

**Re/Working Benefits:  
Continuation of Non-Cash Benefits  
Support for Single Mothers and Disabled Women**

**Tanis Doe and Doris Rajan  
with Claire Abbott**

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**Project Manager:** , Vesna Radulovic, Status of Women Canada

**Publishing Coordinator:** Cathy Hallsesey, Status of Women Canada

**Editing & Layout:** PMF Editorial Services Inc. / PMF Services de rédaction inc.

**Translation:** Linguistica

**Comparative read:** Christiane Ryan

**Translation Coordinator:** Monique Lefebvre, Status of Women Canada

**Translation Quality Control:** Lucie Mongeau, Status of Women Canada

### For more information contact:

Research Directorate

Status of Women Canada

123 Slater Street, 10<sup>th</sup> Floor

Ottawa, Ontario K1P 1H9

Telephone: (613) 995-7835

Facsimile: (613) 957-3359

TDD: (613) 996-1322

E-mail: [research@swc-cfc.gc.ca](mailto:research@swc-cfc.gc.ca)

## ABSTRACT

People with disabilities are eligible for social assistance including both monetary support for living costs and non-cash benefits to cover additional expenses related to being disabled. Single mothers who qualify are also eligible for an income support allowance and additional benefits, such as child-care or transportation subsidies. This research project proposed that, for many women on welfare, the cost of working was too expensive given the loss of all the non-cash benefits. Women with disabilities and single mothers were asked about the importance of non-cash benefits and what would help them to return to the work force. Disabled women and single mothers are often trapped by the important benefits that are only available while in receipt of income assistance. Some women would be able to earn the equivalent in a month but could never cover the additional costs of child care, transportation and housing. Using focus groups and data analysis, this report summarizes some of the non-cash benefits that could and should be available to women leaving the income support of welfare and joining the work force. Since the Canadian Health and Social Transfer replaced the Canada Assistance Plan, provinces have been given a range of options for spending money and administering programs. Dramatic policy changes occurred in British Columbia toward the end of the research that we think foreshadow problems to come in other provinces and, thus, we recommend that provinces take our analysis into consideration. British Columbia may now serve as a different kind of model for policy makers.

*I'm just grateful that you came to ask us these questions. ... I would like, in some way, to feel that I have contributed to it being a little easier for other women. If I can tell you what worked for me, and you can report that — our voice — to the government...then I think that's great (Single mother focus group participant, November 2001, British Columbia).*

There is the broader social objective too, of a decent quality of life for all, and most important individual self fulfillment for each. But the starting point for all this must certainly be an acceptable basic income. Without this, any person, any family is seriously handicapped from the beginning (Lalonde 1973: 4).

*I think that the resources that are made available for people with disabilities are an appalling and shameful chaos of criteria and eligibility requirements that some people fit into and other people don't fit into. It requires a tremendous amount of sophistication to even begin to navigate through the system to know where you might fit (Participant quoted in Roehrer 2001: 86).*

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## ABBREVIATIONS AND ACRONYMS

ACSD	Assistance for Children with Severe Disabilities
ADP	Assistive Devices Program
APA	American Psychological Association
CAP	Canada Assistance Plan
CCSD	Canadian Council on Social Development
CHST	Canada Health and Social Transfer
CIS	Centre for International Statistics
CSIL	Choice in Support for Independent Living
DB	Disability Benefits
FBA	Family Benefits Allowance
FHB	Family Health Benefits
FIP	Family Income Plan
GST	Goods and Services Tax
MHR	Ministry of Human Resources (British Columbia)
MOH	Ministry of Health (Saskatchewan)
MSP	Medical Services Plan
MSS	Ministry of Social Services (Saskatchewan)
MWE	Ministry of Women's Equality (British Columbia)
NCB	National Child Benefit
NCBS	National Child Benefit Supplement
NCW	National Council of Welfare
nd	no date
OAS	Old Age Security
OCCS	Ontario Child Care Supplement
ODSP	Ontario Disability Support Program
OW	Ontario Works
RIW	Resource intensity weight
SAP	Saskatchewan Assistance Plan
SCB	Saskatchewan Child Benefit
SES	Saskatchewan Employment Supplement



## PREFACE

Good public policy depends on good policy research. In recognition of this, Status of Women Canada instituted the Policy Research Fund in 1996. It supports independent policy research on issues linked to the public policy agenda and in need of gender-based analysis. Our objective is to enhance public debate on gender equality issues to enable individuals, organizations, policy makers and policy analysts to participate more effectively in the development of policy.

The focus of the research may be on long-term, emerging policy issues or short-term, urgent issues that require an analysis of their gender implications. Funding is awarded through an open, competitive call for proposals. A non-governmental, external committee plays a key role in identifying policy research priorities, selecting research proposals for funding and evaluating the final reports.

This policy research paper was proposed and developed under a call for proposals in September 2000, entitled *Women's Access to Sustained Employment with Adequate Benefits: Public Policy Solutions*. Other research projects funded by Status of Women Canada on this theme examine issues such as policy options for women in non-standard employment, improving working conditions among home day care providers, supports for single mothers and occupational health.

A complete list of the research projects funded under this call for proposals is included at the end of this report.

We thank all the researchers for their contribution to the public policy debate.

## ACKNOWLEDGMENTS

Women's work is often collaborative. This report is probably more collaborative than it appears from the names on the cover page. It would be unfair to leave out the myriad of women and children who contributed to this report, so I ask for your indulgence.

First, and most important, we need to thank all the women who shared their stories with us. We thank you for trusting us and helping make things better for other women. Without participants in this type of policy work, researchers would be limited to literature and statistics. We need the voices, faces and experiences of women to realize the actual impact of policies and numerical representations. We promise to do our best to circulate this report to the many people who can make a difference.

Second, the collaboration for this work was initially between Doris Rajan and myself, but we were blessed with the entrance of my former student, Claire Abbott in the middle of our project. Not only did she co-facilitate one of the focus groups, but she provided unsurpassed support in analyzing the transcripts, and drafting and editing the report. Doris Rajan was absolutely fabulous in doing this collaboration by distance, in transit and in moments between caring for her children and doing her other paid work. Claire helped us extract data from the B.C. Ministry of Health and provided a fresh look at our analysis, not to mention finding the missing CD just in the nick of time. Also, thank you to Kate Kaul who helped refine an earlier version of this report.

Third, perhaps the work of Amelia Ljunggren is the most hidden, yet the most supportive in our project. She worked with every woman participant to make sure her needs were met to attend our focus groups, planned all the meetings, did all the administrative and billing work, and brought Snapple™ to my home when I needed it. (Which was quite often.) Her children were enormously co-operative with their mother doing this work between dancing, skating, swimming and school taxi-ing/mothering. Amelia is both a disabled mother and a mother of a disabled child while being our amazing logistics co-ordinator.

There are some other people I need to thank. Two of my students from the Royal Roads University, Master of Arts in Leadership and Training program probably do not know this, but they kept me authentic. By being their supervisor for their thesis work, I was constantly reminded of the need to return to the initial research question, to return to the words of women, to return to the system, to return to my principles and values. Thank you Norma John and Anita Ferris for teaching me more than you will know. An added thanks to Anita Ferris for helping update the references and reworking sections!

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Beck Dysart was our patient and understanding project officer until she left on maternity leave and was replaced by equally supportive Vesna Radulovic. Jo Anne de Lepper was always helpful as are all the staff at Status of Women Canada. Thank you!

I have a network of supporting disabled mothers and children in my life from Colorado, Virginia and California. I need to thank them for Internet access when I visited, patience when I slept and advice throughout the last year when I seemed ready to give up. Corbett and Meecha, Laura and Robin, J.T. and Esme, Carrie, Heather and Ariana — I thank you.

Lynn Marie and Henry helped during one of the later rounds of edits as well!

Last, I want to acknowledge the role of my daughter Ann-Marie and our friend Rose Harding. Rose and Ann-Marie provide the home-based support that enables me to be an independent scholar, mother, disabled activist and not get trapped by the temptations of nine-to-five “real” jobs. They let me know that working at home is a positive choice for me. I hope they and other disabled young women find satisfying places in the world of work.

— Tanis Doe

## EXECUTIVE SUMMARY

This project was designed to assess the provision of non-cash benefits to women with disabilities and single mothers. The intent was to show the advantages — in both financial and human terms — of extending support while women are employed temporarily, part time or in home-based employment. We held focus groups in British Columbia and Ontario to ask women, who were either receiving income assistance or working, what benefits would mean to them. We also calculated the financial costs of returning to work. We now know that multiple intersecting areas must be adequately addressed for women attempting to re-enter the labour market. These criteria cannot and should not be separated or done piece by piece. To support women in part-time, temporary, self-employment or full-time re-entry, these issues must be addressed with co-ordination and effective communication. We are recommending provincial changes with the underlying principle that a unified national strategy would be more effective but less likely to occur.

### Recommendations

**1. Day Care Services.** Services to care for children while their mothers are working or in training must be expanded and efficiently funded to keep up with the demand. Increased training and wages for child-care support staff will help maintain higher quality staff in this profession. In addition, many women returning to work could consider child-care jobs to meet the increased need. Particularly in demand are infant care, 24-hour care and child care for sick children. Our research points out that care of children and adults with a disability, teenagers and older adults is needed in addition to traditional child care. Our recommendation is that eligibility for the child-care subsidy should be universal. In the absence of a universal entitlement, we suggest that women leaving income assistance be eligible for subsidization for children up to age 16, and after age 16 in special circumstances.

**2. Health Benefits.** Funding to cover the cost of prescription medications, durable medical equipment, dental work and optical services must be expanded so women earning income can afford to leave welfare. Home support for people with disabilities must not only be continued but potentially expanded since the needs of working people with disabilities may require different hours of service and types of services. We recommend that the provinces consider a more universal coverage and, at the very least, continue benefits for five years after leaving welfare. Currently, people with disabilities in British Columbia (Disability Benefits Level 2) are covered for life if they are eligible; this is a feasible option that has worked there and should be applied universally.

**3. Housing and Transportation.** Many low-cost housing and transportation options are only available to people while on social assistance. We recommend policy changes to support women who leave welfare for employment but still cannot afford market-value housing or the full cost of transportation. Provinces can develop annual bus passes or travel vouchers that will support women in the transition to work. We recommend a national system to ensure portable eligibility for housing, especially for women moving for a job.

This should continue for at least five years after discontinuing income assistance and be permanent for women with disabilities.

**4. Appropriate Job Training and Real Jobs.** Transition programs need to be available that are gender sensitive, aware of abuse issues and disability accessible. Flexibility must be assured so they provide part-time, in-and-out and sporadic participation for women with children and/or disabilities. These programs should be tied to labour market needs and identified interests of women. In the past, too many programs failed to provide training for actual jobs. Economic and community development programs should prioritize job creation for women leaving social assistance and not solely for university graduates.

**5. Guaranteed Income/Pension.** While we recommend a guaranteed income/pension be developed and implemented at the national level, we acknowledge that it might only happen if provinces comply. Women have argued that the means-tested and graduated income support would be unnecessary if there was a guaranteed minimum annual income provided universally. Women with disabilities and homemakers, in particular, argued for a permanent pension that provided a fixed (but indexed) amount to all. This would address both the stigma and the security issues that pervade the receipt of social assistance.

**6. Permanent Disability Designation.** We recommend that the provinces and the federal government develop one unified disability designation. This would allow a person to be given permanent access to services for disability-related needs without having to meet changing and different criteria in multiple jurisdictions. We recommend a redefinition of disability that is not based on employability or medical diagnosis but on self-identified functional limitation. Women (and men) with disabilities need to be consulted during the development of this type of designation. It should not increase stigma and limits; rather, the intent is to allow increased and sustained access to services in multiple jurisdictions.

**7. Debt Relief.** Many of the women we interviewed were terrified of leaving welfare due to the debts they had acquired while going to school. Any program that supports women's transition to work must consider their need for debt relief. There should be a national and provincial forgiveness program for mothers leaving welfare or, at the very least, a suspension of penalties and interest. Tax relief is often inappropriate if the women are not earning enough money to benefit them, so there must be direct support. Counselling and debt consolidation programs are useful but the provinces must take responsibility for enabling women to leave income assistance if they want them to return to work. A co-ordinated policy effort is required to stop the clawbacks and intersecting punitive regulations affecting child tax benefits, income tax rebates, child support and Goods and Services Tax (GST) rebates.

**8. Funding Infrastructure.** As the federal and provincial governments devolve support for women and children, they must ensure that local communities can take on this crucial role. Women's centres, employment and training centres, and independent living centres, to name a few, need to have resources to provide the much-needed support to women attempting to enter the paid work force. This requires extensive and effective co-ordination, and communication services.

Although our project focussed on the non-cash benefits available through the provincial governments (British Columbia, Newfoundland and Labrador, Ontario and Saskatchewan), we hold tight to the belief that social and economic policy needs to be unified at the federal level. In the absence of federal leadership in these areas, we strongly recommend that the provinces begin to implement changes that will enable, rather than hinder, women's entrance into the paid labour market. At the same time, we assert the right to remain outside this market to care for children and ourselves.

## 1. INTRODUCTION

This report presumes that many women receiving social assistance want to work and earn enough income to increase their standards of living. It also presumes that there are those among us who cannot access sufficient financial and interpersonal resources, and should be assisted with social supports. This report brings an ecological and feminist analysis to the very complex problem of the transition from welfare to paid work. By ecological, we mean a holistic approach that examines the complex challenges from every aspect and probes into the systemic issues at the societal, service and personal levels, and considers how the issues at these levels often intersect. Some readers may recognize this as a person-in-environment or person-in-relation model.

The women participants in our research were very aware of the multiple factors impinging on their goals of self-support. In our policy review, we were all too aware that things might actually be getting more difficult, not easier, for women with disabilities and single mothers. While writing the final portions of this report, major changes in welfare policy were introduced in British Columbia. Changes also continue at the national level and in other provinces. The realization of these changes in the macro-economic context led to our recognition that we need to acknowledge that government policies must include ongoing support for those on the margins of the labour market, rather than continuing to see marginalized women as a problem.

While we did not start out with a theory, we did begin with assumptions about the welfare state and the state of welfare in Canada. Contemporary welfare programs were designed to support people who have personal crises of health or family, and industrial situations of unemployment. We believed that social structures created by the political economy and sustained by the state are the material reality that relegates people with disabilities and single mothers to inferior positions. As a result, we believed it is the consequences of policy, not of single motherhood or disability, that result in poverty. This draws on the social model of disability and the social construction of poverty in which interaction between people and the environment, or persons in relation to their context, is central to how people are situated.

The discussion of the issues is openly feminist. We are looking at problems that specifically affect women and place them at a disproportionate disadvantage. We believe the questions and answers within this report give voice to the poverty experienced by women in Canada. By feminist, we mean that we use the lens of gender inequality and differential experiences for women to analyze outcomes and needs. This feminist analysis also integrates a general anti-oppression perspective that acknowledges power differences and relationships to the labour market. For this project, we intentionally selected the populations of single mothers and women with disabilities. Mediated by social structure, it is their constructed motherhood and disability status, and related barriers, which impact income and unequal access to opportunities (CCSD 2002).

Women in North America are generally expected to have children, to care for them and other family members who need care, or to take responsibility for arranging alternative services. Women are the majority of face-to-face workers in most human services, such as child care, nursing and teaching, and occupy most of the paid domestic work positions. Women make up a high percentage of contingent and part-time work, and self-employment that leaves them without benefits and pension provisions. Yet, this flexibility may be one factor that enables their employment and therefore supports their income needs. Full-time, inflexible, permanent employment might not be feasible for some women with disabilities and some single mothers.

Women want the chance to work when they can, and they want access to a range of options that will bring them greater rewards in life. Often, these options involve post-secondary education or training. The opportunities to work are limited by the continuing expectations that women will take the primary responsibility for offering care to those who cannot look after themselves. While there are male partners who share in that type of care, the care of young children, older and more frail family members, and others with personal care needs still falls mainly on women. This has an unavoidable effect on women's participation in the paid work force.

Women are, therefore, often out of the paid work force for long periods, or work part time or intermittently, depending on the demands of motherhood and other care responsibilities. Others incur costs as they purchase forms of substitute care and outsource domestic responsibilities. Most still earn less than men do, even when working full time. The Canadian Council on Social Development (CCSD) information sheet on disability statistics (2002) reports that adult men with disabilities earn, on average, an hourly wage of \$16.07 (in constant 1998 dollars) and women with disabilities in the same age group (35 to 49 years) earn only \$12.36 per hour. Women workers without a disability earn \$15.05 and men without a disability earn \$19.62 per hour (CCSD 2002: 2). Therefore, labour market systems that are premised on male patterns of full-time work-force participation with full-time domestic support, fail women who cannot fit the required norm. Women, both in and outside of the paid work force, contribute to family, community and social well-being. Governments need to design new systems that recognize the needs of differently situated women at various times in their life cycles. Our expectation for this research was to determine some of the values assigned to the benefits received while on welfare and some of the barriers to returning to the work force.

Current policy initiatives in British Columbia and the United States present interesting models for this project. British Columbia was selected, as a potential model in 2000, in part, because it had begun the process of continued benefits in a limited way. The Ministry of Social Development and Economic Security in British Columbia already had two separate initiatives to help people make a transition to work: one for mothers and one for people with disabilities. That Ministry has since been eliminated. The Ministry of Human Resources is now primarily responsible for delivering income assistance. The Ministry of Health oversees the Medical Services Plan (MSP). The Ministry for Child and Family Development also provides day-care funding and other supports to families.



This paper sets out to answer three questions.

- In British Columbia, what would be the costs (cost-shared between the provincial and federal governments) of continuing non-cash benefits, such as a child-care subsidy, medical insurance, transportation support and home support for single mothers and women with a disability if 25 percent of them were to work in part-time, temporary or home-based employment?
- To the women on welfare, what would be the costs and benefits of continuing support from the “welfare” system in their transition to employment, including incentives and disincentives, and intersections with other benefit programs that depend on eligibility for provincial benefits?
- What policy strategies could be used to implement this B.C. model in other provinces to support access to employment with adequate benefits?

British Columbia is the only province with a permanent disability determination allowing people with disabilities to retain their medical benefits for life (even if they become employed). We are very aware that this benefit is scheduled to be changed by the province, but we still hold it up as a significant success of policy in the lives of disabled workers. If single mothers and disabled women were able to retain their non-cash benefits while earning income, their income would be less likely to leave them living below the poverty line. The support for disabled women should also be available to mothers leaving welfare. The value of medical and dental benefits alone provides significant incentive to attempt employment. Based on our calculations, it is estimated that \$20,100 is the value of the benefits for a woman with two children on social assistance in British Columbia (before the announced cuts in January 2002). Therefore, a woman getting \$14,400 in income assistance would need to earn \$34,500 in income to match the benefits needed.

Although we use women with disabilities and disabled women<sup>1</sup> throughout this report, we do not pretend to know what women’s primary identifications are outside of the participants to whom we spoke. Mothers, women with disabilities and disabled mothers, for example, were all self-proclaimed identities, in addition to mothers of children with disabilities and women taking care of both their own children and their parents. Disability in this report refers to what most people also know as “impairment” (i.e., a difference in function that impacts daily activities in an ongoing way). Disability in the literature, can and does refer to the social limitations and role restrictions placed on people with impairments by their interaction with the environment.

It was our premise in proposing this work, and is our conclusion now, that supporting women, by providing non-cash benefits, as they enter the paid work force on a part-time, temporary or self-employed basis will reduce overall costs, while reaping a myriad of benefits. While the focus of our research was provincial services, due to the constitutional responsibility of provinces for social services, we see opportunities for federal or interprovincial initiatives.

## 2. METHODS

A variety of tools were used in this research. Some were more successful than others. The primary research was done through focus groups with women who were receiving or had received social assistance benefits in British Columbia or Ontario. Focus groups were used to collect the opinions of key stakeholders and served as a safe place for women to share their narratives (Buttram 1990; Patton 1987). Women in the focus groups were members of the populations most directly affected by welfare reforms and the work incentives being proposed — women with disabilities receiving or recently having left benefits, and single mothers receiving or recently having left benefits. The transcript analysis used an emergent theme and domain analysis that gave voice to women's priorities (Morgan 1988; Morse 1997). The secondary sources of data included both provincial and federal statistics on the income, labour force participation and condition of women, particularly mothers and women with disabilities.

The literature review looked at existing reports and policy documents, program descriptions, statistics and proposals for policy change from both academic and community-based organizations. In addition, on-line discussions from four listservs were used to inform the analysis. These listservs included one for social workers, one on disability research, one for policy action and one for women activists. The original plan was to use Web-based discussion on a hosted site to examine the issues raised by the project as it unfolded. However, the server being used became unavailable and the research strategy was redirected to existing social policy e-mail lists.

Most of the contemporary policy research has looked at cash incentives, top-ups, training allowances and other financial supports for people leaving welfare. Many women leaving welfare need and want these financial supports, but earnings supplements and income support options are not enough to enable women to evade poverty. This project looks at the value of the continuation of non-cash benefits and the extension of benefits for the welfare-to-work transition. According to an important research report by the Caledon Institute (Torjman 1996: 6): "Many programs within the disability income system pay additional benefits to *offset disability-related costs*. Most provincial welfare programs provide higher benefits to persons with disabilities in respect of the fact that they tend to incur higher costs." It is suggested that the benefits provided while on welfare should be continued while women attempt to become economically independent through employment. The current labour market does not provide people with the necessary benefits in addition to income, thus trapping women in poverty.

Using a predictive fiscal analysis within the context of a proposed policy of continued benefits, this paper outlines a model to extend existing benefit levels of non-cash services to women in their transition to employment, whether part time, temporary or home-based. This includes accessing the provincial data on recipients of welfare, plus additional research on the cost and provision of child-care subsidy, medical insurance and support, transportation support and home support that are often not considered as important to non-disabled women. This analysis uses a model to predict an annual cost and benefit to the provincial

government (and, subsequently, to the federal government) for the implementation of the proposed policy change. Through the Canadian Health and Social Transfer, the federal government's dollar-for-dollar cost sharing was eliminated. Now, social assistance, health and education are block-funded by a proportion determined by the 1995-96 transfers under the Established Programs Financing and the Canada Assistance Plan (CAP).

