

Single Mothers with Children Six Years of Age or Under: Data Analysis Report

2018 Focus Groups

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Statement of Purpose

WFSA creates change for women and their families in three ways: funding non-profit partners, advocating with Arizona legislators, and running programs that amplify the voices of women—all informed by research and evaluation. We commissioned this research, focus groups with single mothers of children age six and under, in order to hear directly from them about their experiences, and to learn firsthand about their needs, so that we can advocate for these women and their needs accordingly. Their feedback is qualitative research that contributes to the base from which we do our work. If we are going to speak for single mothers, we must include single mothers in our research process. To better understand the needs and challenges that single mothers face in Arizona, WFSA worked with an external evaluator to engage single mothers in two focus groups.

Design

Twenty (20) single mothers participated in one of two focus groups. One was held on Tuesday, September 4, 2018 and the other one was on Wednesday, September 5, 2018. Both focus groups were conducted at a local community center which is part of a housing project in Tucson, Arizona. One person from the WFSA did all the outreach and participant recruitment via WFSA non-profit partners and other local organizations, coordinated the place in which the focus groups were conducted, and planned for breakfast and incentives for the participating mothers, as well as quality child care and snacks for their children. The evaluator facilitated the focus groups following a protocol prepared in advance in collaboration with the WFSA staff and entered/processed and analyzed the data.

Participants completed a brief demographic questionnaire before the beginning of the focus group. Consent to participate was provided orally after the facilitator explained the purpose of the focus group, the confidential nature of the group, and reminded women that their names would not be used in any verbal or written reports, and that the group discussion would be recorded. Then the facilitator started the recording and engaged the group in a warm-up exercise consisting of each participant choosing a cut out of an emoji that represented how she felt about her current life, challenges, successes; and another emoji that represented how she perceived her future in terms of education and career/jobs. During the group discussion the team member from the WFSA observed the group and took notes.

Participant Recruitment

One team member from the WFSA asked eight non-profit organizations and one governmental program for assistance recruiting participants for the focus groups. The criteria for participation was (1) women had to be single mothers; (2) with at least one child age 6 or under; (3) having accessed or currently accessing social services. Informational flyers were distributed online. The

flyers instructed interested women to register online, or via email for Spanish speakers. Thirty-one (31) women registered for the focus groups. Twenty (20) women attended the groups (fourteen attended the first group, and six the second group).

ANALYSIS AND KEY FINDINGS

Analysis

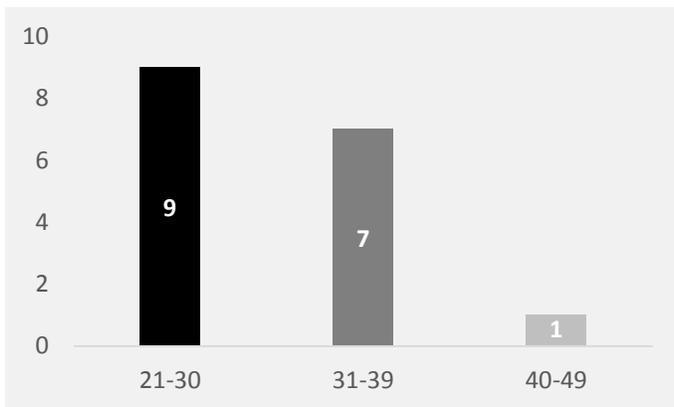
The brief demographic questionnaire was entered into the Statistical Program for the Social Sciences (SPSS) for analysis. Descriptive statistics were used in the analysis of this data.

The qualitative data from the focus groups was analyzed following these steps (1) the evaluator listened to the recordings while identifying emerging themes and subthemes; (2) the themes and subthemes were compared to the observer notes and the quantitative findings (when appropriate); (3) this process was repeated until the evaluator was satisfied that the themes identified best represented the views and reports from the women in the focus groups.

Participants' Demographics

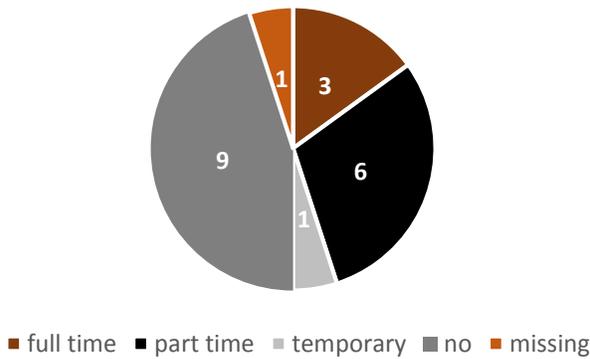
Participants' ages ranged from 21 to 49 years old. Information was lacking for three participants, only one was within the age group 40-49, nine were 21-30 and seven were 31-39. Chart 1 shows age distribution.

