“WE DID IT TOGETHER” LOW-INCOME MOTHERS WORKING TOWARD A HEALTHIER COMMUNITY

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"We Did It Together":

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EXECUTIVE SUMMARY

Low-income mothers typically have limited resources with which to respond to the multiple demands they face. Health promotion programs for this group tend to focus on developing skills and knowledge in areas such as parenting and cooking. While this kind of personal skill development is important, it does not address the more fundamental determinants of health. The purpose of this project was to bring together low-income mothers of preschool-aged children who wanted to learn more about making their community a healthier place to live.

METHODS

In May 2000, two groups of low-income mothers (seven to eight women in each) who had previously taken part in skill-building programs began meeting in Saskatoon, with two facilitators. Onsite childcare and transportation were provided. Over six weekly meetings, the women talked about their communities and the changes they would like to see, shared their experiences and ideas, and learned how to plan actions. They took photos of their communities with single-use cameras and created two large murals depicting community influences on health.

In September 2000 the women resumed meeting as a single group (with attendance varying from three to eleven). The women presented their murals to invited guests. Next, they decided to focus on poverty as a key determinant of the problems they were experiencing. They shared their stories of living in poverty, and the facilitators provided information about the prevalence and causes of poverty. Finally, the idea arose of putting their stories and other material from the project into a book. The remaining sessions were spent planning and working on the book. From September through June 2001, they met 19 times.

The participants ranged in age from early twenties to late thirties. Most had two or three children and about two-thirds were single parents. About half were members of First Nations. Most

received social assistance, while a few had part-time paid employment or income from a partner. Some owned their homes; others rented apartments or houses of varying quality, mostly in the inner city. Several had recently left abusive relationships. Thus, while all self-identified as 'low-income mothers,' their living situations varied considerably.

FINDINGS

The findings of this project include what was learned about the process of creating the murals; the women's thoughts about and experiences with healthy and unhealthy communities; factors that support low-income mothers' participation in their communities; and the causes, effects, and modifiers of 'parenting in poverty.'

MURALS

The purpose of the murals was to engage the women in a group activity that would result in a visual representation of the healthy and unhealthy elements of communities they had been discussing. The women selected clippings from a variety of printed materials, including the photos they had taken, and arranged them onto a large sheet of paper, adding words of their own. Both groups depicted unhealthy aspects of communities on the left side of the mural and healthy elements on the right; one of the groups bridged the two with concepts such as "understanding," "creativity," "hope," and "involvement."

The women greatly enjoyed working together on this activity. Assembling the visual images of the positive and negative aspects of their communities was very satisfying for them and many felt it helped deepen their understanding of the issues and how to address them. They were proud of this tangible accomplishment and eager to share it.

In September 2000, the two groups came together to show their murals to the members of the Community/Research Team who had not been directly involved in the meetings and another guest from Saskatoon District Health. The women spoke about how the project had given them hope and lessened their feelings of isolation; how they had enjoyed working together with women from different backgrounds; how much they wanted to make change in their communities; and what the murals meant to them. The guests responded enthusiastically to the murals and the women's presentations.

HEALTHY AND UNHEALTHY COMMUNITIES

In addition to the murals' visual representation of healthy and unhealthy communities, the report contains a summary of their thoughts on this topic. Above all, participants emphasized the importance of a healthy social environment—the way people treat each other and work together. They spoke of having control over their communities; treating each other with respect and courtesy; freedom from violence and discrimination; a sense of belonging to and responsibility for their community; co-operation, sharing, and caring; valuing children and elders; and creating a place for healing. In terms of the economic environment, the participants described a community in which all members have adequate incomes and access to the basic necessities, where amenities such as grocery stores, clinics, and schools are conveniently located and people work together to do things better, in ways that don't necessarily cost more. Finally, participants wanted a physical environment that is safe (e.g., playgrounds free of broken glass and needles; streets that can be safely crossed) and attractive. They stressed the importance of housing that is affordable, secure, in good condition, and not crowded.

While those living in Saskatoon's inner city experienced their communities as being generally unhealthy, participants from other neighbourhoods reported problems, too. These included neighbours not knowing or caring about each other, discrimination against Aboriginal individuals, and lack of access to the special programs and services offered in the core neighbourhoods. So low-income families who live in more advantaged neighbourhoods may avoid most of the social and physical problems of the inner city, but they often pay the price of greater stigma and racism.

SUPPORTS FOR PARTICIPATING IN COMMUNITY

While all the participants wanted to help move their communities toward the vision described above, they found actually taking action to be a challenge. Even participating in this project regularly was difficult for many of the women. The women identified a number of influences on their ability to participate effectively in their communities. These ranged from the practical, such as awareness of opportunities, time, and skills, to more complex psychological factors, including self-confidence; believing one has the right to ask for better treatment and that change is possible; communication, conflict resolution and other skills, and having a stable enough life to free up energy for social action.

Within this project, regular attendance was hampered by a variety of factors, related to participants' parenting responsibilities, their need to earn money, and the instability of their families, both immediate and extended. Participants found it hard to work on project activities on their own for the same reasons.

CAUSES AND EFFECTS OF PARENTING IN POVERTY

In this report, the experiences of the participants are synthesized in two diagrams. The first portrays the factors that typically lead to a woman becoming a low-income parent. The path usually, but not always, begins with her own upbringing. Growing up in poverty, in an unstable family, increases the likelihood of ending schooling prematurely, especially if an unplanned pregnancy occurs. Lack of support from the child's father and addiction to alcohol or drugs further impede a woman's chances of returning to school or finding work. Later in life, mothers may end up in poverty if they choose to care for their children full-time, or are unable to find acceptable work, and their partner is unable to support the family adequately or they are single parents with unreliable child support. Community factors such as schools' support for pregnant and parenting students, access to childcare, and level of social assistance provided to parents of young children without paid employment can strongly influence whether or not an individual's circumstances lead to her 'parenting in poverty.'

The second figure shows the physical and mental health consequences of parenting in poverty. Parents are unable to provide their children and themselves with a healthy diet; they are forced to live in inadequate, often unsafe housing in dangerous, unhealthy neighbourhoods, or to pay more than they can afford to live somewhere better. Low-income mothers often have poor self-esteem, reinforced by their reliance on charity and/or social assistance and their feelings that they are not giving their children the kind of upbringing they would like to. They get little recognition for doing a good job as mothers; on the contrary, they are frequently criticized, stigmatized, and devalued. They have few opportunities for respite from parenting, especially if they are single, and the constant demands of caring for small children make it hard for them to always be the kind of parent they want to be.

IMPLICATIONS AND RECOMMENDATIONS FOR WOMEN'S HEALTH POLICY AND PROGRAMMING

Out of these findings, we have identified eight specific implications, with associated recommendations for women's health policy and programming. These deal with the following areas:

- Providing adequate financial support (whether through social assistance, wages, or a combination) to enable all families to meet their basic needs.
- Providing more recognition for and respite from parenting, including financial support for parents caring for young children.
- Enabling all parents to access childcare that meets their standards, if they are employed outside the home or taking classes.
- Increasing the availability of safe and healthy housing for low-income families and strengthening the communities in which they live.
- Offering effective programs to prevent and treat addictions in low-income communities.
- Supporting low-income mothers to develop skills required to engage in social action.
- Reducing the stigma associated with being poor in a materialist society.
- Making 'the system' more accessible and responsive to low-income individuals.
- Enabling all low-income families to access helpful services and programs without stigma, and increasing community members' control over such programs.

CONCLUSIONS

The report concludes with the participants' reflections on the project. The main factors they valued were having the opportunity to talk about issues with other adults, to share their personal concerns and feel understood; the general harmony and productivity of the group; and, above all, the production of something tangible, the book of stories, in which they take great pride.

1.0 INTRODUCTION

Low-income mothers typically have limited resources with which to respond to the multiple demands they face. The resulting stress can affect not only their well-being, but also that of their children. Health promotion programs for low-income mothers tend to focus on developing skills and knowledge in areas such as parenting and cooking. While this kind of personal skill development is very important, it does not address the more fundamental determinants of low-income families' health. Furthermore, after acquiring new knowledge, skills, and confidence through participation in these kinds of programs, some women may wish to shift their focus outward, to develop a more critical analysis of the social structures that have contributed to their situation and begin to take action to address structural factors that affect their health. The purpose of the project described here was to bring together low-income mothers of preschool-aged children who had experience in skill development programs and wanted to learn more about making their communities healthier places to live.

2.0 BACKGROUND

To understand the context in which this project developed, it is important to have some information on the extent and nature of poverty among families in Saskatoon, and the concepts and previous work that influenced our approach.

2.1 Poverty in Saskatoon and Saskatchewan

In 1996, Saskatoon had a poverty rate of 28.3 percent, similar to other major cities in the Prairies. Certain groups had much higher rates of poverty than others. Aboriginal individuals, who make up at least 8 percent of Saskatoon's population, were much more likely to be poor, with a poverty rate of 64.9 percent. The proportion of single-parent families in poverty was almost as high—60.8 percent.[1]

Saskatchewan's provincial government has recently made some changes in its income security programs, with an emphasis on helping people on social assistance enter the workforce. Three new programs have been implemented: the Saskatchewan Employment Supplement, which boosts the income of poor working families or those receiving child or spousal maintenance; the Saskatchewan Child Benefit, which replaces the children's allowance for families on social assistance and provides additional support for low-income working families; and Family Health Benefits, which covers

dental, optometric, and some other health services as well as prescription drugs for children, and, to a lesser extent, parents, in families receiving either of the other two benefits.[2]

A recent report by the Canadian Council on Social Development[3] concludes that these programs appear to have been successful in reducing both the rate and depth of poverty among Saskatchewan families, particularly when compared to Alberta and Ontario. As a result, the 1998 poverty rate for single-parent families in Saskatchewan—one in five—was "the lowest rate in Canada by far." At the same time, the report notes "Saskatchewan is hardly 'generous' in terms of its welfare incomes, which are far below the poverty line and have fallen from 1993 to 1999 because of the impact of inflation on social assistance benefits." Thus, the main beneficiaries of these new programs are working-poor families, while those dependent on social assistance are, if anything, worse off.

