic needs.

Not a push towards employability, but simply to get more people off welfare (even if that means on the streets).

People who need assistance the most do not receive it. It is a cycle of homelessness.

Low wage work a way to get poorer.

A sense from participant that she feels as though government does not take into consideration basic humanitarianism.

1. What is your opinion on the following statement: “low income single mothers are entitled to social assistance and benefit receipt”?

I think that mothers, in particular those who have a low income and are not able to provide everything that is needed for their children and themselves, like food, medicine, etc, are entitled and should be able to receive social assistance. Social assistance is supposed to be there for people who need it, who cannot provide the basics for their family, and who truly need the help. It's not that we are too lazy to help ourselves, like some people think, or that it is the job of the government to help us, but when we cannot meet the needs for our children, for our families, the assistance that is out in place to help, should help.

2. Are there any current benefits/supports/regulations offered by the government that you find influences you day to day life as a mom with a low income in anyway?

I mean, I'm grateful that there is some assistance out there. That I can get assistance if I needed it. But, it does not always help meet all the needs of my family. I am happy that food banks are around to help out sometimes with meals in an emergency. Sometimes it is hard to get assistance, and takes a long time, and qualifying can be a difficult process. There seems to be so much involved so much red tape. It often feels like a job just to apply.

3. Have you noticed any changes in assistance or regulations as they pertain to welfare or employability?

I know that you are required to go to work with younger children at home now. You are expected to be able to. Even though daycare is difficult to secure, and is expensive. Sometimes the cost of daycare is not worth it. Besides that, daycare is only good if you can get a 9-5 job. It's kind of hard to get this kind of job. So many jobs now require you to work evenings or shift work like that. If you don't have other kinds of care for your family, like a baby sitter or a relative, then what do you do, right! Hard to get or keep a job like that when you don't have anyone to look after your kids. I should be able to have a job and not have to worry at the same time, about not having anyone to take care of my kids. The world is full of women and mothers who work and have the right resources to have their kids taken care of while they are working.

4. What is happening in this data/transcript?

- Support is seen as something should help the people who need it. The sentiment that it is not that she expects to be dependent upon government assistance, but that in dire situations, there should be supports in place to fall back on.
- While participant appears to appreciate that there is a safety net of sorts, so that assistance and support is possible, she seems perplexed by the complexity of attaining assistance, referring to all of the bureaucracy and red tape involved.
- The participant feels as if particular regulations' (returning to work when child is 3) is problematic. She faces the reality of expensive daycare, incompatible work and daycare schedules. The woman feels as if, getting work and having child care for kids while working is somewhat beyond her control, as she is faced with what appears to be inflexible working schedules (like shift work), with daycares that only run from 9 to 5. She does not appear to have outside supports to care for her children when and if the need arises.

Concepts

- Helplessness
- Entitlement to assistance
- Disconnect between job expectations and child care needs/accommodations.
- Difficult nature of accessing assistance.

Main/Core Category

Entitlement to assistance

- The idea that if one cannot meet the basic needs of the family, then there is a need for assistance and governmental supports.
- Assistance should not be so difficult to attain or receive. Difficulty in attaining assistance can be an infuriating process, and often does not allow moms to meet the basic needs of the family.
- While assistance is possible, the expectation to work with young children poses another problem, as assistance is lessened and you are expected to work. Yet, the reality of work and daycare needs is often incompatible. There does not appear to be adequate assistance measures to compensate for this inconsistency. This could be a result of the fact that (as literature indicates), once an individual is deemed 'employable', that they are responsible for the health and well-being of themselves and their family.

Axial

Categories and sub-categories

Category: Feeling of entitlement

Sub-category 1: Entitlement to social assistance

Sub-category 2: Entitlement to basic needs

Sub-category 3: Entitlement to adequate child care arrangements.

Memo:

Feelings of entitlement are prevalent along a range of ideas. For example, from a feeling of entitlement to being able to receive social assistance while in need, to an entitlement to basic needs for the family, to being entitled to be able to be in a position where one can juggle both the expectations of work and childcare.