Community Partnership Opportunity Action Engagement Capacity Empowerment Development Well-Being Participation Inclusion Collaboration

Including Low-Income Women with Children: Program and Policy Directions

Research Report

2007

Principal Investigator: Lynn Scruby, RN, PhD
Faculty of Nursing, University of Manitoba

Co-Investigator: Rachel Rapaport Beck, MHS
Prairie Women's Health Centre of Excellence

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Overview

This report examines information on the issues that affect the health and well-being of low-income women with children, their families and the communities in which they live as well as several of the key policy implications of these findings and recommendations for action. This qualitative research project draws on principles from feminist and participatory action research methodology. A total of nine focus group interviews were conducted at four Family Resource Centres (FRCs) located in two urban communities in Winnipeg and two rural communities in Eastern Manitoba. Fifty-six low-income women and 29 FRC service providers participated in these interviews.

The study findings are descriptions of women's experiences and concerns about the social and health service programs that directly influence their health and their economic and social well-being. Themes addressed in this study include access to health and social services, housing, childcare, food security, education, and the value of resource centre service providers and programs in the lives of low-income women in both rural and urban communities. This report highlights the central role of FRCs for low-income women and their families and the need to strengthen and support related programs. However, these centres cannot address all of the needs of low-income women and as such this report also highlights the importance of transforming existing social policy and related programs. Several policy implications have emerged from these findings as well as recommendations for action. There are 21 recommendations in 4 categories:

- Improving Programs and Services
- Strengthening Public Resources
- Increasing Public Awareness
- Building Partnerships

This report is intended to inform policy makers about the impact of existing programs and services on the lives of low-income women and their families. The authors of this report would also like to convey the necessity for policy makers and program planners to include women as active participants in the change process. Most importantly, this research is intended to be a resource to the study participants to become more empowered citizens through the development of locally-based social action initiatives.

Introduction

This project was designed to empower traditionally disenfranchised Manitoban women with children to participate in decision-making that impacts their lives, which are directed, compressed and restricted by poverty. The study builds on findings from a previously conducted pilot study entitled, *Low-income Women with Children: Implications for Public Policy and Women's Health* (Scruby 2005) and the goal of talking with women about their experiences and learning about the priority needs of women who are raising children on limited incomes. As Lochhead and Scott (2000) state "credible research about the lives of the poor and the effectiveness of existing programming is essential to identifying directions of reform" (p. 1). This study strengthens the policy recommendations from the pilot study to address the needs of low-income women with children.

The Pilot Study involved two community agencies in the West Broadway area of Winnipeg: Wolseley Family Place, a Family Resource Centre (FRC) and Villa Rosa, a community residence and outreach centre for young, single women who are pregnant or new mothers. For this next phase of the project, the researchers focused on FRCs as a group, thus ensuring the continued participation of Wolseley Family Place and expanding the participant base to include Andrews Street Family Centre, located in the North End of Winnipeg, as well as two rural FRCs, Anna's House in Steinbach and Mrs. Lucci's in Lac du Bonnet. These rural FRCs were included with the purpose of identifying the needs of women who live outside of cities and to explore their use of social services. FRCs were chosen as they offer similar services to women and their families throughout Canada, but they are settings that are often neglected in formal research. As well, FRCs are not bound by extensive policy from government, but rather are meant to respond to the needs of the communities that they serve.

Participatory research invites low-income women to voice their experiences, strengthening their feelings of self-worth and empowering them to become agents for change, while contributing to the sparse qualitative literature on poverty (McIntyre, Officer & Robinson, 2003). Women participating in this research have been given the opportunity to identify programs and services that meet their needs and recommend changes to existing programs, services, and policies. The recommendations from this study will allow agencies to more adequately meet the needs of women raising children in poverty as well as inform government policy. Most significantly, the women affected by the policies have identified ways in which to influence the policies that significantly affect their lives.

In action research, researchers and research participants work together to increase knowledge and understanding about a given phenomenon and identify opportunities for action (Kirby, Greaves & Reid, 2006). Historically, women have had a limited role in research and knowledge production (Kirby et al., 2006). Increasing opportunities for low-income women to participate in the creation of new knowledge about their experiences and understanding of the factors that affect their health and well-being is fundamental to understanding the interrelationships among poverty, health and gender roles.

> Knowledge is a commodity that drives many decisions, policies, actions, and treatments that affect all of us in our communities, institutions and societies. … It is of particular importance to include in the production of knowledge sectors such as those on the margins of society, groups that have been historically ignored or not normally heard (Kirby et al., 2006, p. 21).

Furthermore it is essential that women have opportunities to participate in identifying and implementing strategies to address issues that affect them and actively participate in the policy and decision making process to create opportunities for positive change.

The benefits of participating in this research extend beyond the participants into the broader community. The process has the potential to allow FRCs to learn from these women, enabling them to adapt their programming and missions to better serve their target populations. Knowledge is power; therefore identifying policies that disadvantage low-income women with children strengthens the broader community if they are subsequently changed and improved. Empowered participants taking ownership of solutions and beginning a process of social change will serve to enhance the experiences of others and the communities in which they live.

Literature Summary

Challenges in the Lives of Low-Income Women with Children

The everyday lives of low-income women with children include the ongoing challenges of juggling multiple responsibilities in a social context with a limited ability to make use of necessary and basic resources, and negative stereotyping and pathologizing social discourses on poverty. These challenges add tremendous stress to the lives of low-income women with children and are linked to a lower quality of life. Several health determining factors of particular significance to low-income women with children are social exclusion, restricted access to health and support services, housing, childcare, food security and education. In addition to strengthening social services and including women in the development of social policies and programs that have direct impact on their lives, low-income women with children can benefit from strong community-based resources and social support networks.

Social Exclusion

Child poverty is widely recognized by service providers, policy makers, academics, and Canadian society in general, as a pressing social issue that needs to be addressed, however, children are not the only people who experience the stresses of living in poverty. The Canadian Research Institute for the Advancement of Women reminds us that "children are poor because their parents (mainly their mothers) are poor" (2005, p. 5). Mothers living in poverty are excluded from many opportunities to participate in society and face significant challenges caring for themselves and their children due to their limited material resources and also the social stigma of being poor in Canada (Reid & Tom, 2006). Poverty can exclude women and their families from participating in many social activities that contribute to a positive sense of well-being and a good quality of life including meaningful employment, sports, leisure or recreation activities, education or skills upgrading and volunteering or civic participation. The stress of living in poverty was seen to have a negative impact on psychological health which women linked to negatively influencing their overall health (Reid & Tom, 2006).

There are many ways in which individuals or groups can experience social exclusion and these dimensions of exclusion can often be mutually reinforcing (Galabuzi, 2004). "Social exclusion is an expression of unequal relations of power among groups in society which determine unequal access to economic, social, political and cultural resources" (Galabuzi, 2004, p. 238). Social exclusion and poverty disproportionately affect women, particularly Aboriginal women, single mothers, women who are recent immigrants or members of visible minority groups, lesbian women, and women with disabilities (Galabuzi, 2004; Reid & Tom, 2006; Weibe & Keirstead, 2004; Weigers, 2002). Among other things, low-income women's experiences of stigmatization are felt through interactions with people in power, from society, and from the women themselves (Reid & Tom, 2006).

The stigma of being poor is experienced by women who are in paid employment and also by women who receive income assistance. Reid and Tom assert that "to have social identity as a poor woman on welfare is to live and act under a set of

disparaging discourses" (2006, p. 419). Dominant discourse portrays women on social assistance as being unmotivated, lazy, with poor self-control, and as a drain on social resources (Reid & Tom, 2006). Feeling dependent on social assistance can add to experiences of isolation and stress associated with poverty. Low-income women with children, particularly lone mothers are faced with multiple responsibilities as wage earners and caregivers, often with little support (McIntyre et al., 2003).

Women's understandings of being a 'good mother' stem from the interconnections of personal experiences and dominant social definitions of 'mothering' (Mason, 2003). Traditional discourses on motherhood place women in the role of primary caregivers to their children (McIntyre et al., 2003). Unpaid caregiving responsibilities often conflict with opportunities for women to provide financially for their families (McPhee & Bronstein, 2002; Mason, 2003; Tyyska, 2001). McPhee and Bronstein (2002) revealed that a lack of motivation was not the reason why many women on assistance did not work for pay, rather it was related more significantly to a lack of support and resources required to fulfill childcare responsibilities. When confronted with a choice between sacrificing paid employment or care giving responsibilities, most women assert that parenting is their top priority (McPhee & Bronstein, 2002). Moreover, women had a strong desire to succeed at the multiple responsibilities and expectations of being a good mother, however, these roles are often frustrated by the context of poverty (Roy, Tubbs & Burton, 2004).

Access to Health and Social Services

Barriers to health and social services are derived from a number of factors, including bad experiences with service providers, location of services and hours of services. The ability to use health and social services is constrained by negative experiences with professionals who are in positions of power whose biases and decisions can have a profound effect on the lives of low-income women (McPhee & Bronstein, 2002; Reid & Tom, 2006). Recipients of social assistance often view social services offices with suspicion rather than seeing them as a place for help (McPhee & Bronstein, 2002; Weibe & Keirstead, 2004). In Reid and Tom's (2006) study on women's discourses on poverty, women described their interactions with social assistance workers as a significant barrier to "getting off the system" (p. 413). Instead of offering support to women to break the cycle of poverty, social service providers can add to feelings of isolation and dependency.

The inability to obtain health and social services also affects the health of low-income women and their children. Women in both rural and urban areas experience challenges in obtaining much needed health and mental health services. Women in rural areas often have to travel long distances to reach services, adding to the stress of living in remote or rural locations. In the "Action Plan for Women's Health in Manitoba and Saskatchewan" (PWHCE, 2001), women in Manitoba have ranked mental health as a priority issue and have recommended that adequate support services be available to women in all geographic areas. A similar finding among rural women was identified by Sutherns et al. (2004). Low-income women need stronger health, mental health, and domestic violence programs to support their efforts to be successful in finding and maintaining meaningful employment and as caregivers (Romero et al. 2003).

A study in the United States by Roy, Tubbs and Burton (2004) reported that if women's lives do not coincide with the work and/or care giving schedules of public clinics, they will forego using

health services because using more flexible private services is not an option. While Canadian women have access to universal health care, studies indicate that women experience difficulties in making use of this care either due to the clinic schedules or the inability to find adequate transportation or childcare to attend appointments (Stewart, 2001).