2.2 History of the Project

The vision of this project arose from the demise of a program aimed at providing social and nutritional support to low-income mothers of preschool-aged children in Saskatoon. 'Healthy Start' ran from 1992 to 2000, funded by a variety of sources. Groups met weekly to cook together, share what was going on in their lives, and do crafts or other activities. Over time, more options, such as parenting education, a personal growth course, and group leadership training, were offered. Several of the women who took the leadership training started to lead Healthy Start groups in pairs.

Healthy Start ended for several reasons, notably a lack of adequate, on-going funding, problems with organizational structure, and burnout. However, its steering committee and community worker recognized the potential of the women who had become co-leaders and their desire to build on the skills they had acquired. Together, they envisioned a new project, moving beyond social support to community action, and obtained funding to make it a reality. Healthy Start's former steering committee became this project's Community/Research Team, its community worker was hired as the main project facilitator, and several of the co-leaders contributed to the proposal writing and later joined the project as participants.

2.3 Conceptual Framework

This central concept on which this project is based is that of empowerment, or "the capacity to define, analyze and act upon problems in one's life and living conditions."[4, p. 5] Power or control over the factors that shape one's life is increasingly recognized as a fundamental determinant of health; in fact, health promotion is commonly defined as "the process of enabling people to increase control over the determinants of health and thereby improve their health."[5] Labonte suggests that any of the following spheres of health promotion practice can contribute to empowerment: personal care, or developmental casework; small group development; community organization; coalition building and advocacy; and political action. In other words, action need not be at the level of the community to be empowering, as is sometimes claimed; both direct services to individuals and small support groups can be important contributors to empowerment.[4]

Research is gradually adding to our understanding of the process of empowerment. For example, Lord and Hutchison[6] interviewed 55 individuals who had experienced powerlessness in their lives. They found that the impetus to empowerment included being involved in a crisis or 'life transition,' acting on anger or frustration, responding to new information, and building on inherent capabilities. Support from others—practical and moral, as well as mentoring—was critical in expanding empowerment. Participation in activities, groups or social actions was another key process; it reduced isolation, enabled people to make a contribution, and helped them feel more competent.

In this project, we aimed to nurture the participants' empowerment in as many ways as possible. We used a small group format as the basis of the project, recognizing the potential of the group to help participants feel connected with others, obtain and provide support, broaden their understanding, and develop "power-with"—"the energy and optimism we create when we act together."[7, p. 4] However, rather than focusing solely on dealing with participants' own concerns, we wanted to help them broaden their perspective; in other words, to move beyond enhancing *coping* with the challenges of their lives to *changing* the conditions that make their lives so challenging. As Travers argues, "'Helping' people to cope with their environments without addressing the sources of inequities within the social structure accepts that they are destined to continue to work with only limited resources. In effect, it endorses the current distribution of social goods within society and sanctions an unjust order."[8, p.345]

The project activities were based largely on two closely related approaches, popular education[9-11] and participatory action research (PAR). Arnold and colleagues[10, p.5] define popular education, or

education for social change, as "an approach to education that is in the interests of oppressed groups. We involve people in a process of critical analysis so they can, potentially; act collectively to change oppressive structures. The process is participatory, creative, and empowering." PAR[12-14] is "inquiry by ordinary people acting as researchers to explore questions in their daily lives, to recognize their own resources, and to produce knowledge and take action to overcome inequities, often in solidarity with external supporters."[15]

Numerous examples exist of projects that have used these approaches to increase participants' empowerment. Travers[8] describes a participatory research process focusing on nutritional inequities with participants in a weekly informal women's coffee group at a community drop-in Parent Center. She explains that for the first few months of the project, "the women simply talked."[8, p. 349] This was valuable in more than one way:

> *By listening to others talk about how they dealt with and overcame an experience similar to their own, they learned coping strategies from one another. Even more important, however, each woman began to realize that she alone could not be fully responsible for creating the difficulties she faced, as so many people were facing similar problems for which she could have no responsibility. Recognizing the possibility of common origins of their problems, they began to build hope toward working together for solutions. Almost imperceptibly, the group sessions progressed from complaining sessions to consciousness-raising sessions.*[8, p. 349]

Over time, the group developed a sense of common purpose and identified a specific issue they wished to research, comparing food pricing in low-income vs. middle-income areas. On the basis of their findings they took action, writing to grocery stores and political leaders. Travers concludes that in spite of practical constraints to action, the group's "participation engendered a sense of accomplishment and power."[8, p. 354]

Another project, 'De Madres a Madres,'[16] involved Hispanic women living in Houston, Texas. It began by training volunteer mothers to work with at-risk pregnant women, offering support, caring, and information. By the third year of this project, a drop-in centre for women was set up and the volunteer mothers became more involved in decision-making. Over the next two years, the centre became a focus for the whole community and coalitions were formed with other agencies. Eventually the volunteer mothers took over as managers of the program, obtained funding of over $100,000, and extended their mission beyond pregnant women to the family unit. These projects

are just two illustrations of what women can accomplish, even in the face of oppression, given enough time and support.

In this project, we wanted to go beyond the usual reliance on words for education and analysis (e.g., written materials, oral presentations, group discussions) and incorporate some visual methods. Photography is one such method that has been used with a variety of communities as a tool for consciousness-raising and social change. One of the first organizations to employ this approach was 'Shooting Back,' whose aim is to empower children at risk by teaching them photography skills. Projects have been carried out with children living in a homeless shelter[17] and Native American youth on reservations,[18] in each case producing a book of their photos, poetry and prose. Caroline Wang has used a process called 'photovoice' with diverse groups of women, to achieve three goals: (1) to record and reflect the community's strengths and concerns; (2) to foster critical dialogue about personal and community issues through discussion of the photographs; and (3) to influence policymakers.[19,20] In Toronto, a group of low-income women called 'According to Us' uses photography to explore issues in
their lives, share their stories with others, and work for social change.[21] They have produced exhibits on violence against women and portraits of community activists. The facilitator of this group explains:

> *Through photography women have been able to express issues about their social reality and work for social change in ways they have not done before. . . A wider audience has heard their voices, from the women in their communities who are struggling with the same issues, to the thousands of women from across Canada at the World March of Women in Ottawa. The effect is twofold: not only are the women in the group empowered by addressing issues that are important to them, but they deal with it in a way that helps others in their community as well.*[19, p.7]

Another visual method is collage, usually incorporating magazine and newspaper clippings. In British Columbia, a PAR project called 'Women and Poverty'[22] organized eight focus groups with diverse groups of women living in poverty, followed by a day-long workshop with the focus group participants and the development of action plans. In the focus groups, participants shared their experiences of living in poverty both verbally and in the form of collages that they created collectively. Thus, visual methods such as photography and collage can help participants expand their skills and use their creativity to communicate in a form that complements, and can sometimes be more powerful than words.

Because the groups in our project were newly formed and most of the participants had not had any experience with social action of any type, we initially spent a good deal of time on group development and education, as will be seen in the more detailed description below. However, throughout this process, we drew on the women's own experiences and knowledge, providing additional information when it seemed helpful to expand their understanding. This is consistent with the principles of popular education, and with Lord and Hutchison's principles of empowerment,[6] which emphasize building on people's strengths and recognizing their existing knowledge. In time, we were able to incorporate more aspects of PAR, as the women decided to focus on the core issue of poverty.

3.0 METHODS

The project included varied types of activities (described in more detail under 'Activities' below). They can be generally categorized as: social / group-building; presentation of information; sharing experiences and ideas; developing visual representations of community influences on health (through photography and collage); skill development (planning and carrying out actions; oral and written communication); and sharing the group's ideas and experiences with others.

3.1 Personnel

Kathryn Green, as principal investigator on this project, worked with the main facilitator, Jeanette Davenport, to plan the sessions. She attended each meeting, took notes and in some cases tape-recorded discussions, and brought material back to the group for reflection. Arnolda Dufour co-facilitated the spring sessions, but took other employment over the summer and so for the remainder of the project, Jeanette (and occasionally Kathryn) led the sessions, which included making brief presentations and facilitating discussions. Shardelle Brown, a Master's student in the Department of Community Health and Epidemiology at the University of Saskatchewan, coordinated the practical aspects of the project through an internship funded by the Community-University Institute for Social Research. She helped recruit participants, coordinated (and sometimes assisted with) childcare, prepared snacks for the participants and their children, arranged cabs for women who needed transportation to the meetings, and phoned the women regularly to remind them of meetings. She also attended each session.

The Community/Research Team served in an advisory capacity, providing input on various issues that arose during the course of the project. Two to three women provided childcare for the participants at each session.

