LONE OR ALONE? A QUALITATIVE STUDY OF LONE MOTHERS ON LOW INCOME WITH REFERENCE TO SUPPORT IN THEIR EVERYDAY LIVES

By

Josephine Patricia Dearlove

BA (Hons) Sociology / Social Policy

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University of Warwick

Department of Social Policy and Social Work

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ABSTRACT

The thesis invites women to voice their perceptions and experiences on being lone mothers, in receipt of Income Support and what 'support' means to them in their daily lives as carers of pre-school children. This qualitative study is set against firstly, the backdrop of the increasing numbers of lone mothers and their reliance on income support. Also prevalent was a negative discourse around lone motherhood. Secondly, lone mothers were encountering the consequences of a restructuring of social and welfare policy and practice, with the changing boundaries between public and private responsibilities impacting on their daily lives. Thirdly, within this changing socio-economic and political landscape, both neo-liberal and 'third way' governments identify kinship as the appropriate resource for families in need. The study draws data and analysis from the perceptions and experiences of, initially, thirty-three women in five focus groups and more particularly, from thirty-seven lone mothers on Income Support. The findings of the thesis highlight the qualitative difference between alone and not alone, lone mothers. This key, but previously under-researched distinction, is shown to turn on the quality and consistency of support. It is the degrees of availability or lack of social and material support which is found to be crucial in mediating, moderating or amplifying the aloneness of the lone mother. The research illustrates how this qualitative difference in women’s lives cannot be captured within categories of quantitative data. Emphasised is how different forms of support serve as gateways through which other forms of support are accessed. What is argued is that those lacking support may face being multiply disadvantaged and experience cumulative levels of support deprivation which formal support may do little to alleviate. Lastly, while all forms of support are identified as being mutually reinforcing, child-care appears to be particularly pivotal. As a central gateway to accessing other support, it directly enhances well being and the capability to care.
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## CONTENTS

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of figures</td>
<td>x</td>
</tr>
<tr>
<td>List of tables</td>
<td>xi</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>xii</td>
</tr>
</tbody>
</table>

1. Introduction: Lone or alone? A qualitative study of lone mothers on low income with reference to support in their everyday lives  
   1. Introduction 1

2. Circumstances shaping the lives of lone mothers  
   1. Introduction 14
   2. Social, Demographic and Economic Changes 15
      2.1 Wider demographic changes 16
      2.2 Problems of definitions and categories 17
      2.3 Number of lone mother families 21
      2.4 Ethnicity 21
      2.5 Changing marital status 22
      2.6 Age of mothers and children 22
      2.7 Economic activity 23
      2.8 Maintenance 24
      2.9 Tenure 25
      2.10 Lone parents' reliance on Income Support 26
   3. Policy changes affecting low income households 28
      3.1 Changing income levels 28
      3.2 Changing value of income 30
      3.3 Changing levels of outlay 31
      3.4 Expenditure costs 33
   4. Changing political context 34
      4.1 Lone mother discourse 35
      4.2 Welfare changes: the ‘New Right’ 36
      4.3 Welfare changes: the ‘Third Way’ 38
      4.4 The New Deal 40
      4.5 Supporting families 42
      5. Conclusion 43

3. Literature review: What poverty, support and kinship studies add to our understanding of mothers being lone or alone  
   1. Introduction 45
   2. Review of poverty literature 46
   3. Definitions of poverty 47
      3.1 Poverty definitions 48
4. Inviting women to voice their perceptions and experiences: 
The data collection process and the women involved

1. Introduction
2. Study design
2.1 Lone mother as a sample characteristic
2.2 Lone mother household as a sample characteristic
2.3 Income Support as a sample characteristic
2.4 Pre-school child(ren) as a sample characteristic
3. Methods of data collection
3.1 Focus groups
3.2 Focus group access
3.3 The topic guide
3.4 Analysis of focus group discussions
3.5 Recruitment of interviewees
3.6 Contacting interviewees
3.7 Interview schedule
4. Analysis of individual interviews
4.1 The generating of concepts and themes
4.2 Difficulties of measuring supportiveness
4.3 Grounded theory
5. Ethical considerations
5.1 Confidentiality
5.2 Child protection protocol
5.3 Anonymity in this thesis
6. Personal reflections
6.1 A part of and apart from, being ‘in the field’
6.2 How interviewees felt about the interviews
6.3 Inappropriate questions
7. Socio-demographic, economic and household characteristics
7.1 Focus group participants
7.1.1 Ethnicity
7.1.2 Age of women
7.1.3 Tenure
7.1.4 Years on benefit
7.1.5 Access to cars or vans
7.1.6 Access to telephones
7.2 Individual interviewees
7.2.1 Ethnicity
7.2.2 Age of women
7.2.3 Tenure
5. A lone mother or alone in her mothering?
Perceptions and experiences of ‘lone’ motherhood

1. Introduction
2. Differences and similarities between lone and partnered mothers
   2.1 Resisting negative stereotypes
   2.2 Resisting the ‘scrounger’ label
   2.3 Resisting the ‘babies for flats’ label
   2.4 Resisting the ‘choosing to be lone mothers’ label
   2.5 Resisting the ‘immoral’ label
   2.6 Negative stereotype and mothering
   2.7 Similarities with two parent households
   2.8 Partners supporting lone mothers
   2.9 Partners not supporting lone mothers
   2.10 Experience of support in two parent households
3. An alone or supported lone mother
   3.1 How they referred to themselves
   3.2 What makes life easier
   3.3 Perceptions and experience of sharing care with others
   3.4 The value of support from others
   3.5 Feeling alone in her caring responsibilities
4. Uncertainties in seeking support
   4.1 Perceptions of the importance of coping alone
   4.2 Seeking support from professionals
   4.3 Bad experiences of seeking support from professionals
5. Conclusion

6. A mother on income support or supported income?
Perceptions and experiences of living on a low income

1. Introduction
2. Perceptions and assessment of income level
   2.1 What makes life harder
   2.2 Perceptions of income level
   2.3 Difficulties in assessing income level
3. Experiences of living on a low income
   3.1 Difficulties of caring on a restrictive budget
   3.2 Unmet needs identified
3. The difficulties of exchanging support between lone mothers

3.1 Support alternatives
3.2 Little alternative support
3.3 Grouping women together
3.4 Experiencing support within centres

4. Conclusion

10. Conclusion: Research, policy and practice implications
1. Introduction
2. Methodology
2.1 Research contribution
2.2 Research implications
2.3 Other research limitations
3. Policy
3.1 Level of income
3.2 Family responsibility
4. Practice
5. Conclusion

Appendix I Individual interview schedule (Introduction)
Appendix II Child protection protocol
Appendix III Individual Interviewees' details
Bibliography
<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Recruitment of focus group participants</td>
<td>119</td>
</tr>
<tr>
<td>4.2</td>
<td>Focus group topic guide</td>
<td>121</td>
</tr>
<tr>
<td>4.3</td>
<td>Interview Schedule</td>
<td>128</td>
</tr>
<tr>
<td>4.4</td>
<td>Ethnic origin of women in focus groups</td>
<td>146</td>
</tr>
<tr>
<td>4.5</td>
<td>Age of women in focus groups</td>
<td>147</td>
</tr>
<tr>
<td>4.6</td>
<td>Type of housing tenure</td>
<td>148</td>
</tr>
<tr>
<td>4.7</td>
<td>Length of time on benefit</td>
<td>149</td>
</tr>
<tr>
<td>4.8</td>
<td>Access to transport</td>
<td>150</td>
</tr>
<tr>
<td>4.9</td>
<td>Access to telephone in own accommodation</td>
<td>151</td>
</tr>
<tr>
<td>4.10</td>
<td>Ethnic origin of women in individual interviews</td>
<td>153</td>
</tr>
<tr>
<td>4.11</td>
<td>Age of women in individual interviews</td>
<td>154</td>
</tr>
<tr>
<td>4.12</td>
<td>Type of housing tenure</td>
<td>155</td>
</tr>
<tr>
<td>4.13</td>
<td>Length of time on Income Support</td>
<td>156</td>
</tr>
<tr>
<td>4.14</td>
<td>Access to transport</td>
<td>157</td>
</tr>
<tr>
<td>4.15</td>
<td>Access to telephone in own accommodation</td>
<td>158</td>
</tr>
<tr>
<td>4.16</td>
<td>Number of dependent children living in household at the time of the interview</td>
<td>160</td>
</tr>
<tr>
<td>4.17</td>
<td>Age range of children living in households</td>
<td>160</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Ages of children living in different types of lone mother families 1989-91 (GB)</td>
<td>23</td>
</tr>
<tr>
<td>2.2</td>
<td>Tenure: by family type, 1995-96</td>
<td>26</td>
</tr>
<tr>
<td>2.3</td>
<td>Number of lone mother recipients of Income Support by age</td>
<td>27</td>
</tr>
<tr>
<td>4.1</td>
<td>Number of women involved in each data collection method</td>
<td>117</td>
</tr>
<tr>
<td>4.2</td>
<td>Number of women involved in the individual interviews</td>
<td>127</td>
</tr>
<tr>
<td>5.1</td>
<td>Biological father's contact with household</td>
<td>171</td>
</tr>
<tr>
<td>5.2</td>
<td>Support givers to lone mothers in study</td>
<td>178</td>
</tr>
<tr>
<td>7.1</td>
<td>Number of women in study with access to cars and phones</td>
<td>216</td>
</tr>
<tr>
<td>8.1</td>
<td>Support components identified by individual interviewees</td>
<td>241</td>
</tr>
<tr>
<td>8.2</td>
<td>Number of elements of support identified by individual interviewees</td>
<td>244</td>
</tr>
<tr>
<td>8.3</td>
<td>Number of women identifying the most important type of support</td>
<td>246</td>
</tr>
<tr>
<td>9.1</td>
<td>Number of women perceiving other lone mothers as supportive</td>
<td>267</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td></td>
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<td>ahc</td>
<td>Another Household’s Car</td>
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<tr>
<td>ALC</td>
<td>Achieving Lifestyle Change Data Set</td>
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<tr>
<td>BCC</td>
<td>Birmingham City Council</td>
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<td>CSA</td>
<td>Child Support Agency</td>
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<td>DfEE</td>
<td>Department for Education and Employment</td>
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<td>DSS</td>
<td>Department of Social Security</td>
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<td>FC</td>
<td>Family Credit</td>
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<tr>
<td>FG</td>
<td>Focus Group</td>
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</tr>
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<td>GHS</td>
<td>General Household Survey</td>
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</tr>
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<td>ICT</td>
<td>Information &amp; Communication Technologies</td>
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<td>IS</td>
<td>Income Support</td>
<td></td>
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<tr>
<td>NACAB</td>
<td>National Association of Citizens Advice Bureaux</td>
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<td>NACUW</td>
<td>National Association of Credit Union Workers</td>
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<td>NCB</td>
<td>National Children’s Bureau</td>
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<td>NCOPF</td>
<td>National Council for One Parent Families</td>
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<td>NFCA</td>
<td>National Foster Care Association</td>
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<td>ONS</td>
<td>Office for National Statistics</td>
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<td>OPCS</td>
<td>Office of Population Censuses &amp; Surveys</td>
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<td>R</td>
<td>Respondent (in focus groups)</td>
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<td>RCT</td>
<td>Randomised Control Trial</td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td>Value Added Tax</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER ONE

INTRODUCTION: LONE OR ALONE? A QUALITATIVE STUDY
OF LONE MOTHERS ON LOW INCOME WITH REFERENCE TO
SUPPORT IN THEIR EVERYDAY LIVES

“We’re not all exactly the same. Everybody’s got a different case ..”

(Ellen)

The aim of this research is to invite women to voice their perspectives and experiences of what support means in the context of low income and as mothers living on their own with pre-school children. These aims are addressed through a literature review and primarily through an empirical study. The study will show that the qualitative difference between being a lone or an alone mother is how accessible and available support is to them. It will also illustrate how ‘support’ can interact in their day to day living to affect the quality of their children’s and their own lives.

In undertaking the research I was conscious that I, a mature woman who had not had any children, would be interviewing younger women and asking them about how they cared for their children. In an attempt to bridge this gap I introduced myself as a mature student and in a humorous way explained that, as I was not a mother myself, it was my good excuse if I asked, what seemed to them, to be stupid questions. This was followed, on
a more serious note, by highlighting how I was asking them to share their experience and expertise with me. Although no-one made reference to my childlessness, my age and student status was commented upon on occasions. One woman, responding to how she had felt about being a participant in the study, said:

"Actually I've enjoyed it .. It's nice to know that women of your age, (laughs) well you know what I mean, .. that you're not stuck up. I was thinking all kinds of thoughts .. stuck up and don't know what life's about .. [instead] .. you're [an] ordinary woman .."

An unspoken part of this perception of my ordinariness may have been because I travelled by 'public' transport:

<table>
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<tr>
<th>Interviewee</th>
<th>&quot;.. I saw a four wheel drive there in the car park and I thought, that will be it. It'll be the researcher's car.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo</td>
<td>&quot;And it isn't. (laughing)&quot;</td>
</tr>
<tr>
<td>Interviewee</td>
<td>&quot;It isn't, no. (laughing)&quot;</td>
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</table>

How "had I come?" had been asked on a few occasions, whilst two women walked me back to the bus stop as it was on the way to where they bought their meter tokens. This provided the opportunity for one woman to show me why the children could not play safely out of doors and for the other to point out the doctor's closed surgery which meant a twenty minute walk to the new health centre.

The research was sponsored by an ESRC Industrial Collaborative Studentship between Barnardo's and the University of Warwick. My own
life jigsaw may be obscured by this perception of ordinariness, yet, my interest in the research focus stems from a biography combining all manner of family, work and academic experiences. In the mid 1950s, at the age of five, I travelled with my parents and sister to settle in England as Irish economic immigrants. Our journey meant being separated from the majority of our close kin, including grandparents. However, we were assisted by a small number of relatives, who had made the same passage some years before. They housed us and helped my parents find paid work.

Through my work experience, moving in and out of unqualified positions, as a clerical worker, youth worker, a volunteer organiser, community worker and later as a qualified research assistant I saw and heard how the practical and financial support given by family assisted women on low income to care for their children. I also saw and heard of the violence and abuse which may be eclipsed by uncritical celebrations of 'family life'. It was these experiences which alerted me to and rooted me in my working class background. Entering further and higher education as a White, mature and able-bodied woman in a heterosexual relationship prompted me, in relation to my own circumstances and that of others, to think about and reflect on patterns of power, poverty and inequality. Moreover, I was challenged to consider the complex relationship of how social categories of and between gender, ethnic, sexual, differing mental and physical abilities as well as class relations, used to define and explain, were contestable and socially variable.
Thus my understanding of the material and structural was sharpened by the imperative to acknowledge people's own individual experiences, definitions and meanings. Yet for me such recognition of agency and meaning also demanded a recognition of the wider socio-economic and political landscape in which people live their lives, create their strategies and negotiate the terrain they inhabit. I try to draw on all these aspects to develop the conceptual framework for this research beginning with the three interlocking trends which form the background to the study.

These trends are firstly, the social and economic changes taking place in Britain; secondly, the policy changes affecting lone mothers and thirdly, the identification of kinship networks as the appropriate resource for families in need of support. It is these three trends which form the context to my research and are the focus of Chapter Two of the thesis.

The data presented in Chapter Two will indicate the continuing increase in the numbers and proportions of lone mothers among all families with dependent children in tandem with the increasing number of lone mothers reliant on Income Support (IS). The discussion on policy changes in social security and taxation, alongside a broader swathe of policies including the privatisation of utilities, will illustrate the effect of a widening of inequalities in living standards between rich and poor families. It is the disproportionate impact that such policies have on low income and lone
mother families which is emphasised. It is shown that the shifting boundaries between public and private responsibility is visible in the changing political context at the time of this research. The previous Conservative governments' aim to reduce financial dependency from the state onto self or family is also shown to be evident in Labour government policies. However, state responsibility is increasing in terms of creating provision for child care, subsidising its cost to parents and topping up wage levels for those working more than sixteen hours. These changes are the incentive for lone mothers to take-up paid employment. Chapter two illustrates that lone mothers on IS need other households to assist them to meet the extra and increasing costs of living created by the state's continuing privatisation and restructuring policies. These issues set the context for the literature review in Chapter Three.

The literature review concentrates on the three areas of poverty, support and kinship research. It will show that, although having a separate focus, the studies in each area underline the need for lone mothers to have resources around them to mediate the demands of their caring role. They also confirm that it is the lone mother's mother, if willing and able, who is the most significant person in mediating their caring responsibilities. The literature review also includes studies which indicate that the level of income on state benefit is inadequate to meet the needs of lone mothers and
their children. Without other resources to assist, lone mothers are likely to experience deeper poverty and more pronounced social exclusion.

The support literature finds, firstly, that it is women in the greatest economic hardship who have the least support available to them. Kinship studies verify the importance of the lone mother's own mother, particularly if she is reliant on low income. These same studies also indicate that if her mother is not available then alternatives, whether kin or friends, are also less accessible. It is when these three areas of study are considered together that the circumstances of lone mothers who are also alone starts to be revealed. The combination of the areas of study suggests a cumulative effect, in which, if mothers lack support to moderate their poverty, their predicament is compounded. It is this cumulative effect reinforcing their poverty in material and social resources which appears understated and is at the essence of this thesis.

Secondly, along with this inter-relationship, the contextual and literature review chapters indicate how women's lives can be forced into categories and concepts out of line with those that lone mothers use to identify themselves and capture their experiences. Thirdly, both chapters also indicate that the changing terrain of the economic, political and privatised context of welfare, utilities and social life appears to be having a complex and dynamic impact on individuals and groups. It is this impact, in terms
of inequalities and divisions in women's everyday lives, which need releasing from the categories to unearth their experiences.

Chapter Four illustrates how I sought a method of data collection which would assist my aim of inviting women to voice their perceptions and share experiences, as lone mothers on low income and caring for pre-school children, on what support meant within their lives. The chapter shows the involvement of the participants in contributing to the formulation and analysis of the research questions and findings. The methodological issue of the limitation of quantitative data using proxy measures for standard of living and the role of qualitative data in giving a wider picture of what access to cars and phones might mean in practice is raised. It is discussed further in Chapter Seven. I also reflect on the possible impact I as a researcher was having on the women in inviting them to be involved.

Chapter Five focuses on the women's perceptions and experiences of being lone mothers. Here my data appears to contribute to other studies by illustrating how a key, but understated, distinction between mothers is whether they are lone mothers or alone lone mothers. It is having people resources to mediate their caring responsibilities which appears paramount. The chapter illustrates how the negative stereotype of lone mothers, particularly prevalent at the time of the research, was rejected by the participants, although it may affect how they feel about their mothering.
highlights how social resources can make a significant difference to their lives. It is this difference which provides the framework for the rest of the thesis; whether they are a supported lone mother or an alone lone mother in caring for their children. An inverse relationship is identified, for it is the more alone mothers who are more likely to seek, in the absence of informal resources, more formal support networks. It appears however, that in the very act of wanting, or receiving this formal support so that they can cope, they may be deemed bad mothers or mothers who are not coping and so fulfil the very stereotype they are trying to avoid. What is illustrated is that it is harder to access support if alone and this in turn affects their experience of lone motherhood and their family's quality of life.

Chapter Six reveals additional layers to this complex pattern. It indicates that it is those with people resources to mediate their aloneness as 'lone' mothers who are more likely to be receiving material assistance in mediating their (unmet) needs. The inadequacy of IS is evident in the literature review and reaffirmed by the perceptions and experiences of the participants in this study. This inadequacy is the material base of the mother's lives and one that makes support so central in meeting the material needs of the family. The more supported mothers make clear the crucial difference which having this material support makes to their lives. It is these testimonies which help expose the difficulties and hardship for those who do not have this or any level of assistance. Thus, again, women who are more
disadvantaged in their social resources are also more likely to be
disadvantaged in terms of their access to material support. However,
apparent in this and other chapters is that the majority of women in this
study experience varying degrees of support. A few women are very well
supported; a few have little support to call on. However, most are in a
more ambiguous and dynamic relationship with their sources of support: it
is intermittent rather than constant or secure. That this disjointed nature of
support can be problematic is particularly evident when contact with support
networks is considered.

A prerequisite of support is not only its availability but the ability to make
contact with its possible givers. What is revealed in this study is that
income and resources which supplement that income, structure access to
support. This is the theme of Chapter Seven of this thesis. Means of
communication are pertinent to my study as the women, living without
another adult in the household, have to cross household boundaries for
support. The importance of this social and material support is already
evident in the previous chapters. The data confirm that access to phones
and transport can be a more sensitive indicator of the women's quality of life
than their level of income might suggest. However, the findings of this
small scale study also raise questions about the sensitivity of cars and
phones as proxy measures of poverty and exclusion. What is shown is that,
because of the importance of access to the means of communication for
meeting health and social needs, women prioritise access to communication assets. The data show how having access to a car and the acquisition and maintenance of a fully, or partially functioning telephone, can indicate a low rather than high standard of living. What is illustrated is that settings of material hardship require support. However, material hardship itself may also restrict being able to make contact with sources of support. In addition, the households turned to for extra support may themselves have similar material, financial, time and communication constraints. Thus the quantity and quality of support they can give may be limited. What this 'support' actually represents is the theme central to Chapter Eight.

Chapter Eight highlights the effectiveness and benefits of elements already present in some women's lives and how these act as a gateway through which other forms of support are accessed. In asking women themselves what 'support' means, or which is the most important to have, difficulties in prioritising any one element is evident. What is illustrated is the interaction and impact which varying support components can have on each other. Breaks away from child-care are shown as a form of support which is particularly pivotal to other support access. Its need and value, although acknowledged as being in the interest of the women, is also emphasised as benefiting their children. This is because through such breaks women can replenish their strength and reserves as mothers and thereby continue the care-taking of, and the care-giving to, their children. This chapter goes on
to unveil that those women with little or no possible 'time-out', were also the mothers who found it hardest to access other components of support, illustrating their multiple disadvantage. It is these women, who faced the greatest difficulty in accessing support, who may also find it most difficult to meet the social and health care demands of the household. In the absence of other alternatives, they may attempt to avail themselves of formal support to assist them in their caring role. Nevertheless, they do so anxious that they may be judged by professionals as not coping, whilst their strategies may be deemed as inappropriate or illustrative of a mother lacking parenting or budgeting skills.

Chapter Nine concentrates on the shared identities of lone mothers. However, whilst perceptions of sameness are expressed, what is illustrated is the difference of experience, because of the greater or lesser need to be reliant on each other for some, most or all of their support needs. The majority of lone mothers in this study agreed that other lone mothers were supportive because they understood the hardship and difficulties of being a lone mother. Again, using mainly child-care breaks as the example, it is shown that it is the more alone mothers, with the least, or most difficult access, to other sources of support, who became most reliant on the mutual support of other lone mothers. In reality this suggests that in a setting of material hardship, whether as individual friends or in group settings, some women are looking to other women as sources of support who are
themselves restricted by their own lack of resources. Whilst I therefore show that such exchange of assistance simultaneously acts as a support, it may be restrictive in its overall benefit. I suggest that the support which is exchanged is, in effect, out of proportion to their own meagre resources. This raises questions about the individualised solutions considered by professional workers and policy makers: that just bringing women with their children together as a form of self-help or promoting active citizens and communitarianism responsibilities is adequate as a support intervention.

The final chapter seeks to draw from the themes, data and analysis of the previous chapters indicators to help gauge possible future research, policy and practice. In conjunction with quantitative research, qualitative studies are emphasised as a way to view the more complex interactions of economic and socio-political influences in the social lives of individuals and families. It is these studies which can assist voluntary and statutory agencies who seek to meet the needs of their users and communities. The power implications which this may hold for those invited to be involved is also acknowledged along with the shortcomings if particular groups within communities are not involved. Policy implications are also addressed. From the findings of this research, it is the levels of benefit as well as implicit assumptions that lone mothers' families can and will support them which is found to be wanting. Policy fails to address the multiple deprivation which women face if their families cannot or will not support
them. It is not just that they lack support but that their lives are also qualitatively different because they lack that support. This in turn is shown to have implications for practice. Because some mothers do not have others to turn to, not only are their lives qualitatively different, but the formal support they may receive is also different, and maybe qualitatively so, to the support women would get from family. My study suggests that what is significant is the ways in which the lone mother's mother mediate her aloneness. The challenge for those involved in practice is how formal support can replicate that crucial informal support.

This introductory chapter has set the framework for this thesis. The next chapter sets the scene for the thesis itself.
CHAPTER TWO

CIRCUMSTANCES SHAPING THE LIVES OF LONE MOTHERS

"I don't know how you explain a normal family, but they have problems just like us. But they're not labelled for being a family. We're labelled for trying to make a family."

(Frances)

1.

INTRODUCTION

This research is set against broader demographic, socio-economic and policy changes which are affecting the lives of lone mothers caring for pre-school children on low levels of social security. Divided into three main sections, the chapter provides an overview of these changes as a background to the thesis. Firstly, it reviews the social, demographic and economic changes that are taking place in Britain, and in particular the increase in the numbers of lone mothers and the increase in their reliance on the social security system.

The second section focuses on policy implications for those on low incomes and on state benefits in particular. Changes in social security and taxation policies alongside the policy and practice of public services and private companies are considered. As a result of the interplay between socio-economic trends and these policy changes, there has been a widening of inequalities in living standards of rich and poor families and the prevalence of lone parents among these poor families is widely acknowledged.
Thirdly, an overview is given of the continuing political context of the policy changes taking place. It identifies a negative discourse on claimants, particularly where it relates to lone mothers. It also illustrates the aim to shift the dependency of IS recipients from the state and onto family members. The initiatives of the Labour government to support lone mothers in undertaking paid work is also presented. However, it is argued that lone mothers who, for whatever reason, cannot take up employment may become further disadvantaged in relation to those who can respond to work initiatives. Also identified is the expectation that ‘grandparents’ can and should be involved in the support of their children and grandchildren. Yet, policies based on wider family support, assume that family is present, able and willing to give this support.

2. **SOCIAL, DEMOGRAPHIC AND ECONOMIC CHANGES**

This first section describes the trends and patterns of change in families and households, particularly those of lone mothers. Lone motherhood is not a new phenomenon (Anderson 1994; Gibson 1994). What is new is the number and proportion of lone mother households resulting from births outside marriage and from separation and divorce. The section will begin with a discussion of these demographic changes, noting some of the problems of definitions and categories within the lone parent quantitative and qualitative data.
2.1 Wider demographic changes

Whilst the growth of one parent families sets the context for my study, it is important to acknowledge that this trend is part of wider changes. The sharpest growth in demographic terms is the number of people living on their own. Also, with the decreasing proportion of households with children, the increase of children in one parent households is magnified (Maclean & Eekelaar 1997).

