



The Complexities of Navigating Social Supports: Impacts on Low-Income Lone Mothers

KATHERINE OCCHIUTO

Carleton University, Canada

ABSTRACT *This study explores how low-income lone mothers in Ottawa, Ontario, navigate Canada's complex, multi-sector networks of social supports in their work to meet their families' needs. Drawing on reflective thematic analysis of in-depth interviews and text message-based data with 25 mothers, the study illuminates how systems organized to meet basic needs are often experienced as stressful and deflating, stigmatizing, and even risky. Mothers described the labour of accessing supports as extensive, with physical, bureaucratic, relational, and emotional dimensions, and as compounding feelings of shame, undermining trust in the state, and constraining their socio-economic mobility. The findings show how certain aspects of social service design and delivery fail to meet needs and can entrench poverty and erode social bonds. Participants also identified elements that can foster a sense of support and connection, such as services that are reliable, flexible, co-located, coordinated, and relational. These findings underscore the need to reimagine social support delivery to value provisioning labour, reduce systemic harms, and address the structural conditions that sustain poverty.*

KEYWORDS basic income; charity; welfare state; social services; social welfare; text message data collection

Across Ontario, people that require social supports to get by – be it snowsuits, furniture, food, mental health services, welfare, hydro bill assistance, etc. – must navigate a complex network of public, charitable, and private supports, each with its own eligibility criteria, system, and point of access. As a result, accessing social supports can be difficult and complex (Funk, 2019). The complexities of accessing social supports across Canada, and more specifically for this project, in Ontario, are no secret. Zon and Granofsky (2019, p. 19) describe how the siloed approach to program delivery in the province has an “every door is the wrong door” effect. Many national and subnational charitable and nonprofit organizations advocate for more integrated social

Correspondence Address: Katherine Occhiuto, School of Social Work, Carleton University, Ottawa, ON, K1S 5B6; email: katherine.occhiuto@carleton.ca

ISSN: 1911-4788



supports and better navigational supports (Prosper Canada, 2023; Wabano Centre, 2023). The complexity of accessing social supports is further evidenced by the recent development of systems navigation, which helps people coordinate and manage supports as a distinct area of professional practice (Humber College, 2022).

This study explores how multi-sector networks of support are experienced by those they are intended to help, with a specific focus on mothers, who are often at the forefront of navigating these complex systems to meet their families' needs. Centering the voices of mothers is imperative to understanding how program and policy design impact service users, particularly those managing the provisioning responsibilities for their household. Their experiences offer valuable insights into how systems of support function in practice and reveal opportunities for improvement. This study's focus is particularly pertinent as record numbers of Canadian families are seeking aid for resources and goods they cannot afford (CanadaHelps, 2024).

While this paper raises concerns about aspects of the social service sector, they are offered alongside a deep respect for the many individuals and organizations committed to supporting their communities. As a social worker, I understand the significant labour involved in this work – much of which is carried out under persistent pressure to do more with less. Many in the sector work tirelessly to stretch limited resources while advocating for broader systemic change and drawing attention to the structural conditions that shape service users' lives.

Background

Social needs across Canada are met through a combination of government programs (some universal, most means-tested and temporary), the market, charitable and nonprofit organizations, community initiatives, workplace benefits, family supports, and individual efforts. This multi-sector combination of supports is often referred to as a liberal welfare state, or a mixed social welfare. Canada's categorization as a "liberal" welfare state, while critiqued as overly simplistic and void of gender-based analyses (Aquanno & Bryant, 2021; Béland & Mahon, 2016), offers some helpful understandings of some of the values that underpin Canada's welfare state, particularly with citizens being expected to meet their needs predominately through the labour market, familial support, or a combination of the two, with the state's role being to serve as a supplementary provider (Esping-Anderson, 1990; Raphael, 2020). Canada's welfare state is referred to as "mixed" to capture the multi-sector social service delivery framework (Rice & Prince, 2013).

In trying to make sense of how Canada cares for the different needs of people, it can be difficult to decipher who is – and who should be – doing what, when, or where. Within the context of federalism, responsibilities between federal, provincial and territorial, and municipal governments can be both

shared and separate (Bryant & Raphael, 2020). The federal government provides a largely unconditional block transfer via the Canada Social Transfer to the provinces and territories to support social services. The provinces, territories, municipalities, and in some cases regional bodies, manage day-to-day administration of these programs, contract them out, or do both, and have relative autonomy with how they address issues within federally established standards (Daigneault & Béland, 2015; Jenson, 2013). The provinces and territories also fund social services, however, they often contract out their delivery (Moscovitch, 2015).

Canada's welfare state includes income supports and benefits, as well as federal and provincial or territorial tax credits, each targeted to support people without enough income to meet basic needs, to provide support to priority areas, or to reach specific populations (Government of Canada, 2023; Government of Ontario, 2023, 2024). However, making sense of and accessing available cash-based supports is often not straightforward due to varying eligibility criteria and application processes, or requirements for having filed annual income taxes (Petit & Tedds, 2020; Robson, 2021).

Maytree's annual report, *Welfare in Canada*, demonstrates how Canada's total welfare incomes for almost all households – that is, the combination of social or disability assistance, alongside federal and provincial child benefits, additional benefits, and tax credits – are inadequate to meet needs and are below Canada's official poverty line (Laidley & Tabbara, 2024).

Over the past decades, community charities and nonprofit organizations have become more prominent players in Canada's welfare state, particularly in the delivery of goods and services (Kelly & Caputo, 2011). While their increased role has been noted as symbolizing a shift away from the centralized state supports that defined Canada's welfare state from the late 1940s to the 1970s (Finkel, 2006), this move also represented less of a top-down and more of a grassroots approach to supporting community members requiring assistance, particularly for community members of marginalized identities that did not feel represented by centralized supports (Walmsley et al., 2021). However, the charitable sector faces many challenges: there are significant gaps between the demands on community charities and investment in them; state-driven and private funding does not necessarily align with community needs, and can require administratively heavy application and reporting processes that require specialized skills; and, funding tends to be short-term in nature (CanadaHelps, 2023; Social Planning Council of Ottawa et al., 2018; Tulloch & Schulman, 2020).

Within the contemporary configuration of Canada's welfare state, people that need support are required to access the goods and services they need from a variety of providers – all with varying eligibility criteria, systems, and points of access (Kuri, 2023). As a result, accessing supports can be complex and burdensome for those requiring services, as well as for their carers (Funk,

2019; Neysmith et al., 2012; Petit & Tedds, 2020). There are detailed accounts of service users' challenges and problematic experiences working to access food charities (Enns, 2020; Tsang et al., 2011), social assistance and disability supports (Daley et al., 2023; Maki, 2021), as well as federal learning bonds and grants (Stapleton, 2013). Common experiences include excessive barriers, inadequate provision, psychosocial impacts of requiring means-tested supports as well as psychosocial impacts of access processes, and stigma. The current study adds to this important literature by broadening focus from a single social service provider to understanding experiences navigating the complex multi-sector networks of social support as a whole.

Study Design

The aim of this study, informed by reflective thematic analysis (Braun & Clarke, 2022), is to explore the shared experiences of 25 low-income mothers working to access goods and social services through the networks of social supports organized to meet their needs in the city of Ottawa, Ontario, Canada's capital city.