3.2 Recruitment of Participants

We collected names of potential participants from members of the Community/Research Team who were associated with other programs attended by low-income mothers. These included Collective Kitchens, Healthy Start, and parenting classes; we also informed women who were residents of second-stage housing (i.e., women who had left abusive relationships and previously lived in a shelter). Participants were to be low-income mothers, with at least one child aged six years or younger, who had had experience as a member of a small group and would likely be able to commit to regular attendance and active participation in the project. We informed those referring participants that we were looking for women who had either had leadership training, had played a leadership role in their group, or were believed to have good potential for taking on such a role.

We contacted all the women whose names we were given by telephone or by a letter delivered to their home, and invited them to an introductory meeting on May 12, 2000. Seventeen women attended. We explained the project to them; all were interested in participating, with eight signing up for one group and nine for the other. Another three women joined the project at the second or third meeting.

3.3 Participation

While we endeavoured to have ten women in each group, this goal was not realized. In the spring, the number of women attending each group ranged from four to seven in Wednesday's group and five to eight in Friday's. However, a core group of women in each group attended regularly (missing no more than one meeting): five on Wednesday and six on Friday. Participation of Aboriginal women was high, but the distribution across the two groups differed markedly. Among the steady attendees, Wednesday's group had one First Nations participant, while all but one in Friday's group were Aboriginal (all First Nations).

In the fall of 2000, when we resumed meeting as a single combined group, attendance was fairly high, with an average of eight women at each session. From January 2001 onward, the numbers

dwindled to between three and six, until the very end, when attendance picked up again. The same core group of eleven who had attended regularly in the spring continued to come, as they were able, through the fall, and then two stopped coming because of crises in their lives. Three women attended almost every meeting. The irregularity of the others was due not to disinterest, but reasons that included employment, illness (their own or their children's), family problems, attending classes, and participating in other social action groups.

The eleven women who made up the core group of regular attendees were in their twenties and thirties, and had one to four children. Six were members of First Nations; seven were single parents. During the year of the project, four had paid employment, at least some of the time, one had a partner with paid employment, and all but three received partial or full social assistance. Their housing situations ranged from home ownership (some with the assistance of a local social housing program), to renting a unit in a low-income housing complex, to regular rental (which generally involved several moves during the course of the project; in fact, all but three of the women moved at least once during the year). Three had recently left abusive relationships and continued to experience disruptions in their lives as a result. Thus, while all self-identified as 'low-income mothers,' their living situations varied considerably.

3.4 Activities

The group meetings began the week following the introductory meeting and continued weekly until June 23, each at a church that donated the use of its space. After these initial six sessions, the project ended for the summer. When it resumed in September, the two groups began meeting together, as planned and with the women's agreement. Although by then each group had a distinct identity, over time the women got to know each other and the 'social boundaries' between the two groups largely disappeared. From September until the end of June, we met 19 times, including two mostly social get-togethers (a start-up barbecue and a Christmas gift exchange).

The six spring sessions followed a tentative plan, developed by Jeanette Davenport, the main facilitator, in consultation with Kathryn Green. Each session lasted two-and-a-half hours. Sessions began with a 'check-in,' which could be quite lengthy, as the women shared the challenges and crises they had faced in the previous week, and ended with a closing circle. Our objectives in this period were to help the women begin thinking and talking about the meaning of 'community' and

the factors in their communities that affect their well-being and that of their children; to expand their skills in planning and taking action for community change; and to develop mutual understanding and support within each group.

The activities of the first six sessions are listed in Table 1; as it shows, some variation occurred between the two groups in Sessions 2-5, based on input from the participants regarding their particular needs and interests. We had hoped that the women might be able to identify a common issue that they wished to tackle, which they could then work on; however, the participants came from different parts of the city and had varied concerns, so it was difficult to agree on a single issue to address. We did help two individuals in the Wednesday group identify some initial steps they could take on issues they were interested in, as an illustration of the 'mind-mapping' method of planning actions; however, neither of them was able to make much progress in carrying out these steps. This led into a valuable discussion of the factors that impede change, and the additional supports the women need to help them make change in their communities.

Meetings in the fall of 2000 and winter/spring of 2001 were less regular. We had originally planned to hold only two meetings in the fall, and so when our budget allowed us to hold considerably more, we were able to let the content evolve out of the group's interests. At the same time, our progress was hindered by the irregular attendance of many of the participants.

After presenting the murals to the Community/Research Team (described in more detail under 'Findings'), we spent some time group discussing 'where to go next.' The group came to the conclusion that the core problem underlying all their other concerns was poverty and so they decided they would like to focus the rest of their time on this issue. We agreed that the women would share their experiences of growing up and/or currently living in poverty and that we would bring information to the group about the prevalence and causes of poverty, to help them develop a better understanding of the problem. After they had shared their stories, the idea arose of putting them and other material from the project (such as photos of the murals) into a book. The remainder of the sessions was spent planning the book and working on its content.

As a group, we discussed which audiences we wanted to write the book for, the goals of the book, and the content. The women decided that the core of the book would be their stories, supplemented by a
brief description of the project, some facts about women and poverty, a section on the misconceptions and stereotypes many people hold about poor people and a refutation of them, a summary of the changes the women would like to see in their communities, and suggestions of what people can do to help and where they can get more information. Kathryn drafted these additional sections and brought

Table 1. Project activities, May-June 2000.

Session	Wednesday Group	Friday Group
1	Introductions Developed group ground rules Shared experiences of community Facilitator presented information on healthy communities, followed by discussion Single-use cameras handed out	
2	Presentation / discussion on children's needs and barriers / supports in meeting them Discussed communities based on location vs. common interests Reflected on the group's progress Participants named their priority issues	Presentation / discussion of children's needs and barriers / supports in meeting them Discussed communities based on location vs. common interests Reflected on the group's progress Sought feedback on whether participants would rather work in their neighbourhood or as a group addressing common issues
3	Mind mapping of two priority issues (traffic safety and parents' lack of involvement in children's sports) to identify first steps participants could take	Discussed what participants need in the community to support them as women and mothers Mind mapping (brief)
4	Discussed actions taken (or not taken) since last week Planned mural Facilitator presented on resistance to change	Shared photos Planned mural
5	Shared photos Worked on mural	Worked on mural
6	Finished and reflected on murals Discussed what participants need to make change in their community Planned for the fall	

them to the group for feedback and approval. The group brainstormed titles and decided to call their book *Telling It Like It Is: Realities of Parenting in Poverty*.

Initially, Kathryn typed up each of the women's stories that they had shared in group and returned them to them for revision or elaboration. The women worked on these during several group sessions, when they were able to attend. They found it hard work, not only because they had not had a great deal of writing experience, but also because of the painful memories that came up as

they reviewed their lives. When we suggested that Kathryn or Shardelle could meet with them individually to interview them, they preferred this approach, and we were able to carry out interviews with all the women still participating at that time. After Kathryn wrote up their stories, the women made revisions until they were satisfied and chose pseudonyms, as well as the 'facts' and photos that they wished to appear with their stories. The book is to be printed in the fall of 2001 and the group will meet again then to plan and carry out a media event to celebrate and draw attention to its publication.

In addition to the group sessions, three of the participants, as well as Kathryn and Jeanette, attended a meeting in June 2001 with three senior administrators from the Saskatchewan Department of Social Services, who are carrying out a gender analysis of the department's current 'redesign.' We shared the recommendations from this report, with emphasis on those with particular relevance to Social Services, and they seemed to be well received. It was a unique experience for the participants to be in the position of sharing their experiences and opinions with this department.

Table 2 describes the specific activities carried out in this period. As in the spring, each session began and ended with a sharing circle in which the women talked about what had been going on in their lives and how they were feeling.

3.5 Recording and Reflecting

The 'data' used to produce the findings described below were collected in several ways. Kathryn Green, the lead researcher on the project, took extensive notes at each session, as well as tape-recording some discussions. She also typed up all the material recorded on flip charts during the sessions.

As described above, when we began to address the issue of poverty, most participants shared their stories of their childhood and current life verbally in the group. Later, Kathryn wrote up their stories, based on the transcript of their interviews, what they had written themselves, and other information they had shared during group sessions. The photographs most of the women took with the single-use cameras provided and the murals that each group developed constitute a source

of visual data; some of their photos were added to the murals and photos of sections of the mural are featured in the book.

Finally, near the end of the project, Kathryn summarized much of the discussion from the whole project in the form of two diagrams. She presented these to the group, showing how she had created them; the participants suggested some additions and generally validated the diagrams as reflecting their experiences. One woman commented, "They totally explain me! I like seeing everything up there, all the little bits of my life—I've never thought about it that way before."

Table 2. Project activities, September 2000-April 2001.

Session	Activities
1	Start-up barbecue
2	First joint meeting; shared and discussed murals Planned how to present murals to Community / Research Team
3	Showed murals and described experiences in the project to Community / Research Team
4	Added some more to murals, based on previous week's experience
5	Discussed next steps; decided to focus on poverty as key issue
6	Discussed breach of confidentiality that occurred within the group; achieved resolution
7	Christmas gift exchange and celebration Discussed the strengths of low-income mothers
8	Participants shared their stories, from childhood to present time
9	Participants shared their stories, from childhood to present time Discussed idea of producing a booklet based on the stories
10	Facilitator presented information on prevalence and causes of poverty among women in Canada Discussed who profits from people being poor, and the extra costs of being poor
11	Reviewed material covered previous week for those not present then Discussed possible goals, audience, and content for the booklet
12	Decided on goals, audience and content
13	Developed mind-map for producing booklet: what steps do we need to take to accomplish this? Began to work on stories
14	Worked on stories
15	Worked on stories
16	Reflected on analysis of causes and consequences of parenting in poverty
17	Revised stories; reviewed other content for book.
18	Revised stories; reviewed other content for book.
19	Revised stories; reflected on whole project.