Housing

Affordable, safe, and stable living arrangements are a top priority for low-income women with children. Throughout Canada and Manitoba, there is a shortage of affordable housing, which directly influences the health and well-being of low-income women and their families. Between 2005 and 2006 there has been no increase in the number of social housing units in Manitoba, and the quality of social housing has not improved (2006 Poverty Report Card). The Federal Government has also contributed to a lack of affordable housing since the 1990s by canceling spending for new social housing, cutting existing programs and downloading the administration of housing programs to the provinces (Watt, 2003).

Bryant highlights that "…Canada has the most private sector dominated, market-based [housing] system of any western nation. It also has the smallest social housing sector of any western nation with the exception of the U.S." (2004, p. 218). The Canadian Mortgage and Housing Corporation (CMHC) defines housing as a core need when any or all of the following conditions exist: tenants live in inadequate or over crowded conditions, dwellings are unsuitable or in need of significant repairs, and when tenants pay more than 30 percent of their gross income on housing (Layton, 2000; Watt, 2003). Thirty percent of families in Canada have problems with housing affordability; this percentage increases to 58 percent for single parent families and 76 percent for families with a single parent under the age of 30 (Watt, 2003). According to the 2001 Census, over 37 percent of Manitobans had rent costs that exceeded 30 percent of their gross household income (Poverty Report Card 2006).

Housing and health are linked in several important ways. High rent costs contribute to an inability to afford basic necessities, accepting lower cost options which often are unsafe or unsuitable and frequent moves which can be stressful and negatively impact the health of low-income families (Donner, 2002, McCracken & Watson, 2002; Watt, 2003). Bryant (2004) identifies that housing policy, as well as other policies that influence the distribution of social support resources, are interconnected, and affect several basic health needs such as food and education and ultimately can contribute to social exclusion and poorer health status. There is not enough federal or provincial support for low-income families to be able to meet this most basic of necessities (Donner, 2002). Subsidized housing in Canada does not meet current demands and, as a result, over two-thirds of families living in poverty live in unaffordable housing (CRIAW Fact Sheet, 2005). Women who live in poverty in urban areas frequently rent dwellings and frequently need to relocate in order to find lower cost or better quality living arrangements (CRIAW Fact Sheet, 2005). Rural families who live in poverty may own their own homes, but often do not have adequate resources for general maintenance or necessary repairs (CRIAW Fact Sheet, 2005).

McCracken and Watson (2004) elucidated several key findings identified by the women participants in their Winnipeg study pertaining to housing safety, affordability, and stability as well as issues related to knowledge of their rights and resources as tenants. Safety was among the highest priorities for women when looking for housing.

Concerns about safety included building characteristics such as poor lighting and fear of harassment from landlords. Affordability was also important. Affordable private housing was often described as being of poor quality in need of structural repairs and presented a number of health risks to themselves and their children (such as broken smoke alarms or mould). Many women spoke of having to forego basic necessities such as food or telephone services in order to pay rent.

Neighbourhood characteristics were also identified as an important concern of women including local crime and other safety issues as well as proximity to community services such as health clinics, childcare, and grocery stores. Unaffordable or unsafe housing can often result in women having to move several times which can result in interrupted schooling, among other stressors for women and their families. Women in this study associated stable housing as important to developing relationships with neighbours and an awareness of local resources that contributed to feelings of safety and finding a strong social network. Women in the study also expressed concern that they were not aware of their rights as tenants or of potential resources available to them through social assistance and were unsure of how to even find this information (McCracken & Watson, 2004).

According to McCracken and Watson (2004) women also identified a link between the challenges they faced in finding secure housing and high stress levels, which affected their general health. The study concluded that collective housing was superior to private or public housing in facilitating stable and supportive living arrangements for low-income women in Winnipeg. The authors recommended that the number of collective, public and affordable private dwellings be increased to address existing affordable housing shortages. Furthermore, this study recommends ensuring that existing dwellings meet basic safety standards and that gender-based analysis and direction from women in need of affordable housing be considered in policy and program development (McCracken & Watson, 2004).

Childcare

Since recommendations emerged in a 1970 Royal Commission Report, a national childcare strategy has been on the agenda of several federal governments, but has yet to be realized (Doherty, Friendly & Oloman, 1998; Tyyska, 2001). Childcare regulations and delivery of childcare services is a provincial responsibility and, without a national program, resources vary from province to province and generally are insufficient to meet demands (Doherty et al., 1998; Mason, 2003). In fact, Canada is one of the few industrialized countries without a national childcare plan (Friendly, 2004).

According to the Child Care Coalition of Manitoba in 2005, Winnipeg had just over 14,000 centre-based childcare spaces and a waiting list of almost 15,000 (Prentice & Isaac, 2006). Province wide, there are 200,000 children under the age of twelve, but just 25,000 licensed childcare spaces and the majority of these spaces are dedicated to children between two and five years old (Prentice & Isaac, 2006). Subsidized childcare spaces are limited and fully subsidized childcare (which does not include a daily surcharge of up to $2.40 which centres are permitted to charge parents) is available only to families with incomes well below low-income cut off lines which puts affordable quality childcare out of reach for many Manitoba families (Poverty Report Card 2006).

Many research studies conclude that good quality childcare services can aid in healthy child development; however, it is also of paramount

importance to note that accessible childcare is considered to be essential to women's full participation in society and also considered to be important for escaping poverty (Doherty et al., 1998; Tyyska, 2001). Current literature highlights several important elements of accessible childcare. Accessible childcare is public, regulated and universally available to all Canadian families (Friendly, 2004; Prentice & Isaac, 2006). Childcare needs to be affordable to all citizens and available, both in terms of flexible hours of operation and location (Doherty et al, 1998). High quality programs that meet a diverse range of child and family needs is also essential to accessible childcare (Mason, 2003; Prentice & Isaac, 2006).

In Canadian families, primary responsibilities for caring generally fall to women and as a Statistics Canada report indicates, the presence of children is a significant contributor to the earnings gap between women and men (as cited in the CRIAW Fact Sheet 2005). In the absence of sufficient childcare, mothers cannot find or maintain meaningful employment (CRIAW Fact Sheet, 2005; Mason, 2003; Press, Fagan & Bernd, 2006). "For single or low-income mothers, the availability of affordable non-parental childcare may make the difference between financial independence and subsistence on minimal social assistance payments" (Doherty et al., 1998, p. 32). Social assistance is often more financially viable than paid work when quality childcare is lacking or costs too much money (Mason, 2003). The Canadian Research Institute for the Advancement of Women (CRIAW) Poverty Fact Sheet 2005 states that many parents could take a job immediately if they could find appropriate childcare.

Insufficient childcare resources are a pervasive source of stress for many mothers and can lead to health difficulties for low-income mothers (Donner, 2002; Press et al., 2006). A recent study by Press et al. (2006) finds that there is a significant relationship between the presence of depressive symptoms in mothers and inadequate childcare, particularly when mothers had good jobs. Donner (2002) notes that while little is known about childcare and the health of mothers, inadequate childcare is an "obvious source of stress" for low-income mothers (p.51). Inadequate childcare services disproportionately affects the health and well-being of women, and in particular low-income mothers, through limiting opportunities for stable employment and education and for full engagement of their rights as citizens (Mason, 2003).

Food Security

Food insecurity can be defined "as the limited, inadequate or insecure access of individuals and households to sufficient, safe, nutritious, personally acceptable food to meet their dietary requirements for a healthy and productive life" (Tarasuk, 2003, p. 709). Food security is strongly determined by income and is an important determinant of health (Power, 2005). Canada does not have a systematic process for monitoring food insecurity, and therefore the prevalence of food insecurity is very difficult to measure (Power, 2005). Best estimates in a 1998/99 National Population Health Survey indicate that approximately 2.3 million Canadians or 7.9 percent of the population "experienced at least a compromised diet" (McIntyre, 2004, p. 178). Low-income women with children are particularly vulnerable to food insecurity (Tarasuk, 2004) However given the reductions in social programs it seems appropriate to consider that the food security of many of Canada's economically vulnerable families has been affected by these spending cuts (Power, 2005). Insufficient quantity and poor nutritional quality of food contribute to physical health problems as well as psychological health problems (Power, 2005). Food insecurity also affects

health through increased stress and anxiety related to food shortages (Power, 2005).

Food insecurity can be characterized in families as both a lack of food in general and a insufficient intake of recommended nutrients (Power, 2005). Whereas household expenses such as rent and utilities are fixed, food expenses are more flexible than other necessary household expenses and as such adequate family food supply is more vulnerable to fluctuations in income (Power, 2005). A study by McIntyre et al. concludes that "low-income lone mothers are compromising their own diets in order to preserve the healthier diets of their children" (2003, p.691). Tarasuk (2003) notes that the findings in this study reflect the compromised nature of low-income women's food intake when they must care for their children in impoverished circumstances. While the study is about food security, it also points to inadequate social support received by low-income families to meet their basic needs (Tarasuk, 2003).

Food banks were established in the early 1980s as a temporary solution to food insecurity, however, they still exist today and are used by increasing numbers of Canadians (Power, 2005; Tarasuk, 2003). Power (2005) reported that food bank use in Canada increased by 123 percent between 1989 and 2004. Food banks are charitable organizations and are not required to provide services to those in need (Power, 2005). In the administration of services, they will often place restrictions on the frequency and specific times that clients can use food banks (Power, 2005). Moreover, the food banks may not be located in areas where people are most in need of such services (Power, 2005). The food available at food banks is often (or, may be) lacking in sufficient nutrients and overall quality (Power, 2005). Community responses, such as community kitchens or food buying clubs can supplement food banks but are not enough to sufficiently address food insecurity in Canada (Power, 2005; Tarasuk, 2003).

Education

Education and literacy skills have important influences on poverty and health. Literacy skills are associated with employment earnings and lower literacy levels are linked with low incomes (Public Health Agency of Canada; Sarginson, 1997). The relationship between health, income and literacy is clear: "health is a direct correlative of income level; literacy is a key requirement for attaining higher income" (Sarginson, 1997, Summary section, para. 2). In "Literacy and Health: A Manitoba Perspective", Sarginson points out that the lowest levels of education and poor health co-exist in the same regions of the province (1997). People with lower literacy levels experience increased feelings of stress, decreased self-confidence, and isolation (Public Health Agency of Canada). The Public Health Agency of Canada states that:

> Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy. (Public Health Agency of Canada, What determines health?, n.d.)