The privatization and decentralization of social services is an international phenomenon that has some roots in globalization. Due to shrinking resources, there is an increase in pressure to means test any benefits and to go against the universal, welfare-state design (Lightfoot 1996: 19). The quantitative analysis in this research demonstrates the breadth of women's experiences as well as the specific socio-demographics of single mothers and women with disabilities who are on welfare in British Columbia. Current thinking, from both government and community perspectives, is reported in the literature review. It is important to note that in the climate of fiscal conservatism, we found many suggestions that would indeed "save" money, but the consequences were devastating to the people in the most need. The "cost" of sustaining support for a short time pays back the investment in the longer term. Particular attention was paid to materials concerned with women and children's welfare and the transition to employment.

The review includes Canadian and U.S. discussion documents, consultation documents and legislation concerned with welfare, the transition to employment and non-cash benefits, between 1990 and 2000. Using British Columbia as an example, this review examines the costs and benefits to the government and to individual women, in a way that reveals both the quantitative and qualitative impacts of welfare policy. This is also consistent with the person-in-environment ecology. The Status of Women's Gender-Based Analysis Guidelines for policy makers stress the differences between men and women, but also point to other factors (e.g., cultural, economic, political, legal and socio-economic) that may affect gender equity within this issue (SWC 1998). We especially were cognizant of the need to be gender aware in all our processes, following the advice of Status of Women Canada. This included:

- being sensitive to women's or men's particular needs (e.g., issues of disclosure or confidentiality for women in shelters may rule out some data collection approaches);
- having "face validity" with those consulted, as well as with those who will implement the policies, programs and legislation; and
- using reports, studies and guides that apply gender methodologies in designing gender-aware research.

During our research we looked at data comparing men and women, disabled and non-disabled, and married/partnered women and single women. We also sent a copy of the draft report (and transcripts) to all those participants who wanted to read and provide input. It was not easy to obtain some of the provincial data on spending or program use. We found the system of public support and the rules surrounding returning to work complicated and unnecessarily difficult to understand. We also were sensitive to the particular concerns about confidentiality.

In addition to the analysis that aimed to look at the continuation of non-cash benefits, this project determined that the intersecting factors of cash and non-cash benefits needed to be considered. Many non-cash benefits were tied to cash supplements or allowances that could be provided through a non-cash method if proposed changes were implemented. The research into the complex situation of benefits demonstrated how difficult it must be for women applying for support. Without considering all the benefits women are entitled to, the picture would be only half-painted and far less accurate. The lives of mothers and women with disabilities receiving benefits who want to work are complicated not only by difficult policy and work-force conditions but also by the very categories of disability and motherhood.

An additional consideration in this work was to make the results accessible to the women who participated. While policy makers are one intended audience, we also wanted this report to be relevant and useful to women's organizations, universities and individuals. Attempts have been made to write in clear and direct language to support this goal.

### **Using Focus Groups**

We used focus groups to gather more qualitative information that identified barriers and needs, and some of the "costs" and "benefits" of continuing non-cash benefits to support single mothers and women with disabilities, on provincial social assistance, in securing and maintaining employment.

Two of the three authors were always present at each focus group. One of us played the primary role of facilitator while the other took notes and observed. The process of collecting information from women contributed to our learning as well as to that of the participants. A great deal of information sharing took place. Information from the focus groups can be used in assisting us with the research objectives of outlining some strategies of change (i.e., what the proposed B.C. program could look like and the policy strategies that could be used to implement and adapt the B.C. model in other provinces).

Focus groups are particularly appropriate for this type of qualitative research, in part because the candid discussions generated help us understand what people think and why they think the way they do (Morgan 1988). Focus groups can be used to generate a theoretical framework, to confirm or challenge hypotheses, and to inform policy and practice in fairly quick and simple ways. "Participants can qualify their responses or identify certain contingencies associated with their answers. Thus, responses have a certain ecological validity not found in traditional survey research" (Stewart and Shamdason 1990: 12).

We used a three-part coding system. After the transcripts were made, the comments were colour-coded into content areas and themes. One of us went through the transcripts independently. We then combined our coding and came up with major and minor themes and domains. This helped validate our impressions of the meaning of comments. Later in the work, we assigned the third author the task of pulling out the issues reflecting mothers and their situations. This added a new population-based layer to the analysis. In writing the report, we looked at the themes through the ecological lens to determine the levels of intervention or problems represented. In addition to the women's comments, we also went

to the literature and the listservs to seek triangulation and confirmation of the issues. Every woman who participated in the focus group was given an early draft copy and asked to make comments or corrections. We reviewed the quotes several times to ensure no identification could be made by the details in narratives. Some women asked us to keep their stories intact, and others suggested changes. The women were pleased with how we had represented their voices and told us they had learned from the report.

Based on the specific research objectives, we sought information on the relationship of these women to paid employment and social assistance, and the participants' perspectives on the "ideal" situation regarding employment and non-cash benefits.

### **The Focus Group Participants**

To ensure comprehensive representation of both target groups of women (single mothers and women with disabilities on social assistance) and their differential relationships to employment, we invited participants who fell into the following categories:

- women with disabilities on BC Benefits who had not tried to work;
- women with disabilities who were trying to get work (part time, at home or temporary);
- women with disabilities who were also mothers;
- single mothers with self-identified disabilities who had not tried to work (with children under 14);
- single mothers who had been trying to work; and
- single mothers and women with disabilities who were receiving welfare benefits until they earned income over the maximum and had become self-supporting.

The B.C. focus groups were held in late November 2001 in four locations (Victoria, where two sessions were held, Duncan, Vancouver and Kelowna). In addition, one focus group of four women was held in Toronto, Ontario in January 2002.

Forty-one of the 52 women we interviewed were either trying to get work or working. Women who were not trying to get work had disabilities that did not make working possible. Even in those situations, women wanted to work the maximum they could due to their disability (i.e., four hours a week). Eleven of the women with disabilities receiving benefits were not trying to work while nine women with disabilities were trying to go back at least part time. Nineteen single mothers had been trying to work, and only two single mothers were not trying to go back to work. There were nine single mothers and women with disabilities who were no longer receiving benefits. All the women had worked during or after high school, and several had college or university education. Most of the women with disabilities were also mothers. Some of the mothers had children with disabilities.

**Table 1. Focus Group Participants**

Focus Group	Women with Disabilities, on Benefits, Not Trying to Work	Women with Disabilities Trying to Get Work	Women with Disabilities Who Are Also Mothers	Single Mothers with Disabilities Who Have Not Tried to Work	Single Mothers Who Have Been Trying to Work	Single Mothers and Women with Disabilities No Longer Receiving Benefits
Victoria 1	1			1	8	2
Victoria 2	3	1			5	
Duncan		4	1		3	6
Lower Mainland	1	2			1	
Kelowna	5	1			2	1
Ontario	1	1	1	1		
Total	11	9	2	2	19	9

### Questions We Asked

- Describe any past work experience that you've had and why you are currently not seeking employment.
- Describe the benefits that you are currently receiving, cash and non-cash.
- What would be your ideal situation right now, in relation to the benefits you need and employment?
- What is standing in your way of achieving this? What do you think could be done about that?
- What successes have you experienced that might help other women, and what strategies have you used to overcome difficulties that could be useful?

### Questions the Participants Asked

In addition to answering our questions in the focus groups, the women also raised important questions. They asked about the competitive labour market and where they would find real jobs that were flexible enough to meet their needs. They asked about the scrutiny of eligibility for disability benefits and child-care subsidies, and they were concerned about never being able to pay back the debt they accumulated as students. Perhaps more importantly, they asked about the value placed on children and parenting when mothers are forced to leave infants in care and go to low-paid labour. The following questions summarize the main needs, barriers and environmental realities that women we spoke to are experiencing.

*Who will hire us?*

*How can we compete with laid-off civil servants who have years of experience?*

*What were they [Liberals in British Columbia] thinking?*

*Why do we have to continually prove ourselves?*

*How do they expect us to pay back the student loans?*

*Why are mothers not valued enough to allow them to take care of children?*

*Is paid employment the only way to be considered valuable?*

Although we had no easy answers, we did let women know we were trying to develop some alternatives to the status quo. The women were committed to following up on the discussions and were very interested in whether the government would “listen” to them. Even after the radical changes were announced, and our paper was circulated, women still had some hope that their voices would be heard.

### **Methodological Issues and Limitations**

The process of conducting this research was very important to us as feminists and mothers ourselves. We were well aware of the serious responsibility for representing the voices of women with disabilities and mothers. The reviewers of an earlier draft of this report pointed out that the women’s stories needed to be clearly presented and seen as credible. Another issue that arose for us was the need to be action-oriented in our analysis and recommendations. We did not want to stand accused or be guilty of discussing women’s lives as if they were the subjects of study without attention to how to improve the women’s lives.

In the process of bringing this document from draft to final text, we had some bumps that are worth discussing. First, we were separated by distance in the writing phase (i.e., we lived in different cities); we had only been face to face during the focus groups. When transcripts were ready to analyze, the work was divided and two different voices could be heard when reading the preliminary analysis. We worked by e-mail, sending copies across the country and text back and forth. A third writer (Claire Abbott) helped us unify the voice in a more co-ordinated way, but the truth is this is a paper written by three women and, as such, retains some of the style of each author. In addition to different writing styles, there were differences in the research of provinces (Saskatchewan, Newfoundland and Labrador, Ontario and British Columbia). We attempted to provide sufficient information about the four provinces; however, not every program could be easily compared.

And, while we made every effort to be inclusive and to seek out representative women in this project, we were more successful in finding white (Euro-Canadian) women with disabilities or single mothers than women of colour. Even though one of the researchers was

a woman of colour and another a Métis woman, we lack racial diversity in the sample. On other axes of identity, age, occupation, education, type of disability, family size and status, we did achieve a good balance, but more work will have to be done to reveal the stories and complicated situations of women facing racism in addition to disability and single motherhood.

The last limitation is one of accuracy. The first draft for this report began in December, 2001. We had finished focus groups with women and were pleased with the impact the data gathering had on women's attitudes. We felt they were energized and hopeful that these ideas might make a difference for them and other similarly situated people. But in January 2002, the Government of British Columbia announced such serious changes that much of what we had written, gathered or analyzed became moot. Programs we praised were cut, programs we suggested be extended were cancelled and ideas that women had suggested were off the drawing board. We tried our best to analyze the changes and the effect of the announcement on our paper. It was a difficult time for us all, and we did feel obliged to the women participants to keep faithful to their words. Their narratives remained true despite political changes. With the support of our project officer at the Status of Women Canada, we were able to produce a final draft that included both our original findings and our responses to the issues raised by the B.C. cuts.

We feel proud that as disabled women and mothers who were the researchers/authors, we were actively part of returning the academic gaze and resisting the imposition of interpretations by others. We own this work — emotionally, politically and literally.

### **Changes in British Columbia**

Announcements were made in January 2002 that dramatically affected the status of welfare and work in the province. As researchers living in British Columbia, we were devastated to realize that the hardest hit by the changes would be single mothers and disabled women. In the miasma of cuts, the most vulnerable people were hit the hardest, at least, in part, because of their dependence on the system that is being retrenched. The women are still prepared to act on this research project, even in the face of these higher odds.

In its analysis, The Canadian Centre for Policy Alternatives (Klein 2002) highlighted the most problematic changes. Some have not been implemented yet or are being reconsidered.

- Shelter allowances for families with two or more children have been cut.
- Welfare benefits for single-parent families will be cut \$70 a month. First Call (the B.C. Child and Advocacy Coalition) reports that approximately 60,000 children will be affected by this cut.
- Until now, if a single parent on social assistance was receiving child support, he or she was entitled to keep \$100 per month of these family maintenance payments. This exemption has been eliminated.



- The Flat Rate Earnings Exemption has been eliminated. This rule allowed people on welfare to work and keep \$100 if they were single, or \$200 if they had children or a partner.
- In total, these measures mean that many single parents saw a \$370 drop in their already meagre monthly incomes.
- Single parents will now be considered “employable” after their youngest child reaches three years of age (down from seven). First Call reports that approximately 15,000 children will be affected by this move, “in a climate where the present government eliminated the legislation that was going towards ensuring access to universal child care” (Klein 2002).
- The government plans to introduce welfare time limits. “Employable” people without children will only be allowed to receive welfare for two years during any five-year period. After two years, they will be cut off.
- Similarly, “employable” parents (with children older than three years) will only receive full benefits for two out of five years, after which time they will see their benefits cut by 11 percent.
- Full-time, post-secondary students will no longer be eligible for welfare. They will have to turn exclusively to student financial assistance.
- Those found guilty of “fraud” (presumably as defined by the government) will be banned from receiving welfare.
- Benefit rates for “employable” welfare recipients between the ages of 55 and 64 will drop by between \$47 and \$98 per month.
- Seniors on social assistance will no longer be granted discount transit passes. This has since been revoked; seniors can still get their discount passes.
- Young adults will have to demonstrate that they have lived independent of their parents for two years before being eligible for welfare. As First Call notes (as quoted in Klein 2002: 6): “Youth escaping from abusive family homes need immediate assistance, training, and employment programs specifically targeted to vulnerable and multi-barriered youth-at-risk.”
- Refugee claimants, who are not currently allowed to work, will no longer be eligible for assistance.

The proposed ministry service plan suggests there will be a new emphasis on training and employment assistance, yet it is unclear how this will be possible. Overall, the Ministry of Human Resources is to see its operating budget cut by 30 percent, its staff cut by 15 percent, and 36 of its offices across the province closed. Who then is to deliver these employment

and training programs? Moreover, training programs across the government, including a number designed for young low-income people (such as the Blade Runners program, various student employment programs and a number of apprenticeship offices across the province) are scheduled for termination (B.C. 2002).

While legal aid for criminal cases will still be available (although with reduced budgets), legal aid for many civil cases will not be. Funding for family and poverty law is to be eliminated. Therefore, low-income people needing assistance with welfare cases, or for a non-violent dispute with a spouse or landlord, will no longer have equal access to justice.

While these cuts are deep, and by no means acceptable to the recipients of services, they do create opportunities for policy reform. It was the goal of this project to consider the cost and impact of having women keep non-cash benefits while returning to work. The recent cuts force many women to work. We believe our analysis might point to some options for implementing these changes while supporting women rather than punishing them. In no way do we want to appear to be supporting the cuts that will certainly have negative impacts on women and children, but we do want to capitalize on any possibilities for supporting our model to extend non-cash benefits in transition from welfare to work.

Three areas of employment might be developed in this time of significant change. First, an increase in the continuum of child care services, including infant/toddler, three to five, after school, evening, emergency, disabled children and adults, and respite care, will all be needed if mothers are forced to work. This will mean the provincial government has an opportunity to put some of its efforts into training women to become the professional workers in these fields to fill some of the jobs created by the increased need.

Second, we predict an increased need for advocacy and service co-ordination. Due to massive changes and complex policies, people who are familiar with the system and the rule can help women find the resources, training, jobs and child care they need. Organizational dollars may have to be re-organized to meet this demand. Disability organizations, women's centres, colleges and universities and, perhaps, community-based agencies could play these roles. Many of these agencies are already engaged in significant work around poverty and employment, but are not funded to take on this co-ordination role. Some of the women moving into the work force might be well suited to this type of work given some additional training and orientation. If no one takes on this role of co-ordination, the government offices, which have already reduced their staff, may become overwhelmed with requests for support.

The third need is for education for employers and employment agencies. Employers in the public and private sectors are going to end up with these previous welfare recipients at their doors. The employment agencies will be in high demand, and many will not be prepared for the increase in workload. Some of the women with disabilities and mothers might be suitable for playing the educator role and working with the employment agencies to help others make the transition from welfare to work. Education needs to be done with equity and fairness in hiring but also with regards to issues that might not be familiar to employers, such as flexibility and accommodation. If the provincial government really wants women to

work, they must put resources into improving the ability of the labour market to deal with the women coming from outside the market.

Discussions have recently turned to the notion of social deficit as a much broader concept than fiscal deficit. Thus, inadequate spending on children today could mean future costs for the child welfare system and social assistance. Though the actual calculation of social deficits goes beyond the scope of this discussion, such factors have been used to argue for the development of high-quality, universally accessible and affordable child care. The same type of analysis can be applied in most areas of social spending, for example de-institutionalization.

The government's attempts to limit the focus for cuts to areas within the social welfare envelope represent the core of the problem. We must counter its efforts to divide and conquer by playing off seniors against children, single mothers against people with disabilities. The test for many Canadians will not be on the level of macro-economic spending or even the deficit. These issues have acquired a momentum of their own, which is unlikely to recede in the short term. The measure of this government's good faith will be at the micro level involving criteria such as equity — the extent to which the poor and, to a lesser extent, the lower middle class can be insulated and protected from untamed market forces.

As provincial governments enthusiastically embrace the neo-liberal or neo-conservative agenda, they also reduce transfer payments to lower levels of governments, slash social programs, rewrite labour legislation and regulations in favour of employers, and adopt private-sector managerial ideologies and practices, in the form of an “alternative service delivery” program. For example, the province's service plan promotes the following elements (MCF nd: 1).

- Create open, accountable and transparent relationships with the public, service providers, communities and ministry staff.
- Enable communities to develop effective community-based service delivery systems.
- Make strategic, evidence-based investments to build capacity and resilience in families and communities.
- Promote the capacity of families and communities to protect children and support child and family development.
- Create community-based services that promote choice, innovation and shared responsibility for adults with developmental disabilities.
- Build the capacity of Aboriginal communities to deliver a full range of services, with emphasis on early childhood and family development.

Forced by the provincial government's cost-containment agenda to reduce their own spending, and driven by the same private-sector ideology, institutions and agencies adopt their own private-sector practices, such as total quality management. Health care and social services become less accessible, less affordable and of lesser quality.

Very recent changes in the B.C. government have propagated many real fears for the existence of social support organizations. Our work in this report is timely: as the government is discouraging welfare use, effort should be focussed on creating support structures to enable employment rather than penalize welfare users. This is, in fact, what this research sets out to do.

Women with disabilities and single mothers have some similarities and many differences. Variation in economic inequality cannot be explained solely by occupation and training differences. There are cultural, class, disability and other variables that inform economic equity for women.

### 3. TRAPPED: MOTHERS, WOMEN WITH DISABILITIES AND THE WORK/WELFARE DILEMMA

*At this point right now, my income level between social assistance and child tax benefit, while paying rent, utilities, etc., food is becoming a real issue. And I think a lot of these government agencies need to realize that when people are living so hand-to-mouth, and at the poverty line, and they're thinking about how they're going to pay their bills and their food and their prescriptions. It's very hard to think about working. Like, right now you're just thinking about, OK, I've got to get enough groceries over this period of time, and your last concern is steps you need to take to get to that job. You're just surviving, day by day, week by week.*

Depending on whom you ask, there are multiple explanations of the “official” poverty line. It differs by region, province, type of family and source of information. For this report, provincial social assistance rates are seen as implicit poverty lines. Most recipients of basic social assistance have no other income apart from modest federal government child and sales tax credits and, in some cases, provincial supplements of one kind or another. Consequently, social assistance levels can be seen as the definition of minimum income that has received the sanction of provincial governments (see Ross and Shillington 2000, Chapter 2).

Before 1995 and the advent of the Canada Health and Social Transfer (CHST), assistance to those on welfare was broadly governed by the Canada Assistance Plan (CAP). This legislation specified that the federal government share the cost (on a dollar-for-dollar basis) of provincial assistance payments for food, clothing, fuel, utilities, household supplies, health care, travel and transportation, and personal requirements. (The last item encompasses personal care, cleanliness and grooming, and recreation.) It was left to the individual provinces to decide how much to allow for each category of expense and what the overall level of assistance would be.

None of the provinces worked out an explicit budget (i.e., a market basket), either before or after 1995, to determine the adequacy of the basic assistance levels, nor did any province seek to ensure that the benefits granted satisfied the minimum requirements enumerated under CAP (Ross and Shillington 2000: 19). Any comparison of provincial/territorial social assistance rates must consider the extras that each province/territory may provide. A given province may or may not provide shelter allowances, free health care, winter clothing and school allowances, special services for people with disabilities or supplementary assistance that case workers can dispense to clients with some discretion to meet special or emergency situations.

Real incomes and needs vary, and seldom do so according to categories that would be easily measured in a survey. For example, people with severe disabilities generally have greater income needs than do others. Some households reduce their need for cash income by participating in local informal economy networks whose members exchange goods and services. Residents of some provinces receive free or subsidized services that residents in

other provinces may pay for in full. Disability, income in kind, access to subsidized services and differences in the cost of living related to location, are all matters that a well-conceived set of poverty measures can consider. The National Council of Welfare regularly calculates an amount for basics and extras in such a way that permits comparisons across the provinces. Table 2 demonstrates the different rates in social assistance across provinces and family types. Note that there is no gender breakdown for parents with children or employable single people, and the category “disabled” excludes children and employable people (with disabilities).

**Table 2. Annual Incomes of Households that Receive Social Assistance, by Family Type and Province, 2000**

Province	Employable \$	Disabled \$	1 Child \$	2 Children \$
Newfoundland	1,121	7,102	11,723	12,695
Prince Edward Island	5,498	7,359	9,999	14,965
Nova Scotia	4,579	8,861	10,607	13,948
New Brunswick	3,276	6,925	9,072	10,164
Quebec	6,081	8,836	8,002	10,964
Ontario	6,453	11,541	11,563	14,543
Manitoba	5,535	7,402	9,652	14,015
Saskatchewan	5,469	7,022	8,923	12,741
Alberta	4,908	6,602	9,446	14,743
British Columbia	6,253	9,568	10,595	12,820

Note:

The authors have estimated the annual income figures for the year 2000 by adjusting for changes in the consumer price index.

Sources:

NCW (1999); Ross and Shillington (2000).

The last five years have seen a growing domination of neo-liberal values of individualism, competition and the ideology of work. Recent changes to welfare and disability benefits across Canada have raised important questions about economic and social well-being, including self-determination. Pulkingham and Ternowetsky (1996) questioned how much economic self-reliance must be taken on in exchange for citizenship.