4 .0 FINDINGS

The findings or outcomes of this project take a different form than those of a more conventional research study. We present them here under the following headings: the murals; and summary of discussions on (un)healthy communities, supports for participating in community, and the causes and effects of 'parenting in poverty.'

4.1 Murals

As noted in the tables above, each of the original groups developed a large mural depicting aspects of communities that influence health (see Figure 1). The women created these murals by selecting clippings from newspapers, magazines, and other printed materials, as well as photos they had taken themselves, and gluing these onto a large sheet of black paper, with added written words and phrases. Six sessions were spent planning, making, reflecting on, and presenting these murals.

Figure 1. The Murals. More detailed representation of the murals will be shown in the forthcoming book, *Telling it Like It Is: Realities of Parenting in Poverty*.

The purpose of the murals was to engage the women in a group activity that would result in a visual representation of the elements of communities we had spent the previous three weeks discussing. We suggested that the groups develop a mural around the role of communities in health, but beyond that, left the content up to them. The 'Wednesday' group divided their mural into three general sections: the left-hand side depicts some of the problems they currently experience in their communities, the right-hand side shows what they would like to see, and the middle is a 'yellow-brick road' bridging the two, its bricks labeled with such concepts as "understanding," "creativity," "support," "hope," and "involvement." The other group's mural deals with a range of issues, including racism, self-care, violence and abuse, addictions, poverty, and recreation, with the 'problems' clustered on the left half and the 'solutions' or 'positive aspects' on the right.

The process of developing the murals was interesting to observe. Initially, most of the women were enthusiastic about the idea, because they wanted to 'do something other than talking.' Two who had made collages before were especially keen, while some others were a little more hesitant, because they questioned their own 'creativity.' However, once we began to plan the murals, everyone became very energized and excited, sharing their ideas of what they could bring, where we could find pictures, and what the mural might look like. (As it turned out, the facilitators supplied most of the materials for the collage because the demands in the participants' lives made it difficult for them to carry through on their ideas during the week.)

The women worked on the murals with great concentration. The Wednesday group worked collectively from the start, because of the design they chose; in the Friday group, each participant began developing an issue of particular interest to her, and then later, as they learned what each person was working on, they would share collage items they thought another woman might want to add to her piece. A participant from this group commented: "The parts I did are what I believed in. Seeing other girls' work makes me think that's what's most important to them. Everyone has their own way of seeing things."

Creating the mural affected the women emotionally. One participant in particular commented on how she began to feel hurt and angry after working on a 'problem' section for some time, and so she moved to the 'positive' side of the mural to balance her emotions. Similarly, another said, "It

feels powerful—how we went from the unhealthy and worked towards the positive, how we'd speak and feel the intensity of the negative things. The conversation got lighter as we moved to the positive—our hearts became more free, more positive—but it was still intense. This is the change we all want to see, for ourselves and for society."

The participants spoke strongly about how much they enjoyed working together on a joint project with the other women in their group. Especially for those who did not know each other before, this activity seemed to help them feel like part of a collective with a shared goal. As one woman said, "It's great to see how this process flowed, how we all worked together. It feels wonderful, wonderful. It's been a long time since I've been in a group where I feel something's being accomplished. If more of society could work together like we did, things would go a lot better!"

As well as enjoying the process, the women were proud of this very tangible accomplishment and felt it helped to deepen their understanding of the issues. One said, "We did a good job! I feel confident because we all worked on this and we all have a good idea of what's going on and how to make a better lifestyle for us and our children. I have a better insight about how to make things better." Another added, "It's speaking to me, what I feel inside." And another participant felt that the mural was "a good way to express what was on my mind, about the safe and unsafe things in my neighbourhood. It gave me ideas on how to make it safer for my kids. I feel proud."

Having produced these murals, the women were eager to share them with others. They hoped they could be used to stimulate discussion and action, and, perhaps, enable them to gain some recognition for their work. One woman said, "I want to know what we're going to *do* with it; I want to get to that part." We spent some time discussing what we could do with the murals. The women's ideas ranged from displaying them in a public space (e.g., hospitals, clinics, shopping malls) to showing them to politicians and community workers. One participant expanded on suggestions others had already made, saying she would like to "get some recognition, get on the news, put our names in the newspaper, like, our mural and us standing by it holding it up, so they'll know we're trying to do something." At the same time, some expressed concern about how much we could expect the mural to accomplish: " I know everyone hopes everything can be the way we want it to be, like, no more bad things, but it's hard. Some day I hope these good things [shown on the mural] will happen."

At our last meeting in the spring of 2000, the women agreed that they wished to share their murals with the Community / Research Team and a few other guests. The two groups came together at the first meeting in September and showed their murals to each other. They were interested to note both the similarities and the differences. One of the women from the Wednesday group was very upset to realize that, in contrast to the other mural, her group's included nothing on racism, "the whole Aboriginal thing. It's something that's important to me. How did we forget this?" But later, a participant from Friday's group commented that "what we missed out is in the Wednesday group's mural."

The following week, three members of the Community / Research Team, as well as another member of Saskatoon District Health's Community Development Team, attended the presentation. The murals were on display and each of the participants present told something about her background, commented on some aspect of the mural, and / or described what taking part in the project meant to her. Some excerpts from their comments include:

> *Just getting together and talking about our communities gave me hope that there are others out there who care.*
>
> *I loved doing the mural, but I would like to see it **happen**. It's time we started **doing** something about [problems in the community].*
>
> *It was a great insight how a group of women, total strangers, can work together and cooperate on a goal, and make it wonderful and exciting. How much can be accomplished by a healthy group with a goal! To learn from one another—we all have different interests and backgrounds, thoughts and opinions. How exciting to bring them all together in a group.*
>
> *It was very exciting to work on the mural. I like how the positive comes shining through—it outweighs the negative.*
>
> *I found the project really interesting. I was invited to come to this because I've been involved in many other projects. I wanted to better myself and make a better world for my children. I come from a broken home, so I don't know what it's like to have a healthy home. It just feels good to know I'm not alone.*

The guests responded very enthusiastically to the murals and the women's presentations. One said, "I think the murals are awesome, visually very appealing. I like the mix of your own words, over photos and words from the media." Another commented, "This [a photo someone had taken of a drug dealer's house] tells me that you are brave women—you're not intimidated to say what is what. You're not just going to stand back and take what's there." A third said, "The murals are

much more than I expected; [they're] really moving. I can't quit looking at them. I'm very impressed." The meeting ended with a lively discussion of possible next steps for the group, which we returned to the next time we met with the participants.

While making and showing the murals were very positive experiences for the women, this method does have some limitations. For one, the murals became so large (approximately 1 x 4 m) that they were cumbersome to store, transport, and display. We had some 'technical' difficulties finding ways to keep all the collaged materials securely affixed, especially when the murals were stored rolled up, and to attach them to different types of walls for viewing. The use of magazines as a primary source of images made us all aware of the unrealistic depictions of life they contain; it was hard to find pictures of 'real' women and families, and some participants felt they would have liked more local material. (We compensated for this, in part, by adding some material from tourism brochures, but these, of course, included only positive images.) A few of the women felt the process had been too rushed and would have liked more time, so we used another session to add some 'finishing touches' after the meeting with the Community / Research Team.

While the women themselves and the Community / Research Team had a number of ideas of what more could be done with the murals, we chose not to pursue these activities, because as explained above under 'Activities,' the women decided they wished to explore the core problem of poverty more fully. As it turned out, one of the purposes the murals served was to help the women focus on this as their key concern; *seeing* the range of problems they included on the murals and reflecting on them seemed to enable them to recognize that "everything leads back to poverty." Also, as the facilitators, we were concerned about the challenges involved in organizing the kinds of meetings and public displays of the murals the women had envisioned, and questioned how effective these actions would be, on their own, in achieving change. We believed that our limited resources would be put to better use helping the participants deepen their understanding of poverty. We plan to use the murals in our communication activities stemming from this project. For example, as mentioned above, sections of the murals are to be included in the book, and we will display the murals themselves at the launch of this book.

4.2 Healthy and Unhealthy Communities

The topic of (un)healthy communities was a central focus of the six meetings in the spring of 2000 and one to which we returned many times throughout the rest of the project. For example, in the

'check-in' activity with which we began each meeting, the participants often voiced their frustrations, fears, and anger arising from the conditions in which they and their children live. The murals represent graphically many of the negative (and potential positive) aspects of communities that the women have experienced; in addition, a summary of their thoughts about this topic is presented here.

The facilitators presented the idea that a community can be considered to have three main dimensions: social, economic, and physical (the natural and built environment).[23] Participants considered the following to be important elements of a healthy community within each of these dimensions:

4.2.1 Social Environment

The members of a healthy community:

- Have control over their lives and a say in what happens in their community, rather than having people from outside the community controlling it;
- Treat each other (adults and children) and their property with respect and courtesy;
- Do not discriminate against others on the basis of race or other characteristics;
- Work out their differences non-violently, so that everyone feels safe in their home and neighbourhood;
- Feel a sense of belonging, take responsibility for their community, and work together to make it a better place;
- Help and care for one another, do things together, co-operate, and share ideas and resources;
- Take responsibility for their own children and get involved in their lives, as well as watching out for other people's children;
- Respect and value their elders, who are actively involved in the community;
- Create a place for healing, including dealing with substance abuse and violence among adults and youth.

