

SURVIVING ON HOPE IS NOT ENOUGH
Women's Health, Poverty, Justice and Income
Support in Manitoba

Rhonda Wiebe and Paula Keirstead

Project #81



centres of excellence
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pour LA SANTÉ DES FEMMES

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Thanks are extended to PWHCE staff members including Executive Director Margaret Haworth-Brockman, Kay Willson, Molly McCracken and Diane Nicholson for their assistance on this project.

Paula Keirstead conducted the interviews with women participants, key informants and service providers, travelling to all corners of the province in order to hear the voices of those most affected by social assistance policies. Her extensive knowledge of the provincial Income Assistance program, her skills in leading focus groups and conducting individual interviews, and her sensitivity to such issues as social marginalization, cross-cultural communication, and disability accommodation were integral to facilitating the gathering of much important information.

Finally, and most importantly, gratitude is extended to the women participants, the advocates and the service providers who provided information for this study. It is our committed intent to not let their stories of pain, poverty, illness and injustice sit on a shelf. Their experiences have provided the backbone for implementing change; as researchers we honour their trust.

Rhonda Wiebe, Principal Investigator

EXECUTIVE SUMMARY

“Surviving on Hope is Not Enough” examines how provincial and local policies concerning income support affect women’s health.

The health of populations – individuals, their families and communities – is determined by the complex interaction of many factors – social, political, economic, legal, cultural, historical and biomedical. Of these determinants of health, income has long been recognized as one of the most important. The relationship between socio-economic status and health is well established. People with higher incomes and higher socio-economic status tend to live longer, have lower rates of illness and injury, and are more likely to report that they have good or excellent health. People living in poverty have a lower life expectancy and higher rates of illness across a wide spectrum of diseases.

Women are more likely to live in poverty than men. Women with disabilities, Aboriginal women, and single mothers have higher rates of poverty. Women who live in poverty have poorer physical and mental health than those with higher incomes.

Publicly funded income support programs can reduce the depth of poverty and the level of income inequalities generated by the market economy. By doing so, they can contribute to greater social equality and may improve the health and welfare of the population. But how do women

who rely on these programs experience them? How do the policies governing these programs affect their health and well-being?

This project was sponsored by the Prairie Women’s Health Centre of Excellence as part of a larger research initiative to examine social assistance policies in Manitoba and Saskatchewan, their impact on women’s health, and women’s access to justice as recipients of social assistance. The initial impetus for this research came from a study in Ontario that looked at similar questions.¹

This Manitoba research examines women’s experiences with income support programs. It also explores the ways in which community supports, advocates and the appeal process can affect women’s access to justice. The report “walks through” the chronology of women’s experiences as they engage with the income support system, looking at:

- First encounters in applying for income support;
- The process of “starting up;”
- Living conditions;
- Training and employment opportunities; and finally,
- The possibilities of becoming independent from the system.

¹ Gilmour and Martin, 2001.

Recommendations for Employment and Income Assistance in Manitoba and others address:

- Communication between the program and women on income support;
- Women and children on income support;
- Women with disabilities on income support, and,
- Social equality for women on income support.

METHODS AND FINDINGS

Researchers for this study conducted in-depth interviews with 28 women who received income support or who applied and were refused income support.

Seven advocates in various communities, and six service providers from agencies who work with women on income support were also consulted. One or both of the researchers traveled throughout the province to the homes, women's centres, or other gathering places where women meet to conduct one-to-one interviews or focus groups.

A priority in the study was the inclusion of the perspectives of marginalized women who had experiences with income assistance. Eighteen of the 28 women participants identified themselves as being of Aboriginal descent, and eleven of the 28 identified themselves as women with disabilities. Among key informants interviewed, there was representation from the disability, Aboriginal and immigrant women's communities.

Relating experiences of health and illness was a major part of every discussion held with the 28 women who participated in this study. Women described the stress of living in a state of dependency on a system that shames them, scrutinizes them, withholds significant information from them, is inaccessible to them at critical junctures in their lives, and blatantly expresses no interest in understanding the day-to-day factors in their lives. The stress of these conditions not only harms the overall well-being of women living on income support, but also worsens the detrimental effects of pre-existing mental health issues, physical disabilities, and other medical conditions. Woven throughout conversations about mental health and stress is the recognition by many women that they have little control in determining their living conditions, their livelihoods, their sense of well-being, or their children's futures.

All 28 women described their inability to provide healthy food and medication to their families because of income support allotments. Twenty-six out of 28 do not have enough money to rent a safe, healthy place to live.

Women dependent on income support programs for their essential needs are in vulnerable positions given the power imbalance between themselves and those whose decisions affect their access to financial support. Challenging those decisions can be overwhelming and may require the support of skilled and knowledgeable advocates in order to ensure that women receive the full benefits to which they are legally entitled.

Issues identified by women who participated in this research include:

1. Lack of access to information about eligible benefits, appeal mechanisms, and opportunities for vocational and educational upgrading from the Employment and Income Assistance Program. Women identified an atmosphere of mistrust within the system, perpetuated by surprise visits from workers, inaccessibility to workers in times of crisis, and lack of understanding and respect. Furthermore, women were not informed of an Appeal process regarding Income Assistance decisions, and no ombudsperson or fair practices office is in place to ensure women on Income Assistance are treated justly by the system.
2. Women are not provided with enough income for safe, healthy housing, adequate nutrition, or adequate clothing and daily living supplies for themselves and their children. Children are also unable to participate in basic and important social interaction and physical activities because of prohibitive fees for extracurricular and school activities, not covered by Income Assistance. This not only deprives children of physical fitness opportunities but also places children at a distinct social disadvantage from a very early age. The social inequality present in these situations can have devastating lifelong effects.
3. The lack of knowledge of Income Assistance staff about living with disabilities. Women with disabilities are subjected to incorrect assumptions about their daily living needs and their capacity to function by misinformed or uninformed Income Assistance workers and policies that do not address their needs. This is particularly prevalent among women with mental health issues and other invisible disabilities. The compound effects of having disabilities and living in poverty create a double barrier that has devastating consequences on women's health.
4. Lack of support for vocational and educational opportunities that could lead to independence and self-improvement for women on Income Assistance. There is very little built into the system that allows women to develop labour market skills without putting themselves and their children in financial jeopardy because of lack of childcare, transportation, and training funds. Furthermore, there is little investment in looking for vocations beyond a fast track to ANY job. Women need to find meaningful employment with opportunities for advancement that require skills, training, and assurances that the well-being of their children is not at stake.

RECOMMENDATIONS

Recommendations for change that come from concerns are based on the difficulties women in this research experienced.

Implementation of these recommendations by the Manitoba Employment and Income Assistance program would help to remedy those barriers that prevent women from achieving the justice and health to which all Manitobans are entitled.

Communication between the Employment and Income Assistance Program and women on income support

- 1. Make consistent information about benefits and eligibility readily available to women when they apply.**
- 2. Continue to provide information regarding benefit eligibility, sanctioning, and community resources at regular intervals to women on income support.**
Providing this information once during the orientation sessions is not effective or understood, particularly if women are in crisis or undergoing emotional or physical trauma.
- 3. Create an information booklet in print and alternate formats.** The booklet should be written in easy to understand language and list community links to children's and women's programs; used clothing and household goods outlets; literacy, budget management, and other educational opportunities; and

advocacy, disability, and addiction treatment organizations. This information may currently be covered in individual meetings with workers, however, providing a resource tool to be taken home is a more effective means of disseminating information.

- 4. Implement a program and protocol for regular home visits (once a year or more.)** The intention of this program is to develop a positive rapport between worker and client. Each visit would include an assessment to determine if the client is receiving benefits to which she is entitled; discussion concerning community options for the client and her children; and an exploration of training, educational and vocational options for the client if appropriate. A protocol should be developed for visits that would include: respecting household timetables; making arrangements whenever possible to schedule visits with clients ahead of time; and practising sensitivity regarding cultural and linguistic differences and disability concerns.
- 5. Develop mechanisms to ensure that high standards of practice and respectful treatment of clients are followed by income support staff.** Create the working conditions to foster positive, supportive interactions between workers and clients, to overcome the current climate of mistrust.
- 6. Provide toll free telephone access in all catchment areas in which clients are required to make long**

distance calls to communicate with workers.

7. Employment and Income Assistance Offices provide regular and consistent information regarding the appeal mechanism of the Social Services Appeal Board. This includes providing contact information regarding the Appeal Board at the time of orientation AND at any time a dispute comes forward between the Income Assistance system and clients.

8. The Social Services Appeal Board undertake additional efforts to publicize its existence and functions. Outreach opportunities such as public information displays and events could reinforce the third-party, arms-length, independent function of the Board to make the appeal process less intimidating for potential appellants.

9. Establish an independent ombudsperson and a Fair Practises Office within the Income Assistance programs. The advocacy services provided would assist clients with the appeal process or other disputes with the program. These positions should be highly visible and accessible.

Women and children on income support

10. Review food and housing allowances for all income support recipients.

11. Provide allowances so that children of women on income

support can participate in basic activities such as school field trips and after-school clubs/teams. This report substantiates the link between poverty and the diminishment of children's physical and emotional well-being. Improving the social welfare of families includes removing those barriers that prohibit participation in community life.

Women with disabilities on income support

12. Train all income support staff regarding appropriate ways of providing accommodations for women with mental health issues, learning disabilities and physical disabilities. Strategies that encourage empowerment and self-determination are fundamental to women's health and well-being.

Promoting social equality for women on income support

13. Create new avenues of opportunity that allow women to become independent of income support. This includes: encouraging women to explore vocational/educational options by providing the necessary economic means (childcare, transportation and training costs); helping women develop social supports that encourage independence through existing community networks; and investing in employment incentives (i.e. hourly wages) that make independence an attainable goal.

FINDING HOPE

How can women on income assistance in Manitoba have hope? According to them, the answer lies in the ways income support programs interact with them, and in turn how they will interact with these programs. If the principles of Income Assistance were grounded in promoting well-being and independence so that in actuality they nurtured the “welfare” of women and children rather than upholding attitudes that spawn inadequate income levels, stress, surveillance and stigma, there might be hope. Any Canadian citizen, female or male, rich or poor, child or adult, has the right to economic security and social equality.

Finding hope lies in the ways women can receive information about benefits, community supports, advocates, and appeal processes. Finding hope lies in the development of meaningful connections between income support workers and women that encourage honest communication, caring, and an understanding of the systemic and social obstacles that prohibit well-being and independence. Finding hope is having enough money to feed, clothe and house women and their families.

But finding hope and surviving on hope are not enough. Fair, equitable access to justice and fair, equitable and creative new avenues of opportunity can allow women to move beyond hope to change.

SOMMAIRE

Le document *Surviving on Hope is Not Enough* examine en quoi les politiques provinciales et locales en matière d'aide au revenu affectent la santé des femmes.

L'état de santé des populations – les individus, leur famille et les collectivités – est déterminé par l'interaction complexe de nombreux facteurs d'ordre social, politique, économique, juridique, culturel, historique et biomédical. Parmi ces facteurs déterminants en matière de santé, le revenu est depuis longtemps considéré comme l'un des plus importants. La relation entre la situation socioéconomique et la santé est bien établie. Ainsi, les personnes dont le revenu est plus élevé et dont la situation socioéconomique est plus avantageuse ont tendance à vivre plus longtemps et à présenter des taux de maladie et d'accidents avec blessures moins élevés, et sont plus susceptibles de se déclarer en bonne ou en excellente santé. En revanche, les personnes qui vivent dans la pauvreté ont une espérance de vie moindre et affichent un taux de maladie plus élevé – réparti sur un large éventail de problèmes de santé.