Chart 1. Focus group participant ages



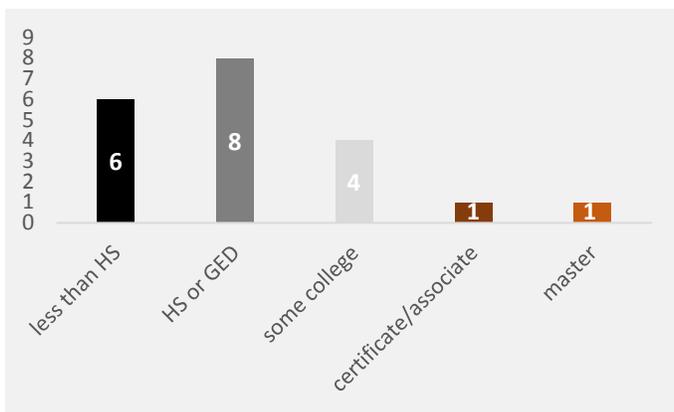
Half (n=10) of the participating women were employed (see graph 1). Three (n=3) had full time jobs, six (n=6) were working part-time, and one (n=1) was working as a temp.

Graph 1. Number of women employed



The level of education varied among participants. Eight (n=8) completed HS or the GED equivalence, four (n=4) had some college, one (n=1) had a college associate and one (n=1) completed a master’s degree. Six (n=6) participants did not complete High School. Chart 2 presents these results.

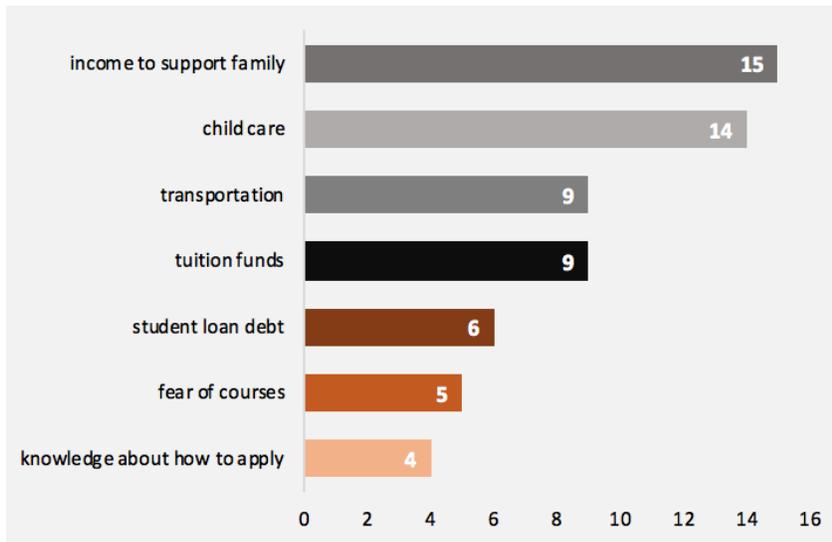
Chart 2. Participants’ education



Participants were asked what they would need in order to move into higher paying work. Three (n=3) participants agreed that help with child care would be a big factor if they wanted to start a career. Others mentioned more schooling in order to get better jobs (n=3); getting a driver’s license (n=2); affordable health insurance (n=1); dental work (n=1); and transportation (n=3). The participants’ career interests also varied from becoming a cashier to getting into the medical, social work, behavioral health, early education, veterinary or teaching fields.

When discussing barriers to education or training for better jobs, the most significant barrier that participants mentioned was income to support their families while attending school (n=15) followed by child care (n=14). Chart 3 presents all results.

Chart 3. Barriers to education and training for better jobs



Most participants (n=19) listed at least one kind of license they possess: CPR, Cosmetology, nonprofit leadership certificate, family/peer support certification, recovery support specialist, pharmacy technician, medical assistant, teaching certificate, and culinary arts certificate.

When asked about their children, participants reported having from one to six children. At least six (6) participants had four or more children and only four (4) had one child. Ages ranged from seven (7) months to 19 years.

The most used social service was SNAP (n=15) followed by WIC (n=12). Eight (8) women were receiving housing assistance and only two (2) received TANF (see explanation of services in the Appendix).