4.2.2 Economic Environment

- Everyone who wants paid employment has it, and all people have adequate incomes.

- The following basic necessities are readily accessible and affordable for all families: housing (see below, under **Physical Environment**), healthy food, public transportation, childcare, and telephone service.
- Amenities (e.g., grocery stores, clinics, schools) are conveniently located in neighbourhoods (instead of bars, bingos, and pawnshops).
- Grassroots organizations and advocates working on behalf of low-income people are adequately funded.
- People work together to do things better, in ways that don't necessarily cost more (e.g., clothing swaps, childcare exchanges).

4.2.3 Physical Environment

- Parks and playgrounds are safe and attractive, free of garbage, broken glass, needles, used condoms, etc.
- Effective traffic controls enable pedestrians (children and adults) to walk where they need to safely and easily.
- Everyone has access to housing that is affordable, safe, secure, kept in good condition, and meets their needs in terms of space.
- The general environment (houses, shops, schools, green space, etc.) is pleasant and attractive to look at and live in.
- The air, water, and soil are kept clean.

Participants placed greatest emphasis on the *social* dimension of community, even those who lived in areas with considerable economic and physical problems. In addition to these three dimensions of the environment, participants mentioned programs and services that support and nurture healthy communities. They emphasized the need to effectively publicize programs and events in the community, as they had often missed out on opportunities because they were unaware of them. Furthermore, they felt it was important for communities that have made positive changes to share their strategies and results with others, so that community groups can learn from others' successes.

Most of the participants lived in Saskatoon's 'core (inner-city) neighbourhoods,' which are least likely to be characterized by the positive elements listed above. However, those who lived in other neighbourhoods also experienced them as less than healthy. Highlighting the importance of social factors, one woman commented, "In my community, I don't see needles, drug dealers, and stuff like that, but I don't see *anything*. I don't feel I belong. It's not like where I grew up [in a small town]—there's nobody else who cares about my kids or knows their names." Another woman spent a large proportion of her income to live in a neighbourhood where she and her children could feel safe, and yet, as one of the only First Nations families in this area, they were discriminated against by neighbours and classmates. In contrast, in the inner city, where there are a high proportion of Aboriginal families, there are growing opportunities in schools and other settings to

learn about Aboriginal culture and traditions. Furthermore, those living outside the core area lack access to the special programs and services offered in these neighbourhoods; they felt that programs such as hot school lunches and reduced school fees should be available in all areas of the city, and that low-income families should not be required to risk stigmatizing their children by having to ask for special treatment.

4.3 Supports for Participating in Community

All the participants in our project were interested in working with others to move their communities closer to the vision described above, and frequently voiced their desire to 'do something, not just talk about it.' Indeed, the promise of action was what attracted them to this project. Their prior involvement in community action ranged from a great deal to hardly any. Over the course of the project, especially as they found themselves frustrated with the challenges of making changes, we discussed the barriers they face to acting on their interest in community participation, and what they felt would support them in doing so.

The women identified the following factors as influencing their ability to participate effectively in their communities:

- Awareness of opportunities.
- Level of confidence (in particular, not feeling they deserve to ask for improvements in their community) and fear of what people would think of them.
- Communication, conflict resolution and other skills.
- Previous experiences with participation (positive or negative—for example, being let down when programs they were involved in were cut due to lack of funding).

- Time, which is greatly influenced by family responsibilities (especially having young children), and the difficulty of finding childcare they trust and can afford.
- Partner's support or demands.
- Level of financial and other types of stress.

Our observations of the women's involvement over the course of this project also provide some insight into the challenges they face to participate. The women we invited to join the project were recommended by members of the Community / Research Team who had personal knowledge of the women and believed they would be able to make a commitment to this project and attend regularly, based on their prior experience in group-based programs. All the women who attended the introductory meeting indicated they were interested in the project and signed up for one of the

groups. However, as the attendance figures given above indicate, their capacity to follow through on this commitment varied.

The attrition we experienced is not surprising given the realities of the women's lives. As noted previously, their absences from the meetings were due to a wide range of valid reasons related to their parenting responsibilities, their need to earn money, and, in many cases, the instability of their families (both immediate and extended). Some of the women felt uncomfortable leaving their children with the childcare workers we hired for the project, because they did not know the workers and had had negative experiences with babysitters in the past. The unpredictability and complexity of their social environment undoubtedly contributed to the poor attendance by some of the women, in spite of their real interest and desire to participate in the project, and our efforts to make attendance as easy as possible (e.g., by providing good quality childcare onsite and giving a childcare allowance when participants were unable or unwilling to bring their children; by arranging for taxi service for those needing transportation; and by providing substantial, healthy refreshments for the participants and their children).

Even among those who attended, the stressors of their daily lives sometimes limited their ability to participate effectively in the project as we had envisioned it. Although we made it clear to the participants from the start that this project was about looking outward into the community, rather than examining and dealing with their own lives, we could not ignore the women's reality; they brought their worries, fears, anger, and sadness to the meetings and appreciated having the opportunity to share their difficulties, as well as their successes, with the group. As the groups developed, the women were able to offer support and sympathy to each other. However, this sharing did take time from the other activities we had planned, and it was compounded by the fact that some women found it difficult to arrive on time. Often they appeared exhausted and worn out, as a result of rushing to get themselves and their children ready and to the meeting. Frequently they had had no time (or perhaps resources) to fix themselves lunch and so were grateful for the snacks we provided.

Sometimes, after hearing about the kind of week women had had since the previous meeting, we felt it would be more appropriate for us to simply provide them with a comfy cot to lie down on, a cup of tea, and soothing music, rather than expecting them to engage in discussion about the very stressors they had just described. However, the women invariably commented on how glad they were that they had come to the meeting, in spite of the effort it required. They appreciated the

project because it got them out of the house, gave them a break from their children, provided an opportunity for sharing their joys and concerns with others, allowed them to focus on issues they cared about with like-minded women, and reassured them they are not alone.

Ideally, the participants would be able to take the skills and knowledge they acquired during the group sessions and put them to use during the week, becoming involved in other organizations or beginning to take the first steps towards making change in their community. But once again, the unpredictable nature of their lives was a major constraint. In a given week, any number of crises could arise, shifting attention from community action to more immediate concerns. We soon realized it was unreasonable to expect the participants to be able to work on any of the project activities on their own. For example, while we invited the women to take photos of their community with the cameras we provided the first week, so that we could get the films developed and share the photos in the third week, this turned out to be a much more complicated and drawn-out process; cameras went missing, sometimes permanently, other people used them, or they were used to take photos of subjects other than what they were intended for. (Eventually, though, most of the women who took cameras did manage to take some photos, which they were very proud of.) Similarly, in the last part of the project, some of the women tried working on their stories at home, with little success. Usually, the only time they had to themselves was after their children were in bed, by which time they felt too tired, especially since they found writing their stories emotionally draining.

In summary, the women who participated in our project were motivated by their determination to make their community a better place for themselves and their children to live in. However, the strain of caring for young children in poverty left them with little time or energy for social action outside of the project meetings, when their children were looked after, and to which their transportation was facilitated. They identified a number of factors that they need in order to be more active in making change, ranging from the practical, like awareness of opportunities, time, and skills, to more complex psychological issues, such as having the confidence to confront those with greater power, believing one has the right to ask for better treatment and that change is possible, and having a stable enough life to free up some energy for social action. Our hope is that sooner or later each of these women's life circumstances will allow them to put to use the skills, knowledge, and experience they have gained through this project.

4.4 Causes and Effects of Parenting in Poverty

The following figures were developed to synthesize the experiences of the participants and others like them who are 'parenting in poverty.' The content is based on the stories the women shared of their upbringing and current lives.

Figure 2. Causes of Parenting in Poverty.