Another significant change is identifiable in employment trends. A notable shift is evident in the decline in the number of families living on a male income only: today three in five married couples with dependent children have both adults in employment (Pullinger & Summerfield 1997). The woman in employment tends to retain a full-time or three-quarter time role of home and child carer or carer to others who are older, sick or disabled (Brindle 1998c). The “vast majority of women ... work in segregated, low-paid, part-time jobs, because average families need a second wage” (Franks 1999 cited in Milne & Elliott 1999). In one in four two-parent households, at least one parent, regularly undertakes paid work in the evenings. Women from two parent households with children are fifty percent more likely to be in paid employment in the evenings and one in three of all economically active women work some or most Sundays (Milne & Elliott 1999). These patterns suggest the difficulties which lone mothers may face if having to combine the role of mother, housekeeper and worker.
The state’s implicit and sometimes explicit attitude to the work roles of lone mothers has changed over time. The poor law tended to define them as workers; the 1948 national insurance provision as mothers, whilst the Finer Report in the 1970s advocated the mother’s own choice (Kiernan et al. 1998). The seemingly neutral stance of non-government intervention in women’s decisions to go out to work in the 1980s and 1990s (Fitzgerald 1983; Lister 1994) changed as concerns grew about the increase in the numbers claiming IS. Government policies sought to reduce the role of the state through a ‘package’ of income contributions involving men through the Child Support Act and via the market by extending incentives to those working part-time and in receipt of Family Credit (FC) (Millar 1992; Kiernan et al 1998). The 1997 Labour Government’s policies of ‘helping lone mothers to help themselves’ in their New Deal welfare to work programme (Green Paper 1998a) and the national child-care strategy (DfEE 1998) again views lone mothers as potential workers. Thus it is important that my focus on the characteristics and socio-economic circumstances of lone mothers should not be seen or be taken out of context of other important and wider trends which frames the situation of the lone mother. My particular concentration on lone parent data brings with it difficulties in definition and classification.

2.2 Problems of definitions and categories
Firstly, definition remains a major problem in operationalising a
categorisation of family types. Secondly, statistics can ‘solidify’, draining
women’s lives of their meaning. National data use the Finer (1974)
definition of a one-parent family used for official purposes: ‘A mother or a
father living without a spouse (and not cohabiting) with his or her never-
marr ied dependent child or children aged either under 16 or from 16 to
(under 19) and undertaking full-time education’. This definition is framed
by the official statistics using marital status as their classification categories.
A number of difficulties emerge from this definition which are again
relevant as a backdrop to my study on lone mothers.

Firstly, marital status as a classification means that marriage and
heterosexuality are the benchmarks which underpin family definitions (Dale
& Marsh 1993; Graham 1993a). Also, as changing family relations have
been acknowledged at varying times by different data sources, marital
classifications have been extended. Therefore, definitions can vary
between these sources, change over time within them (Dale & Marsh 1993;
Alert 1998) and be understood differently by respondents (Haskey 1994).
In addition changing formation of family relations themselves can then
effect the categorisation of a woman’s marital motherhood. For instance,
Burghes with Brown (1995) suggest a relationship between the women in
the past whose pregnancies lead to ‘shotgun weddings’ and which now leads

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1 Cohabiting was recognised by the General Household Survey in 1986, the Labour Force
to cohabitation. Whilst the break-up of the former resulted in the growth of separated and divorced parents in the 1970s and 1980s, the latter are now counted within the increasing numbers of single lone mothers.

Another difficulty with categories of marital status is that they fail to capture the complex and dynamic process of lone motherhood and consequently are not necessarily ‘good indicators’ of routes into lone parenthood (Jackson 1982; Bradshaw & Millar 1991), and have the potential for misrepresenting women’s experiences (Ford et al 1995). The use of ‘single, lone mother’ as a classification exhibits ‘more diversity than any other category of lone parent’ (Burghes with Brown 1995: 5). Age is one such diversity (Phoenix 1991; Rhode & Lawson 1993). Difference of experience is also identified between those women separating from marriage or from a cohabiting relationships (Leeming et al. 1994), as well as between, the single never married who are separating from cohabitation and those who have never lived as part of a couple (McKay & Marsh 1994). Yet, despite these refinements pathways into motherhood can still hide the experiences of parenthood.

Ford et al. (1995) find that women separating as a couple may do so before the birth of the child and therefore ‘brought up their children entirely without a partner’. On the other hand, Burghes with Brown (1995) find that not cohabiting did not mean not having a relationship and as in
Phoenix's (1991) study, being a single lone mother did not mean their children were being raised alone. These examples illustrate how labels of marital status 'should not be taken to mean more than they do' (Burghes with Brown 1995: 30).

Qualitative studies can be better than quantitative ones in capturing lone mother's dynamic and complex domestic arrangements. The presence of two adults, one male and one female, living in a household together does not guarantee either financial or emotional support (Pahl 1985 & 1989; Phoenix 1991; Shaw 1991) or a share in the parenting responsibility (Phoenix 1991; Gill 1992; Baylies 1996). Such households may instead be a place of ill-health or abuse (Healey 1994; Mullender 1997). Yet, some mothers, who choose to live alone (Morris 1992; Roseneil & Mann 1996) or separately from their children's father (Phoenix 1991; Bryan 1992; Mirza 1992) may find parenting being shared whilst the woman remains officially classified as a lone mother. Shared parenting may also extend across households where economic, housing and employment factors prevent nuclear family formation (Hills & Mullings 1990; Phoenix 1991; Burghes with Brown 1995).

While accepting the argument that it is vital to attempt to 'peel' away the layers of statistical data to consider what lies beneath them, it is also important to recognise that there is a growing number of lone mothers and
that marital status provides a useful guide to important differences in their circumstances.

2.3 Number of lone mother families

Data on family formation show that there has been a profound change in household patterns particularly in the numbers and proportions of lone mother households since 1971. Lone parent families represent over one in five (22%) of all families with dependent children whereas, in 1971 and 1986 the proportions were one in twelve and one in seven respectively (Haskey 1994 & 1998a). In 1995, one in five (2.7 million) dependent children were living in one-parent families (Haskey 1998a).

‘Best estimates’, from the 1991 Census and updated using other sources of data, suggest the number of one-parent families in Great Britain for 1994 as 1.5 million, with ‘provisional best estimates’ for 1995 and 1996 as 1.56 million and 1.6 million respectively (Haskey 1998a). ‘Virtually all’ the increase in one-parent families since 1971 can be attributed to the growth of lone mother families. With approximately seven lone mothers to each lone father in 1971, the ratio had risen to fourteen lone mothers for every lone father by 1994 (Haskey 1996).

2.4 Ethnicity
While the majority (92%) of lone mothers are White, lone mother households make up a larger proportion of families in Black communities. White lone mothers represent 17% of all White families with dependent children whereas for ‘Black-Caribbean; Black African and Black Other’ the lone mother percentage is 51%; 40% and 55% respectively. Lone mothers represent 7% of Indian; 9% of Pakistani; and 8% of Bangladeshi families (Haskey 1997).

2.5 Changing marital status

The fastest growing ‘marital’ group since 1986 and now representing the largest percentage of all lone mothers is the women defined as ‘single’ (i.e. never married) lone mother (Haskey 1998a). The single mother accounts for 38% and the divorced for 34% of all lone mothers. Divorced lone mothers were the largest sized marital status group up until 1991, as widows, both numerically and as a proportion of all families declined (Haskey 1991a & 1998a). Those separated (from marriage) now account for an approximate 24% of lone mothers.

2.6 Age of mothers and children

Single mothers are younger than other categories of lone mothers. Ten percent of all single lone mothers are in their teens and nearly forty percent

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2 As patterns and prevalence of lone mothering and marrying differs between ethnic groups (Heath & Dale 1994a) this age analysis and the corresponding age profile of children may not reflect the Black lone mother’s ‘marital’ status.
are aged between 20 and 24 years of age. Haskey (1996) estimates that ‘over 8 in every 10’ lone mothers in their teens and early twenties are single whereas the majority of separated and divorced lone mothers are in their thirties and early forties. It is the separated and divorced who are more likely to have older dependent children (Table 2.1).

Table 2.1 Ages of children living in different types of lone mother families, 1989-91, (GB).

<table>
<thead>
<tr>
<th>Type of lone mother family with dependent children</th>
<th>Child's age 0 - 4</th>
<th>Child's age 5 - 9</th>
<th>Child's age 10 - 15</th>
<th>Child's age 16 - 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>63%</td>
<td>25%</td>
<td>10%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Separated</td>
<td>28%</td>
<td>35%</td>
<td>27%</td>
<td>4%</td>
</tr>
<tr>
<td>Divorced</td>
<td>15%</td>
<td>30%</td>
<td>37%</td>
<td>9%</td>
</tr>
</tbody>
</table>

GHS cited in Haskey 1993: table 5

This age structure, which finds both single lone mothers noticeably younger and with the greater likelihood of having younger children to care for, is also seen to create a greater constraint on their economic activity.

2.7 Economic Activity

The proportion of economically active lone mothers has decreased and it is the younger as well as the single lone mother who is less likely to be in employment. In the period 1980 to 1994, the proportion of economically active lone mothers decreased from 50% to 40%. By contrast, from the 1970s to the 1990s, there was a rise from 25% to 50% for married women with young children entering employment (Kiernan et al. 1998; Brindle

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3 Both quantitative and qualitative research on lone mothers predominately feature White ethnic women so figures hide differences between ethnic groups. African-Caribbean and Asian lone mothers with young children are more likely to be in full-time work (Monk 1993: 23).
Differences in economic activity between women can be seen by marital status and age.

The 1994 figures show that one in two divorced mothers are in paid employment compared with ‘fewer than one in three single lone mothers’ (Haskey 1998b: 40-41). The economically active single women are more likely to give up work whereas the ex-married women are more likely to stay in paid employment (Brindle 1998c).

The age profile, which shows younger mothers less likely to be in employment than older mothers, is a pattern to be expected as it is the former who are more likely to have younger children. It is mothers with young children, regardless of marital status, who are the least likely to be in full-time work. Among the ‘mixture of constraints and opportunities’ shown to affect the economic activities of lone mothers, one dominant feature is identified: having a child under five years of age (McKay & Marsh 1994; Ford et al. 1995 & 1998). With most lone mothers not in employment and for those who are in paid work (six out of ten) reliant on part-time wages (Kiernan et al. 1998), they need other sources of income to meet their children’s and their own health and welfare needs.

2.8 Maintenance
It is the single lone mother, particular those dependent wholly on IS, who are less likely to receive income maintenance or more likely to receive irregular payments. With less than one in three lone mothers receiving regular contributions, the divorced mother is the most likely to receive maintenance (Bradshaw & Millar 1991; Ford et al 1995). Among the reasons given by women for its absence, the largest percentage (31%), believed that the father could not afford it (Ford et al 1995). Ford et al (1998) from a 1991 cohort of 625 lone parents finds that, of the one-third of those with Child Support Agency (CSA) contact, by 1995, one in five had zero rated assessments. Even without men’s financial maintenance of children, since the 1970s particularly, the single lone mother has become increasingly visible by ‘living autonomously’ (Kiernan et al 1998: 5).

2.9 Tenure

During the 1970s and 1980s, lone mothers have increasingly formed their own household, with ‘almost nine in every ten’ living alone with their dependent children’ (Haskey 1991b).

Data show that, in 1974, 36% of single lone mothers were living on their own compared to 73% by 1989 (Haskey 1991b). With lone parent families more likely to live in terraced housing and twice as likely as couples to be in flats or maisonettes the pattern of tenure sector between families with dependent children is particularly marked (Table 2.2).
Table 2.2 Tenure: by family type, 1995-1996

<table>
<thead>
<tr>
<th>Family Type</th>
<th>Owner-occupier</th>
<th>Rent - social sector</th>
<th>Rent - private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married couples</td>
<td>79%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Cohabiting couples</td>
<td>55%</td>
<td>36%</td>
<td>10%</td>
</tr>
<tr>
<td>Lone Parents</td>
<td>37%</td>
<td>52%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Living in social housing, the residual housing sector, has a strong relationship with living in hardship, even when lone mothers are sharing accommodation with others (McKay & Marsh 1994). In some geographical areas housing and environment conditions are of poor quality and has, as a consequence, detrimental affects on the health and safety of children (Roberts et al. 1993; Barnardos 1995; Speak et al. 1995).

As shown above, there are a growing number of lone mothers who are responsible for and carers of the health and welfare of a growing number of children. Also evident is the growth in the number of mothers who are reliant on IS to carry out that responsibility.

2.10 Lone parents’ reliance on Income Support

The DSS Annual Statistics 1991 show that, of those households with children in receipt of IS, the majority are headed by lone parents:

'Two-thirds of families living on Income Support are lone parents and two-thirds of lone parents are on Income Support at any given time'

(McKay & Marsh 1994: 1)

It is the contrasting ten percent of couple households receiving IS which illustrates the greater reliance of lone parents on this state benefit (Pullinger
The number of lone parents in receipt of IS rose from 368,000 in 1981-82 to 1,060,000 for 1995-96 (Pullinger and Summerfield 1997). The age distribution of the majority of lone mothers in receipt of IS in 1996 is shown in table 2.3.

Table 2.3 Number of lone mother recipients of IS by age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of lone mother recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - 19</td>
<td>38,000</td>
</tr>
<tr>
<td>20 - 34</td>
<td>678,000</td>
</tr>
<tr>
<td>35 - 49</td>
<td>323,000</td>
</tr>
</tbody>
</table>

Source: DSS 1997

What is evident from the late 1970s onwards is the increase in the number of households with children being reliant on means-tested benefit. This has been part of a widening of inequalities between the living standards of the rich and poor⁴ so that poverty affected nearly one in three children by 1991 (e.g. Barnardos 1995; Kumar 1993; Oppenheim and Harker 1996; Graham & Blackburn 1998). Current (1995-1997) DSS figures show that the gap between the incomes of rich and poor have again widened (Brindle 1998b).

Having mapped the demographic and socio-economic context of lone mothers’ lives in the UK, I will now review research which considers how changes in state and private policy affect their lives. Research illustrates the particular impact policy and practice of both the state and private

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⁴ Social divisions are reflected within material circumstances, so for example, having a disabled child means a greater risk of financial hardship (Beresford 1994) and of marital breakdown (Baldwin & Carlisle 1994). Black people and those from other minority ethnic groups are more at risk to those factors which result in reliance on safety net benefits (Oppenheim & Harker 1996; Butt & Box 1998) and found to have a lower rate of take-up (Sadiq-Sangster 1991; Graham 1995).
companies have and continue to have, on those who, like the majority of lone mothers, are dependent on low income.

3. POLICY CHANGES AFFECTING LOW INCOME HOUSEHOLDS

This section considers policy changes which have affected the living standards of low income households, particularly lone mother households on Income Support.

3.1 Changing income levels

The level of benefit for claimants, including lone mothers, to meet their families’ health and welfare needs has been reduced by specific social security changes. In particular, (i) the areas of expenditure for which benefit incomes are expected to cover has been increased and (ii) more recently, for newly registering lone parents’ entitlement levels of IS and FC have been cut.

Responsibility for paying 20% of the Community Charge\(^5\) and the whole of the water rates was transferred to claimants in the late 1980s (Walker 1993). Notional sums added to benefit levels to meet these extra payments were based on average rates without taking account of regional variations. However, the higher ‘poll tax’ rates were charged in the poorer areas where

\(^5\) The current Council Tax does not have the same 20% liability payment.
the claimants were more likely to live and it was the water, of all the
privatised industries, whose charges rose the most steeply (Kempson 1996).
In Kempson et al.'s (1994) study, the Community Charge was the most
common (over 50%) arrears for the families. In addition, water rates
became one of the main debts debited directly from IS payments escalating

The implementation of the 1986 Social Security Act in 1988 introduced the
Social Fund. This replaced Single Payments, a non-repayable grant to
meet 'one-off' needs which could not be met from regular IS payments.
Thus the level of benefit, which had previously been considered not
adequate to cover these items, was now expected to do just that. The
Social Fund became generally available as a discretionary loan, repayable
by direct debit. DSS offices' own cash limits, or assessments of claimants
being too poor to repay the loan (Graham 1993a; Walker 1993; Kempson
1996), resulted in smaller amounts lent or refusals being made outright.
Thus unmet needs remained unmet or, although interest free, the weekly
income was reduced through repayment of the loan being directly deducted.
Inevitably an extra financial strain is felt on a limited budget with, for
example, a level of re-payments in 1991 averaging £5.53 per week (Speak et
al 1995).
Levels of income have been further reduced for newly registering lone mothers as the Lone Parent Premium and One Parent Benefit has now been stopped. For those currently in receipt of these benefits levels remain frozen.

3.2 Changing value of income

The change in the mechanism for uprating benefit rates has also reduced the relative value of benefits and widened the gap between the income of claimants and the average earnings of those in employment. Benefit levels and Child Benefit increases used to be uprated in line with average earnings; now they are linked to the cost of living Retail Price Index, where price levels have risen more slowly than wage levels (Kempson 1996). The 1997-98 Labour government has retained the use of the Rossi Index\(^6\) so that safety net benefits for April 1999 will rise by 2.1% compared with a possible 5% if linked to earnings (Brindle 1998a). So even with benefit increases those not in employment and reliant on state benefit, as in past years, continue to fall behind.

The outcome of these policy changes is to cut the disposable income of those reliant on IS. Furthermore, other policies, although not targeted at claimants, have indirectly added to the difficulties of caring on a low income.

\(^6\) This index tracks general price rises excluding housing.
3.3 Changing levels of outlay

It is because claimants are on low income that some policy changes have affected their level of expenditure in a differential and in a disproportionate way. The increase of Value Added Tax (VAT) on fuel illustrates this, as well as illuminating how low income budgets are further compounded by the policies of both the state and private companies.

Fuel outlay is one area which provides a flexible strategy of economising when money is scarce (Graham 1993a; Dowler & Calvert 1995; Kempson 1996). Increasing VAT on fuel increased the cost of a product which is used to control and cut expenditure by those on limited budgets (Kempson 1996; Drakeford 1997). Budgeting on a weekly cash basis generally restricts payment to small and frequent outlays. Yet, utility company’s assess such payments as incurring high administrative costs to be passed back to the consumer. With reductions given to direct debit payees, the cost of fuel is higher for those with lower incomes (Kempson 1996).

Fuel provision, whilst vying for a high priority status, can also be an area of financial manoeuvrability as meters allow for the ‘choice’ to self-disconnect or ration. Any debts incurred result in differing ‘choices’ of settling that debt. One method is for the payment to be taken directly out of state benefit, thereby reducing the money to spend on further fuel, or other
essential requirements. Alternatively, the arrears can be added to meter charges which therefore increase the price of the current consumption of fuel (Kempson 1996; Speak et al. 1995). This means less money for other purchases. Qualitative studies show the rationing of energy and self-disconnection are ‘particularly prevalent when the calibration is set high to recover a debt’ (Ernst 1994: 145). Thus disparity is evident for the poorer as pre-payment meters carry higher standing charges and sometimes higher unit charges.

In addition, extra financial, time and opportunity costs may be incurred in purchasing meter tokens. The purchase of fuel tokens incurs other costs as women, who are ‘time poor’ (Turner et al. 1998) through the disproportional level of household tasks undertaken to control budgets (Graham 1993a) have their time constraints further exacerbated because of reliance on poor quality ‘privatised’ public transport (Pickup 1988; Turner et al. 1998). Transport provision and cost disadvantage is also linked to limits on women’s opportunities for employment, family contact, leisure and shopping (Beuret 1991) as well as restricting health care access (Pearson et al. 1992; Westlake & Pearson 1995). Further, research which highlights the management of family budgets illuminates how being poor limits access to the most expensive means of purchasing or borrowing (Graham 1993a; Kempson et al. 1994).
3.4 Expenditure costs

For the low income household, weekly budgeting and cash transactions mean that the cost of food and the credit to fill the gaps created by the difference between their income and expenditure needs costs more than for families with higher incomes.

Food is an outlay which also provides a flexible strategy for economising. Regular and frequent shopping is identified as a necessary strategy enabling money to be ‘saved’ for unexpected demands or controlling the quantity of food eaten over a week (Walker & Dobson 1995), which by implication eliminates cheaper bulk buying.

Credit, which for low income families is used to meet their existing financial commitments, gives cash flow flexibility and enables the purchasing of essential items. It tends to derive from mail order catalogues, check-traders and legal and illegal moneylenders. However, these forms of credit are the most expensive because of their high rates of interest. It is these same creditors who make themselves accessible within the poorer geographical areas whilst those who cater, at cheaper rates of interest, for higher income families, simply withdraw. Research has found financial exclusion through the ‘red-lining’ policies of Banks, Building Societies and Insurance companies (NACUW 1995; Conaty & Mayo 1997),
with 600 communities being identified as having no bank or basic banking facilities (Jones 1998).

What becomes apparent from the above is how each individual policy comes together in such an intricate way that it only serves to exacerbate the strategies and intensify the impact for mothers, particularly lone mothers, who are caring on that low income. The period of widening of inequalities has been associated with the economic policy which took place in Britain under successive Conservative governments. The Conservative administrations (1979-1997) saw many changes to the industrial, political, economic and social landscape of Britain. The new Labour government has changed the approach to both poverty and lone mothers, although some similarities remain evident.

4. **CHANGING POLITICAL CONTEXT**

This section gives an overview of the changing political context only insofar as it is relevant to the welfare policies identified above. Political changes were taking, and continue to take, place during the period of this research. Under Conservative governments, lone mothers were ‘reconstructed’, along with other groups as economic burdens on the state; labelled as inadequate and damaging to society as a whole. Under the Labour administration there is a less overt negative discourse around lone mothers with a new approach aimed at helping them to work their way out of poverty.
4.1 Lone mother discourse

The ‘year of the lone mother’ (1993) is so called because of the magnitude and depth of stigmatisation levelled at the unmarried mother. Smart (1996) identifies how, over time and regardless of diversity or difficulty, working class mothers whether Black or White, face being categorised and further:

‘It is the boundary between the unwed mother and the married mother that has, for so long, been presumed, to coincide with the boundary between the bad and the good mother’

(Smart 1996: 47)

The difference between mothers, in the 1980s and 1990s was seen as not their material circumstances (Morgan 1995) but one of a moral and social problem (Murray 1996a & 1996b). Whilst a debate was taking place in academia about whether an underclass actually existed (e.g. Mann 1986; Macnicol 1987), the media and some government officials were influenced by a US sociologist, Charles Murray (Roseneil & Mann 1996). Roseneil and Mann (1996) identify the persuasiveness of this ‘powerful discourse’ in its unity of Conservative traditionalists; neo-liberals; social democrats and Christian socialists. Noted examples are ethical socialists Halsey, and Dennis and Eros who also identified lone parenthood as problematic, in particular, linking the absence of the father with the delinquency of the child (Halsey 1993; Atkinson 1994; Smart 1996).
The Conservative Party, particularly at its conferences of 1992 and 1993, focused on single mothers as having babies to get money and flats from the state. Articles in the media expressed the recurring concerns of morality, economics and social consequences (Burns 1998). Morally, the family was declining. Economically, single mothers were costing the state too much and were constituting a 'culture of dependency'. Socially, single mothers were 'not good enough' when it came to rearing children and thus being harmful to society with the upsurge of crime and delinquency. These were the themes woven through social policy changes.

4.2 Welfare changes: the 'New Right'

Welfare changes (section 3.1 above) affecting the entitlement of all claimants, including lone mothers, were grounded in the discourse of the 'culture of dependency' (Walker 1993), the need to extend family responsibility (Fox Harding 1994) and the level of public expenditure (George & Wilding 1985).

Extending family responsibilities was identified as integral to the reducing of state expenditure and state dependency. The solidarity of family and neighbours were believed to have broken down, as had the options of people and families taking responsibility for their own needs. Thus initiatives and policies were taken to 'restore or revitalise the sphere of family responsibility' (Fox Harding 1994) for all groups including lone parents.
'What more can be done to encourage families in the widest possible sense to resume responsibilities taken on by the state, for example, responsibility for the disabled, the elderly, unemployed 16 year-olds?'

(Leaked cabinet document cited in Jones & Wallace 1992: 59)

'.. the current review of social security benefits for lone parents by Peter Lilley, the Social Security Secretary .. [has as one of its goals] .. to increase the responsibility of a young lone parent's own parents to provide support.'

(Leaked cabinet document cited in The Guardian 1993 Nov. 9)

The delaying and difficulties of young people unable to become economically independent has been used to change their relationship with the market place and the state (Finn 1987; Jones & Wallace 1992). This delaying of adulthood marked by socio-economic independence may also have ramifications for men's parental responsibilities and act as an inhibitor to residential parenting partnerships (Phoenix 1991; Burghes with Brown 1995; Burghes et al. 1997; Maclean & Eekelaar 1997; Speak et al. 1995 & 1997). It was the number of lone mothers reliant on IS being without receipt of maintenance from their child(ren)'s father which was the key to the Child Support Act 1991. The government's aim, in wanting to change the boundaries between the state and women's dependency on it, was to:

'enforce the responsibility of both parents to provide adequate financial support for their children'

(Clarke et al. 1996a: 8 - authors original emphasis)

Another element evident in the discourse on lone mothers is the vying of one parent and two parent families' interests. This was apparent in the way
in which the campaign to cut spending on “unmarried mothers”, was presented:

‘At present more than a million one-parent families live on income support at a cost of over £9 billion to the taxpayer. Two parent families face a notional bill of £1,700 per household to meet the costs of lone parenthood’ (Peter Lilley, Conservative Social Security Secretary, *Daily Telegraph*, 31st March 1995)

Cost linked with a perceived preferential treatment of one parent over two parent families prompted the removal of priority status for homeless people on housing lists and the extension of the temporary accommodation period to 2 years (Speak et al. 1995; Kiernan et al. 1998). Some initiatives were taken to act as a support to lone mothers. One such initiative aimed to aid young lone mothers to co-operate in child-care and to gain some independence and control in their lives (Ball 1996). Virginia Bottomley, as Secretary of State, initiated eight pilot ‘Childcare Circles’ schemes in 1994. These were to be informal, self-help, and after initial professional support, self-sustaining groups.

Although there is a distinct lack of a negative discourse on lone motherhood and an objective to tackle child poverty by the new Labour government they also appear to share some similarities with previous Conservative governments.