Ottawa is the fourth largest municipality in Canada and home to a diverse array of social service agencies, mental health services, shelters, food banks, child care and early years programs, and community-based charities, among other social supports, including those specifically serving Ottawa's large Indigenous and immigrant populations (City of Ottawa, 2025; see e.g., Coalition of Health & Resource Centres of Ottawa, 2025; Ottawa Community Immigrant Services Organization, 2025; Ottawa Food Bank, 2025; Minwasshin Lodge, 2025). Notably, Ottawa has gained a reputation for having a largely ineffective public transportation system, which some participants noted limited their access to available support (Pringle, 2025; Steven, 2023; White-Crummey, 2023).

Conceptual Anchors

This study is informed by both standpoint theories and the theoretical assumptions of provisioning. A standpoint is a socially constructed collective group experience shaped by one's social contexts, and what one knows based on that context (Collins, 2019; Harding, 2009). Standpoints are not simply perspectives, but shared experiences gained through struggles with unjust social systems (Harding, 1991, p. 127). This study works to identify experiences that are shared by participants, moving away from individual subjective reports to collective experiences. While there is not one singular standpoint for different groups of mothers, the purpose of standpoints is to utilize collective experiences for resistance and to use them to work towards movements of collective change (Collins, 2014, p. 32, 2019; Harding, 2009).

This study is also rooted within the theoretical assumptions of provisioning, a feminist political economy approach that defines provisioning as “the daily work performed to acquire material and intangible resources for meeting the responsibilities that ensure the survival and well-being of people” (Neysmith et al., 2009, p. 95). Provisioning moves beyond categories of paid and unpaid work to capture all the different kinds of responsibilities that often remain invisible when navigating systems of public, private, familial, and community supports, such as relational labour (Baker Collins et al., 2009). Provisioning brings to light how there is work in these seemingly everyday processes and how this work can come at a cost to relationships, health, and well-being (Neysmith et al., 2012, p. 128).

Population of Focus: Low-income Lone Mothers

Lone mothers in Ottawa, Ontario, were selected as the participant sample for two primary reasons. First, mothers are often the ones doing the provisioning work for their families within patriarchal societies, and in many ways are those assumed to be the natural people to do this laborious and often undervalued, yet imperative work (Neysmith et al., 2012). Second, lone mothers have high rates of both income and asset poverty (Statistics Canada, 2023; Zon & Aldridge, 2018). These high rates of poverty increase the likelihood of requiring additional social supports.

Data Collection

Data collection consisted of two phases, each informed by feminist research practices. Phase 1 involved 25 audio-recorded semi-structured in-depth interviews. These interviews were all facilitated by the author, an Italian Canadian settler close to the median age of participants. At the beginning of each interview, the author introduced herself as a PhD candidate and explained that this work was part of her dissertation. She shared that the project was motivated by both professional and personal experiences. In her previous roles as a mental health counsellor and community developer, she often struggled to support service users in having their needs adequately met. She described hearing story after story about the challenges and negative impacts of labouring to access social supports and witnessing how these experiences affected those she worked with. She also explained that the project was further motivated by her observations of her own mother’s struggles and labouring to access supports for her son – the author’s brother. Additionally, she shared that she is a mother herself and elaborated on some of her own caregiving responsibilities, which further informed and motivated the work.

Semi-structured, in-depth interviews were employed to gain a deeper understanding of this group of mothers' lived experiences, allowing for a balance between a structured interview guide while remaining responsive to participants' input and direction (Durdella, 2019; Hesse-Biber, 2014). This approach also fostered a conversational tone, helping to build rapport and supporting a collaborative exploration of how participants made sense of their experiences (Hesse-Biber, 2014; Leavy & Harris, 2019; Oakley, 2005). Participants chose where they wanted to engage in their interview, which included their homes, mall food courts, coffee shops, and, in one case, a workplace during a lunch break. The average Phase 1 interview lasted 83 minutes. Participants were compensated \$50.00 CDN; this was inclusive of any costs incurred by participating.

A key focus of these interviews was to explore each participant's subjective experience of trying to meet needs they could not afford to procure, and to understand the broader impacts of these experiences on their lives. As part of the interview process, participants were invited to collaboratively complete a worksheet listing goods and social services they accessed within the past 12 months. This worksheet served as a memory aid, helping participants recall what they had worked to obtain. For each item identified, participants were asked where and how they accessed it, what interactions or relationships were involved in the process, and how they experienced the process overall. They were also asked whether their need was met; if it was not, they were asked what was missing. They were also asked if and what aspects of the experience were positive. Finally, participants reflected on whether accessing the good or service affected their sense of self and whether it influenced how they engaged with their community.

Participants were purposively recruited for Phase 1 via an electronic poster circulated on Facebook groups and within the author's networks (a social worker herself) to front-line workers that shared the posters with service users, community members, and colleagues; and, via a poster that was displayed in charitable and nonprofit organizations. The recruitment materials noted the potential to volunteer for additional phases of the study. The second phase of the study was briefly explained to participants during the call that shared the study information, screened participants for fit, and scheduled interviews.

Participants were invited to participate in the second phase of this study at the conclusion of their interview. Phase 2 involved participants sending text messages (SMS) and pictures (MMS) of their in-the-moment encounters as well as reflections of their experiences working to meet their needs across the wide range of available social supports. Participants were invited to text as much or little as made sense to them over a six-week period following their interview. Twelve of the 25 Phase 1 participants engaged in Phase 2. Phase 2 participants were compensated \$10.00 towards a gift card for each week they sent a text. A more detailed description of this text message-based data collection method has been published elsewhere, including a participant evaluation of it (Occhiuto, 2022).

Participant inclusion criteria included (a) identifying as a lone mother and parenting at least one child under 19; (b) having accessed social supports at least once in the past 12 months; and (c) having lived in Ottawa (urban or suburban, not rural) for at least 18 months as a permanent resident or Canadian citizen. Participants' names were changed to maintain confidentiality. This study was approved by Carleton University's Research Ethics Board-A.

Data Analysis

Phase 1 interviews were transcribed verbatim by a professional transcription service. The messages and pictures that participants texted for Phase 2 were manually entered into a spreadsheet. After familiarization with the two data sets, they were deemed complementary, merged, and imported into NVivo, a qualitative data analysis software. Aligned with the processes of reflective thematic analysis (Braun & Clarke, 2022), coding was informed by the conceptual anchors that guide this work. With respect to standpoint theories, this meant that the coding process paid particular attention to the social and political contexts through which participants understood themselves and their experiences (Collins, 2019; Harding, 2009). With respect to provisioning, this meant that coding was guided by an overarching assumption that the different kinds of labour involved in working to access resources are indeed work (Neysmith et al., 2012). The codes were then used to construct, revise, and define themes based on recurring patterns in participants' accounts of their experiences (Braun & Clarke, 2022).

Participant Profiles

Participants' information is detailed in Table 1. The diverse socio-economic profiles of participants demonstrate how a range of factors drive needs for assistance, and how participants' primary income sources alongside the benefits available to them, are insufficient.

The demographic profiles of participants in Phase 2 are relatively representative of the larger Phase 1 sample with one notable exception, housing. While there was some variety in housing types in Phase 1, all Phase 2 participants reside in housing that was rented or subsidized. Otherwise, given the small number of participants that engaged in the study, there were no meaningful differences between those that participated in Phase 1 and Phase 2.

Of note is that while a large portion of participants in the study identified as "white," (Phase 1, 80%; Phase 2, 75%), a large portion of Ottawa's population (73.7%) is reported as "unracialized"; thus the participant sample is relatively representative of Ottawa's population (Ottawa Neighbourhood Study, 2023).