Les femmes sont plus susceptibles que les hommes de vivre dans la pauvreté. Le taux de pauvreté est plus élevé chez les femmes handicapées, les femmes autochtones et les mères monoparentales. De plus, les femmes vivant dans la pauvreté jouissent d'une santé physique et mentale moindre que celles qui gagnent un revenu plus élevé.

Les programmes étatiques d'aide au revenu peuvent contribuer à réduire l'ampleur de la pauvreté et des inégalités en matière de revenu générées par l'économie de marché. Ce faisant, ils favorisent une plus grande

égalité sociale et contribuent à l'amélioration de la santé et du bien-être de la population. Mais quel type d'expérience les femmes qui dépendent de ces programmes vivent-elles ? Et en quoi les politiques qui régissent ces programmes affectent-elles la santé et le bien-être des femmes ?

Le projet dont il est ici question a été financé par le Centre d'excellence pour la santé des femmes – région des Prairies dans le cadre d'une initiative de recherche plus vaste visant à examiner les politiques d'aide sociale en vigueur au Manitoba et en Saskatchewan et leur impact sur la santé des femmes ainsi qu'à déterminer si les femmes bénéficiaires de l'aide sociale sont traitées avec justice. L'idée de départ est venue d'une étude réalisée en Ontario qui portait sur des questions similaires¹.

Cette recherche réalisée au Manitoba examine les expériences vécues par les femmes prestataires de l'aide au revenu. Elle explore aussi les façons dont les mesures d'aide offertes au sein de la communauté, le travail des intervenants et le mécanisme d'appel des décisions peuvent influencer sur l'accès des femmes à un traitement juste. Le rapport brosse « pas à pas » un tableau chronologique des expériences vécues par des femmes prestataires de l'aide au revenu, en se penchant sur les aspects suivants :

- Les premières rencontres faites lors d'une demande de prestations d'aide au revenu;
- le processus de « démarrage »;
- les conditions de vie;

¹ Gilmour et Martin, 2001.

- les possibilités en matière de formation et d'emploi;
- les possibilités de devenir indépendante du système.

Les recommandations concernant l'aide à l'emploi et au revenu au Manitoba et dans d'autres provinces portent sur les points suivants :

- La communication entre les représentants du programme et les femmes prestataires de l'aide au revenu;
- les femmes et les enfants des familles prestataires de l'aide au revenu;
- les femmes handicapées prestataires de l'aide au revenu;
- l'égalité sociale pour les femmes prestataires de l'aide au revenu.

MÉTHODES ET RÉSULTATS

Dans le cadre de l'étude, les chercheuses ont effectué des entrevues en profondeur avec 28 femmes ayant reçu des prestations d'aide au revenu ou ayant fait une demande et s'étant vu refuser ces prestations. Sept intervenantes œuvrant dans diverses communautés et six prestataires de services appartenant à des agences travaillant auprès des femmes bénéficiaires de l'aide au revenu ont également été consultées. Une des chercheuses ou les deux ont voyagé aux quatre coins de la province pour se rendre au domicile des répondantes, dans des centres de femmes ou à d'autres lieux de rencontres pour femmes afin de réaliser des entrevues individuelles ou d'animer des groupes de consultation.

L'inclusion du point de vue des femmes marginalisées ayant eu recours à l'aide au revenu a constitué une des priorités de

l'étude. Parmi les 28 participantes, 18 s'identifiaient comme étant de descendance autochtone, et 11 comme handicapées. Parmi les répondantes-clés interviewées, les femmes handicapées, les femmes autochtones et les femmes immigrantes étaient représentées.

Les diverses expériences en matière de santé et de maladie ont constitué un aspect important de chacune des entrevues réalisées avec les 28 femmes ayant participé à l'étude. Les femmes ont décrit le stress causé par leur état de dépendance face à un système qui suscite chez elles un sentiment de honte, qui exerce sur elles une étroite surveillance, qui leur cache de l'information importante, qui leur est inaccessible à des moments critiques de leur vie et qui manifeste un manque d'intérêt flagrant relativement à la compréhension des facteurs qui interviennent quotidiennement dans leur vie. Le stress engendré par cette situation a pour conséquence non seulement de nuire au bien-être global des femmes prestataires de l'aide au revenu, mais aussi d'exacerber les effets préjudiciables de problèmes de santé mentale, d'incapacités physiques ou d'autres problèmes de santé préexistants. À travers les conversations sur la santé mentale et le stress, bon nombre de répondantes ont mentionné le peu de contrôle dont elles disposaient en ce qui a trait à leurs conditions de vie, à leurs moyens de subsistance, à leur sentiment de bien-être et à l'avenir de leurs enfants.

Les 28 participantes ont toutes décrit leur incapacité à procurer de la nourriture saine et des médicaments de qualité à leur famille avec les allocations prévues par les programmes d'aide au revenu. Vingt-six répondantes sur 28 ne disposent pas d'un revenu suffisant pour louer un logement sécuritaire et sain.

Les femmes qui dépendent des programmes d'aide au revenu pour subvenir à leurs besoins essentiels se trouvent dans une position de vulnérabilité en raison du déséquilibre de pouvoir qui existe entre elles et les personnes dont les décisions déterminent si elles auront ou non accès à l'aide financière. La contestation de ces décisions peut s'avérer extrêmement difficile, et l'aide d'intervenants compétents et bien informés peut être nécessaire afin d'assurer que les femmes reçoivent la totalité des prestations auxquelles elles ont légalement droit.

Les problèmes mentionnés par les participantes à la recherche sont notamment les suivants :

1. L'accès à l'information sur les prestations offertes, le mécanisme d'appel des décisions et les possibilités en matière de perfectionnement professionnel et de rattrapage scolaire offertes par le Programme d'aide à l'emploi et au revenu est limité. Les femmes sont d'avis qu'il existe un climat de méfiance au sein du système, entretenu par les visites surprise effectuées par les agents, l'inaccessibilité des agents en période de crise et le manque de compréhension et de respect de la part de ces derniers. De plus, aucune des répondantes n'a été informée de l'existence d'un mécanisme d'appel des décisions du système d'aide au revenu, et aucun bureau d'ombudsman ou de protection contre les pratiques discriminatoires n'a été mis en place afin d'assurer que les femmes prestataires de l'aide au revenu soient traitées de façon juste par le système.
2. Les femmes ne reçoivent pas des prestations suffisantes pour se procurer un logement sécuritaire et sain, une

alimentation ou des vêtements adéquats et des moyens de subsistance suffisants sur une base quotidienne, pour elles-mêmes et leurs enfants. De plus, leurs enfants ne sont pas en mesure de prendre part à certaines interactions sociales importantes ni de participer à certaines activités physiques en raison des tarifs excessivement élevés exigés pour les activités scolaires et parascolaires qui ne sont pas couvertes par le système d'aide au revenu. Par conséquent, non seulement les enfants sont-ils privés de la possibilité de pratiquer certaines activités de conditionnement physique, mais ils sont clairement placés en situation de désavantage social dès un très jeune âge. L'inégalité sociale qu'entraînent ces situations risque d'avoir des effets dévastateurs s'échelonnant sur toute la vie.

3. Les connaissances du personnel du programme d'aide au revenu sur ce que c'est que de vivre avec un handicap sont clairement déficientes. Les femmes handicapées font l'objet, de la part de certains agents de l'aide au revenu mal ou pas du tout informés, de présupposés erronés relativement à leurs besoins quotidiens et à leur capacité de fonctionner en société; ces présupposés se reflètent dans certaines politiques, qui ne répondent pas aux besoins de ces femmes. Cette situation prévaut tout particulièrement parmi les femmes ayant des problèmes de santé mentale ou d'autres handicaps invisibles. L'effet combiné des handicaps et de la pauvreté crée un double obstacle dont les conséquences sur la santé des femmes sont dévastatrices.
4. Aucun soutien n'est apporté à des démarches de perfectionnement professionnel et de rattrapage scolaire

qui pourraient favoriser l'autonomie ainsi que l'auto-amélioration des femmes prestataires de l'aide au revenu. Le système comporte très peu d'éléments qui pourraient permettre aux femmes d'acquérir des compétences utiles sur le marché du travail sans que cela entraîne, pour elles-mêmes et leurs enfants, une situation de précarité financière liée à l'absence de services de garde, de services de transport et de fonds alloués à la formation. De plus, on investit peu dans la recherche d'avenues professionnelles autres que l'accès rapide à N'IMPORTE QUEL emploi. Or, les femmes ont besoin de se trouver des emplois de qualité qui offrent des possibilités d'avancement, qui exigent des compétences et formation et qui leur procure l'assurance que le bien-être de leurs enfants ne sera pas compromis.

RECOMMANDATIONS

Les recommandations qui découlent de ces préoccupations ont été élaborées en tenant compte des difficultés vécues par les femmes ayant participé à la recherche. La mise en œuvre de ces recommandations par le Programme d'aide à l'emploi et au revenu du Manitoba contribuerait à lever les obstacles qui empêchent les femmes d'accéder aux avantages auxquels ont droit l'ensemble des Manitobaines et des Manitobains en matière de justice et de santé.

La communication entre le Programme d'aide à l'emploi et au revenu et les femmes prestataires de l'aide au revenu

- 1. Assurez-vous que les femmes qui postulent puissent accéder facilement à de l'information cohérente concernant les avantages et l'admissibilité.**
- 2. Fournir à intervalles réguliers de l'information sur l'admissibilité aux prestations, les sanctions et les ressources offertes au sein de la communauté aux femmes prestataires de l'aide au revenu.** Si cette information n'est transmise qu'une seule fois lors de la séance d'orientation, elle ne sera ni efficace ni comprise, en particulier dans le cas des femmes en crise ou qui traversent une épreuve traumatisante sur le plan émotionnel ou physique.
- 3. Créer une brochure d'information sur support imprimé et autres.** La brochure devrait être rédigée dans un langage facile à comprendre et comporter une liste des programmes offerts au sein de la communauté conçus

à l'intention des enfants et des femmes, des commerces de vêtements et de mobilier usagés, des ressources éducationnelles en matière d'alphabétisation, de gestion budgétaire et autres ainsi que des groupes d'intervenants et de personnes handicapées et des centres de traitement de la toxicomanie. Même si ces renseignements sont déjà transmis dans le cadre des rencontres individuelles avec les agents du programme, la distribution d'un outil de référence que les bénéficiaires peuvent emporter à la maison constitue un moyen plus efficace de disséminer l'information.

4. **Mettre en place un programme de visites à domicile régulières (au moins une fois par année).** Le but de ce programme serait d'installer un rapport constructif entre agent et cliente. À chaque visite, une évaluation serait effectuée dans le but de déterminer si la cliente reçoit les prestations auxquelles elle a droit. De plus, des discussions auraient lieu sur les diverses ressources offertes au sein de la communauté pour la cliente et ses enfants, et une exploration des possibilités en matière de formation, d'éducation et de perfectionnement professionnel qui s'offrent à la cliente serait effectuée au besoin. Un protocole devrait être établi pour les visites, qui comprendrait notamment les points suivants : le respect de l'emploi du temps de la maisonnée, l'établissement à l'avance, dans la mesure du possible, de la date et de l'heure des rendez-vous avec les clientes et l'adoption d'une attitude empreinte de sensibilité en ce qui a trait aux différences culturelles et linguistiques et aux préoccupations des personnes handicapées.