4.3 Welfare changes: the ‘Third Way’
The ‘Third Way’ approach of the 1997 Labour government appears to accept the (over) adequacy argument of IS levels for lone parents, the perceived preferential treatment of one parent over two parent families on IS and the need to extend family responsibilities.

The premise that two parent families were treated unfairly in relation to one parent families within the benefit and tax system (Morgan 1995) prompted the proposed policy of the 1996 Conservative administration to cut Lone Parent Premium and One Parent Benefit for new claimants (Kiernan et al 1998). The Labour administration, in implementing the cut, reveals a similar perspective:

‘support should be provided for children in poorer families on the basis of the identifiable needs of children, not on whether there happens to be one parent or two. So there is no case for a one-parent benefit’

(Green Paper 1998a: 57)

Burns (1998) argues that the enactment of this policy portrays a lack of understanding of the harsh economic reality of lone mothers. It also implicitly suggests a belief in the culture of dependency which needs a stick rather than a carrot for lone mothers to act in their own ‘best interests’ (ibid. 38). Whilst an emphasis on children’s poverty and their needs is to be welcomed, my research, focusing on the carers of pre-school children, demonstrates that meeting the needs of mothers is vital and integral to the health and welfare of children. Cutting benefit levels for those lone mother households on IS with pre-school children means some households remain
particularly vulnerable to living in even greater poverty because: firstly, income within households is already prioritised in favour of the child and secondly, it is currently, as shown in the literature review, found to be inadequate for both the children’s and mother’s well being.

The Labour government, acknowledging poverty and social exclusion, states its intention to, ‘rebuild the welfare state around work’ (Green Paper 1998a: 23). Thus the onus is on claimants, including lone mothers, to work their way out of welfare. There has been a plethora of policies to provide a ‘gateway’ to employment as the route out of poverty. I will concentrate on those measures which are more likely to be relevant to lone mothers.

4.4 The New Deal

The emphasis on helping lone mothers move off welfare does not improve and may worsen the plight of those who are unable, for whatever reason, to respond. Just as the New Deal is seen to be giving support to lone mothers, a great deal remains premised on women’s abilities to respond to it.

The New Deal is primarily aimed at those families where the youngest child is of school age. It involves (i) an interview to give advice on possibilities of employment, child-care and income, (ii) a Working Family Tax Credit which will guarantee a minimum income and subsidise 70% of child-care
costs and (iii) a planned National Child Strategy to increase out of school
child-care places and provide four year olds with a free education place.

Government documents state that, not all parents can or wish to work and 
this ‘genuine choice’ (DfEE 1998: 4) is ‘supported and valued’
(Consultative Document 1998: 22). However, the financial improvements 
being concentrated on those in employment does not sit well with this.
Those lone mothers on IS are in danger of being polarised through a 
widening differential created between them and other (lone) mothers in 
work. Also, support which is being given to lone mothers to obtain 
employment, requires that jobs are available. Unemployment cannot be 
‘cured by supply side measures alone’ (Elliott & Milne: 1998). In the light 
of the association found by Rowlingson and McKay (1997) that, ‘the higher 
the rate of unemployment in an area the greater the level of unmarried 
motherhood’ (cited in Kiernan et al. 1998: 294), may mean a number of lone 
mothers will not find work opportunities available. Further, the 
concentration of women’s work in flexible, less secure and ‘out of hours’ 
employment (Milne & Elliott 1999) may also hamper their possibilities.
Informal care may be required alongside formal care and there remains the 
risk of moving off and back onto (a lower rate of) IS. The New Deal pilot 
indicates 12% of those lone parents finding jobs or raising their hours of 
work had, between July / October 1997 and February 1998, returned to 
unemployment (BCC 1998b).
For some lone mothers without maintenance and living in areas of high unemployment may mean continuing reliance on IS benefit. It is more likely that it will be these mothers who will be ‘targeted’ by other Labour government support initiatives.

4.5 Supporting families

Marriage and parenting are areas identified for support with grandparents and older people playing an important role in the extension of family and community responsibility. Among a raft of policy proposals, including a helpline and parenting classes there is an ‘enhanced’ role identified for health visitors. Part of the health visitors role will be to group mothers and ‘encourage’ wider family involvement. Baby naming ceremonies are identified as a path way to drawing in both the mother and father’s parents in the life of their grandchild whilst volunteering is also viewed as a positive role for older people or grandparents to play in the wider community (Consultative Document 1998). Also, some commentators (Independent & Daily Mail 31.12.98) have suggested that the social exclusion unit is considering that parents of teenage mothers could be offered tax credits to encourage their grandparents to undertaking child-care. Families in the greatest need within specific areas will be ‘targeted’ for the ‘Sure Start’ home visiting initiative. This itself will be integral to the geographical
areas targeted by the New Deal for Communities, an initiative arising from the Social Exclusion Unit.

Although recognising that 47% of day-care provision for children is provided by grandparents (Consultative Document 1998), there still seems an assumption that not enough grandparents are involved with their children and grandchildren. My research identifies that grandmothers, who are willing to give support, are assisting as much as possible under their own circumstances. What appears lacking in government’s aims to involve grandparents is any acknowledgement that grandmothers themselves, as is apparent in this study, may still have children at home to care for in addition to undertaking paid employment.

5. CONCLUSION

This first chapter illustrates the changes in family formation and the socio-democratic characteristics associated with the marital status of lone mothers. It discusses the impact of government designed policies to reduce the dependency of lone mothers on the state and to increase their reliance on their wider family or through employment. Further, it shows how the policies and practices of private concerns can create difficulties for those on low income. What becomes apparent through this chapter is that each individual policy may be contributing in such a way that it only serves to exacerbate the difficulties mothers face in meeting needs and making ends
meet. Also, I argue that the impact of the Labour’s government’s new policies may continue to affect and serve to polarise some lone mother who are unable to respond to such initiatives. This suggests that, with the diminution of state involvement, consideration of not just ‘social policy’, but its complexity: ‘in the context of the everyday life’ (Cahill 1994: 192) is essential. It is this perspective which was the driving force behind my own research focus and method.

What becomes apparent in this chapter is the cleavage between the impact of policies creating difficulties for some lone mothers and the supposition behind those policies. Evident is the premise that firstly, IS levels are (over) adequate to meet the welfare needs of children and their mothers. Secondly, that any shortfall between that income and the meeting of those welfare needs can and should be the responsibility of their own wider families. Thirdly, questions remain as to whether those lone mothers who are affected to the greatest degree by the policies changes because they cannot have family support, will also be the women who find it the most difficult to respond to labour market ‘gateways’. It is these issues affecting the lives of lone mothers caring for pre-school children which determines the following literature review on poverty; support and kin relations.
CHAPTER THREE

LITERATURE REVIEW: WHAT POVERTY, SUPPORT AND KINSHIP STUDIES ADD TO OUR UNDERSTANDING OF MOTHERS BEING LONE OR ALONE

"And quality of life .. needs .. family, support, financial .. respect and .. if you haven’t got respect in yourself as a one parent how can you give the full respect to a child .., if we don’t get respect off the government or professional people .. how can we portray the respect back to our children."

(Toni)

1. INTRODUCTION

Chapter two has outlined the impact on those dependent on benefit and in particular, on lone mothers on IS, of recent changes in the social security system. Against this backcloth the literature review will focus on three areas of research: poverty, support and kin.

I will begin by reviewing the poverty literature studies and the implications of poverty for women’s needs for and access to support. The section on support illustrates lone mother’s reliance on differing support elements and the need for social networks able and willing to provide these resources. Taken together, these two literatures suggest that it is those who are in the worst economic circumstances who are least likely to have support networks available to them. Both areas of literature also confirm the importance of the lone mother’s female kin, especially her mother.
The third section of the literature review considers kin accessibility. It finds that it is the maternal grandmother who is looked to when caring for a child in poverty. Where there is the absence of the grandmother, other kin also appear to be less available: the absence of the grandmother appears to make the lone mother even more alone in her caring responsibilities. The assumptions of policymakers and professional workers that family should be present leaves the lone mother in these circumstances even more vulnerable. She is exposed to living in greater degrees of poverty than other lone mothers, is more likely to have less support and is at greater risk of being judged as having a private problem rather than being recognised as having to live with a public ill. Thus the findings of the three literature areas dovetail. Lone mothers without support, particularly that of their mothers and kin, are the same women who are more likely to be experiencing the worst effects of poverty in her and her child’s life.

2. REVIEW OF POVERTY LITERATURE

The poverty literature highlights the fact that, regardless of a woman’s route into lone motherhood, or prevailing welfare state policy, the majority of lone mothers care for their families in poverty. Marris (1958) provides evidence of widows in the 1950 and 1960s living in poverty, although covered by National Insurance contributions. The Finer Committee (1974), the first major study on ‘fatherless families’, was grounded in the context of the ‘rediscovery’ or ‘redefinition’ of poverty in the 1960s. The second major
study on lone parents (Bradshaw and Millar 1991) found the majority of lone mothers were claimants of the means tested IS. Definitions and proxy measures of poverty, the inadequacy of IS levels and the need for the availability of inter-household resources to supplement those inadequacies are important issues in the poverty review, which is divided into four sections.

The first section will focus on the definitions of poverty, while the second section briefly reviews the continuing difficulties of finding indices which both measure and differentiate between women’s experiences in poverty. The third section looks at studies which shed light on how poverty affects the lives of women with children and what it means to them as carers of children. The fourth section will consider the inter-household resources identified as crucial to the material survival of families.

3. DEFINITIONS OF POVERTY

Focusing on definitions of poverty this section highlights how concepts of poverty have changed from debates on both absolute and relative dimensions to being linked into a wider political debate around social exclusion. My own research data affirms the need for a synthesis of both concepts of poverty and social exclusion to widen our understanding of what poverty may mean in the lives of women.
3.1 Poverty definitions

Poverty has generally been defined in absolute or relative terms. The earlier poverty studies of Booth (1889) and Rowntree (1899, 1936 & 1951) seem to exemplify an absolute / subsistence approach to poverty, with the emphasis on the minimum needed to sustain life. Relative poverty by contrast is based on comparisons between the standards of living of the poor and the non-poor. It is not just based on biological needs of survival but changes over time with the standard of living in a specific society. This relative approach is one taken by Townsend (1979), by poverty pressure groups and by the European Union (Alcock 1993: Stitt 1994; Oppenheim & Harker 1996).

While relative and absolute definitions are often represented as separate and distinct dimensions of poverty, relative poverty is implicit in absolute measures (Viet-Wilson 1986; Alcock 1993; Stitt 1994). Rowntree’s own work carries a very graphic portrait of what his subsistence level would mean in terms of being excluded from social contact because of the expense of travel to visit friends or buying a stamp to communicate by letter (Rowntree 1902).

The concept of a national minimum income level was derived from Rowntree’s studies based on, what was taken to be his absolute definition of poverty. With no official poverty line in this country, the level of state
means tested benefit for those not in full time paid work in the past was considered the minimum level of income ‘below which no-one need fall’ (Kumar 1993: 7). Once implemented, this safety net, alongside the other features of the welfare state, gave rise to the assumption that absolute poverty had been eradicated. Thus individuals not seen as benefiting from the welfare state were viewed as problem families (Handler 1973).

However, Townsend's (1954; 1965) studies ‘rediscovered’ poverty through what was said to be a ‘redefinition’ of its measure.

In the relativist tradition, Townsend constructed a deprivation index based on twelve indicators from the response of two thousand households to a list of sixty possible indices (Alcock 1993). Critiques were levelled at this method because Townsend firstly, in deciding initially what these deprivation indicators would be, cast himself in the role of an expert, and secondly, produced a list of indices which did not take account of differences in choice of lifestyle within the population. Criticism of Townsend’s methods were taken into account by what is termed a consensual approach for ‘Breadline Britain’ in 1983 (Mack & Lansley 1985) to avoid expert determination and include differences in taste. This method considered a standard based on what the general public felt you should have and not have to go without. It also considered which indicators the public themselves lacked and if this was by choice or

1 Currently and at the time of this study defined as under 16 hours.
affordability (Alcock 1993; Stitt 1994). Viet-Wilson more accurately describes this as a majoritarian approach as it ignores cultural differences in living standards in Britain (Alcock 1993).

Criticisms of these relativist perspectives came from neo-liberals whose impact on the changing debates around definitions of poverty became apparent in government policies in the 1980s and early 1990s. Joseph & Sumption (1979) described absolute poverty in terms of the actual needs of the poor rather than the expenditure of the non poor (Alcock 1993) whilst John Moore, the then secretary of state for social services, in a speech in 1989, suggested that absolute poverty did not exist and relative poverty was merely inequality (Oppenheim and Harker 1996)

In the 1990s, the emphasis on the individuals’ own responsibilities was identified as a way to counteract welfare dependency and curb state expenditure. The dependency thesis of the 1980s blamed state benefits for creating a welfare dependency culture\(^2\) (Walker 1993). Walker (1993) and Oppenheim and Harker (1996) identify this period as one in which the discourse of poverty disappeared to be replaced by one of ‘low income’, ‘those in greatest need’ and ‘hardship’.

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\(^2\) This view was not new and was evident in the work of Hayek (1960) and Friedman (1962) during the period termed the ‘consensus’ on the welfare state (Williams 1989). Both wrote about state provision over time creating a relationship of dependency by citizens on the state.
The discourse of poverty is again evident in the Labour government’s Green Paper (1998a) and the Prime Minister’s ‘Third Way’ (Blair 1998). It is, however, also linked to a concept of social exclusion: ‘[t]here should be specific action to attack social exclusion and help those in poverty’ (Green Paper 1998a: 63).

3.2 Social exclusion

Originally a European term, social exclusion expresses a concept beyond that of Townsend’s relative poverty, focusing primarily on the lack of resources of individuals or households, to one involving a more dynamic and multidimensional process which produces disadvantage (Room 1995a & b; Whelan & Whelan 1995; Oppenheim and Harker 1996). Room (1995b), although acknowledging that social exclusion is a term used loosely and with different meanings, describes its focus on:

‘relational issues, in other words, inadequate social participation, lack of social integration and lack of power.’

(Room 1995a: 5)

Room stresses the importance of synthesising the concepts of poverty, which focuses on the lack of resources at one’s disposal and social exclusion, which focuses on the relational aspect of becoming detached from society (Room 1995c). This relates to my study because of the interconnections between low income and exclusion from social and health welfare which provides the context in which the participants of the study
lived their lives. This research found that support was a buffer against poverty and dimensions of social inclusion for women living on their own with their children. It showed that some women on IS, whilst living on an inadequate income, may not be excluded from society because their families share resources with them. In contrast, for other women, their own and their families’ poverty may hinder or exclude them from communicating with each other and serve to intensify their exclusion.

Room’s advice that poverty and exclusion be viewed together is also relevant to my study because it alerts to the fact that conventional measures of poverty do not necessarily reveal the extent to which a woman remains part of or detached from society. This is pertinent to my own study in terms of how the ‘ownership’ of cars and phones, often used as a proxy measure of poverty, may simply reveal a lack of a resource rather than exposing the way in which the lack of these assets may affect daily life. Conversely simply having communication resources does not necessarily reveal the extent of in- or ex-clusion which some women experience. The difficulties in analysing proxy measures of poverty is discussed below.

4 PROXY MEASURES OF SOCIO-ECONOMIC STATUS

This section considers the difficulties in the use of proxy measures of women’s socio-economic status particularly concentrating on those indicators, in relation to my focus on support, the assets of communication.
The limitations of conventional measures of women’s socio-economic circumstances, like own occupation and occupation of head of household, have been extensively reviewed (Roberts 1987; Pugh & Moser 1990). Proxy indices and combinations of indicators, for example, car access, tenure and economic activity have been identified as providing improved and finer grained, measures of women’s living standards (Macfarlane 1990; Pugh & Moser 1990; Smith et al. 1994). However these alternative measures can still be problematic. They can still fail to differentiate between women clustered into the same category (e.g. no car, no phone) and can obscure important ethnic differences in living standards (Graham & Blackburn 1998). For my own study the pertinence of phones and cars is that their presence in a household may hide levels of poverty and exclusion simply because a woman has access to them.

4.1 Cars as proxy indicators

Cars take on a particular meaning in my own study. Cars are firstly, a way of accessing kin, or those significant in the life of the lone mother, secondly, they may affect her standard of living and thirdly, have an impact on the degree to which she experiences being a lone or an alone lone mother. Division of gross income into decile groups find 98% of the highest decile group having at least one car or van in the household. The corresponding figure for the lowest decile group is 18% (ONS 1996: 138). My own research prompts questions about making simple assumptions about the
quality of a women’s life on the basis of the fact that she either owns or has access to a car.

4.2 Telephones as proxy indicators

Although the 1983 list of necessities complied by ‘Breadline Britain’ excludes both cars and telephones, the 1990 list finds phones being included as a necessity (Scott 1994). Household ‘ownership’ of a telephone is a means of accessing health and social care support (Graham 1996). The percentage of households with a phone has risen from 42% in 1972 to 93% during the 1995-6 period (ONS 1997b: Table 6.10: 112). Analysis of decile groups finds those in the highest income group having a 99.9% coverage compared with 76.5% of households with a phone in the lowest group (ONS 1996: Table 9.4: 137). It is one of the assets which Ford et al. (1998) cite as a possible indication of an improvement in the circumstances of a 1991 cohort of 625 lone parents where eight out of ten remained alone in 1995.

My own data show that the term ‘ownership’, used by some authors (Graham 1996; Ford et al. 1998) to indicate a phone is present in a household, may conceal who pays for the outlay and the cost of the phone-calls. As will become evident in chapter seven, there can be differences between mothers who live on their own, when one woman is paying for her own phone whilst another has a family who pays for its availability.
The strategy of buying stamps to control the cost of a phone within a weekly or fortnightly budget is acknowledged in poverty studies (Kempson et al. 1994; Kempson 1996). However, the focus on telephones as a means of contact for low income households in Haddon and Silverstone’s (1995) Information & Communication Technologies (ICT) study also reveals the strategies of cutting back on usage and rationing calls to keep phone costs down. This study underlined the importance of the phone as a way of communicating outside of the household. What becomes apparent is that the phone, not simply an instrument of, or a way to measure ‘quality of life’, has a paradoxical quality. The lone parents in the study, replicated in the findings of my study (Ch. 7), recognise the phone as a way of alleviating the pressures they share as adults living by themselves. Yet this same instrument of contact which provides relief and support is also an asset which creates expenditure and pressure on their budgets. Thus, rather than simply using the phone when they want and need, the respondents worry about whether and when the need for calls is paramount. Conversely, even though the communication is perceived as essential, it is made in the knowledge of the resultant cost (Haddon & Silverstone 1995).

Issues identified in Haddon & Silverstone’s (1995) research are raised in relation to my own study. Firstly, a brief mention is given to constraints of purchasing equipment. Speak et al.’s (1995) study reports that purchasing
equipment may be a cause of debt if installation is perceived as a high priority. Cahill (1994) cites Tinker (1990) as also reporting that the acquisition of tele-communication devices for enhancing the lives of the disabled and older people is deterred through cost. In my own study it is the recognition of how and by who these cost are paid which can differentiate between women's standards of living. Secondly, Haddon and Silverstone (1995) report the lone parents in their study as having little interest in mobile phones. In contrast, the readily available packages of mobile phones were being used by some mothers in my study. Thirdly, phone availability in this same ICT study reflects the experiences of the respondents' themselves, whereas my own research illustrates the difficulties of communication for some women because they are making contact with others who share similar circumstances to themselves.

What is clear from Haddon & Silverstone's work is the daily taken-for-granted activity of picking up the telephone to create and maintain contact with the outside world is, for a minority, an impossibility or at a cost that is sometimes too much to bear. Research on 'single' mothers (Speak et al. 1995) and the health care responsibilities of mothers living on a low income (Harrison 1984; Pearson et al. 1992; Westlake & Pearson 1994 & 1995) underlines the cost of not having a phone for access to social contacts, welfare services such as housing, social security or voluntary advice groups or agencies, as well as for health appointments or emergencies. Instead of
a simple call, women have to spend ‘energy, time and money’ (Speak et al. 1995: 54) and in addition ‘borrow time’ negotiating and finding substitute care (Pearson et al. 1992). Pearson et al. (1992) and Westlake and Pearson (1994 & 1995) illustrate a complex milieu of arrangements and negotiations to access health care in the absence of income to secure phones or cars. This absence of income is shown as stemming from the inadequacy of income support benefit levels.

5. INADEQUACY OF INCOME SUPPORT BENEFIT

This third section will illustrate how means tested benefit levels, initially pitched below Rowntree’s proposed basis, remain currently too low to enable need to be met, particularly for lone mothers. As in my research, poverty studies find mothers trying to protect their children from poverty and exclusion.

5.1 Inadequate IS levels

The introduction of a national minimum income level through the National Assistance Act 1948, although derived from Rowntree’s studies, was implemented at approximately two-thirds of his poverty line used in the 1936 and 1951 York surveys (Viet-Wilson 1986; Vincent 1991). There is some recent evidence emerging that its continuing insufficient level was identified during the 1960s.

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3 John Viet-Wilson, drawing on documents available under the 30 year rule, finds that during the 1960s civil servants reported that the then level of supplementary benefit had no
A number of recent studies make visible that benefit levels are too low to meet the needs of children (Berthoud and Ford 1996; Middleton et al. 1997). Benefit is also found inadequate for households with only one adult caring for children (Berthoud & Ford 1996), or for meeting mother and children’s nutritional needs (Dowler & Calvert 1995). Furthermore, these studies have only considered the ‘basic elements’ (Berthoud and Ford 1996) or the ‘regular’ expenditure (Middleton et al. 1997) and do not include all aspects of household family spending requirements for children.

Middleton et al. (1997) adopt a ‘consensual’ approach to measuring child poverty. This study finds IS levels as inadequate when comparing average spending levels with benefit levels. What is shown is that IS age calculations ‘do not reflect the reality’ of what is spent by parents on children (Middleton et al. 1997: 45). The study also finds that it is those women with younger children who may have the greater difficulties. This is because, the varying IS levels based on children’s age differences assume that older children cost more than younger ones; a finding not reflected in the spending of parents on their children’s needs (Middleton et al. 1997). When calculations are based on the actual spending of parents, it is the under four age group who are identified as the most disadvantaged. It

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basis in actual cost of living standards when they were set. At the time the amounts were inadequate for the recipients or their children to take part in the day to day aspects of social life (Social Policy Conference Paper (1998), [not available for distribution] Lincoln 14-16 July)
might therefore be assumed that it is the mothers of this age group, which is the age group reflected in my sample of women living on their own with pre-school children, who find the most acute mismatch between income and expenditure.

5.2 The experience and management of surviving in poverty

In the 1980s women's invisibility within accounts of poverty were being challenged and made visible. To a lesser degree, the impact and effect of racism on and for, Black women’s poverty were also made visible. One of the aspects of poverty uncovered in recent studies are women’s budgeting strategies (Graham 1993a; Walker 1993; Kempson et al. 1994; Leeming et al. 1994). Kempson et al.’s (1994) analysis of 74 families whose income levels range from an average weekly income of £100 (IS claimants) through to £225 (described as being on the margins of FC eligibility) finds two main approaches to budgeting. One budgeting strategy is described as controlling and cutting of spending; the other as juggling and borrowing.

The first approach minimises outgoings at the expense of food and use of fuel to avoid both loans and having unpaid bills. Thus the outward view of the intra-household management is one which, as Kempson and her colleagues comment, would be ‘applauded by society’, as it presents a scene of being able to live adequately on a low income. The second approach of ‘juggling’ tends to mean bills are met through borrowing or vying with each
other by delaying payment. With the former approach carrying the ‘deserving’ label, the latter, with its inevitability of multiple debt, is ‘frowned upon’ and fits the feckless classification of the undeserving.

What is evident is that anxiety persists: it is either created by their budgeting or over their debt (Kempson et al. 1994).

Kempson et al. (1994), consistent with other poverty studies (Graham 1993a; Kempson 1996; Dowler & Calvert 1995), and in this particular research (see Ch. 6), find that it is the mother and not the child who is more likely to go without. Middleton et al’s (1997) study, focusing on family expenditure on children and children’s poverty, find that it is this prioritising of children’s needs which reveals different levels of poverty within households as well as explaining why some poor mothers have children who are ‘not poor’.

5.3 Protection of children and concealment of poverty

Compared with mothers in two parent households not on IS, the lone mothers situation on IS is found to be ‘stark’. In protecting their children, it is the lone mother who is found to be ‘14 times more likely to go without food’; ‘over three times more likely to go without a holiday’ and ‘more than twice as likely’ to not have new clothes, shoes or entertainment (Middleton et al. 1997: 62). The predicament of lone parents is unmistakable:

‘Children in one-parent families where the mother is not working are seven and a half times more likely to be severely...
poor than those in two-parent families where neither parents is working’

(Middleton et al. 1997: 52)

The curtailment of spending on themselves is clearly evident. However, one area of the child’s budget also appears to be affected. This is the child’s ‘social’ life, particularly their experience of the ‘wider world’ through activities and outings, which is often limited and restricted. Whatever the strategy, women are less likely to be able to fully protect their children from exclusion if lengthy periods of time are spend on low income (Middleton et al. 1977).

What is apparent to Kempson et al. (1994) is that the ‘ultimate aim’ of the families in her study was to conceal their poverty, by excluding themselves or by attempting to avoid exclusion. Walker (1993) also refers to the concealment of poverty by benefit claimants as the budgeters create an ‘illusion of ‘managing’” (ibid. 83). Both authors maintain that the outcome of budgeting in poverty in social terms is undesirable with families who are debt free facing consequences just as debilitating as those with high incidence of debt. Over generous state benefit and poor money management are not identified as the problem, rather:

‘We must look deeper and recognise that the origin of the problem lies in incomes that are too low for families to make ends meet and comply with social conventions’

(Kempson et al. 1994: 288)
The poverty studies show that differing management strategies by individual women may serve to conceal poverty. My research seeks to highlight the role of family and friends who, with resources to assist, enable some women, regardless of their inadequate income, to avoid poverty or exclusion. Thus, inter-household resources can not only reduce the scale of poverty but also may assist in masking how difficult it is to care for young children without these resources to call on.

6. INTER-HOUSEHOLD RESOURCES

This fourth section illustrates how the role of family and friends is identified as crucial to the material survival of the family. Arguably, inter-household distribution of resources makes a difference to the level of poverty experienced.