Key Findings

Qualitative analysis revealed four (4) overarching themes across the focus groups with related subthemes. Findings consistently underscored challenging experiences that not only hindered single mom's ability to access impactful services, but also very often reinforced their powerlessness. The four (4) findings are:

1. A myriad of barriers exists to accessing services, leading to feelings of hopelessness and isolation.
2. Some services are very helpful but many single mothers do not know about them.
3. Single mothers need support and advocacy in navigating the complex service systems.
4. Single mothers need support to pursue higher paying jobs and/or complete their education.

A myriad of barriers exists to accessing and using services, leading to feelings of hopelessness and isolation.

Long Waiting Lists and Limited Hours. The mothers said that most programs have long waits. Especially when they involve child care. Others complained about the unnecessarily long and complex process to get appointments with program/services staff. One mother explained that providers are only open from Monday to Friday and follow “office hours.” Therefore, working mothers cannot get appointments to discuss their needs. She suggested that program staff and providers open their doors on Saturdays.

Very Restrictive Criteria for Receiving Services. Many of the programs require applicants to predict their future earnings; however, many mothers have a difficult time with these calculations, as they work sporadically, sometimes in shift/overtime work, are in temp jobs, or currently seeking better jobs. Therefore, they do not receive a steady salary. Another issue is that providers take the highest salary made in the last 12 months as a base to calculate services, and this is most often not a realistic figure and/or is not consistent. Child support is also calculated as part of earnings. However, mothers shared that most often they do not get what the court has ordered fathers to pay for child support. Sometimes they get a partial payment, some months they get nothing. But the providers calculation is based on the assumption that child support is consistently paid. Also, providers do not consider the bills the families need to pay; for example, school or child care. One mother said:

“They count the child support, but I do not get it, I get \$20 here, \$50 there; but they do not care, they count the whole amount against me.”

Lack of Respect and/or Empowerment. Most mothers in the groups agreed that some agencies treat them as if they were children, instead of empowering them to make their own decisions within some guidelines. They also believe that agency staff should take a step back and use some empathy. Some of their comments were:

“It feels like we’re kids and we’re being told by mom or dad that we need to get something done, but not being empowered on how to do it.”

“It’s like they want us to succeed, but not really.”

“It’s not everywhere, not everybody, but they turn their nose up just because you need help. Everyone needs help. But it’s like when we need help, it’s their doorway to treat us bad.”

“It’s hard to ask for help. Then they make you feel like you are nothing.”

One mother said that agencies often have multiple programs, but they do not offer their clients to choose which ones to join. Instead, the case worker chooses for them. Someone described this situation:

“They have so many programs. But another person, just like me, gets to choose which program is right for me. Give me the resources to everything and let me decide.”

Repeating Information and Confidentiality Issues. The mothers in the groups said that they have to repeat *“their story”* and information over and over again as they go from one agency to another, or visit health care providers. Often this process is traumatizing, especially for those who experienced domestic violence in the past and have to recount their story multiple times. Even those who had signed a Release of Information (ROI) said that agencies still want the oral story. Mothers in the groups shared their frustration about the lack of training of case workers in most service agencies. Many of the mothers shared experiences such as receiving a call from DES to re-do their fingerprints because the ones in their files were from someone else; having their identity stolen and being denied SNAP benefits because of that; and having someone else’s social security in their files at a service agency.

Apparently there are many glitches in some of the government agency’s systems (e.g., DES) and mothers expressed concern about their information being handle inappropriately. Case workers and service providers are continuously changing, and all of them have access to sensitive information. One mother said that service providers seem to not share what they should share, and *“what they should not share they do.”* These glitches, and the lack of case worker training result in mistakes that affect families for long periods of time. For example, a mother who works at a Starbucks said that for three years an agency had her employer listed twice, thus affecting her benefits. Every six months she had to address the problem, but they would not solve it. Another mother who had switched jobs shared that DES was *“pulling my old job income plus new income”* deeming her ineligible for any benefits.

The groups brainstormed some solutions to the issue of information sharing. Most moms did not want to tell their story over and over, but they also did not want their information going back and forth risking that it would get into the wrong hands. Some suggested that service users could carry a file with all the pertinent information for their case. A couple of mothers in the groups were already doing that, but they still were required to re-tell their case orally, and often, after hearing their whole story the case workers would announce that they cannot help them.

Some services are very helpful, but many single mothers do not know about them.

There are many outstanding programs in Arizona to help single mothers. But finding these programs is a real challenge for the mothers.