The Value of Family Resource Centres

Low-income mothers are likely to experience a number of threats to their health and well-being including domestic violence, the stress of living in unsafe neighbourhoods and housing, food

deprivation, unavailability of necessary health and social services, and other daily stresses associated with care giving with limited material resources (Donner, 2002). Low-income mothers are also subject to the stigma associated with poverty and social exclusion and may have limited social supports (Donner, 2002; Reid & Tom, 2006). In response to these needs, family resource centres (FRCs) offer valuable services to low-income women and their children that mitigate some of the negative effects of poverty in a safe and supportive environment. In spite of limited funding, FRCs provide a wide range of services such as food buying clubs and parenting classes in an inclusive and non-judgmental environment and they are invaluable resources for community members (Silver et al., n.d. a).

A study by Silver et al. (n.d. a & n.d. b) looked at how FRCs contribute to communities and create an empowering context for participants by enabling them to take part in and develop relevant services. Participants in this study reported that they valued the accepting, non-judgmental atmosphere of FRCs and the social support they gained from staff and other community participants (Silver et al., n.d. a). Other noted benefits of these centres are programs that enhance family engagement such as parenting education and healthy child development, employment and volunteer opportunities (Silver et al., n.d. a). Furthermore, FRCs are places where community members can build social networks and develop practical strategies for obtaining and improving community resources and strengthening community cohesion (Silver et al., n.d. a & b).

Silver et al. (n.d. a) state that the objective of FRCs is to act as a locus of empowerment for community members. The structure of the centres is non-hierarchical. Staff work as facilitators and community members participate in the development and running of FRC programs. Participants in the study indicated that they valued the openness of the staff and the opportunity to provide input into programs. Participants also value the range of programs at the centres, the social support and relationships, which they developed at the FRCs as well as information and links to other health and social service resources. FRCs are a place to mobilize networks and create meaningful opportunities for advocacy and identifying strategies for change (Silver et al., n.d.).

As previously indicated in this summary, neighbourhood support networks can increase feelings of safety for low-income women (McCracken & Watson, 2004). Silver et al. (n.d. a & n.d. b) noted in their study, that participants in their research stated that they would like to see both the number of services and the number of FRCs increased as they are helpful to the people who use them and to the communities they serve.

Experiences of Rural Women

While the focus of this project is on the experiences of both rural and urban women, it is important to identify that, despite many commonalities in the experiences of low-income women with children, geography is an important contributor to women's experiences.

The majority of Canadians live in urban areas, however, approximately one in five live in rural and/or remote communities (Canadian Association of Food Banks, 2003). These regions have a diverse range of health and community development needs. Literature on rurality and women's health is limited, yet the available research does suggest that living in rural settings is a determinant of health and well-being both as a geographic and socio-cultural influence (Sutherns, McPhedran & Haworth-Brockman, 2004).

A major research project conducted by researchers from Centres of Excellence for Women's

Health entitled "Rural, Remote and Northern Women's Health: Policy and Research Directions" identifies several key findings which are important to consider when reading the outcomes of this study on the needs of Low-income Women with Children (Sutherns et al., 2004). There is limited research but what scant research exists indicates that women in rural areas feel invisible to policy makers. Poverty and financial instability due to economic realities in rural areas (i.e. the prevalence of single-industry towns) is considered to be the most important influence on health in rural areas. Rural areas share what can be termed as a 'rural culture', however, this culture varies according to the rural context. Rurality influences the health and well-being of women in both positive and negative ways:

> Many women praised the health benefits derived from the social capital in their communities, including service clubs, community spirit, proximity to family and supportive interpersonal relationships. Yet many others reported poor access to support such as transportation, recreation and childcare. They spoke of experiencing poor mental health due to social and geographic isolation. They talked about being limited by traditional role expectations for women in small communities. (Sutherns et al., 2004, p. 8).

The diverse geographic and socio-cultural determinants of living in rural and remote regions of Canada are important areas of women's health research that require further study and attention by academics, practitioners, and policy makers. Women in these communities are key informants with respect to the health and community issues that affect themselves and their families, and they should be consulted at all stages of service delivery and development for this reason.

Summary

This research project adds to existing qualitative literature on the experiences of low-income women with children by elucidating both the perspectives of women participants and the service providers at family resource centres (FRCs) regarding key issues that impact the health, and economic and social well-being of low-income women and their families and opportunities for improving both policies and programs that shape their experiences. Research was conducted at FRCs, which operate on models of empowerment (Silver et al., n.d. a & b). The study is unique in that it provides the perspectives of FRC service providers. These centres are not only valuable sites for gathering data, but can also serve as sites to use the knowledge gained from this research and as a tool for social action.

Methodology

A community advisory group was established at the outset of the research process. Members of the advisory group included one community representative and the executive directors from each of the four family resource centres (FRCs), the two principal researchers and their research assistants. The advisory group met at the beginning of the project, mainly to organize data collection and midway through the study to review preliminary findings. The advisory group was also involved in reviewing and making suggestions to the final report. Between the meetings, members of the advisory group were kept up to date via e-mail and telephone communication. This collaborative approach enabled the researchers to gain valuable input throughout the process as well as validate their findings. Additionally, the discussion provided direction for policy recommendations and the next steps of the research process.

Data were collected using focus groups, a technique commonly used by qualitative researchers in areas of the social sciences. Feminist research methodologies in particular, support the use of focus groups as they facilitate participant sharing, growth, and empowerment (Ironstone-Catterall et al., 1998). Separate focus groups were held with providers, including volunteers, and women who routinely use the four FRCs. The sessions were held at the familiar FRCs, at times convenient for the participants. The focus groups were co-facilitated by a principal researcher and research assistant and were audio-taped to ensure the voices of the women were accurately transcribed and included. Group meetings were no more than two hours in length. To ensure no financial impediments to participation, transportation or parking and childcare costs were reimbursed. Snacks and a small honourarium were also provided to acknowledge the value of the participants and demonstrate an appreciation for their participation.

The interview schedule tested in the pilot study proved successful for eliciting rich and meaningful data. With minor modifications as a result of the pilot study, the interview guide was used to lead the four focus group discussions. The open-ended research questions elicited information about the needs of women and the issues they faced when using required programs, services and supports, as well as in their interactions with various government departments (see appendix B). We interviewed 56 low-income women and 29 service providers and volunteers at the four sites.

The audio taped interviews were transcribed verbatim by a professional transcriptionist and transcripts were analyzed using a content analysis approach, which allowed key themes and sub-themes to emerge from the data. As Kirby and McKenna (1989) suggest, the feminist underpinnings of the process ensured the social context was critically reflected throughout the analysis. To ensure trustworthiness of the results, attention was paid to credibility, transferability, and authenticity. By remaining accountable to the participants and those who would be affected by the outcomes of the study, credibility was attained (Ristock & Pennell, 1996). The advisory group was instrumental in this by assuring that the integrity and value of the research was maintained. Advisory group members provided ongoing feedback and engaged in open dialogue throughout the research process through which the researchers addressed their own values, beliefs,

assumptions, and motivations, thereby addressing the issue of authenticity (Hall & Stevens, 1991). To promote transferability, the researchers have provided sufficiently "thick description" of the study context and processes to allow readers to draw conclusions regarding their own contextual similarities (Polit & Hungler, 1999).

The findings were shared by the principal investigators and research assistants with the participants at each FRC. This approach offered the participants in the process an opportunity to discuss the findings, underscore particular points, and plan for their role in needed action. This part of the empowering process was greatly valued by the women who participated. As Kirby et al. (2006) suggest, each individual voice is made stronger by the collective and the resolve for action, initiated by them, made firm. The final report was reviewed by the Advisory Group prior to publication.

The University of Manitoba's Education/Nursing Ethics Review Board granted the ethics approval for this study. The purpose and methods of the research were described at the beginning of each focus group. An opportunity for questions was provided, and when all queries were satisfied, informed consent was obtained from each participant.

Description of Family Resource Centres

A goal of Wolseley Family Place (WFP) is to use a strengths-based approach to find local solutions to community identified needs. WFP offers a wide range of educational programs and supports for 'at risk' individuals and families living in their neighborhoods. Some of the services offered include the use of telephones, computers and laundry facilities free of charge; emergency food, used clothing and other donated items; cooking classes for preparing and eating healthy meals; and a Centre-run store selling low-cost healthy foods. Wolseley Family Place is unique in this sample of family resource centres (FRCs), as it also offers childcare where parents are not required to remain onsite.

Andrews Street Family Centre also uses a community strengths-based approach with the goal of encouraging families to realize their full potential. It offers many of the same programs, information, and supports as WFP; however, this Centre is unique in that it is used equally by both men and women. This may enhance accessibility for women in potentially abusive relationships, as the programs encourage participation by all family members.

Anna's House in Steinbach offers many similar education and support services, with a target population of healthy mothers and babies. Services include available food and prenatal vitamins, breast pump and car seat lending, and a clothing and equipment depot. In addition, advocacy and assistance with filling out application forms for other social services is provided. Due to the fact that there are many German immigrant families in the area, Anna's House offers pre and post natal programs in German, designed to meet the unique needs of this population including sessions that address issues of pregnancy and parenting in a new country.

Mrs. Lucci's in Lac du Bonnet offers a variety of programs to improve the potential of program participants. Target populations include unemployed youth, mothers and babies, preschool and school aged children, mothers, and families.

Their 'Taste of Success' program offers unemployed youth employment and volunteer opportunities, and life skills training or educational upgrading. Reportedly, 90 percent of youth enrolled in their program either find employment or return to school. Their café and clothing store offer employment opportunities for low-income women as well as the opportunity to socialize or purchase needed clothing at affordable prices. (Contact information for the participating Family Resource Centres can be found in Appendix A).

Findings

Demographics

Wolseley Family Place is in the West Broadway neighbourhood of Winnipeg's Downtown Community Area; an area known for poor housing conditions, limited social supports, lower levels of education and labour force participation, poverty and large concentrations of single parent families and immigrant and refugee populations (Winnipeg Regional Health Authority Community Health Assessment Report, 2004). Andrews Street Family Centre is located in the William Whyte neighbourhood of the Point Douglas Community Area in Winnipeg's north end, one of the poorest urban areas in the country. Similar to West Broadway, families in the William Whyte neighbourhood are more likely than families in other Winnipeg Community Areas to be poor and to live in substandard housing, have lower educational and labour force participation levels, and fewer available social supports (Winnipeg Regional Health Authority Community Health Assessment Report, 2004).

Steinbach and Lac du Bonnet are both small towns located within 100 kilometres of Winnipeg. Steinbach is a Mennonite community, comprised of a large German immigrant population. Mrs. Lucci's in Lac du Bonnet serves a large Aboriginal population.