5. **Établir des mécanismes assurant le respect de normes strictes en matière de pratiques et un traitement respectueux des clientes de la part du personnel du système d'aide à l'emploi.** Il faut créer des conditions de travail favorisant des interactions constructives et positives entre les agents et les clientes, dans le but de dissiper le climat de méfiance qui règne actuellement.

6. **Assurer un accès téléphonique sans frais dans toutes les aires de recrutement où les clientes doivent faire des appels interurbains pour communiquer avec les agents.**

7. **Assurer que les bureaux d'aide à l'emploi et au revenu fournissent, sur une base régulière, des renseignements cohérents sur le mécanisme d'appel prévu par la Commission d'appel de l'aide au revenu.** Cela signifie fournir de l'information sur les personnes-ressources qu'il est possible de contacter à la Commission d'appel au moment de la séance d'orientation ET à tout moment où un litige survient entre le système d'aide au revenu et une cliente.

8. **Assurer que la Commission d'appel de l'aide au revenu entreprenne des efforts additionnels pour faire connaître son existence et ses objectifs.** L'emploi de moyens de sensibilisation comme l'affichage public d'information et les activités d'information pourrait renforcer le rôle que doit jouer la Commission en tant que tierce partie autonome et indépendante, de façon à rendre le processus d'appel moins intimidant pour les appelantes éventuelles.

9. **Mettre en place un bureau d'ombudsman indépendant ainsi qu'un bureau de protection contre les pratiques discriminatoires à l'intérieur des programmes d'aide au revenu.** Les services de représentation offerts viendraient en aide aux clientes qui désirent en appeler d'une décision ou qu'un litige oppose au programme. Ces services devraient être hautement visibles et accessibles.

Les femmes et les enfants prestataires de l'aide au revenu

10. **Revoir les montants alloués à la nourriture et au logement pour l'ensemble des prestataires de l'aide au revenu.**
11. **Prévoir des montants qui permettront aux enfants des femmes prestataires de l'aide au revenu de participer à des activités de base comme des excursions scolaires ainsi que des clubs et des équipes parascolaires.** Le rapport établit l'existence d'un lien entre la pauvreté et la diminution du bien-être physique et émotionnel des enfants. L'amélioration du bien-être social des familles consiste notamment à lever les obstacles qui empêchent la participation à la vie communautaire.

Les femmes handicapées prestataires de l'aide au revenu

12. **Augmenter les connaissances de tout le personnel de l'aide au revenu en ce qui a trait aux façons appropriées de venir en aide aux femmes qui sont aux prises avec des problèmes de santé mentale, des troubles d'apprentissage et des handicaps physiques.** Pour ce

faire, il importe avant tout d'employer des stratégies qui encouragent la prise en charge de soi et l'autodétermination.

La promotion de l'égalité sociale pour les femmes prestataires de l'aide au revenu

13. **Créer de nouvelles avenues permettant aux femmes de devenir indépendantes du système d'aide au revenu.** Cela signifie notamment encourager les femmes à explorer les ressources existantes en matière de perfectionnement professionnel et de formation en leur fournissant les moyens économiques nécessaires de s'en prévaloir (services de garde, moyens de transport et coûts de formation), aider les femmes à se bâtir un système de soutien social qui encourage l'autonomie grâce aux réseaux communautaire existants, et investir dans des mesures d'encouragement à l'emploi (comme les salaires horaires) qui font de l'autonomie un objectif atteignable.

EN QUÊTE D'ESPOIR

Comment les femmes prestataires de l'aide au revenu au Manitoba peuvent-elles reprendre espoir ? Selon elles, la réponse tient à la façon dont les programmes d'aide au revenu interagissent avec elles et, en retour, à la façon dont elles interagissent avec ces programmes. Si les principes de l'aide au revenu reposaient sur la promotion de la santé physique et mentale ainsi que de l'autonomie de façon à réellement favoriser le « bien-être » des femmes et des enfants, et non sur une approche qui ouvre la porte à des revenus insuffisants, au stress, à la surveillance et à la stigmatisation sociale, alors il y aurait peut-être de l'espoir. Tout

citoyen canadien, homme ou femme, riche ou pauvre, enfant ou adulte, a droit à la sécurité économique et à l'égalité sociale.

L'avènement d'un sentiment d'espoir dépendra des façons dont les femmes seront informées sur les prestations, les mesures de soutien existantes au sein de la communauté, les intervenants et le processus d'appel.

L'avènement d'un sentiment d'espoir dépendra de l'établissement, entre les agents de l'aide au revenu et les femmes, de liens significatifs favorisant une communication honnête, un souci de l'autre et une compréhension des obstacles systémiques et sociaux qui entravent le bien-être et l'autonomie. L'avènement d'un sentiment d'espoir dépendra de la possibilité, pour les femmes et leur famille, d'avoir les moyens de se nourrir, de se vêtir et de se loger.

Toutefois, la découverte de l'espoir et la survie fondée sur l'espoir ne suffisent pas. Un accès équitable à la justice et la mise en place de nouvelles avenues équitables, créatives et riches en possibilités peut mener les femmes au-delà de l'espoir, vers le changement.

1. INTRODUCTION

1.1 THE GENESIS OF THE PROJECT

According to Monica Townson, “As Canada enters the 21st century, almost 19% of adult women are poor – the highest rate of women’s poverty in two decades.”¹ Many of those women rely on income assistance programs to provide basic needs for themselves and their families. While income assistance programs reduce the depth of poverty and help to ameliorate the income inequalities generated by the market, those who depend on income assistance live far below the poverty line. The gap between the rich and the poor has widened and health disparities have increased.

In recent years, the cases of Kimberly Rogers and Louise Gosselin² have drawn attention to the harsh realities of women’s poverty in Canada. Both

women were the victims of restrictive welfare policies that denied them access to income support sufficient to meet their basic needs. These individual cases point to a larger issue of the relationship between income support policies, women’s poverty and women’s health.

In the 1990s, the federal government reduced funding for social programs and eliminated the *Canada Assistance Plan* which had guaranteed those in need the right to receive income assistance. In this context, several provincial governments introduced welfare reforms to reduce the number of people receiving income assistance and kept welfare benefits far below the poverty line. Even in provinces where welfare benefits were not reduced, the actual purchasing power of people on income assistance declined and the depth of their poverty increased. Cutbacks in income assistance have been accompanied by policy debates that emphasize individual responsibility and charity as appropriate responses to poverty and inequality. The right of citizens to income security has become increasingly contingent upon their attachment to the paid labour force.

Women’s Health, Poverty, Justice and Income Support in Manitoba examines how provincial and local policies concerning income support affect women’s health. This study is based on interviews and focus groups involving 28 women living on social assistance in

¹ Townson, 2000.

² In April 2001, Kimberly Rogers was found guilty of welfare fraud and placed under house arrest for failing to inform officials that she had received student loans while receiving social assistance benefits. Under the regulations of the Ontario Works Act, she was no longer eligible to receive social assistance even though she was pregnant and had no other source of income. In August 2001, destitute and depressed, she died of an overdose of prescription drugs. As a young “employable” welfare recipient in Quebec, Louise Gosselin received income benefits that were less than 20 percent of the Statistics Canada Low Income Cut Off figures often cited as an unofficial poverty line. In *Gosselin v. Quebec*, she argued that the social assistance policies which denied her an adequate income were a violation of her human rights as guaranteed by the Canadian Charter of Rights and Freedoms. The Supreme Court of Canada did not rule in her favour.

Manitoba in 2003, as well as interviews with 13 service providers and advocates who work with low income women. It explores women's experiences of poverty, access to skilled advocates and community supports in appealing decisions regarding eligibility, benefit levels, and entitlements to income assistance.

This project was sponsored by the Prairie Women's Health Centre of Excellence as part of a larger research initiative to examine social assistance policies in Manitoba and Saskatchewan, their effects on women's health, and women's access to justice as recipients of social assistance. The initial impetus for this research came from a study in Ontario which looked at similar questions.³

The health of populations – individuals, their families and communities – is determined by the complex interaction of many factors: social, political, economic, legal, cultural, historical and biomedical. Of these determinants of health, income has long been recognized as one of the most important. The relationship between socioeconomic status and health is well established. People with higher incomes and higher socioeconomic status tend to live longer, have lower rates of illness and injury, and are more likely to report that they have good or excellent health. People living in poverty have a lower life expectancy and higher rates of illness across a wide spectrum of diseases.

Women are more likely to live in poverty than men. Women with disabilities, Aboriginal women, and single mothers have higher rates of

poverty. Women who live in poverty have poorer physical and mental health than those with higher incomes.⁴

Publicly funded income support programs can reduce the depth of poverty and the level of income inequalities generated by the market economy. By doing so, they can contribute to greater social equality and to the improved health and welfare of the population. But what is the experience of women who rely on these programs? How do the policies governing these programs affect women's health and well-being?

1.2 RESEARCH METHODS

1.2.1 How was the research carried out?

This research was designed to gather information from Manitoba women directly affected by income support policies and programs. The interviews and focus groups were designed to record their experiences of social assistance and the effects of income support policies on their health. Specific questions dealt with work expectations, access to training and childcare, and benefit levels to meet essential needs for food, housing and transportation. Participants were asked to describe their knowledge of the benefits available, their familiarity with the appeal process, and their access to community supports to assist them in securing the benefits to which they were entitled. A list of questions and topics was used to guide the interviews and

³ Gilmour and Martin, 2001.

⁴ See for example L. Donner 2000. *Women, Income and Health*, Women's Health Clinic, Winnipeg.

focus groups with women who currently or in the past either received income support or applied and were refused income support (see Appendix 6.1). A second interview guide was developed to gather information from community-based advocates and service providers from agencies who work with women on income support (see Appendix 6.2).

One or both of the researchers traveled to the homes, women's centres, or other gathering places where women meet to conduct individual interviews or focus groups. A consent form (see Appendix 6.3) describing the purpose and nature of the research was distributed, and written consent was obtained from each woman participant prior to her involvement. Confidentiality protecting the identities of participants was of paramount priority in conducting the research. The focus groups and interviews were audiotaped. The tapes of the interviews and focus groups were transcribed and these transcripts were analysed for key themes.

1.2.2 Who was involved?

Women were invited to participate in this study if they had received income assistance or had applied for income assistance and been denied benefits. Advocates and service providers assisted in the identification of project participants. Contacts were made by approaching women through several different community-based organizations and service providers who work with low income women. Efforts were made to include women from diverse backgrounds. Twenty-eight women participants were interviewed, with representation as follows:

- Thirteen women from Winnipeg, the province's largest city;
- Six women from Brandon, a smaller city;
- Six women from northern Manitoba; and
- Three women from rural areas in western, eastern and southern Manitoba.

In addition, 13 key informants were interviewed for this study, including ten urban service providers and advocates who work directly with low income women, one advocate from Northern Manitoba and two provincial representatives of the Manitoba Social Services Appeal Board.

A priority in the study was the inclusion of the perspectives of marginalized women who had experiences with income assistance. Eighteen of the 28 women participants identified themselves as being of Aboriginal descent, and 11 of the 28 identified themselves as women with disabilities. Among key informants interviewed, there was representation from the disability, Aboriginal and immigrant women's communities.