6.1 The need for the material resources of others

The lone parents in Kempson et al.’s (1994) study are identified as ‘more likely’ to use informal help and for it to be a more frequent occurrence. McGlone et al.’s (1998) analysis of the British Attitudes Survey also finds a higher frequency of contact between lone parents and their mothers than for two parent families. Inter-household assistance, as shown in various poverty studies, tends to take the form of clothes for children, shared meals and extra food supplements.
Supporting Finch & Mason's (1993) findings that most people only turn to family as a last resort, Kempson et al.'s (1994) research participants similarly expressed reluctance lest it signify that 'they could not cope on their own' (ibid. 150). This was a phrase often repeated by women in my own study when talking about support of various kinds. However, turning to one's family was often a necessity:

'most .. accepted informal help as a way of life because, no matter how hard they tried, their needs were such that they simply could not get by without it'

(Kempson et al. 1994: 150)

Other studies on poverty and health (Cornwall 1984; Bradshaw & Holmes 1989; Graham 1993a), lone mother (Marris 1958; Phoenix 1991; Lewin 1993; Burghes with Brown 1995) and kinship (Young & Willmott 1986; Finch 1989), recognise the 'gendered organisation of care' (Graham 1993a: 164). While help is received from different members of the family, it is women's own mothers who are identified as 'the most common single source of informal help' (Kempson et al. 1994: 159). As in Young and Willmott's (1986), Finch's (1989) and later Finch and Mason's (1993) kin studies, such exchange was based on the relationship between them (Kempson et al. 1994: 159). This relationship may be strengthened by the shared experience of being the managers of a low income household budget (ibid.; Pahl 1989). Because it is women who care for children, it is women
who experience and thus understand the need for support if there are aspects of child-care they cannot resource themselves (Finch 1989; Graham 1993a).

These studies also alert us to the fact that whether a woman perceives herself as a ‘lone’ or an ‘alone’ mother may lie in the availability of assistance from others. As an example, the role for a ‘revolving credit’ facility to borrow small amounts of cash for short periods as a bridge to the next benefit cheque is evident when reliance is on IS levels (Kempson et al. 1994; Speak et al. 1995) Only three of the forty young single mothers in Speak et al.’s (1995) study had some money to carry over to the next benefit payment. It might be assumed, with 37 young women lacking finance before the next income is due, that the description of some women’s circumstances below might mean that a few had no option but to go without because of no revolving credit availability:

‘by the last day or two prior to benefit day they had no more than one or two pounds left in their purses. Some had no money at all for the last two days .. Seven said they always owed money to a friend or relative by the time they collected their benefit’

(Speak et al. 1995: 49)

Kempson (1996) in drawing together findings from 31 qualitative studies provides ‘a remarkably consistent .. picture of life on a low income’ (ibid. 9). One of the consistent factors identified is that most people who are dependent on low income received some material and financial help from family and friends. As a result:
‘.. the people who experienced the worst aspects of living on a low income were often those who for one reason or another, had no-one they could turn to for help.’

(Kempson 1996: 57)

With mothers without family being more likely to be in debt, having automatic deductions from their benefit and because of severe constraints on their disposable income, more likely to be nutritionally deprived (Dowler & Calvert 1995), the cumulative impact begins to be revealed. Further, it is when the support of kin is absent that women are identified as at their most disadvantaged in attempting to meet family health care needs (Pearson et al. 1992; Westlake & Pearson 1994 & 1995).

6.2 Social capital

Vulnerability to social exclusion is associated with individuals, households and communities having a lack of (not just financial) assets as resources (Room 1995b). It is these resources which have an impact on individuals, households and ‘the social relationships to which they can contribute and on which they are able to call’ (Room 1995b: 245). It is such resources which are referred to by some as social capital. This is defined by Loury (1987) as:

‘the set of resources that inhere in family relations and in community social organisations and that are useful for the cognitive or social development of a child or young person’

(cited in Coleman 1994: 300)

The relations between people embody social capital. Other authors researching the social capital available for children include specifically
material and economic support (McLanahan & Sandefur 1994; Maclean & Eckelaar 1997). Coleman (1994) explains how capital acts as a resource which makes achievements possible, or can be used by actors to realise their interests, which in the absence of capital resource would be unattainable. How one set of resources are combined with others produces and accounts for differing outcomes for individual actors. This is evident in the differing availability of resources of support accessible to interviewees in this research study. As will be seen in later chapters (8 & 9), it is the availability of certain support resources and how they interconnect which influences how the mother cares for her children and herself. However, in another respect, the experiences of the lone mothers in my study did not square with Coleman’s conclusion that: ‘the more people call on one another for aid, the greater will be the quantity of social capital generated’ (Coleman 1994: 321).

Quantitative studies suggest there is little social capital available to or been previously invested in the lives of some women. They find that, the ex-cohabiting and single lone mothers are more likely to be living in social housing, have few qualifications with little work experience and be dependent on IS. Any maintenance received is not at a level to take them above the means tested benefit threshold (e.g. Bradshaw & Millar 1991; McKay & Marsh 1994; Ford et al. 1995). Fathers too may have few current or past resources to call on themselves because of high
unemployment rates and the low wage of young (20-24 year old) fathers (Phoenix 1991; Burghes with Brown 1995; Burghes et al. 1997; Speak et al. 1995 & 1997). A study, grounded in the experiences of 249 children at the time of their birth, focuses on the child’s potential social capital if their parents were living apart. The social capital available from the former cohabiting parent is said to be marginally better than the ‘never lived together’ parent, which is described as ‘not impressive’ (Maclean and Eckelaar 1997). This study does not address the kin or wider family involvement in the child’s possible social capital resources whereas some poverty and lone mother studies do. As in Phoenix (1991), Burghes with Brown (1995) and Speak et al. (1995) the families of the respondents in Kempson et al’s (1994) study are found to be living in poor circumstances with their friends also being and living in poor neighbourhoods.

Kempson et al’s (1994) findings indicate that this shared state of poverty appeared to make the need for and exchange of informal help easier and more acceptable. The respondents were reluctant to ask anyone other than ‘people in similar situations to themselves’ (ibid. 147). This appears to be in keeping with Coleman’s view of social capital being generated the more people look to each other. Yet, in chapter nine of this thesis it will be shown that whereas a preference for seeking help from others in the same circumstances was evident, in practice there was more ambiguity than the findings of previous studies suggest. This was particularly true for those
who needed to look to poor friends rather than to kin for support. Whilst
the 'social capital' which lone mothers can call upon and generate between
each other is very evident, it is also paradoxical in that its benefits do not
necessarily enhance their quality of life. Evidence from my own research
suggests that involvement in assisting other poor women may remain
limited and could even be a barrier to any positive change in their quality of
life.

Feminist writers provide a possible critique of social capital through their
identification of what it means for women when a community of family and
neighbours is invoked whilst ignoring the wider social and economic
context. Inequalities of resources (Lister 1990a) as well as the inequality
of the power of social roles and structures (Lister 1990a; Friedman 1992;
Campbell 1993) may affect the lives of all poor women within those
communities who may have only each other to rely on. If poor women are
left to generate their own resources without structural change and
interventions which increase their resources, then they may not only not
avoid exclusion and poverty but may find themselves excluded even more.

7. SUMMARY OF POVERTY REVIEW
The poverty literature illuminates the inadequacy of the incomes available to
claimants of IS to meet their needs and how the concept of social exclusion
adds depth and complexity to an understanding of the lives of poor women.
Arguably, both poverty and exclusion concepts are needed for this understanding. This is because proxy indicators of poverty may hide as much as they reveal whilst women who are recipients of those inadequate levels of IS may not live in poverty or be socially excluded.

Building on this insight, the literature review also suggests that poverty for lone mothers is likely to be greater than for other mothers, because as most lone parent studies show, they are less likely to have social capital available to them. Insufficient levels of IS and social capital is shown to create a need for support from other households to secure the resources needed to carry out caring responsibilities. Given that lone mothers’ poverty is likely to be the greater, it may be assumed that such support for them will be needed more frequently and in greater quantities. However, I argue that the reliance of poor lone mothers on other poor lone mothers may also remain limited when social capital, including material and financial support, is required. Thus through this literature review on poverty, support emerges as central to the health and social welfare of lone mother families.

8. REVIEW OF SUPPORT LITERATURE

The review of the poverty literature highlights the contribution of informal support, material and social, to the survival of families on benefit. This section of the literature review focuses in more detail on support. I will draw on both support literature as well as lone mother and health studies.
which have identified women’s own perspectives on support. The literature illustrates that support needs will be greater in households of low economic status. Paradoxically, it indicates that support elements and support networks are less likely to be available or accessible for these same households.

This part of the literature review is divided into four sections. Firstly, the burgeoning of diverse definitions of social support will be considered. Secondly, focus is given to the particular and differing support elements which appear significant to women of low socio-economic status. The third section will concentrate on social networks with the fourth section focusing on the formal support which may be more evident in the lives of women lacking informal support.

Oakley & Rajan (1991) characterise social support as the proverbial apple which keeps the doctor away. It is identified as having a role in combating the maltreatment of and restrictive relations with children (Colletta 1979; Thompson 1995), as well as an important dimension of well-being during a woman’s first postpartum year (Gjerdingen & Chaloner 1994). It is also associated with enhancing quality of life (Bailey et al. 1994) and assisting the functions of people’s coping mechanism at times of stress (Whelan 1993). The view that social support is generally good and certainly worthy of study is reflected in the amount of research undertaken and the literature
surrounding such research, particularly since the 1970s (O’Reilly 1988; Oakley 1992; Callaghan and Morrissey 1993; Thoits 1995b).

9. **DEFINITIONS OF SOCIAL SUPPORT**

This section focuses on the development in social support research to recognise the importance of both the context of and women’s own perceptions on social support. This is pertinent to my own study as my aim is to follow in this tradition by inviting women to share their insights into what support means for them.

9.1 **Diversity of social support definitions**

There is no agreement on the concepts, definitions or measures of social support. Thoits’ (1982) analysis points to a predominance of vague notions of support and measures whilst Bowling’s (1997) describes any concept and measurement of social support being ‘fraught with difficulties’ (ibid. 90). As would be expected there is also a lack of consistency in findings (see for example, Barrera 1986; Whelan 1993; Oakley 1992; Cochran et al 1990; Thompson 1995).

Whilst definitions and concepts continue to be developed, most studies acknowledge an interactive process between differing forms of support. Kaplan et al. (1977), Lin et al. (1981) and Cobb (1976) are cited as focusing on qualities of relationship and the emotional support gained (Thoits 1982;
Bowling (1997). Oakley (1992) reports that for Cobb (1976) it is only support when it leads to certain beliefs in the recipient that they are ‘cared for and loved .. esteemed and valued ..’ as well as belonging to ‘a network of communication and mutual obligation’ (ibid. 29). Bowling (1997) identifies Walker et al. (1977) and House (1981) as extending the definitions to include the provision of support as an ‘interactive process in which emotional, instrumental or financial aid is obtained from one’s social network’ (ibid. 90). Tripartite classifications of support components appear the most prevalent, although again, terminology and hence meaning may differ. Oakley (1992) cites, for example, Schaefer et al. (1981) referring to emotional, tangible and informational support whilst Kahn and Antonucci (1980) use ‘affect, affirmation and aid’ (ibid. 29). Thoits (1982), focusing on stress, include socioemotional, informational and instrumental support. Whelan (1993) adds an important rider to these definitions when he identifies a tendency in support research to focus on the nature of support whilst ignoring structural context.

9.2 Support in context

What appears to be missing from the majority of earlier studies is an acknowledgement that life events and social support exist within a socio-economic context. Life events are particular experiences which cause people to change or readjust their behaviour. These events are weighted on a life-event scale in proportion to its presumed, positive or negative, effect
on the individual. Oakley et al. (1994a), from a randomised controlled trial (RCT) on a social support intervention involving 509 partnered and lone women, finds that higher levels of stress are more likely to occur in working-class households. Their analysis also indicates that less support means life events are more likely to occur. Further, the same study finds social support resources of working-class households being generally lower than middle-class ones, thus a compounding of difficulties is evident for the working class women.

Whelan's (1993) study, although drawing on a married respondents' sample from a national survey database in the Irish Republic, argues that the experience of chronic economic stress is a dominant factor influencing psychological distress. Belle (1982), Oakley et al. (1994a) and Whelan (1993) argue that the tendency to consider social support without also having a regard for the effects of enforced deprivation misses a key ingredient of factors affecting women's lives. It is the voices of these women and those they live with, which is also identified as missing from most of the early social support studies.

9.3 Support perspectives of research participants

Leavy (1983) draws attention to Gottlieb's (1978) study as the only one at the time which drew on 'ordinary' people's views of social support (Oakley 1992). Gottlieb (1978) grounds his classification of social support in the
informal help which a sample of ‘sole’ mothers receive. More recent research follows in a similar vein and draws on participant’s own perspectives. Here I will only refer to the method of drawing on the perceptions of the participants. The findings will be discussed separately.

Gottlieb (1978) draws on twenty-six types of support identified through a content analysis of interviews. Coded by experts, four classes are identified: emotionally sustaining, problem solving, indirect influence and environmental action. These in turn are coded against the women’s descriptions of the three most recurring problems: financial, difficulties with children and emotional crisis. Although drawing on the experiences of mothers, these findings are limited to what is actually being given to the women on an informal basis. It is on the basis of what the women are identified as receiving which determines the level of helpfulness. It is possible therefore that this study may be grounded in the support from the helpers rather than the views of those helped.

Oakley’s (1992) study differs, firstly, as it is the perceived needs of women which take precedence and secondly, because the study evaluates the intervention of formal, not informal, support. Rather than defining social support, the research midwives visiting pregnant women in this RCT study were given the following brief:
‘.. to listen to what the women had to say and to be responsive to any self-defined needs and perspectives.’

(Oakley 1992: 144)

Phoenix’s (1991) and McKendrick’s (1998) study also involve the participants voicing their own perspectives. Phoenix (1991), in her qualitative interviews with Black and White young mothers, leaves definitions of support open. It is the content of their response to questions on informal ‘support’ which helps analyse what the women understand by it. McKendrick (1998) initially grounds his questionnaire survey on quality of life in issues and concerns identified as significant by lone parents in interviews and group settings. Support issues, although not central, form a part of these significant concerns.

My study follows in this tradition of involving participants to voice their views and invited women to share their perceptions, as low income lone mothers, on what support means to them. Thus, for the purposes of this study ‘support’ is defined as whatever the women purport it to be whether from an informal or formal source. This approach, as discussed in later chapters, illuminated the diversity and complexity of aspects of support experienced as important by the mothers in my study.

10. **IMPORTANCE OF SUPPORT ELEMENTS**

The focus of this second section is on the particular and differing support elements which appear significant to women of low socio-economic status.
Because of my own data findings, it is suggested that these differences may be related to support elements being analysed either as important single entities to be classified or within a more interrelated and holistic framework.

10.1 Ranking elements of support

Studies which have considered the views of low income women and families differ in their findings of which support element is paramount. Gottlieb’s (1978) study finds that the informal help ‘extended most frequently’ to lone mothers is the support classified as ‘emotionally sustaining behaviour’. Talking, listening and reflecting understanding are the support elements apparent in this behaviour (ibid. 112-113). In Oakley’s (1992) study, emotional support is also found to be the most valued.

Oakley and Rajan (1991) report a ‘clear hierarchy’ of types of support. The most valued support the pregnant women received from their midwife, across varying measures of social class, is ‘support and / or company’. This is followed by child-care and practical help. With support defined by the response of the midwives to the women’s own perceived needs, ‘listening’ is identified as the most important attribute by the women (80%).

However, other research does not find the emotional component of ‘support’ as having such a clear prominent position. Phoenix (1991) finds that the
presence or absence of having someone with whom to discuss personal problems did not appear to affect the perception of whether the young mother interviewees had or did not have enough support. The author points to the possibility that the young women’s focus on being mothers may have meant support was thought of in terms of caring directly for her child rather than her own needs in carrying out the responsibility. The author describes the provision of finance and child-care as ‘crucial’ to easing the life of the young women and their children.

Categorising elements of support, as in indices of poverty discussed in the earlier part of the chapter, may serve to hide interconnections between support elements. This does not deny the value given to emotional support but leaves hidden how other support functions may help or hinder the quality or quantity and therefore the value, of that emotional support. In this study (Ch. 8), emotional support was included within the women’s understanding of support. However, a more complex process is evident. Interviewees were asked which type of support was the most important to them. A number of my respondents, refusing to name just one element, opted instead to explain how varying elements were interconnected and reliant upon others being available or absent. Thus individual elements of support are also found to have a contextual terrain.

10.2 Interrelational elements of support
The overall findings of McKendrick’s (1998) study suggest that child-care access had a strong association with levels of satisfaction, not just in family life but in other domains too including having control over life and having opportunities. Comparing the quality of life of 275 lone parents with partnered parents, what appeared to be the cleavage between the two groups (37% of lone compared with 72% of partnered parents) is the ‘satisfaction with the amount of spare time available to the parent’ (McKendrick 1998: 93). This suggests child-care is a particularly important issue in the life of the lone parent. The importance of child-care to minority ethnic women is reiterated in other studies, particularly in relation to work or training (Mayall 1990; Butt & Box 1998). McKendrick (1998) observes that this suggests child-care is ‘much more relevant than (merely) as a means’ to increasing economic activity. It is not clear whether the author is suggesting that child-care provision which enables mothers to work in the labour market will also extend possible satisfaction over other areas of life, or whether a need for other opportunities of child-care in addition to access for paid work is needed. Notably, this latter form of support is identified by some of my own interviewees. Such findings may have policy implications for which children and mothers have access to only one or a combination of formal and informal child-care in terms of the New Deal (see Ch. 2). Child-care is also found as central to the emotional well-being of low income mothers in Belle’s (1982) study.
Because of the commonality of child care responsibilities facing low income mothers, Belle (1982), contrary to the studies identified above, pre-defined areas of support needs. She chose questions on emergency and non-emergency assistance as well as help with ten day-to-day practical demands and the frequency of not having anyone to share feelings with. These four forms of support were correlated with a measure of emotional well-being. Of all the support functions, it is non-emergency child-care, defined as wanting to go out or doing something for pleasure, which emerges as the most crucial. It is this support which is ‘most consistently related to emotional well-being among the women studied’ (Belle 1982: 135). In the absence of any measurement of well-being in my own study, this finding is consistent with the data in terms of child-care enabling a ‘recharging of batteries’, as well as being pivotal in opening possible avenues to other forms of support.

Hylton’s (1997) report on the strategies of what is termed ‘visual minorities’ presents a more holistic analysis. It is argued that spirituality, religion and ‘cultural world views’, drawn from a variety of traditions, are the supports necessary for resisting the effects of racism. It is families which are the key site for this mutual and sustaining support. Yet it is the absence as well as the presence of family networks which have shaped, and may continue to, shape the lives of Black and Asian women in Britain (see for example Phizacklea 1982; Bryan et al. 1985; Bhat et al. 1988; Bryan 1992;
Graham 1993b). Therefore, whatever the support components sought, the message from research underlines the need for a social network to provide it.

11. SOCIAL NETWORKS

This section, in considering social networks, identifies both the importance of informal support from women's own mothers and the greater difficulties which low income women have in being part of a reciprocal network. What becomes apparent in this review, as in my own study, is that there exists an ambiguity between simply having or not having support.

11.1 Definition of a social network

A social network is the 'web of identified social relationships that surround an individual and the characteristics of those linkages' (Bowling 1997: 90). An analysis of these networks can indicate who potentially may provide or be potential resources for social support. One important aspect is the need to have contact with others as a pathway to accessing support. These contacts can be operationally defined in all or some characteristical aspects of their composition; size, density, distance, frequency of contact, homogeneity, strength of ties as well as participation and anchorage. Their importance lies in how and to what degree they meet their members' needs. Nevertheless, having contact does not guarantee access to support (Bowling 1997). Nor are all social networks supportive (Whelan 1993).
11.2 Difficulties in analysing networks

The size and dynamics of social networks have been analysed and found to have differing benefits in relation to the varying needs of individuals. Small networks have been found to be as supportive, if not more so, than larger ones for young mothers (Phoenix 1991). Having a supportive mother (Phoenix 1991) or one close friend (Oakley & Rajan 1991) can mean that more than an adequate support is accessible and available. Both tight and loose knit networks are found to have benefits as well as disadvantages (Timms 1983). McLanahan et al. (1981), studying the psychological well-being of single parent families, identified the women as either wanting change or stability in their lives. It is thus the woman’s perception of herself and what she needs which influences her perceptions of the (in)adequacy of her social network, with some identifying loose networks as unreliable and others defining close ones as confining.

As this suggests, the individual’s own perceptions need to be taken into account when analysing networks. A subjective view needs to consider the meaning and strength of the relationships involved (Bowling 1997), and perceptions of whether the support provided meets their needs (Colletta 1979). Sarason et al. (1983) also argues that it is important to disentangle the differences between ‘perceived support, satisfaction with support perceived to be available and actual support available’ (ibid. 138). Whelan
(1993), Oakley et al. (1994a) and Belle (1982), who all stress the importance of women's own perceptions, also emphasise the need to consider social networks within a constrained or chronic socio-economic context.

11.3 Network availability

Support literature, as shown below, focusing on low income and lone mothers reinforces the important role of kin and particularly, the mother's own mother (Phoenix 1991; Oakley et al 1994b; McKendrick 1998). This same literature also indicates that, low income or lone mothers are less likely to have support networks available to them.

The health of a one year old child is found to be associated with women's perceptions on their own mother's supportiveness. Those women who report their own mother as 'very helpful' had a child whose health was 'twice as likely' to be good compared to grandmothers perceived as 'not helpful' (Oakley 1994b). The presence of grandmothers is also found to be crucial in the life of young mothers (Phoenix 1991) and gave rise to the 'highest levels of satisfaction .. when the lone parent's mother performed an active child-care role' (McKendrick 1998: 98-99). There is also some evidence that, once present and accessible, the emotional and practical support of grandmothers remains whilst support from friends and other relatives declines during a child's first year after birth (Gjerdingen and Chaloner 1994; Oakley 1994b). However, it is this accessibility which

82
cannot be assumed, as social divisions of, for example, class and ethnicity are reproduced in the patterns of access to informal networks.

Studies involving low income women divorcees (Colletta 1979) or those comparing one and two parent households (Reeves et al. 1994; McKendrick 1998), indicate lone parents as perceiving themselves as having an inadequate level of, or more dissatisfaction with, their support. The importance of support is even more exposed when research uncovers the impact of its absence. Kempson's (1996) study in the poverty review, in finding those experiencing the worst aspects of poverty being without others to turn to, resonates with Westlake and Pearson's (1995) research on low income mothers meeting health responsibilities:

‘The most disadvantaged are women who have neither disposable income nor an extended social support network with the capacity to support them without direct reciprocation’

(Westlake & Pearson 1995: 59)

Yet, it is those who lack income who are more likely to lack this social network.

Phoenix (1991) suggests that some of the greatest factors affecting network contacts are ones over which women have little influence, for example, distance and cost of travel, lack of telephones and limited material resources. Mayall (1990) finds, in her sample of multi-ethnic mothers, that thirteen (40%) women, both lone and partnered, have parents and parents-in-
law living abroad. Gunnarsson and Cochran (1990) find, when comparing Swedish and US partnered and lone parents, that the latter have less kin in their network. They suggest that a lack of child care restricts the mother’s time to engage in visiting relatives and friends outside of the home. Again, the factors which indicate the most need for support networks appear to be the same factors which militate against network relationships being maintained. Such factors give weight to Oakley et al.’s (1994b) findings of an association between material disadvantage and deficits in social support networks, particularly networks of friends. There also appears to be an association between having no friends and having no close contact with relatives. One in five of the working class women in Oakley’s and Rajan’s (1991: 42) RCT was in this position.

The difficulties of network analysis, the imperative to distinguish between perceived and actual components of support, as well as the difficulties caused by socio-economic circumstances, emerge as important themes from the literature and all informed my interview schedule.

I was also guided by the women in Belle’s (1982) research who, although reliant on ‘crucial forms of support’ from their social ties, recognised these same ties brought ‘additional stress’ into their lives. The women with the most difficult economic circumstances were most dependent and involved with neighbours for ‘sociability and exchange’ (Belle 1982: 140). Belle
(1982) cites Stack’s (1974) study, along with her own, as illustrating how economic restrictions and a lack of people with resources to call on reduces the options and degrees of choice as to who is there for support in their social network. Albeit referring to neighbours only, Belle’s (1982) findings have relevance to women and their network of friends in my own research, as both studies reveal that:

‘it is the mothers who are least “free from drain” who must band together’

(Belle 1982: 142)

Even though an exchange of resources is evident, the contradictory nature of support is illustrated: it is in the social and economic circumstances which need support most where support networks are less accessible and are the least able to meet each other needs. It is these women who are more likely to be involved with or be referred to professionals in some capacity.

12. VIEWS OF PROVIDERS

This fourth section considers the formal support which may be more evident in the lives of women lacking informal support. The need for more formal support because informal networks and resources cannot be called upon is in danger of being equated with the need for different kinds of support. Because some women cannot avail themselves of informal support they may be seen as less capable than others. In consequence, they are differentiated from other mothers, not just by being given formal support intervention, but by the type of intervention being made. This is illustrated by researchers
who have compared the perspectives of professional providers or mobilisers of support on the one hand and the users or recipients of that support, on the other.

12.1 Divergent perspectives of users and providers
A divergence of perspectives is evident when studies have compared the views of mothers and professionals around the safety needs of children (Roberts et. al. 1993), the difficulties of meeting health requirements (Westlake & Pearson 1995), the child-centeredness of caring (Mayall 1990) and the causes of financial and caring difficulties within economic constraints (Edwards & Popay 1994; Edwards 1995). Mayall (1990) for example finds that health visitors’ views on a ‘mother-child dyad’ (ibid. 308) dovetails into the importance of attending mother and toddler groups. For some women of various ethnicity, child-care is voiced as a freeing of their ‘valuable time’ to find or undertake paid work and / or maintain an adult social life as a vital break from the children. It is also an opportunity for children to socialise with children in a safe environment (Mayall 1990; Butt & Box 1998). This is interpreted by some health visitors as women’s unwillingness to put their child first and leads to perception that the women need help to adjust to full-time motherhood (Mayall 1990).