Table 1 illustrates the levels of poverty, education, and the numbers of single parent families in the urban neighbourhoods (within Winnipeg) and rural communities served by the FRCs in this study as compared to the City of Winnipeg as a whole:

Table 1: Community Population Characteristics

(2001 Census of Population – Statistics Canada)

	West Broadway	William Whyte	City of Winnipeg	Steinbach	Lac Du Bonnet
Income < $20,000	42.5% 92% of centre users*	50.4%	20.8%	47%	11.3%
Without high school diploma	30% 70% of centre users*	56.5%	28.2%	35%	45%
Single parent families	43% 80% of centre users**	32.6%	18.5%	10%	<1%

* WFP 2004-05 Annual Report
**as reported by Executive Director

The client focus groups, with the exception of the recent immigrant group from Anna's House, were similar in many respects. The ages of the participants ranged from eighteen (18) to sixty-three (63) years, with most women raising their children alone, whether they were single, widowed, separated or divorced (categorized as single in Table 2 below). The majority of women had not completed grade 12, and were working part time to support their children. Table 2 shows some of the demographics characteristics of the client participants. Table 3 outlines the characteristics of the providers who participated in the focus groups. It is interesting to note the percentage of providers at the FRCs that once were users of the services. This highlights the success of offering employment opportunities, such as working in the store or café, as part of the FRCs programming.

Table 2: LIWC Focus Group Participants

FRC	Number of Participants	Age: Range/ Average	Marital Status	Number of Children: Range/Average	Level of Education	Employment/ Family Support
Andrews Street Family Centre	15	20-45 years (Average: 34)	M/CL *: 3 S**: 12	1-7 (Average: 4)	< Gr 12: 11 Gr 12: 1 Gr 12 +: 3	2 – employed (many part time) Income < $1000 per month
Wolseley Family Place	15	20-63 years (Average: 35)	M/CL: 4 S: 11	1-6 (Average: 3)	< Gr 12: 10 Gr 12: 0 Gr 12 +: 4 (14 responses)	9 - employed (many part time) Income < $1000 per month
Mrs. Lucci's	10	18-47 years (Average: 30)	M/CL: 0 S: 10	1-4 (Average: 2)	< Gr 12: 2 Gr 12: 4 Gr 12 +: 3 (9 responses)	7 - employed or dependent on family support
Anna's House	8	20-44 years (Average: 32)	M/CL: 4 S: 4	1-10 (Average: 3)	< Gr 12: 2 Gr 12: 2 Gr 12 +: 3 (7 responses)	4 - employed or dependent on family support
Anna's House: (German Group)	8	22-37 years (Average: 28)	M/CL: 8 S: 0	1-10 (Average: 4)	< Gr 12: 1 Gr 12: 6 Gr 12 +: 1	8 - employed or dependent on family support

*M/CL – Married or Common Law
**S – Single (single, widowed, separated or divorced)

Table 3: Provider Focus Group Participants

FRC	Number of Participants	Former Clients	w/ Post Secondary Education
Andrews Street Family Centre	10	9	4
Woseley Family Place	10	5	6
Mrs. Lucci's	5	2	4
Anna's House	4	0	2

Themes

Despite the participants' varying ages, education, and locations, several key themes emerged from the data: the need for a safe place to go, childcare, housing, food security, education, and access to social programs and services. The findings of this study are consistent with other studies that include low-income women with children (Green, 2001; Mason, 2003; McIntyre et al., 2003; McPhee & Bronstein, 2003; Weibe & Keirstead, 2004; Weigers, 2002).

A Safe and Nurturing Place to Go

As women with low incomes, the participants faced many challenges raising their children. Their limited incomes and other life circumstances meant they had to deal with a wide variety of social service agencies and individuals. Many times these interactions were unpleasant and contributed to the women's feelings of inadequacy. Conversely, the women spoke about the services of the community-based family resource centres (FRCs) with respect and gratitude. As Silver et al's study found, women participating in this project described their resource centre as a place to obtain practical skills and resources and build social supports in a compassionate and non-judgmental setting. The participants consistently identified relationships, a sense of community, and the right to use programs, services and support systems as the key to making the FRCs special. The women believed that the value of the FRCs was the service providers' ability to understand and meet their needs in a non-judgmental and nurturing way. In addition to the support of the staff at the FRCs, the women were also able to develop friendships and support networks with other women in similar circumstances.

> "It's really just the sense of community that you find here (at the FRC); the moms really become their own supports."

The women expressed appreciation that the FRCs helped them to learn about social services and other resources available to them. In addition, the FRCs assisted them to develop a better understanding of their rights within the complex systems they live in.

> "We talk to each other and there's a lot of us (at the FRC) that don't know a lot about the system."

The women provided numerous examples of how the FRCs helped them to learn to work within the system, and provided them with necessary life skills such as budgeting. As the woman below discussed, even the simple task of cashing social assistance cheques could be a problem for low-income mothers.

> "They told her if she didn't have a credit rating, they couldn't open up an {bank} account. What's that got to do with depositing cheques?"

The women spoke passionately of their children. Many reported they were raising their children as single parents, with limited supports and resources. The children were their main priority, and they viewed that responsibility with seriousness.

> "We take our children [to FRC's] because we bore those children, we love those children, we can't imagine being without them."

The women were committed to improving the health of their children, and wanted to better their lives. They recognized the significance of a safe environment, their children's early years and healthy development, and wanted what was best for their children. It was especially important for them to have safe places such as the FRCs, for their children to play and develop.

> "I gotta fight, I wanna fight for all the children (for safe play spaces)."

The women identified the staff as the main strength of the FRC. The individuals who worked at the FRCs did so for a variety of reasons. The service providers believed they were in a position to add value and meaning to the lives of the women and children who come. They had chosen this work because of its alignment with their personal values, their strong belief in community, and their belief that they could make a difference. They felt that practical, non-judgmental support could positively influence the lives of the women and children with whom they interacted. In addition, many of the individuals employed by the FRCs had been low-income women with children themselves, who had previously made use of the services of the FRC. Providers placed high value on their role in support families who come to the FRCs. They believed the provision of FRC run programs and services that supported the women and children were critical to their outcomes. As indicated by the excerpt below, the staff had a strong commitment to the FRCs and the families.

> "I believe in what we do here. Such a vibrant community."

> "Just to make a difference in one child's life means all the world to me."

Although service providers were committed to their work, they spoke of many challenges. The service providers consistently expressed a desire for programs for children to be more responsive to the changing needs of children and their families. The providers holistically considered the emotional and psychological needs of the families. They acknowledged that their role extended beyond the delivery of the FRC's programs and services, yet they felt they lacked the resources to address some of the complex issues the women faced, such as addictions and mental health.

> "Mental health and childcare issues are big issues for the community and the FRC is limited in being able to support that."

The providers also consistently reported that the FRCs were constrained by financial and infrastructure limitations which limited their ability to provide adequate and holistic services to meet the needs of the women and children.

> "Money and space are the biggest limitations (to the FRC programs)."

The service providers spoke of other factors that challenged their work and the success of the women. They believed that low-income women with children faced tremendous social stigma, which ultimately was a barrier to their success and that of the FRC. Lastly, providers spoke of the need to ensure that their services included consultation with those individuals using the FRCs, and that programs were delivered in a respectful manner that promoted and maintained the integrity of women.

Despite the FRC's financial constraints, there were consistent requests for expanded hours and increased diversity in programming from study participants. Again, these findings are similar to findings in Silver, et al., study on the value of Family Resource Programs (n.d. a & b). Women spoke about the need for services at all hours, and the need for a wide variety of services that could promote optimal child development from birth through youth to adulthood. In fact, the ability to focus on new programs for youth was considered a priority area for expansion, in order to help them to move beyond traditional cycles of poverty and dependency. Similarly, several participants also spoke of a need for gender-based program planning to more adequately reflect the community participation from boys and girls, and women and men of all ages.

> "The last year in our drop-in, it was 52% men, 48% women which is quite unusual for family resource centres. The partner is welcome."

The Andrews Street FRC experienced a particularly high participation level for men in their programs. Understanding the unique needs of men in regards to community-based FRC programs was identified to be as important as understanding women's needs. However, there were mixed views about the idea of increased male programming and participation at the FRCs. A gender-integrated environment was perceived as threatening for some female participants. Many of the women had been abused or abandoned in their relationships with men, and identified the FRCs as one of the few safe spaces to be with their children. On the other hand, there was recognition that sometimes women could only be able to use the FRC if their partners were invited. The women also felt that some men did want to have a positive influence on their family, and could benefit from the support and resources that the FRC could offer.

> "Men need to feel that they are contributing to the family too."

Participants agreed that the FRCs provided support for families to address the main issues they faced, which were childcare, housing, food, education, and access to supports and services.

Childcare

Childcare was one of the main themes raised by study participants. A lack of affordable, quality childcare limits women's opportunities to fully participate in society and gain meaningful employment (Mason, 2003; Tyyska, 2001). Many women felt trapped and isolated as a result of their childcare responsibilities. Often they did not have anyone reliable that they trusted to care for their children. Women expressed reservations about leaving their children with others. Some left their children with family or neighbors at times, however many stated that they could not count on anyone else's help when they needed a break from parenting. Additionally, they strongly believed that they could not afford to have childcare problems. They were sensitive to the potential for their children to be placed in foster care, stemming from their own experiences with the social system or the experiences of friends or family. Many women reported that the Family Resource Centre (FRC) was their only source of support and provided their only opportunity to take a safe break from their parenting responsibilities. The issue of trust and confidence with the safety of their children was of utmost importance.

> "Trust, women need to trust the places they go for help."

Each of the FRCs involved in this study provided childcare through play programs or child development programs. The women appreciated support from the FRCs, as it allowed them to take a break from the direct supervision of their children and an opportunity for their children to socialize and interact with other adults and children at the centres.

The services of the FRCs do not replace childcare, as the women were required to stay at the FRC while their children were in programs. In rare cases, the women were permitted to leave for short periods of time, however these occurrences were expected to be only the result of extraordinary circumstances. Since the FRCs are not licensed as childcare providers, the women had to find another adult willing to assume responsibility for their children while they were gone. This woman below spoke of her need for temporary childcare to enable her to take care of necessary daily activities:

> "I wish there was a daycare in this building, somewhere you could drop your kids off for two hours when you are grocery shopping."

The women believed that their challenges finding childcare made it difficult for them as single parents to perform basic activities such as shopping, and made it impossible for them to search for jobs or accept offers of employment. The women reported that there were long waiting lists for subsidized childcare, and spoke of the additional challenges if they worked at times outside of the normal 9-5 work week. For many of the women, this significantly restricted their potential to get paid work.