Table 1. Demographic Information

	Phase 1	Phase 2
Self-identified Race		
white or Caucasian	20 (80%)	9 (75%)
Indigenous	2 (8%)	2 (17%)
Black	1 (4%)	1 (8%)
Chinese	1 (4%)	
Mexican	1 (4%)	
Age		
Range	19–51 years	20–43 years
Median	36 years	36 years
Primary Income Source		
Social assistance (Ontario Works)	9 (36%)	6 (50%)
Paid work	7 (28%)	3 (25%)
Social assistance and paid work	4 (16%)	2 (17%)
Disability assistance (Ontario Disability Support Plan)	4 (16%)	1 (8%)
Child's disability supports	1 (4%)	
Income Stability		
Month-to-month amount of income is constant	11 (44%)	5 (42%)
Month-to-month amount of income is in flux	14 (56%)	7 (58%)
Month-to-month income source(s) are constant	16 (64%)	7 (58%)
Month-to-month income source(s) are in flux)	9 (36%)	5 (42%)
Housing		
Subsidized	10 (40%)	4 (33%)
Subsidized but pay market rent	2 (8%)	
Rented	9 (36%)	8 (67%)
Owned	2 (8%)	
Owned by parents	1 (4%)	
Emergency hotel room funded by city	1 (4%)	

Results

The results of this study highlight how participants predominantly experienced the networks of supports organized to meet their needs as stressful and deflating. However, they also demonstrate elements within these networks of supports that can be experienced as both physically and relationally supportive.

Systems of Provision are Experienced as Predominantly Stressful and Deflating

Participants most often experienced working to access goods and services as stressful and deflating. Brown (2021, p. 5) describes being stressed as being “in the weeds” of a situation, explaining that we feel stressed when we consider demands beyond our capacity. In this paper, deflating refers to how acquiring needs can make participants feel like lesser versions of themselves. Factors that contributed to the processes of accessing goods and services being experienced as stressful and deflating included: disconnected services; the amount and types of labour required; lack of reliability; stigmatization that is both internal and enacted; and the risks associated with access.

Disconnected Systems of Support. Participants explained that the services they access are disconnected, meaning they often felt that services worked in silos; that varying policies and procedures were often misaligned; that there was a lack of up-to-date and accurate information available about services; and that services had to be accessed in different geographic locations that involved significant time and financial costs to access. Tina explained that when she reaches out for services “there are little things they’ll toss you here, toss you there”, and that she is often told “go to this place, go to that place” which all leads to feeling as if she has been “going in circles.” Melanie expressed similar sentiments:

Every time you talk to someone different, you’re getting a different answer and then every time you want to access a service it’s somewhere else and then you have to bus there, and you have to do this, and you have to do that, and then they want all these documents from you. I can’t carry around my kids’ birth certificates and social insurance numbers and all these virtual documents with me in this giant binder all the time. If I’ve given it to you once and it’s in the system, I shouldn’t have to bring it every time.

These disconnected processes were experienced as creating physical and emotional work, as well as frustration and stress. Rachel explained that the nature of disconnected services opens her up to judgement as she must continuously re-tell her story and make a case for her needs. Tina explained

that because so many services do not provide comprehensive support, she is required to coordinate disconnected services. Tina shared experiences accessing furniture from a charitable organization. She explained that it was “stressful” coordinating how to access funds from their welfare worker to have the furniture delivered, as the charity did not provide delivery. Once Tina was able to access the funds to hire a delivery service, they had to coordinate the delivery within the pickup times determined by the charity and arrange for a direct payment from their welfare worker to the delivery service. While Tina ultimately received the much-needed furniture, the disconnected processes were described as “a lot of stress for someone who doesn’t have anything.”

By contrast, there were some more targeted or specialized multi-service organizations that participants described as more integrated. Participants described these organizations as recognizing their holistic and ongoing needs without having to constantly justify themselves, as having knowledgeable staff that offered information as opposed to having to ask for it, as offering direct enrollment for in-house services, and as offering support to access and enroll for additional services both onsite and off. For example, a charity that supports young moms was well-loved by Rachel who described the charitable organization as the “best place I’ve ever gone to.” Rachel explained that she “loved” this centre for many reasons, including because of how “literally everything was there.” Rachel accessed high school, childcare, food bank and fresh meals, her welfare worker, counselling, a physician, clothing, and more all under one roof. This charity, which serves young moms, seemingly understands the situations of young mothers, and in supporting Rachel as a whole person and not a disconnected series of needs she felt supported. When participants were asked how services could be improved, a recurring response spoke to wanting services like those Rachel experienced at this centre for young moms, where multiple services are under one roof, where services are flexible and personalized, and where caring relationships are nurtured.

Laborious in Multiple Forms. The most prevalent experience of accessing services was that doing so required a lot of labour to ensure participants were speaking to the correct people, or completing (often complicated) applications, providing documentation, travelling across the city to collect resources (often with children in tow), lining up in physical queues, etc. In all these situations, the processes involved in trying to overcome barriers to access and acquire supports were often understood as involving exhausting amounts of labour. Jen explained that she spends most of her days working to access support:

You have to hunt to find them. Like I said, it is pretty much my full-time job to find these things. A lot of it I find is parents telling other parents or like the food cupboard telling you about it or you taking the time to go read the bulletin board at the food cupboard. There’s no advertisement, you’ve got to really search to find what’s out there ... Knowing what’s out there, trying to find what’s out there, accessing it, filling out all the paperwork. It’s unbelievable the amount you have to do.

Jen was not alone in her feeling that accessing support was a “full-time job.” She explained that she was able to manage this labour because her primary income source is social assistance. Claire explained how the labour of finding resources meant that it was impossible for her to take on paid work, especially since the employment she felt was available to her were minimum wage jobs that would still require substantial supports that involve significant amounts of labour to access. In particular, she noted how the limited pickup times for accessing some services were incompatible with unpredictable retail and service industry schedules.

For participants with paid-labour positions, the amount of work required to access goods and services negatively impacted paid employment. For Brigitte, as a self-employed individual, it was a toss-up between missing paid work and accessing different goods and services that might be helpful. For Valerie, the labour required to access supports impacted her ability to be present both physically and mentally at work, particularly when trying to find a location to make calls that provided privacy, and where she would not get in trouble for making personal calls. Valerie explained, “it really frustrates me that it’s so difficult to access these programs that are there. You make it so hard to the point where it affects your workday.”

In general, there was so much work required to access supports, that participants continuously expressed requiring personnel like systems navigators, intake, or case workers to access services.

In addition to these physical and tangible elements of labour, accessing goods and services also involves relational labour (Neysmith et al., 2012). Participants expressed not wanting to “annoy” staff and volunteers with too many requests, thereby spending time and emotional energy working to calculate the timing of their requests so they would not appear to be seen to overuse supports (Tara). This emotional labour was most prominent when workers and volunteers questioned the need and intent of participants. When participants had a good rapport with their workers, and their workers were forthcoming with services (not requiring them to ask) and in connecting them directly to services, emotional labour was less pronounced but not eliminated.

There was also significant labour involved in staying emotionally regulated, as accessing goods and services was experienced by many as dysregulating. While this emotional labour is not recognized as work by society as large, or at the least, is less valued, it is a vital aspect of participants’ experiences accessing social supports. As Natalie responded when asked how she feels about having different basic needs met through the varied networks of supports, “the emotional labour is too much”; she further explained that she “avoids” accessing services she “should” because “it would be better for me to keep emotionally grounded.” For many participants the internal work needed to stay regulated worked as a barrier to services. They did not always have the capacity for the emotional work involved to stay grounded and regulated in the

ways they needed to be for their own well-being, and to fulfill their caregiving roles.