During the recession of the 1990s, unemployment levels rose and welfare participation rose with them. But, the amount of money available did not, and the cost of living increased without a significant increase in social assistance. The number of people on welfare included both the traditional recipients of disabled people and single mothers, as well as non-disabled youth, middle-aged workers laid off from long-term employment and a growing number of older poor people. In reaction to the increase in welfare use, the governments increased investigations of fraud, changed eligibility requirements and cut benefits to make welfare less “attractive.” Programs to get people back to work were implemented to train people in job search, self-employment and career skills. Unfortunately, the labour market did not necessarily have positions for all those being trained and seeking work. The problem is not

only one of not having opportunity to enter the labour market but also one of a low-paid, low-skilled labour force with few positions that sustain families economically.

Women's greater dependency than men on social assistance payments is largely a structural issue, not one associated with individual attributes or choices. Equity and feminism, far from being contradictory terms, are essential in providing a deeper understanding of the effects of the interrelationships of government policies on society as a whole. We need better ways of delivering income support and government services. We want to raise the issue of how services are distributed and funded as part of an overall debate on income security, and as part of the big picture.

This contemporary literature review examines relevant reports originating from the academic and community arenas, and from the federal and provincial governments. Although research in this specific area is limited, there has been a recent increase in work regarding single mothers and women with disabilities, social assistance and employment. Four themes recur in this literature.

- Federal and provincial funding cuts to social programs and supports have had a particularly adverse effect on single mothers and on women with disabilities.
- There are many barriers for women with disabilities and single mothers to seeking, securing and sustaining employment.
- Single mothers and women with disabilities, on or off social assistance, want to work. Programs need to be revised to recognize the unique circumstances and complexities of women's lives. In addition, at different stages of women's lives, these circumstances change and greatly affect women's economic capacity and well-being.
- Funding to specific services and benefit programs needs to be increased and expanded in direct relationship to the needs of single mothers and women with disabilities.

Women with disabilities have been greatly affected by the changes brought about by block funding for health education and social assistance. Cuts to home care, to institutional staff, medical services and community support services are all placing women in increased situations of abuse and in circumstances in which their basic daily living needs and rights are not being met. In the study, *The Impact of Block Funding on Women with Disabilities* (Masuda 1998), women identified their fears of being cut off from welfare and disability benefits. They shared their frustration that training programs were not available to women on social assistance and that women are less favoured than men for such things as vocational rehabilitation. Many disabled women depend on provincial welfare, because of ineligibility for federal disability benefits resulting from their lack of attachment to the labour force. There are also populations of women who are both mothers and women with a disability that are virtually invisible from the statistical picture.

Mothers without a disability are also expected to return to work or to work for the first time. They are being told to get jobs or start training in exchange for income support. The threat

of course is “or else.” While some welfare-to-work programs in Canada initially offered continued benefits during the transition period, there appears to be a trend toward loss of benefits during the transition from welfare to work. Despite rhetoric from government on assisting people wanting to exit from poverty and become self-sufficient, the political goal of employability initiatives appears to be to reduce provincial welfare expenditures (Lord 1994). People with disabilities, women in particular, are expected to do more, with less.

The Roeher Institute (2001) found that policy determinants, such as disability-related support arrangements and funding, created barriers to equality in relationships between women with disabilities and the women who provide supports. Needing and receiving support services creates a significant obstacle to returning to work, because of the cost of paying for this support. Linked to this need is the fact that many providers of home support are single parents with minimal training. Further, this study acknowledges that while the demand for supports is increasing, funding is decreasing.

### **Barriers to Employment**

*I have been working for the past three years. After giving birth, I had to go back to two part-time jobs after two weeks off. These positions were contract; therefore, I wasn't eligible for any type of leave. When they ended, I was unemployed for four years.*

In a report prepared for the Canadian Council on Social Development, Gail Fawcett (2000) clearly outlined the reality that women with disabilities are least likely of all other groups of women of working age to be employed. The report recommended that the government compensate employers for making their workplaces accessible, provide more child care and increase home support programs. Fawcett also argued that it is the cumulative effect of both the “physical hurdles and rigid rules around disability benefits” that leaves women with disabilities out of work. This report is important in identifying the complexities that women with a disability face in securing employment.

Mary Runte (1998) used both a personal and a systemic analysis to show how stereotypes and biases serve as barriers to employment, education and training, and to general social satisfaction. She argued that the attitudes of other people, including employers, are a greater hindrance to the employment and educational success of persons with disabilities than are their physical limitations. Runte pointed out that women and persons with disabilities are underrepresented in management positions and are less likely than others to be employed or promoted.

Over the last decade, many studies have demonstrated that the lack of education and job training for women with disabilities is a significant barrier to employment (Blackwell-Stratton et al. 1988; Masuda 1998; Roeher Institute 1993). With only 42 percent of women with disabilities of working age having completed high school (Roeher Institute 1993), Runte (1998: 102) firmly stated “that access to education (at all levels) is crucial to improving employment equity for women with disabilities.”



Our project looked at two groups of women who have traditionally formed a category of the “deserving poor.” In many ways, these women are the last ones to get access to work programs, training or transition. At one time, taking care of young children or being disabled virtually exempted you from being in the workplace. But it also excluded you from the benefits of being in the workplace, including sufficient income, status and social networks. Single mothers on welfare or with disabilities should be able to continue education programs and training with the support of welfare and not undertake massive loans. It may prove more effective to support these women for three to four years of training or education than for 15 to 20 years during which the struggle to balance large debt payments with other needs continues to make it difficult for them to work.

Women on welfare tend to be stereotyped as “welfare moms,” in part, because many women end up with children and no means of support from either spouse or employment. In the United States, the New Hope Project in Wisconsin offered continued benefits for child care and health.

Encouraging results are now emerging from the rigorous evaluations of the three work incentive programs, and the early findings constitute the first comprehensive body of evidence about the feasibility of work incentives and their effects on employment, welfare, poverty and the well-being of children and families. The findings suggest that work-based alternatives to welfare can succeed where welfare-focused approaches have failed; effectively encouraging work while reducing poverty (Berlin 2000: 3).

Each project shared an underlying approach of making cash payments to supplement low-wage jobs. The welfare safety net continued in each case so welfare could be resumed in case of job loss.

A national study carried out by National Partnerships in the United States gathered information and stories about what is happening at the ground level as low-income women seek out job opportunities. It was designed to identify specific problems, possible policy solutions, and areas for future research and analysis. Three barriers were cited by the largest majority of respondents from programs that provide services to women. Three out of four respondents reported that the lack of education and training (75.4%), a lack of child care (74.0%) and a lack of transportation (72.1%) “often” limit work opportunities for their non-welfare clients. Even more respondents said their welfare clients “often” encounter problems tied to the lack of education and training (87.9%), a lack of transportation (86.5%) and a lack of child care (84.7%) (National Partnerships 1998). Programs which participated in the survey said that non-welfare clients often face one or more of the following types of discrimination when looking for a job or while on the job: race/ethnic, gender, pregnancy, disability discrimination or sexual/racial harassment. More than half said their welfare clients often encounter at least one such form of employment discrimination.

In a review of welfare-to-work, researchers (Spalter-Roth et al. 1995) found that the main reason women leaving welfare were so unstable was that the jobs they could get do not pay

high enough wages or provide adequate benefits to enable mothers to provide for their families and stay off welfare on their earnings alone. It was also noted that additional work-related expenditures mean that welfare-reliant mothers generally experience a net loss in income when they go to work. While low-skill single mothers who leave welfare for work typically report earnings that are higher than their combined food and housing, but they must pay for substantial costs related to child care, insurance, transportation and clothing (Edin and Lein 1997).

Service providers also reported that employment barriers pose formidable obstacles for non-welfare and welfare clients alike. While some appear to have a greater impact on welfare recipients than on other low-income women, the differences are generally quite small. These findings suggest the need for creative policy solutions to employment problems faced by all low-income women, regardless of their welfare status.

### **Exploring the Context of Social Assistance**

With the reductions to the Canada Health and Social Transfer from the federal government, the provinces have scaled back the health and social services that they fund. Women with disabilities use a number of the disability-related supports that are affected by these reductions, including income support, personal and home support, assistive devices and professional services, such as rehabilitation and other therapies.

All research in the area of women with disabilities clearly indicates that these women experience multiple barriers to working at all the relevant stages of the employment process (i.e., the job search process, and securing and sustaining employment). Statistical studies on the extent and nature of poverty for women with disabilities demonstrate that funding cuts to social programs and supports have had a critical effect contributing to the economic vulnerability of women with disabilities.

Women's risk of experiencing poverty was inversely proportional to their attachment to the workforce — the rate of poverty increased most for women who were not working and least for women who work full-time. Low wages, the frequency of part-time employment and the sporadic nature of employment for many women contributed to women's poverty as a group. This rise in overall poverty was to some extent counteracted by the increased labour force participation of women over the same period. The poverty of homemakers, however, like the retired and the disabled, is not characterized as work-related. The policy implication is that the vehicle for income support should be social assistance (Axinn and Stein 1987: 284).

Within our analysis, contemporary research strongly points toward the lack of access and availability of appropriate training programs and education, the lack of accommodation of workplace needs and home supports, and pronounced systemic discrimination as the primary barriers that women with disabilities experience when attempting to enter the labour market.

Although training programs to get people back into the work force are being developed and implemented they are not being developed in relation to the specific needs of women with disabilities and, when completed, there are few jobs available for those being trained and seeking work.

When you place the additional layers of motherhood, single parenthood, ethnicity, race and multiple disabilities on the employment process, these barriers become even more pronounced. For example, the process of seeking employment is intensified when your first language is not English, when you have to adapt to a new social, medical, legal and economic system, when due to your migration status you have unequal access to appropriate health care, child care and housing. It is also compounded if your label of an intellectual or psychiatric disability blocks your access to employment services, resources, information and training.

We also know that women on social assistance, including women with disabilities, want to work. Working could provide women with disabilities with the benefits of a better income than provincial social assistance rates, increased social status and the development of social networks. How do we best focus interventions to address this conflict for women with disabilities (i.e., wanting the benefits of working but subjected to active labour market barriers)? The focus needs to be on the development and implementation of supports that will provide women with disabilities with the necessary understanding of, entry to, and ability to stay in, the work force. These support programs need to be structured in ways that recognize the diversity and individuality of women's needs at the various stages of life. This comprehensive type of support system is not yet in place.

Key needs and disincentives to working for the women we spoke to were related to:

- fearing the loss of very expensive and very needed health and other benefits;
- the enormity of student loan repayments;
- diverse child-care needs by age of child;
- the inaccessibility of employment training programs;
- supports needed for working (i.e., transportation, clothing, etc.);
- the stress associated with the multiple and systemic barriers for single mothers and women with disabilities on social assistance to inclusion in all avenues of life; and
- the present competitive and increasingly privatized labour market where there are fewer jobs available. (Often, those that are available are for low wages, non-traditional hours, shift work, part-time or contract without benefits.)

### **The Desire to Work and Women-Sensitive Program Revisions**

*Right now, one of my biggest fears of coming off the system, as much as I really, really want to, is I'm going to get kicked big time. They're going to come after me like horses for my student loan. I'm going to have all my medical to pay. I have prescriptions that have to be filled...I have bills, I*

*have all these things that I have to pay. First, I have to maintain a really healthy diet so that I won't get sick. How am I going to do that and work and if I don't do that, then I'll get sick and I won't be able to work. So it just seems like kind of a vicious circle that goes around and around and where do you get off?*

Contrary to public perception, both American and Canadian research has demonstrated that women on social assistance *want* to work and, in fact, *are* working. The article, “Re-conceptualizing Women’s Work: A Focus on the Domestic and Eligibility Work of Women on Welfare,” (Kemp et al. 1996) showed that women on public assistance are involved in three types of work: domestic work for their families, economic work for cash (both legal and illegal) and the work needed to obtain and maintain public assistance. Women on welfare are not receiving the types of support necessary to propel them into the work force. The study, “Supporting the Move from Welfare to Work: What Women Say,” (Pearlmutter and Bartle 2000) of welfare participants in Ohio and California suggested that participants are not receiving the support they need to obtain and retain jobs that will lead to self-sustaining careers. Women need more than the minimum income to pay for services and expenses they incur in order to go to work. This recognizes the cost of working as higher than the cost of being in receipt of benefits.

A complex array of structural factors and unmet needs impedes the ability of single mothers on social assistance to find and maintain employment. The article, “Factors Influencing Single Mothers’ Employment Status,” (Youngblut et al. 2000) explored the experiences of women who want to work — experiences of unemployment and barriers to employment. This study suggested that if certain factors are not addressed, efforts to move single mothers into the work force will fail. These factors include, first, a sense of obligation — being there for their own and their child’s benefit and doing the best for their child’s development, and second, negotiating obstacles, including problems regarding child care, and a lack of support from the child’s father or relatives and friends.

Focus groups held in Ohio and California reflected the effectiveness of making the transition to work with some subsidization of child-care services. “The lack of support services, namely child care and transportation, affected the participants’ ability to take advantage of job training services as well as to find jobs” (Pearlmutter and Bartle 2000: 7). The concerns expressed by women included the lack of choices available in county-provided child-care arrangements and the inadequacy of funds available for alternate forms of transportation (Pearlmutter and Bartle 2000: 8).

Because there are very few programs providing infant care or 24-hour child care, many women will be limited to short hours in low-paying, entry-level jobs to accommodate infant and toddler care. The article, “Welfare-to-Work Through the Eyes of Children,” asked us to be aware of the effects on children in our “rush to increase the financial independence of mothers on welfare” (Wilson-Boatright et al. 1995: 64). Further, the authors argued that transitional programs need to acknowledge the important aspects of parenting, family life and children’s development that are likely to be affected by transitions from welfare to

work. It is particularly important to consider the age of the child when mothers go into the work force.

“Making Ends Meet: How Single Mothers Survive Welfare and Low-Wage Work” (Edin and Lein 1997) concluded that substantial wage supplements or high-quality training are necessary for the current population of unskilled single mothers to attain self-sufficiency through employment. This study also pointed out that large child support payments and low rent have made work “affordable” for women who work.

The need for revision of support programs and services in ways that will acknowledge the specific structural barriers and circumstances that women with disabilities and single mothers experience is also a common theme throughout the literature. *Social Policy, Gender Inequality and Poverty* (Davies et al. 2001) demonstrated the need for gender-targeted social policies that recognize the unique family and work circumstances facing women.

When we consider the reasons for social assistance within a broader social context, it is apparent that the structural nature of gender and family relations reduces women’s income potential at multiple points throughout the life course. In a variety of ways, the gendered division of labour hinders educational and career attainment of girls and women, and ultimately discourages a strong attachment to the labour force among mothers (Davies et al. 2001: vii).

The report recommended increasing benefits for low-income families and more realistic employment expectations for women. It also pointed out that, for sustained employment, women need benefits that go beyond a transition period of six months or one year.

In *Valued Voices: A Report on Women’s Economic Equality* (MWE 2000) from the B.C. Ministry of Women’s Equality, a forum of 46 women with disabilities stressed a strong desire to work and described the frustration they experience in encountering barriers to employment. The women noted the disincentives to work for those receiving disability benefits, which include the loss of disability benefits, health care benefits and earned income. The penalties for working make it undesirable or even unfeasible under current circumstances. The B.C. Ministry of Women’s Equality discussion paper, *Women’s Economic Security and Pay Equity* (MWE 1999) reviewed women’s changing role in the labour market, the challenges of balancing work and family, and other factors. The focus is on closing the wage and poverty gaps, supporting women, children and families, and increasing women’s representation in positions of influence. The study recommended the expansion of the B.C. government’s job training programs for single mothers and women returning to the work force, and called for the provision of “bridges” to employment for specific categories of women.

*The Dynamics of Women’s Poverty in Canada* (Lochhead and Scott 2000) concluded that women’s poverty is related to their access to the income of other family members, and thus indicates the need for policies and programs that will increase women’s economic independence. Paid employment is a vehicle to greater economic autonomy and security. They noted that in the United States, research looked at preventing poverty

[with] a temporary support intended to promote individual self-sufficiency through attachment to the labour force. In this process, the income transfer system is being more closely linked with short- and long-term labour force strategies — specifically education, training and work placements — as well as other support programs, such as child care, transportation subsidies and medical supports, that allow recipients to participate in the work force.

Efforts to improve the employability of poor individuals held out promise but tended to be compromised by insufficient funding levels and the conditions of local labour markets (a finding that is still true today) (Lochhead and Scott 2000: 44).

These results indicate a need to consider the shifts in women's experience through the life course and the relationship of these shifts to poverty. Some good examples of women-sensitive policy revisions are the Ontario Workplace Childcare Incentive and the Accessibility Tax Incentive. These incentives encourage businesses to implement and improve licensed child-care facilities, and promote the hiring of an employee needing accommodation (HRDC 1999: 2). The \$3.5 million added to the Ontario Disability Support Program in 1999 shifted the focus from “counseling and assessment to providing supports, including employment planning, training, job placement and assistance with the costs of technical aids — all that help people with disabilities overcome barriers to employment” (Community Action 1999). The federal agreement, Employability Assistance for People with Disabilities, between Prince Edward Island, Newfoundland and Labrador, and British Columbia, will assist people with disabilities, who are unemployed, to enter and remain in the work force. Funds are allocated based on an individual's specific employability needs, and can include both training and support for employment relating to disability needs, such as technical devices and interpreters (Community Action 1998).

A Roeher Institute (2001) report found that the access of women with disabilities to disability-related supports had an impact on poverty. The study examined equality issues for women with disabilities and the women who provide support for them and recommended that the scope of eligibility criteria for supports and services be broadened to account for the complexity in women's lives, and the social and economic barriers faced; that the availability of direct funding be increased; that service arrangements offer recipients choice and control; and that the portability of services be increased.

### **The Need for Increased Funding**

*They expect you to go and find a charity that's going to give you the stuff,  
and if it wasn't for [food bank] I couldn't have sent my two kids to school.*

*Housing Policy Options for Women Living in Urban Poverty: An Action Research Project in Three Canadian Cities* (Reitsma-Street et al. 2001) found that over two thirds of women living in low-income households spend 30 percent or more of their gross income on housing. The researchers recommended increasing the economic capacity of women by expanding their housing options and increasing housing with supportive services for certain groups of

women living on low incomes, such as single young mothers and women with mental health issues.

*Valued Voices: A Report on Women's Economic Equality* (MWE 2000) highlighted the need for more support for mothers in transition: moving back into the work force, increasing BC Benefits rates and removing the current disincentives to women finding work or going to school. *Women's Support, Women's Work: Child Care in an Era of Deficit Reduction, Devolution, Downsizing and Deregulation* (Doherty et al. 1998) asserted the importance of affordable high-quality child care as a critical element in reducing the incidence of child poverty, in developing an overall healthy economy and in the promotion of women's economic and social equality.

A research project by the American Psychological Association (APA 2001) recommended that welfare reforms ensure that jobs available to welfare recipients provide minimum family-friendly and supportive benefits, health insurance and paid sick leave. Caseworkers should also strive to make available jobs that provide family leave benefits, flexible work schedules, and assistance in finding and paying for good child care.

## 4. THE PROVINCIAL LANDSCAPE

### British Columbia

The average annual welfare payment in British Columbia, for people on Disability Benefits is \$9,592. This is only 35 percent of the average earned income of \$27,064. For a single parent with one child, the welfare average is \$13,700, 48 percent of the average earned income, which is \$28,773 (CIS 1998). Of the 37,648 single parents on social assistance in British Columbia in April 2001, 32,422 were women. Of the 41,954 people receiving disability benefits in April 2001, 28,380 (67%) were women.

Single mothers with children under seven had poverty rates as high as 82.8 percent in 1995, and single mothers under age 25 had a poverty rate of 83 percent. Poor single mothers also live in the deepest poverty, with average incomes \$8,851 below the poverty line in 1995. National data show that at least 64 percent of adult welfare recipients are women. Single mothers account for 27 percent of adult welfare recipients, more than double the number of other family types (single fathers and couples with children) on welfare. This suggests that over 48,000 single mothers are on welfare in British Columbia (NCW 1997).

**Table 3. Monthly Disability Benefit Rates, Support Allowance Maximum**

Unit Size*	A \$	B \$	C \$	D \$	Shelter \$
1	461.42	N/A	N/A	N/A	325
2	630.56	809.06	555.08	809.06	520
3	630.56	809.06	555.08	809.06	610
4	630.56	809.06	555.08	809.06	650
5	630.56	809.06	555.08	809.06	700
6	630.56	809.06	555.08	809.06	730
7	630.56	809.06	555.08	809.06	760

Notes:

\* Number of people in household.

A Singles, couples and two-parent families where one family member is eligible for the full DB program.

B Couples and two-parent families where both adults are eligible for full DB program.

C One-parent families where the parent is eligible for full DB program.

D Couples and two-parent families where one adult is aged 65 years or older, but is not eligible for full DB program and where one adult is eligible for DB program.

Source:

MHR (2000b).



**Table 4. BC Benefits Caseload, December 1995 to April 2001, by Family Type**

All Cases by Family Type	Current Month April 2001	Previous Month March 2001	December 1995	% Change from March 2001	% Change from December 1995	Change from December 1995
	#	#	#			#
Single men	63,521	63,846	88,250	-0.5	-28.0	-24,729
Single women	37,564	37,526	42,352	0.1	-11.3	-4,788
Child in home of relative	4,470	4,445	4,071	0.6	9.8	399
Couples	6,712	6,726	8,886	-0.2	-24.5	- 2,174
2-parent families	8,118	8,143	15,676	-0.3	-48.2	-7,558
1-parent families	37,648	37,736	57,255	-0.2	-34.2	-19,607
Total cases	158,033	158,422	216,490	-0.2	-27.0	-58,457

Source:  
MHR (2001a).

British Columbia's Ministry of Social Development and Economic Security provides services and programs aimed at supporting families and individuals in moving from welfare to work. There are seven types of programs under the designation of BC Income Support Programs:

- income assistance;
- disability benefits;
- hardship assistance;
- other benefits;
- administered benefits and services;
- housing; and
- child-care programs.