> "There is a huge waiting list for subsidized daycare."

This statement is well supported by findings from the Child Care Coalition of Manitoba, which found that in fact the total number of children on waiting lists for regulated centre-based childcare in Winnipeg is greater than the total number of childcare spaces (Prentice & Isaac, 2006). Provinces are responsible for the administration of regulated childcare and although services vary most provinces have insufficient resources to meet the demand and need for childcare (Friendly, 2004).

Housing

Housing was consistently identified as a major concern for the women participating in this study. Safe and affordable housing was reported as one of the most critical elements for women to feel personally safe, and confident that their children would be safe and well cared for, which is consistent with findings in McCracken and Watson's (2004) study. Yet, many women shared stories about the lack of safety, security, and health in their housing experiences.

> "You should have seen the houses I had to live in; ants biting my babies; ants crawling in our beds; mice running over, because I get $310 for rent."

The cost of housing was the biggest factor. Women were forced to rent substandard homes in order to stay within their fixed budget. The women shared stories of renting houses because the rent was low; however, they ended up paying utility bills that far exceeded the cost of their rent.

> "My rent was only $211, but I was paying $900 a month on utilities."

The women called for more subsidized housing. Where available, subsidized housing provided affordable housing for the women and also provided adequate play areas for their children. The women spoke about the importance of clean and available community centres and playgrounds for their children near to their housing complexes, which reflects the findings of other studies cited in this report. There were many positive experiences shared about the benefits of Manitoba Housing, however the women were clear that their success with Manitoba Housing was dependent upon the effort exerted by Manitoba Housing staff at each site to monitor and maintain that particular housing complex. While many were well-maintained and cared for, there were others that the women felt were substandard.

> "They should be informed about the conditions, bad places should be black listed and they should know if it is child friendly. Some buildings are not safe for kids and they should know that."

Rural women believed the cost of housing was cheaper in their communities, and saw this as an important feature in remaining in a rural setting.

Food Security

Many of the women relied on the services of the Family Resource Centres (FRCs) to assist them in

providing nutritious food for their families. The women expressed feeling inadequate because they often had insufficient money to supply enough food, clothing and shelter for their families. Many questioned why they could not have a more liberal right to use to food banks, or why the basic items they need to care for their children such as formula and diapers were not readily available. Food banks are charitable organizations relying on donations for inventory and establish their own processes for distributing food that may not adequately meet the demand of users (Power, 2005). This speaks to the precariousness of relying on food banks to address the demands for basic necessities and the growing problem of food insecurity. Similar to what is described in the literature, women in this study describe the food sources they often had to rely on as not being adequate in providing nutritious and healthy food that the women wanted in order to promote their children's optimal growth and development.

> "They need a food bank like Harvest, right here in rural communities. Emergency food is not balanced, not healthy."

Service providers agreed with the notion that women using the FRCs had trouble providing food for their families. However, they cautioned that food banks were not the only solution to this problem. The issue was broader because the women did not have sufficient money to cover the costs of providing for their children, providing healthy food being only one component. Participants in this study considered food banks to be a band-aid solution for the real problem of insufficient money and resources available to the women to care for their children.

> "Society is okay with poverty, with a social system that leaves people behind, relying on food banks and social structures like assistance, child and family services."

The FRCs offered a variety of services to support the needs of low-income women with children. These included emergency food services, the availability of healthy snacks and meals, and food purchased in bulk and offered at an affordable costs. The FRCs had small "stores" that provided necessities such as diapers or canned foods at prices that were equivalent to unit costs from bulk purchasing. The emergency food program did not replace food banks or provide a balanced basket of foods, rather the program provided items such as an emergency loaf of bread. Although women appreciated the services available, they reported that they were often inadequate in meeting their families' food needs.

In both the rural and urban sites, women reported that it was degrading to rely on the food banks as their main source for food. Women reported that they felt uncomfortable at the food bank and some believed that they were judged as inadequate in their inability to provide for their family's food needs. Some thought that they were purposely given dented food cans and lower quality goods than other families who used the food bank. The topic of access to healthy foods generated considerable discussion. Women spoke of their concerns, as well as expressing concern for women in remote and isolated communities where the cost of food could be significantly inflated.

> "It is not our issue because we are not remote, but it's still an issue because I know that a bottle of beer costs the same in Lac du Bonnet, in Winnipeg, in Thompson and Pukatawagan. A quart of milk is significantly different as you travel north."

Education

In the two Winnipeg family resource centres (FRCs), the majority of the women in this study did not have Grade 12 education. Conversely, the majority of the women in the rural FRCs did have a Grade 12 education or higher. Interestingly,

fewer rural women participants relied on social assistance as their source of income, and their reported incomes were higher than their urban counterparts. Most rural women reported that they either had jobs or received financial support from family members.

Regardless of their level of education, women consistently expressed that they considered education valuable. They associated advanced education with better employment opportunities and income. As indicated in the literature cited in this report, literacy and skills upgrading are essential to obtaining higher paying jobs. However, women said that with family responsibilities it was not practical for them to complete high school, much less obtain the level of education necessary for a good paying job. Their age, special education needs, childcare, and transportation contributed to the difficulties. Many women expressed a desire to complete their grade 12, but felt they did not have the right supports to do this. Some asked why the courses could not be delivered by the FRCs. The women expressed concern that they could not receive social support if they pursued programs (for particular certificates, diplomas or degrees) outside the parameters of those allowed through policy. However, the women also felt that many of the courses that were available to them, such as resume and interview skills, were not addressing their main needs.

> "They don't need resume writing, they need to get their children's lives balanced; they need to have their personal health taken care of; and then they will have the capability of presenting themselves well in an interview."

In addition to a desire for the opportunity to participate in formal education programs, the women consistently reported a need for education on practical topics such as childcare, parenting, budgeting, and household management. They also expressed a need to be more aware of how the social system worked, what programs were available and what their rights were in using these programs. The women reported that access to certain types of programs helped them to develop better parenting skills and improve their ability to cope.

> "Since I took that class, I look forward to tomorrow. I can handle the situations. I can deal with the problems. I don't scream as much, raising my voice to my kids."

Access to Social Programs and Services

In both the rural and urban sites, participants expressed concerns about isolation. The effect of isolation was compounded for women who could not get to family resource centres (FRCs) because they did not have transportation, were not aware of the services, or did not reach out for community supports because of mental health issues. Transportation was consistently identified as a barrier to women getting services and resources such as food, education, childcare, medical care, and employment opportunities. Interestingly, this was true of both the urban and rural sites, despite Winnipeg's public transportation system. Women in Winnipeg (both sites) reported that they could not afford the cost of buses and often had to request bus tickets from the FRC in order to get to appointments. Many noted that in the summer it was easier to walk than to rely on public transit. The women spoke about the value of the FRCs in providing resources such as bus tickets or other transportation support on an 'as needed' basis. Staff also noted transportation as an issue that could affect the health outcomes of the families. They believed that if the FRC could offer transportation, it might improve women's ability to make use of a wide variety of services.

> "A better transportation system could be out of our facility so clients can access services such as dentists, optometrists, specialists, OT, PT, social assistance offices."

For rural women, going to certain services and programs required that they make a day trip to Winnipeg or another rural community. For example some women seek help from Legal Aid to protect the interests of their children. This posed a challenge concerning the time they needed to take off work and the cost of getting to their appointment in Winnipeg. Similarly, just getting to another small town is difficult: another example is related to services provided in rural communities, but still required transportation from one community to another.

> "You apply through Beausejour to get welfare here. We had no money so we had no gas (to get there) so what can we do?"

Many women have no car or truck to use outreach services elsewhere. Therefore offering services outside of their communities without transportation, was not a viable solution. Rural women also spoke about the increased telephone and communication costs they have. They reported that long distance calls were needed to reach social services, and they often got bounced from department to department when they called for support.

> "Even if you phone for one simple question they give you the runaround and by the time you get to the last person, they don't know how to help and the calls are long distance not toll free."

At the Winnipeg sites, the women said that the telephone available to them is one of the most valued services provided by the centres. Most women living rurally did have a telephone they could use.

Despite these factors, rural women believed that it was better than the challenges they would face in the city. Findings in the extensive research study "Rural, Remote and Northern Women's Health: Policy and Research Directions" identified that while rural settings are diverse and unique, they share commonalities that could be termed a 'rural culture'. Women revealed that there were both positive and negative aspects of living in rural areas that influenced their health and well-being (Sutherns et al., 2004). Similarly in the national study by Sutherns et al. (2004) women identified advantages to rural living as including better access to housing and increased understanding of their needs and the services available to them.

> "The advantage of being in a small community, where everyone knows everyone, as it allows for informal referrals that lead to client's who wouldn't have accessed the services otherwise."

The women said that they received extended health and education coverage through social assistance. While this coverage was limited, they also recognized that they would be unable to afford education or health coverage if they were not on social assistance. For example, there is some coverage for extended health care such as prescriptions drugs, dental, and eye care available to families while on social assistance, whereas the low-wage jobs the women had held in the past did not include benefit packages. Without extended health benefits women believed that potential employment opportunities would restrict rather than enhance their ability to adequately provide for their families. Service providers also raised this concern, one provider in particular stated:

> "There is a lack of social assistance benefits for the working poor. We had some extra money and paid for glasses and some dental for them and this girl is looking around and says 'I can see! I can see!'"

As Reid and Tom (2006) assert experiences of stigma can result in women expressing discontent with available social services but they can also contribute to feelings of powerlessness. Furthermore, it was revealed in this study that the women consistently reported difficulties dealing with

government organizations and other community agencies. The agencies are large bureaucracies that are complex to navigate and understand. The women feel helpless and voiceless within the large structures, yet were controlled by them. The women spoke of not fully understanding their rights, and having difficulty finding information.

> "They (government services) do not provide you with enough information about what your rights are and what you should have access to."

In many cases, women believed that the service providers within these organizations treated them with prejudice and disrespect. As McIntyre et al's (2003) study found, the felt experience of low-income mothers revealed experiences of isolation and dependency, and that social service workers did not really care about them. Similarly, in this study, women spoke of their sense of being judged, evaluated, and discriminated against in their legitimate use of programs and services. The women perceived that they were unimportant to the people that they were working with.

> "There is such a false negative stigma about people on social assistance, oh they don't want to work. They're lazy."