Unreliable. Participants experienced networks of support as unreliable, meaning they could not depend on them. Factors that contributed to unreliability included being provided with out-of-date or inaccurate information and referrals; inability to access a supportive person at a service by phone or in-person; arriving to services to find them closed; lengthy wait times to have eligibility confirmed; lack of clarity and accuracy on what exactly will be provided; inconsistent supports; and instability of services and programs available.

The unreliability of services was a common experience among participants working to access goods and services for the holidays. Claire texted in early November to share that she signed up for a holiday program run by a charity. Two weeks later she texted that she had not received confirmation, and that she was “stressed and worried about the holidays.” Even when support is confirmed, participants expressed that it is difficult to know if provisions will be adequate. As Johanna stated, “I always have to have a backup plan.” This uncertainty resulted in a never-ending layer of worry about how to meet family needs and expectations. Because access to services was experienced as so unreliable in meeting needs, participants expressed having to access multiple services in their attempt to provide for their families. Margaret detailed previously receiving a holiday hamper of broken and open items that brought her to tears. Because of that experience, Margaret reached out to two separate charities around the time we met, in hopes of securing a holiday meal and some gifts for her children. She did not receive timely confirmation from either organization and expressed nervousness about receiving support and what she would receive, as her previous experiences were so negative. She later texted that she was “blown away” and “so grateful” as the hamper provided by a food bank included enough to “get gifts for the kids and turkey and all the fixings for Christmas dinner.” Having a service pull through like this was a surprise for Margaret. She shared that she wanted to cancel the other service she requested in her attempts to provide for her family, and expressed worry that she would be perceived as greedy and abusing the system. Margaret’s experiences highlight a risky cycle of overpreparing and potential judgement (and even punishment) that can emerge when the unreliability of services comes up against public opinion that social supports work effectively. Specifically, because programs are unreliable, people might request supports from multiple organizations, which leaves them vulnerable to being accused of abusing the system. The implication here is not to have tighter eligibility, but that people need timely confirmation of services, and that what is offered needs to be reliable enough that folks can trust that the services will meet their needs, for the purpose of their planning as well as for managing their stress and anxiety. Kelsey described how unreliability has impacted her trust:

I have zero trust for anything and anybody... I always question them, like, five times because a lot of times they say they're going to do something, they don't. And then they get offended when I question them for five minutes...they get mad at you for questioning them, but they don't realize what you've been through and how many times you've been let down.

In contrast, Corinne described her experiences with a charitable organization that provides professional attire and training, as well as experiences with a municipal subsidy for recreational activities, as “good” because they were reliable – she was approved quickly and she was provided with what was advertised. When services were experienced as reliable, trust could be established, and Corinne did not have to expend any emotional energy anticipating if her needs would be met or contemplating back-up plans.

Stigmatizing. Most participants had experienced accessing goods and services as stigmatizing. Experiences of stigmatization can be understood through Scambler and Hopkins' (1986) distinction between stigma that is felt and stigma that is enacted. Felt stigma is internalized and includes associated shame or “fear of encountering enacted stigma” (Scambler, 2004, p. 33). Participants detailed many internalized feelings of shame associated with accessing supports. Kelsey shared:

I just wish I was fending for myself. It's shameful. I hate it... You want to be normal. You want to fit in... And the shame it brings because of all the asking and all the things that you need and just, like, it just – it just makes me embarrassed. A little bit, I guess. Part of myself [thinks], “oh, I suck” kind of thing.

While participants knew, in theory, that notions of “if you work hard, you will succeed” were more fiction than reality, their realities of requiring assistance were often emotionally difficult to wade through.

Many participants also experienced stigma that was enacted; in contrast to internalized stigma, enacted stigma refers to overt discrimination or mistreatment (Scambler, 2004). Christine expressed that a particularly bad encounter at a community charity resulted in her feeling “like a number. It was like you're just like a number.” Participants expressed a lack of connection and friendliness when accessing services, which they understood as resulting from the limited capacity of community supports, with participants expressing a recognition of how over-extended support services are. Other times, participants chalked it up to a lack of understanding the life situations that led to their requiring support. It was not simply the treatment that participants found stigmatizing but also the ways in which the goods and services that were provided did not meet their needs and were of an inferior quality that participants would not consider distributing. These experiences of

stigmatization impact how participants feel about themselves and their self-worth.

Experiencing accessing social supports as stigmatizing, due to both internal and external factors, directly impacted participants' relationships in multiple ways. Kelsey shared how it affected her ability to meet friends and to date, because she "hates" having to tell anybody she utilizes supports.

Risky/Potentially Dangerous. Navigating systems of social supports were experienced as risky, potentially dangerous, or both, in a variety of ways. One reason for this was because goods and services were not provided until situations were dire. Kelsey had just lost her housing at the time of our interview. She detailed trying to access supports and concluded, "there's not places that help with housing. And the ones that did help me, it didn't work out." It was not until she was unhoused that she was able to access an emergency hotel. It was also not until she was unhoused that she was told about a portable top-up benefit that may have helped to maintain her housing. Had Kelsey been able to access sufficient services and accurate information in a timely manner, her housing crisis may have been avoided. Avoiding this crisis would of course have been better for Kelsey and her young child, and also less costly to taxpayers as hotel shelter fees are very expensive (Williams, 2023). Being unable to access goods and services when needed, before situations escalated, was also prevalent within discussions of case workers, home supports, mental health services, and services to support children's learning challenges and neurodiversities. Potential costs to the person, as well as to the system as a whole, need to be considered when designing programs to address crises as opposed to preventing them.

Many supports across the spectrum of providers were also experienced as putting people in potential danger because of different eligibility criteria that require collaboration between children's parents. The sense of danger was often heightened because the disconnected nature of services required continuous communication between participants and those who had abused them to meet the eligibility criteria of each service. For Brigitte, the requirements of programs that necessitate co-operation with her "abusive ex" made it difficult-to-impossible to maintain the boundaries needed for her safety and emotional and mental health. As Brigitte expressed, "I honestly would love to speak to the higher-ups and explain that sometimes, especially in abusive situations, these programs cause more problems than good."

From an emotional and mental health perspective, the intrusive nature of services also created potentially dangerous situations. Participants expressed how intrusive services could be and detailed how each time they work to access a different service they have to reshare their story to demonstrate their need and worthiness. Many participants shared that the reasons they require supports are connected to different traumas: emotionally abusive relationships, physically abusive relationships, or a combination of the two, as well as infidelity, chronic illnesses, children's mental and physical health issues, etc.

Allison, for example, was consistently receiving threats from her child's father. To protect her emotional and mental health she "blocked him on all forms of communication." However, disconnected services with varying eligibility criteria and processes would ask directly about him or bring him up in different ways: "they'll say something that kind of reminds me of him and I'll break down and I'll have to stop talking to them completely. And it feels like PTSD. I'll get bad days where I'll start shaking." From a trauma-informed perspective, the intrusive nature of these services impacts emotional and mental health when stirring up negative memories by not being sensitive to the different traumatic experiences service users have encountered (Kulkarni, 2019). There is a lack of recognition that the retelling of painful experiences involves re-feeling sufferings (Krumer-Nevo, 2020). It is important to recognize the ways in which the processes involved in accessing services can be triggering of past traumas, while also recognizing that struggling to meet basic needs and the processes of obtaining social supports are in and of themselves also traumatic (Baird et al., 2021; Martin, 2021).