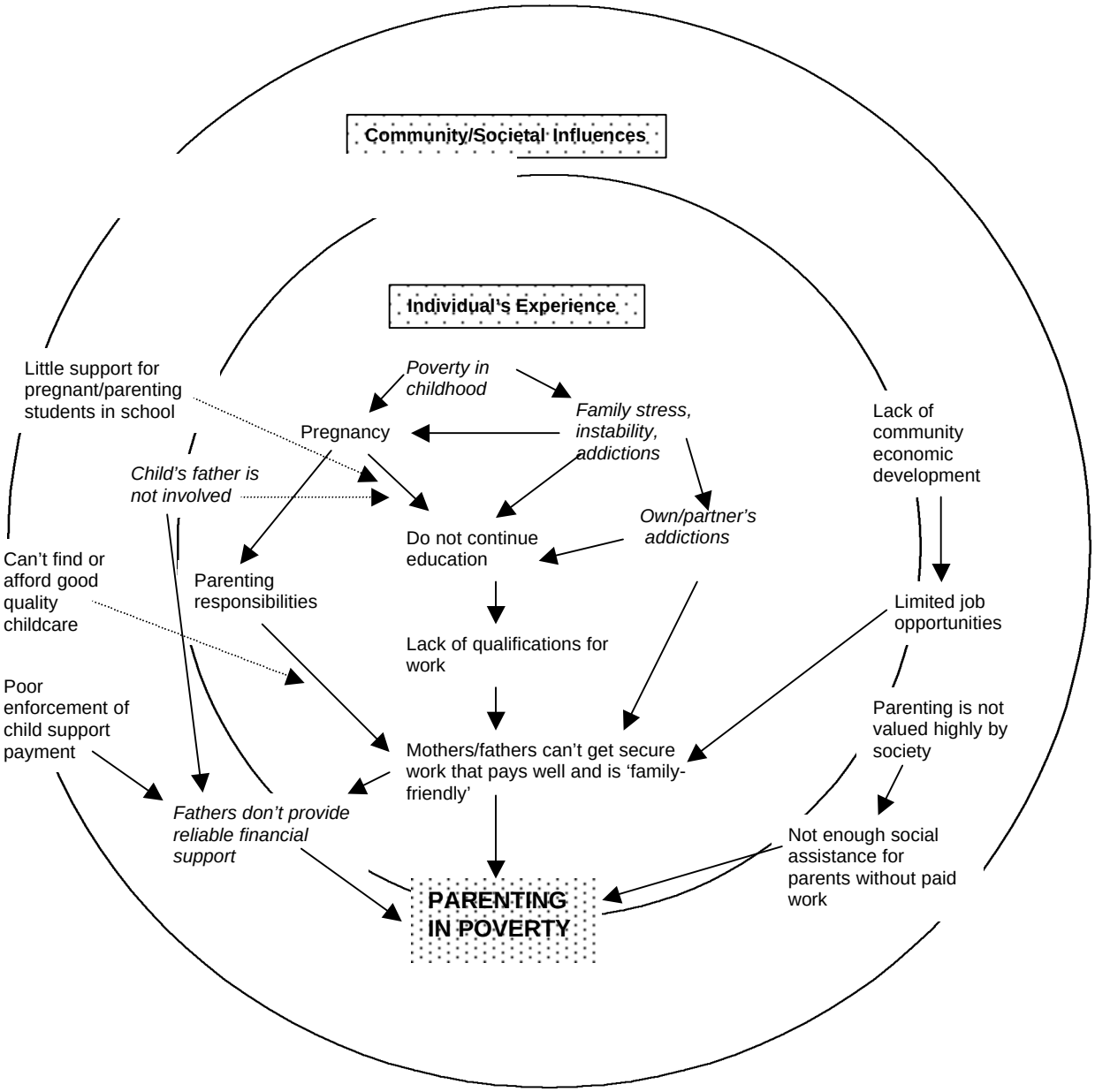


Figure 2 depicts the factors that typically lead to a woman becoming a low-income parent. It should be noted, however, that our participants' experiences were quite diverse. For example, many grew up in very difficult circumstances, including extreme poverty, abuse and neglect, and inconsistent caregiving, but a few did not experience poverty in their childhood; some became mothers in their mid-teens, while others delayed childbearing until their mid-twenties; some were in stable, long-term relationships while others had had multiple relationships and their children had little or no contact with their fathers; and some had never had regular employment, while a few had had steady jobs before or after their children were born. In the figure, the italicized factors are those that did not apply to all the participants.

The connections shown by solid lines indicate direct relationships, while the dashed lines represent modifying effects (e.g., the impact of parenting responsibilities on an individual's ability to find work is modified by their access to affordable childcare). The inner circle represents the chain of events in an individual's life, while the outer circle contains influences at the level of the community or society that have an impact on the individual's circumstances, either negatively (as shown here), or—potentially—positively. For example, providing daycare in high schools can enable adolescent mothers to continue their education, as can the support of a partner. Thus, the factors in the inner circle need not lead to parenting in poverty, given adequate support and opportunities in the community and broader society.

The path towards parenting in poverty usually begins with an individual's own upbringing. As mentioned, most of our participants grew up in a family that was not only poor, but in many cases, dealing with other stressors such as marital breakup and addictions. Some spent time in residential school or foster care or were raised primarily by grandparents or older siblings. These difficult circumstances increase the likelihood that an individual will end schooling prematurely. An unplanned pregnancy in adolescence, especially when the child's father is not supportive, makes it even more difficult for her to either find paid employment or return to school to improve her qualifications.

Addiction to alcohol or drugs may be another factor working against the woman making changes in her life.

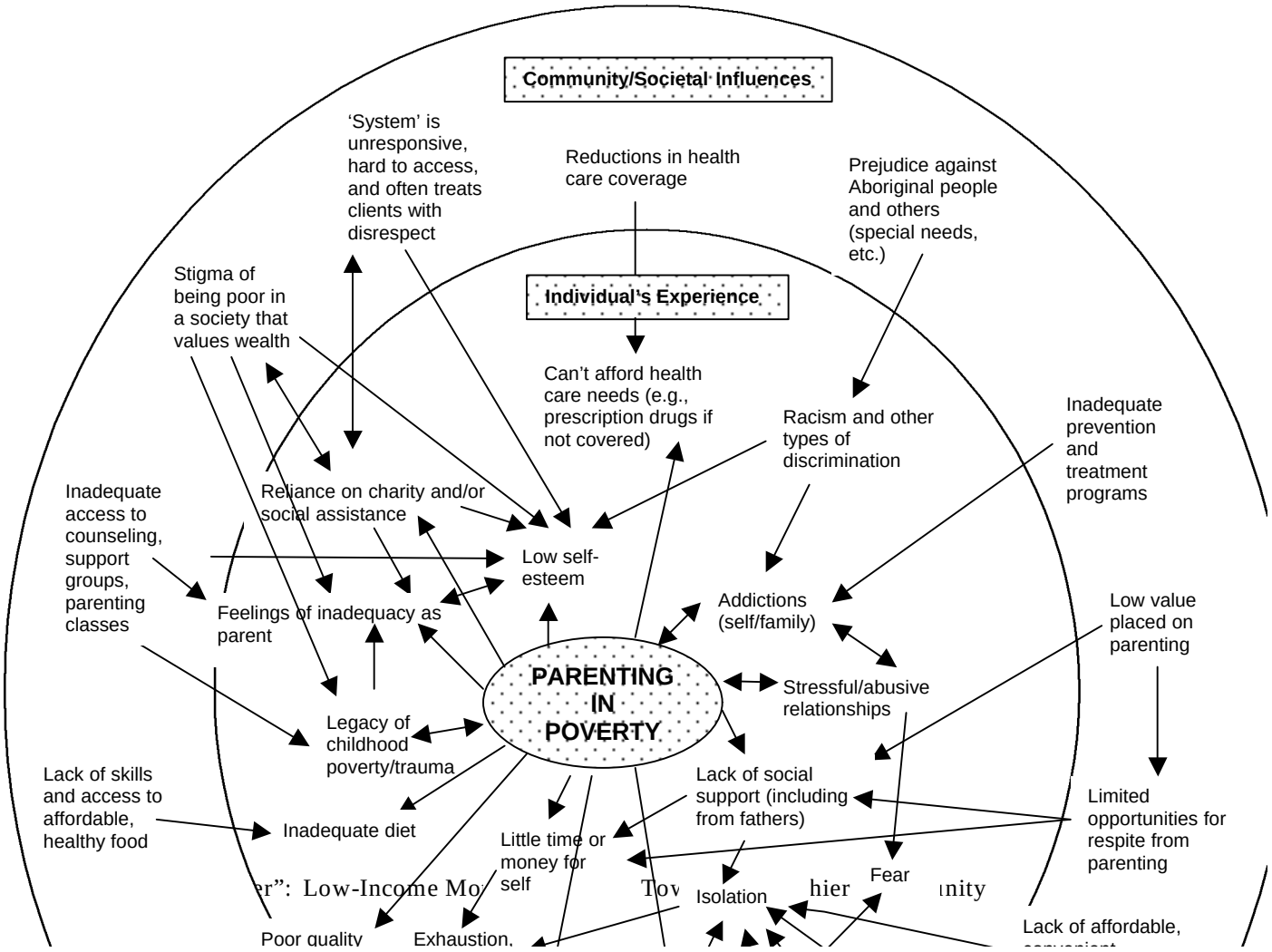
Even those without difficult upbringings or an early start to parenting may end up parenting in poverty. This may result when mothers (a) either choose not to work outside the home in order to look after their children full-time, or are unable to find acceptable work, and (b) have a partner who does not have a job that pays well enough to support the family adequately or (c) are single parents, with unreliable child support from their children's fathers. Access to good quality childcare is a prerequisite for women who wish to either return to school or work. Because of their determination to ensure their children have a better upbringing than they themselves did, they may be reluctant to leave them with caregivers whom they perceive as strangers. This is particularly true for those who have experienced inconsistent caregiving, abuse or neglect in childhood. In our project, most participants, in fact, consider their parenting responsibilities in the early years of their children's lives to be paramount and plan to defer pursuing other activities (school or work) until their children are older. The key determinant of 'parenting in poverty' in this case is the level of social assistance provided to parents of young children without paid employment, which reflects the value placed on parenting by society. Current social assistance rates in Saskatchewan for single parents or couples with children provide only enough income to raise families to 60 percent of the poverty level.[24]

Figure 3 uses a similar format to represent, in the inner circle, the *consequences* of parenting in poverty, as well as some common *correlates* that interact with poverty to create greater challenges (indicated by the double-headed arrows coming out of the central ellipse). As in Figure 2, these effects may be either made worse or better by factors at the community and societal level, shown in the outer circle. At the meeting in which the women were shown these diagrams, they developed a list of programs and services in Saskatoon that attempt to address some of these factors. For some, like counseling, recreation, access to food, addictions, and social housing, they were able to identify a number of resources; however, they criticized the quality or accessibility of many of these programs, or the fact that they were provided by 'outsiders' who were not accountable to the community. In the case of telephone service, transportation, the stigma of being poor, the low value placed on parenting, and community policing, the women were unaware of any current interventions.