Nineteen of the women participants were living with children. Thirteen of these women had children under the age of six, two had children with disabilities, and one was caring for her grandchildren.

Two of the women participants had received income support for less than two years. Thirteen had received income support for two to ten years; thirteen had received income support for more than ten years.

1.2.3 A word on words

Among the 28 women who had experiences with income support, the seven service providers and six advocates, considerable interest was expressed in receiving the final report for the *Women's Health, Poverty, Justice and Income Support in Manitoba* study. We have tried to write this report in clear language that will make it useful to a broad circle of women, including those who played such a critical role in its development. This report is also available in large print, on computer disk and other formats.

Several terms require clarification. "Women participants" refer to those women who are currently on, have previously been on, or have been refused income support. "Key informants" include both service providers and advocates. "Service providers" refer to staff persons from agencies and organizations that interact with women on income support. "Advocates" are members of the community who advocate on behalf of women who are encountering difficulties with the income support program.

2. FINDINGS

2.1 WOMEN'S HEALTH AND INCOME SUPPORT

Sometimes it was very stressful. My cheques were late and the weekend came along – no groceries in the house. I can't let my kids starve. You know, if I starve myself that's okay but the kids mean more to me. You know, I phoned the Deacon at my church and they didn't help me. Okay, that's fine, I'll remember. I won't bother you again.

~ Woman Participant

Relating experiences of health and illness was a major part of every discussion held with the 28 women who participated in this study. Women described the stress of living in a state of dependency on a system that shames them, scrutinizes them, withholds significant information from them, is inaccessible to them at critical junctures in their lives, and blatantly expresses no interest in understanding the day-to-day factors in their lives. The stress of these conditions not only hinders the overall well-being of women living on income support, but worsens the detrimental effects of pre-existing mental health issues, physical disabilities, and other medical conditions.

Significant effects on the health of women living on income support were explored in depth with the women themselves, service providers who represent agencies and organizations that interact with women on income support; and community advocates. This report contains a synopsis of these discussions.

When asked the question, “*Has being on income support affected your health?*” 21 of 28 participants reported it has a significant negative impact on their health and well-being.

Table 1 provides a summary of the types of health effects experienced by the women in this study. The most frequent health effects identified by the participants were high levels of stress, anxiety, lowered self esteem and other barriers to mental health. The second most frequently mentioned effect was a worsening of pre-existing medical conditions, including chronic conditions such as asthma, diabetes, arthritis and depression. The women identified several other adverse health effects which they felt were a consequence of being on social assistance.

Table 1: Health effects of being on social assistance

Significant Effects on Health and Well-being	No. of Women
Stress/ Mental Health	17/21
Adverse effects on pre-existing medical conditions (e.g. diabetes, asthma, arthritis, depression)	7/21
Negative effects on children’s physical health	4/21
Negative effects on children’s emotional health	4/21
Lowering of immune system	2/21
Not enough money for over-the-counter medications (e.g. lice solution, cough syrup)	2/21
Causes or exacerbates migraine headaches	1/21
Lack of sleep	1/21

2.1.1. Income Support, Stress, and Mental Health Issues

Being depressed all the time, being anxious all the time. If I don’t do this and don’t do that they’re going to cut me off, then I get anxiety attacks and always they’re going to cut me off if I don’t do this, they’re going to cut me off if I don’t do that. Always there’s something.

~ Woman Participant

Stress, and you’re not getting enough money so I mean, you’re not getting enough money to eat properly, you’re getting sick all the time.

~ Woman Participant

I don’t want to always have to turn to my family for help – that’s the thing. I mean, I’m an adult. I should be able to do this on my own.

~ Woman Participant

Stress, anxiety and depression were mentioned by almost every woman who was interviewed or participated in a focus group. Woven throughout conversations about mental health and stress is the recognition on the part of many women that they have little control in determining their living conditions, their livelihoods, their sense of well-being, and their children’s futures.

Women were asked the question, “*What are the greatest hardships about living on income support?*” The intent of this question was to prompt identification of the most prominent stressors that might contribute to poor coping and mental health issues. One participant voiced her struggles as follows:

Every step of the way, anything to do with welfare is looked down on and made fun of and people in the media are racist. You know, you turn on the radio and, "Oh well, this bum." The thing is, people turn on the radio and hear stuff like that. How are they

going to be encouraged to be a part of society when society is yelling and calling them names? Then you go to the welfare office and you're treated with disrespect everywhere you turn around. How are you supposed to have hope? You try and get help and get abused. People say all kinds of things – they yell out the window when they're driving by and they don't even know I'm on welfare. They just think for whatever reason that I look poor.

Societal perceptions and attitudinal barriers were named as the greatest source of stress, anxiety and depression. Women felt marginalized and devalued as they regularly encountered negative stereotypes of people on social assistance. Their own self esteem was undermined by poor-bashing attitudes that portray welfare recipients as lazy or incompetent.

Six of the participants in the study reported that their greatest hardship lay in the negative attitudes of income support workers. Problems encountered with income support staff included disrespectful treatment and intrusive and unannounced home visits by workers unknown to the women. Some participants were so intimidated by their workers they didn't ask any questions regarding benefit eligibility. Some women stated they dread going back to the income support office for their cheque. The interaction between the income support system and the women who rely on it was discussed at length in every interview and focus group.

The way they are perceived by others has a tremendous effect on the way these women perceive themselves. One woman recounted the story of a bank teller who threw the cash from her income security cheque at her, implying

it was the teller's tax dollars that were sustaining her. Others spoke of the difficulty in maintaining a sense of pride and dignity in the face of assumptions that they are lazy, abusive of the income support system, dishonest, unintelligent, substance abuse addicts, promiscuous, and unreliable.

Several women described the stress of parenting in poverty and expressed concern over the well-being of their children. For some, their greatest hardship was seeing their children unable to participate in school and recreation activities that others took for granted.

Women with pre-existing disabilities and medical conditions felt that the stress of living in poverty was undermining their physical and emotional health. Some women also reported not having enough money to pay for medical needs or special diets.

Table 2: Greatest hardship experienced on social assistance

Greatest Hardship Experienced	Number of Women
Societal perceptions/attitudinal barriers	17/28
Not having enough food	9/28
Treatment by income support worker	6/28
Facing poverty	5/28
Not having enough clothing	5/28
Not getting direct/enough information from income support	4/28
Not having enough milk for their children	3/28
Feeling suicidal/attempting suicide ⁵	3/28
Not being able to participate in social activities	3/28
Money provided doesn't reflect everyday costs	3/28
Children unable to participate in activities (e.g. school field trips, after-school teams, swimming lessons) due to costs	3/28
Not having enough fresh produce for medical diets	2/28
Not having enough children's clothing	2/28
Not enough money for medical needs	2/28
Poor/unsafe housing	2/28
Not having adult "breaks" (sharing coffee with a friend)	2/28
Not having enough weather appropriate clothing	1/28
Can't get education/training that isn't approved by income support program	1/28
Extremely hard to get off income support because employment doesn't cover childcare costs	1/28
Being forced to work, being too tired to look after children, Child & Family Services apprehends the children	1/28
Income support program dictating co-habitation choices	1/28
Neighbours reporting lies to income support worker	1/28
Food/presents given by children's father deducted from monthly allowance because it is considered child support	1/28

2.1.2. Comments by Key Informants

The Service providers and advocates were also asked a question regarding the

impact income support has on the wellbeing of women and children. **All 13 key informants indicated the greatest impact living on income**

⁵The interviewers noted a marked change in many of the women participants when one of them raised the issue of suicide. It is the assessment of the interviewers that many more women on income support may struggle with this issue, but only three felt safe enough to share this with strangers.

support has for women is that it creates mental health problems. Eleven of the 13 also indicated that living on income support has a negative impact on the well-being of children. Table 3 summarizes the significant health impacts of living on social assistance identified by the key informants.

Table 3: Health impacts of living on social assistance, as identified by key informants

Impact	No. of Key Informants
Psychological/mental health issues (anxiety disorder, depression) due to stress	13/13
Affects children's well-being	11/13
Addictions (coping mechanism)	7/13
General physical health	6/13
Exacerbates pre-existing disabilities	6/13
Not enough healthy food	6/13
Unable to get medication for women/children	5/13
System fosters low self-esteem	3/13
Not having money for medically required diet	3/13
Young girls want to have a baby so they'll get money from income support	2/13
Children not up to age appropriate level of functioning	1/13
Lack of sleep	1/13

2.1.3 Income Support and Food Security

All 28 participants in the study indicated they do not have enough allowance to provide adequate food for themselves and their children.

Many women reported they eat healthy food one week and go hungry the next,

or they eat poorly consistently, which leads to chronic health problems for themselves and their children. Several women spoke about their difficulties in meeting basic needs on an inadequate income. They described going hungry, not having enough healthy food or proper clothing for themselves and their children, and living in impoverished housing conditions. Being hungry and sick has a devastating effect on motivation, and the capacity to cope.

All 28 women reported they need to seek alternative sources for basic food supplies. This does not always provide them with nutritious options. One woman stated:

One time I went to the food bank and got five bags, and I'm carrying them - so heavy - and when I get to the bus stop, I opened them and looked in. They were all donuts except for three potatoes. The rest were all squished donuts. So I ended up giving them to the people at the bus stop. Like, there's no way I'm going to carry home five bags of squished donuts I won't eat anyway.

Obtaining food from some sources has negative consequences for women on income support. A number of women described how certain agencies who provide them with food vouchers contact their income support workers. This means the amount of the food voucher is then subtracted from the next income support allotment. Table 4 identifies the sources from which participants obtain food for themselves and their children.

Table 4: Sources of food for women on social assistance

Source of Food	No. of Women
Food banks	12/28
Family	4/28
Friends	3/28
Salvation Army	2/28
Samaritan House (Brandon)	1/28
Children's father (not residing with woman)	1/28
Knock on stranger's door	1/28
Friendship Centre (Winnipeg)	1/28
Churches	1/28

2.1.4. Income Support and the Well-being of Children

Nineteen of the women who took part in this study were raising children. They expressed concerns that the emotional and physical health of their children is also affected by living on income support. Women participants described their inability to provide healthy food and medication to their families because of income support allotments. Children's social activities, including participation in school field trips and community sports teams, are also inaccessible for some women on income support. One woman reported she was expected to go to work two weeks after she had given birth to her child. Another woman with a young family informed the study researchers she was cut off of income support two weeks before Christmas. Yet another had to sell her young son's bedroom furniture in order to pay for the casket of another child who'd been killed in an accident.

A number of women related their struggles in not being able to cope with the pressures of poverty, the impact this

has on their well-being, and how this affects relationships between themselves and their children. Family dynamics were described as sometimes being difficult, and mothers reported that sometimes their children bear the brunt of their frustration.

One participant told her focus group:

When I'm stressed out, I scream at the kids, scream at whoever comes into the house. My kids know it's time to take off, to go outside. They like to fight a lot, and that stresses me at the same time.

Mothers who aren't coping well also relayed experiences where their own children take on roles as caregivers. This is particularly prominent in situations where women participants have physical or mental health concerns. One woman reported:

I get anxiety attacks. I lose my breath. I'm supposed to be doing things with my kids, but I just go upstairs and lie down. My kids sense it and come lie with me. My [5 year old daughter] talks to me – asks me what's wrong, and I kinda give her a little story, but not all of it. She has words to say. She goes, 'Everything will be okay. I won't ask for money. I don't need candy'.