### ***Income Assistance***

These benefits help move individuals from welfare to work. The income assistance program is for recipients aged 25 to 29 and 60 to 64, for seniors aged 65 and over (seniors' supplement), children living away from home, for a child in the home of a relative, for those "temporarily excused" from working, and for those who qualify under Disability Benefits Level 1 (DB1). People who are not permanently disabled, but who are medically unable to work will qualify for DB1. The financial support provided is temporary, available only until recipients are able to secure employment; it requires participation in job search, training and work experience programs. Specific criteria are outlined for temporary exceptions relating to disability, substance abuse problems or mental health conditions, as well as for single parents with children who have a disability, persons in care facilities or persons separated from abusive spouses.

### ***Disability Benefits***

Income support is available to eligible individuals designated under the *Disability Benefits Program Act*. Once designated, the individual retains these benefits for life, with entitlement being income- and asset-tested (current limit is \$3,000 in assets). Depending on income, recipients may also qualify for a monthly support and shelter allowance, medical benefits including equipment and transportation, and other benefits such as homemaking services and low-cost bus passes.

Under this program, income support and other benefits are provided to assist persons with disabilities in overcoming barriers to independence. The primary goal is community inclusion, with a lesser emphasis on preparing individuals for the labour market. Disability benefit recipients are not required to look for work. The Ministry of Human Resources produced the *BC Benefits Handbook* (MHR 1999) that explained the details of the legislation.

In the *Disability Benefits Program Act*, a “benefit” is any form of assistance provided under the Act, other than a disability allowance; it includes health care benefits and any other form of assistance specified by regulation. A “disability allowance” is a support and shelter allowance provided under this Act. A “person with disabilities” is a person who, at the time this section came into force, was considered handicapped under the *Guaranteed Available Income for Need Act* or a person who:

- (a) is 18 years of age or older,
- (b) as a direct result of a severe mental or physical impairment, either
  - (i) requires extensive assistance or supervision in order to perform daily living tasks within a reasonable time, or
  - (ii) requires unusual and continuous monthly expenditures for transportation or for special diets or for other unusual but essential and continuous needs, and
- (c) has confirmation from a medical practitioner that the impairment referred to in paragraph (b) exists and that it
  - (i) is likely to continue for at least two years, or
  - (ii) is likely to continue for at least one year and is likely to recur.

Subject to the regulations, the Minister may provide, to or for persons with disabilities and their dependents, either or both of the following:

- (a) disability allowances;
- (b) benefits (MHR 1999).

Other programs and services for persons with disabilities include:

- supports to employment;
- a bus pass program;
- camp fees;
- community volunteer program;

- guide animal assistance;
- health care and dental services (and until recently optical services);
- homemaker services; and
- vocational rehabilitation services.

### ***Hardship Assistance***

This is available for applicants to BC Benefits who are not eligible for assistance, for reasons such as a lack of proper identification or citizenship, or because of excess income or assets. This benefit also provides some discretion for financial aid workers trying to give support where other programs have disallowed support.

Applicants for BC Employment and Assistance may not be eligible for assistance due to a variety of circumstances. These can include a lack of proper identification or citizenship, excess income or assets, or disqualification for fraud. This may cause undue hardship, especially for families with children. In certain situations, the financial aid worker can issue hardship payments once the applicant has proved that all other funding sources have been exhausted (MHR 2002).

### ***Other Benefits***

These include bus passes, co-op housing share purchase, clothing and special care, family bonus top-up, a guide dog allowance, transition-to-work, transportation/living costs/attendant care as well as work force entry benefits including work clothes and transportation.

### ***Administered Benefits and Services***

These include alcohol and drug rehabilitation user fees and treatments, community services, interpreter and translation services, training benefits and user fees for special care.

### ***Housing***

The province delivers its social housing programs through the Crown agency, BC Housing. Housing assistance to low- and moderate-income households is offered to families, seniors, low-income urban singles, people with disabilities, street-involved youth, and mothers and children from abusive homes. The B.C. government supports 7,800 units of social housing and 26,000 units of subsidized non-profit co-ops; it provides rent supplements to more than 16,000 residents of British Columbia, and it works with the HOMES BC construction program to build affordable houses throughout the province.

### ***Child Care Programs***

The Child Care Subsidy assists low- and moderate-income families with child-care costs. The Compensation Contribution Program helps increase the wages of lower-paid child-care workers. Other programs include the provision of per-day, per-child funding, as well as emergency repair, replacement and relocation grants to non-profit child-care centres.

In July 2001, there were 39,377 single-parent households on welfare (no specific gender breakdown available). There were 37,902 people on disability benefits (no gender breakdown available) (MHR 2001b). In April 2001, 86 percent of single parents were women and

67 percent of people on disability benefits were women. Using this same proportion, in July 2001, there would be 33,864 single mother households and 25,394 women with disabilities.

### **The Situation in Other Provinces**

All provincial and territorial social assistance structures acknowledge the higher costs associated with disability and the experience of being a single mother. The allocation of support, however, greatly depends on how federal programs are applied. For example, the Employee Assistance Program in Saskatchewan is allocated to individuals only. In Ontario, it is the exact opposite; only organizations receive funded services.

British Columbia, Alberta and Ontario have instituted non-contributory social programs outside of welfare arrangements to provide income support to eligible persons with disabilities. In other provinces and territories, persons with disabilities in financial need are eligible for generally available social assistance and services, which vary considerably in terms of level, eligibility and comprehensiveness.

Table 5 provides a nationwide snapshot of the reasons people gave for being on social assistance. Although there is no gender breakdown, we know women make up a higher percentage of the single-parent and disability categories.

There are notable provincial differences. In British Columbia and Saskatchewan, there are very few single parents in the study (in Saskatchewan only two percent and in British Columbia, zero percent) who related their receipt of social assistance to their single parentage. Yet a rather significant number in Saskatchewan (37%) and British Columbia (80%) related their being on social assistance to job issues/barriers (i.e., availability, access, opportunities and skills). In Ontario and Newfoundland, this was not the case.

The substantial barriers to engaging in low-wage work (as opposed to receiving social assistance) are well-known and well-documented. *Incentives and Disincentives to Work*, a National Council of Welfare report published in 1993, compared welfare rates and minimum wages across Canada to determine the relative cost/benefit of minimum-wage work versus social assistance. As shown in Table 6 (as represented by the negative values), in most provinces, social assistance provides a better income than would a full-time, minimum-wage job for persons with disabilities, single parents and one-earner couples. In Ontario, for example, a one-earner couple with two children would earn almost \$9,000 a year less from a minimum-wage job than if they were on social assistance. In most cases, only single employable persons and two-earner couples are better off working in minimum-wage jobs than on social assistance. In some instances, minimum-wage work offers as much as \$4,000 more a year, as in Newfoundland where the minimum wage is very low, but welfare rates for single employable persons are even lower.

**Table 5. Welfare Cases by Reason for Assistance, 95 Percent Sample, March 1997**

	<b>Job-Related</b>	<b>Disability</b>	<b>Single Parent</b>	<b>Other Reasons</b>	<b>All Reasons</b>
Newfoundland	12,303 (34%)	8,719 (24%)	7,519 (21%)	7,345 (20%)	35,886 (100%)
Prince Edward Island	2,599 (46%)	2,247 (40%)	0 (0%)	768 (14%)	5,614 (100%)
Nova Scotia (Provincial)	0 (0%)	17,230 (56%)	13,284 (43%)	528 (2%)	31,042 (100%)
New Brunswick	Data not available				
Quebec	260,458 (55%)	109,975 (23%)	0 (0%)	99,942 (21%)	470,375 (100%)
Ontario	168,164 (29%)	190,394 (33%)	160,731 (28%)	58,505 (10%)	577,795 (100%)
Manitoba (Provincial)	1,203 (5%)	11,956 (47%)	11,631 (46%)	641 (3%)	25,431 (100%)
Saskatchewan	14,351 (37%)	11,870 (30%)	759 (2%)	12,144 (31%)	39,124 (100%)
Alberta	23,898 (60%)	8,902 (22%)	0 (0%)	7,293 (18%)	40,093 (100%)
British Columbia	153,650 (80%)	26,595 (14%)	0 (0%)	10,997 (6%)	191,242 (100%)
Totals	636,626 (45%)	387,889 (27%)	193,923 (14%)	198,164 (14%)	1,416,602 (100%)

Note:

The statistics for Nova Scotia and Manitoba do not include municipal welfare cases.

Source:

NCW (2000, Table 18). Labour Market Policy and Programs in Canada For Persons with Disabilities, for The Organization for Economic Cooperation and Development (OECD), by The Roehrer Institute, 2001.

Table 6 also presents some interesting numbers regarding the relationship between income-welfare/work and disability/single parenthood.

Welfare benefits recognize the cost of raising children and the need for personal supports (for persons with disabilities, for example), while the labour market does not. This is the main reason some categories of people are better off on social assistance than in low-wage jobs. Add to this, benefits in kind, such as prescription drugs, subsidized housing and child care as well as work-related expense deductions like clothing and transportation, and it becomes clear why single-earner families with children and persons with disabilities are further ahead collecting welfare than working in low-wage jobs.

**Table 6. Net Welfare Income Versus Work at Minimum Wage, 1992**

Province	Single Employable	Disabled (Unattached)	Single Parent 1 Child	1-Earner Couple, 2 Children	2-Earner Couple, 2 Children
	\$	\$	\$	\$	\$
Newfoundland	4,270	-842	-2,135	-2,696	5,022
Ontario	1,788	-2,412	-4,685	-8,810	735
Saskatchewan	3,327	-408	-618	-4,390	2,467
British Columbia	2,349	-1,199	-2,556	-5,572	2,925

Notes:

Net welfare income includes taxes, credits and deductions.

Minimum wage work is assumed to be full time.

Source:

Prepared by the Centre for International Statistics at the Canadian Council on Social Development, using data from the National Council on Welfare, Incentives and Disincentives to Work, 1993.

In short, the labour market does not differentiate wages based on needs. The social security system does. This brings up the purpose of this research initiative. The non-cash benefits that help mothers and women with disabilities when they are on welfare would also help them when they are off welfare. Until they are earning enough money for their wages to cover their needs, the social assistance system could provide continued non-cash benefits.

These differences raise some pertinent questions regarding the nature of provincial social assistance programs, disability support programs and the labour market situation by province. The next section initiates a similar examination of the situation for women with disabilities and single mothers on assistance in Saskatchewan, Ontario, and Newfoundland and Labrador to identify the differences and points of commonality.

### **Saskatchewan**

Saskatchewan has one of the best social service programs in Canada. Although it was overhauled when the Canada Health and Social Transfer was implemented, there are still significant benefits provided to mothers and women with disabilities on welfare.

The Saskatchewan Assistance Plan (SAP) is a program of last resort for families and individuals who, for various reasons, including disability, illness, low income or unemployment, cannot meet basic living costs. Any person in financial need may apply for social assistance. During an intake interview, the worker and the applicant establish the client's needs and resources and develop a case plan. In the mid-1990s, two sets of social policy decisions converged, resulting in the most substantial changes to the welfare system in the last 30 years. The federal government's decision to block-fund welfare services through the Canada Health and Social Transfer, combined with the decision to put child benefit reform on the national social policy agenda, created opportunities for extensive restructuring of income assistance programs in all the provinces.

Welfare is very efficiently targeted to those in dire need. Welfare programs, however, are also intrusive, poorly tolerated by the public, and expensive to administer. Because benefits are reserved for people who are very poor, any additional income families receive is deducted at a high rate from eligible benefits. Parents who wish to leave the welfare system face disincentives — high tax-back rates on their income and loss of in-kind benefits, such as supplementary health coverage — that discourage work. For many families faced with the potential loss of benefits, welfare rather than work, is the more rational decision (Sask. MOH and MSS 2001: 5).

Under the old welfare system, a family's health needs were covered under Supplementary Health Benefits. These benefits provided coverage for dental, drug, optometric, and chiropractic services, emergency ambulance and hearing aids. If a family acquired enough income to cross the welfare threshold (\$975/month for a single parent with one child), they lost these benefits.

Family Health Benefits were introduced in July, 1998, as part of a more general restructuring of the welfare system. The program was designed to prevent potential health costs associated with children from being a factor in a parent's decision to work. The program also addressed an equity issue between welfare and working poor families. By changing eligibility for health benefits from welfare eligibility to an income threshold, and setting this level above the welfare threshold, a family can be protected against a sudden rise in health cost risks when they cross the line from welfare to work, (Sask. MOH and MSS 2001: 6).

The National Child Benefit (NCB) initiative has played a significant role in building Saskatchewan's social safety net. The three primary programs jointly funded by NCB and provincial dollars include the Saskatchewan Child Benefit, Saskatchewan Employment Supplement, and Family Health Benefits.

NCB reinvestment funds, along with additional provincial investments, have been used by Saskatchewan to develop supports that help families move from welfare into work, and help prevent working families from falling onto social assistance. Saskatchewan's NCB reinvestment strategy is part of a broader strategic plan to develop mainstream supports that improve social and economic opportunities for people who are in marginalized or disadvantaged circumstances (FPT 2002: 3).

The three programs are outlined below as described in the National Child Benefit Progress Report 2000 (FPT 2000: 12).

The Saskatchewan Child Benefit (SCB) and the National Child Benefit Supplement together fully replace Saskatchewan's former basic social

assistance benefits for children. The new benefit structure extends support for children's needs to low-income working families, thus reducing disincentives to work.

The Saskatchewan Employment Supplement (SES) is an innovative benefit program which is designed to support work force attachment by helping to offset the child-related costs of working. The benefit is also available to low-income parents with maintenance income, to encourage the establishment and enforcement of maintenance orders.

The Family Health Benefits (FHB) program extends social assistance-level supplementary health benefits to children in low-income working families. Low-income parents are also eligible for limited supplementary coverage. The purpose of this program is to ensure that the health needs of children in low-income families are met, and that the loss of protection against child health costs is not a deterrent to social assistance parents to take advantage of work opportunities.

The FHB program is income-tested with most families qualifying on an income of \$25,921 or less. According to an official from Social Services, the FHB provides additional children's coverage for dental, optometry and chiropractic services, as well as prescription drugs, ambulance transportation and medical supplies. Eye examinations are a universal benefit for all children under age 18 covered by the Medical Service Branch; therefore, the cost of eyeglasses is covered under the FHB. More limited coverage for eye care, drugs and chiropractic services is also provided to parents. The FHB program started in August 1998.

A uniquely numbered provincial health services card is issued to eligible Saskatchewan residents. The average per capita cost for services provided in Saskatchewan was \$258.85 for physician services, \$3.53 for optometrist services, and \$8.43 for chiropractic services. More than eight million claims for services were processed, with about 96 percent of these claims submitted via computer. Eighty-five percent of Saskatchewan's eligible residents had insured health services paid to physicians on their behalf through the FHB and other programs (Sask. MOH 2001a).

In its report, *Monitoring the Effects of Health Benefits for Low Income Families in Saskatchewan* (Sask. MOH and MSS 2001) the question is asked: "Do Family Health Benefits provide new benefits to the target population?" The report states:

FHB benefits were new benefits for the vast majority of recipients (71%) during the first 18 months of the program. The remaining 29% of FHB recipients had been receiving other forms of supplementary health coverage, through welfare or other income support programs, prior to moving to FHB. Most of those moving to FHB from other forms of supplementary coverage (70%) had been receiving coverage through the province's welfare program, the Saskatchewan Assistance Plan (SAP). A smaller proportion (27%) had



obtained coverage previously through the Family Income Plan (FIP), an income supplementation program for low-income working families that was discontinued with income support restructuring in July 1998.

New recipients of supplementary coverage through FHB differed from those moving to FHB from other forms of coverage in several important respects. Perhaps most notable was the finding that a large proportion of new recipients were living in rural municipalities. New recipients, both adults and children, were also older on average than those moving from previous forms of coverage, and were far less likely to dwell in single-parent households.

It also demonstrates that user charges can pose a deterrent to low-income parents obtaining needed health services, like prescription drugs and optometric services, for themselves and their children. If access to health services is regarded as a basic right of citizenship, these findings affirm the need to provide extended health benefits to low-income families beyond those available through last-resort programs such as welfare.

Virtually all of the new recipients qualified for FHB through their participation in the Saskatchewan Child Benefit/National Child Benefit Supplement (SCB/NCBS) introduced in July of 1998. These findings reveal a great deal about the reach of the new income support program for families.

The Saskatchewan Employment Supplement is a monthly payment that supplements the income earned by lower-income parents from wages, self-employment and child/spousal maintenance payments. The Supplement assists parents with the child-related costs of going to work, and supports their decision to work. For families on social assistance, it helps them to move from dependence on social assistance to the workforce (Sask. MOH and MSS 2001: 3).

The Saskatchewan Child Benefit is a monthly allowance for children in lower-income families. It assists with the costs of raising children, and helps parents remain in the work force rather than falling onto social assistance to meet their children's basic needs. It is integrated with the National Child Benefit Supplement and the Canadian Child Tax Benefit and provided to eligible families in one joint payment.

Information obtained from the National Child Benefit Report 2001 (FPT 2002: 2) notes an increase in service under the Saskatchewan Child Benefit. "In 2001, maximum benefit levels were increased, and an additional benefit was provided to help offset child care costs for low-income working families with children under 13 years of age." A new Community Schools Initiative promoting school success is outlined in the report. The programs are located in low-income areas and provide a range of supports for children and families, and the community. Some services include nutritionists, family literacy and social workers. In 2001, an estimated 17,000 children received services (FPT 2002: 3).

The Child Day Care Subsidy Program provides financial assistance to help low-income families pay licensed child-care costs. The program, which is based on gross monthly family income, is available to parents who need child care because they are working or looking for work, attending educational training programs, or either the parent or child has a special need. The amount of the subsidy depends on the:

- previous month's gross family income;
- number of children who are attending licensed child day care;
- type of licensed facility;
- monthly fee; and
- monthly attendance.

Last year, Saskatchewan also announced Kids First, a program to give the province's children a better start in life. Ten million dollars were directed toward intensive early childhood supports for vulnerable children up to the age of five and their families (Sask. MOH 2001a).

The Saskatchewan Drug Plan provides coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness, reduces the direct cost of prescription drugs to Saskatchewan residents and the cost of drug materials, and encourages the rational use of prescription drugs. All Saskatchewan residents with valid Saskatchewan Health coverage (unless coverage is provided by another federal or provincial government or non-government agency) are eligible for coverage.

The Provincial Training Allowance is a monthly allowance provided for full- and part-time students enrolled in adult basic education or related courses which are at least four weeks long. Child-care costs may be covered. Supplementary health benefits are provided to students and their children to help cover prescription drugs, dental and optometric costs, and certain medical supplies.

Saskatchewan has also made great strides in providing non-cash benefits that are not linked to welfare and promote greater family income security while removing disincentives to work.

## **Ontario**

In Ontario, the provincial government and municipalities have made significant investments in NCB initiatives. Since social assistance is cost-shared between the province and municipalities, each has a role in Ontario's reinvestment strategy. Total NCB reinvestment funds for 2001-2002 are estimated at about \$194 million. The provincial share of these funds is estimated at \$155 million and the municipal share is estimated at \$39 million (FPT 2002).

The main provincial reinvestment program is the Ontario Child Care Supplement (OCCS) for working families (OCCS). In 2001-2002, funding from the NCB and additional investments for the OCCS totalled \$215 million (including \$40 million carried forward from

the former Ontario Child Care Tax Credit). In 2001-2002, the province also invested \$40 million in the 4 Point Plan for Children's Mental Health and Children's Treatment Centres to help vulnerable children and their families.

The following outlines the provisions of social assistance in Ontario under the Ontario Disability Support Program (ODSP) and Ontario Works (OW, Ontario's welfare-to-work program).

### ***Dental Care***

Basic dental care is provided to ODSP recipients, their spouses and dependent children. In addition, it is available to children for whom Assistance for Children with Severe Disabilities (ACSD) is being paid.

People *not* eligible for dental benefits include dependent adults (may be eligible for discretionary services under Ontario Works), aged spouses in receipt of Old Age Security (OAS), people in homes under the *Homes for Special Care Act*, and facilities designated under the *Developmental Services Act*, and refugee claimants and their dependants (*see Directive 0605-01*).<sup>2</sup>

### ***Eyeglasses***

Members of the ODSP benefit unit and children for whom ACSD is being paid are eligible for eyeglasses with prior approval by the director (contact lenses only when medically necessary).

People not eligible include dependent adults (who may be eligible for discretionary services under Ontario Works), aged spouses in receipt of OAS, people in homes under the *Homes for Special Care Act* and facilities designated under the *Developmental Services Act*, and refugee claimants and their dependants (*see Directive 0605-04*).

### ***Prescription Drugs***

A monthly drug card is issued with each cheque/direct bank deposit statement to cover Ontario Drug Benefits approved drugs for all beneficiaries (*see Directive 0605-07*).

### ***Mandatory Special Necessities***

The cost of diabetic supplies, incontinence and ostomy supplies, surgical supplies, dressings and medical transportation for members of the benefit unit are covered if the cost of the item is not otherwise reimbursed (*see Directive 0605-06*).

### ***Child Care Deductions***

As part of the recipient's rights and responsibilities under the ODSP, recipients are required, on a monthly basis, to report any changes in their circumstances. This includes a monthly report of the benefit unit's income and child-care expenses.

Reimbursements of child-care expenses are made to only those recipients who are employed or in a training program. These payments are paid retroactively through an earnings

exemption that encourages recipients to seek and maintain competitive employment (*see Directive 0601-03*).

Where the child care is provided from a licensed child-care provider, the actual costs are allowed as an expense. For unlicensed care, the actual amount is deducted as an expense up to the following ceilings: \$390/month for children from birth to five years old and \$346/month for children ages six to twelve.

### ***Ontario Works***

This is a welfare-to-work program that provides financial and employment assistance to single people, couples with and without children, and sole support parents. There is mandatory participation in Ontario Works activities, with the aim of assisting people to move as quickly as possible to a job.

In 1997, *The Social Assistance Reform Act* enacted the *Ontario Works Act*, and the *Ontario Disability Support Program Act*, which introduced major reforms to programs relevant to people with disabilities and the labour market. The Employment Supports initiative under the ODSP emphasizes mainstream rather than sheltered employment for people with disabilities. The Roeher Institute (2001: c) noted other changes.