The women identified the need for providers to understand how to navigate all the rules and complexities of the system, while ensuring that their clients' needs were met. They expressed concerns that agencies were too rule-based and lacked understanding of the issues faced by the women using the services. Inadequate understanding of the lives of individuals constrained by the system, resulted in the need for women to find ways to work within it, even if it resulted in breaking some of the rules.

> "Sometimes it seems like the systems are set up to perpetuate people to stay within the system but just to find better ways to negotiate through it."

For example, one woman reported that her children's father was not allowed to live with them, if she was to receive social assistance. During times of reconciliation with her partner, she had to lie about whether he stayed in their home. Women who reconciled with their partners were forced into situations of economic dependency on a partner who may have had a history of failing them and their children, or with whom they have not established a full sense of security.

The women also discussed social assistance as a disincentive, encouraging them to accept the minimal support available, and to struggle in their efforts to get ahead. Several women spoke about how difficult it was for them to get good work. They often worked in jobs that were minimum wage positions, where they did not make sufficient money to care for their families. They felt trapped by the system, but believed the situation worsened if they worked for pay.

> "You guys (social assistance) just took my cheque and deducted everything off and last month I only got a cheque for 45 dollars. My daycare this month cost $80. Where is the work incentive that I was supposed to get for having a job?"

The 'costs' associated with working, including childcare, contributed to women's dependence on social assistance.

Immigrant women reported facing unique struggles. Although they spoke of challenges with government services and agencies that were similar to the other women, these were compounded because of their immigrant status. One of the most basic issues was communication, as new immigrants often did not speak or read English fluently. The women believed that there was a general lack of understanding in the social system about the needs of immigrant families as they were starting their lives in Canada.

> "Imagine coming to a country and you don't have the language and you don't have the culture and you're trying to struggle through these forms."

Immigrant women spoke of the system making them dependent on men. They reported that they did not qualify for social programs, yet they often had limited incomes and many needs as they settled in new communities. As Galabuzi (2004) highlights exploitation and exclusion place a significant stress on racialized and immigrant women who are often employed in low-paying and precarious work in addition to carrying the bulk of care giving and household responsibilities. For those coming with a partner, they expressed concern about their lack of security working in Canada. If their partner was injured or unable to work, immigrants may not be eligible for unemployment or social assistance as would be other Canadians.

Aboriginal women also spoke of their unique needs. In particular, they expressed concern about a lack of understanding of Aboriginal history and treaty rights. They also believed that they were discriminated against and treated with racism in their interactions within the system.

> "They (school system) make you feel like you're a stupid Indian or a bad parent because you are a single parent."

Aboriginal women felt caught in jurisdictional disputes regarding the right to social programs. An example was medical and dental services, which were fully covered for individuals with Treaty Status. However, many Aboriginal women did not have Treaty Status.

> "Government people do not understand treaty issues. Not all Aboriginal people are covered by treaty."

Summary

In summary, strong community supports are vital to low-income with children. FRCs provide invaluable services to women and their families and their resources are continually stretched in their efforts to meet ongoing support, health and resource needs within their communities. Women in this study speak highly of the FRCs and staff in their areas, despite their limited resources. When reflecting on their experiences as women with children living in poverty, participants in this study have drawn attention to many limitations in existing policies, programs and services that impact their lives as well as opportunities for change and improvement.

The research findings have brought out several common themes among women and service providers in both the rural and urban FRCs. Their assertions, which are supported by existing literature in this area, include concerns about available resources provided to them through existing housing, social assistance, childcare and food security programs. Available health and social services are difficult to reach due to transportation or long distances costs. Social programs and policies can often in fact complicate rather than support women in exiting poverty both through the limited availability of resources and through repeated stigmatizing interactions with social service providers. These women value opportunities to develop strong social support networks in their communities and making use of programs and services at FRCs and establish supportive relationships with FRC staff. Moreover, these women are passionate about the health and well-being of their children and express a desire to make decisions they feel are in the best interests of their families in light of the resources and opportunities available to them.

Policy Implications

The findings from this study indicate that there are a number of potential opportunities for improving health and social service policies and programs related to the experiences of low-income women with children. The main themes in this report are separate topics, however, it cannot be overstated that the issues and concerns addressed in each theme intersect with and influence important issues arising in other themes discussed in this report. Key policy considerations related to the major themes of the study findings: 'access to social programs and services', 'housing', 'childcare', 'food security', 'education', and 'a safe and nurturing place to go' will be highlighted at the beginning of each section, followed by a more detailed discussion of these issues. While the influences and impact may vary, the issues raised in each of the themes identified are important to both rural and urban low-income women with children.

Access to Health and Social Services

Key policy considerations identified by study participants:

- There is a lack of coordination and continuity between health and social services.
- Isolation is a major concern and barriers to using services is also linked to costs associated with transportation and phone services as well as the location of services.
- Information about programs and services is inconsistent and difficult to understand.
- Negative and stigmatizing interactions with service providers are barriers to obtaining needed services.
- Policies and rules that guide social program administration are too rigid and do not reflect the complexities of the lived realities of low-income women with children.

The women spoke of the need for improved coordination and integration in the delivery of health and social services. They reported that services were operated in silos, which did not communicate effectively with one another or the individuals with whom they were working. The need for social services to be integrated has also been identified in the literature (McLennan et al., 2003). A current initiative by the Winnipeg Regional Health Authority (WRHA), Manitoba Health and Manitoba Family Services and Housing (FSH) is examining the possibilities of integrating health and social services in different community areas through the creation of access models (WRHA). The vision of the WRHA and FSH is to offer more efficient, effective and holistic services that better meet the needs of the individual and family (WRHA). Consistent with findings in this study, continuing efforts to identify opportunities for integrating health and social services and including community input at all phases of the development and implementation of these access sites can help reduce some barriers that are experienced by low-income women.

The women in this study also identified the need to be able to obtain services and information in a straightforward manner, with information that was easy for them to understand. Part of the service integration plan in Manitoba is the development of one-stop access centres that provide the public with information, support and resources that meet and respond to their needs (WRHA). This process is dependent upon strong collaborative relationships with community members and approaches that promote individual and community well-being (WRHA). McLennan et al (2003) suggest that the reorganization of services must improve clinical and functional outcomes by

increasing effectiveness, meeting the needs of underserved populations and improving the timing of service delivery. They identify the need for services to be rigorously evaluated, in order to ascertain their effectiveness and ensure that additional barriers have not been implemented.

Transportation is an issue that is significantly intertwined with access to health and social services. Many services (i.e. food banks, health clinics and legal aid) are located in other areas of the city or in other towns which requires that women and their families are able to find reliable and affordable transportation in order to make use of them. For women in urban neighbourhoods, a costly and inefficient public transit system is a significant concern. For women in rural areas, travel costs for trips out of town as well as the cost of using and maintaining a car are key issues that they identified.

In addition to transportation, the cost of phone services created another challenge to using services. For example, many rural women needed to make expensive long-distance phone calls during business hours to get in touch with service providers in the city, and calls were often 'bounced around' from department to department to find the person they need to talk to. As Donner (2002) notes, phone services are linked to health because they allow for routine contact with necessary care providers and agencies, are necessary for emergencies, and reduce social isolation. Women in rural centres also indicated that in order for them to attend appointments in the city often required that they take a day away from other duties which is difficult for them. Government departments such as health, social services, utilities and transportation should consider the possibility of joint efforts to improve the utility of necessary health and social resources for low-income women.

Low-income women frequently have negative interactions with the health and social system related to ease of use, a lack of continuity in service provision, information that is inconsistent, and lack of respect and caring by providers (Green, 2001). The women in this study noted that interactions with service providers at many organizations and agencies were often demeaning which caused them a great deal of stress. The women wanted the agencies and organizations to be accountable in their interactions with individuals, and most importantly, the women wanted to be treated with respect. Green's study (2001) included a valuable recommendation to provide training for service providers regarding the unique needs and challenges of low-income women as a means to address negative interactions within the social service system.

There is a need for current services to better reflect and understand the lives of low-income women with children. According to the National Council of Welfare (2006) single women with children had the highest poverty rates of any family type. In 2003, single women with children living in poverty were the family type most likely to rely on welfare as their primary form of income although the percentage of these families that relied on employment earnings nearly equaled the number of those receiving social assistance (National Council of Welfare, 2006). Social assistance rates across Canada are too low to lift recipients out of poverty. Moreover, almost half of the working poor receive no benefits from unemployment insurance or social assistance (Economic Council of Canada, 1992, p. 37). Compared with other industrialized countries, Canada spends a relatively small proportion of its wealth on income support for the poor (Economic Council of Canada, 1992). Current income assistance services serve to marginalize women from the means to improve their lives and reinforce their current state of poverty.

Unsurprisingly, the women believed that the current system made them more dependent, set them up for failure, devalued them and contributed to their discrimination. McIntyre, et al. (2003) reported that the low-income mothers they interviewed felt alone and did not believe that the professionals with whom they interacted cared about their well-being. Women in this study shared that their efforts to improve their financial situation to adequately provide for their families were constrained by the system. Many women felt the need to hide things (ie. living arrangements) or lie to service providers in order to obtain many of the basic resources they required for their families, which negatively affected their self-perception and feelings of self-efficacy. They believed that the current system made them more dependent, set them up for failure, devalued them and contributed to their discrimination.

Housing

Key policy considerations identified by study participants:

- Safe, good quality and affordable housing is a major concern related to the health and well-being of women and their children
- Low-rent private housing was typically of poor quality and often the cost of necessary utilities including heat, electricity and water exceeded the cost of rent
- There is a need for more subsidized housing and cooperative housing
- There are inconsistencies between subsidized housing complexes with respect to quality and safety.

Green (2001) recommends that health policy and women's programming be more responsive, support women to develop skills, and increase the availability of adequate childcare and housing. These issues are highlighted in numerous studies. McCracken and Watson's (2004) study "Women need safe, stable, affordable housing: a study of social housing, private rental housing and co-op housing in Winnipeg" emphasizes the application of a "gender and diversity lens" in developing housing policy for low-income women that could address issues of substantive equality or equity for women. The application of a "gender and diversity lens" approach can serve to inform governments, policy-makers and community leaders about women's specific, gendered housing needs and which housing models and practices will better meet women's needs. Community-based organizations need to be adequately funded to assist women to find good quality low-income housing. Stable housing enhances women's safety, because getting to know neighbours is essential to building social supports, promoting safety and building community.