2.1.5. Income Support and Safe Housing

Women participants were asked if they receive enough money from income support to rent a safe place. **Twenty-six out of 28 responded they do not have enough to rent a safe or healthy place to live for themselves and their children.** The two participants who receive adequate rent live in unusual circumstances. One of these women lives in a women's shelter and reported she'd come directly from a reserve and

never lived in the city before. The second participant disclosed that her parents own the home in which she and her children are living, and they set her rent rate according to her income support allowance.

The concepts of “safe” and “healthy” housing are subjective. Women participants were asked to describe, from their perspectives what constitutes safe and healthy living conditions, and to describe their own housing situations.

Some participants indicated that, for safety reasons, single women should not live in a basement or main floor apartment. Yet this is often the living situation of women with disabilities who are not allotted enough rent money to live in a building with an elevator.

Approximately one third of the women reported living in unhygienic housing conditions. Problems include infestation (mice, spiders, lice, cockroaches and other insects), continual sewage back-up, mildewed walls, leaky pipes/faucets, chronic malodour, large cracks in floors, and poor air quality. These findings corroborate another study by the Prairie Women’s Health Centre of Excellence and the Women’s Health Clinic which found that women on social assistance use their food and clothing budgets to subsidize their rents for housing that is often inadequate and insecure.⁶

The amount of rent money received by women on income support restricts the choice of neighbourhood in which women and their children can live. Three

women reported violent acts that occurred in very close proximity to their homes. Two of these involved homicides within participants’ apartment buildings; in the third instance, an axe was thrown into the front door of a next-door neighbour living in a side-by-side. Participants were asked how much rent money they would need in order to live in a safe and healthy home. Table 5 presents the women’s estimates of reasonable rent allowances that they would need in order to obtain safe, healthy housing. It should be noted that women from northern Manitoba stated they need slightly higher rent allowances than those from the urban south and women from rural western and southern regions need slightly less than their urban and northern counterparts. The figures named do not include such cost factors as hydro, telephone and other utilities.

Table 5: Participants’ estimates of reasonable rent allowances

Setting and Rent Rate	Number of Women
Single bachelor apartment @\$300/month	1/28
Single bachelor apartment @\$350-375/month	1/28
Single bachelor apartment @\$400/month	1/28
1 bedroom @\$400/month	2/28
1 bedroom @\$450-500/month	3/28
2 bedroom @\$500/month	2/28
2 bedroom @\$550/month	1/28
Rent of \$500/month for a single woman w/3 or more children	1/28
Rent of \$700-800/month for a single woman w/3 or more children	1/28
At least half of a welfare cheque should go for rent	1/28

⁶ McCracken and Watson, 2004

2.1.6. Income Support and Disability

Well, the major thing about disability and workers at income security is, do they know what my illness is, do they understand it? I haven't met anyone who works with income security, low on the totem pole or high up there, who knows or cares or wants to know – and that's my battle, too.

~ Woman Participant

Eleven of the 28 women participants stated that they live with disabilities.

A number of other women indicated they struggle with mental health issues such as depression and anxiety, but did not identify themselves as persons with disabilities. Nine of the participants were receiving disability allowances at the time of the study. One had applied but been rejected, and one was in the process of applying.

Women with disabilities on income support live at risk of experiencing double barriers that prevent them from accessing social, educational and financial opportunities. These barriers are further compounded if a woman with disabilities on income support is also of Aboriginal descent.⁷ Some issues reported by the eleven women with disabilities who participated in this study include:

- Difficulty in attaining accessible housing;
- Difficulty in attaining accessible transportation;

⁷ Assembly of First Nations. *First Perspective: An Approach to First Nations Disability Issues*. 1999.

- Women dealing with major mental health issues/psychiatric trauma having to contact physicians and others for documentation regarding eligibility application when they are already immobilized by their illness;
- The placement of work expectations despite documentation from a physician stating the inability of the applicant to work. One woman reported that despite the fact that she has an incurable and life-threatening medical condition, she was so harassed by her income support worker that she finally attempted suicide;
- Difficulty or being unable to obtain such medical supplies as orthopaedic shoes, back braces, hand and foot splints, and over-the-counter medication;⁸
- Lack of training in understanding mental health issues for income support workers;
- Lack of training in understanding learning disabilities such as Attention Deficit Disorder for income support workers;
- Extreme isolation, stigmatization of disability, the inability to participate in expensive social activities, chronic pain and fatigue, and physical barriers;

⁸ It should be noted that according to income security policy in Manitoba, costs for medical supplies such as those listed are covered. However, women participants reported this often did not occur without repeated visits to income support workers and/or the intervention of a community advocate.

- Long periods of time (a week or more) before workers return calls from women on income support regarding eligibility matters; and,
- Incomplete information provided regarding disability allowance and medical costs eligibility (including the right to a phone for women prone to medical emergencies.)

One woman participant reported a very positive experience she had with her income support worker. She was struggling with a debilitating depression

and her worker obtained daycare for half days for her preschool aged children with no work expectations placed upon her. The childcare, she was told, was for her health so she could get better. This action on the part of the income support worker made a dramatic difference in her recovery. While the positive, proactive assistance provided by her income support worker demonstrates the kind of supportive practices that can occur, many other women described disrespectful and unhelpful encounters with income support workers.

2.2 WOMEN'S EXPERIENCES WITH INCOME SUPPORT

I basically grew up with income support – I'm second generation welfare. I had my first child at fifteen, and my mom took care of us until I was eighteen. Then I went on assistance. I went to a school a couple of times, but I didn't complete it. I was young. It was just too hard.

~ Woman Participant

The following sections of the paper constitute a chronological “walk through” the experiences of being on income support for women in Manitoba. The first section is a description of women’s initiation into the welfare system; then the process of start-up assessments is explored; the next section describes living conditions; then, the experiences of training and employment are discussed; and finally, the chapter concludes with comments regarding the achievement of independence from income support.

2.2.1. First Encounters with Income Support

The stress of waiting to see if you get on is such a hard process. Sometimes when you make an appointment, you have to wait a few weeks before you actually go for the orientation. Meanwhile, you've got to try to feed your kids and you have to go to charities for food hampers. The food hampers aren't enough to last. You have to go back every few days. It's so hard on your self-esteem.

~ Woman Participant

I lived common-law for nine years and he was an alcoholic. We really had it rough. We were on welfare and it was getting harder and harder because he drank up all the money. Then, out of the blue, I thought, 'It's time to do it my way.' I packed up my three kids and moved. Then I went to welfare and they asked me questions and questions. 'Why did you leave your husband?', 'Why did you leave your town?' I said, 'Wouldn't you do the same if you had a man like I did that drank up our welfare and made us starve?' They gave me a hard time.

It took a whole month to get on. In the meantime, I had to go live off my brother and sister-in-law.

~ Woman Participant

In the focus groups, women talked about their first experiences with welfare, and why they came to need income support. Table 6 shows the circumstances which led them to apply for income support. Several of the women had disabilities that limited their access to other sources of income. Several applied for welfare because they had children to look after and no other adequate income. Five applied for income support when their relationships ended in separation or divorce.

Table 6: Circumstances leading to application for income support

Circumstance	Number of Women
Separation/Divorce	5/28
Had Children	8/28
Disability/Illness	8/28
Had disabled child	2/28
N/A	5/28

The process of applying for income support is difficult for women. Undoubtedly, a part of that difficulty lies in the circumstances preceding the need for income support. Intake procedures involve the disclosure of significant personal information – women need to declare their banking activities; marital status; names and ages of children (including information about any children apprehended or placed in foster care); property assets, child support and inheritances; and co-habitation arrangements. Furthermore, women

need to switch all banking, utility, telephone and other service accounts to their own name. These requirements are problematic for some women for a number of reasons. Firstly, many women express feeling an invasion of privacy in needing to make these declarations. Secondly, many have to liquidate assets that may not hold all that strong a market value but do represent further loss for women already in crisis. Thirdly, the process of filing information, and running around to different offices to get accounts changed and forms filled can be a daunting task – especially if a woman has no bus tickets and hungry children in tow, or is dealing with a physical disability or mental health issue.

The process of being approved once the application for income support is complete usually occurred in less than four weeks, though two of the participants reported that it took longer. Several women described difficulties they encountered during the time they waited for approval to be on income support.

One woman described arriving at the income support office in a state of crisis with small children, applying for acceptance, and being given no emergency vouchers or funds for food until she insisted her children needed something immediately. She was then given a voucher for groceries at a large supermarket that was a considerable drive from the income support office. She had no way of getting herself or her children to the store. She was not provided any bus tickets.

One woman was told she had to stay with relatives during the waiting period

for her approval. Her relatives were also on income support. It was only after a confrontation that the worker provided a food voucher for the host family.

One woman was told that the father of her two children couldn't live with her because he worked. He was told he had to move out by the end of the week before she could be approved for income support. Finding a place to live within a week was very difficult. The woman was also taking some training and had two preschool aged children. This left her with no one to help look after their children.

One woman had to provide information regarding the apprehension of her children into foster care. This required disclosing a very painful event in her life and the filling out and verification of extra forms. It also delayed the process of approval.

The majority of women on disability allowance said they were not informed of the disability benefits to which they were eligible when they first applied. These include cost coverage for telephone, bus pass, daycare and medical needs. These women reported they did not receive these extra supports despite submitting a doctor's note along with their application forms.

Other women found the application and approval process to be reasonably easy. One woman reported getting on income support fairly quickly because she had a "nervous breakdown." She stated that in her distressed condition, "doors opened very quickly for me." The approval process for one woman on social assistance went quickly possibly because she has a child with a disability. She

stated to the income support worker that she is a single mom with three kids, her oldest is disabled, and she has to be home because her children can't be left alone. Her income support experience has gone very smoothly.

A woman was hospitalized with a high risk pregnancy. She was already on a disability allowance. Her husband was able to get income support in order to stay home and look after their other children while the mother was hospitalized.

2.2.2. "Starting Up" on Income Support

Once women are approved to be on income support, they need to set up their living arrangements. Women receive no "start up" fees if they have basic furniture and appliances. Some women are given up to \$500.00 to furnish homes for themselves and their children if they have nothing, while others are instructed to phone for a specified number of estimates per piece of furniture or appliance, and then report the estimates back to their income support worker.

Requiring women to secure estimates and report back to their worker for approval poses problems for women whose financial and emotional resources are already stretched to the limit. Women in crisis who already have to switch over accounts, fill out forms, and collect documentation from multiple sources find the process of obtaining estimates and negotiating for each piece of furniture or appliance overwhelming. Women who have not been given a telephone allowance and who have small children find it difficult and costly to pay for calls or use a free phone at the

income support office while keeping their children under control.

Women reported that their workers do not always provide lists of eligible items or check to see what the women have during home visits. One woman stated she waited three months for a washer – and she only found out she was eligible for a washer in the first place from her sister rather than her income support worker. Another woman’s experience involved obtaining beds for herself and her children. She phoned for estimates, reported these to her worker, and was told they were unacceptable and that she should look in a pawn shop for beds. After checking out a number of pawn shops, she called her worker back to say those beds were not an option. They were unclean and showed evidence of bugs. She did not disclose to the project interviewers how this matter was resolved.

2.2.3. Living on Income Support

Income support pays enough for me to live, you know. If I want to keep my phone I have to pay for it, and pay my cable so I can sit and watch TV. You’re all alone, being bored like a little dog being tied up. That’s how I feel – just sitting at home, sitting at home, sitting at home.