- Persons with disabilities are no longer required to be labelled as “permanently unemployable” to qualify for benefits.
- A broader variety of professionals than physicians (e.g., psychologists, mental health outreach workers, social workers) will be able to verify that an applicant has a disability.
- In circumstances where a person with a disability secures a job that does not work out, the person is quickly reinstated to income support. Only financial need will be re-tested, not the disability.

Ontario has substantially reformed labour market services for persons with disabilities. The Employment Supports initiative under the new Ontario Disability Support Program prioritizes mainstream rather than sheltered employment. The Non-Contributory Disability Benefits program of the ODSP has replaced the older welfare program for people with disabilities.

The province’s Assistive Devices Program (ADP) continues to serve persons receiving benefits under the ODSP, the Handicapped Children’s Benefits program and Ontario Works program; however, the ADP’s 25 percent user fee (co-payment) has been eliminated.

Unlike the Family Benefits Allowance (FBA), which is provincially administered, the new *Ontario Disability Support Program Act* authorizes the director of the ODSP to enter into agreements with municipalities and other local institutions to deliver income support under the program.

Welfare rates in Ontario had an unexpected impact on the labour force participation rates of single mothers in the early 1990s, according to an analysis produced by researcher Constantine Kapsalis. In a working paper produced for Human Resources Development Canada (HRDC 1997), Kapsalis reported that single mothers' employment rates in Ontario declined from 61.3 to 47 percent between 1988 and 1995.

Over the same period, the employment rate for mothers with a spouse remained steady. In Quebec, meanwhile, the employment rate for women in both categories increased (HRDC 1997, Table 7).

The paper used longitudinal data from the 1988-90 Labour Market Activity Survey to explore social assistance entry and exit rates among single mothers. The data indicated that each \$1,000 increase in benefit rates is associated with a 1.9 percent reduction in employment rates. The study raised particular concerns that a higher social assistance level could decrease exit rates from welfare among single mothers. It suggested that efforts to improve the income situation of single mothers needed to be combined with work incentives to avoid reinforcing the long-term dependency on social assistance.

Statistics from the National Council of Welfare and Human Resources Development Canada indicated that Ontario's social assistance rate for a single parent with two children under 16 increased 41 percent, from \$10,331 to \$14,553 per year, between 1988 and 1990. The rate in Quebec increased 15 percent, from \$8,688 to \$9,948. Over the same period, the number of single parents receiving social assistance increased 26 percent in Ontario, but declined six percent in Quebec.

The analysis also suggested strongly that groups at high risk of receiving social assistance, like single mothers, are particularly vulnerable when labour market conditions deteriorate.

Tables 7 and 8 present the number and costs of single mothers and women with disabilities on social assistance (Ontario Works) and disability supports (Ontario Disability Support Program) in Ontario for the years 1999, 2000 and 2001.

According to these statistics, the number of single mothers on ODSP has increased every year from 1999 to 2001. The number of single mothers on Ontario Works has decreased every year from 1999 to 2001. Another notable finding is that the total expenditure for women with disabilities on ODSP is also increasing every year. With the removal of the "permanently unemployable" criteria for eligibility for ODSP, this increase seems reasonable — allowing more people with disabilities who want to, and are able to, work to continue to receive the supports they need during the transition to the workplace.

These numbers suggest that the back-to-work programs are relatively successful, particularly in light of the fact that research conducted before the 1997 changes indicated an increased reliance on social assistance by single mothers and a decline in employment rates. Statistics from the National Council of Welfare and Human Resources Development Canada indicated that social assistance rates for a single parent with two children under 16 increased 41 percent between 1988 and 1990 (HRDC 1997).

**Table 7. Single Mothers on Social Assistance in Ontario, Average Caseload and Total Expenditures**

	Single Mothers					
	1999		2000		2001	
	Average Cases #	Total Expenditure (Million \$)	Average Cases #	Total Expenditure (Million \$)	Average Cases #	Total Expenditure (Million \$)
Ontario Works	118,980	1,122	97,340	953	80,464	778
Ontario Disability Support Program	9,825	137	10,532	145	11,349	159
Total Single Mothers	128,805	1,259	107,872	1,098	91,813	936

Source:

This information was compiled and submitted by the Statistics and Analysis Unit of the Ontario Government's Ministry of Community and Social Services on February 25, 2002 in a personal e-mail communication.

**Table 8. Women with Disabilities on Social Assistance in Ontario, Average Caseload and Total Expenditures**

	Women with Disabilities					
	1999		2000		2001	
	Average Cases #	Total Expenditure (Million \$)	Average Cases #	Total Expenditure (Million \$)	Average Cases #	Total Expenditure (Million \$)
Ontario Disability Support Program	81,218	769	83,690	799	85,484	836

Notes:

Cases refer to single individuals and family heads on social assistance.

Data do not include the ancillary benefits such as drug, dental and vision benefits.

Source:

This information was compiled and submitted by the Statistics and Analysis Unit of the Ontario Government's Ministry of Community and Social Services on February 25, 2002 in a personal e-mail communication.

If ODSP numbers are growing, women requiring disability-related supports (single mothers and women with disabilities) may have been able to make that transition to the labour force with more ease, with the removal of the permanently unemployable criteria, due to the continuation of benefits. In addition, with the new reforms and no retesting of disability requirement for re-instatement of income support, there is less of a risk of losing disability benefits at the onset of a job. Both these changes serve as incentives for people with disabilities to pursue employment in Ontario.

As Gail Fawcett (2000) asserted in her study of the labour market and women with disabilities in Ontario, incentives are even more critical for women with disabilities, due to the particular and more intensified circumstances related to employment and disability.

The labour market instability experienced by persons with disabilities — particularly women — coupled with the cyclical nature of some disabilities

must be recognized and provided for by income programs in order to reduce the risk involved in keeping the “stable poverty” of an income program (Fawcett 2000: A:2).

### **Ontario Focus Group**

At a focus group held in Toronto, we spoke to women with disabilities and single mothers. Four women participated. Every woman identified as having a disability: three physical (i.e., mobility and visual) and one with an intellectual disability. One woman was also a mother. Three of the women were from immigrant communities, one of these being a woman of colour. Two of the women were working and the other two actively seeking employment.

The following quote is from a woman with a university degree and years of work experience who still struggles with getting the benefits/supports she needs to sustain employment.

*After graduating from university, I was unemployed for approximately 11 months; finally, I accepted a low-level position with a wage subsidy. I finally got a job as a vocational rehabilitation counsellor with an agency where I worked for approximately 10 years. This job was located in Toronto, and I used the paratransit systems, requiring about four hours of travel per day. About two years ago, I decided to pursue self-employment and got a contract with the Ontario Ministry of Community and Social Services. With the number of years experience, securing this job was relatively easy. Now, however, I have no benefits and have to look at various options regarding the purchase of assistive devices (e.g., wheelchair, shower chair, etc.) that would ordinarily be purchased with assistance from an insurance carrier.*

The woman with an intellectual disability demonstrated a strong desire to work. She shared with us her specific disability related to accommodation needs. She experienced somewhat different barriers to securing and sustaining employment, than women with physical disabilities.

*Now I am employed by the University and I am extremely happy. Here, I feel supported by co-workers and others. I wash pots and pans, restock the refrigerator when needed, clean and mop floors, make sure garbage is in appropriate containers (e.g., glass with glass, etc.) and wipe off the mess that students leave on the tables. I am friends with my co-workers. I see some different faces each day as well as my co-workers who come from different cultural backgrounds. I get a discount off many different food items. I receive a pay cheque which makes me feel better about myself. I have a job that I enjoy and I want to do my job well so that I may obtain a good recommendation when I move on.*

Given the appropriate supports and work environment, this woman now feels she is contributing and is more likely to be successful in sustaining employment.

Four years of unemployment placed a woman and her child well below the poverty line during the critical early years of the child's development. Regardless of her years of experience as a community worker, employment was difficult to secure, especially with child care costs. Once again, the desire to work was quite pronounced, yet the necessary supports were not in place to facilitate this transition. Now, she is working in the health care field as a health promoter and providing services to seniors, youth and people with disabilities. She is happy to be working in a position where her skills are being used; however, child care and transportation costs use a disproportionately high percentage of her income.

One woman not receiving any disability support benefits, explained what she felt would be the "ideal" situation in relation to the benefits she needs and employment.

*I have had to approach alternative sources of funding for assistance with the purchase of my new power chair; some items like shower chairs are not covered by any sources. As a disabled person, I am not able to purchase my own extended health care benefits. The ideal situation would be that items like power chairs, shower chairs, lifts, etc., would be automatically covered under the Assistive Devices Program. Obviously, there would be conditions and timeframes under which these purchase would be made.*

She is not eligible for these types of items under the Assistive Devices Program, and cannot afford these expenses on her present salary. She went on to say that it is the issue of lack of resources and money at the government level. She thought the *Ontario Disability Act* might provide a vehicle to advocate on behalf of better access to the disability benefits that we need to facilitate our entry into the labour market.

One participant experienced multiple systemic barriers to employment that affect women, immigrants, people of colour and people with disabilities. (In this case, the woman is blind.) In spite of this woman's extensive foreign work experience and doctoral level university education, she is still unable to secure appropriate employment. She was a senior inspector of schools in charge of special education in another country. This involved developing and implementing curriculums, maintaining standards in schools and colleges, running in-service courses for teachers, and setting and scoring national examinations. She also had American work experience where she worked as a teacher and later a rehabilitation counsellor, employment counsellor with persons with severe disabilities and as a drug addiction therapist. In the context of this advanced skill level and experience, her frustration with the situation is quite understandable.

*I was working on my doctoral dissertation at a U.S. university when I moved to Canada and completed my program from here. I have been looking for employment for at least two years without success. I have been to interviews where I was told that I could not be offered the job because I was so highly qualified for the position that they were sure that I would not stay. At another place I was informed that I lacked Canadian experience. Very frustrating! I am looking for work where I can use my knowledge and skills to make a difference in the lives of persons with disabilities. I have adequate special*



*training in special education and rehabilitation from renowned universities and a wealth of international experience having worked in both developing and developed countries.*

Through ODSP, she has been able to take courses in computer software. She feels transportation and access to these programs have been great and will be beneficial in her job search. She does, however, feel quite alienated and unsupported in Canada. She shared thoughts on how benefits have helped her and how the situation for her as an immigrant woman with a disability could be improved.

*Another benefit is the use of Wheeltrans [transit service] which has enabled me to live independently and get from point A to point B. Had I not had that benefit, I would have been confined to the four walls. My hearing loss and problem with direction caused by an imbalance in the inner ear, makes independent travel a security risk.*

*I think it would be ideal if there was a way of knowing where and when there were suitable openings in the job market. Computers help a lot, but there is so much we cannot access even with current technological aids. I think there are two main things standing in my way, namely, making connections and Canadian work experience. First, I think it would be most helpful if I could be assisted to make relevant professional connections specifically in my field. I have learned that it is not what you know, it is who you know that gets you what you want.*

The focus groups confirmed the key findings of our analysis of the literature: most women with disabilities want to work, yet experience many obstacles related to disability costs. Many women with disabilities and single mothers must explore alternative forms of employment to accommodate their lifestyle.

### **Newfoundland and Labrador**

Newfoundland funded National Child Benefit initiatives during 1998-99 to the amount of \$7.8 million, estimated at \$10.45 million on a full fiscal year basis. This money helped establish new initiatives as well as the enhancement of existing programs. For 1999-2000, the province was to spend \$17 million on NCB-eligible programming. Of this amount, \$3.3 million comes from NCB recoveries and the rest is provincial funding (FPT 2000). These additional amounts correspond to the estimated amount of the NCB Supplement paid to social assistance families, which Newfoundland chose to pass on in full to those families.

The gradual establishment of licensed non-profit family home child-care agencies will increase opportunities to regulate and support family home child-care facilities in the province. This service will provide families with expanded options to access quality child care, especially in areas of the province where licensed child-care centres are not available. A significant role of the agencies is to provide ongoing support and guidance to family home child-care providers.

The Child Care Subsidy Program will grow considerably, as a result of an increased subsidy rate, improved accessibility for eligible families and the introduction of subsidies for children under the age of two and for those attending regulated family home child care. These enhancements will result in more children accessing licensed child-care services. To further assist with the implementation and support of the child-care system, the province has provided funds to regional health and community service boards to establish six child-care consultant positions and reintroduced an annual equipment grant to licensed child-care centres. The initiative further supports parenting students in high school by funding infant care centres in three high school settings.

A certification model for early childhood educators is being implemented and is linked to supporting and improving the qualification levels of persons working in child-care settings. The model includes a registrar system and training opportunities for early childhood educators.

Additional funding expands home-based early intervention services and other support for children with a developmental delay or disability. Particular focus will be given to increasing support for children under the age of six who have been diagnosed with Autism Spectrum Disorder.

Families in receipt of social assistance will further benefit through an extended drug card program that will provide full prescription drug card coverage for families making the transition from income support to work. Families on social assistance can also use private (unlicensed) child care in areas of the province where access to licensed care is not possible.

The number of family resource programs will increase. These community-based services are primarily for children up to six years of age and focus on promoting healthy child development, enhancing parenting skills and building community capacity to support the interests of parents and children.

Youth will benefit from the funding in three ways. The first is the Post Secondary Education Support Program, which provides assistance to former children in care to attend post secondary education facilities. Youth from 12 to 18 years of age will also have the opportunity to participate in the development and implementation of a community youth network. These community-based programs will focus on the assets of youth and concentrate on prevention and supportive activities. Funding will also be provided to regional health and community boards to expand residential and mental health services for youth in need of increased support.

As a result, provincial child-care expenditures will expand considerably. The remaining investments are in relatively new program areas, with some funding directed toward administration and developmental costs.

**Table 9. Newfoundland NCB Initiatives, 1998-2000**

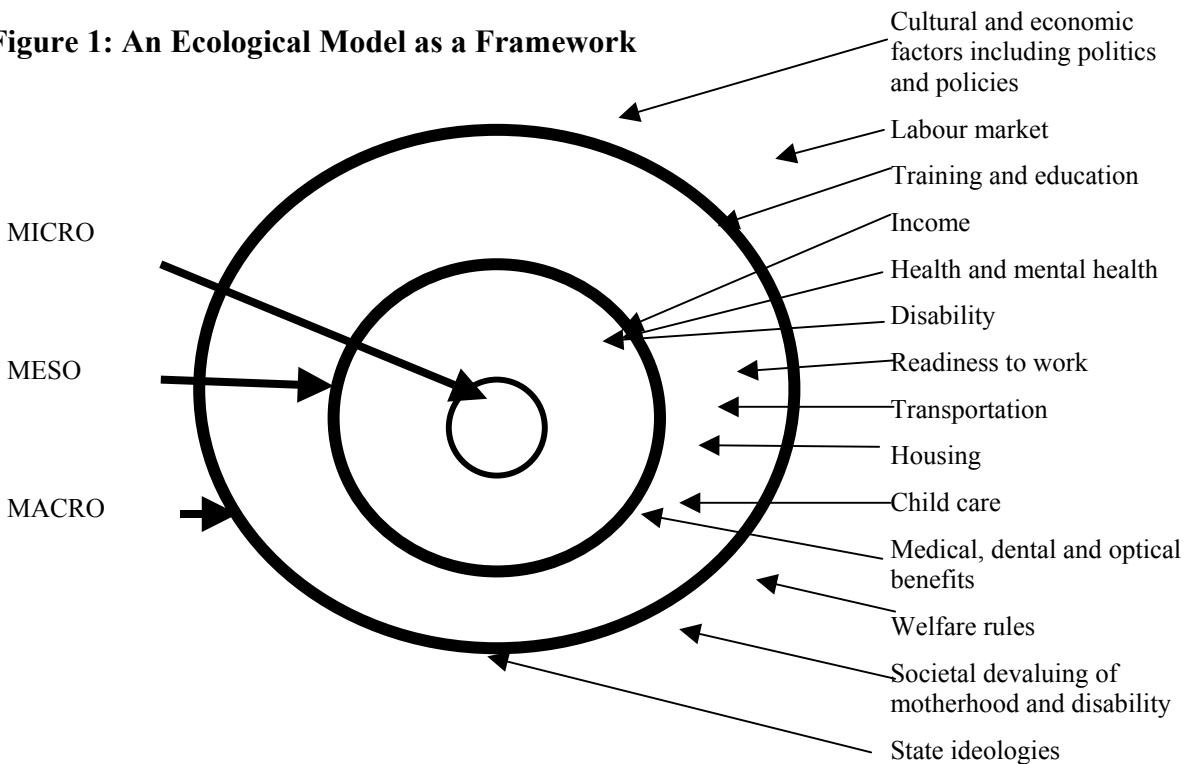
<b>Newfoundland NCB Reinvestments/Initiatives</b>	<b>Estimated FY1998-1999 (\$ 000)</b>	<b>Estimated FY1999-2000 (\$ 000)</b>
Child benefit/earned income supplement Child benefit	–	6,400.0
Child care/day care		
Unlicensed child care	450.0	600.0
Family home child care	487.5	650.0
Child care subsidy program	1,987.5	2,650.0
School-based infant care	56.2	75.0
Early childhood education co-ordinators	225.0	300.0
Additional child care support services	618.8	825.0
Early childhood certification and training	75.0	100.0
Early childhood/children at risk		
Post Secondary Education Support Program	225.0	400.0
Family resource centres	862.5	1,150.0
Health benefits		
Extended drug care program	750.0	1,000.0
Community youth networks/residential and mental health services	2,100.0	2,800.0
<b>Total</b>	<b>7,837.5</b>	<b>16,950.0</b>

Source:  
FPT (2000).

## 5. WHAT WE LEARNED

In conducting this research, it became evident that the overlapping and intersecting issues were not arbitrary. Patterns could be seen that connected the difficulties to possible strategies. We have adopted a model that looks at the situation from an ecological perspective. Imagine concentric circles with the inner circle representing the individual and immediate family, the middle circle representing the services offered or used by the individual and family, and the outer circle as the cultural, social and economic structures within which the services and family exist. The levels are sometimes referred to as micro, meso and macro.

**Figure 1: An Ecological Model as a Framework**



At each level, there are problems and opportunities. We have called them realities and barriers (reflecting the current state of the problem) and strategies (reflecting possible resolutions). It should be noted that we are suggesting a systemic approach to change. Child-care availability is directly linked to the ability of women to work; transportation is directly linked to both work and child care, and health benefits are linked to both child care and personal health to be able to go to work. The ecological model only works if you take the context into account and make changes on multiple levels.

**Table 10. The Ecological Framework**

<b>Realities and Barriers</b>	<b>Strategies</b>
<b>MACRO- Cultural, economic and political factors</b>	
Labour market does not have the jobs and employers discriminate	Create jobs in sectors that support women returning to work, train employers
Welfare policies penalize mothers and people with disabilities trying to earn money	Provide extended benefits during longer transition time and allow savings or increase asset levels
Eligibility criteria not equitable	Redefine disability and motherhood criteria
<b>MESO- Services and programs to people</b>	
Inadequate child care, night care and respite	Fund and support enhanced care options
Training does not lead to jobs	Real life skills development and training
Transportation, housing and debt problems	Standardize bus/travel, extend housing eligibility and subsidy, and forgive loans or interest and penalties
Miscommunication and inconsistencies	Co-ordinate services better, inform consumers of all their options and rights
<b>MICRO- Individual and family issues</b>	
Medical, dental and optical benefits cut too soon and inadequate coverage	Extend and expand coverage for children and mothers for at least five years
Income penalized, no savings allowed	Allow savings for retirement, education and disability-related needs, pro-rate income support related to needs and family size
Many women are not ready, are afraid and unprepared for entry into the labour force	Provide significant training, support and job readiness sensitive to women's needs

The voices of these women reflect what they believe to be the toughest barriers to cross and the strategies that would make the ultimate difference in the transition. Our analysis was developed after reading and trying to understand the underlying themes as well as listening to the specific suggestions made by the women in the focus groups. We made every attempt to be authentic in our reporting of their concerns.

### **Realities and Barriers for Women at the Macro Level**

#### ***Present Labour Market Environment***

The broader socio-economic environment, with increasing privatization and federal downloading to the provinces, has a much more profound negative effect on the already marginalized communities in our society. In addition, the recent situation in British Columbia offers the extreme example of what is happening nationally. In this climate of an increasingly competitive and exclusionary market coupled with diminishing provincial supports, women with disabilities and single mothers are faced with additional barriers to labour market participation. For systemic reasons (i.e., lack of accommodation in the work force, disincentives related to the maintenance of benefits, etc.), women with disabilities and single mothers often do not have access to the highly skilled/technical positions that offer the wage they need to move from positions of poverty. But, these jobs are not generally available anyway. Quite simply, there are very few jobs available, and the ones

that are, are increasingly low-skilled, low-wage, part-time rather than full-time positions with non-traditional hours, shift work and contract with no benefits. And, there is a huge population competing for these very few positions.

For single mothers, these changes and labour market realities have had a profound impact on their ability to return to work. Even with these enormous obstacles, women we spoke to throughout the province actively continued to pursue employment. However low-level and low-paying jobs, the lack of jobs, competition with younger, more qualified people, and deductions to benefits that happen when you are working have all had adverse effects on women being able to secure and retain employment that would raise them from the poverty that social assistance provides.

*I may not be in the best situation, but I really want to get out there and I really want to work, and I have applied to every which kind of job that you can imagine. Even gas station attendant, but I still didn't get it. Something has to happen where there are jobs that you can apply for. If there's one job and 500 people looking to get it...*

*I worked all my life. I was a single parent when my children were three and five. I went to work because I didn't want them to be raised on welfare, but I had the choice, there were jobs! I had some training, I was younger and there were jobs out there. And if you applied yourself and you did the right thing, you wore the right clothes and you said the right stuff, you got a job! That's not the situation anymore. And it's harder when you're older, but these young ones are not having it any easier. You know, they still have just as many; 500 people are still [looking for jobs].*

### **Employment Barriers**

Women were very conscious of other employment barriers. Many issues serve as general disincentives to returning to work. Among these are the need for flexible jobs, jobs at a decent wage, competition with younger, more qualified people and the clawbacks that happen when you make too much during the transition. They knew that going to work was not simply a matter of sending in résumés. Some had tried using the incentive programs and others had tried self-employment. For women with disabilities, self-employment was difficult since their disability pattern sometimes resulted in not being able to work at all and, consequently, bringing in no income at all. Women were more successful with self-employment if they had volunteers or others around to help. Some used bartering and trading services as a way to cope with limited incomes.