Childcare

Key policy considerations identified by study participants:

- Feeling trapped and isolated because of their childcare responsibilities. Many women did not have a reliable and trustworthy person or place that could provide childcare when it was needed.
- Childcare problems might lead to Child and Family Services interventions and this is a major concern to many women in particular because of previous personal experiences with this system.
- Difficulties in finding childcare significantly affected opportunities to look for paid work and accept offers of employment or attend health or social service appointments
- There are long waiting lists for subsidized daycare and additional challenges if childcare was needed outside of regular business hours.

Lack of childcare was another issue that impeded the women's capacity to work. The women believed the system would be more helpful if it was structured to support them in their efforts to work,

to increase their education, and to care for their children. Available licensed childcare in Manitoba is extremely limited (Prentice & Isaac, 2006). An example of how services often do not reflect the needs of low-income women can be found in advice provided to families regarding setting up childcare arrangements. Manitoba Family Services and Housing advises families to have a 'solid back-up plan' when they are in need of emergency childcare, by way of a support person who can provide childcare on short term notice (Employment and Income Assistance Facts: Child Care). This recommendation clearly presents problems for families where 'back up' support is often not an option. The women in this study identify that finding a reliable and trustworthy person to care for their children is a significant concern. Furthermore, women continue to perform a disproportionate share of childcare that is not only unpaid but impairs their status in the labour market (CRIAW, 2005).

Women in this study identified that many of the daily decisions they make include decisions about childcare and related activities including pursuing employment and education are linked to ensuring that they can provide the best care possible for their children given the resources they have. As already indicated a primary childcare issue identified in this study is that many low-income mothers do not have a reliable, trustworthy source of childcare available to them. The women in this study identified that they were concerned that childcare problems could result in involvement from Child and Family Services. Experiences within the Child and Family Service system continue to influence childcare decisions. Fear and a lack of trust in social service systems remain significant challenges, which influence the mothers' daily childcare decisions.

High quality, affordable, accessible childcare programs are essential to the health and well-being of children and their mothers. Childcare in Canada is under resourced and the number of children in need of childcare spaces far exceeds the number of available licensed spaces in Manitoba (Prentice & Isaac, 2006). The limited capacity of the existing subsidy plan to meet the needs of low-income families, a lack of available quality childcare spaces and daily surcharge costs are three of many opportunities for change that can take place within the Manitoba childcare system (Child Care Coalition of Manitoba, 2001). Federal government support for provincial improvements is also essential and existing federal support for affordable childcare programs are far from sufficient. It is important not to confuse the federal Conservative party's implementation of a 'universal childcare benefit' with the concept of universally accessible childcare. Each has a dramatically different set of implications for low-income women and their families with respect to the availability of affordable, quality childcare. Low-income women with children receive very little benefit from this current childcare plan.

More than three decades after a 1970 Royal Commission report recommending the implementation of a national childcare plan and several failed government initiatives, Canada still lags far behind other industrialized nations in the delivery of childcare services. In fact, a recent publication by the Canadian Press (2007) notes that Canada ranks last in early childhood education spending among 30 countries in an Organization for Economic Co-operation and Development (OECD) report. In addition to the role of primary caregiver, many women are also faced with the responsibility of being a primary wage earner. Without accessible childcare, low-income women will continue to be economically marginalized and excluded from full participation in public life

(Tyyska, 2001). A nationally organized childcare program adequately supported by both federal and provincial governments, not only supports early childhood development, it has the potential to facilitate the efforts of low-income women in finding meaningful employment while being able to ensure that there is reliable and quality care for their children.

Food security

Key policy considerations identified by study participants:

- Food provided by emergency or supplementary food programs such as food banks and through FRCs often is not sufficient to meet food volume and nutritional demands of low-income women and their families.
- Food banks and emergency food programs are band-aid solutions to the root causes of food shortages which is an insufficient income and lack of resources available to women to care for their children
- Low-income families living in rural and remote areas faced even greater challenges to obtaining nutritional foods because of highly inflated food prices in these areas.

Over two decades ago, food banks were established as a temporary support measure for families who experienced food insecurity. However, the demand for food banks services has expanded dramatically; as a result, and available resources from food banks do not adequately provide enough safe and nutritious food for low-income families. Many FRCs also offer emergency food programs, but they are not meant to provide a stable and adequate supply of food to low-income families. Food insecurity, which includes, but is not limited to, being unable to obtain an adequate supply of nutritious food, is a significant issue for low-income women and their families.

It is important to note that from a community perspective, the issue of improper and inadequate nutrition is of great concern. In 2003, Hunger Count, a report published by the Canadian Association of Food Banks, indicated that food bank usage has increased 69.8 percent since 1997. In 2006, at just over 46 percent, Manitoba has the highest proportion of children in Canada who are food banks clients and at 3.78 percent, Manitoba ranks second among all provinces in food bank clients as a percentage of total population (Canadian Association of Food Banks, 2006). As noted earlier in this report, children are poor because their parents are poor (CRIAW, 2005).

Children that are most likely to experience hunger are members of single parent families headed by women with very low incomes (McIntyre, Connor & Warren, 2000). Adequate food intake is essential for healthy child development and poor nutrition can lead to difficulties in concentrating, problems in school and healthy growth and development is compromised (Whitney & Rady Rolfes, 2005). When making decisions regarding the allocation of available food resources in families, many low-income mothers often sacrifice their own nutritional needs to better meet the nutritional demands of their children (McIntyre et al., 2003).

Food expenses are variable and therefore are strongly related to the costs of other necessary living expenses such as rent and utilities. As a result, food expenditures are cut to meet these other budget demands. Nutritious food was identified as being costly, particularly in remote regions, and as such, often difficult to obtain on a limited budget. Adequate income support programs or supplements for low-wage earners can be considered as a means to ensure that low-income women and their children can have an adequate supply of safe and nutritious food. Food banks are not the

solution to food insecurity; they are a stopgap measure that cannot sufficiently compensate for a lack of much needed improvements in government income and social support services.

While a continued over-reliance on food bank resources is not suggested, considering changes to service delivery and opportunities for including service users to help out with these programs was identified as a potential opportunity for change in this study. Women expressed that the process of receiving food and supplies from food banks was arduous and insufficient to meet their needs. In considering whether to use the food bank, the time and cost it takes to get there may be weighed against the type and amount of food available. It was also noted that they experienced a significant amount of stigma associated with using the food bank. The women suggested that they would be willing to volunteer their time helping out at the food bank in exchange for improved access to food and supplies.

Education

Key policy considerations identified by study participants:

- While many of the study participants had not completed secondary school, education is of high value to them, however issues of accessibility and family responsibilities often impede their opportunities for educational upgrading
- Family Resource Centre programming on practical issues such as parenting, budgeting and household management is viewed as relevant, practical and useful
- More education and knowledge on how the social system works is needed

Achieving higher education does not ensure that women will not be poor, however there is a definite link between education and a lower prevalence of poverty (Lochhead & Scott, 2000). The women in this study placed a high value on education and many indicated that they would like to obtain a high school diploma or go on to post-secondary education, however they identified that there were many impediments to achieving these goals. In addition to flexible program options, childcare, income support and transportation again are key issues to consider in strengthening opportunities for low-income women with children to participate in formal education.

In addition to formal education, practical education is important in the lives of low-income women with children. FRC educational programs, such as budgeting and parenting workshops attend to the immediate needs of women. Adults value education that is personally meaningful and relevant to their lives. In particular, the women in this study have identified FRCs as supportive environments where women can gain knowledge about community resources that are available to them. As noted earlier in this report FRCs would like to expand their programs and services to reach more people in the community. FRCs serve as a hub for learning about community services and providing practical educational programs that are available to low-income women.

A Safe and Nurturing Place To Go

Key policy considerations identified by study participants:

- Family Resource Centres (FRCs) deliver a variety of helpful community-based programs and services for low-income women and children as well as being a place to develop strong social support networks.
- FRCs provide a safe and nurturing environment for their children and as a place where they can learn about healthy child development.
- Respectful and non-judgmental support from staff are one of the main strengths of FRCs.

- FRCs are constrained by financial and infrastructure limitations which limit their ability to provide adequate and holistic services to meet the needs of the women and children.
- FRCs cannot provide specialty services such as mental health services and childcare which are significant needs in their communities.
- FRCs need to ensure that community members are consulted in the development and delivery of programs and services.
- Communities can benefit from expanded hours and FRC programs. New programs should be diverse to reflect the needs of the communities they serve and include gender-based programming.

FRCs provide an invaluable array of services and programs to communities including parenting, life skills, and providing emergency food and household items. In addition, the women in this study value the respectful, non-judgmental staff, the opportunity to learn to navigate social systems and obtain needed services, and the support networks they can develop with other community members. FRCs are regarded as safe and supportive places that can help improve the health, development and well-being of low-income women and their families.

FRCs are places where women with few resources can develop stronger systems of support to help raise their families. FRC service providers are highly valued by the women in this study because they are compassionate and non-judgmental and have good insider knowledge of the lives of low-income women and the complex and often stigmatizing experiences of poverty and reliance on social assistance. Expanded FRC programs and hours of service that can address a broader range of community needs are in high demand, however FRC providers clearly indicate that budget and space limitations are significant challenges to growth. Consistent and reliable funding is needed for FRCs to provide services to communities.

Service providers are acutely aware of the restricted capabilities of FRCs in providing much needed health and social services and see a need for improved specialized government services, particularly in the areas of mental health and childcare. In developing health and social services that better meet the needs of low-income families, community consultation and participation in the delivery of services including health and early childhood education programs are recognized as an effective approach (Canadian Press, WRHA, 2007). FRC are organizations where community consultation is an established practice, and service providers identified this as crucial to their success. Furthermore, service users and providers possess strong locally-based knowledge of the health and social needs of the community.
This study highlights that FRCs offer many programs and services that support good health and well-being to low-income women with children and are tremendous assets to the communities they serve. FRCs are centres of opportunity and could further add value to their communities with expanded resources for additional programming and longer hours of operation. In addition, FRCs, which operate on empowerment-based models of service that emphasize community participation, can provide valuable assistance to government services in becoming more responsive to the needs of low-income women and their families.

Rural and Urban Women in this Research

The needs of low-income women in rural and urban environments must be considered separately. The women in this study that lived in rural communities faced considerably more difficulty in reaching services and resources, which tended to be centrally located in urban centres. To do so was not only time consuming, but often resulted

in the women incurring additional costs related to transportation or long distance communication. However, the issue of getting to services was not only a problem in rural areas; the participants from the urban FRCs also spoke of similar concerns. Lack of transportation impeded the women's access to services and resources such as food, education, childcare, medical care, and employment opportunities. Similar to the participants in this study, Silver et al. (n.d. b) reported that individuals they spoke with valued FRCs that offered free or low cost programs and bus tickets for transportation.