~ Woman Participant

Living on income support left many women feeling trapped and unable to get ahead. The participants’ difficulties in securing safe, healthy housing and adequate nutritious food have previously been discussed in this report. In addition, women described being isolated or unable to participate in

activities because they did not have enough money for transportation or telephones. They described difficulties purchasing adequate clothing, furniture, medications and dental care. They had limited resources for family recreational opportunities. Women experienced barriers to services that would help them care for children with disabilities, overcome addictions, or develop financial management capacities.

Sharing a home with another adult influences living conditions, and can determine both eligibility and the amount of benefits allotted to women on income support. Seven out of 28 women who participated in the *Women’s Health, Poverty, Justice and Income Support in Manitoba* research stated they are living or have lived in the past with another adult who is not receiving income support. Some of these women described circumstances in which they were threatened, sanctioned (a deduction from their monthly allowance), or suspended from receiving income support because they live with an adult person (usually male) who is not receiving social assistance. This sometimes resulted in the splitting up of family units. One woman reported that the working father of her children was given a week to move out or her income support would be cut off altogether. This left her as the sole care-giver for two infant children.

A common concern expressed in the interviews/focus groups is the scrutiny women experience when their income support workers suspect they are living with someone. Unexpected visits by income support workers early in the morning, relentless questions and accusations are routine for some women.

A related problem is the practice by ill-intentioned neighbours and relatives to provide information to the welfare fraud hot-line. This action not only implicates women who live (or don't live) with an undisclosed spouse, but also those who allegedly receive extra monies or gifts from sources outside of those permitted by income support.

An exploration of the effects of reporting welfare fraud on the accused, and the reasons people make reports are beyond the scope of this research. They are, nevertheless, worth exploring as community and justice issues.

Some women participants reported more flexibility in the income support program if they are living with someone for a short period of time, particularly if that person is an adult child or sibling. Some women are still sanctioned, but others reported that their income support workers did not address the issue at all.

2.2.4. Training and Employment on Income Support

I had my kids taken away, but when I got them back, even though I was only on partial disability, my worker told me I did not need to work. She thought I would be too tired after working to look after my kids when they got out of school, so she let me stay home.

~ Woman Participant

I felt pushed into getting a job. I was a low income earner and I was making maybe five bucks more than what I'd have gotten on assistance. They could have helped me out, but they didn't. So, I ended up at one point, before I got sick, working three jobs to try to make ends meet.

~ Woman Participant

Most people receiving income assistance in Manitoba are expected to look for paid work. However, the current policy does not place work expectations on single parents with children under the age of six, senior citizens, persons with disabilities, people living in crisis shelters, or persons whose spouse or child requires special care.

Twelve women participants were expected to seek paid employment at the time of the study. Four out of thirteen women with children under the age of six are or were expected to find paid work. The options women on income support are given regarding training, education and accommodation opportunities vary considerably from one person to the next. The woman who received the most support in terms of training and education had her childcare and transportation costs covered while she was being educated, and went through three different kinds of training courses before she found a vocational match. She is one of two women participants in this study who are now completely independent of the income support program and participate full time in the paid work force.

The majority of the other women expected to seek employment are not provided with as many options. Six out of 12 women expected to work stated their transportation costs (i.e. bus tickets) were not covered. One woman reported that income support provided her with an "off-peak hours" bus pass for her job search, but it does not cover the costs of picking up her children after school. Another negotiated with her income support worker a plan in which she agreed to work during the time her children were in school, but the only

work option she was given by the program was to work all day Sundays. One woman described how her employer's overtime requirements made it difficult to pick up her children on time from daycare. If she arrived after 3:30 p.m., she was charged a full extra day per child.

2.2.5. Getting Off Income Support?

There were only two women of the 28 who participated in this study who are no longer using income support and are now working full-time. Both had experienced extraordinary circumstances in their lives to which they credit their capacity for independence.

The first woman's situation is very atypical. She receives substantial support from family and friends as well as material supports and training opportunities not made available to others. She rents a home from her parents in a safe urban neighbourhood. Her rent is set according to her income support allotment. Her parents, who live in a rural area, provide her and her children with home-grown produce and meats. She receives quality second-hand clothes from neighbours, her children go to a highly acclaimed school, she used the help of an advocate with a significant knowledge of income support policies and entitlements, she received three kinds of training before finding a vocational match, her childcare and transportation costs were covered during her training, and very importantly, she had a social circle that inspired her to seek self-improvement, break the cycle and become independent of income support.

The second woman's circumstances are no less extraordinary. She had a windfall of \$20,000. She immediately stopped receiving income support, and used this cash to re-organize her life in such a way that she could obtain vocational training, learn budget management and financial planning, and get a well-paying job. She has maintained this employment for twelve years, and is active in her community helping other women on income assistance to explore their own options.

These accounts, although encouraging, also indicate a need to ask further questions. What has been missing that most women on income support cannot achieve independence? Are there systemic barriers that prevent women from leaving income support? What kind of transitional accommodations need to take place in order for women on income support to begin the journey to independence? Are there factors in the income support program itself that make it more difficult for women to leave?

2.2.6 Key Informants' Perceptions of Income Support Policies

Key informants who interact with women on income support across Manitoba were asked the question, "*Do you think the program provides enough resources to meet basic needs?*" Table 7 provides a summary of their responses to this question. **None of the 13 key informants stated that the income support program provided adequately for the basic needs of women on welfare and their children. Eight provided the answer, "Not at all."**

Table 7: Key informants' views on adequacy of income support

Does income support provide enough for basic needs?	Number of Key Informants
Not enough for children's clothing	11/13
Not at all	8/13
Not enough for childcare	8/13
Not enough for safe, healthy housing	8/13
Not enough for a healthy diet	7/13
Not enough for laundry	7/13
Work incentives not strong enough	7/13
No money for women's education	7/13
Not enough for adult clothing	6/13
No funds for kicking addictions	4/13
Not enough for telephones	3/13
Program doesn't provide training re: budgeting/finances	3/13
Not enough for children's recreational activities	2/13
No increase in budgets since 1993	2/13
Can't find bargains without transportation	2/13
No dental services available for welfare clients in area	1/13
No support for children with disabilities in outlying areas	1/13

Key informants were also asked the question, "*Are there any policies or practices you are aware of that you feel hamper women from getting their needs met while on the program?*" Table 8 provides a summary of the key

informants' responses. The problems most frequently identified were the lack of respectful treatment and the lack of adequate information provided by income support workers.

Table 8: Key informants’ perceptions of income support policies

Key informants’ perceptions of income support policies and practices	Number of key informants
Clients not treated with respect	11/13
Workers don’t provide information on entitlement policies	11/13
Women give up after they’ve asked for something & been denied	10/13
Women not informed of benefits on income support	10/13
Very little understanding of women’s desperate situations	9/13
Women w/children should be entitled to bus tickets	7/13
Difficulty in obtaining a start-up fee for a 2 nd time	6/13
Poor options for addictions treatment	6/13
No money to pay for education	5/13
Workers don’t have training in dealing w/mental health issues	5/13
Gender discrimination (different discretionary decisions for men and women)	3/13
Income Support allowances poorly administered by band governments	3/13
Home visit option to check if clients have enough should be once a year	2/13
Woman with children under age 6 told to find work	2/13
Women starting jobs not provided funds for uniforms	2/13
Getting on disability too difficult	2/13
Workers don’t speak the first language of clients	1/13

Table 9 provides a list of possible improvements in the income support program which were identified by the key informants. Eleven of the 13 key informants recommended an increase in the amount of money provided for rent and food. Ten of the key informants felt that the income support staff needed better skills and needed to treat their

clients with more respect. Eight key informants recommended the development of better long-term plans to help women improve their life circumstances and seven recommended that basic phone service be considered an essential need for all women on income support.

Table 9: Key informants' ideas to improve income support

Most important improvement required	# of key informants
Increase in rent and food allowances	11/13
Staff have better background/skills	10/13
More respectful of each person	10/13
Develop motivating long-term plans w/each woman	8/13
Provide phone for every woman	7/13
Give a list of entitlements	3/13
Bus pass for all women (regardless of employability)	3/13
Childcare for children	3/13
Better education/training options for women	3/13
Better cooperation between Income Assistance program and community organizations	3/13
Better communication between worker and client	2/13
Make garden plots available for women	2/13
Free fruits and vegetables at resource centres	2/13
Base training on determination of each person's gifts	2/13
Increased funds for northern residents for fresh produce	2/13
Increase work incentive limit	1/13
Income support covering costs of addiction treatments outside of formal programs (i.e. nicotine patches)	1/13
Don't subtract child tax credit from income ⁹	1/13
Income Assistance workers become familiar with Human Rights regulations	1/13
Stop making policy decisions without the frontline worker (internal and external) having input	1/13
Increase transportation budget	1/13
Have psychologists on Income Assistance staff	1/13
Physicians/psychiatrists commit to continuing treatment of woman	1/13
Increase in funds for over the counter medications	1/13
Emergency Funding Services (Advocate unaware of existence of emergency funding)	1/13

⁹ In Manitoba the NCBS has been exempted from consideration in determining eligibility for assistance. The exemption was implemented in stages, with the final stage being completed in early 2004.

2.3 ACCESS TO JUSTICE AND INCOME SUPPORT

Gilmour and Martin¹⁰ explored women's access to justice in relation to income support programs in Ontario. In particular, they looked at the decisions that led clients to seek help from a community-based advocacy service in Toronto. They investigated the benefits of having access to advocates with legal training as well as the constraints that limited advocates' capacity to secure justice for people on social assistance. In this study we began a preliminary investigation of women's access to justice by asking them about their access to information regarding their rights to income assistance, their access to the help of advocates and other community supports, and their experiences with the appeal process.

Information about the full range of available benefits did not appear to be readily available to the women participants in this study. Persistent high caseloads make it difficult for income assistance workers to spend time with clients, to respond in a timely way to their questions, and to explain the full range of available benefits. In addition, a number of benefits are left to the discretion of the workers or their directors. Intake workers and their lateral counterparts have a discretionary leeway of approximately \$150.00 per case. Income support directors are given the capacity to make decisions incurring costs of twice that amount. A worker may have to consult a director in order to provide an answer to a client's request. The resulting uncertainty and time delay can have devastating effects on a woman in crisis.

The power imbalance inherent in the income support system is further exacerbated by discriminatory treatment. Women participants in this study reported incidents of hostility, racism, neglect, and sexual harassment from income support workers. Women on income support respond to these incidents and power imbalances by doing and saying what they need to do and say in order to survive.

2.3.1. Interactions with the Income Support System

One measure of the relationship between women dependent on income support and the Income Assistance program is indicated by the frequency of contact. Of the 28 women participants in this study, only six reported that they had regular contact with their income support workers. Six of the participants reported that their workers made home visits.

At least half of the participants expressed no need to have regular contact with their workers. The process of applying for income support has already been documented as an invasive one for some women (*See section 2.2.1.*) Because they feel scrutinized, are concerned neighbours are reporting incidents (false or true) as welfare fraud, and live in fear of being cut off, many women view contact initiated by a worker as a bad omen. This is particularly true of unexpected visits from workers – a practice that invoked a unanimous response of hostility from the women participants of this study. One recounted her experience as follows:

¹⁰ Gilmour and Martin. 2001.