*What the system can't give you, and they develop circles of care around each family, or individual. You may not even recognize you're a caregiver. What they will develop will be a circle of volunteers around your family, that will try to help you. And I don't know where they would come from, but you might want to talk to X about the needs that you have, and maybe something like that could work for you. It would be a special group of people that would like to help you through that situation.*

The bottom line that was expressed throughout the focus group process was that women want to work and are strongly committed to pursuing employment, even low-level entry positions. So the idea that women need incentives to seek work is based on a false perception of the experiences of women on assistance. Women enthusiastically partake in the employment job training programs they are being funneled into, only to be placed in a situation where there simply are no jobs.

Many of the jobs available to women making the transition from income assistance are shift-work positions. These may lead to better opportunities but unless you begin in the shift positions, there are very few options. This creates incredible challenges related to day care.

*Earlier in my life, when I was a nurse, I was married, my husband had been paralyzed, it became impossible to work continuously as a nurse doing shift work and raise three children. A shift work job causes other changes with day care...can't manage...but also once your children reach a certain age they need the afterschool care. A lot of challenges...*

*I do have a job and all that I can say that if I was out looking for another job which I have, it's not shift work because working shift work as a single mother is very difficult for day care. And that's what I work, it's shift work and it's horrible. You don't know your shifts from one week to the next.*

*The child-care situation basically is at this point if I wanted someone to look after mine, I'd probably have to pay him or her out of my own pocket. Someone who would be qualified enough to deal with any kind of outburst he may have, or difficulties, you're looking at probably \$7, \$8, \$9 an hour to have to pay someone to come in my home... Why would I want to go out and work at a \$10 job?*

*I belong to a child care...that's one of the things, the day care, we don't all work 8:30 to 4:30. I work weekends and I work evenings. And we're trying to push and put off the age cutoff, and try to push for extra day care for evenings and weekends and what they've also told me is Nanaimo has a 24-hour day care. If Nanaimo can have a 24-hour day care, why can't Victoria?*

*I found it impossible. I just wound up taking her with me and I had a situation where I could and that was fortunate, but if you don't, then I guess you can't take the job.*

Contract work with no benefits is a reality that many women are seeing. Self-employment has the same problem as working part time without benefits. As one woman put it:

*Trying to find a job where they will give you benefits.... Are you kidding?*

For women with disabilities, this is particularly adverse. As this woman on social assistance with both a child and a husband with a disability explained:

*But now we're looking at a whole different way of working — it's all contract. You just can't go and apply and expect a pay cheque every two weeks and benefits, like dental is a problem. We were applying for my DB2...but in the end my husband ended up getting paid a half-decent wage, so in the end I didn't do it. But still I have to pay my own medical, dental, everything you know.*

Recent dramatic slashes to welfare in British Columbia and the layoffs of provincial employees, who had a particular focus on human services, has already had negative impacts on women.

*In a blanket fashion, the welfare ministry sent out a letter to everybody saying you're going to have to get off welfare you will get back to work or you're going to get cut off. So then in this slash and burn thing, he's taken 30 percent of the government jobs which is the primary employer in Victoria and the tourism industry since September 11th has completely gone downhill.... So into this climate of having no jobs...people are being told to find jobs. And they might be looking at percentages and numbers and possibilities, but they're not looking at the common sense thing...there is x thousand people that we're going to be pouring into the work force. Where exactly are these people going to go?*

### ***Social Perceptions about the Value of Motherhood***

The comments from mothers on income assistance in British Columbia reflect a tremendous sense of being torn between the welfare of their children and going back to work. There is widespread grief and anger that their important role as a mother is not recognized by the system and is, in fact, devalued. The new rule in British Columbia that requires mothers to return to work after one year is causing tremendous anxiety and a sense that motherhood is not valued as a significant life choice.

*So I've been home this time with this child the whole time and it's such a completely different relationship I have with this child compared to the other one that I had to send to Lord knows who just to make a dollar to put on the table. And so I personally know that there have been great advantages to raising your child yourself.*

*One thing that I think is absolutely criminal...now they're saying that mothers have to leave their children at one-year-old. To me, that is such a betrayal of children and parents and just evil. That's just evil. That's absolutely evil.*

*I'd like to know why parenting isn't considered a job, I mean one of the most important resources we have is our children and, you know, we're not given the benefits or anything to stay home and raise those children and then they're in day care and raised by someone else.*



*I've had trouble with my son in day care. I've had a totally different child coming home, different everything, and that doesn't seem to matter.*

*If you're willing to make the trade-off, like I don't particularly love living on \$800 dollars a month, but in order to be with my child or to provide her better care I will do that, but I've weighed the options and they should allow you the options to do that.*

*We did a forum on unpaid work, and the big thing is the government doesn't consider mothers to be productive, because we don't count in the census, right? So what we have said is that when you get your benefits, fill out that you actually do work, you know, you're a caterer, you're an entertainer, you're all those things, so that the government will know that there are all these people staying home but still are productive members of society, you know?*

Despite the care-giving responsibilities and systemic barriers, the government has determined that even women with young children receiving social assistance should be required to participate in job readiness or training activities as a condition of continuing to receive income support. This requirement, it was argued, would benefit such women by providing them with the skills and experiences that would raise their self-esteem and equip them to improve their economic circumstances. However, women receiving social assistance would arguably be better served through policies that *facilitate* their access to appropriate and supportive training programs *without* coercively linking mandatory participation with continued income support. Second, the argument that we should now routinely expect women who are also mothers to participate on a full-time basis in the paid labour force devalues the work they do caring for their children at home. Citizens have both rights and responsibilities. As such, we meet our responsibilities by making a “contribution” to society, and this contribution consists of engaging in paid employment and paying taxes (or undertaking training in preparation for these activities). From this perspective, mothers caring for children and women with disabilities are not understood to be “contributing” to society or properly fulfilling their responsibilities as citizens.

### **Macro Strategies that Would Make a Difference**

What would make a difference? What would be the things that would assist mothers in returning to work, feeling that their children were looked after and increase their overall quality of life during the transition from income assistance to work? The thoughts and wishes of women fell into several categories.

#### ***Macro Strategy 1: Longer Transition Time***

Mothers felt that more transition time in general would make a significant difference.

*I'd like to see a five-year plan for women coming off the system, getting back into the work force, rebuilding their lives, rebuilding their children's lives, and I feel you need a good five years, to get yourself on your feet, for*

*emotional, for balance, for stability. I'm in recovery, and two years — I'm just getting my life together now, you know, and so if I had another three years to have those benefits...that safety net.*

*But we need to have a longer term, like when you go off assistance, not just this one year of \$150. How do they decide it's only \$150, one year?*

*The transition isn't long enough.*

*What if you don't get a job for one year, what if you only get it for six months?*

*I would agree with her, but I would say it takes at least five years. When you are self-employed, it takes five years to really see if you can make it. I mean (by) two and a half, you might break even, but five years, it would give some security, and I found it very deceiving when you go home and write tax breaks for small businesses? I mean I make...like \$10,000, the business makes \$34,000, but with everything taken down I make \$10,000 in a year. Where is my tax break?*

*That safety net, so I don't have to worry, I think a five-year solid plan for women.*

This strategy is a simple one to implement. It requires the extension of transition benefits beyond the three-month, six-month or one-year limits that exist in various provinces. The benefits of this longer transition time will be measurable within a few short years. One woman shared her experience with a longer transition time and the impact it made on her situation.

*I want to share with people what it was like when I came off welfare, because there was an incentive program in place, and by the sound of it, we don't do that anymore. But there was, you could earn the first \$100 or it was \$200 if you were a single mother, without any decrease in your welfare cheque. And after that, if you went to work, you could keep 25 percent of what you earned, until, they would take off 75 percent. Anyway, it was a complicated sort of system, but it wasn't that bad. What it meant was that when I didn't feel I could work full time, I had the option of working part time, and I would still be guaranteed that I would be topped up to a certain amount. I would feel a little bit of benefit from the money. So even though...some people would have said it's not worth working, because I'm putting in 30 hours a week and I'm only feeling about \$150 or \$200 better off. What ended up happening was that by the end of this transition where there was a little more and a little more, I only got \$50 a month from welfare, but it sounds to me like now they just give you \$150 a month when you get a job, and they don't make sure that you're earning enough. The only way you can get off is a full-time job!*

**Macro Strategy 2: Earning More and Retaining Benefits During Transition**

Women who had successfully entered the work force found it was only possible with continued benefits. The B.C. government provides a year of transition benefits where women have their medical, dental and transportation covered. Women in our focus groups felt a year was too short for adequate transition.

*I just recently started working again, and they've covered my medical and my dental, and my transportation costs. It helped. They still paid for my prescriptions. I don't know what I'm going to do when the year is up.*

*I wouldn't go back for anything, because I couldn't go back to that punitive system where everybody's knowing my business and I'm not being trusted. That was the part of it that I hated, the stigma and being investigated or interrogated, and having to prove everything about what I spend and where I spend it. So that the emotional aspect of being on welfare I found quite upsetting and it's a relief to be off of it. But now I face being poor in a working poor sense because I'm worried about these benefits. I don't have any work with benefits.*

*And I was going to say that I think you should be able to get benefits, like medical and dental, more for the mother who's out there in the work force, and not just keep it for one year, because you know what? You can have a job for 10 years and still not have those benefits, but what if your child falls and breaks his teeth open, well you can't go and get that fixed because you can't afford it.*

*But if you have the non-cash benefits of welfare ongoing for a longer period....*

*I think they should keep the transition to work benefit, maybe increase it a little bit. I think that would be a great incentive for people to take the step forward and get off the system.*

One suggestion emerged through a group discussion that mothers should be allowed to make more based on family size. The concept of allowing a certain amount of income across the board is regressive as it limits the largest families to the same amount as a single person. The equity of extending the allowable income is transparent. This would indicate a need for a shift at the macro level.

*W1: I think the amount that you're allowed to keep above your cheque should be relevant to family size.*

*W2: A single person could keep \$100, a person with one child, a person with two, a person with four could all keep \$100.*

*W1: So it could be \$100, \$200, \$300, \$400 and so on.*

*W3: It's \$100 per person.*

*W1: That sounds really good because I know for me I could really use an extra \$500 or \$600 a month, but I could only make \$200, you know.*

*W2: And if it was consistently, if they didn't just let you do that for two or three months. If you could keep doing that, because sometimes part-time work leads to full-time work.*

### **Macro Strategy 3: More Flexible Employment**

In one focus group, flexibility emerged as a major suggestion as a transitional support.

*I don't know how many jobs I had to pass over because I was not available evenings or weekends. I mean, I have a university degree, you know, I can do assistance worker jobs, I'm qualified to do them, but yet I am on the system. I'm being served by the same position I can do, because I don't have any flexibility in the hours.*

*I cannot find baby-sitters in evenings or on Saturday afternoons or something. It would be ideal to be flexible but I don't even think I'm going to get there. I basically just look at 9 to 5 Monday to Friday. I figure that's my best hope.*

While acknowledging that a change in employment practices is not necessarily within public policy makers' jurisdiction, there is a lot of flexibility that could be implemented if barriers were removed. Part-time benefits, flexible scheduling and family-centred work schedules could make a major difference. The women we talked to understand capitalism, and they understand the bottom line, but they also want to work, to the best of their abilities and the "system" does not support this objective.

### **Realities for Women at the Meso Level**

Reality at the meso level includes myriad concerns about program and service issues which serve as barriers to their making the transition from welfare to work. These meso realities and barriers are symptoms of problems at the macro level. Issues at the meso level of concern to the women include things over which they have no control which have a tremendous personal impact on them and their families at the micro level.

#### ***Inadequate Communication and Co-ordination of Services and Benefits***

Women found the whole benefit eligibility system confusing and complicated. This was prevalent with mothers who reported a lack of effective communication about which services are available to whom, and for how long. Inconsistency in eligibility between geographic areas was also reported. There were so many comments about this issue that this could be labelled a chronic problem that is leading to increased anxiety about returning to work.

*Communication between each section, because that could resolve a lot of problems. If one person could talk to another person or, to be perfectly honest, if one social worker would have the same thought as the social worker sitting right next to her, and because she doesn't like the individual.*

*Communication is a must.*

*Right now, lots of people are not getting the benefits that they are actually eligible for.*

*And the worst part is if you all of a sudden get a lump sum, like say the father hasn't been paying for the whole year, but his income tax refund gets garnisheed. So if you get a cheque for \$1,500, basically, that's your income for one month, it's \$1,500. Never mind that if you had been getting it all along, you at least would have been able to keep \$100. I don't understand that.*

*I've got Healthy Children for my kid, and I've got the medical benefits paid because my income's low enough. And this is how you kind of get by. But if you didn't know about all of these things, you'd go and pay your own medication, and pay your children's dentist, trying to pay your medical payment of \$60 a month if there's two of you or something.*

The instability often associated with a woman's disability can be a strong disincentive to seeking employment. If you lose your benefits once you get a job, and if the job does not work out, you are left without both. As Gail Fawcett (2000: 18) explained:

*They (women) considered the cost of failure to be too high for themselves and their families. Usually, these women weighed their desire to work and the cost of failure, against their chances of obtaining stable employment that would provide them with a sufficient income. For many, this income also needed to cover extra cost such as medication, assistive devices and repairs to assistive devices. Many participants indicated that they felt it was "safer" to remain on some form of income support that would provide them with a low but stable income rather than risk taking a job that they might lose.*

This point was further articulated during our groups.

*This thing about disability benefits, we go back to work and we have to requalify, they pretty much wipe out any non-cash benefit. Why would I take a chance with my security, you know? Psychiatric illness is very cyclical and the chances of it recurring.... I have periods when I couldn't work.*

### ***Child Care Needs***

Child care emerged as the number one issue for mothers attempting to make the transition into the work force. Their concerns centre on the amount of money available for day care,

hours of availability, the child's age and eligibility, how day care informs your choice of work, the devaluation of stay-at-home moms and the impact day care has on their children.

For mothers of young children, child care cost was the most significant barrier. Women who were going to school or looking for work and still on welfare were able to access subsidized child care, but still had to top it off with their own money. Many day-care programs only accept a limited number of subsidized children, making formal day care difficult to get, yet the amount provided for care in the home was so low that women were rarely able to hire anyone to provide this care. Complications arose for women whose children had disabilities, or the women worked shift work or after school hours. Between 2 and 5 p.m. is generally not covered by school and even school-aged children often need after-school care. Women felt child care should be available in major centers in a 24-hour service, after school and for a range of age groups. Summer programs and respite care are also an important part of child-care services for single mothers.

A discussion in every focus group led to the same conclusion: child-care costs were too difficult to afford without some supplement or subsidy. When asked if they could go back to the work force without child-care benefits, this is what women in the focus groups answered.

*You can't do it. I don't think it's possible to come off welfare and work without child-care benefits. You'd be working to pay day care. And then that's...almost \$500 a month.*

*That's why it took me so long to get back into the job market, because there was no way I could afford it, especially if you're looking at child care as well.*

*[The type of work I can do] is completely dictated by what's available in child care.*

A child's age and day-care needs came up in most groups. Women complained that the government makes policy that arbitrarily decides on an age at which children need less money for child care and another age at which they need none at all. The day-care subsidy and program availability is largely based on a child's age, with a lack of understanding of child-care needs by age of the child. Mothers on welfare are concerned about the availability of supervision benefits for their pre-teen and teenage children. This is an additional barrier to the return to work and to the emotional well-being of mothers in transition.

*Another thing with the day care is that, it's a problem as your child gets older, they decrease the money and from my child being 17 months and 29 days to being 18 months, it's no easier to take care of her, you know, and she's growing, but the day care money right now is going to have to come out of my pocket to keep her level up there, because the day care rate doesn't change.*

*I remember when my child was too old for day care and then, but you don't really feel safe...and all the things that they can get into and it's not exactly day care that they need at that point, but it's some kind of a supervised program, so that you know they're safe. And they're out of the influence of harm's way. And so it's really tough as a single mother, to get through that time when they're not going to day care. When they get to be 15 or 16, I've tried to find ways to work, to have some flexibility so I can be there because kids can get into a lot of trouble in their teens.*

*There are some after-school care programs that are convenient, but sometimes (older) kids resist being in them because they're pretty boring. They just sit in the classroom for another two hours at the school. I almost preferred it when he was young and went to day care, because I knew there were three or four qualified ladies taking care of him. And then after, when he became old enough, they're not qualified to look after your child.*

*And you don't get child care, my son is 12 and he has also some special needs where he can't be alone, but they won't give child care because he's 12.*

The lack of support in the child-care system to deal with an emergency, crisis or a child's illness was a notable barrier to job retention.

*What she was saying about child care, like I work so I get my 20 days a month or whatever, well I'm having surgery in January, and it's major surgery, so I'm not going to be able to watch my kids for two full weeks. I need to find 24-hour care for two weeks, so I've been phoning around and they said, sorry, the only thing you can have is up to 12 hours a day which you already have child care. So I said what am I supposed to do with my children after my day's work is done if I was doing it instead of being at home, they said well you're going to have to pay someone \$10 to \$12 an hour to.... I said that sucks. I don't have to go on medical UI, as I cannot afford six weeks off my work. They said well then maybe you don't need your surgery!*

*That was something I was wondering about, is when I have entered...in the past, I had nobody to care for my daughter. And I don't know if they have it or not, but something that would be helpful, would be if they had an emergency child care...for somebody to come in...*

*One disadvantage I've found is that when your child is sick, the day care won't take him. And then you have to stay home. And when there's only one person running the business, you have a day's lost income, and that can add up to be quite big. I lose a week of work, I mean that breaks my neck.*

### ***Disabled Children and Respite Care***

The sample of women recruited to participate in focus groups targeted women with disabilities and mothers. However, in these groups we also found that several women had children with disabilities. It was clear that, for them, child care was an additional problem due to the lack of spaces and quality care for children with disabilities. Other women mentioned the necessity for respite care, quite separate from child care. Mothers of children with special needs face particular challenges in returning to work because of the tremendous need for respite support which could enable them to feel more rested, less stressed and more able to work. This is a type of service where a child is taken out of the home for one or two days to provide time for the mother to be free from care-giving duties. It is rare that this service is available to women whose children are not disabled. The discussion led to more ideas relating to home support, home care and respite in British Columbia. This intersection of disability and motherhood was raised when a mother at the focus group discussed her child and husband who were both disabled.

*Personally, I wish I was off the system and my whole family, but because my husband's on DB2 (Disability Benefit Level 2) and my daughter is special needs, it's really hard for me alone to support everybody, and my husband is very self-conscious right now, to go out and find work. Because he thinks: "Everybody's going to look at me and say you can't work here." If he goes out and maybe possibly finds a friend to work for, that's his only chance, really.*

*My oldest daughter's in respite and she goes every second weekend and right now the system is cutting us down to 1 day a month... I'm worn down already. She's very hyperactive, she needs a lot of activity in her life. And I have my five-year-old too, who kind of wants my attention as well. I've got my husband and my two daughters to look after, and then it's just me. This one day a month respite care is going to wear me down.*

*My family's not near to me, I have nobody. I have my friends and that's it, and my daughters have no grandmas, they have no grandpas, so in their eyes it's mom and dad, and that's it. And with the ADD [Attention Deficit Disorder] with my husband and his disability, it's real hard for me to keep up with my husband and my oldest daughter. And then my youngest daughter, she's fine, there's nothing wrong with her, right? But it's just the attention level that I need to give to everybody equally, has worn me right down, so...and I can't handle this cutback of respite. I need that respite where it is [now].*

In addition to facing the disabilities of their children, some women have disabilities themselves. Mental health disabilities were the most commonly reported in our focus groups. The programs that serve children with disabilities often have no knowledge of, or responsibility for, dealing with disability issues in the parent.



### ***Student Debt and Repayment***

The student loan system came up in our focus groups time after time. The idea that women should take out extensive student loans to pay for their training leaves many women “frozen” due to the debt load. Students who could not stay in school full time lost their loans, and others were unable to pay them back. Even having a debt frozen in terms of penalties left women with a \$50,000 to \$70,000 debt which is not deducted from welfare payments, but is deducted from income earned through work.

A major issue for mothers was the role that student loan debt plays in their feeling trapped in the system. Many mothers take student loans to further their education and be better equipped to enter the work force. Yet, it appears that many women end up with more debt than they could ever repay and that the one-year demand to begin paying becomes overwhelming. They also don’t believe they could ever secure a high enough paying job to service the interest and look after their families, much less pay off the whole loan. Some mothers reported that they had gone bankrupt as a result of student loan debt.

*There should be some forgivable loan, or anything would help, and I think five years would be a good thing [for repayment without interest].*

*...went bankrupt.*

*...I was a single mom, that’s why mine was so high. Like when I fell out of remission...you immediately owe \$50,000.*

*I’m at \$50,000 now.*

*But the reality is, you won’t be able to pay back the loan or the interest, so what difference does it make? If you can’t pay the damn loan off, you can’t pay the interest...*

*And welfare turned around basically telling me I’m too old to be retrained, or you don’t fit into any of our programs. If you want education, you have to get a student loan...but now I’m on welfare still because I didn’t get a job coming immediately out of...now I’m not allowed to pay my student loan, because I don’t have any money to pay it, and if I get a job that will pay the student loan, they’re only going to allow me \$100 a month without taking anything off my cheque.*

*Now if I get off social services, they’re all going to come jumping down on my head, and want their money, and I’m going to be in trouble! I won’t be able to make enough money to pay my medical, to buy my prescriptions, to...pay my rent. I can’t get a job that’s going to pay me that much money.*

*I have a student loan because they told me that I was too old to come under any of their programs. Anything over 34 and you’re not trained by social services. If you want any kind of education, you get a student loan and you*

*pay it yourself. So I did. I now owe them \$12,000. When I could get a student loan, I lived off my student loan. I worked a very little bit part time, and I went to school full time, I took a full course, and I hadn't been in school for years and years...so it wasn't like you could go and work full time and go to school, and do this and do that...anyhow. My student loan ran out. I just barely made finishing my course without starving to death. At the end of school I was extremely ill. My blood count was so low from not eating that I actually ended up on Disability [Benefit Level] 1, just because of my blood levels. Anyway, when I went and tried to talk to my worker, and I'm going well I've got this and this and this, and she says, well, you don't have to worry about it. As long as you're on welfare they can't make you pay your student loans, don't worry about it.*

### **Cash Benefits and Subsidies**

Some inconsistencies related to cash benefits, such as transportation and food allowances, emerged as a theme. In order to work, many women needed these additional subsidies or they would be unable to pursue employment. Several women mentioned that there were special dietary supplements available for people who needed protein- or iron-enriched diets, and other women also mentioned that with certain medical conditions a special diet subsidy was provided. Women who were training or trying to work also got a transportation allowance. Other people not working but needing to go to medical appointments had taxi costs covered.