12.2 Gendering of support needs
The view that it is natural for women to undertake caring work and be available for that role, particularly in caring for their children, remains evident in the support response of some child care professionals (Mayall 1990; Cannan 1992; Stones 1994; Edwards 1998). Edwards (1998), in a part observational study of community and health workers and training of volunteers, identifies elements of support being offered and given underpinned by an implicit assumption of the social roles of men and women. Butt and Box (1998) report Black lone fathers as perceiving that their not coping means the children will go into care, whereas women in the same circumstances would get support to keep the family together. From my own data, both White and Black mothers felt the same risk: that not coping could risk their children being taken from them. Edwards (1998), however, does observe differences in support elements available to men and women. Three lone fathers, (ethnicity not stated) were offered help with washing / ironing and baby-sitting for shopping and leisure. The author argues that this is because it is viewed as a ‘compulsory part’ of women’s and mother’s work, whilst it does not reflect on men’s fathering abilities. Child-minding for shopping and having a night out with friends for a pint appeared to be a support to men’s better parenting. In contrast, being with their children (Mayall 1990), learning to manage budgets and acquiring parenting skills (Edwards & Popay 1994; Edwards 1998) were the support needs identified as appropriate responses to assist better parenting by women.
12.3 Individualising responses of support

An awareness of and sensitivity to the material circumstances of women and children by many community, health and welfare workers is evident (Mayall 1990; Edwards 1995; Blackburn 1996) as is the acknowledgement of IS levels being inadequate (Edwards & Popay 1994). The women’s own analysis, of the problems produced by material disadvantage, is therefore echoed by these workers. A sensitivity to women’s lives is reflected in the fact that some health visitors intervene to assist in maximising incomes (Blackburn 1996).

Nevertheless, there is also evidence that welfare workers have more negative perceptions of mothers’ coping abilities. As evidence of women’s (in)ability to manage budgets, workers cite inappropriate spending on items like cigarettes and taxis (Edwards & Popay 1994). However, such spending can form part of strategies to enable short-term coping and family survival (Graham 1993a) or be the result of the difficulties of ‘public’ transport times and routes for shopping (Cahill 1994) or health care (Pearson et al. 1992 & 1993). This location of problems in mismanagement is in marked contrast to the findings of the poverty review earlier. Mismanaging the parenting of children is also identified.
Perceptions are held by some health visitors that women in low socio-economic households lack parenting skills (Edwards 1995). This is in line with the discourse of family support, currently high on the agenda of government policy. Perceptions of mismanaging finances and children can obscure the way that poverty affects lives and how women need to respond to that poverty. They can also, for example, imply through teaching budgeting and parenting skills, that it is the women who need to change their behaviour (Edwards & Popay 1994). Whilst this perception of support needs may not necessarily equate with how the women understand their situation, some elements of formal support provided by professional workers, is valued.

Oakley and Rajan’s (1991) study identified ‘listening’ as a valued professional response to low income women’s situations. This is a support which health visitors provide. Yet it is also a component of support found to be increasingly threatened because of managerial impositions of time and financial constraint (Edwards and Popay 1994). General practitioners' purchasing of health visiting services may add to these constraints, with their tendency to focus on ‘individualised child and family health issues’ (Blackburn 1996: 30). Further, setting limits to formal support, including emotional support, can be seen as necessary by some professionals to avoid creating a state of dependency on the individual
worker or the service as a whole. The professional role is instead to help women to help themselves if families are ‘falling apart’ or ‘not coping’.

‘Implicit here is the notion that people ideally should not require social support from members of formal or statutory agencies but rather meet their own needs, possibly through family, friends and neighbours: in other words through their own personal networks.

(Edwards and Popay 1994: 37)

Thus the ‘helping themselves’ concept implicitly involves informal networks, particularly of families and is evident as a response to families needing support in Labour government policies (Consultation Document 1998). Cannon (1992) and Butt & Box (1998) also attribute to some family centre workers concepts of dependency and (mis)use of self-help models which provide little substantial support. Yet, it is those with little or no informal support who look to these formal support interventions and are then expected to group together to help themselves and each other.

The professional workers in Edwards and Popay’s (1994) study spoke of their role in encouraging and facilitating self-help and community groups. The mother and toddlers groups were likened in Mayall’s sample of health visitors to:

‘a modern version or a substitute for natural groups of mothers in the traditional community

(Mayall 1990: 308)

Whilst group work may be empowering (Ward & Mullender 1991; Gutierrez 1994; Humphries 1996) it may be seen as an alternative to the
political and economic policy needed to tackle the poverty which creates the
need for support. Poor women may have to participate in them (Cannan
1992) and may as a result receive some services. But, as argued by Belle
(1982) and evident from my own data, this 'support' may remain limited
and limiting in its value. Secondly, they may exclude poor minority ethnic
women by not meeting their needs (Hylton 1997; Butt & Box 1998) or
making assumptions about self-supporting family networks being available
(Atkin & Rollings 1992; Pratt & Hill 1995), with the result that avenues to
services may remain unopened. Some social support literature in
emphasising the positive aspects of support intervention, implicitly accepts
that government policies are unlikely to tackle the causes of chronic
difficulties (Thoits 1995b). Cassel (1976) states:

'it seems more feasible to attempt to improve and strengthen the
social support rather than reduce the exposure to stressors'
(cited in Thoits 1982: 155)

If some support interventions are legitimised at the expense of others, then
professional and formal support may be turning some women back onto
their own and other mother's meagre resources. This may continue to
expose them to poverty and exclusion and differentiate them as 'problem'
families.

13 SUMMARY OF SUPPORT REVIEW

The earlier review of the poverty literature illuminated the impact of low
income on the lives of women caring for children and on their need for
support. The support literature illustrates that the circumstances in which mothers need support may also be those circumstances where support is lacking. Because women cannot call on their family for adequate support, they may be at risk of being identified as having individual problems in the way they respond to their and their children’s poverty. Studies of professional support interventions suggest that, in perceiving these women’s needs as different, they may then reflect and reinforce the view that their problems are the result of personal failings. Thus, because some women cannot call on family resources, they become blameworthy and targeted.

14. REVIEW OF KIN LITERATURE

The review of support literature highlights the importance of ‘family’ availability for women caring for children on a low income. This third section therefore reviews kin literature to consider the likelihood of kin availability for lone mothers. The importance of a lone mother’s mother being available is again emphasised. It will also show that if that mother cannot be available for whatever reason then other kin relationships may also be less likely.

This third section draws from kin and lone mother studies which consider access to kin. Divided into five parts, it will begin with a brief overview of the changing boundaries between state and family responsibility. Secondly, definitions and critiques of kin will be discussed. Thirdly, the
focus will be on the patterns of significant kin and the significance of the
mother's own mother in particular. Fourthly, the establishing of significant
relationships with the kin of male partners, within and outside of marriage
will be considered. The final part of this section illustrates that lone
mothers without their own mothers are also more likely to lack contact with
other kin and friends. This suggests the greater likelihood of a lone mother
being alone in caring for her children and herself.

15. STATE AND FAMILY RESPONSIBILITIES

Kinship is identified as an important dimension of social policy at the public
level, as well as an important resource in the private sphere. This section
gives a brief overview of the state - family interface which remains a
shifting boundary, over time and across responsibilities.

15.1 Changing boundaries between state and family

At the time of the Poor Law, the assumed 'naturalness' of the family taking
responsibility for each other is shown to be questionable by the need for a
liable relative law because of family members who were perceived as
unwilling to undertake these responsibilities. The state included family
relations spanning three generations, grandparent to grandchild as well as
siblings in their liable relative definition. Post war, this definition
narrowed to spouse / cohabitee and their dependent children (Finch 1989).
Legal liability was extended more recently. The Social Security Act 1990
and the Child Support Act 1991 extended the liability of an absent parent to maintain their children and the other parent. The state too, is currently extending its boundaries. Under Labour, the provision of child-care subsidies to assist women returning to employment means in effect the state taking some responsibility for day care for some children under school age.

With respect to claimants however, private responsibility have been extended, although the legal obligation of liability remains absent (Finch 1989; Fox Harding 1996). The social policy changes of the 1980s in, for example, reducing state benefit (see Ch. 2) and retaining their inadequate benefit levels (see poverty review above) means that state public responsibility has been reduced defacto. In practice, professional workers, state and voluntary, may seek to mobilise family support for their clients and users and therefore assist in extending private family dependency.

Finch (1989 & 1996) identifies three assumptions built into public policy. Firstly, that the majority of decent families will take responsibility for each other. Secondly, the ‘closer’ the relationship, the stronger the obligations to each other and thirdly, that women will care for the health and welfare of the family. Social policy built on this foundation will affect different women differently. For lone mothers without a family who can undertake the assumed obligations, a breach is left by the state’s withdrawal. In these circumstances it is the mother and her child who carries the consequences.
16. DEFINITIONS AND CRITIQUES OF KIN

This second section of the kin literature review, in considering the definitions of kin and the critiques of those definitions, illustrates the importance of social relations as opposed to any given kin relationship status.

16.1 Definition of kin

Kin is normally defined through blood, legal adoption and marriage. It is marriage which opens up the possibility of access to new and therefore a greater number, of kin (Rosser & Harris 1965; Firth et al. 1970; Young & Willmott 1986; Warrier 1988; Afsar 1989). Thus the woman’s family of origin and her in-laws both become the birth child’s blood relations. This grounding of kin in marriage is evident in the tendency of researchers to gather data around the naming of the family tree (Bott 1957); specific generations (Stacey 1960) or particular family relationships (Rosser & Harris 1965; McGlone et al 1996). However, this use of kin frameworks, grounded in marriage, unveils a variety of concepts for family and kin terminology (Rosser & Harris 1965; Firth et al. 1970; Finch & Mason 1991; Hylton 1997).

16.2 Difficulties in defining kin
Concepts of kin may be affected by changes in household formation over different generations and through differing experiences of migration, length of settlement and socio-economic circumstances (Bhachu 1988; Werbner 1988; Warrier 1988; Afsar 1989; Brah 1992). Migration patterns and differing ethnic traditions may also affect who is available for support (Phoenix 1991; Meltzer 1994; Graham 1993b; Blackburn and Graham 1995) and therefore add to the diversity of kinship concepts.

Qualitative research in areas of health and informal care draws attention to the myths and realities of Black and Asian families having self-supporting extended family networks (Atkin & Rollings 1992; Pratt & Hills 1995). A high rate of lone motherhood within Black communities cannot be equated with extended families being around them (Bryan 1992). Conversely, a low rate of lone motherhood within Asian communities may mean that there is either no-one to turn to for support (Rickford 1998) or that mothers are accessible (Chaudhary 1995).

Firth et al. (1970) emphasis the importance of the informant’s own definitions of who is included or excluded within their ‘close’, ‘extended’ or family ‘relations’. Although retaining a framework of kinship relations through blood and marriage, these researchers reveal an ‘operational social concept’ being used by the individual participants of their study. Thus the concept of family, based on ‘affective significance’ (Firth et al. 1970: 91-
92), is likely to vary from one person to another as well as at various times for the same person.

'Affective significance' is also apparent in the contesting of 'kin' as solely acquired through marriage and procreation. Lesbian and gay communities develop the subjective view of personal social relationships in the concept of 'families we choose' and 'families we create' (Weston 1991; Lewin 1993; Weeks et al 1996). This perspective challenges concepts of kin as 'natural' and biological. However, the heterogeneity of lesbian and gay family relationships is further illustrated, particularly when they become parents, by the chosen family being at times, as well as and not just instead of, their families of origin (Weston 1991). The fluidity and variety apparent in the use and understanding of who is defined as kin leads Weston (1991) to argue that it is difficult to uncover a 'mappable family structure' (ibid. 109). Rosser and Harris (1965) stress the range and diversity of kin between families is itself an important and significant finding.

This highlighted for my own study the imperative of inviting each lone mother to assess her loneness or aloneness in relation to support, as individual circumstances may be eclipsed by any overall mapping of her pattern of family structures. Yet, in accepting the limitations of pre-defined kin categories, some consistent patterns are identifiable, particularly in terms of who is significant in the lives of mothers.
17. SIGNIFICANT KIN

The focus of this third section is on the patterns of significant kin. The responsibility for kin relations lies with women: the *British Social Attitudes* Special International Report finds that in Britain kin contact is 'women's business' (Jowell et al. 1989). It is the mother-daughter relationship, as illustrated below, which is the most significant axis identified by White and Black ethnic kin studies in Britain.

17.1 Mother - daughter relationship

For women whose origins lie in the sub-continent, it is mothers-in-law in patrilocal households who tend to share care and rearing of children (Warrier 1988; Afsar 1989). For some younger Pakistani mothers born in Britain, their access to and the presence of their own mothers is more evident than in the past (Werbner 1988; Afsar 1989). Kin studies, however, whether for partnered or lone mothers, are predominately based on the experiences of women of White ethnicity.

Despite this limitation, the evidence suggests that the health and care of families is largely care by female kin. This is illustrated whether identifying a full range of kin in daily contact (Kerr 1958; Young & Willmott 1986) or the importance of the immediate and nuclear family

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4 'The cultural adjustment of Asian lone mothers living in London' is currently being studied (Rachana Sinha). No papers have yet been published.
(Stacey 1960). It is also acknowledged for White, married, middle-income women (Ribbens 1994), young mothers of varying marital status (Burghes with Brown 1995) or of Black or White ethnicity (Phoenix 1991). Health studies also highlight this same mother-daughter involvement in strategies of caring and welfare (Cornwall 1984), whether in middle or working class (Oakley & Rajan 1991) or Black & White low income households (Blackburn & Graham 1995). The recent British Social Attitudes Survey shows frequency of contact with mothers is found to be higher for lone parents when compared to two parent families (McGlone et al. 1998), a pattern repeated for widowed (Marris 1958) and lesbian (Lewin 1993) lone mothers, particularly for those with young children living in poorer economic circumstances.

‘The relationship between the mother and daughter stands out especially as the most constant source of help’
(Marris 1958: 52-53)

Lewin (1993), in comparing some USA single heterosexual and lesbian mothers, finds that the birth of the child brings the mother and her mother closer, with the majority of respondents regarding:

‘parents as the most reliable sources of support and as their most appropriate resource when times were hard’
(Lewin 1993: 9)

As is evident above, it is the birth of a child which brings in new and greater domestic responsibilities for mothers (Cotterill 1994; Phoenix 1991). Also, when women cannot resource their family’s welfare needs, they look to other women within their kin structure (Firth et al. 1970) for resources of
aid and support, if at all possible. Women with limited budgets seek support from their own mothers in an effort to protect family health and welfare, particularly that of their own children (see for example Bradshaw & Holmes 1989; Cohen et al. 1992; Graham 1993a; Kempson 1996).

17.2 **A need for kin access with the birth of a child**

Kin research identifies that the birth of a child draws significant kin inward and closer to the nuclear family and that this is a pattern which cross-cuts the range of class and income groups (Stacey 1960; Rosser & Harris 1965; Firth et al. 1970; Young & Willmott 1986; Hill 1987). It is evident that the woman favours her own mother, who is closer, typically has more direct contact and is therefore more likely to be, a significant kin to her daughter and grandchild. However, in White ethnic studies, both the woman's and her husband's mother are identified as being important in the 'informal economy of care' (Graham 1993a) whilst carrying out different roles.

18. **SIGNIFICANT KIN IN THE ABSENCE OF A WOMAN'S OWN MOTHER**

In this fourth section I will show that whilst a marriage provides a possible avenue to other kin, it is only for a minority of women that any significant and lasting relationship continues with in-laws beyond that marriage. Outside of marriage establishing such a relationship with a partner's kin appears even more difficult. It becomes apparent that the presence of
children does not necessarily create an avenue for kin support for lone mothers from the father’s kin.

18.1 Access to mothers-in-law

Kin studies which are grounded in marriage illustrate, in theory, the provision of a second route of access to kin so women have two potential routes to help with caring for their children. Older studies (Young & Willmott 1986; Rosser & Harris 1965) acknowledge difficult associations between daughters-in-law and mothers-in-law as does contemporary literature (Cotterill 1994). Yet, what is evident is that, in the vast majority of cases, when a woman’s mother cannot be a significant person in her life, her mother-in-law is perceived as being “just like mother” (Young & Willmott 1986; Firth et al. 1970). The findings suggest that marriage provides another possible channel to kin from which a relationship of significance may be acquired ‘to fill the blank spaces in the ranks of one’s own family’ (Rosser & Harris 1965: 260). With marriage opening up this route to kin-in-law accessibility, the question arises of whether it remains open for lone mothers who have been married.

18.2 Access to mothers-in-law for widows and divorcees

Once a marriage is over, whether because of the death of a husband (Marris 1958) or through divorce (Finch and Mason 1990), the evidence suggests that, while it is difficult for the majority to retain in-law kinship, it is
possible that for a few, effective relationships will continue. What appears to be required is that the relationship of mothers and their mothers-in-law are already established over time before entry into lone motherhood (Marris 1958; Finch & Mason 1990).

Studies indicate the circumstances that facilitate a strong relationship continuing after a husband’s death as: either, during the marriage the woman’s own mother is dead or the mother-in-law has no daughter of her own. It is in these circumstances that a closer relationship is established between mother and (ex) mother-in-law. The greater the mother’s ties with her own mother, the less likely it is that this affective significance will be established (Marris 1958; Young and Willmott 1986; Firth et al. 1970). Thus neither marriage itself, nor the presence of children, guarantee that in-law kin relationships will endure:

‘Once the funeral was over, the widows received little further aid from their husband’s families’.

(Marris 1958: 50)

The most noticeable finding is the proportion of women having no contact with their in-laws, rising from thirty percent before to sixty-seven percent after widowhood (Marris 1958: 77). With the greater likelihood of acrimonious relations for those separating or divorcing (Finch & Mason 1990), it is less likely that they would retain in-law relationships.
The Finer Committee (1974) illustrates a pattern of loss of contact between women and their mothers-in-law after divorce. Comparing one parent (via divorce only) and two parent families, living in either their own or other households in five geographical areas, this study finds the divorced women having 'far less contact' with (ex) mothers-in-law than the married women. Fifty percent reported 'never [had] contact; [are] not in touch or don't know if they are living' (Hunt et al. 1973: Vol. I: 55). Finch & Mason’s (1990) study also considers relations continuing between (ex) in-laws and lone mothers, albeit in relation to caring for older people.

Qualitative case studies have found a continuing ex-in-law relationship after the lone mother remarries when a number of factors override the changes of marriage-divorce-marriage. The factors were: during the marriage, good relations were established, that they continued for a period which allowed an establishment of reciprocity and that throughout the process of the divorce, there was a desire for grandchildren and grandparent relationships to continue. A final factor was that recriminations had been avoided and the in-laws were perceived as supportive (Finch & Mason 1990).

Marriage can open up access to new kin. Yet, the review above indicates the difficulties of establishing and retaining relationships via marriage even in widowhood and where grandchildren are involved. The previous chapter showed the lone parent literature identifying routes into and out of
lone motherhood as dynamic and diverse (Jackson 1982; Bradshaw & Millar 1991; Burghes with Brown 1995; Ford et al. 1995). This begs the question as to whether partnerships outside of marriage have the same or less likelihood of establishing significant relations with the kin belonging to the father of the child.

18.3 Access to kin for single lone mothers

Studies focusing on cohabitation (Kiernan & Estaugh 1993; Cotterill 1994) and the birth of their children (Maclean & Eekelaar 1997) suggest difficulties in establishing an effective relationship with the father of the child’s kin. There is a greater likelihood after separation that relations with her ex-partner’s kin will not be retained.

Firstly, there appears to be a difference in the ‘commitment to permanence’ between couples who marry and those who cohabit. The cohabiting relationship is identified as being couched in terms that permanency ‘might be’ a possibility (Kiernan and Estaugh 1993: 70). It is since the 1980s that these unions have increasingly included the birth of a child, yet Ermisch (1995) finds a high rate of dissolution compared to marital unions (Kiernan et al. 1998). There are also indications that cohabiting partnership duration once a child is born is shorter than in marriage (Kiernan et al. 1998). Maclean and Eekelaar (1997) report that even where cohabiting and sexual relationships have continued for some time, separation follows quite quickly
after the birth. However, in contrast, Bradshaw and Millar's (1991) study finds ex-cohabiting and ex-married living similar lengths of time together as a couple. The important difference between the two studies may be the length of time together as a couple with the child as opposed to how long the couple were together.

Thirdly, Cotterill (1994) gives some insight into the difference that marriage makes to kin relationships, in her study of cohabiting couples who go on to get married. From interviews with the partner's mother, she found that, when couples live together, the 'concepts of "normal" kin relations' are altered (Cotterill 1994: 132). All the mothers-in-law spoke of not knowing how to treat the son's partner during the cohabiting period; it needed a marriage to establish for them the relationship between them. This same feeling was attributed to the daughters-in-law who find difficulty, both when cohabiting and after divorce

‘in defining or redefining conventional mother-in-law and daughter-in-law relationships’

(Cotterill 1994; 135)

The restrictive nature of British kinship terminology is identified as only marriage permits an idiom, even if only the prefix of in-law as to what to call their respective parents (Firth et al. 1970; Finch & Mason 1990; Cotterill 1994). Thus kin relationships for some are ambiguous or confusing territory in cohabitation (Cotterill 1994). This all suggests a more difficult channel of kin access being opened up in the first place, less
time to establish relationships across kin and therefore less likelihood of these relationships being retained after separation. In addition, continuing contact between the lone mother and the father of the child does not appear to facilitate closer relationships with his kin.

18.4 Child’s father as access to kin

Although some fathers retain contact with their children, the mother of the child has little or no involvement with the father’s kin and they appear not to be a particularly viable resource for the lone mother to call upon. This is in-keeping with findings that the presence of grandchildren as a factor on its own is less significant than expected in maintaining relationships after widowhood (Marris 1958) or divorce (Finch & Mason 1990). It appears that fathers and children are more likely to retain contact after the parents separate if the child is of an older age. This is linked to the father having lived with the child longer and this longer relationship is more likely to have been within marriage (Maclean and Eekelaar 1997). Burghes et al. (1997) suggest that where there has been joint parenting before separation, it is more likely to continue afterwards. Qualitative studies (Gill 1992; Cotterill 1994) find some lone mothers actively trying to maintain contact between her children and the father’s parents.

The father’s parents are found to be in a position to play a ‘major role in the development of his relationship with his child’, particularly when his mother
is supportive and welcomes his child as 'an additional member of the
family' (Speak et al. 1997: 30). Yet indications are that ongoing contact
does not mean that the father's kin are necessarily available to the lone
mother herself. Access to other significant family as well as friends also
appears restricted.

**19. LACKING ACCESS TO POSSIBLE SIGNIFICANT PEOPLE**

Quantitative and qualitative research indicate that lone mothers with their
own mother available to them still have less contact with other relatives and
friends. When the lone mother's mother is not available, it appears that
other alternatives, which could compensate for the lack of this supportive
relationship, may also be deficient. Whilst my data finds variable patterns
of kin contact a few women whose mothers could or did not assist them,
they were the women who were found to have the greatest difficulties in
surviving.

**19.1 Maternal mother's role in accessing other kin**

Mothers not having their own mothers available to them means that a 'vital'
role (Stacey 1960: 121) as 'kin mobilizer' (Firth et al. 1970: 139; Werbner
1988) or 'kin keeper' (Young & Willmott 1986: 77) appears to be missing.
Although studies have not necessarily focused on the more alone mothers
Firth et al. (1970) finds, at the birth of children, 40% of mothers in his
sample reported no kin help at all was received whilst, Blackburn and
Graham (1995) report approximately 33% of their sample of mothers as lacking support from relatives. Gunnarsson and Cochran (1990), comparing lone and two parent families in Sweden and the USA, find the former having less relatives in their network. Although including friends as well as relatives, Phoenix (1991), again finds that the theoretical ‘potential pool’ of a social network is smallest among those young Black and White mothers whose own ‘mothers were not available to them’ (Phoenix 1991: 131). Oakley & Rajan (1991) also report that the pregnant working class women in their study who are more isolated from relatives are also the women lacking in friends. This group make up almost one in five of their sample. Thus, a variety of studies of lone and partnered mothers give an insight into the possibilities of some mother being more alone than others.

As already identified in the support literature, in relation to young mothers being viewed as a social problem, as not capable or responsible mothers, Phoenix (1991) notes the danger of making ‘some women reluctant to ask for child-care support when they most need it’ (ibid. 194). Fears of the repercussions of asking for support is very evident in the data from this study (Ch. 5) and to those working with lone parents (Henderson 1996). Awareness of women’s fears in how their caring capacity will be perceived is also crucial to recruitment and involvement in research (Westcott 1995; Mahon et al. 1996). For my own study, questions are raised as to who is
the significant person for the lone mother and just as importantly, what access and contact exists to enable a significant person to figure in her life. Last but not least, from the literature review I recognised the necessity that my methods of data collection had to acknowledge the sensitivity of my research focus for the women invited to take part.

20. SUMMARY OF KIN LITERATURE

The research literature suggests that within kin relationships, it is the importance of establishing an affective significant relationship which matters. It is the daughter - mother relationship which is most likely to provide this key relationship. For most women with children and especially those in difficult economic circumstances, it is their women kin and most particularly their mothers, to whom they turn for assistance. Routes to lone motherhood through marriage, except in exceptional circumstances, are shown to have tenuous links with the in-law kin after separation and divorce. Routes to lone motherhood outside of marriage indicate even more restricted access and marginality to their (ex)partner’s kin. When lone mothers have no access or contact to their own mother and have not established any significant relationships with her partner’s kin, she is more likely to be on her own. Further, the literature appears to suggest an association between the lack of a lone mother’s own mother and a lack of contact with other kin or friends.
This review has focused on the three areas of poverty, support and kin. The reason for concentrating on these aspects is the significance they have for lone mothers in influencing whether she is a lone or an alone mother caring for her children and herself. The three areas also interconnect in compounding the aloneness of some mothers.

The majority of lone mothers are identified as being in poverty. This may or may not result in experiences of exclusion from health and social welfare. State income, shown to be inadequate to meet health and welfare needs, means that additional resources are needed if family needs are to be met. The provision of additional resources by kin and amongst friends may both conceal poverty and prevent social exclusion for some lone mothers - hence they are not alone in their caring responsibilities. For others, their lack of inter-household resources exposes them to greater degrees of poverty and exclusion. This in turn makes formal support both more important and more likely. However, formal support may expose the alone lone mother to negative judgements. In receiving formal help because she is caring in circumstances of material hardship without support, she may be identified as unable to manage or parent satisfactorily.

Against this backdrop of the literature review, the next chapter introduces my study. It was designed to give women who live on their own with their
children the opportunity to voice their perceptions on the questions discussed in the literature review: the experiences of lone mothers on low income, what support means to them and who it is they feel is there for them in a supporting role.
CHAPTER FOUR

INVITING WOMEN TO VOICE THEIR PERCEPTIONS AND EXPERIENCES: THE DATA COLLECTION PROCESS AND THE WOMEN INVOLVED

"If you’re going to use these [interviews], and find what you find, and our thoughts and that, I think that’s good. Because I think people need to know a lot more about single mothers."