One time a worker came to the house and I was like, 'Whoa! Who are you?' kind of thing. She explained who she was and I said, 'Okay.' She said she happened to be in the neighbourhood so thought she'd drop by. I said, 'Well, I have a phone.' Here I was in my pyjamas, just sent my kids off to school, so I let her in and she was asking me everything under the sun: 'Do I have a washer? Do I have a dryer?' I mean, I had them running, you could hear them running. She was asking me about - that I had separated from my spouse at the time - and she was asking me where he was, how can she find him, how can she talk to him, he needs to send a letter to state where he is if he's not living with me.

This account exemplifies so many others told by women for this study. Workers show up unannounced. New or different workers are assigned to case loads without making the woman on income support aware of the change. The majority of unexpected home visits occur early in the morning. **The worker is following Income Assistance policy – checking to see if basic appliances, etc. are in place – but by this stage in the visit, the woman is so defensive she doesn't see this action as potentially advantageous to improving her condition.**

Another instance reported during this study involved a male worker allegedly well known in his community for inappropriate behaviour, including sexual harassment and “bumming cigarettes” from single women on income support. A woman who recently left a shelter had been informed by shelter staff that if this worker showed up, she should call the shelter immediately and they would send a staff person to be with her. When the male worker arrived unannounced at the woman's home, she called the shelter,

and because she had been warned, confronted the worker regarding his inappropriate behaviour. She got a new worker, and believes the shelter staff were instrumental in this re-assignment.

Some women who are just starting on income support receive regular visits from their workers. The majority of these women reported that their workers call ahead of time to make an appointment, and they have no objection to these visits.

Another source of frustration for women on income support occurs when they try to reach their workers. Twenty-two of the 28 women participants said that they do not receive quick responses when they try to contact their workers. Symptomatic of a busy system, most women cannot speak to their workers directly, but have to leave a message. Women from every area of the province spoke of a policy that allows them to only leave one telephone answering machine message. Most workers do not respond the same day – average response times vary from three days to a month. If a woman is only allowed to leave one message, this poses tremendous difficulty if she has to rely on a pay phone, has had to move very suddenly, or is in crisis. Women in this study spoke of trying to be accessible to their workers by leaving them contact information every time there is a change, but this is stymied by the one message policy. This becomes even more difficult in outlying areas where the Income Assistance office is in a neighbouring town, and women need to make long distance calls in order to speak with their workers. One woman reported that she was dependent on a pay phone. She called her worker collect

and was refused. She called again and was told to come into town for a personal appointment. She had no means of transportation.

There is considerable confusion on the part of women participants in this study concerning sanctioning, available allowances for childcare, transportation and disability, and procedures for obtaining furniture, appliances and utilities. The one thing women did know is that they didn't know about benefits. **All 28 women said they were not aware of the benefits to which they were entitled!**

When asked the question, “Who informed you of one or more benefits?” only 11 out of 28 women said they had been provided with any information. Only two said they had been given this information by an income support worker, and in both cases, the women had been acquainted with the workers prior to applying for assistance. The other nine said they had been given the information about benefits from someone outside the income support system. This includes their friends, relatives, mentors, and community advocates.

It is important to note that during the focus groups held in this study, women participants were learning about benefits to which they may be entitled by exchanging information with each other.

2.3.2. Supports in the Community

Not everyone knows where you're at. A lot of us don't really know there's help and there's programs and there's support. And when you don't have family that's a big part.

People just make assumptions that everybody can fall back on their family, but when you don't have a family, it makes everything hard.

~ Woman Participant

A strong sense of isolation is a common experience for women on income support. Women in this study spoke of fearing the loss of supports and becoming depressed, re-engaging in addiction habits, and coping poorly with parenting. For the purposes of this research, “community supports” are those individuals who come into contact with women on income support, but who do not play an advocate role as such. **When asked the question, “Do you have supports in the community?” 12 out of 28 women reported they had such supports.** Family members and friends were the most frequent sources of support.

2.3.3. Access to Advocacy

Advocates play a more direct role intervening on behalf of women on income support. The advocates named in this study are connected with agencies and organizations that have other mandates by which they come into contact with these women. Any advocacy actions, therefore, are not an official function, but something beyond the mandate of these organizations.

When asked if women participants have access to advocates who can help if they disagree with an income support decision, 12 out of 28 reported they have access to an advocate.

Advocates included the staff of women's or family centres, Friendship Centre staff, counsellors in women's shelters, physicians, and a Member of the Legislative Assembly, among others.

2.3.4. The Appeal Process

Table 10 presents the key informants' responses to the question, "Are you aware of any mechanisms in the program that allow for income support workers' decisions to be reviewed?"

Most of the key informants were aware of advocates accompanying women on income assistance when they visited an income support worker or supervisor. A majority were also aware of the appeal process.

Table 10: Key informants' perceptions of mechanisms to review income support decisions

Mechanisms to review decisions	Number of key informants
Advocate goes with client to see worker/supervisor	11/13
Appeal Process	7/13
Advocate goes with client to director of office	5/13
Client goes to worker	5/13
Client goes to supervisor	5/13
Intervention by Member of the Legislative Assembly	2/13
None known	1/13

It is important to note that there are no official advocates or ombudspersons within the Income Assistance program.

The Social Services Appeal Board is an independent appeal board for decisions regarding provincial¹¹ social assistance

¹¹ At the time this study was conducted, over 180 municipalities in rural and northern Manitoba were responsible for administering income assistance to non-disabled single persons, childless couples and two-parent families. In November, 2003 the Minister for Housing and Family Services introduced proposed legislative

and other programs offered by Manitoba Family Services and Housing.

Individuals who are in receipt of, or are applying for, any of these assistance programs and who have had their benefits denied, suspended or reduced may wish to file an appeal. The appeal may be filed by sending a letter of appeal to the Board or by completing an appeal form, which is available on request. Normally, an appeal must be filed within 30 days of being notified of the decision to deny, reduce or suspend benefits.

Once an appeal has been filed, a hearing will be scheduled within 30 days and both parties will be given the opportunity to explain their case directly to the Board. Once the hearing is held, a decision is made in private after the hearing. A letter is then sent, usually within 15 days of the hearing, advising of the decision.¹²

Only 11 out of the 28 women participants in this study were aware of the existence of an Appeal Board.

Three participants had initiated an appeal but the issue was resolved prior to a hearing. None of the participants had actually gone through an appeal hearing. Those aware of the appeal process expressed reticence in going forward with an appeal if they disagreed with an income support decision for several reasons. The process itself

changes to establish one system for income assistance throughout the province of Manitoba.

¹² Social Services Advisory Board
7th Floor, 175 Hargrave Street,
Winnipeg, MB
R3C 3R8
Phone: 945-3003
Toll-free: 1-800-282-8069
Fax: 945-1736

sounds complicated and intimidating. The process is perceived as being too closely linked to the program. In other words, there isn't an understanding that the Appeal Board is an arms length third party, independent of the Income

Assistance program. Women fear there will be punitive repercussions from the Income Assistance program if they make an appeal.

2.4 GENDER AND INCOME SUPPORT

According to *Toward a Healthy Future: Second Report on the Health of Canadians* prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health (1999), approximately 16% of Canadian men and 20% of Canadian women live below the poverty line. And while 16% of all Canadian families live below the poverty line, 48% of female-headed, lone parent families live in poverty. Twenty-five percent of women with disabilities live in poverty compared to 18% of men with disabilities¹³ and 42.7% of Aboriginal women live in poverty compared with 35.1 % of Aboriginal men.¹⁴

This study provides insights into women's experiences of living in poverty while relying on income support programs. No men on income support were interviewed for this research; drawing a gender comparison is therefore not possible. However, the experiences of the women participants in this study reveal that the circumstances of their lives continue to be influenced by gender roles and expectations.

Five out of the 28 women interviewed for this study stated that they first began using income support because of a separation or divorce from a male

partner. A number of them further implied that they left abusive relationships, and that safety is or was a concern. Expectations such as running around town filling out forms are difficult to meet when being seen in public is a risk. Other significant safety concerns include housing options - eight of thirteen key informants and 26 out of 28 women reported that there was not enough within an income support allowance to provide a safe place for women and their children to live. Living in poor neighbourhoods, relying on public transportation day and night, and joining the workforce at low level entry positions that typically involve shift work and isolation all put women's safety at risk. The devastating effect of poverty on self-esteem also leaves women more vulnerable to situations and relationships where they may not have the fortitude to defend themselves in the face of abuse.

Women on income support who live with their children face extraordinary difficulties. Documented in this report are accounts of women who had no option but to leave children under the age of six in someone else's care in order to work. Women experiencing depression, exhaustion and anxiety told painful stories of the ways their struggles affected their children. Young women talked of being second generation

¹³ Fawcett, 1996:100

¹⁴ Donner, 2000

welfare mothers. One woman participant had her children apprehended by Child and Family Services. Another has custody of her grandchildren. The burden of providing for children of families on income support falls mostly to women. The fact that only two participants had navigated themselves to a state of independence, and then only because of extraordinary circumstances, has alarming implications – not only for the present generation of women, but for the future one as well.

3. CONCLUSIONS

As Canada enters the twenty-first century, women's poverty is the highest it has been in this country in two decades.

We heard Manitoba women describe their experiences of health and illness, and how closely linked their lack of wellbeing is to living in a state of dependency. They described what it is like to rely on a system that shames them and scrutinizes them. They talked about not being able to obtain important entitlements because the income security system withholds significant information from them and is inaccessible to them at critical junctures in their lives. High levels of stress, anxiety, and a crushed sense of self esteem play havoc with their mental health. Pre-existing disabilities and medical conditions are made worse because of poor nutrition, unsafe and unhealthy housing, lack of resources for children, and lack of basic medical supplies. Manitoba women on income support ask, "How do we hope?" when income support programs blatantly express no interest in understanding the day-to-day factors of their lives.

Very few women have a supportive relationship with an income support worker. Most don't see their workers regularly, and when they do, the atmosphere is thick with mistrust for both parties. When women are in crisis, their workers are not available. Women learn about benefits to which they are entitled from friends, neighbours, family, and community advocates and many women are unaware of the

existence of an appeal process. There are no official advocates or ombudspersons within the Income Assistance program.

During their encounters with the income assistance program in Manitoba, women experience many barriers that affect their health and access to justice. Issues identified by women who participated in this research include:

1. Lack of access to information about eligible benefits, appeal mechanisms, and opportunities for vocational and educational upgrading from the Employment and Income Assistance Program. Women identified an atmosphere of mistrust within the system, perpetuated by surprise visits from workers, inaccessibility to workers in times of crisis, and lack of understanding and respect. Furthermore, women were not informed of an Appeal process regarding Income Assistance decisions, and no ombudsperson or Fair Practices Office is in place to ensure women on Income Assistance are treated justly by the system.
2. Women are not provided with enough income for safe, healthy housing, adequate nutrition, or adequate clothing and daily living supplies for themselves and their children. Children are also unable to participate in basic and important social interaction and physical activities because of prohibitive fees for extracurricular and school

activities not covered by Income Assistance. This not only deprives children of physical fitness opportunities but also places children at a distinct social disadvantage from a very early age. The social inequality present in these situations can have devastating lifelong effects.