*So I get an extra \$40 a month for this dietary process, because if I don't have it, then I can't eat properly, and if I can't eat properly, then I would become sick again.*

*It can be up to \$225 per month, with the criteria, depending on what you need. And anything that compromises the immune system, like IBS [Irritable Bowel Syndrome], could qualify for the maximum. Also, the Ministry has a program for medical transportation costs.*

These benefits were mixed between direct allowances (\$140/month for work-related transportation) and in-kind transportation, such as a ride to the doctor, that was directly billed to the Ministry. In addition to travel benefits, the dietary allowances were also given to women as cash as opposed to non-cash benefits. Discount bus passes in some municipalities were also available if women met certain eligibility criteria, such as being on DB2, but were not available to mothers or people trying to work. Several women had no idea these additional benefits existed and were planning to ask about them as soon as possible.

### **Accessible Affordable Housing**

A discussion related to affordable housing and the lack of money for utilities emerged as a major barrier to mothers returning to work.

*How come when you get into the BC Housing that you don't get any more money? You're allowed \$520 for rent for a single mother and a child, and BC Housing gets only \$300, you only get the \$300.*

*They'll pay for hydro and your telephone though.*

*Yeah, but if you don't...does it come up to the \$520? You don't get the \$520, and that's where a lot of people don't know when they're going, I'm getting cheaper rent, I'll have more money...*

*No. In BC Housing when you work part time, you definitely don't get any assistance.*

*Because you have to have hydro, you have kids, you have to have hydro, it shouldn't be coming out of your food money.*

*I had this much water through my house, was due to my toilet overflowed and my child clogged it, so they were going to send me the bills for all the repairs, everyone else's repairs, they put my neighbours up in hotels, but they wouldn't put me up in a hotel, so I actually had to get on the phone to my ombudsman and say I'm a working poor mother, I can't afford to pay all these bills of restoration. They wouldn't pay for my hotel but they did decide to pay for the repairs. So housing isn't always as perfect as people say.*

### ***Employment Training Programs***

BC Benefits training programs serve competing interests. Government claims such programs provide “real skills for the real world” while reducing welfare caseloads. The older women view such claims with scepticism: they've learned no new employment skills, nor have their current skills been acknowledged. These women have suggested improvements or ways to eliminate program redundancy, but their input is not incorporated. Many of these women have entered programs with service sector, business, resident care aide and day-care experience. They are often on social assistance, because these markets are saturated, certificate-driven, physically demanding or scarce in the areas where they live. Staff, however, continue to encourage these women to enter these occupations.

Some women participate in programs voluntarily, hoping to learn “real skills for the real world”; others are mandated to attend programs or lose welfare. They question why they were selected; some women wonder if it is because of their considerable skills and life experiences that help programs with limited resources claim program effectiveness. Staff of these training programs (often women too) are also threatened by government cutbacks. Some training programs are closed when funding is withdrawn or their wages are reduced in order to compete successfully for funding. Staff may feel as vulnerable as women on welfare and struggle to serve women well in this contradictory space.

Women also fear that even if they do manage to return to school or find a low-paying or part-time job, they will be worse off financially than on welfare, since they incur greater work expenses and lose valuable personal, medical, dental and prescription benefits. Moreover, part-time jobs do not guarantee future full-time work. Women were very articulate about the ineffectiveness of repeating job search courses that taught the same things. Some women had been through several programs to self-assess, write résumés and practise being interviewed without any success.

*I'm tired of the system turning around and sending me to yet another way to help you get a job. I've gone to five or six different programs now, all very good programs, all gave me very good information. I've rewritten my résumé five or six different times. It's all wonderful information, but if there is no opportunities out there, what difference does it make how many different ways you write your résumé?*

*It gets a little discouraging when the only offer you have is get another course on how to write your résumé.*

## **Building an Infrastructure: Meso Strategies that Would Make a Difference**

### ***Meso Strategy 1: Appropriate Training Programs***

Women who had been through a women-run, women-focussed training program were well aware of its benefits and felt this type of program could really make a difference.

*You're getting skills in terms of assertiveness and how to deal with difficult people and computer skills and transferable skills that you will need in the work force...of employability issues that the bigger thing...is...you have talent, you're unique and special, and you can do this and how many women in this office are going to support you? No matter what your problem is, if you have emotional problems, well no man wants to know why I'm late one morning because my daughter can't get her pants on.*

*In the group, a lot of women come from abusive situations, run away, and then they are trying to put her to work? In our support group exposing some tender part of yourself, um, I don't think women would feel safe if a man was there.*

*A lot of the support comes from sharing feelings.*

*I think one of the other things that we can consider, we call them survival skills, and they're teaching me how to turn those survival skills into employability skills, but now I'm considering how I'm surviving as a negative, but to take that and turn that into a positive. Like those are all good skills, the problem is we don't know how to use them, you've got to suit yourself, but it's just surviving, and that's been the part that's taught me a lot.*

***Meso Strategy 2: Benefits Related to Child Care and Respite Care***

In addition to longer transition time, certain benefits related to child and respite care are desired as a support in the effort to return to work.

*I think what would help me, and probably help a lot of other people would be, health care, and child care. ... When you have your own business, it takes a year to make progress, just like if you're trying to find a job, it takes a year to make sure you know you have a job. So instead of three months...you should have health care for a year. And day care, it used to be seven years. You had to try and find a job, what you want to do, schooling and that, and now it's up in the air, but I have to work when my kid's one. Well, I haven't known what I wanted to do since Grade 7, when they ask you, what do you want to be when you grow up? I have no idea, I still don't. And now I have a time limit to figure out what I want to do. Well, if they want me to go work at an \$8 or \$9 an hour job, I want her day care paid until she's at least kindergarten, which would be half a day, or Grade 1, a full day's gone...back to work. They change from age seven to age one, then there has to be something.... More realistic assistance with child care, just more.*

*And the whole 24-hour thing too...*

*The day-care subsidy needs to be more, I get \$465 for full-time day care, and I'm paying out \$700 a month.*

*Not just infant/toddler day cares. Child care that's accessible to pick your children up from school, take them home and be like their mother, instead of like making them walk to day care after school. My son is six years old and he walks 30 minutes to day care after school, you know. Sure he has people to walk with, but that's not the point.*

*Actually, right now I would like them to keep it [respite] at every two weekends. I wouldn't like anything more, I wouldn't like anything less, but it would be nice to keep it every two weekends. They take her for the weekend, so it's three days and two nights.*

***Meso Strategy 3: Co-ordinating the Services and Communication Clearly***

The tangled web of supports is difficult to navigate. As parents, and as researchers, we were shocked by the number and extent of services available (and not available) in British Columbia and Ontario that we were unaware of before this research. Clearly, the message is not getting through to the women in need of these resources. Often, women described going to three or four offices to co-ordinate day care or a dental visit. It is important to consider that while cutting welfare support to women and families in need, the government has overlapping, duplicate and sometimes discordant services. Women need the services to be easily available, well advertised and consistent in interpretation of eligibility and service provision.

## Realities for Women at the Micro Level

### ***Basic Needs: Food and Clothing***

Mothers talked a great deal about issues related to food and clothing; more so for their children than for themselves. It appears there is a cyclical trap inherent in the attempt to return to work for mothers which includes the lack of money and flexibility in day care which leads to the lack of decent work which would lead to a lack of money for food and clothing. The lack of food and clothing and recreation opportunities for their children strikes enormous fear in the hearts of mothers.

*Some of them have a kid who's 6'4" when he's 13! Of course they need hot lunch programs, they need triple hot lunch programs. And clothing! Because they're kids they need access to football and hockey and kid's stuff. It seems like women have no value, so women's work has no value. And children are what single mothers have been providing care for, but I'm changing now because I have five sons so I'm going the single parent route rather than single mom route. Because I also happen to believe that fathers are effective parents too.*

*Shop, I mean who else can shop on \$200 a month and feed a family of five?*

*And you don't have the clothes for your job, you're ready to go back into the work force in what, your sweats? Because you've got to buy kids clothes or you're not prepared that way to go back to work.*

*My son went to work when he was 15 selling hamburgers just so he could turn around and put jeans on his butt, and I couldn't afford it. And what 15-year child should have to do that? You know, because I'm on disability, I can't work, and he's having to do that, and that's not right. As soon as he hit 18, they kicked his butt off of my income. He wasn't even finished high school! And they said, well we'll carry him until August. I said, what happens as of August? Well then he either has to be on welfare, have a job, or go into school doing what you're doing with the student loans. Okay, fine. We had from April to August to have him totally set as to what he's going to be doing. It should be he is on my income until he's 19 because, they're not finished high school. What happens if he needed to stay in school for another year because he didn't pass a class or whatever?*

The issue of clothing was tied to both the mothers' abilities to go to work and the children's abilities to participate in school and recreation. Mothers were painfully aware of the choices they had to make to house, clothe and feed their children. One of the most telling statements about how committed mothers are to feeding their children was:

*I lived in downtown eastside Vancouver, and ...I knew a lot of women, a lot of moms, who, that weekend before Welfare Wednesday, would prostitute themselves. It was sort of a put the meals on the table type of thing.*

Mothers expressed having to put aside their pride to access important opportunities for their kids.

*If you're brave enough, all you have to do is talk to the principal and say you can't afford it. But a lot of us are too shy, and I think we should start standing up and saying: "I can't afford this," because they want my son to do swimming because that helps...or baseball...and I have to go out there and say I can't afford it and that's very hard.*

*Well actually, they've made most of the schools right now, that no child is denied, so they can go on all the field trips, and swimming...*

*You just have to put your pride in your pocket, which we've all done, and say: "I can't afford it."*

*I think it's really, really important that there be some sort of subsidy that we can put toward kids for sports and music. Only the wealthy can have their kids in music programs and have their kids in various sports. And that's really sad. It's hard enough on kids, when their moms are on social assistance, and their clothes aren't quite as cool as everybody else's, and the food and the bike and just the whole nine yards. But when school's done, their buddies get to go off to this practice, and hockey and rugby and different teams...and music too...it's so incredibly beneficial on so many levels...and it's really expensive.*

### ***Working, Looking for Work and Being on Welfare***

So many of the comments reflect the incredibly high stress levels that mothers on income assistance feel as they attempt to return to work while looking after their families. We need to understand the multi-dimensional and competing priorities that women on social assistance must contend with and the resultant emotional manifestations.

*You know this is something I think that people who make the policy don't understand, is people who are beneficiaries of having to be on welfare to raise kids are not trying not to work. They're dealing with an extremely tense situation and it does have emotional ramifications and health ramifications. People are constantly under stress and pressure, and you're always worried about money, you're always worried about your kids. There's never enough to go around, and the last thing you need is a bureaucrat saying: "Get back to work."*

*It's so bizarre that the people who make the decisions regarding how we manage, you know, like heat, or we live at a level of such survival — just making ends meet. The people making the decisions that dictate our lives, have lives that we can't even imagine. They go on vacations every year and they have pensions. They make policies but they don't have to live with them.*

*I think it's also the lack of support to get to work, if you get the interview, you get your \$45 and your bus pass. But if you're an employee, you've got to pay \$55 a month for a bus pass. So it's those little glitches in there that, if you're considered employable, there's no support. You probably need clothing, because your shoes wear out or you've been wearing blue jeans or pull-ons for the last three or four, or six or seven years!*

Women also fear that even if they do manage to return to school or find a low-paying or part-time job, they will be worse off financially than on welfare, since they incur greater work expenses and lose valuable personal, medical, dental and prescription benefits. Moreover, part-time jobs do not guarantee future full-time work. This is the primary reason why this research project proposes to extend non-cash benefits to working women. It will allow them to earn money, feel better and support their families without giving up the security of medical, dental and prescription benefits.

### ***Discrimination and Dependence on Charities***

Another issue that women on assistance experience is the reality of prejudice and discrimination.

*He said you know what? I don't want a single mom on welfare, because the first time her kid gets sick, she won't show up for work. And do you know what? In a whole year that I did work...and for the first year they got half my wage paid and they were happy to have me, I never missed a day's work, not one. Never late, never missed a day, no matter if my kid was sick. I found a way to be there.*

*So, the prejudice...it was a shock, and I was part of a women's group and they had a human rights person coming to the meeting. And I said to him, I said what had happened, and I was really indignant, I thought this was just against human rights, this is not fair. And you know what he said? There is no law against socio-economic discrimination. If he had not hired me because he found out I was gay, or some other type of reason, or what religion I had, fine. But what he could not, he refused to hire me, because I'd been on welfare. And it was legal for him to do it, because there's no law against it. But you know what, of course they didn't tell me exactly what the truth was about why I didn't get the job.*

Several women in one group expressed frustration at their dependence on charities to get by, which left them feeling stressed. They questioned the inadequacy and arbitrariness of the amount social assistance provides for school supplies.

*Another question I have too is the back-to-school packages that they give you. This year, I got \$20. Has it come down?*

*I got nothing.*



*And I'm in the same boat.... What do they think \$20 is going to buy? Twenty dollars doesn't even buy the school supplies, never mind clothes or shoes or a coat.*

*They expect you to go and find a charity that's going to give you the stuff, and if it wasn't for the food bank, I couldn't have sent my two kids to school.*

*I wouldn't have been able to send my son without the help of my family. In fact, my sister went out and bought all the school supplies I've got.... I went to the food bank too when I worked, I couldn't afford to send my son to school.*

Women with mental illness described the stress of being unable to take care of their children or themselves. There was a great concern about the instability of mental health disabilities — both perceived and real. The cost of psychiatric medicine was raised as a barrier to leaving welfare. In the focus groups, women with psychiatric disabilities often had other disabilities, and single mothers who had previously not identified as having disabilities said they suffered from anxiety, depression and post-traumatic stress. There was a considerable tone of fear and suspicion in each group as we spoke about possible options for entering the paid work force.

Women were clearly uncertain of their ability to tolerate work, stress and life beyond their current situations. One woman also disclosed that she had been in an abusive relationship; this adds to the complication of the transition to work, since she has had to start her life over again after leaving an abusive husband.

*I've worked full time since my son was born, actually probably for the last 20 years, and the last five years I had to work two jobs, and it got to the point of I had a breakdown, with working daytime and nighttime and still not making enough money. I would clean houses in the day and be a cashier at night, and then my health problems came into it and the whole time it was the system saying: "If you quit you're cut off." And so, it finally came to the point a year and a half ago in June I couldn't go to work. I ended up in a transition house, had a nervous breakdown, and coming out of an 18-year abusive relationship. I'm just trying to get back on my feet, and that's from doing the double work.*

### ***Medical, Dental and Optical Benefits***

The reality of going without medical, dental and optical benefits is a major barrier for women moving into the workplace. The recent cuts in support in British Columbia restricted the frequency of new glasses, as well as the upper limit in coverage for dental work. People are also expected to pay \$800 in prescription costs over a year before their extended benefits will cover expenses.

*If a doctor refers you, then you're covered. If you're not referred for a medical eye condition, then you're not covered.*

*And when I first came off welfare I paid for my own medication, I take a mental health medication, but when my mental health medication went up to \$100 a month, I was aware that there's a plan called Plan G. And I had to go and talk to my doctor and say, I can't afford this medication anymore. So, I mean, I'm actually using pretty much all of them [available benefits].*

The literature review and focus group findings strongly assert that the fear of losing disability supports is a big disincentive for women looking for work. Programs and policy reforms, such as seen in the Ontario Disability Support Program, that continue certain types of disability supports after entry to the work force, lessen the risk of losing important benefits. One focus group participant articulated the hardships related to the loss of medical and dental benefits once employment is secured.

*And now the changes in dental plan...I haven't had a dental plan for myself because my income is too low so I'm waiting on the dental all the time.*

*I've been off welfare long enough now, I never was on any disability benefits, and I've been off long enough that they've taken away my medical. But when my income tax is done, I have such a low income that I'm getting medical free, but I have to go through the process of applying for that. And then I have my son on Healthy Children, so that way I get his dental covered, but the crippling thing for me is on my low income, my teeth are crippling me, my teeth are...I have two teeth right now that are waiting for root canals and crowns.*

The women were concerned about the level of distrust and surveillance. The amount of reporting they had to do and the feeling they were being judged each time they asked for services. Some women felt even more frustrated because they knew enough to ask for a benefit, and the workers expressed a reluctance or even resentment to provide the benefit. There was a continuing discovery process during the focus groups where women learned from each other about benefits they could be entitled to but had never been told about. Some women actually said, it would not be worth the \$40 to have to go into that office and face that attitude. Women were clear that, while they needed and wanted the support of the provincial programs, they never felt they were treated as if they deserved the support. Basic respect was lacking in almost every story.

### ***Fear and Penalties***

It appears that a real fear is present which serves as a disincentive to working and going off the system. Some women have been forced to repay overpayments or been charged with fraud, or simply cut off in varying circumstances. The possibility of not having the regular monthly income, housing, medical benefits and subsidies produces a palpable tension. The fear is rooted in a very real possibility that mothers will not be able to meet their financial obligations and properly support their children.

*But it's very scary to leave the system. You don't know where the money's coming from...and it's a real struggle.*

*They don't make it easy for you to get out; they just want you to stay in that life.*

## **Micro Strategies that Would Make a Difference**

### ***Micro Strategy 1: Planning for Their Future***

This long-term impact of contract work with no benefits is an important issue. Mothers reported a desire to have the freedom to set aside money and prepare for the future during their transition period, without fear of punishment.

*Well, yeah, I'd like to see benefits somehow...into the contract. I mean, I have nothing against the contract work, it's just...not having anything at all. I have grandchildren and I'd like to be able to make enough money to put them through school, not have them need student loans. You know, 10 years down the road, and things like that. I want to be secure in my old age. I'm not sure right now that I'm going to be so...*

*One worry that I have...being a single mom and being on welfare and not working was the need to put a little money aside for when I'm old, and that's still hard...and now I'm working, there's not enough money to put away. What's going to happen? You know, where am I going to.... By the time I get to 65 there's nothing in the pension plan.*

*I don't have any CPP [Canada Pension Plan] contributions because I'm working on contract and I'm so poor in that way. I mean, I just make ends meet, and none of my jobs are paying CPP, or one pays a little tiny bit. So I'm looking at having just the basic old age pension when I get old.*

One strategy that the women identified was being allowed to save. Having a special way to put aside money for retirement, children's education or just emergencies was seen as one way to cushion the transition away from dependence on social assistance. A program is necessary to empower and encourage women to do this without facing severe clawback penalties.

Lifetime security for a person with a disability means having enough money to live. It involves making choices about one's own life and having a place to call home in a family and community context. Many parents struggle to provide a healthy environment for their disabled children in their early years, but despair of their children's prospects for a secure future when they or other family members are not around. The services available to people with disabilities do not commonly offer a high degree of choice autonomy and self-determination, even when they are adults. People with disabilities often have living costs over and above the norm of other members of the community. These costs are related to the inaccessibility of services and disability-related expenses.

### ***Micro Strategy 2: Medical, Optical, Dental Benefits***

This seems to continue to be the pivotal issue, even with the other recommended supports. The continuation of health care and dental benefits for mothers and children appears to be a key in the potential success of a transition period. A period of longer than one year is mandatory.

*I think what would help me now, and I'm working poor, would be to have the medical, the dental, the pharmacare and the glasses. If I could just not worry about those medical-oriented things and I mean for me and my child, then I am happy to go out and work for my living.*

*I think prescriptions should be covered for people who need them until your income is at least a net over \$30,000 or \$40,000, etc.*

*If they expect you to work, how can they expect you to work and you need that medication and it's life threatening, and then you're supposed to work. It makes no sense at all.*

Women suggested an ongoing benefit that could be provided to all women (and men) leaving social assistance and could even be purchased by people who could afford it. Women also suggested that there should not be a stigma for receiving benefits and that universal benefits would help reduce this.

### ***Micro Strategy 3: Dreaming the Impossible Dream***

In several instances, women were asked to imagine what would work for them in the future. Some of these women could not produce even an imagined situation. They felt it was impossible to even dream for a future, because they had to cope with such significant challenges immediately on a daily basis. In fact, the quotation we used to open this report was of a woman being grateful for the opportunity to help “other” women — not even herself. It was actually easier for women to make suggestions at the systems level because they were clear on what needed to be changed. At the individual level, they had problems in identifying what would work. We did, however, identify a pattern of issues that could be seen as interacting at the individual and systems levels.

Skills that would actually support their job re-entry were among the issues named in discussing training and re-entry programs. Women felt that having a résumé or knowing how to do an interview was not helpful unless they had the skills employers were seeking. These women had a mature understanding of the competitive nature of the labour market and wanted to have enough competencies to compete.

Part-time work was considered an option *if*, and only *if*, the benefits were continued. Many women felt that, if they could work part time and be flexible, they would succeed and be able to care for themselves and their families.

Self-employment was seen as a far-fetched possibility or an “impossible dream,” because of the amount of work involved to set up and maintain the business until a profit was shown. Women with disabilities also mentioned that their individual health fluctuates and there might be days or weeks that they could not work, which meant no income or possibly even losing the business.

The strategy here is to dream. The women wanted and needed hope and to be able to put hope into action in their planning and daily lives.

## 6. A (POST) MODERN PROPOSAL TO EXTEND NON-CASH BENEFITS

This model may seem simple, but it is actually quite complex. The proposal is to reduce the direct income assistance for women who earn incomes higher than the welfare rate, but to continue their non-cash benefits. Ideally, the benefits would continue until the youngest child is 16 or, for disabled women, indefinitely. The minimum we suggest is a five-year benefit extension.