As health providers and policy-makers it is critical to determine how to best support low-income women. The women spoke passionately about the issues that influenced their lives and were important to them. The empowerment of these women benefits the health of their children and ultimately is advantageous for society. For these reasons, a great deal more research is needed. Research regarding the impact of FRCs on the community, the effectiveness of their programming and services, and their impact on the health outcomes of families must be undertaken. One unique example of an area for further research that was identified in this study was the increasing use of FRCs by men. Despite increasing participation levels, it was not clear why the male participants went to the FRCs or whether the programs assisted them in their relationships with their partners and children. FRCs are valuable community resources and can offer insights into how to incorporate community consultation and participation in developing responsive programs and services. In addition, government agencies that provide services to low-income women with children have many opportunities to review policies and service delivery to better meet the needs of low-income women with children. Addressing the complex needs of women living in poverty requires an integrated effort involving many departments and levels of government.

Recommendations for Action

Improving Programs and Services

- Regularly review government social services to ensure that they are meeting the needs of those they serve and that support services are integrated.
- Review the performance of government social service providers to ensure that they are respectful and supportive.
- Offer training and support to social service providers regarding the complexities and challenges that low-income women experience in caring for their families and how to build effective working relationships with these women.
- Ensure that processes are in place to evaluate and monitor all government service/client communications.
- Provide more information and resources in clear and concise language to the people who use government services to inform them about their options and their rights. A reference book and/or service would be useful.

Strengthening Public Resources

- Develop social programs that support the transition of low-income women to more financially stable living situations rather than reinforce a dependency cycle on social supports.
- Expand supplementary health and dental coverage benefits for women working in contract, part time or low wage work.
- Ensure that affordable housing is available and that living conditions are conducive to raising healthy young children. Increase the number of public and collective housing units.
- Ensure that childcare is available for women who choose to explore the job market or participate in education programs to upgrade their employment skills.
- Ensure childcare support is available for women who are full time parents and require respite from time to time.
- Federal, provincial and territorial governments should work together to re-introduce a strategy to implement a national system of childcare that is accessible to everyone and ensure that this initiative is appropriately funded.
- Improve the availability of formal and practical education services as well as skills training to women in poverty.
- Develop social assistance programs that support food security for low-income women and their families instead of continuing to over rely on charitable organizations to assume the bulk of this responsibility.
- Increase and strengthen programming in the areas of mental health, addictions and domestic violence.
- Provide consistent and substantial funding to Family Resource Centres to support valuable programs and services that enhance the capacity of communities and families.
- Develop health and social policies that address the need for all citizens to have access to reliable and affordable transportation and phone services.

Increasing Public Awareness

- Develop initiatives that address the stigma experienced by women living in poverty. Expand societal view of productivity such that women raising children are treated equally, with respect and dignity.
- Raise public awareness of the social and economic value of raising children and building a healthy and productive community.

Building Partnerships

- Ensure that initiatives to transform programs and policies for low-income women include their input and participation at all stages of the change and implementation processes.
- Regularly consult with social and health service users regarding the efficiency and value of health and social programs.
- Ensure that gender and cultural analysis are factored in to the policy-making and program development process such that services are more responsive to the unique needs of women, recent immigrants, members of visible minority groups and Aboriginal peoples.

Opportunities for Empowerment/Future Directions

Low-income women with children face significant challenges in Manitoba in caring for their children. The findings in this study describe women's experiences and concerns about the social and health service programs that directly influence their health, economic and social well-being including issues regarding access to health and social services, housing, childcare, food security, education, and the value of resource centre service providers and programs in the lives of low-income women in both rural and urban communities. The complexity and interrelated nature of these key issues create a context for understanding the everyday challenges that low-income women experience in caring for themselves and their families. The breadth of issues discussed in this report can form the basis for further investigation into specific social policy and programs to determine opportunities for change. This study is grounded in the insights of the participants and we strongly recommend that low-income women with children should be invited to meaningfully participate in all levels of the change process. We hope this report will help to inform policy-makers about the impact of existing programs and services on the lives of low-income women and their families as well as important issues to consider in the transformation of these policies and programs such that they can function as opportunities to assist women in changing their experiences of poverty and social exclusion rather than complicating it.

This report highlights the value of family resource centre (FRC) service providers and programs in the lives of low-income women and their families and the need to enhance and support FRCs in strengthening communities. Future research into the role and function of family resources centres within rural and urban communities may elucidate opportunities to expand programs and services to reach a broader range of community members. Most importantly, this research is intended to be a resource to the participants in this study to become more empowered citizens through the development of locally-based social action initiatives. Future opportunities exist for community economic development projects, advocacy, and further research. Improving the health and well-being of low-income women and their families requires commitment and collaboration between many stakeholders through active and informed partnerships between low-income women, community agencies and service providers as well as policy-makers in relevant government departments at the municipal, provincial and federal levels.

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Appendix A: Family Resource Centres

Lac Du Bonnet, Manitoba
Mrs. Lucci's Resource Centre
Mission:
Hoping to foster the development of a healthy community.
Contact Information
Box 809
Lac du Bonnet, MB ROE 1A0
Phone: 204-345-9909 Fax: 204- 345-0037

Steinbach, Manitoba
Anna's House Family Resource Centre
Mission: The Mission of Anna's House is to have a place in the community where families and their children can access information and support to facilitate spiritual, mental, and physical wellness, while maintaining cultural integrity.
Vision: Anna's House strives to set a standard of excellence and leadership as a community driven organization that engages creative and innovative solutions to promote family wellness.
Contact Information:
B-11 Hwy 12 N
Steinbach, MB R5G 1T1
Phone: 204-346-0413 Fax: 204-346-0417
Email: annashouse@mts.net Website: annashouse.ca

Winnipeg, Manitoba
Andrews Street Family Centre
Mission: ASFC's mandate is to be a family resource centre that builds on its community's strengths and encourages its individuals, children, elders, families and youth to reach their full potential through support, friendship and positive experiences.
Vision: The intent of Andrews Street Family Centre is to provide a focal point within the community where families can become involved in meaningful ways in resolving their own needs and the needs of the community as a whole.
Contact Information:
B-220 Andrews St.
Winnipeg, MB R2W 4T1
Phone: 204-589-1721 Fax: 204-589-7354
Email: asfc@manitobacapc.org

Wolseley Family Place
Mission: WFP offers holistic community-based services to help bridge the gap between existing services and the needs of the at-risk community.
Vision: WFP envisions healthy families living in the core area with equitable access to holistic social and health services that are appropriate to the community's needs.
Contact Information:
Lower Level, 691 Wolseley Ave.
Winnipeg, MB R3G 1C3
Phone: 204-788-8052 Fax: 204-772-6035
Email: wfp.admin@mts.net Website: www.wolseleyfamilyplace.com

Appendix B: Sample Research Questions for Focus Groups/Interviews

Focus Groups for Women with Children

Demographic Questions and Other Background Information

(Participants will complete a form containing the following questions during the focus groups. Co-facilitators will assist with this.)

Please fill out the following information to help us get to know a little about you. Everything you write here is confidential. Please ask the facilitators if the questions are not clear or you don't know what to put down as your answer.

1. What is your age?
2. Are you single, married, separated, divorced or common-law?
3. Are you a student? If so, what grade are you in (or what year are you in if currently attending university or college)? If not, what is your highest level of education?
4. How many children do you have?
5. Where do you live at this time?
6. Please identify the street, town, reserve name.
7. Is this an apartment, rental house, your own house, your parent's home, friends house or apartment, or other (please specify)?
8. How many people live with you? Please name your relationship to the other people who live with you (boyfriend, friend, parents, other relatives or other).
9. What are your sources of income? (For example: job, social assistance, family)
10. Do you know how much money you get each month, or each hour?
11. Are you working? If so, what do you do? If not working now, did you work before? What did you do? What types of jobs have you had in the past"
12. Do you have a doctor?
13. Who did you see for your care when you were pregnant?
14. Where do you go when you or your children are sick?
15. Please circle the health care professionals you have contact with?
    - nurse
    - physician
    - midwife
    - nutritionist
    - social worker
    - addictions counselor
    - counselor or therapist
    - other – please list _____

Questions to be asked of the entire group during the focus group with women with children:

1. Who takes care of your children? Who looks after them when you want to take a break? Who can you count on to help you?
2. What services do you use in this family resource centre? What do you do when you come here?
3. What did each of these people or services do for you? (Probe: review each of the named individuals or services)
4. Were these people or services helpful? (Probe: review each of the named individuals or services)
5. How were they helpful or not helpful?
6. What was missing that could have helped you? for example: what did you need that was missing?
7. Are there services/programs you don't use? Why not?
8. What would it take for you to uses these services/programs?
9. When do you come into contact with government? (Probe with examples)
10. Do you feel welcome? Are your kids welcome?
11. Are your needs being met by current government policy? (Probe: examples from question 9).
12. What policies need to change? In what way? (What suggestions do you have for policies that would be helpful for you?)
13. Who do you think would be best to talk to about these issues to have an impact?
14. Would you be interested in participating in a meeting? (as defined by the group)
15. Would you like to be contacted and how? (Refer to consent form).

Focus Groups with Providers and Volunteers

Demographic Information and Other Background Information for Providers and Volunteers

(Participants will complete a form containing the following questions during the focus group. Co-facilitators will assist with this.)

1. Have you ever used the services of (family resource centre)?
2. Do you have any children? How many?
3. Are you currently living on a low income?
4. Are you a student? If so, what grade are you in (or what year are you in of a university/college education program)? If not what is the highest level of education that you have attained? If yes, are you at (family resource centre) as part of your education?
5. Where do you live? Please identify the name of the city/town/reserve.

Focus Group Questions for Providers and Volunteers

1. Why did you decide to work here? Why do you continue to work here?
2. What are the positive things about the services that are available here?
3. What are the limitations about the services that are available here? (Probe: funding and external influences)
4. How would you describe the demographics of the women who come to (family resource centre)?
5. If you know of women who have not used the services here, who could have, why do you think that they have not? Where do you think they go for help?
6. What other services do you think are needed?
7. What else do you think (family resource centre) should provide?
8. What else do you think would be helpful for low-income women with children?
9. How do you let women know about your Centre? Do you need to advertise?
10. Are you aware of policies that are supportive of low income women with children? If so, what are they?
11. Are you aware of policies that are not supportive of low income women with children? For example, policies that are not working.
12. What suggestions do you have for policies that would be helpful for low-income women with children?