Systems of Provision Can Be Experienced as Supportive

While the low-income lone mothers in this study predominantly experienced systems of support as stressful and deflating, there were also positive experiences that they contrasted to their negative ones. These more positive elements of experiences have been organized under the overarching theme of supportive. Supportive here is understood as containing elements that are material, knowledgeable, relational, and inclusive (Kuri, 2023). Factors that contributed to the processes of accessing goods and services being experienced as supportive included being helpful in obtaining goods and services in ways that reduce needs, and cultivating connection and social support.

Helpful in Obtaining Goods and Services. Participants described receiving goods and services from the networks of social supports available as sometimes helpful or as partially addressing needs. While needs were seldom described as met, available supports did offer some alleviation and reduce potential distress, as exemplified by Corinne, who worked in a full-time, contracted fixed-term position:

Katherine: Would you say accessing the food bank is meeting your needs to supplement things a bit?

Corrine: I wouldn't go that far. I think it's helping a little bit absolutely. It takes a little load off of me. These days as a single mom I can't afford milk. I see if I can get milk for a week until I get my Child Tax Benefit pay.

Systems of provision were also deemed helpful with respect to providing an alternative to accruing debt on high-interest credit cards.

The theme of finding community provision helpful was particularly pronounced around children's activities. For example, a subsidy for municipal recreational and cultural programming was mentioned by participants as providing an opportunity for children to do activities that would otherwise not be possible. As Melanie shared, "my kids love swimming, and if it wasn't for the subsidy, I wouldn't be able to put them in swimming lessons."

The goods and services deemed most helpful tended to be centered around children. While mothers expressed that they were glad for the supports available to their children, there were also sentiments of feeling that they themselves were not as important in the eye of public policy and society at large. A common theme present when discussing the potential helpfulness of social supports was that when supports were more personalized, flexible to unique needs, or both, they had a greater chance of being experienced as helpful.

Providing Connection and Social Supports. Some participants experienced particular social services as facilitating different forms of social connection and social and emotional supports. Here social connections and supports refer to positive social contacts and relationships that foster connecting and belonging (Hamfelt, 2019). Emotional supports include receiving care, concern, interest, and compassion via verbal and nonverbal actions (Burlinson, 2003, p. 2). Connection and social and emotional supports could be fostered and received in relationships with staff and volunteers, and amongst fellow service users. Christine described how kind, compassionate interactions with volunteers and staff at a community health centre that provides a wide range of social supports was experienced as supportive:

They help with empowering me. They give me encouragement. They check up on you ... They help you feel you're not alone, and they make you feel that you're important and that your voice is being heard. You don't feel like you're crazy... They believe in you. They take the time to get to know you. And they give you resources to help you. Sometimes it's just having a cup of tea.

Similarly for Rachel, the connections she had at a centre that supports young moms and their children were experienced positively as the workers "actually care for you." However, participants were clear that many services do not provide social supports, nor are they received as warm and caring, which participants attributed to over-stretched workers, volunteers, or both, who do not understand the factors contributing to participants' needs for additional support. Establishing and maintaining relationships with service providers does however involve labour, as previously noted.

Connection was also fostered among service users. The financial assistance provided by different subsidy and grant programs provided opportunities for families to participate in many social activities that they would not have

otherwise been able to. This was particularly valued when it brought families of varying socio-economic situations together, with no knowledge of who is receiving funding and who is not. Corrine and Natalie each shared how having their children attend activities through municipally funded subsidies not only provided social connection for their children that were participating but also among the parents sitting on the pool deck, etc.

Connection was particularly fostered among participants within specialized and targeted support services where support needs were similar, where participants shared features of their identities such as culture, or where service providers have a more nuanced and holistic understanding of the needs and realities of service users. Tara explained that she formed meaningful relationships not only with staff but also with others attending programming. For Tara, being around people with similar struggles helped to make her feel “not alone in my struggles.” While similar notions of connection, support, and belonging among fellow participants were echoed by others, there were also participants that expressed wanting to maintain distance from other program participants, or that expressed they do not find they fit-in with others due to varying levels of mental health issues, particularly when untreated due to inadequate access to supports that then impact the composition of the groups at these services. For Jen, being around groups that consist mainly of people with different challenges she has previously struggled with did not represent the kind of person she was working to be. While she understood their place of struggle, she did not have the capacity or desire to spend too long in such social settings. As such, she worked to create some boundaries between herself and other service users, which sometimes included not accessing services that could be helpful.

Discussion

How systems of support are experienced matters; these experiences shape overall well-being, physical health and community inclusion (Maté & Maté, 2022). Although experiences of poverty more generally are connected to feelings of unworthiness and shame (Krumer-Nevo, 2020), the collective experiences of participants – who were all mothers – highlight how attempting to ameliorate this through a disconnected network of supports can actually compound negative understandings of oneself and one’s worth, and comes at high costs to service users as well as society as a whole. Impaired understandings of self can foster self-doubt, in which people lose trust in themselves (Baumeister, 2022, p. 185). Further, an impaired sense of self has been demonstrated as a broad risk factor “for developing serious, treatment-resistant mental health conditions such as borderline and narcissistic personality disorders, chronic depression, and the dissociative disorders”

(Basten & Touyz, 2020, p. 160). Maté and Maté (2022, p. 48) draw on multiple studies to conclude that “reducing stress where possible, attending to emotions, overt or repressed, and taking care of our psychic well-being can have profound effects on physical health.” While this study did not examine physical health, many participants detailed the impacts of this stress on their sense of self and their ability to wake up each morning and do what they need to do, including mothering, as well as on their overall health and well-being.

Participants noted that their experiences accessing support impacted their relationships. As mothers, they felt deflated and like lesser versions of themselves as a result of needing to access services in a society that divides people into those who contribute to support initiatives and those who rely on them – and one that fails to adequately value their motherwork (O’Reilly, 2021; Vandebeld Giles, 2021). It must be noted that not valuing this labour creates the very conditions that keep mothers poor and in continued need of social supports (Vandebeld Giles, 2021). These deflated feelings were compounded by the ways they were treated by services, including being provided with subpar goods and services. Feeling deflated, and retreating from others for fear of further deflation, impacted this group of mothers’ ability to connect with others socially, pursue paid employment opportunities, and secure additional services and resources that could be helpful (Walker & Chase, 2014; Weaver & Habibov, 2012). Further, experiencing systems of support as stressful and deflating created conditions of isolation among participants. Social isolation and loneliness have been linked to serious health conditions, including depression, anxiety, suicide, dementia, premature death, heart disease, and stroke (Centre for Disease Control & Prevention, 2021). This study demonstrates that the ways in which supports are delivered within Canada’s contemporary mixed social welfare can hinder social bonds and create obstacles for the establishment and nurturing of diverse communities (Block, 2009; Walker & Chase, 2014). For mothers shouldering social provisioning, these experiences also erode opportunities to build social capital – the relationships and networks that individuals draw on for support, trust, and mutual aid throughout life (Funk, 2019; Putnam, 2020). The current system, while alleviating some needs, is structured in ways that create exclusion rather than inclusion. In doing so, it not only weakens the social fabric of society but also creates barriers to civic, social, and economic engagement. Participants’ experiences also illustrate how the organization of systems of support influences the relationships between citizens and the state. Participants expressed a clear lack of trust in the networks of multi-sector social services available, and the ability of the state at large to support them through this mixed social provisioning system, particularly due to the unreliability of supports. It is important to consider how the functioning of systems of support affects trust, particularly as trust in the state is an integral element for political participation and social cohesion (Misztal, 2001; Organisation for Economic Co-operation & Development, 2022). Further, the ways in which supports are delivered through a multi-sector delivery framework were experienced as putting people

at risk in multiple ways – emotional regulation, physical health, physical safety, etc. – that tip the relationship between the state and service users even further to the point where the state becomes an additional threat to people – here, mothers – working to access goods and services. Again, this data demonstrates how we need to be mindful of not only what we are providing but how systems meant to provide support are experienced, and the far-reaching impacts of those experiences on people and their relationships with themselves, their communities and the state (Martin, 2021).