MAMA (Mothers in Arizona Moving Ahead) Program. This program is for mothers of children 18 and younger who want more stability for their families and need support. The program, which lasts several months, engages mothers in planning personal and family goals, and guides them to focus on achieving their goals. Several mothers in the focus groups had completed the program and spoke highly of it. They said that this was the one program that helped them the most. They

felt empowered by the program staff, and that through the MAMA Program they learned about community resources and made important connections. One mother said she was looking for an affordable apartment with utilities covered. The MAMA Program staff provided her with a three-page list of apartments that met her needs and she moved into one within a week. She added:

“The MAMA program was so helpful ... you bring some problem and there are four or five people with ideas and resources.”

Another mother talking about the MAMA Program said:

“I didn’t know anybody or where to go for help because I am from Chicago, but [the MAMA Program] helped me. It opened the door to so many resources, things that I did not know that existed here in Arizona.”

However, outstanding programs like MAMA are often found by word of mouth, have a waiting list, and are not currently enrolling participants due to lack of funding.

Other Helpful Programs. One of the mothers shared that she and her two young daughters came from California escaping from a domestic violence situation. After living in their car for six months they found Emerge! Center Against Domestic Abuse. The mother said:

“Emerge gave me places where I needed to go for assistance. They are very opened minded, they let you be free. It’s not like other shelters.”

Majority of the single mothers in the groups agreed that housing assistance programs, in general, are very helpful. Two of the programs mentioned were Our Family Services and Compass Affordable Housing. A mother who self-identified as having mental health issues said that Our Family Services helps her focus on her goals; while another one added:

“they [Our Family Services] helped me to get off the streets, get on my feet”

Programs that assist with tuition fees were also mentioned (e.g., Single Mom Scholars) and daycares that provide scholarships were highly appreciated. During the discussion the mothers exchanged information on programs. It was evident that many did not know about some of the programs that could assist them and their families.

There is a lack of comprehensive lists for community resources available to families, and too many of these programs go unknown, unnoticed, and under-utilized.

Single mothers need support and advocacy in navigating the complex service systems.

Unfortunately, there is no sharing of data between government organizations and other social service providers. This leads to a lack of coordination of services, which results in many mothers and their families missing out on needed assistance. Because of this lack of coordination single mothers (as well as others in need) must navigate the complex service systems on their own. Mothers shared that service providers require clients to have an appointment before they meet them. The appointments are made by phone within the time allocated by the service agency. Sometimes there is only a two-hour slot to get through the busy lines to obtain an appointment. Mothers said that this process is frustrating and that usually they do not get the appointments because the provider's phones are continuously busy.

Once mothers obtain an appointment, they often spend from 4 to 6 hours (and someone shared spending 8 hours) to meet the case worker. This is all while watching their children in a busy waiting room. One of the mothers said that often there are "just false expectations" especially at DES. She added:

"you go [to DES] thinking you'll get a certain type of help. But they make it so hard. You literally have to prove you are homeless. They make so difficult. If you make a couple of dollars over, they snatch everything. So, do you advance, or stay in a low point so they will help you?"

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) presents similar challenges for women. One of the mothers summarized her experience:

"WIC had lottery, had to call in at a certain time; I just stopped using it, the way the office was set up you weren't guaranteed what you needed in time."

Other mothers in the group agreed that WIC was a difficult program to use because the way it is set up and because families do not always get the assistance they need/expect from the agency. Similarly, one of the mothers described the Electronic Benefit System (EBT) which provides cash benefits to be spent on food or non-food items, as "a really stressful system." She said:

"EBT stuff is the most challenging to even get qualified; and then I finally started getting child support and that pushed me over the limit, and I lost all of it. Any extra and you are no longer qualified. And to even get qualified, you have to call and get an appointment, and you are on the phone for an hour or more."

Single mothers need support to pursue higher pay jobs and/or complete their education.

Child Care. Most single mothers felt optimistic about their future but acknowledged having difficulties and challenges in the present time. Receiving targeted support now was very important to assist these mothers to progress towards achieving their education and career goals. However most of them encounter innumerable barriers when accessing services. As shown on Chart 3, child care was one of the major concerns and barriers for mothers. The cost of child care is high compared to the salaries they earn. Some shared that lack of child care was the reason that led them to quit their jobs; and all of them said that if they had two years of child care guaranteed they would go back to school to complete their education. From the twenty (20) mothers who participated in the focus groups only one had a family member helping with child care. Even though child care is such an important issue for single mothers, the Department of Economic Security (DES) has a waiting list of 4.5 years for child care assistance. And most of the other social programs do not have child care services available.