(Teresa)

1. INTRODUCTION

This chapter describes and reflects on key elements of the methodology of the study. Prompted by the literature which shows that the perceptions (Gottlieb 1978; Oakley 1992) and the complexity of women’s experiences (Leeming et al. 1994) can still remain unheard, I designed the study to get as close as possible to some lone mothers’ perceptions, to the way they understood and the way they experienced their lives. I am not underestimating the magnitude of this aim nor making the impossible claim that I can represent the ‘real’ voices or experiences of the women. Instead, by sharing some of my research journey I try to show how I attempted, as Mauthner and Doucet put it, ‘.. to hear more of their voices, and understand more of their perspective ...’ (1998: 140).

The first part of the chapter is divided into five sections. Firstly, I describe my research focus and my sampling criteria. Secondly, I describe my methods of data collection. Thirdly, I will describe the method of analysis
as yet another distinct, but integrated stage, in the research process.

Fourthly, I discuss the ethical considerations raised by my field of study.

The fifth section presents some of my personal reflections on being ‘in the field’, the views of participants on taking part and the asking of inappropriate questions. The second part of the chapter will summarise the relevant socio-demographic, economic and household characteristics of the women involved in the study.

2. STUDY DESIGN

My field of study is specifically concerned with women in receipt of income support who are living with pre-school child(ren) without another adult in the household. Some of the problems and difficulties of defining a ‘lone mother’ have already been discussed in chapter two. I was aware that my decision on ‘lone motherhood’ characteristics would determine whether a woman would be invited to take part or not. Yet, by imposing my definition, I did not want to undermine a woman’s own concept of herself as being or not being a lone mother. I decided therefore that even though I had determined my sampling criteria, I should also, as will be seen in later chapters, invite the respondents to share their perspective on my definitions of their lone motherhood and low income.

2.1 Lone mother as a sample characteristic
I chose the term 'lone mothers' to single mothers, because the latter could imply a negative view of women who were not married. I rejected the term female headed (Silva 1996) household to avoid any inference that other living arrangements might then be implicitly termed ‘male’ headed. My particular focus was on lone mothers living on their own with children. I refer to mothers and children in these circumstances as ‘lone mother households’.

2.2 Lone mother household as a sample characteristic

My reason for using ‘household’ as a description was threefold. Firstly, although ‘family’ represents a positive term and would counteract negative media and political rhetoric, ‘household’ is a concept which avoids imposing definitions of ‘family’ which can differ in White (Rosser & Harris 1965; Firth et al. 1970) as well as in Black and Asian traditions (Ouseley 1993; Hylton 1997; Butt & Box 1998) and in gay and lesbian communities (Weston 1991; Lewin 1993; Weeks et al 1996). Secondly, as shown in chapter two, lone mothers increasingly live in one-family households (Haskey 1991b). Thirdly, evidence indicates that lone mothers living on their own have a worse health status than those living with others (Popay & Jones 1990) and that they may encounter difficulties when negotiating access across household boundaries to meet health needs (Pearson et al. 1992 & 1993; Westlake & Pearson 1994 &1995). However, in recognition of differing relationship unions (Phoenix 1991; Bryan 1992; Mirza 1992),
and the difficulties of how we define living with a partner (Rowlingson & McKay 1998), the women themselves decided whether or not this household description fitted their own circumstances.

It needs to be acknowledged that this focus on the nuclear lone family has drawbacks. For example it serves to conceal experiences of sole parenting whilst living with a partner (Gill 1992) and conflicting relationships around support and control within parental homes (Phoenix 1991). It also means that issues related to the distribution of poverty within households shared with individuals or other families (McKendrick 1998)\(^1\) is obscured, as well as creating a bias because of age patterns associated with household formation (Heath & Dale 1994a).

### 2.3 Income support as a sample characteristic

Low income is defined in this study as those in receipt of IS. This decision was based on two factors highlighted in the previous chapters: firstly, the empirical data showing the majority of lone mothers are dependent on IS (McKay & Marsh 1994; DSS 1997; Pullinger & Summerfield 1997) and secondly, the high percentage of lone mothers remaining recipients of IS for three years or more (Monk 1993).

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\(^1\) The phone of a pilot interviewee had been disconnected because of the bill her brother, who lived with her, had incurred. But it was her who had the difficulties in accessing health and social support.
This decision, however, creates a possible ethnic bias as racism has long
been noted as structured into women’s employment experiences (Phizacklea
1982; Bhat et al 1988; Cook and Watt 1992). Thus, the ‘West Indian’ lone
mother is more likely than the ‘White’ lone mother to be working full-time
(Monk 1993) and therefore less likely to be IS recipients.

2.4 Pre-school child(ren) as a sample characteristic

With the data highlighting the low percentages of lone mothers in full or
part-time work (Monk 1993) and this work pattern particularly marked for
those with child(ren) under five (McKay & Marsh 1994), the issues of low
income and support were likely to be particularly keenly felt among lone
mothers with pre-school children.

Having clarified my research focus, I sought an effective methodology for
collecting data which would respect both the sensitivity of this particular
research question and its effects on the participants.

3. METHODS OF DATA COLLECTION

Identifiable in the literature is the continuing need to consider how structural
inequalities affect women in their everyday lives (e.g. Cahill 1994; Westlake
& Pearson 1994; Kempson 1996). Secondly, there is a lack of ‘ordinary’
people’s perceptions of social support (Oakley 1992). I therefore sought to
invite women to share their experiences on lone motherhood, low income
and what support meant to them. The two methods of data collection undertaken will be discussed below:

Table 4.1 Number of women involved in each data collection method

<table>
<thead>
<tr>
<th></th>
<th>Focus Groups</th>
<th>Individual Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of groups</td>
<td>Five</td>
<td></td>
</tr>
<tr>
<td>Number of women</td>
<td>Thirty-three</td>
<td>Thirty-seven</td>
</tr>
</tbody>
</table>

3.1 Focus Groups

A focus group is a group of people who meet for a 'focused' discussion based on a topic guide which is led by facilitator(s) so that the chosen topic can be discussed by all the participants involved. While the researcher has less control over the data generated than s/he might in an individual interview and individual contributions can be influenced by the group (Morgan 1988), focus groups offered important benefits in this study. Firstly, focused discussions and participants' interactions are identified as an avenue to gaining insights into people's way of expressing their shared and differing perspectives, opinions, feelings and experiences on a given topic (Jarrett 1993; Morgan & Krueger 1993; Kitzinger 1995; Agar 1996; Gibbs 1997) with 'sensitive' populations (Lengua et al 1992; Jarrett 1993; Magill 1993) and aiding exploration of sensitive topics (Zeller 1993; Kitzinger 1994). Secondly, focus groups can assist in the devising of an individual interview schedule (Frey & Fontana 1993) and proved an important resource for the individual interview schedule developed in this study.
Thirdly, and not an aspect identified in the literature, because I hoped to involve some of the participants in the individual interviews, the focus groups were to provide a sensitive avenue of approach. This was based on a personal view that, through the group participation, the women could gain some insight into my approach and interest in their circumstances. In trying to establish a relationship this way, I was attempting to emulate that process of bridging the gap between a ‘public’ and ‘private’ account which others have sought by re-visiting for in-depth interviews (Cornwall 1984; Cotterill 1994).

3.2 Focus group access

I sought to arrange the focus groups through venues where women met together and where resources, necessary to facilitate discussion groups, might be available. At four of the five centres, I had to arrange and pay for appropriate child care. This lack of child-care is itself illustrated as an aspect of support which is missing in the lives of some of the women in this study (Chs. 8 & 9) and identified in other research (Mayall 1990). Recognising how sensitive issues might harm participants (Brannen 1988; Alderson 1995; Mahon et al 1996), the vital resource which the venues provided was workers, who knew the participants and were willing to be available if any individual wanted to talk after the session.
The agencies through which I sought the participants of lone mothers are described in Figure 4.1.

Access involved contact with a variety of different gatekeepers. Of six agencies contacted, initial entry was agreed with five, resulting in five focus groups involving thirty-three women. At one centre, I was refused access as the women had already been “exhaustively researched”. Recruitment of participants for the groups also differed in each case; some being directly via the gatekeeper(s) whilst for others I was more actively involved. A lack of a population list (Burgess 1984), because workers did not know the income

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119
or living arrangements of all their users, made personal recruitment impossible. Thus invitations, explaining the criteria for involvement, were extended to all users.

Ideal numbers for focus groups range from four to eight (Kitzinger 1995) or twelve (Morgan 1988). At one venue (FG 3 A) there were only two women present. As the women interacted and exchanged views and experiences between themselves they settled into a 'peer group conversation' (Morgan 1988) as opposed to a joint interview (Arksey 1996). For ease of reference I also use the term focus group for their joint discussion.

Gift vouchers were given to group participants for attending. Because of the debate as to whether payment is compensatory or an inducement which affects participatory levels and introduces bias (NCB 1993; Jarrett 1993; Thompson 1996), I left it to the discretion of the agency workers as to whether the women were informed before or after taking part in the group. Individual interviewees, who also received vouchers, were not informed beforehand. However, I am sure that those contacted via snowballing would have been aware that vouchers had been given to interviewees.

An associate, Judy Scully and a friend, Mary Foy, in different groups undertook part of the role of a co-facilitator. This involved taking notes of the discussion and monitoring the tape recorder.
3.3 The topic guide

As can be seen in Figure 4.2, the topic guide was divided into four main parts:

| Part 1: General introduction: | welcoming / thanking participants, explaining about the research and where the focus group fitted into the process. Also included issues of confidentiality, reasons for taping and taking notes and the general format of the session and availability if anyone wanted to talk after the session. |
| Part 2: Self-introduction: | of all participants: name; number of children & ages; how long in the area; how well did they know it / like it; if user of the centre for how long etc. |
| Part 3: Discussion topic: | What support means to me is ...? What / whose experiences have they drawn from? What makes it easier? as a lone mother caring for pre-school children? What makes it harder? What makes support, supportive? |
| Part 4: The questionnaire / closing the focus group: | Explain where questionnaire fits in process; go through it together; give out vouchers; thank them again and remind them, we and workers are around if they do want to talk to anyone about anything in the group session. Tell them we will send them some information on what was generally shared in all the groups. |

The idea of the self-introductions was to invite a contribution, in a less-threatening way, so to make any further interventions easier. These details also gave a contextual background, which were drawn on during the

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3 The wording is borrowed from Morgan's (1989) 'Adjusting to Widowhood' research. I replaced widowhood with 'as a lone mother'.
discussion, for example: “the difference between you living / not living long in the area, did that help / hinder ..?” As well as assisting the ‘settling in’, the women also got to know something about me, the researcher and the co-facilitator.

The prevalence of differing definitions of social support identified by the literature review and the lack of studies which look to the research participant’s own definitions of support prompted my topic guide sentence construction design. This entailed asking, “What support means to me is ..” and leaving, as Merton describes, a ‘blank page to be filled in ..’ (cited in Krueger 1994: 60). ‘Support’ is therefore left undefined and meant whatever the women perceive it to be at this time in their lives.

The questionnaire at the end of the session was designed to give me some sense of the participants (Morgan 1988) and indicate any sample bias (Morgan 1988; Krueger 1994), as well as to get feedback about the group experience. It was also a form of consent from those who, meeting the sample criteria, were willing for me to re-contact them for an individual interview at a later stage. The thirty-three women, whilst not all meeting the criteria, gave consent for me to contact them personally at their home addresses.
The questionnaire was completed in the group setting. I read out the questions as some carried on at their own pace whilst others, in twos and threes, worked along with me. This group involvement allowed the questionnaire not to be simply viewed as an instrument of compiling characteristics but also part of the whole process of assisting to unearth the women’s experiences and changing situations.

This qualitative approach, of inviting the women to express their thoughts as they provide quantifiable data, proved invaluable in the design of the individual interview schedule and exposed the issue of how set categories may hide just as much as they reveal. Because lone mothers households are less likely to have access to phones and cars than other households with children (Speak et al. 1995; Graham 1996; ONS 1996), a question, mirroring the phraseology of the General Household Survey, was included in the focus group questionnaire:

Is there a phone available to you in your (part of the) accommodation?  
Yes  No

More probing questions were included in the interview schedule about access to phones because of this intervention in the FG 2 group:

R2  "... In my case I had me mother help me get it on. ... with the kids, she wanted me to have outside contact for any emergencies, ... when you ... tick things like this, people think god, they’re on benefit, how can they afford that.”
For the same question a woman in the FG 3 group added a different
dimension through her thinking-aloud process:

R1  “Course I only have incoming calls.”

These responses act as a critique of a “yes” tick straightforwardly indicating
that a phone is owned and available in one’s home. As can be seen in
chapter seven, the standard researcher’s narrow question was widened in
acknowledgement of what phone availability meant in these women’s
experience.

3.4 Analysis of focus group discussions

My topic guide structure was used to analyse the discussion framed around
what support meant to the women in the groups. Listening to the tapes in
conjunction with the transcripts I drew out the elements of support
identified, both at the point where it was in response to the guide and then at
other points throughout the dialogue. This was a process followed for each
topic area. In working through each focus dialogue, as differing elements
or themes arose, I returned to the other focus group transcripts to see if they
too identified them. Also similarities, differences and contradictions
between the women’s experiences were noted, along with possible
indications of why these experiences varied. It was this analysis of the
women’s interactive dialogue focusing on ‘support’ which then formed the
basis of both open and closed questions in my interview schedule.
The negative stereotype of the lone mother undermining society and how this negative portrayal affected them personally, their caring role and seeking support from others was discussed in the focus groups. It prompted me to include specific questions in the individual interviews. Differences in the availability and type of support from family helped frame questions around how alone 'lone' mothers were in their caring. The recurring reference to the similarities of lone mothers and their situations was cited as a reason why they understood each other better. This prompted me to ask in the individual interviews if the woman agreed with the analysis and if those who understood her best were also the people who could provide the support she needed or wanted. Thus, having initiated the focus topic, I used women's own qualitative data to inform my interview schedule, which in turn provided a further way into women's perceptions of themselves and their everyday lives.

3.5 Recruitment of interviewees

Accessing women through participation in the focus groups was, as discussed earlier, a deliberate decision. However, there was a possible bias, that women having some contact with a venue where trained workers and / or women themselves gathered could be assumed to have some elements of support available to them. Therefore, to lessen the bias (Lee 1993), I sought contact with women who may not have had centre resources open to them. In trying to lessen the bias of my study I remained
conscious of the sensitive nature of my research focus and was alert to the fact that in seeking other interviewees, they would not have had an opportunity to meet with me before the interview in the same way as focus group participants.

The availability of the Achieving Lifestyle Change Data Set (ALC) allowed access to a sample of lone mothers, recruited by Health Visitors, living in a particular Health Trust area, in receipt of Income Support, having had a singleton birth, and living with their baby between April and November 1994. Permission was received to approach a random sample of fifteen women.4

In addition I used the snowballing networking method to recruit other lone mothers through women recruited via the focus groups and the ALC data set. This method is recognised as a way of making contact with sensitive groups or on sensitive topics (Burgess 1984; Lee 1993). For me, there was in this method of sampling at least the opportunity to enter the interview with some kind of a relationship, albeit once removed, through an intermediary former interviewee.

Table 4.2 shows how many women were recruited to the individual interview stage of the study.

4 Thanks are due to Clare Blackburn, Department of Applied Social Studies, University of Warwick for her permission in accessing the data set.
Table 4.2 Number of women involved in the individual interviews

<table>
<thead>
<tr>
<th>Method of Recruitment</th>
<th>Total number of women non-contactable (nc), not meeting criteria (nmc), or declining to take part (d).</th>
<th>Number of women interviewed - not meeting sample criteria</th>
<th>Number of women interviewed - meeting sample criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>One (nc)  Eleven (nmc) *</td>
<td>* Two (interviewed for pilot)</td>
<td>Twenty-one</td>
</tr>
<tr>
<td>ALC</td>
<td>Five (nc) Two (nmc) # Two (d)</td>
<td># One (interview revealed she did not meet criteria)</td>
<td>Six</td>
</tr>
<tr>
<td>Snowballing from focus group and ALC participants</td>
<td>Two (nmc) +</td>
<td>+ Two (interview revealed they did not meet criteria)</td>
<td>Ten</td>
</tr>
<tr>
<td>Total number of women included in final research</td>
<td></td>
<td></td>
<td>Thirty-seven women</td>
</tr>
</tbody>
</table>

Therefore from a total of forty women interviewed, thirty-seven fitted the stated criteria of being in receipt of Income Support and living on their own with a pre-school child(ren) without another adult in the household.

3.6 Contacting interviewees

I was resolute that each woman should have agreed to, or have notice of, my calling at their home. I empathised with Jarrett’s (1993) experience in contacting some ‘hard to reach groups’ because, with not knowing the women’s schedules, ‘[t]elephoning each parent was extremely time-consuming’ (ibid. 190). I too had some difficulty in phone contact because of households screening calls yet my time problems were because of the

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5 For three phone-calls I was asked my reason for calling. I said that I had met her down at the (named) centre or (naming snowball contact) said I could call. On two occasions the woman then came to the phone, the third speaker revealed herself as the named person.
lack of telephones in the women’s home combined with not knowing their daily routines. Some, having given phone numbers, were unobtainable when I called and as seen in chapter seven, illustrated their intermittent access to phone contact. The majority of women were therefore contacted in writing.

3.7 Interview schedule

The individual interview schedule reflecting both the themes and concepts of the focus group discussions was divided into eleven main sections (Figure 4.3).

<table>
<thead>
<tr>
<th>Figure 4.3 Interview schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. General Introduction</strong></td>
</tr>
<tr>
<td><strong>2. Household Details</strong></td>
</tr>
<tr>
<td><strong>3. What is Support</strong></td>
</tr>
<tr>
<td><strong>4. Support Received</strong></td>
</tr>
<tr>
<td><strong>5. Support Lacking or Wanted</strong></td>
</tr>
<tr>
<td><strong>6. What Makes Support Supportive</strong></td>
</tr>
<tr>
<td><strong>7. Seeking Support</strong></td>
</tr>
</tbody>
</table>
### ANALYSIS OF INDIVIDUAL INTERVIEWS

I began by listening to the tapes in conjunction with reading the transcript. Choosing six interviews, one from each data set and of varying lengths I began the coding process. I did this initially through each of the interview schedule’s thematic questions and sections on lone motherhood, low income and support. I then changed or extended the coding and classification as I went through each text.

#### 4.1 The generating of concepts and themes

Descriptive categories were separated from conceptual ones. Further classifications were made, for example: i) ‘pooling’ women’s own perceptions of being a ‘lone’ mother; ii) her views of how others perceived her because she was a ‘lone’ mother and experiences she related to that.
perception; iii) her views on lone mother’s shared understanding of each other’s situation and experiences of support between them. Links were therefore identified across the varying classifications where either women themselves spoke of an interconnecting relationship or were interpreted by me as having one. Sub-categories of similarities, differences and contradictions were identified in the process of looking for supporting and non-supporting evidence in the development of analytic data.

My interpretative analysis that women need to have support to be able to get support flowed out of this process. For example, drawing from the women’s perspective of whether they were alone or not identified a key aspect of the women being able to name others who were there for them and that they could say in what ways they were there for them. Cross-checking with a closed question on what makes life easier illustrated the importance of having access to people, material and financial resources. This interactive process of pattern-matching revealed that those women with little or without other people’s resources identified the lack of these same resources as making life difficult for them. Both those with support and those lacking support identified financial and material circumstances or people in their lives as crucial. The finding that lone mothers generally agreed that they understood each other’s situation was cross-checked with who they rely on for support. Differentiation was notable between those who had to rely on other lone mothers and those who did not. This tended
to inter-link with the overall support elements which the majority agreed as important. The women illustrated the difficulties of prioritising particular elements of support. What differed between them was the effect that had on their lives. The interpretative analysis shows how for some mothers this multi-dimensional nature restricts their access to other forms of support. For those women with some support components present, their support access tended to act as a channel to other support possibilities.

4.2 Difficulties of measuring supportiveness

There is no measure of supportiveness in my analysis. Part of the complexity of the analysis was to recognise that women’s situations varied by degrees and not absolutes. The women both spoke of and illustrated through their own experiences that, their life situations in and around support could move along a continuum. This could hinge on whether, for example, it was phone or car availability or whether someone was there for them or not at a crucial time, just as much as whether they were alone or not. I identify a spectrum of supportedness existing within the category of lone mother and the relatively disadvantaged position of unsupported (alone) lone mothers. In tending to identify those mothers at the ends of the continuum, I also recognise the difficulties for those lying in an ambiguous position along that continuum. I try and ensure that my analysis is alert to the dangers of presenting a too simplistic position of women either having or not having support.
4.3 Grounded theory

My analysis can also be said to be 'grounded' in my data in so far as it was contextualised and driven by previous research. My contextual, literature review and data chapters illustrate how the quantification of women's lives could force their experiences into categories and concepts whilst qualitative research 'set free' their experiences. The latter added knowledge, to not just a necessarily quantifiable difference, but a qualitative difference in the formulating of new concepts of understanding. I sought to build on these understandings: my analysis needed to emerge from the experience, meaning and understanding of the women themselves, a process identified with theory-generating research associated with 'grounded theory' (Strauss & Corbin 1990).

This thesis illustrates Layder's (1998) view that, although grounded theory was conceived as a counterpoint to grand theory's objective quantitative data and theory-testing, elements of theory testing and theory construction are present in both to varying degrees. As in the measurement of poverty and experience of social exclusion so quantification, although obscuring differences, can illustrate relative positions of varying social divisions of inequality (Brannen 1992; Oakley 1998). The discovery of how many or which people have a particular characteristic through quantification also
needs a conceptual understanding of what that feature means in people’s everyday lives (Brannen 1992).

While the numerical data I identified matter, the imperative for me was to try to seek, via method and analysis, a way to reveal the salience that the patterns captured in the quantitative data held for my own research participants. Hopefully, my analysis will also become the basis for further description and the foundation for other analyses (Dey 1993).

5. ETHICAL CONSIDERATIONS

As Kvale (1996) states ‘[e]thical decisions do not belong to a separate stage of interview investigation, but arise throughout the entire research process’ (ibid. 10). Whilst ethical decisions permeate all research, ethical issues tend to impinge more on researchers participating in sensitive research (Lee 1993). The political climate prevalent at the time of the study made my research on lone mothers particularly sensitive. Firstly, separating them out as worthy of focus could be interpreted as implying that they are a problem (Smart 1984). Asking them to voice perceptions and experiences around support, in relation to kin, could also be a sensitive area of inquiry (Cornwall 1984). Thus ethical issues were uppermost in my deliberations, not least because, in seeking to invite women to voice their circumstances, I could also be heightening their vulnerability (Finch 1984; Stacey 1988;
Ribbens 1989; Lee 1993) to accusations of ‘fitting’ the negative discourse
(see chapter 2) apparent at the time of and leading up to this study.

Statements of principle provide a framework for ethical protocol or codes. Yet, it is for each researcher to consider what that means in practice within the actual research being undertaken (Burgess 1984; Alderson 1995; Kvale 1996). Confidentiality, consent, participant remuneration or the sheer practicalities of how and when to knock on the interviewee’s door, all hold an ethical dimension. Confidentiality was one of my main ethical preoccupations.

5.1 Confidentiality

The confidentiality given in the focus groups was explained as an anonymity with regard to who said what in the group as well as a restricted number of people who would see the written text in full. However, focus groups by their very nature add a different dimension, as personal revelations are shared with others in the group (Morgan & Krueger 1993). Confidentiality can rarely be absolute once information is shared or committed to paper (Shardlow 1995). Consequently no guarantee of any confidentiality could be made. I needed to rely instead on a nodding agreement that no-one would talk outside of the group about personal contributions. In practice this meant for me that, whilst I was looking to encourage an open and shared conversation, I was paradoxically also trying to alert the participants to the
lack of confidentiality or anonymity which existed. I had no control on how and in what way their contribution would be repeated by other participants outside of the group setting.

Keeping a woman’s participation in the interviews confidential and by extension, protecting her anonymity differed depending on the method of her recruitment. Agreement to take part in the individual interviews for the focus group women was on the basis that neither the centre workers nor other women from the group would be told of the involvement in this stage of the research. For the snowballing technique, having received confirmation that it was acceptable to get in touch with a woman, no communication was then made to confirm or deny her involvement to the introductory party. However, for these women I am sure that they knew of each other’s participation. Anonymity for the random sample of the ALC data set was much clearer in practice and easier to guarantee. Confidentiality was also given in terms that their experiences and their accounts of them could be written and talked about but would be ‘pooled’ alongside those of other respondents using a pseudonym to hide their identity.

5.2 Child protection protocol

It is recognised that confidentiality extends beyond the individual, to others who could be directly affected by the research (Finch 1984; Lee 1993).
This is also included within ethical codes (Robson 1993: appendix B; British Sociological Association 1994). However, in my concern for the individual women, women in general and ‘lone’ mothers in particular, it would have been possible to overlook my responsibilities to the children in those same households. My regard for the women’s confidentiality could be at the expense of their children’s safety and compromised through not acknowledging the legal obligations which exist (Kvale 1996).

As a researcher, I was knocking on women’s doors, inviting them to ask me in, encouraging them to share some of their experiences with me and in the process keeping child protection issues in mind “just in case”. Parents can be ‘inevitably perturbed’ if research is identified with, for example, recognised child protection agencies because of ‘fears of removing children from home’ (Westcott 1995: 10). The prevalence of this fear is further illustrated in my own data (see chapter 5: 4.2) and visible, albeit in jest, by one late comer’s opening gambit in a focus group:

Jo  “... You’ve got an idea about why we’ve asked you to be here ..”

R1  (interrupts) “Yeah. You’re going to be talking about taking the kids off me because I can’t cope because they do me head in [a little laugh].”

I could not withhold from them that if, in talking to me I had concerns about the safety of their children, I would have to share those concerns with others. This stance was taken rather than a guarantee of confidentiality.
being given which, as in other research, would then not apply if concerns arose (Mahon et al 1996).