The mothers who participated in this study were clear that the delivery methods, making access to services difficult, had far-reaching impacts on their overall well-being. These experiences imposed emotionally draining and time-consuming access processes that, while not necessarily recognized as labour by society at large, are essential for provisioning and function as barriers to attaining and retaining paid labour (Neysmith et al., 2012). These impacts make it harder for recipients to meet the liberal welfare state's expectation that citizens predominantly meet their needs through paid labour (Raphael, 2020). For mothers, who are often positioned by social norms and structural conditions as the primary providers of care and household provisioning, these barriers are particularly acute (Vandenbeld Giles, 2021). The very mechanisms by which goods and services are delivered in many ways replicate the poverty traps those receiving Ontario Works and Ontario Disability Supports Program face from clawbacks on earned income (Feed Ontario, 2021). Given that mothers shoulder many of the provisioning roles for their families, it is important to consider the gendered impacts of how social services are experienced, particularly on overall well-being and socio-economic mobility. In effect, the experiences of this group of mothers demonstrate the ways in which the very systems meant to support mothers entrench their economic marginalization, reinforcing cycles of poverty rather than breaking them.

This data also demonstrates that some aspects of social service provision can be experienced positively. There is some alleviation of needs. However, the need for such regular alleviation highlights the necessity for increases to participants' varied income sources, which requires valuing unpaid care work and parenting (O'Reilly, 2021). The experiences of participants highlight some strengths of a basic income in providing enough income to access needs without having to procure so many essential goods and services from the complicated, disconnected, and unreliable network of social services (Ferdosi et al., 2023; Petit & Tedds, 2020).

Participants overwhelmingly experienced social services more positively when services were reliable, flexible, co-located, coordinated, personalized, and when caring relationships with staff and volunteers were available. These findings are aligned with Kuri's (2023) work with young moms in Ontario. While these more social elements of support have been largely stripped within a context that favours concrete outputs and discourages relationship-based care

(Baker Collins & Cranmer-Byng, 2019), this study demonstrates how social and care-related aspects of social services meet important human needs and impact how supports are experienced. The experiences of this group of mothers further highlight the necessity of infusing the “social” into social services, and for this element to be incorporated in program design, delivery, and funding.

Delimitations and Limitations

There are some delimitations and limitations to note. With the aim to provide overarching themes, this paper does not provide an intersectional analysis of experiences based on the identities and positioning of participants, factors that shape how supports are accessed and experienced (Collins, 2019). While intersectional analyses are imperative, the intent here is to offer a broad overview of shared experiences as a starting place for conversations about the need for change. Relatedly, the study was conducted in English and may not be representative of the large French-speaking population in Ottawa, as well as other non-English speakers. Additionally, because provincial, territorial, and municipal governments take varied approaches to social service delivery, and because levels of formal and informal community support differ across Canada, findings may not align with challenges in other regions. That said, many of the experiences captured are what Whelan (2023, p. 45), drawing on McIntosh and Wright (2019), and Wright and Patrick (2019), refers to as “shared typical” aspects of lived experiences within the context of a welfare state, many of which are shared beyond the specific local contexts of this study. Thus, while the delimitations and limitations of this study need to be weighed when considering transferability, findings can still offer insights into service users’ experiences, particularly mothers’, navigating social supports across mixed social service provisioning contexts.

Conclusion

The low-income lone mothers that participated in this study were united in their understandings that the current models of social service delivery are stressful and deflating. These common understandings raise grave concerns about the state of social supports and underscore the need to meaningfully integrate the voices of service users in policy and program design and delivery. They also serve as a stark reminder: how we structure social support is not just a policy decision, it is a reflection of who and what we value. And when we fail to value the labour of accessing social supports, especially when layered with the unpaid and often invisible labour of mothering, we design systems that exhaust, isolate and ultimately fail the people they are meant to support (Neysmith et al., 2012).

There are clear and common indicators among participants that this current form of service delivery is costly, not only to individuals' sense of self but to their communities and to the fabric of our democracy. Further, there are expensive economic costs, such as those required to support people in navigating such disconnected services, that could be greatly reduced with more integrated services.

This study corroborates previous findings that individual aspects of social support across Canada's welfare state, including food charities (Enns et al., 2020; Tsang et al., 2011) and welfare programs, are largely experienced as negative (Lightman et al., 2009; Maki, 2021). Taken together, these findings issue a clear call to do better by those who need support, particularly mothers who shoulder many of the provisioning responsibilities for their families. Small steps towards doing better include more coordinated supports that are reliable, flexible, co-located, coordinated, and personalized and, importantly, that incorporate aspects of social care. Ultimately, the experiences of these 25 mothers demonstrate that we cannot claim to support families while designing systems that exhaust, isolate, and undermine the very people holding them together. This requires not only a reimagining of how social supports are designed, funded, and delivered, but also a commitment to addressing the broader structural conditions that create and sustain the need for such supports in the first place.

Acknowledgements

I am deeply grateful to the mothers who participated in this study and for entrusting me with their experiences. Thank you to my doctoral committee, Drs. Sarah Todd, Susan Phillips, and Jennifer Robson, for their support and thoughtful guidance throughout this work. I am also thankful to Dr. Therese Jennissen and Allan Moscovitch for their continued mentorship and encouragement. Thank you as well to the editors and reviewers for their thoughtful feedback, which helped strengthen this paper. And thank you to Carleton University, the SSHRC Doctoral Fellowship, and the Ontario Graduate Scholarship for the financial support that helped make this work possible.

References

- Aquanno, S. M., & Bryant, T. (2021). Situating the pandemic: Welfare capitalism and Canada's liberal regime. *International Journal of Health Services*, 51(4), 509-520.
<https://doi.org/10.1177/0020731420987079>