As this figure shows, parenting in poverty has many negative consequences for physical and mental health. Parents are unable to provide their children and themselves with an adequate diet; furthermore, they are forced to live in inadequate, often unsafe housing in dangerous, unhealthy

neighbourhoods, or to pay more than they can afford to live somewhere better. Housing problems that our participants described included crowding, inadequate security, poor heating control, malfunctioning appliances, including gas leaks, and landlords who are unresponsive and/or harassing. The neighbourhoods in which most low-income families live are unsafe, especially for children. Participants cited physical hazards such as heavy traffic and broken bottles and needles in the playgrounds, and even greater social hazards, including violence, bullying, and widespread substance abuse and harassment by johns and pimps. These neighbourhoods are the opposite of the healthy community they described above, with little sense of community and shared responsibility, few convenient services but an abundance of bars, bingos, and pawnshops, limited opportunities for family recreation, and few attractive aspects.

Figure 3. Effects and Modifiers of Parenting in Poverty.



In terms of mental health, women who are raising children in poverty often have low self-esteem, which is reinforced by their reliance on charity and/or social assistance and their feelings that they are not giving their children the kind of upbringing they would like to. They get little recognition for doing a good job as mothers; on the contrary, they feel they are frequently criticized, stigmatized, and devalued. They have few opportunities for respite from parenting, especially if they are single, and the constant demands of caring for small children make it hard for them to always be the kind of parent they want to be.

One of our participants commented that there are many parenting classes out there that teach people how to be better parents in theory, but because there is little support to help them take a break from parenting and look after themselves, it is hard for them to consistently put their skills into practice. If parents do not have relatives or friends who can look after their children when they need a break, generally their only option is to wait until they are in such extreme need of respite that they can access services such as crisis nurseries. Mothers may resist asking for this kind of help from 'the system,' because they fear it will reflect badly on their competence as parents and put them at risk of having their children apprehended by Social Services.

Because these women put their children first, they rarely spend money on themselves and feel guilty when they do. One of our participants described how pleased she was to have been able to take her daughter out to a movie, but the only way she could afford this was to not spend any money celebrating
her own birthday. Addictions and abusive or difficult relationships (in the women's primary relationship and among extended family) both create additional stress and are themselves exacerbated by the strain caused by living in poverty. Finally, a great deal of emotional distress is caused by the stigma associated with being poor in a materialist culture. For example, parents may feel inadequate because their children ask them to buy toys they've seen advertised on TV and the parents can't afford them. A participant in our project appeared ashamed as she admitted she would sometimes spend her last three dollars on a glass of wine with her friends rather than milk for her children, "because I want to keep up that appearance [of not being poor]—it's my pride."

All these conditions contribute to low-income mothers feeling isolated, afraid, exhausted, and depressed. The fact that our participants continue, for the most part, to feel hopeful about their future and that of their children is a testament to their personal strength.

5.0 DISCUSSION OF FINDINGS

Many of the issues raised through our project have been mentioned in other reports on women in poverty. Here we highlight selected works as they relate to our findings.

We noted the importance of allowing sufficient time for personal sharing, support, and group development. This meant allocating time at the start of each session for a 'check-in,' as well as not trying to rush the groups into social action before they were ready. Those working on empowerment processes universally emphasize both the heavy time requirement[25-27] and the value of group support.[8,25] Travers' project[8] and 'De Madres a Madres,'[16] previously described, both began slowly; only over time did the participants become involved in social action. Labonte comments that "this slow community-building process at the group level is not well understood by many program funders who . . . virtually expect new groups to move into social action and public policy with externally demonstrable impacts within the first year."[4, p. 59] Cameron and Cadell, analyzing Parent Mutual Aid Organizations (groups for families on welfare that involve parents in planning and decision-making), found that a "focus on personal concerns, providing emotional support within a caring group environment, and supporting people in their efforts to make changes in their own lives all became essential empowerment processes."[25, p. 114]

In our project, the women's closing comments (see 'Conclusions' below) indicate the value they placed on the group support they received at each meeting and validate the time that we allowed for this. The fact that the project funding was for only one year, however, gave a sense of urgency to the process; this was exacerbated by the participants' insistence, from the first meeting, that they wanted to *do* something about the problems they faced. While the participants did not reach the point of identifying and taking action on a specific issue, they did consider the production of their book of stories to be a tangible accomplishment, and were proud that they had been able to achieve this much in a year.

In terms of the constraints to participation we identified, other writers have commented on issues similar to those we encountered.[25] In her empowerment project with low-income women, Travers[8] notes that participants' actions were constrained by such practical factors as lack of child care, undeveloped writing skills, and few resources (e.g., typewriters, phones). Similar to our project, Travers found these limitations could be overcome, through the resources of the drop-in centre and sharing her own skills. She also notes, like us, that "it was unrealistic to expect many of the women to participate in meetings and organizing activities outside of the time spent at the center, as at home they were faced with a number of competing priorities for their time and energy."[8, p. 353] Travers discusses the possibility of other, deeper reasons for lack of participation, such as participants' fear of repercussions from the government if they became politically active, failure to realize the impact of their actions, and lack of response from those in power. These particular constraints did not arise in our project, perhaps because we did not engage in the same kinds of overt social action; however, we share Travers's concern that we must look beyond the most obvious factors that limit participation.

In addition, Travers's point that "there is danger in placing too much responsibility on the shoulders of those with the fewest resources and least political power to initiate change"[8, p. 354] resonates with our experience regarding the need for realistic expectations of low-income women's capacity for social action. At the same time, the participants in our project, like others, were adamant that they wanted to be involved in making change in their communities. Throughout the project, we struggled with wanting to foster the participants' ownership of it and the development of their skills, on the one hand, yet recognizing the limits to their time and energy, on the other hand. In a prior PAR project with Aboriginal grandmothers,[28] the same tension arose between the desire to facilitate self-reliance and the participants' need for support.

VanderPlaat[29] presents a way of viewing empowerment that may help those facilitating such projects deal with this tension. She discusses the danger of activists and scholars being so afraid of paternalistically 'giving power' to others that they come to see their power as something negative, or needing to be stifled, thereby reducing their effectiveness as agents of change. She suggests that a *relational* approach to empowerment, which recognizes that one is never just an 'empowerer' *or* a person in need of empowerment, can help overcome this problem.

> *The ability to be empowering or to support someone else's capacity to be empowering grows out of the mutual recognition that all of us can contribute to the construction of knowledge and social change but that, in that process, all of us have a lot to learn. In a truly empowering process, everyone changes.*[29, p. 777]

In our project, it is certainly the case that each of the 'staff members'—the facilitators, principal investigator, and project coordinator—was changed by being part of this endeavour. We learned from the women and from each other as we shared stories, knowledge, and skills. VanderPlaat argues that our capacity to bring about social justice "remains oppressive if it is not harnessed to the realities of other people's lives and experiences. Where our energies and talents are best expended and to what end can only be determined through relationship and connection with others."[29, p. 777] The time that each of us spent in the group sessions, listening to the participants and getting to know one another, contributed to the formation of authentic relationships, based on mutual respect, admiration, and caring. Our future work cannot help but be shaped by this experience. In terms of the balance between self-reliance and support, the participants' reflections in the final meeting (see 'Conclusions') suggest that we were successful in combining our skills and resources with their experiences and needs to produce an outcome in which we can all take pride.

Finally, quantitative research confirms some of the factors we identified as contributing to parenting in poverty, and augments our analysis with additional information. For example, a study of the dynamics of women's poverty in Canada for 1993 and 1994 found that women, even more than men, tended to move into poverty when their family structure changed from a two-adult to a single-adult household; similarly, women with less than a high school education were substantially more likely to be poor than other women, or men with any level of education.[30] The authors conclude that reducing poverty among women requires fostering their economic, social, and political equality. Their specific suggestions relate to many of the factors in Figures 2 and 3 here, including the enrichment of social assistance benefit levels, recognition of the value of parents' caring labour, providing a range of support services for all poor women (e.g., child care, subsidies for shelter, transportation and employment costs), addressing conditions in the low-wage labour market (e.g., raising minimum wages, extending benefits to non-standard workers), and encouraging a more equitable balance of power and resources within families and households.

Townson's *Report Card on Women and Poverty*[31] provides information on the reasons more women than men are poor. These include the fact that women's jobs, compared to men's, are more often

non-standard (part-time, temporary, contract, part-year, or self-employment), and therefore provide less job security and lower wages; women are more likely to have to rely on this type of work because of their family caregiving responsibilities, combined with lack of adequate child care. Townson notes the importance of considering women's roles in the family and society in order to fully understand poverty among women—for example, access to income within a family and the impact of caregiving, homemaking, and divorce on women's financial status.

6.0 IMPLICATIONS AND RECOMMENDATIONS FOR WOMEN'S HEALTH POLICY AND PROGRAMMING

The following implications and recommendations were developed by Kathryn Green and then taken to the women for validation and refinement. They echo many of the recommendations arising from other recent projects on poverty in the prairie provinces, notably the Saskatchewan *Women and Poverty* project,[32] *Women, Poverty and Health in Manitoba,*[33] *Who Benefits*[34] (a Status of Women-funded project on women's unpaid labour), and *Poverty, People, Participation,*[35] by the Personal Aspects of Poverty Group in Saskatoon.