During the focus groups it was evident that most of the single mothers who participated had dreams and hopes for their future, but needed support and assistance to realize their dreams. Many had to quit a job in the past because of lack of childcare or transportation. And some shared that the company(ies) did not make accommodations for breastfeeding-mothers to pump during work hours. One mother who used to work at a pizza restaurant shared her experience:

“At my job they didn’t let me take breaks. And I’d just had my first born and I was nursing and they didn’t let me do anything about it to pump. I was in pain, so I quit.”

Another one added:

“I left too because I was in teaching and you have 5 minutes between classes and no one can cover for you, you can’t pump.”

When working mothers have doctor or school appointments for their children, they often have to “call in sick” “cancel kid’s appointment” or “find someone to fill in for me, even if it is an emergency” because most jobs do not make accommodations for these types of situations, which as one mother of six said, “happened often.” To make matters worse, if they are unable to get the day off to take their children to the pediatrician or dentist and they miss the appointment, the health care providers charge them a fee.

We asked these single mothers why did they think that single moms are underrepresented in higher paying/mid skills jobs. One summarized the group feelings:

“We have to do so much dynamic exceptional work just to make it through! We have to use our talent just to manage these systems, just to manage your mind or not become a criminal. Our talent gets lost, there’s not a balance.”

Another one adds that the problem is that employers see them as mothers, not as women. Another mother put it this way:

“A man with child will always get the job over a woman with child.”

There was much emphasis on women’s glass ceiling being real. And the group discussed how intersections of race, ethnicity, and class affect women’s ability to get higher paid jobs. They also talked about predetermined assumptions that women are not as smart or as strong as men.

Conclusion

The results of the two focus groups with single mothers illuminate the barriers and challenges these mothers encounter while trying to secure assistance; the strength of single mothers who are struggling to keep their children fed and sheltered while navigating complex health care and social service systems, and working at the same time; and the opportunities for government agencies, non-profits, and service providers to support and assist single mothers and their children in their pursuit of stability, careers and education. The four themes and seven subthemes emerged clearly during our conversations with the twenty single mothers that participated in the two focus groups. We share here our non-exhaustive recommendations, many of which are based on suggestions that single mothers shared during the focus groups.

Recommendations

1. Service providers, including government offices such as DES, should consider opening their doors on Saturdays, at least for half a day, to accommodate clients’ working schedules.
2. Service providers should also consider giving clients (not just single mothers) a jump drive with copies of all their files and records, so clients can carry it from agency to agency and share the information without having to retell their stories or wait for agencies to transfer information.
3. There is a need for advocacy for women’s rights to pump milk at the workplace. Although the Affordable Care Act of 2010 (known as Obamacare) requires employers to allow women to pump breast milk while they are at work, this applies only to employers with over 50 employees. Also, as the law is written, only non-exempt employees are covered by the law. This leaves many of breastfeeding women not covered by the law.
4. There is a need to expand child care assistance services for single mothers and other families, so women can complete their education and/or get full time jobs to support their families.

5. Single mothers and other people seeking social service assistance would benefit from having one point of contact, such as a navigator, to ensure that they receive all the benefits they are entitled to get, and that there is no duplication of services or subjective omission of possible services or benefits based upon the perspective of individual staff.
6. There is also a need for advocacy for women who want to pursue their education but are unable to pay tuition and/or get financial aid. Perhaps some colleges could offer a limited number of scholarships to single mothers to complete two-year programs.

Appendix

SNAP – The Supplemental Nutrition Assistance Program offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits. FNS also works with State partners and the retail community to improve program administration and ensure program integrity. For more information, visit <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>.

TANF – The Temporary Assistance for Needy Families program provides grant funds to states and territories to provide families with financial assistance and related support services. State-administered programs may include childcare assistance, job preparation, and work assistance. In order to qualify for this benefit program, the applicant must be either pregnant or responsible for a child under 19 years of age. Also the applicant must be a U.S. national, citizen, legal alien, or permanent resident; have low or very low income; and be under-employed (working for very low wages), unemployed or about to become unemployed. For more information, visit <https://www.benefits.gov/benefit/613>.

WIC – The Special Supplemental Nutrition Program for Women, Infants and Children provides supplemental foods, nutrition education, breastfeeding promotion and support, referrals, and access to health and social services, to low-income pregnant, breastfeeding, and postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Pregnant, breastfeeding and postpartum women, as well as infants, and children up to 5 years of age are eligible if they are individually determined by a health professional to be at nutritional risk and meet state residency and income requirements. An applicant's gross income (i.e. before taxes are withheld) must fall at or below 185 percent of the U.S. Poverty Guidelines to be eligible. For more information, visit <https://www.benefits.gov/benefit/368>.