### Calculating the Value of Non-Cash Benefits

There are two different ways to calculate the value of non-cash benefits: take an individual case and extrapolate to the larger population or take government expenditures and interpolate to individual situations.

**Table 11: British Columbia Cost Estimates, Single Mother with Two Children**

\$1,200	Medical insurance premiums
1,400	Dental costs for children and mother
600	Transportation subsidy*
600	Nutritional allowance*
12,000	Child care subsidy*
3,600	Housing subsidy*
200	Optical needs
200	Camp/recreation
300	Prescription medical
\$20,100	EST NON CASH VALUE

Note:

\* These items are provided on a “cash” basis, in addition to income assistance, but we are producing an estimate of the cost of non-cash benefits.

If this \$20,100 is the value of the benefits for a woman and her two children on social assistance in British Columbia (before the announced cuts in January 2002), a woman getting \$14,400 in income assistance would need to earn \$34,500 in income to match the benefits needed. But this is complicated by the fact that many of the costs incurred are as low as they are because the programs are subsidized only for people on welfare. Once in the work force, the same individuals no longer benefit from these subsidized costs, and must pay market rates for similar materials. (The other catch-22 is that many of the non-cash benefits are linked to federal or municipal eligibility, and if you lose income from the province you may also lose benefits from the federal and municipal levels.) The one-year value of non-cash benefits to this sample family is about 150 percent of the cash received on income assistance. The women know the value of this.

This same process can be done with a woman receiving disability benefits living on her own. Although the total benefits appear to be less (\$11,120) the amount of wages the woman would need to earn to match the value of her income assistance and benefits is similar to the

experience of the mother with children. With only \$9,600 in social assistance, she would need to earn \$20,720 in income to be able to purchase these benefits.

**Table 12. British Columbia Cost Estimates, Woman with a Disability on DB Level 2**

\$420	Medical insurance premiums
500	Dental work
600	Transportation
1,200	Dietary or nutritional supplement
1,200	Extended medical benefits (mobility devices, supplies)
4,800	Housing subsidy
2,400	Prescription medications
\$11,120	EST NON-CASH VALUE

**Table 13: Calculation of Savings and Expenses**

	July 2001	25%	#	Annual \$	Possible Savings \$
Single mothers	33,864	0.25	8,466	15,000	126,990,000
Disabled women	25,394	0.25	6,349	9,600	60,945,600
	Women =14,815			Possible total = \$187,935,600	
Calculations are done using 25% of the number of women to estimate costs only					
	# of Cases	Non-Cash Value \$	Possible Expense \$	Possible Savings \$	Possible Net \$
Single mothers	8,466	20,100	170,166,600	126,990,000	43,176,600
Disabled women	6,349	11,120	70,595,320	60,945,600	9,649,720
					Annual Net = \$52,826,320

In our proposal, the province (cost shared with the federal government based on the CHST) would save \$187,935,600 annually by not providing income assistance to women who returned to work. We used 25 percent as an example. If 25 percent of single mothers and 25 percent of women with a disability were removed from the income assistance ledger, almost \$188 million dollars a year would be saved. This presumes these women will be earning income above the income assistance rates and allowance of \$200 per month. So women might be earning \$18,000 or \$12,000, depending on their status and would no longer be eligible for welfare dollars in terms of income assistance. When they earned more than the welfare rate, they would continue to receive the non-cash benefits, much like the current situation for persons who go to work but are eligible for Disability Benefits Level 2.

Women earning less than the current welfare rates would continue to receive a top-up and incentive. For example, another 25 percent of women on income assistance could be earning up to \$5,000 a year and still be receiving \$5,000 from income assistance. For 14,815 women, the payments from the government in income assistance might be \$93,967,000 (almost half of the current expenditure on the same population).

These cost estimates are crude, because they do not take into account the taxation system, credits, expenses and other complications of receiving welfare. However, it gives a strong indication of what the provinces seem to be pushing: cost savings by cutting the number of people receiving income assistance.

Coming at it from the other direction, we can look at provincial costs and the number of women served. We can take a total expenditure and divide it by the number of women to calculate costs or savings per person.

- The Government of British Columbia supported 12,973 women for child care at a cost of \$203,369,848, so \$15,756 becomes the “average” annual cost.
- For medical benefits, 19,881 women were supported for enhanced medical insurance costing \$73,069. Of these, the average cost was \$214.22 for the 2,434 single mothers for a total of \$521,431.
- Transportation for 4,045 women cost the government \$965,877, at an average of \$239 per person over a year.
- Work-related transportation averaged \$109 per person for 17 people, or a total of \$1,860.
- Special transportation for 256 women cost \$170,812 or \$667 per woman.

Tables 14 to 17 present estimates of the cost of health care services used by women in British Columbia, who are under 45 years of age, and who are on BC Benefits or Medical Services Plan Premium Assistance. Information was drawn from data produced for other projects and, therefore, was not available for identical time periods and may not match estimates produced by other methodologies. However, the information does provide a general overview of the magnitude of health care services used by this group.

**Table 14: Females, Under 45, BC Benefits and MSP Premium Assistance Recipients Only**

1999/2000 MSP Services			
	Population	Total Expenditure \$	\$ per Woman
MSP Services (in \$)	300,048	6,254,886	20.85

Source:

Data compiled for this research report by the BC Ministry of Health Services, GENESIS Database, drawn February 10, 2002.

This suggests that the cost of supporting women (for a premium) is affordable by the province and could be extended for women trying to work and for people with a disability. The other suggestion was that if women earned more than the current low-income cutoff for subsidization that they be eligible to purchase the extended benefits much like people already do by paying premiums to a medical services plan (MSP) only for the same level of benefits that were available when receiving income assistance.



**Table 15. Females, Age 20-45, BC Benefits and MSP Premium Assistance Recipients Only**

	Population	Total Utilization \$	Units per Person \$
Acute care (in RIWs)	198,238	33,514.28	0.17
Acute care (estimated in \$)	198,238	91,493,976.76	461.54
Residential care (in \$)	198,238	5,200,824.05	26.24
Community care (in \$)	198,238	9,541,654.78	48.13

Note:

Workload for acute care is resource intensity weights (RIW) which indicate the relative resource intensity in inpatient and day care surgery cases, calculated by the Canadian Institute for Health Information based on costs of procedures and length of stay. The average cost per RIW for British Columbia is estimated to be about \$2,730 in 1999-2000, the latest year for which statistics are available. This value was used to produce an estimate of the cost of acute care services.

It was extremely difficult to get this data from the B.C. Ministry of Health, so there is clearly more work to be done in analyzing the costs of health care for single mothers and disabled women. However, the costs of health care support in the community are significantly less than the acute care in hospitals. The cost for women in the community is almost 10 percent of the cost of acute care supports. In other words, provide more women with support in the community and not in acute care facilities. For most women with disabilities, there is a fear that going to work will disentitle them for community care, and this may result in worsening health and eventual hospitalization. It should be seen as a fiscally sound investment to continue community support for mothers and women with disabilities who are trying to work.

**Table 16. 2000-2001 Home Support Use for Single Women**

# of Clients	Paid Home Support Hours	Claimed Expenditure \$	\$ per Client	\$ per Hours
419	122,216.2	3,356,499.49	8,010.74	27.46

Notes:

Home support data include actual home support hours and authorized CSIL (Choice in Supports for Independent Living) services. The cost was calculated based on claimed home support service fees reported. Clients with marital status code 1(=Single), 3(=Widowed), 4(=Divorced) or 5(=Separated) were considered single.

The marital status of a client is recorded on entering the continuing care system, so it may not be updated when it changes.

Obtaining these data from the province was not easy. It was made clear that these numbers are not normally available and that special calculations had to be made for us. We did get the figures, but were unable to confirm the sources or data accuracy since we were provided with these charts as final data. We find it interesting that the government does not have more interest in calculating these costs on a regular basis.

Source:

Data provided for this research report by the Continuing Care Data Warehouse, British Columbia Ministry of Health, January 2002.

**Table 17. Provincial Expenditures Known as of 2001**

<b>Annual Expenses on Programs</b>	<b>\$</b>
Income assistance	810,496,000
Disability benefits	319,764,000
Child care services	165,500,000
Bus pass and seniors supplement	40,994,000
Health care and dental services	72,288,000
Skills development program	88,454,000

***Benefits in Transition***

The results of our study show that one year of transition benefits, although better than nothing, is simply not enough. Transition benefits need to continue for at least five years to support single women with children and women with disabilities in moving from welfare to work.

In a recent change, women with children are now expected to work; as well, people with disabilities have been recognized as having the potential to work. For the most part, barriers to going to work are pretty obvious and quite basic: child care, transportation, medical costs, appropriate training and a job opening.

**Recommendations**

Multiple intersecting areas must be adequately addressed for women attempting to re-enter the labour market. These cannot and should not be separated or done piece by piece. To support women in part-time, temporary, self-employment or full-time re-entry, these issues must be addressed with co-ordinated, effective communication. We recommend provincial changes with the underlying principle that a unified national strategy would be more effective but less likely to occur.

**1. Day Care Services.** Services to care for children while their mothers are working or in training must be expanded and efficiently funded to keep up with the demand. Increased training and wages for child-care support staff will help maintain higher quality staff in this profession. In addition, many women returning to work could consider child-care jobs to meet the increased need. Particularly in demand are infant care, 24-hour care and care for sick children. Our research points out that care of disabled children and adults, teenagers and older adults is needed, in addition to traditional child care. Our recommendation is that eligibility for the child-care subsidy should be universal. In the absence of a universal entitlement, we suggest that women leaving income assistance be eligible for subsidization for children up to age 16 and after age 16 in special circumstances.

- All women receiving subsidies because they are in receipt of income assistance should have these subsidies continued for at least five years. The transition to work is a tenuous one, and many women consider the risk of losing a new job and losing day-care support too great to attempt re-entry.

- New care provisions should be supported with incentives and grants to enable more people to be cared for who are not traditionally served by “day care,” such as older children, disabled children, older adults, sick children and infants.
- Existing laws should be enforced to ensure public day care is accessible to women with disabilities and children with disabilities.

**2. Health Benefits.** Funding to cover the cost of prescription medications, durable medical equipment, dental work and optical services must be expanded so women earning income can afford to leave welfare. Home support for people with disabilities must not only be continued but potentially expanded since the needs of working people with disabilities may require different hours of service and types of services. We recommend that the provinces consider a more universal coverage and, at the very least, continue benefits for five years after leaving welfare. Currently, people with disabilities in British Columbia (DB Level 2) are covered for life if they are eligible; this is a feasible option that has worked there and should be applied universally.

- Women making the transition to work should have the option of paying a premium to continue coverage for any and all health-related benefits that are tied to receipt of income assistance. These women are often not working long enough or in positions that provide adequate benefits.
- Ongoing health supports must include home support services as opposed to institutional care because children and adults with disabilities are better served and served more cost effectively in the community. Schedules may need to be altered to accommodate working in addition to expanding services, such as visits to a physical or occupational therapist, which may not have been used while outside the labour market.
- Provinces are advised to include technical devices/assistive technologies related to disabilities in the medical coverage for needs related to learning and working so people who want to can re-enter the work force.

**3. Housing and Transportation.** Many low-cost housing and transportation options are only available to people while on social assistance. We recommend policy changes to support women who leave welfare for employment but still cannot afford market-value housing or payment of the full cost of transportation. Provinces can develop annual bus passes or travel vouchers that will support women in the transition to work. We recommend a national system to ensure portable eligibility for housing, especially for women moving to get a job. This should continue for at least five years after discontinuing income assistance and be permanent for women with disabilities.

- When entering the work force after any absence, there is a need to purchase appropriate clothing, equipment, books and supplies that would not have been needed during time outside the labour market. To support the transition to work, these “start-up” costs should be provided.

- Housing and transportation are particularly problematic for women and children who have disabilities. In the case of accessible housing and adapted transportation, women and children with disabilities should be eligible to remain in housing indefinitely, and transportation should be continued as long as it is needed. Often, transportation to work is more regular (Monday to Friday) but also more urgent and not flexible. Changes to policies concerning adapted transportation should be revised to ensure effective and efficient operation of transportation for employment and education.

**4. Appropriate Job Training and Real Jobs.** Women clearly need appropriate training to enter jobs that actually exist. Job creation must prioritize those most in need. Transition programs need to be available that are gender sensitive, aware of abuse issues and disability accessible. Flexibility must be assured so they provide part-time, in-and-out and sporadic participation for women with children and/or disabilities. These programs should be tied to labour market needs and identified interests of women. In the past, too many programs failed to provide training for actual jobs. Economic and community development programs should prioritize job creation for women leaving social assistance and not solely for university graduates.

- Short-term training is sometimes not sufficient for women without attachment to the work force. College and university must be options, as well as bridging programs supportive of women, immigrants and women with disabilities. Training options must be linked to the labour market and for existing jobs rather than to jobs that disappear. Women need access to marketable and transferable skills that will sustain them in their chosen occupation and through changes in their life that might occur.
- Canada Pension Plan contributions are already possible on part-time and self-employed income; other benefits should also be extended, such as workers compensation, employment insurance and holiday pay. Women without the protection of collective agreements are particularly vulnerable and need access to the labour standard supports already available for other workers.

**5. Guaranteed Income/Pension.** While we recommend a guaranteed income/pension be developed and implemented at the national level, we acknowledge that it might only happen if provinces comply. Women have argued that the means-tested and graduated income support would be unnecessary if there was a guaranteed, universal, minimum annual income. Women with disabilities and homemakers, in particular, argued for a permanent pension that provided a fixed (but indexed) amount to all. This would address both the stigma and the security issues that pervade the receipt of social assistance.

- In the event that no guaranteed income is made available, we recommend an increase in the rates of income assistance benefits to the low-income cutoff and index it annually.
- For earning income exemptions, we recommend changing the amount allowed to reflect the size of the family, starting at \$300 per month for single people and increasing by \$100 for each additional member.

**6. Permanent Disability Designation.** We recommend that the provinces and the federal government develop one unified disability designation. This would allow a person to be given permanent access to services for disability-related needs without having to meet changing and different criteria in multiple jurisdictions. We recommend a redefinition of disability that is not based on employability or medical diagnosis, but on self-identified functional limitation. Women (and men) with disabilities need to be consulted during the development of this type of designation. It should not increase stigma and limits; rather, the intent is to allow increased and sustained access to services in multiple jurisdictions.

**7. Debt Relief.** Many of the women we interviewed were terrified of leaving welfare due to the debts they had acquired while going to school. Any program that supports women's transition to work must consider their need for debt relief. There should be a national and provincial forgiveness program for mothers leaving welfare or, at the very least, a suspension of penalties and interest. Tax relief is often inappropriate if the women are not earning enough money to benefit them, so there must be direct support. Counselling and debt consolidation programs are useful but the provinces must take responsibility for enabling women to leave income assistance if they want them to return to work. A co-ordinated policy effort is required to stop the clawbacks and intersecting punitive regulations affecting child tax benefits, income tax rebates, child support and Goods and Services Tax (GST) rebates.

- We recommend the development of a working group on unifying relief to work with the provincial and federal governments, and support bodies to ensure that one organization is not taking what another one is giving, and that eligibility is unified across jurisdictions. Although the income tax system is often used to support or equalize expenses, it is not usually effective in reaching the poorest of the poor who cannot use the available deductions or credits.

**8. Funding Infrastructure.** As the federal and provincial governments devolve support for women and children, they must ensure that local communities can take on this crucial role. Women's centres, employment and training centres, and independent living centres, to name a few, need to have resources to provide the much-needed support to women attempting to enter the paid work force. This requires extensive and effective co-ordination, and communication services.

- Women need advocates, and they desperately need information about their rights and benefits. It is very important to provide them with assistance in appeals, legal aid and co-ordination of support services. Women need an easier path to reach the services they are entitled to and to access opportunities leading to higher income.

## 7. CONCLUSIONS

The federal *Budget Implementation Act* and the CHST implementation gave authority and autonomy to provinces. We have recently seen what British Columbia has done. While the changes to services are particularly devastating to people dependent on health and welfare assistance, these changes herald an opening to enable women to enter the labour market. *If* British Columbia, and any other province, really believes that women should work in the paid labour market, we have several potentially effective solutions they could try. We have presented an ecological model that looks at policy changes that impact provincial, community and individual levels of service. We hope they consider our suggestions seriously as an alternative to abdicating responsibility altogether.

Women are often identified as disadvantaged in the economy in a variety of ways relative to men. While sometimes there is reference to the “systemic barriers” that created these circumstances and the need to address them in job-training initiatives, these arguments offer little to those seeking to understand the sources of, or potential policy remedies for, women’s disadvantage. It is also worth noting that women were generally referred to as if they are a group separate from (i.e., not overlapping with) the other “designated” equity groups (First Nations people, members of visible minorities and people with disabilities). There is rarely acknowledgment of either diversity among various groups of women or of gender differences within other disadvantaged groups. This project found that the women with disabilities and single mothers had more commonalities than differences. Primarily, they have a common desire to support themselves. New return-to-work incentives are a signal of an ideological shift in which disabled women and single mothers are expected to adopt market-oriented values of self-reliance and competition (Fawcett 2000). Work incentives are part of a social and economic restructuring based on globalization of markets and on market-driven approaches. While it is true that there are basic advantages to earning income and participating in the labour market, the reality is far more complicated for disabled women and single mothers. They have to choose between health and work, child development and work, home maintenance and work, and even between employability and a permanent designation of unemployable. Our recommendations provide women the security of benefits while they attempt to enter, on a part-time or full-time basis, the paid labour market.

Women want full access to the social and economic infrastructures in Canadian society. But small adjustments to the system which seem to further this goal, combined with the dismantling of existing benefits, will only create new problems, not solve old ones. The current disincentives to working are deeply entrenched, and a positive solution will require major reshaping of the social assistance system. Additionally, there is no evidence that all these women who are being trained have anywhere to go in the labour market. In Canada, the unemployment and underemployment of disabled women and men with disabilities is persistent; for women with disabilities and women with children, employment experiences are even more troubling. Discriminatory attitudes, inaccessible work settings and competition for jobs leave disabled women and single mothers at the end of the line. The economic disadvantages of contract work, self-employment and part-time work are worsened by income insecurity and a lack of accommodation.

These women are also more likely to work at jobs that do not provide a high enough income to pay for these expenses out of pocket (Fawcett 2000). For mothers and many disabled women, full-time work is not always possible, or else requires substantial home-based support and workplace accommodation. Working part time results in earnings below the poverty line, without any eligibility for employer-sponsored benefits. The importance of medical benefits should not be underestimated. These benefits affect the ability of disabled women and single mothers to purchase aids and cover prescription costs and supplies that many women need to engage in paid employment.

Women and mothers have an unequal role in caring for others and doing unpaid domestic work. Policies which assume that men and women are equal to each other are not gender neutral but gender blind (Davies et al. 2001: 66). Their study concluded that to explain women's use of social assistance, we need to recognize the "structural nature of gender and family relations" that lessen women's income earning potential at multiple points in their lives. The report recommends increasing benefits for low-income families and making employment expectations for women more realistic.

We conclude our research by admitting that, to a large degree, we have not found substantially new information. We have found that the problems have worsened. Block funding and reduced transfer payments to the provinces have indeed resulted in complicated and uneven provincial programs across Canada. Masuda (1998) and Day and Brodsky (1998) also pointed out that the new CHST would lead to significant reductions in care, services and support. The lack of consistent national standards has allowed provinces to determine priorities based on political, economic and ideological arguments rather than human rights and social justice.

While this project was initiated on the premise that the ongoing benefits provided to people with disabilities in British Columbia could serve as a model and rationale for continuing benefits for other recipients of income assistance wanting to enter the paid labour market, things changed. The changes announced in January 2002 had the potential to diminish the value of this research by turning around and cutting the very benefits that we advocate extending. Status of Women Canada asked that any local or provincially based research be made relevant to other jurisdictions in Canada. For that reason, we looked at Saskatchewan, Ontario, and Newfoundland and Labrador. We wanted to see if the benefits available in those provinces could also be "extended" to women moving from welfare to work. In our research, we did not calculate all the costs per province but estimated that, with some customizing, non-case benefits can be provided to non-income assistance recipients. However, in addition to suggesting that each province consider these suggestions, we have another alternative.

We would like to suggest a more comprehensive and perhaps more ambitious view. National standards are clearly necessary to prevent the massive overhaul of social policy by provinces. These radical cuts in British Columbia might never have occurred under the Canada Assistance Plan, but are now encouraged by the regressive Canada Health and Social Transfer.

Our research, and the unexpected changes in the policies in British Columbia, directly support a call for:

- a national child care program — federally monitored and funded;
- a national medical program to cover prescription, optical and possibly dental costs;
- a national training strategy to increase successful employment outcomes;
- a national guaranteed annual income (including homemakers);
- a national disability designation that is portable and permanent; and
- a national student grant, tax forgiveness and debt reduction program.

In the absence of national programs that entitle Canadians to services that support their pursuit of a reasonable quality of life, the provinces must take on this responsibility. If the provinces want more people to work for pay, they must empower people to do just that. The provinces are already paying for benefits for thousands of women (and men) on social assistance. The cost of continuing these benefits will be returned in the form of employed, healthy, self-sufficient and participating citizens. The cost of cutting off benefits and forcing women to find paid work in a hostile labour market without adequate supports will result in increases in poverty, illness, discontent, dependency, crime and homelessness. We advise policy makers to choose the former path.



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## NOTES

<sup>1</sup> Disability is used throughout this document to signify the combined effects of impairment of function and social construction. We have selected the term “disabled women” instead of women with disabilities to refer to those participants in our research who were selected because of having a disability. We are not minimizing the experience of disability. Instead, we want to show how disability identification interacts with many other issues in the lives of women. We are also trying to re-centre the disability in their lives and resist valorizing ability as many terms do.

<sup>2</sup> Please note that all the ODSP directives can be accessed by using the following Web site <<http://www.gov.on.ca/CSS/page/services/ODSP/odsp.html>>. Accessed January 9, 2002.

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\* Some of these papers are still in progress and not all titles are finalized.