Drawing from two community based research projects with families and children (Henley Safe Children Project; Hifazat / Surukhia Project), which told parents that the children's rights took precedence over their own confidentiality, I explained the limits to confidentiality to both focus groups participants and to interviewees (Appendix I). A child protection procedure was also implemented, based, with permission, on Smith's (1991) plan of action for disclosure or concerns about children's welfare during interviews (Appendix II). Thankfully this procedure was not called upon during my study. However I remained concerned. I was a researcher in training not a trained social worker as I knocked on my interviewees' door in the knowledge that it is difficult enough for social workers to make such judgements (Gibbons & Bell 1994). Only two refusals were received (both ALC women) and made before I had explained any confidentiality proviso. Yet, that women did not refuse with the inclusion of the confidentiality clause made me pause for thought.

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6 Thanks are due to Lyn Carruthers, NSPCC, for talking to me at great length about this issue.
7 I am grateful to my two supervisors, Barnardos' Policy and Development Unit and staff in Warwick's Applied Social Studies Department for their advice on this protocol. Thanks are due to Professor Nick Spencer (University of Warwick), Helen Roberts, Jon Doble and Liz Garrett (Barnardos) who at various times was the named person in the Child Protection Procedure.
8 As part of my research training I was required to attend the 2nd. year of an MA / Diploma in Social Work specialising in child care and a Barnardos' Child Protection Training Programme for new entrants to their agency.
Whilst on the one hand I perceived my implied scrutiny of their parenting as a powerful force against women being involved, it was also, paradoxically, a powerful force for their compliance with my request to interview them.

Two consequences, both contradictory, suggest themselves to me. Firstly, my stance to give respect to the women through a greater knowledge of what confidentiality means, rather than having a hidden agenda, simultaneously may create a powerful force over her interests because she feels she has to participate in the study. This is because the power dynamics created by having a protocol may mean that a woman is forced into consent for fear a “no” will be interpreted in an incriminating way. Conversely, whilst fulfilling my ethical commitment to provide informed consent, it may continue to be at odds with the interests of the children because its presence may mean that entry is refused.

5.3 Anonymity in this thesis

To protect anonymity within this thesis, whilst simultaneously providing sufficient details about the respondents for interpretation of their comments, I have decided (i) to use pseudonyms for individual quotes; (ii) not to disclose ethnicity and (iii) not to give full socio-demographic, economic or household characteristics for each woman. Instead, some appropriate identifiers are included in each data chapter. The age group; number of children and access to telephones and transport for each woman interviewed
is listed in the appendix (III). Focus group dialogue will be identified by R, for respondent, followed by a number which was allocated during transcribing. No details will be given on focus group participants, the centre or the four areas of the country where they met.

Personal emphases will be shown in italics whether belonging to the respondents’ in their quotes or my own in the body of the chapters. Where I wish to make a point by emphasising someone else’s words, they will be in bold. Focus groups and all but one of the interviews were taped. Nothing said outside of the recording is used unless permission was given to do so. No-one took up the invitation to request a pause in recording if there were things they did not want to be used within the research, instead, three women asked that what had just been said should not be used. I transcribed these tapes myself and blanked out the passages they indicated. Where I did not know the employed\textsuperscript{9} transcriber’s views on issues she may have viewed negatively for example, paid work being undertaken which broke DSS rules, I transcribed the tapes myself.

6. **PERSONAL REFLECTIONS**

6.1 A part of and apart from, being ‘in the field’

I am, as is the vast majority of the women in this study, reliant on the misnomer of a ‘public’ privatised transport system. Travelling around the

\textsuperscript{9} The Industrial Collaborative Studentship finances made this possible.
estates and the respective cities and towns where they lived in one sense placed me very much ‘in the field’ as opposed to driving in and out again. As a result, I was sensitised to the difficulties and the stress I saw and heard on my day to day journeys. But at least I could afford the journey. Both a pilot interviewee and a woman within the main study (living in different parts of the country) illustrated, almost word for word, how lack of finances restricted their use of transport:

“I mean I walk everywhere ... I know it sounds daft but ... I mean it's 48p [bus fare] from here to down the road and 48p back, so it all costs. That can get you a loaf and some milk or something, you might as well walk. It sounds daft but that's the way it works.”

(Pilot interviewee with three children)

“... People think, well what's a pound. But it's a loaf of bread and milk for me and margarine ... if I spend that on public transport. I walk if I can.”

(Hazel, one child)

In the home, too, with the women whose children were asleep, both of us could concentrate on the questions and responses, and I heard the women’s views of how it felt to be with children twenty-four hours a day with little or no respite. However, it was only when I was with women whose children were wide awake that I felt the impact. I was conscious of the distractions, the request that I repeat the questions, my apologies for not catching the last comment, losing the train of the conversation, talking to the children and
trying to entertain them at the same time.\footnote{I went to every house with toys, colouring, activity and reading books suitable for a variety of ages and inclusive of images of both Black and White Children. Most items were left with the children.} The transcript of a woman with three of her own children and looking after a neighbour's child reads:

Transcriber: [A long conversation between the children and Jo, they are showing her their colouring, she's saying it's really good, with Mom trying to encourage them to go back to the table]

Jo “What about just wanting to get in touch with people. Have you someone who has a phone if you need to get in touch?”

Transcriber: [Child interrupts. Laughter]

Jo “Sorry.”

Ellen “It's all right. I never get any peace to talk, you just can't do it.”

Jo “Right. The phone ...”

This, in some little way, conveys the difficulties expressed by some women (and highlighted in chapter eight) that even when they have someone to talk to, the possibilities of peace and quiet to share confidences may be rare.

6.2 \textbf{How interviewees felt about the interviews}

At the end of each interview and focus group, I asked for any comments about the interview itself and about the groups discussions. As other researchers note, interviewees can gain benefit through involvement in the research (Brannen 1988; Cotterill 1992; Brannen 1993; Mahon et al 1996). Interviewees, when asked about their focus group experience talked of their reflections in the light of other women’s circumstances:

“Quite interesting weren’t it? ... I realised that perhaps I was quite lucky really. Because the one girl was
saying .. her dad died and she’s got no family ... I’m quite lucky really.”

(Babs, one child)

“I really enjoyed it. Like it was .. nice to hear other people’s point of view .. You were thinking, .. Oh, am I the only one that’s in this situation, but you’re not ... And like .. when I was listening to some of them, you think .. god, how do they manage sort of thing ...”

(Christina, one child)

Whilst such responses illustrate the ‘feel better factor’, I was also aware that it is the positive experiences you hear about. One woman said:

“Like when you asked all the questions, it don’t really bother me being a lone mother. Like now I’m thinking, what’s there for me, ... without my mum and friend I don’t think I’d do it.”

(Anna, one child)

Her reply concerned me. Had I heightened her anxiety of her situation? She alleviated my fears when, having received the dissemination leaflet she wrote saying I could “knock on her door anytime”. Yet I remain concerned as to whether I made some women more aware of their disadvantages vis-a-vis other lone mothers. An invitation was extended for anyone to write to me after the interview if they wanted to express any other comments. One anonymous note, simply and powerfully written, has stayed emotionally with me:

‘Single parents don’t get enough money to live on. We’d like more activities for children, because, my daughter she doesn’t get out much because there’s nowhere for her to play and also I don’t have a garden and I live on the second floor. I always spend more on her than myself. I don’t have much freedom myself from my child, because I am always with my child, all the time.’
Although aware of the benefits that other women spoke of, I ponder on how irrelevant my hour's interview may have seemed to her when she can express her perceptions and experience in six lines.

6.3 Inappropriate questions

Having decided that Income Support was my proxy for 'low income', I asked the women whether they felt they were caring on a low income. However I was aware that, in inviting the women to give their own views, I might also be in danger of indicating a lack of understanding of their financial predicament. The literature review (Ch. 3: 12.3) indicates that some health and community workers located problems of low income in an analysis of personal mismanagement. Such findings did raise a possible dilemma in my chosen approach, for in attempting to avoid an imposition of my views, I was in danger of being seen to do just that. Would I alienate the women and any further rapport by asking what they considered an incongruous question (Phoenix 1994) and exposing in their mind that I had no understanding of their financial situations?

The question worked in the pilots but within the main interviews I recognised responses of incongruity - usually played out in laughter. On first recognising it as an issue, I immediately added a rider: "Do you think that's a really stupid question?" My aim in using this as a follow-up was to hopefully disarm the women with humour and to imply that I knew I had
just asked an inane question. In hindsight, I would probably now retain it as a permanent follow-up replacing my reliance solely on my own antennae and thus on an implicit assumption that I could be sensitive enough to recognise which women had reservations about my question. Of the four women I asked regarding its silliness all, but one, replied in the affirmative. The reply of “no, it’s not silly”, drew on one woman’s view of how IS is conceived by others. She said that it was not enough for her to know it was low, it needed the realisation of others as to what it means in reality. It is this reality which I sought to illuminate within my empirical research findings. Before moving on to the data chapters themselves, the last section (overleaf) presents the characteristics of those who participated in the study.
7. SOCIO-DEMOGRAPHIC, ECONOMIC AND HOUSEHOLD CHARACTERISTICS

The decision to undertake a small scale qualitative study means that I am not seeking to generalise my findings or to claim that they are representative of the population. Rather, I am seeking to make visible experiences which may be obscured in large quantitative surveys. Nevertheless, it is important to know the characteristics of the sample from which these experiences derive. Firstly those socio-demographic characteristics which are known for focus group participants will be described. I will then describe the characteristics for the individual interviewees. These will be placed within the wider context of corresponding characteristics for lone mothers or lone parents within the population in general. Apart from car and telephone access, my sample matches the wider population of lone mothers.

7.1 Focus group participants

The criteria for inclusion in the focus groups were less stringent than for the individual interviews. Because no list of my sample population existed in the venues where I sought participants, reliance was on poster advertising and / or women users themselves publicising and recruiting each other. Involvement was therefore reliant on women’s own interpretations of their situation, as a lone mother on low income and having at least one pre-school child, ‘fitting’ the group criteria or on the interpretation of others encouraging them to take part. A tick box questionnaire provided some
socio-demographic and household characteristics so that some sense of the participants and potential biases within the groups, would be visible (Morgan 1988, Krueger 1994) A total of 33 women took part in the groups

7.1.1 Ethnicity

Using a prompt card with categories which included an option inviting their own description, the pie chart below illustrates the predominance of White UK participants in the groups One centre was situated in an area of predominately White ethnicity However, two other centres and a participant from one other venue identified the user group as not reflecting the different ethnic groups living in the area

Figure 4.4

**ETHNIC ORIGIN OF WOMEN IN FOCUS GROUPS**

\[ N = 31 \]

- WHITE UK: 25
- WHITE IRISH: 3
- MIXED PARENTAGE: 3

NB Two women did not answer the question
7.1.2 Age of women

The chart below shows that the majority of women were in the age range 25-29, with no women under 19 years of age. This lack of younger participants may reflect the centres themselves not attracting this age group. Workers in three centres spoke of a lack of contact with young mothers. It may also be that they did not respond to the general recruitment strategies or wanted to avoid a group discussion which involved talking about their mothering. The ‘Childcare Circles’ initiative (Ball 1996) identifies the difficulties of recruiting young mothers, their reluctance in joining groups of, albeit slightly, older mothers and the problems of being accepted in groups where mothers cover a greater age range.

Figure 4.5

AGE OF WOMEN IN FOCUS GROUPS
N = 33

<table>
<thead>
<tr>
<th>WOMEN'S AGE RANGE</th>
<th>NUMBER OF WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>30+</td>
<td>10</td>
</tr>
<tr>
<td>25-29</td>
<td>14</td>
</tr>
<tr>
<td>20-24</td>
<td>9</td>
</tr>
<tr>
<td>&lt;19</td>
<td>0</td>
</tr>
</tbody>
</table>

NUMBER OF WOMEN
7.1.3 Tenure

The housing tenure of the women involved in the focus groups illustrates the clustering of lone mothers in the rented sector. Only three women in the sample lived in owner occupier accommodation.

Figure 4.6

![Diagram of housing tenure]

**TYPE OF HOUSING TENURE**  
*N = 33*  

- **Owner Occupier**  
- **Rented Accommodation**
7.1.4 Years on benefit

A question on the length of time women had spent on benefit was included. With the less specific criterion of ‘low income’ for focus group participation, those in receipt of family credit are included in the sample. One woman, not in receipt of benefit, also considered herself to be on a low income.

Figure 4.7

LENGTH OF TIME ON BENEFIT
N = 32

<table>
<thead>
<tr>
<th>NUMBER OF YEARS</th>
<th>NUMBER OF WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>7+</td>
<td>0</td>
</tr>
</tbody>
</table>

INCOME SUPPORT
FAMILY CREDIT
7.1.5 Access to cars or vans

The chart below shows that only nine of the thirty-three women had no access at all to a car/van. However, the three categories; anytime, shopping only and for emergencies illustrates how 'access' to other people's transport, even when available, can differ considerably between women.

Figure 4.8

ACCESS TO TRANSPORT

<table>
<thead>
<tr>
<th>TYPE OF ACCESS</th>
<th>NUMBER OF WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own use</td>
<td>3</td>
</tr>
<tr>
<td>Anytime</td>
<td>8</td>
</tr>
<tr>
<td>Shopping only</td>
<td>0</td>
</tr>
<tr>
<td>Emerg only</td>
<td>13</td>
</tr>
<tr>
<td>None</td>
<td>9</td>
</tr>
</tbody>
</table>

N = 33
7.1.6 Access to telephones

A higher proportion of women were found to have a phone in their home compared to other lone mother studies (see 7.2.6 below).

Figure 4.9

ACCESS TO TELEPHONE IN OWN ACCOMMODATION
N = 33
7.2 **Individual interviewees**

The questionnaire at the end of the focus groups provided an opportunity firstly to, ascertain which women defined themselves as living on their own and secondly, to identify which women met my sample criteria for interviewing as well as, thirdly, seeking permission to contact them for an individual interview. This method of recruitment was complimented by both the ALC data set and snowballing (see 3.5 above). A total of 37 women who met the given criteria were interviewed. Twenty-one women were recruited from the focus groups, six from the ALC data set and ten women were recruited via the snowballing technique.
7.2.1 Ethnicity

White women make up the majority of the sample in this research accounting for approximately 76% of the women. This reflects the composition of the wider population where 92% of the lone mothers who care for dependent children are of White ethnicity (NCOPF 1995). The factors which may explain the lower proportion of Black mothers in this sample: my choice of IS recipients because Black women are more likely to be economically active (Monk 1993) and my reliance on recruitment via individual centres (see 7.1.1 above).

Figure 4.10

ETHNIC ORIGIN OF WOMEN IN INDIVIDUAL INTERVIEWS

N = 37

BLACK - CARIBBEAN
4

BLACK - UK
2

MIXED - PARENTAGE
3

WHITE - IRISH
2

WHITE UK
26
7.2.2 Age of women

The age range of the women is illustrated below. The majority (41%) of my sample were in the 25 to 29 range with 11 women (30%) in the 20 to 24 age range. The median age for single mothers is 25 compared with the 35 for divorced and separated women (Kiernan et al 1998). My own sample cannot be compared in this way as routes into lone motherhood were not recorded.

Figure 4.11
7.2.3 Tenure

In line with the national picture, the lone mothers in my study were concentrated in social housing. Ninety-two percent of my sample were in this sector. Although higher than that found in other studies or in the population in general, it reflects the clustering which may be found if samples are specifically drawn from populations of lone mothers on low income.

Figure 4.12

TYPE OF HOUSING TENURE

N = 37

<table>
<thead>
<tr>
<th>TYPE OF TENURE</th>
<th>NUMBER OF WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENT - COUNCIL</td>
<td>22</td>
</tr>
<tr>
<td>RENT - HOUSING ASS</td>
<td>12</td>
</tr>
<tr>
<td>RENT - PRIVATE</td>
<td>2</td>
</tr>
<tr>
<td>JOINT - OWNER</td>
<td>1</td>
</tr>
</tbody>
</table>
7.2.4 Years on benefit

Nationally, the majority of lone mothers in receipt of income support are aged between 20 and 34 (DSS 1997). The vast majority of my sample is also in this range, with 60% of the whole sample being on IS for over three years. This is a higher proportion than the DSS figures for 1991, which show forty percent of lone parents were in receipt of Income Support for over a period of three years (Monk 1993: 7). In my study, there was a clustering of women who had been claimants for 2 to 3 years (24% of the sample) period and for 6 years or more (24%).

Figure 4.13

LENGTH OF TIME ON INCOME SUPPORT
N = 37

![Bar chart showing the distribution of time on income support.](chart.png)
7.2.5 Access to car and vans

A lack of access to cars within their own household is a characteristic of the lone parent population. In my own study, whilst car access in their own home was found only in two households (5%), the majority of women indicated the possibility of calling on the transport resources of others for particular needs (62%). However, twelve women (32%) have no access to a car at all. Lone parents and their dependent children (44%) are particularly concentrated within the lowest decile group (Pullinger & Summerfield 1997:36) and it is this group which has the lowest percentage of car ownership 18% (OfNS 1996).

Figure 4.14

ACCESS TO TRANSPORT
N = 37

<table>
<thead>
<tr>
<th>Type of Access</th>
<th>Number of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own Use</td>
<td>2</td>
</tr>
<tr>
<td>Anytime</td>
<td>5</td>
</tr>
<tr>
<td>Shop Only</td>
<td>2</td>
</tr>
<tr>
<td>Emergency Only</td>
<td>16</td>
</tr>
<tr>
<td>None</td>
<td>12</td>
</tr>
</tbody>
</table>

OTHER PEOPLE'S TRANSPORT

TYPE OF ACCESS
7.2.6 Access to telephones

My sample appears to differ from other studies of lone mothers with respect to the higher proportion of those who have access to phones in their own homes (74%). The Family Expenditure Survey finds those in the highest decile income group having a 99.9% coverage compared with 76.5% of households with a phone in the lowest decile group (OfNS1996: Table 9.4: 137). Graham (1996) in a study where 242 White and Afro-Caribbean mothers are on IS and caring for a baby of 6 months finds 51% have no telephone.

Figure 4.15

ACCESS TO TELEPHONE IN OWN ACCOMMODATION
N = 37

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>10</td>
</tr>
</tbody>
</table>
7.2.7 Number and age range of children

The 37 women interviewed cared for, in total, 59 children who were living in the households at the time of the interview. Over half the households (60%) had one child. The majority of children being cared for were found in the two to four age range, followed by the up to one year age group. It is households, with children in these age ranges which Middleton et al. (1997) find the most disadvantaged among families on IS. The numbers and ages of dependent children living in each household is shown in the two charts below:
Figure 4.16

NUMBER OF DEPENDENT CHILDREN LIVING IN HOUSEHOLD AT THE TIME OF THE INTERVIEW
N = 37 HOUSEHOLD

Figure 4.17

AGE RANGE OF CHILDREN LIVING IN HOUSEHOLDS
N = 59
8. CONCLUSION

This chapter has described and discussed my data collection and analysis and the ethical and personal reflections which wove their way through the research process. From identifying the research question, I sought to design the methodology in ways which enabled women to share their views on support in their and their children’s lives, whilst at the same time being sensitive to the current discourse on lone mothers and the rights of children to protection.

My methods sought to encourage women to give their views on lone motherhood, low income and support. Whilst hoping to keep faith with the women in sharing their stories and contributing on their behalf to knowledge, the following chapters also reflect what Kvale (1996) calls my continual ‘imagined’ and ‘conversational’ dialogue with and analysis of, the data (ibid. 184).
CHAPTER FIVE

A LONE MOTHER OR ALONE IN HER MOTHERING?

PERCEPTIONS AND EXPERIENCES OF ‘LONE’ MOTHERHOOD

"... You've always got to put (on) this big brave front else people think you're not coping and social services come out ... You're either hopeless or you're brilliant. You're this Mary Poppins mother. There's no in between ... You're either hopeless or brilliant."

(Hazel)

1. INTRODUCTION

Within this chapter, I will consider aspects of difference perceived and experienced by the ‘lone’ mothers in this research. The thirty seven women interviewees, living without another adult in the household, are in receipt of income support and are mothers of small children. Among these particular low income mothers, two axes of difference emerge. One axis of difference is the more usual categorisation between mothers living on their own as opposed to being married or cohabiting. Alongside this a second axis of difference will be revealed: that of an alone lone mother as opposed to a supported lone mother. To illustrate the two axes of difference, as well as the impact which the first may have on the second, the chapter is divided into three sections. The first section focuses on the lone mother discourse prevalent at the time of the interviews. The interviewees highlight, firstly, how as lone mothers they are portrayed as all the same and secondly, as being different from partnered mothers. Their narratives reject this discourse as they illustrate how lone and partnered mothers may
have similar experiences of either sole or shared responsibilities for their children. The second section brings to the fore this question of sole or shared caring as the significant axis of difference between lone mothers. It is this axis which differentiates a ‘lone’ mother from an alone lone mother.

In the third section I show that, in the absence of informal support, it is the alone mother who is more likely to be in a situation of having to seek formal support. This I argue is where the first axis of difference, as represented in the negative discourse, affects the unsupported mother more than the supported mother.

2. DIFFERENCES AND SIMILARITIES BETWEEN LONE AND PARTNERED MOTHERS

In this first section, I will describe the women’s perceptions and experiences of what it means to live without another adult in a household but with a negative stereotype. I will start by noting how the difference between ‘lone’ and cohabiting mothers is rejected by the individual interviewees. Firstly, they identify the negative discourse as a misrepresentation of their lives. Secondly, they voice the different effects that the negative “typecasting” has on their common responsibility of caring for their children. Thirdly, through their particular experiences of either caring solely or sharing their caring responsibility, they emphasise their similarities with partnered households.
2.1 Resisting negative stereotypes

Chapter two gave an overview of the negative stereotype current at the time of this research. All the focus groups included discussion on aspects of the negative stereotype felt to be widespread, whilst all but one of the thirty-seven women interviewed described what they saw as the negative image of their 'lone' motherhood portrayed to others. Studies of lone mothers find that whilst stigma is 'still rife in communities' (McKay & Rowlingson 1998) their participants distanced themselves from its negative content (ibid.; Phoenix 1991; Morris 1992; Leeming et al. 1994). Through their individual narratives, the women in this study illustrate how they resent the stereotype, taking particular exception to being thought of as: welfare scroungers, mothers who only had children to get accommodation or immoral women.

2.2 Resisting the 'scrounger' label

Twenty-four of the thirty-seven women had an employment history before the birth of their child(ren). This is consistent with other accounts of non-married mothers when they become parents (Burghes 1993). However, it is ignored in the portrayal of the 'typical' lone mother. Instead, emphasis is given to their likelihood of not returning to employment:

“... I worked right up until I had (children) and I paid my national insurance like anybody else. ...”

(Cathy, 30+, two children)
“... I worked from when I was fourteen ... a full time job. And I was on emergency tax for the two years ...”
(Jenny, 25-29, four children)

The much identified barriers to returning to work (Ch. 2: 2.7) or (ex)partners inability to contribute to their children (Ch. 2: 4.2 & Ch. 3: 6.2) were also cited as reason for being genuine claimants:

“... If (child’s father) had a job [then] may be I wouldn’t .. have to have money off the [state] ...”
(Teresa, 20-24, one child)

“... It’s getting into work with a grown-up and a little child. So it’s .. aftercare .. paying for childminding ..”
(Frances, 30+, three children)

2.3 Resisting the ‘babies for flats’ label

The women raised and rejected the popular image, expounded particularly by Conservative Ministers (Blake 1993), as to why they had children:

“... you have this umpteen times, Oh you only got yourself pregnant because you wanted a house .. Which wasn’t the case”
(Christina, 25-29, one child)

“(People) .. don’t realise that I had the flat two years before (my pregnancy).”
(Hazel, 20-24, one child)

Having children for the women in this study was linked to their efforts to forge stable relationships with the child’s father. However, wanting a relationship did not take priority over their or their children’s respect or safety. Similar to Burghes with Brown’s (1995) single mothers study, it
was principally either violence or the unwillingness of the father to settle down that women identified as causes of relationship breakdown.

2.4 Resisting the ‘choosing to be lone mothers’ label

Roseneil and Mann (1996) as does Morris (1992) recognise that some lone mothers exercise agency in wanting children without male partners. However, it remains difficult within a negative discursive terrain for women to say they want to bring up children on their own. Phoenix (1991), Speak et al. (1995) and Burghes with Brown (1995) report respondents as wanting a traditional established relationship. Similarly, in this study the respondents do not reject long term relationships, rather they face the realistic circumstances of the present one:

“...I didn’t start out as a single parent ... it’s only been the last year ... and it’s not through my own fault .. (Partner) didn’t want a third kid (which was born). Yet (now) he’s got a girlfriend and she’s pregnant ..”

(Ellen, 25-29, three children)

“People just think you should stay together as both parents regardless ... you’re bad and it’s a bad situation because you’re on your own as a one parent. I don’t think so because ... (child’s father violent) and it isn’t fine just because two parents are there, it’s not like that.”

(Toni, 30+, one child)

The devaluing of their motherhood just because they are lone mothers is counterbalanced in no small measure by their resolve to have the child.

2.5 Resisting the ‘immoral’ label
As Burghes with Brown (1995) discovered, the women recognise that unmarried mothers can be regarded as moral agents not immoral ones in keeping and caring for their child:

"... when pregnant (we didn’t have) abortion (instead) we faced the problem, the man runs, takes his coat and goes. (Mothers) should be praised for ... caring for them."

(Gina, 20-24, one child)

"... I never thought when I fell pregnant that I would be a single parent. I thought I was in quite a stable relationship... I’m sick of them saying that people who have children out of marriage are immoral and shouldn’t be helped ... It makes me very resentful because I’m not an immoral person. If I’d ... been divorced ... I would have got a little bit more respect ... If you’re widowed, oh well, god you poor thing ... And yet you’re all trying to do exactly the same thing .. A child on your own... Give them the best life possible for your children."

(Hazel, 20-24, one child)

Although routes into and reasons for ‘lone’ motherhood differ, as Hazel acknowledges above, their commonality as mothers lies in their responsibility for their children. But, as noted earlier, the negative stereotypes remain as the backdrop to this caring role. Despite their common strength and determination as mothers (Gill 1992), some felt the effects of that backdrop in their mothering.

2.6 Negative stereotype and mothering

McKendrick’s (1998) findings show that ‘other people’s attitude’ was ‘not at all important’ to 275 lone parents (ibid. 85). This response may be in-keeping with the disassociation women make between the stigma and their
own life experiences, as shown above and identified in other lone mother studies. In my qualitative interviews, I asked women if the negative discourse affected their mothering. Some women ignored the stigmatising landscape knowing, whatever their situation, they care to their maximum capability:

".. I ignore it .. I’m confident enough that I’m a good mother .. And I know that I’m looking after her to the best of my knowledge ..”