- Baird, S. L., Alaggia, R., & Maiter, S. (2021). Broadening the ‘survivor capsule’ of intimate partner violence services. *The British Journal of Social Work, 51*(7), 2517-2535. <https://doi.org/10.1093/bjsw/bcaa067>
- Baker Collins, S., & Cranmer-Byng, S. (2019). “THINGS I CANNOT CHANGE”: Moral distress in the implementation of Ontario Works. *Canadian Social Work Review, 35*(2), 5-24. <https://doi.org/10.7202/1058477ar>
- Baker Collins, S., Neysmith, S., Porter, E., & Reitsma-Street, M. (2009). Women’s provisioning work: Counting the cost for women living on low income. *Community, Work & Family, 12*(1), 21-37. <https://doi.org/10.1080/13668800802009422>
- Basten, C., & Touyz, S. (2020). Sense of self: Its place in personality disturbance, psychopathology, and normal experience. *Review of General Psychology, 24*(2), 159-171. <https://doi.org/10.1177/1089268019880884>
- Baumeister, R. F. (2022). *The self explained: Why and how we become who we are*. The Guilford Press.
- Béland, D., & Mahon, R. (2016). *Advanced introduction to social policy*. Edward Elgar Publishing.
- Block, P. (2009). *Community: The structure of belonging*. Berrett-Koehler Publishers Inc.
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.
- Brown, B. (2021). *Atlas of the heart: Mapping meaningful connection and the language of human experience*. Random House.
- Bryant, T., & Raphael, D. (2020). *The politics of health in the Canadian welfare state*. Canadian Scholars.
- Burleson, B. R. (2003). The experience and effects of emotional support: What the study of cultural and gender differences can tell us about close relationships, emotion, and interpersonal communication. *Personal Relationships, 10*(1), 1-23. <https://doi.org/10.1111/1475-6811.00033>
- CanadaHelps. (2023). *The giving report 2023: It’s time for change*. <https://www.canadahelps.org/en/the-giving-report/download-the-report/>
- CanadaHelps. (2024). *The giving report 2024: From disconnection to collective action*. <https://www.canadahelps.org/en/the-giving-report/>
- Centre for Disease Control & Prevention. (2021). *Loneliness and social isolation linked to serious health conditions*. <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- City of Ottawa. (2025). *Statistics and demographics*. <https://ottawa.ca/en/living-ottawa/statistics-and-demographics>
- Coalition of Community Health & Resource Centres of Ottawa. (2025). *About - Coalition of Community Health and Resource Centres of Ottawa*. <https://coalitionottawa.ca/about/>
- Collins, P. H. (2014). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.
- Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.
- Daigineault, P.-M., & Béland, D. (2015). Introduction: Understanding welfare reform in the Canadian provinces. In D. Béland & P.-M. Daigineault (Eds.), *Welfare reform in Canada: Provincial social assistance in comparative perspective* (pp. 1-18). University of Toronto Press.
- Daley, A., Kia, H., Kinitz, D., Schneckenburger, S. A., Robinson, M., Reid, J., Mulé, N. J., Kayn, F., Duncan, D., & Ross, L. E. (2023). “This is the System We Live in”: The role of social assistance in producing and sustaining 2SLGBTQ+ poverty in Ontario, Canada. *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-023-00852-w>
- Durdella, N. (2019). *Qualitative dissertation methodology: A guide for research design and methods*. SAGE Publications.
- Enns, A. (2020). *Strategies and experiences in food banks, food insecurity, and health: A mixed-methods investigation* [Unpublished PhD Dissertation]. University of Ottawa. https://ruor.uottawa.ca/bitstream/10393/41529/3/Enns_Aganeta_2020_thesis.pdf
- Enns, A., Rizvi, A., Quinn, S., & Kristjansson, E. (2020). Experiences of food bank access and food insecurity in Ottawa, Canada. *Journal of Hunger & Environmental Nutrition, 15*(4), 456-472. <https://doi.org/10.1080/19320248.2020.1761502>

- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Polity Press.
- Feed Ontario. (2021). *Stop the clawbacks*. Feed Ontario. <https://feedontario.ca/stoptheclawbacks/>
- Ferdosi, M., McDowell, T., Ma, A., David, K., Ederer, R., & Martin, B. (2023). *Life on basic income: Stories from southern Ontario*. Hamilton Roundtable for Poverty Reduction and Carleton University School of Social Work. <https://carleton.ca/cspsc/wp-content/uploads/Life-on-Basic-Income.-Final-report.pdf>
- Finkel, A. (2006). *Social policy and practice in Canada a history*. Wilfrid Laurier University Press.
- Funk, L. M. (2019). *Relieving the burden of navigating health and social services for older adults and caregivers* (IRPP Study 73, p. 28). Institute on Public Policy. <https://laurafunk.ca/wp-content/uploads/2019/11/Relieving-the-Burden-of-Navigating-Health-and-Social-Services-for-Older-Adults-and-Caregivers.pdf>
- Government of Canada. (2023, February 15). *Every dollar counts – Benefits, credits and programs*. <https://www.canada.ca/en/revenue-agency/campaigns/every-dollar-counts.html>
- Government of Ontario. (2023, November 14). *Social assistance*. <http://www.ontario.ca/page/social-assistance>
- Government of Ontario. (2024, February 5). *Ontario disability support program*. <http://www.ontario.ca/page/ontario-disability-support-program>
- Funk, L. M. (2019). *Relieving the burden of navigating health and social services for older adults and caregivers* (IRPP Study 73, p. 28). Institute on Public Policy. <https://laurafunk.ca/wp-content/uploads/2019/11/Relieving-the-Burden-of-Navigating-Health-and-Social-Services-for-Older-Adults-and-Caregivers.pdf>
- Hamfelt, A. (2019). *Social Inclusion: The key determinant of mental wellness* (p. 22). Canadian Mental Health Association, BC Division. https://cmha.bc.ca/wp-content/uploads/2019/12/POL_BuildingEquitableFoundation_LitReview_8.5x11_2019_12_04.pdf
- Harding, S. (1991). *Whose science? Whose knowledge? Thinking from women's lives*. Cornell University Press.
- Harding, S. (2009). Standpoint theories: Productively controversial. *Hypatia*, 24(4), 192-200. <https://doi.org/10.1111/j.1527-2001.2009.01067.x>
- Hesse-Biber, S. N. (2014). Feminist approaches to in-depth interviewing. In S. N. Hesse-Biber (Ed.), *Feminist research practice* (2nd ed., pp. 182-232). Sage.
- Humber College. (2022). *Systems navigator*. <https://healthsciences.humber.ca/programs/systems-navigator.html>
- Jenson, J. (2013). Historical transformations of Canada's social architecture: Institutions, instruments, and ideas. In K. Banting & J. Myles (Eds.), *Inequality and the fading of redistributive politics* (pp. 43-64). UBC Press.
- Kelly, K., & Caputo, T. (2011). *Community: A contemporary analysis of policies, programs, and practices*. University of Toronto Press.
- Krumer-Nevo, M. (2020). *Radical hope: Poverty-aware practice for social work*. Policy Press.
- Kulkarni, S. (2019). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence*, 34(1), 55-64. <https://doi.org/10.1007/s10896-018-0001-5>
- Kuri, E. L. (2023). *How young mothers make meaning of the concept of support* [Unpublished PhD Dissertation]. McMaster University. https://macsphere.mcmaster.ca/bitstream/11375/28597/2/Kuri_Erin_L_finalsubmission2023April_PhD.pdf
- Laidley, J., & Tabbara, M. (2024). *Welfare in Canada, 2023*. Maytree. <https://maytree.com/changing-systems/data-measuring/welfare-in-canada/>
- Lightman, E., Vick, A., Herd, D., & Mitchell, A. (2009). 'Not disabled enough': Episodic disabilities and the Ontario Disability Support Program. *Disability Studies Quarterly*, 29(3), Article 3. <https://doi.org/10.18061/dsq.v29i3.932>