3. The lack of knowledge of Income Assistance staff about living with disabilities. Women with disabilities are subjected to incorrect assumptions about their daily living needs and their capacity to function by misinformed or uninformed Income Assistance workers and policies that do not address their needs. This is particularly prevalent among women with mental health issues and other invisible disabilities. The compound effects of having disabilities and living in poverty create a double barrier effect that has devastating consequences on women's health.
4. Lack of support for vocational and educational opportunities that could lead to independence and self-improvement for women on Income Assistance. There is very little built into the system that allows women to develop labour market skills without putting themselves and their children in financial jeopardy because of lack of childcare, transportation, and training funds. Furthermore, there is little investment in looking for vocations beyond a fast track to ANY job. Women need to find meaningful employment with opportunities for advancement that require skills, training, and assurances that the well-being of their children is not at stake.

4. RECOMMENDATIONS

The following recommendations are meant to address many of the difficulties described by the women who participated in this research.

Implementation of these recommendations by the Manitoba Income Assistance program would help remedy those issues which prevent women from achieving the justice and health to which all Manitobans are entitled.

Improve communication between the Income Support program and women on income support

1. Make consistent information about benefits and eligibility readily available to women when they apply.

2. Continue to provide information regarding benefit eligibility, sanctioning, and community resources at regular intervals to women on income support. Providing this information once during the orientation sessions may not be effective or understood, particularly if women are in crisis or undergoing emotional or physical trauma.

3. Create an information booklet in print and alternate formats that lists community links to children's and women's programs; used clothing and household goods outlets; literacy, budget management, and other educational opportunities; and advocacy,

disability, and addiction treatment organizations. This information may currently be covered in individual meetings with workers, however, providing a resource tool to be taken home is a more effective means of disseminating information.

4. Implement a program and protocol for regular home visits (once a year or more.) The intention of this program is to develop a positive rapport between worker and client. Each visit is to include an assessment to determine if the client is receiving benefits to which she is entitled; discussion concerning community options for the client and her children; and an exploration of training, educational or vocational options for the client, if appropriate. Appropriate practices for conducting home visits would include making arrangements whenever possible to schedule visits with clients ahead of time and practising sensitivity regarding cultural and linguistic differences and disability concerns.

5. Develop mechanisms to ensure that high standards of practice and respectful treatment of clients are followed by income support staff. Create the working conditions to foster positive, supportive interactions between workers and clients, to overcome the current climate of mistrust.

6. **Provide local phone service and toll free telephone access in all catchment areas in which clients are required to make long distance calls in order to communicate with workers.**
7. **The Employment and Income Assistance provide regular and consistent information regarding the appeal mechanism of the Social Services Appeal Board .** This includes providing contact information regarding the Appeal Board at the time of orientation AND at any time a dispute comes forward between the Income Assistance system and clients.
8. **The Social Services Appeal Board undertake additional efforts to publicize its existence and functions.** Outreach opportunities such as public information displays and events could reinforce the third-party, arms-length, independent function of the Board to make the appeal process less intimidating for potential appellants.
9. **Establish an independent ombudsperson and a Fair Practises Office within the Income Assistance programs.** The advocacy services provided would assist clients with the appeal process or other disputes with the program. These positions should be highly visible and accessible.

Improve levels of income support¹⁵

10. **Increase food and housing allowances for all income support recipients.** Benefit levels should be set to reflect the cost of living and ensure every woman's right to food security and safe, appropriate housing.
11. **Provide allowances so children of women on income support can participate in basic activities such as school field trips and after-school clubs/teams.** This report clearly shows the link between poverty and the diminishing of children's physical and emotional well-being. Improving the social welfare of families includes removing those financial barriers which prohibit participation in community life.

Improve services for women with disabilities on income support

12. **Train all income support staff regarding appropriate ways of providing accommodations for**

¹⁵ In January 2004, the Government of Manitoba announced an increase in basic income assistance rates for single people and couples with no children in the general assistance category, and for all adults enrolled in the persons with disabilities category. At the same time, the government also eliminated the clawback of the National Child Benefit Supplement for families receiving income assistance with children aged 12 - 17. Previously, the government had removed the clawback for families with younger children. This change means that the federal child benefit supplement is no longer deducted from a family's provincial income assistance.

women with mental health issues, learning disabilities and physical disabilities. Strategies that encourage empowerment and self-determination are fundamental to women's health and well-being. Promote social equality for women on income support

justice, and fair, equitable and creative new avenues of opportunity can allow women to move beyond hope to change.

13. Create new avenues of opportunity that allow women to become independent of income support.

This includes: encouraging women to explore vocational/educational options by providing the necessary supports (coverage for childcare, transportation and training costs); helping women develop social supports that encourage independence through existing community networks; and investing in employment incentives for jobs at adequate wages that make independence an attainable goal.

FINDING HOPE

How can women on income assistance in Manitoba have hope when the current system is based on inadequate income levels, stress, surveillance and stigma? For the women in this study, real hope lies in changing the way they are treated when they interact with the program. Real hope lies in establishing an income assistance program that promotes the well-being and independence of those who rely on such programs for support. All Canadian citizens, female or male, young or old, in or out of the paid labour force, have a right to economic security and social equality.

But finding hope and surviving on hope are not enough. Fair, equitable access to

5. REFERENCES

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6. APPENDICES

6.1 INTERVIEW/FOCUS GROUP QUESTIONS FOR WOMEN PARTICIPANTS

1. How long have you been on social assistance? Have you been on assistance before?
2. Did it take very long for you to get on assistance? If yes, why?
3. If you are on disability assistance, how did you find that process? Was your medical information accepted?
4. Did you have regular contact with your worker or someone from social assistance? Do you get a quick response to your questions?
5. Are you aware of all the benefits you are eligible for in the social assistance program? Are you receiving all for which you are eligible?
6. Are you living with someone who is not on assistance? Has your budget been reduced because of this?
7. Do you have children? Are any under 6 years of age?
8. Do you have work expectations placed on you? Are your transportation and child care costs covered when you look for work? Have you been offered any training?
9. Do you have enough money to afford a healthy diet? If not, what other ways do you obtain food?
10. Do you have enough rent money to make sure you can live in a safe and healthy place? How much do you think you would need in your community to cover the cost of a decent place to live?
11. Do you think that your experiences with getting/not getting income assistance have had a direct impact on your health? How?
12. Are you aware of the appeal process for social assistance? Have you gone forward with an appeal? If yes, what happened?
13. Do you have any supports in the community that you can turn to for assistance?
14. Are you aware of any advocates you can call on to assist you in dealing with the social assistance program?
15. What is the biggest hardship you experience being on the social assistance program?

6.2 INFORMANTS AND SERVICE PROVIDERS

1. In what way do you interact with the Income Assistance Program?
2. Do you feel the program provides enough resources to meet basic needs?
3. Are there any policies you are aware of that you feel hamper women from getting their needs met while on the program?
4. Are you aware of any mechanisms in the program that allow for workers decision to be reviewed?
5. Are you aware of any community services that are successful in advocating with women who are on Income Assistance?
6. How do you think the health and well being of women and children is impacted while on the Income Assistance program?
7. What do you feel would be the single most important improvement to the Income Assistance Program?

6.3 CONSENT FORM FOR WOMEN PARTICIPANTS

A Study of Women's Health, Poverty, Justice and Income Support in Manitoba

You are being asked to participate in a research project examining how provincial and local policies concerning income support affect women's health and the access women have to skilled advocates in appealing income support decisions regarding eligibility, benefit levels, entitlements and overpayments in Manitoba. The project complements a similar study in Ontario conducted by Joan Gilmour and Dianne Martin, *Women's Poverty, Women's Health: The Role of Access to Justice* (National Networks on Environments & Women's Health, 2001.)

This project was approved by the Prairie Women's Health Centre of Excellence. If you have any concerns about your rights or your treatment as a participant in this study, please contact:

Prairie Women's Health Centre of Excellence

56 The Promenade

Winnipeg, MB. R3B 3H9

(204) 982-6630

pwhce@uwinnipeg.ca

The researchers for this project are Rhonda Wiebe and Paula Keirstead.

The researchers will interview women receiving social assistance, including key informants and those who provide advocacy services to them. You will be interviewed or participate in a focus group on Wednesday, April 16, 2003 in Winnipeg, Manitoba.

The one-to-one interviews will last approximately 1 hour. Focus groups will last approximately 2 hours. Providing you give your consent, the interview or focus group will be tape-recorded in order to make it easier for the researcher to listen to you accurately. **IT IS IMPORTANT FOR YOU TO KNOW THAT YOU MAY CHOOSE TO NOT ANSWER A SPECIFIC QUESTION – YOU CAN ASK FOR THE TAPE RECORDER TO BE STOPPED AT ANY TIME. YOU CAN END YOUR PARTICIPATION IN THE STUDY AT ANY TIME, WITHOUT PENALTY.** If you wish to withdraw from the study following the interview and prior to the publication of the findings, contact the researchers and they will destroy any data collected from you so it is not included in the project. There is no obligation to continue once you have given your consent to be interviewed or participate in a focus group. Any information collected (tapes or notes) from the interview or focus group will be kept in secure storage. Any information that could identify you will be removed when the tape is transcribed, including the findings written in the Final Report.

If you wish to contact the researchers, please leave a message at the Prairie Women's Health Centre of Excellence, and they will speak with you as soon as possible.

I have read and understood the information above and give my consent to participate in this study.
_____ YES _____ NO.

I have read and received a copy of the Consent Form _____ YES _____ NO

Focus Group Members Only:

I agree to maintain the confidentiality of all other group members involved in this research project.
____ YES ____ NO

I understand that I will receive an honorarium of \$35.00 to acknowledge time spent in participation. I may also request additional monies for childcare or transportation upon submitting of an invoice.

Signature _____ Date _____

Name (please print) _____ Phone # _____

We will be happy to provide you with a copy of the Final Report once the research is completed. If you would like a copy, please print your name and address here:

6.4 CHANGES IN MANITOBA WELFARE RATES

Tables 6.1 and 6.2 are based on figures calculated by the National Council of Welfare in their report *Welfare Incomes 2002*. The tables show the level of annual welfare benefits for different categories of welfare recipients, reported in constant 2002 dollars, in order to account for the rising cost of living as measured by the Consumer Price Index. The figures reveal significant reductions in the purchasing power of welfare benefits over time. For example, between 1989 and 2002, the purchasing power of welfare benefits for a couple with two children in Manitoba dropped from \$19,060 to \$12,849. During that same period, the purchasing power of welfare benefits for a single parent with one child dropped from \$11,744 to \$9,636.

Table 6.1: Manitoba Welfare Benefits In 2002 Constant Dollars, By Year And Category Of Recipient

	1989	1999	2001	2002
Single Employable	8,047	5,764	5,470	5,352
Person with a Disability	8,751	8,688	8,295	8,117
Single Parent, One Child	11,744	9,629	9,569	9,636
Couple, Two Children	19,060	13,987	13,129	12,849

Table 6.2 clearly reveals that Manitoba welfare benefits have not kept pace with the rising cost of living. Between 1989 and 2002 the purchasing power of welfare benefits for a single employable woman dropped by 33.5%; benefits for a single mother with one child dropped by 18%.

Table 6.2: Percentage Change In Welfare Benefits In 2002 Constant Dollars, Manitoba, 1989-2002, 2001-2002

	% Change in Welfare Benefits, 1989-2002	% Change in Welfare Benefits, 2001-2002
Single Employable	-33.5%	-2.2%
Person with Disability	-7.2%	-2.2%
Single Parent, 1 child	-18.0%	0.7%
Couple, 2 children	-32.6%	-2.1%

Source: National Council of Welfare (2003) *Welfare Incomes 2002*