Implication:

- In our society, women and children—especially single mothers and their children—are especially likely to live in poverty. Social assistance rates in Saskatchewan are not sufficient to prevent families from experiencing poverty; furthermore, many families in which one or both parents are working at or near minimum wage also fall below the poverty line.

Recommendation:

- That social assistance rates and the minimum wage be raised to levels sufficient to enable all families in Saskatchewan to meet their basic needs (i.e., live above the poverty level).

Implication:

- Parenting is demanding work with long hours, no holidays, no pay, and little recognition. Low-income mothers frequently have fewer opportunities for respite than other parents and even those who put a great deal of effort into being the best parents they can be feel unvalued and unappreciated. Current social services policies discourage parents from staying home with their children, even in the preschool period, reflecting the lack of value attached to parenting.

Recommendations:

- That social service agencies, community organizations, schools, etc. develop more opportunities for parents to take time for themselves while their children are safely cared for (e.g., parent drop-in centers, support groups, recreation times for adults).

- That front-line workers in social services and health care be encouraged to acknowledge parents' efforts to raise their children well.

- That discussions take place within religious institutions, women's groups, etc. about ways that we as a society can *demonstrate* that we value children, families, and parenting, rather than merely claiming to (e.g., advocating for improved parental leave policies, increased social assistance rates for families, etc.)

- In particular, that social assistance programs acknowledge the critical importance of healthy child-rearing to our society by providing adequate financial support to parents who wish to care for their own children.

Implication:

- Parents of young children require some form of childcare if they are to work outside the home or attend classes. Childcare not only needs to be affordable, conveniently located, and accessible (in terms of hours, cultural sensitivity, suitability for children with differing abilities, etc.), but it must meet parents' standards if they are to feel comfortable leaving their children there. These standards may vary, depending on the parents' values, upbringing, and other experiences. For example, a parent who experienced neglect and abuse as a child in foster care is likely to be unwilling to leave his or her children in the care of a stranger, until a trusting relationship can be established.

Recommendations:

- That increased resources be devoted nationally, provincially, and locally to providing a variety of high-quality childcare services that are affordable and acceptable to parents.

- That social services and income tax policies regarding childcare acknowledge the appropriateness of a broader range of types of childcare (e.g., care by a relative).

Implication:

- Living conditions, in terms of both housing and neighbourhood characteristics, are a major determinant of health. Most poor families in Saskatoon lack safe, healthy, stable living conditions. This is due to a combination of insufficient low-income housing of adequate quality and low incomes (whether through social assistance or employment).

Recommendations:

- That existing social housing programs receive increased support, so that they are able to meet the needs of all low-income families, and that more innovative approaches to housing (e.g., co-housing, co-operatives) be explored.

- That greater resources be devoted to community development in low-income neighbourhoods, to enable them to become healthy communities that meet the needs of their members.

Implication:

- Addictions, particularly to drugs, alcohol, and gambling, cause great disruption and distress to families, contributing to marital breakup, family violence, and child neglect. In low-income families, addictions are part of a vicious cycle: the stresses of poverty often feed addictions, while addictions further entrench the family in poverty. Moreover, this cycle is commonly passed on from one generation to the next.

Recommendation:

- That effective programs to *prevent* and *treat* addictions be made widely available within low-income communities.

Implication:

- Many low-income mothers of young children are concerned about their communities and are motivated to work with others to make them healthier places for themselves and their families.

Recommendation:

- Opportunities should be provided for low-income mothers to develop not only personal coping skills, but also those required to engage in social action. These include: critical analysis, researching issues, planning actions, communication, advocacy, and conflict resolution. Consistent participation, whether in social action training or social action itself, will likely require the provision of childcare, assistance with transportation, and an ongoing facilitated support group. At the same time, it must be recognized that these individuals generally experience high levels of stress in their daily lives, which at times may make it difficult or impossible for them to participate effectively in their communities. An emphasis on social action should not preclude attention to meeting their personal needs for support, nor should the onus to develop healthy communities be solely on those most disadvantaged; individuals and groups with more resources and greater capacity for social action share this responsibility.

Implication:

- The emphasis our society places on consumption and accumulation of possessions, the stigma attached to being poor (and in particular, receiving social assistance), and the 'poor-bashing' that frequently accompanies this create considerable distress for people on low incomes, above and beyond the material impact of poverty.

Recommendation:

- That community groups, religious groups, anti-poverty organizations, etc. look for ways to help people critically examine, question, and challenge the values of materialism and consumerism and their attitudes and actions towards those living in poverty.

Implication:

- Parents living in poverty have a great deal of interaction with 'the system' (social services, education, justice, health care, etc.). Frequently this interaction is negative. Problems include difficulty getting access to individuals, lack of continuity in the people contacted, inconsistent information, disrespect, and a general lack of response to concerns and needs.

Recommendations:

- That sufficient resources be given to these sectors so that they are adequately staffed, by individuals who are appropriately trained and capable of responding to clients' needs.

- That additional, ongoing training be conducted, using innovative methods (e.g., sharing circles with staff and clients) to help staff develop greater understanding of and respect for their clients.

Implication:

- Many programs and services exist which aim to help ameliorate the harmful consequences of parenting in poverty; however, they tend to be concentrated in the poorest neighbourhoods. As a result, low-income families living outside this core area either miss out on the benefits of these programs or are continually required to identify themselves as being 'in need' in order to obtain 'special treatment,' which can feel demeaning and stigmatizing. Moreover, many of these programs and services are controlled by individuals who have not experienced poverty themselves and who are not members of the community they serve.

Recommendations:

- That resources be increased to allow for expansion of programs and services that have been found to be effective in meeting the needs of low-income families, to cover a wider geographic area, that these interventions be more widely publicized to increase awareness of their existence, and that ways be found to allow families to access special programs and services without stigma.

- That programs and services for low-income families include as much participation and control by clients as is feasible, and that they be accountable to the communities in which they operate.

7.0 CONCLUSIONS

The recommendations listed above call for action by those who have influence over policies and programs, as well as the general public, whose attitudes towards the poor and social policies play an important role in determining how we as a society deal with poverty. Our hope is that this report and the book of stories will help foster a more complete understanding of both the difficulties of parenting in poverty and the strength and determination parents bring to this struggle.

While the actual impact of our project on the lives of low-income families remains to be seen, it clearly had an impact on the participants (as well as the staff). In our final meeting, we asked the eight participants present to reflect on their experience with the project, including what, if anything, they wished had been different. Their responses were entirely positive; the only suggestion for improvement offered by one woman was to have had more frequent meetings—as many as two or three a week.

Several participants commented on how much they appreciated just having the chance to share their lives with other women. They looked forward to getting a break from their children and talking about issues of concern with a group of like-minded adults.

> *Everything we did in group was beneficial; it was a stress-reliever to have someone hear our concerns, to feel understood. . . I enjoy coming here, to get some time away from my kids other than at work. This is **my** time, for myself.*
>
> *It was so nice to get out and come to group; I really liked the check-in, even if sometimes it did take over most of the session, [it was good] to be able to get it off our chest. . . . In every group I've been a part of, where women come together to share their stories, it's given me hope and education.*
>
> *When I first started, I didn't really know what we were going to accomplish, but I knew I needed the support. It was a lot of fun—I really enjoyed working on the mural, having the barbecue, just getting out of the house, having somewhere to go.*

The women felt that this group had worked particularly well together, compared to other groups they had participated in. A couple of the First Nations participants specifically mentioned the bi-cultural aspect of the group.

It feels like the two groups [that met separately in spring 2000] really came together [when they merged in fall 2000] . . . I really like this group; at the start there were these little groups of friends, but now we're ***all*** *friends.*

We did it together, from different walks of life, different ancestries or backgrounds. A lot of groups fall apart because of different lifestyles, so I'm glad this one stayed together. I feel we're close. . . . What is colour? We can all pull together and accomplish things.

It's pretty proactive to be doing this [the book] after just one year; other groups can meet for a lot longer and not accomplish anything, especially in a cross-cultural context. It's pretty empowering.

Echoing this last statement, every one of the participants emphasized how proud and impressed she was with how far the group had come and what they had accomplished. They especially noted the value of having produced something tangible (the book of stories) that they hoped would have an impact.

I think back over a year, and, holy! We've come to this point! We started off talking about stop signs; they seem so minor, and now we've come ***here****.*

Usually there's no completion to groups. It's nice to feel there's an end, a completion; it's actually going to come to something instead of just discussing it.

In [other groups], you'd half-solve everything, but more problems kept coming up. But because we chose poverty as our emphasis, we were able to focus on it and not keeping adding something new, so we really dealt with it. It's a really good feeling to complete something.

I'm proud I finally accomplished something, as well as my children and my sobriety. Here I've got something, that piece of paper, something solid. . . I needed something in my life besides my kids and babysitting. I may not have my high school diploma yet, but I'll have that book—I did something!

For me, when I started this group, I didn't think I'd ever be part of making a book. . . I'm really proud to have accomplished something like this in my life.

It's amazing we accomplished all we did. It's been very satisfying being part of something that's going to have a physical effect, something I can hold in my hand--the feeling of accomplishment.

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