- Leavy, P., & Harris, A. (2019). *Contemporary feminist research from theory to practice*. The Guilford Press.
- Maki, K. (2021). *Ineligible: Single mothers under welfare surveillance*. Fernwood Publishing.
- Martin, K. S. (2021). *Reinventing food banks and pantries: New tools to end hunger*. Island Press Books.
- Maté, G., & Maté, D. (2022). *The myth of normal: Trauma, illness & healing in a toxic culture*. Alfred A. Knopf Canada.
- Mcintosh, I., & Wright, S. (2019). Exploring what the notion of 'lived experience' offers for social policy analysis. *Journal of Social Policy, 48*(03), 449-467. <https://doi.org/10.1017/S0047279418000570>
- Minwaashin Lodge. (2025). *Minwaashin Lodge*. Minwaashin Lodge: Indigenous Women's Support Centre. <https://www.minlodge.com>
- Misztal, B. A. (2001). Trust and cooperation: The democratic public sphere. *Journal of Sociology, 37*(4), 371-386. <https://doi.org/10.1177/144078301128756409>
- Moscovitch, A. (2015). Welfare state. In *The Canadian Encyclopedia* (p. 29). <https://www.thecanadianencyclopedia.ca/en/article/welfare-state#>
- Neysmith, S., Reitsma-Street, M., Baker Collins, S., & Porter, E. (2009). A study of women's provisioning: Implications for social provisions. In J. Pulkingham & M. G. Cohen (Eds.), *Public policy for women: The state, income security and labour market issues* (pp. 94-113). University of Toronto Press.
- Neysmith, S., Reitsma-Street, M., Baker-Collins, S., & Porter, E. (2012). *Beyond caring labour to provisioning work*. University of Toronto Press. <https://doi.org/10.3138/9781442695726>
- Oakley, A. (2005). *The Ann Oakley reader: Gender, women and social science*. Policy Press.
- Occhiuto, K. (2022). Data collection strategies for sharing lived experiences: Low-income mothers' perceptions of text (SMS) and multimedia (MMS) data collection. *Affilia, 37*(1), 136-150. <https://doi.org/10.1177/0886109920978575>
- O'Reilly, A. (2021). Matricentric feminism: A feminism for mothers. In A. O'Reilly (Ed.), *Maternal theory essential readings* (pp. 457-475). Demeter Press.
- Organisation for Economic Co-operation & Development. (2022). *Trust in government*. <https://www.oecd.org/governance/trust-in-government/>
- Ottawa Community Immigrant Services Organization. (2025). *OCISO*. <https://Ociso.Org/>
- Ottawa Food Bank. (2025). About Us. *Ottawa Food Bank*. <https://www.ottawafoodbank.ca/hunger-in-ottawa/about-us/>
- Ottawa Neighbourhood Study. (2023). *Ottawa neighbourhood study*. <https://www.neighbourhoodstudy.ca/958westboro/#Basic%20Needs%20&%20Standard%20of%20Living/Core%20Housing%20Need/>
- Petit, G., & Tedds, L. M. (2020). Overview of system of income and social support programs in British Columbia. *BC Basic Income Panel*. <https://doi.org/10.2139/ssrn.3781866>
- Pringle, J. (2025, March 20). *Ottawa public school board looking to address concerns about proposed changes to elementary schools*. CTVNews. <https://www.ctvnews.ca/ottawa/article/ottawa-public-school-board-looking-to-address-concerns-about-proposes-changes-to-elementary-schools/>
- Prosper Canada. (2023). *Increasing access to benefits for peoples with disabilities project: Insights and recommendations*. <https://prospercanada.org/CMSPages/GetFile.aspx?guid=8b2df351-4dce-4ac3-bbd9-0648954aacb8>
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. Simon & Schuster.
- Raphael, D. (2020). *Poverty in Canada: Implications for health and quality of life* (3rd ed.). Canadian Scholars Press.
- Rice, J. J., & Prince, M. J. (2013). *Changing politics of Canadian social policy* (2nd ed.). University of Toronto Press.
- Robson, J. (2021). Helping low-income Canadians to file taxes and access benefits. In S. Dilip & C. Yeung (Eds.), *The behaviorally informed organization* (pp. 201-215). University of Toronto Press.

- Scambler, G. (2004). Re-framing stigma: Felt and enacted stigma and challenges to the sociology of chronic and disabling conditions. *Social Theory*, 2, 29-46.
- Scambler, G., & Hopkins, A. (1986). Being epileptic: Coming to terms with stigma. *Sociology of Health & Illness*, 8(1), 26-43.
- Social Planning Council of Ottawa, Coalition of Community Health and Resource Centres of Ottawa, & Making Voices Count. (2018). *Spotlight on the role and wellbeing of Ottawa's community services* (The Ottawa Community Wellbeing Report). https://eorc-creo.ca/wp-content/uploads/2021/01/Ottawa_Community_Wellbeing_Report_2018_Final.pdf
- Stapleton, J. (2013, January 22). *Stop wondering about under-subscription of benefits*. Open Policy Ontario. <https://openpolicyontario.com/stop-wondering-about-under-subscription-of-benefits/>
- Statistics Canada. (2023). *Canadian income survey, 2021* (The Daily). Government of Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/230502/dq230502a-eng.htm>
- Steven, B. L. (2023, September 28). Fed up with unreliable transit, Ottawa protesters march through city hall to demand better. *Capital Current*. <https://capitalcurrent.ca/fed-up-with-unreliable-transit-ottawa-protesters-march-through-city-hall-to-demand-better/>
- Tsang, S., Holt, A. M., & Azevedo, E. (2011). An assessment of the barriers to accessing food among food-insecure people in Cobourg, Ontario. *Chronic Diseases and Injuries in Canada*, 31(3), 121-128.
- Tulloch, G., & Schulman, S. (2020). *The trampoline effect: Redesigning our social safety nets*. Reach Press.
- Vandenbeld Giles, M. (2021). Mothering in a neoliberal world. In A. O'Reilly (Ed.), *Maternal theory essential readings* (2nd ed., pp. 763-781). Demeter Press.
- Wabano Centre. (2023). *Indigenous advocacy & support in social services*. Wabano Centre. <https://wabano.com/advocacy-and-support/>
- Walker, R., & Chase, E. (2014). Adding to the shame of poverty: The public, politicians and the media. *Child Poverty Action Group*, 148, 9-13. <https://doi.org/10.35648/20.500.12413/11781/ii269>
- Walmsley, C., Bernard, W. T., & Este, D. (2021). Social work pioneers. In D. V. Mullings, J. Clarke, W. T. Bernard, D. Este, & S. Giwa (Eds.), *Africentric social work* (pp. 44-70). Fernwood Publishing.
- Weaver, R. D., & Habibov, N. (2012). Social capital, human capital, and economic well-being in the knowledge economy: Results from Canada's general social survey. *Journal of Sociology*, 39(2). <https://doi.org/10.15453/0191-5096.3665>
- Whelan, J. (2023). *Hidden voices: Lived experiences in the Irish welfare state*. Bristol University Press.
- White-Crummey, A. (2023, July 19). Unreliable LRT keeps undermining public confidence in system, observers say. *CBC News Ottawa*. <https://www.cbc.ca/news/canada/ottawa/ottawa-lrt-problem-closed-open-bearing-cause-1.6910251>
- Williams, N. (2023, May 10). Living in limbo: Temporary housing can last years costing city millions. *CBC News*. <https://www.cbc.ca/newsinteractives/features/living-in-limbo>
- Wright, S., & Patrick, R. (2019). Welfare conditionality in lived experience: Aggregating qualitative longitudinal research. *Social Policy and Society*, 18(4), 597-613.
- Zon, N., & Aldridge, H. (2018). *Why is lone-parent poverty so high and what can we do about it?* [Policy Brief]. Maytree. <https://maytree.com/wp-content/uploads/Policy-Brief-Lone-Parent-Poverty.pdf>
- Zon, N., & Granofsky, T. (2019). *Resetting social assistance reform*. Ontario 360. <https://on360.ca/policy-papers/resetting-social-assistance-reform/>