(Vivien, 25-29, one child)

However, more felt society, looking over their shoulder, exerting pressure to be an ‘exemplary mother’ (Morris 1992) and may be affecting their view of themselves:

"... They make me feel like, you’re only giving them half the love and half the support that they need. Which is a load of codswallop. But it does make you feel that you need to give them more than what’s necessary ... It’s clicking into your brain automatically, ... I’ll show it different.”

(Cathy, 30+, two children)

The women above show, in recognising the stereotype, that some can ignore the disapproval conveyed while others cannot. However, the non-affirming atmosphere it creates is one in which ‘lone’ mothers have to live their daily lives. So at best it appears not to be a supportive environment and at worst undermines and adds pressure to the caring role that the women are undertaking. For those who did feel an extra burden of expectation, the woman below adds another dimension by challenging firstly, the
stereotypical ‘sameness’ within ‘lone’ motherhood and secondly, significant difference across the living alone or cohabiting divide.

“I think you have to try that bit harder just to prove to people that you’re not there just for the money and you do care about the kids and you’re not going out every night and spending the money on beer and stuff ... a way a lot of people seem to think, that’s the way you do ... I think kids with single parents have got more love than a lot with two parents, ‘cause ... with two parents, the majority of the men are out to work anyway, so the kids don’t see them, ... it’s still the mother looking after the children all the time.”

(Eilish, 20-24, two children)

2.7 Similarities with two parent households

Living with a man and having social support is often assumed to be ‘coterminous with one another’ (Oakley & Rajan 1991: 47). However, living with a partner does not guarantee that support is available (see for example, Pahl 1985 & 1989; Phoenix 1991; Shaw 1991; Gill 1992; Mullender 1997). The interviewees recognise that having a live-in partner may still mean carrying the sole responsibility of parenting. However, what differs between lone and cohabiting women is that the latter do not have to face stigma as a result of their living arrangements.

“... I may be a single parent but what makes me different from any other couple, the father’s hardly ever there, he’s at work ... so what makes them a couple ... as far as I’m concerned they’re lone mothers ... Where’s the bloody difference ...”

(Jenny, 25-29, four children)

“... I have friends who even though they’re in relationships ... still they have a lot of needs because their partners are not there for them ..”

(Angela, 25-29, one child)
The lone mothers in this study illustrate, through their own experiences, that a partner’s support may or may not be there when they are living in the same household just as it may or may not be there because they live on their own with their children.

2.8 Partners supporting lone mothers

As in other studies (Phoenix 1991; Bryan 1992; Mirza 1992), the fact that the women in this study were all living on their own with their children does not mean that all were without a continuous and on-going relationship and that none shared parenting with someone outside of the household:

“... they automatically think because you don’t live with a man or are not married ...that he’s not there and it doesn’t clock that way. We don’t think that way so why the hell are they thinking that way.”

(Cathy, 30+, two children)

Another three mothers, two divorced and one separated from a cohabiting relationship, identified the child’s father as a support in caring for the children. Vivien below describes her ex-husbands continuing role in their lives:

“... When we was together ... (he would) ... read her a book ... before she went to bed ... (now) ... he’ll come over after work ... to sort of keep it up ... and we’ll have a chat about (child) ... he’s a great support in that sense ..”

(Vivien, 25-29, one child)

2.9 Partners not supporting lone mothers
As illustrated below, being in a sexual relationship or having contact on a regular basis for the children, does not necessarily result in support for the women's caring role:

Susan   “... I feel very trapped because he’s still out doing the things he wants to do ... to go out on the weekend he doesn’t have to worry about a baby-sitter. Whereas I have to. ... I’m quite jealous of him actually. Very jealous.”

Jo   “Does he ... baby-sit for you, take the children out or anything ..?

Susan   “No.”

(regular contact, 20-24, two children)

“... he thinks he’s doing me a favour by coming over to see the kids. ... [but] ... I get the grief off him.”

(Ellen, regular contact, aged 25-29, three children)

“As for taking them out. Not really. He doesn’t really do anything with ‘em.”

(Kate, ongoing relationship, 25-29, three children)

Mapping contact between children and their biological fathers was difficult as four households had fathers evident for some children and not for others1 while social fathering was continued by certain men for all the children in the household. Table 5.1 gives some indication of the type and regularity of contact between fathers and the ‘lone’ mother and (some of) her children:

<table>
<thead>
<tr>
<th>Type of contact</th>
<th>Number of fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>15</td>
</tr>
<tr>
<td>Prohibited</td>
<td>2</td>
</tr>
<tr>
<td>Regular - daily</td>
<td>4</td>
</tr>
<tr>
<td>Regular - weekly</td>
<td>11</td>
</tr>
<tr>
<td>Irregular</td>
<td>5</td>
</tr>
</tbody>
</table>

---

1 The difficulties this creates in a family was discussed in one focus group.
Knowing who has or does not have regular contact with their partner or ex-partner, of course, does not give any indication of the levels of support available. This, as experienced by those who had previously cohabited, was also true when they had been living with their partners.

2.10 Experience of support in two parent households

Both Gill (1992) and Phoenix (1991) identify absences of support even when mothers are living with their partners. The latter study notes, the longer the cohabiting period the ‘more dissatisfied’ the young mothers became with the level of support from their partners. The women below illustrate that living with heterosexual partners was not that different from living on their own when it came to caring for the children:

“... when I was with (father of children)... to be honest. I used to be on my own really ..”

(Elrica, 25-29, one child)

“I thought he’d (help me) and I’d have a break too ... (he) did nothing, I was left to cope ...”

(Gina, 20-24, one child)

“(I felt I was on my own) .. since my son was born. .. I mean if I was going anywhere I couldn’t ... just presume he was going to look after the baby. It was like, who’s looking after (child) while you go out ... I’d have to organise a baby-sitter before I said I was going out .. even if I went shopping he’d expect me to take him with me even if he was sitting in here watching the television.”

(Oonagh, 30+, two children)

In citing their cohabiting experiences, the above women undermine the notion, sometimes implicit and sometimes explicit, that what lone mothers
miss is their children’s father living with them. Instead, they refute the stereotype, noting that, when they lived with their partner, responsibility for the home and children was still solely theirs. What had changed was not their ability and capability to fulfil that responsibility, to be ‘good mothers’, but the perceptions which went with the prefix ‘lone’, ‘single’, or ‘one’, which was now attached to their mothering role.

A few women illustrate another aspect of lacking support within cohabiting relationship. The male partner acts as a barrier to receiving support from others. Firstly, reminiscent of Wenger’s (1984) study, albeit about older women, which finds married women as more lonely and less visited, the presumption from their families was that their partners were fulfilling their needs.

“... when .. their dad (and I) started to live together it was ... almost like (family) .. saying (father) should be the supportive one and tell you not to do everything, but (then the family nor father are doing it) ... (The children) and I was living with their dad, he had two other children .. so I was looking after them .. I felt I was really under pressure ...”

(Ruth, 30+, three children)

Secondly, male partners were actively creating a barrier between the mother and possible sources of support. For some of these women, becoming a lone mother brought advantages, a finding in line with other research on the control of money (Pahl 1989: Shaw 1991) or avoiding conflict of how to
bring up the children (Gill 1992). For the women below, support resources became more accessible:

“... my friends come round more ... [My husband would] make them feel uncomfortable. So they’d stop coming. But since I’ve been on my own, they all tend to flock round in the evenings.”

(Oonagh, 30+, two children)

“(Since splitting with boyfriend) I’ve had more (support) ... no-one would visit me ... I only have more support now because he’s gone .. I could have done with it while he was there ...”

(Anna, 20-24, one child)

“I’m getting loads of support now whereas before I had none at all” [Later she says] “I was on my own totally with a violent boyfriend ... I lost all my mates because of him ... They’ve only just started to come back.”

(Helena, 25-29, one child)

These testimonies point to a complex picture. They suggest that, not only did living with their male partner mean support was lacking, but that their behaviour, while simultaneously creating a greater need for support, also created a barrier, directly or indirectly, to the woman receiving or seeking that support from others. What these women show, is that they are now assisted in their caring and parenting responsibilities.

Thus, in questioning the assumed difference between mothers simply on the basis of their household living arrangement, the women in this study draw attention to definitions which matter and relationships which sustain them. In so doing, they uncover a more vital aspect of difference between them: that of being either more alone or more supported in their mothering. It is
this aspect of women’s lives which, although acknowledged in other studies (Phoenix 1991; Kempson et al. 1994; Burghes with Brown 1995; Speak et al. 1995; Dowler & Calvert 1995), has not been explored in depth in earlier research.

3. **AN ALONE OR SUPPORTED LONE MOTHER**

This second section will focus on the axis of difference within the ‘lone’ mother category highlighting how alone the lone mothers perceive and experience themselves to be. This key axis emerges through different questions on the interview schedule. Firstly, the theme is initially identified when some women speak about being described as ‘lone mothers’ in relation to their perceptions and experiences of being mothers. Some regard the label of ‘lone’ as invalid because they share the care of their children with others. In contrast some respondents acknowledged the label as one which reflects their situation, because another significant person is absent. Secondly, drawing on women’s responses to a question near the end of the schedule: “What makes life easier?”, the majority of mothers identify people resources as a major help in easing their difficulties. Thirdly, in asking who, if anyone, was involved in contributing to their children’s and their own welfare, the distinction between the supported mothers and the more alone mothers becomes apparent. A closed question on who gives the most time and quantity of support finds respondents indicating a reliance on their own mother.
3.1 How they referred to themselves

In describing how they preferred to describe themselves, the women’s choices appeared to reflect popular discourse or describe the amount of caring they did or the role they undertook. The answers of the women below, bring out the different ways of understanding themselves:

“[Lone mother?] ... well yes and no, because I’m not alone really because obviously I’ve got family, but, in a way because ... I haven’t got (son’s) dad there ...”
(Christina, 25-29, one child)

“My sentiment is, even though I don’t live with my boyfriend, I’m not a lone parent. He’s there.”
(Cathy, 30+, two children)

“A lone mum .. Because .. when I had (youngest child) my mum had gone (abroad).”
(Doreen, 30+, four children)

Another mother differentiated between her motherhood label and her experience of mothering:

“I’m just a parent, I don’t class myself as lone or single because that’s me, the kids and looking after them is different.”
(Eilish, 20-24, two children)

Like the young Black and White mothers in Phoenix’s (1991) and the single mothers in Burghes with Brown’s (1995) study, being single did not necessarily mean that they had to raise their children single-handedly. For most of these mothers support was there from family and friends providing, sometimes considerable, assistance to ease their lives.
### 3.2 What makes life easier

Eight of the thirty seven women interviewed recognised that their children’s presence made life easier for them, for example:

".. gives us the will to go on."

(Lorna, 30+, one child)

Twenty-two women, however, said that it was specific people or people in general who made life easier:

"I suppose knowing that my family loves me."

(Janet, 20-24, one child)

"Support from my mum."

(Pauline, 20-24, one child)

"Having my dad to fall back on."

(Susan, 20-24, two children)

Finance figures in another two replies, with both answers indirectly related to people resources; one that it is the debt adviser assisting her and the second the financial assistance received from a family member. Of the remaining five, one refers to a “sense of humour”. Three women suggest it was not something they could identify with, two saying, “[I] don’t know” and one simply admitting, “Nothing”. The fifth, because of the violence of her ex-partner, refers to “being on my own”.

Taking the answers overall, it is clear that the majority of the women in this study identify people as making a major contribution to making life easier for them.
3.3 Perceptions and experience of sharing care with others

As in other studies, whether heterosexual or lesbian, ‘lone’ mothers identify considerable support from their own mothers (Phoenix 1991; Lewin 1993; Burghes & Brown 1995). Nevertheless, the variety in patterns found in kin studies (Rosser & Harris 1965; Weston 1991) is also evident.

Table 5.2 shows the women’s responses, when asked at the end of the interview, who gave them the most support in terms of time and quantity. What it illustrates is the range of relationships involved and not the level of actual support received:

<table>
<thead>
<tr>
<th>Her mother</th>
<th>9</th>
<th>Her mother with others *</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings</td>
<td>3</td>
<td>Her own father</td>
<td>2</td>
</tr>
<tr>
<td>An aunt</td>
<td>1</td>
<td>A niece</td>
<td>1</td>
</tr>
<tr>
<td>Friend(s)</td>
<td>9</td>
<td>Baby-sitter</td>
<td>1</td>
</tr>
<tr>
<td>Doctor</td>
<td>1</td>
<td>Project</td>
<td>1</td>
</tr>
</tbody>
</table>

* Others included: Her father; A boyfriend; The children’s father; friends. Two women refused to separate out “All family and friends”

One woman replied to this same question: “no-one”. Two others might be categorised as similar, as one mother said: “I don’t think anybody does ‘cause they’ve all got their own lives”, the other simply said: “me”.

3.4 The value of support from others

Throughout some women’s interviews, it was clear that they perceived themselves to be fortunate because their family was supportive. Again, with the level of support varying, this could indicate: an appreciation of any
support; a realisation of others lacking support or that the support they receive is beyond that which could be expected of any family. The women below illustrate some of the reflections made on how their situation would be different without people or resources around:

"... I mean I'm lucky. I mean I've my family there. I have to go to them because I haven't got anybody else really to turn to. I mean how can I cope without anybody around me."

(Collette 25-29, one child)

"I seem to manage quite well. But that's only through people helping me. Because if I really was on my own I wouldn't be able to manage as well. If they weren't there. I think it might be a different story."

(Babs, 25-29, two children)

"... for myself I'd never live if it weren't for the support of friends and family. I would never survive ever. I don't know how any mother can. Not on their own. I know a few people completely got nobody. They haven't got family. And I look at them and I think how do you survive. I mean I'd crack. ... every day, every night, sitting there with your kids, you don't know anybody out there, if you needed anything. I don't know how they manage. I really don't."

(Vivien, 25-29, one child)

These women convey the qualitative difference in their lives which having others around them makes. In so doing, they juxtapose their situations with that of the alone mothers. The need to avoid a simplistic distinction that the women in this study either have or have not got support is discussed in greater depth over the next few chapters, but it does begin to emerge in this discussion. The next three women identify support as an important source of assistance, but nevertheless express a dilemma, shared by the
majority (eighteen) of the interviewees: that the quantity, quality, type or
timing of support may not match what a mother living on her own feels she
requires.

“... they all work .. When it comes to the weekends, they want
their time to themselves .. they’ll say, Oh .. we’ll help you out
no problem .. afterwards you can see the pressure and the strain
.. Because you’re putting too much pressure on them ..”
(Hannah, 30+, one child)

“... Sometimes ... at the end of the day, you’ve got to do it by
yourself. Because people aren’t around for you all the time,
there’s times when you want them and they are not there, so ...”
(Eilish, 20-24, two children)

“I would like it if it was more my family (instead of friends) but
.. they live so far [away] ...”
(Ellen, 25-29, three children)

The effects of policy changes which demand extra inter-household
exchanges of resources (see Chs. 2 & 3) may affect simultaneously both the
lone mothers and the households they look to for support as they may be
poor themselves. It is therefore conceivable that, although saying they
have some support, it cannot be assumed to be reliable. They may
therefore be more alone in their motherhood than their statements that they
have people resources may indicate.

In contrast to the mothers above, a number of women found it more difficult
to identify people who acted as a support springboard or a support safety net
to which they could turn if needed.
3.5 Feeling alone in her caring responsibilities

Nine women, when specifically asked if they felt alone when caring for their children, perceived an absence of any others around them. Their replies to the question: “So would you say .. you are a lone mother in the sense that you are caring for your children on your own?” reveal a starkness in their lives which contrasts sharply with the accounts given by the women with support:

“Yeah. I would. ... Yeah. I am.”
(Paula, 20-24, one child)

“.. Definitely, ... dad died, .. he was always there for me ... I miss his support because I would get a lot from him.”
(Kate, 25-29; three children)

“Yeah I am ... There’s no support. There’s no help. I’m completely on my own. If I sink or swim there’s just me to answer to it. .. Nobody else to sort of come and pick up the pieces for us. Just me and (son). That’s it. .. Nobody else cares what happens to us.”
(Hazel, 20-24, one child)

“Yeah. Definitely.
(Mona, 25-29, two children)

Speak et al’s (1995) research on young ‘lone’ mothers suggests it is mothers who have been in care or hostels and lack family support who are least well equipped to establish independent homes. Not illustrated in Speak’s study however is extremes in circumstances which women may encounter. A positive experience of support in hostels is described by women in this study. Spanning an age range and therefore not all young mothers, two of
the three women who had lived in hostels tell of the contrast between living and leaving a mother and baby hostel:

“.. it’s like, you’ve got friends in there. You live with people .. if I was going ... to town or something .. I could say to one of the girls .. oh will you watch (daughter) for two hours ... if I’d ran out of something I wouldn’t have to go and wait. I could just go and ask them and sometimes we’d cook for each other and ... actually I liked it in there really. .. But I felt it (when I moved out) when there was no one there next door, oh can I borrow this and oh will you watch her .. I found that a bit hard really.”

(Peggy, < 19, one child)

“.. the support that I had to start with .. was excellent ... That was a major support. It was once I moved out that there was nothing at all  .. Everything, [inside and then] out of the hostel, and nothing.  ...”

(Helena, 25-29, one child)

Jo  “... who ... gives you the most support in terms of time and the amount they actually give you?”

Toni  “... No-one”

Jo  “... is there someone... supportive ... you feel you can more easily turn to ...?”

Toni  “The lady opposite.” [A neighbour she has known for seven weeks]

(30+, one child)

The type of support which these women described experiencing within the hostel setting was the type which women received from families, as will be seen in later chapters. Outside of the hostel environment, their descriptions underline the contrast between a supported and unsupported mother.

Two of the nine most alone mothers, who had not experienced hostel accommodation, acknowledged their local centre as an important resource:

“...one of the best things around ... (It’s) my life at the moment.”

(Frances, 30+, three children)
What appears as crucial is whether the women have people and resources around them to share the care of their children. Some women clearly have. For others the situation is more complex and a few talked of having little, if any, resources around them. Having separated out the two axes of difference, I will now show how they may interact with each other and make support seeking for those most in need more difficult.

4. UNCERTAINTIES IN SEEKING SUPPORT

This third section illustrates how the effects of the negative stereotypes are moderated because of who and what support is available to the individual women. I will begin by showing the differences between mothers in their willingness to go to professionals for help. (I used the term 'professional' leaving it open for them to decide who to include. If asked, I said "anyone". If further clarification was sought I mentioned health, social, council, community workers as examples.) Secondly, I will include a variety of experiences where the women perceived that their status as 'lone' mothers, or a lack of understanding of their predicament, affected the response to their support seeking.

4.1 Perceptions of the importance of coping alone

A key theme to emerge from the previous section is that mothering is made easier if supported. Moreover, the view from those with support readily
available was that they could not cope to the same or any degree without it. Alongside this perspective runs a parallel / allied imperative to avoid burdening or over-burdening families, as well as proving you are a good enough mother through doing it yourself.

“I don’t like it (getting support from mom) ‘cause I mean she’s brought up her kids and now she’s supporting me and mine and she shouldn’t have to (she works full-time and her youngest is only eight)…”

(Eilish, 20-24, two children)

“Well I won’t get upset in front of my mom or my dad really because I don’t want them to think I’m not coping.”

(Collette, 25-29, one child)

Research on social attitudes (Finch 1989), parents with disabled children (Glendenning 1983), young Black and White mothers (Phoenix 1991) and through a range of ages (Bartells-Ellis 1992) shows mothers seeing the care of children as their private responsibility. The literature review across the three main aspects of poverty, support and kin find those women without support from family or friends as facing the greatest difficulties in meeting their own and their children’s health and social welfare. It seems that it is in the absence of support readily at hand, that the full impact of having to care alone is felt. It is these mothers who are also the most likely to need to seek out support. This became more apparent when I asked if, in the absence of family and friends unable to undertake a supporting role, they would or had looked to others outside.
4.2 Seeking support from professionals

Below I illustrate a few responses from women who say they would seek help if necessary:

“... I'd say yeah, [I would] but not that I can think I've had too ...”
(Janet, 20-24, one child)

“... I mean I wouldn't have been able to cope without the support I’ve got ... So I would (go to professionals) ... I wouldn't know where to turn ... But (I've) never in my life (had to do it).”
(Vivien, 25-29, one child)

“... I suppose really they're there to help you so they would help you. So I would go if I needed to, then I would ... but I would have to be desperate.”
(Pauline, 20-24 one child)

The above represent a proportion of the women who have family or friends to help and assist them as mothers. The level of informal support they receive protects them from having to seeking support elsewhere. The impression created by the women above is that they perceive, if formal help were needed, it would not be problematic as a way of assisting their mothering. However, my emphasis in bold shows possible reservations or barriers if, for some reason, their support givers could not provide adequately for them. For those who are more likely to face this alternative of looking elsewhere for assistance, a different story emerges:

“... I think it's fear more than anything ... I mean with the professional services I'm wary because they think, .. I can't cope being on a low income and being a single mum. I've got it all sort of against me ...”
(Eilish, 20-24, two children)

“... We're not going to express ourselves. Because we're going to think, 'Oh they're going to take our kids off of us if we..."
can’t cope’ ... Because if we want something we’re classed, ..
one parent ... we can’t (get help) because of this ... you’re on
your own. ... And you think well, I can’t ask them because
they’re going to think we want this for nothing or we want this
because we’re on our own and we can’t cope ...”

(Frances, 30+, three children)

“... I wouldn’t like to get (social services or anybody) involved
... They might take (son) off me or something ... I wouldn’t like
that. ... I would like the help, but.”

(Anna, 20-24, one child)

Their anxiety, arising out of perceptions of surveillance, is shared by other
young mothers (Phoenix 1991) and by those caring for disabled children
(Booth & Booth 1994) as it is by Black lone fathers (Butt & Box 1998).

Chapter four illustrates the same worry arising when invited to be
participants of research. Studies of professionals working with women and
children suggest that their apprehension that their motherhood will be
viewed differently by professionals because of preconceptions about lone
mothers is not unfounded. Studies find some workers resorting to negative
stereotypical views in assessing lone mothers (Leeming et al. 1994;
Woolfson 1996) or providing support for them (Mayall 1990; Edwards &
Popay 1994; Edwards 1995). It leaves mothers apprehensive about the
ways in which requests for help will be seen, an apprehension which seeps
through some narratives more than others, particularly those who I would
identify as being at the lower end of the support receiving continuum.

4.3 Bad experiences of seeking support from professionals
The women who said professionals had not been approached did not appear to include the universal availability of medical staff who, it might be presumed, were approached as any mother would in the course of caring for their family. Yet, those who spoke of unsupportive responses from professionals did include various medical personnel (with accident and emergency departments more often mentioned in the focus groups than in the interviews). The extracts I highlight below are intended to give an indication of the ways in which medical services were found wanting:

“... (doctors) They look down on you ... he .. gives me a list of what I must do when my child’s sick. Because (he says) ... ‘I don’t do call outs ... because I notice young mothers, ... seem to be calling ... me out for everything’ ... He gave me lists ... three pages ... He wouldn’t even give me an emergency number ...”

(Peggy, < 19, one child)

“... I’d have to be really, ... desperate for help ... Because ... I was really down when I was having him ... so many promised so many things and nothing happened ... me midwives and health visitor. So to be honest, I don’t really turn to them for nothing.”

(Terry, 25-29, one child)

Not receiving help, reminiscent of experiences of young ‘single’ mothers in Speak et al’s study (1995), spanned medical, social security and social service sectors. Women here particularly emphasise a lack of response in the face of having given of yourself:

“... I lost or it was taken ... my purse on the day I got paid ... the social security office ... wouldn’t give me anything because two years ago I lost my purse. But I wasn’t asking them for extra money .. just for the following week ... I had no milk tokens ... I goes, ‘can you please give me one milk token’ and she said, no, ... I mean a milk token, that’s all I asked for ... social security just seem to look down on you like you’re lying all the time ...

187
they don’t look at cases as an individual ... They look at them all .. she might be lying so she’s lying as well.”

(Eilish, 20-24, two children)

“... I had the three of ‘em with me and saying to (health visitor) the baby stresses me out ... she screams her head off ... I thought she’s help me in a way. But it was like she gave me answers to me questions ..[that].. It would be down to me to make it better ... that’s when you need support. When you’ve just had’em ... it’s blooming hard in the first year ... They tell you this that and the other. But there’s nothing. ... It’s like you’re left. It’s like you’ve bared your soul and it’s a waste of time ... you feel let down. ... I give up telling people ... because I think well I’ll just have to do it my own way. ... you’re bloody tired all the time. ... it would be nice if they came in like and had them for a couple of hours while you had a sleep ...”

(Kate, 25-29, three children)

The way in which mothers experienced professional workers as locating the problem and sometimes the solution, with the individual mother is apparent in the above accounts. Sometimes help is forthcoming but only at the expense of having to concede that as a mother your care is lacking. This is acknowledged by health visitors (Speak et al 1995) and seemingly by workers in organisations (see Home Start below) which are designed to ‘increase .. confidence and self-esteem’ (Utting 1995a: 60), yet are reliant on other services whose funding and resources are targeted at certain families:

“... (the Home Start organiser) .. said, ‘keep going down [to social services] and tell them how desperate it is’ ... ‘you’ve got to prove you’ve got a problem’.”

(Gina, 20-24, one child)

“... I managed to get three months sponsored child-minding from social services and basically after that, it was, help yourself ... And unless you .. can say, yeah the child is really deprived, .. get a sort of stigma attached to you, that’s the only way you can get into a ... place ... And I refuse to accept that bad mother label because I try as hard as I can. I mean his dad’s trying to say that I’m not a fit mother anyway. But for me to say that just to
get a nursery place ... would prove him right wouldn’t it. And it would mean a lot of trouble. When I know I’m not (a bad mother). ... I find professionals more damning ... (they) tend to want to lump you all together. You’re just another statistic really ... But they don’t understand what’s really happening in your life ... No, what ever’s happening is typical. ... they always class you together.”

(Hannah, 30+, one child)

The experiences above suggest that those with the least support readily available ran a ‘stereotypical gauntlet’ in accessing support resources from elsewhere. The ‘loneness’ of little or no support may mean that the pressure of doing it yourself is felt more acutely. Yet, the women whose narratives have been presented above did go on to seek assistance. In doing so they found their aloneness reinforced as a result of the inadequate response they received. Thus, for those mothers who were finding it hard because they had the fewest resources available, found the process of seeking help heightened their apprehension about doing it again. The outcome for some only served to confirm their ambivalence and resulted in them turning back onto their own meagre resources.

5. CONCLUSION

The women in this study argue against their being different from and inferior to, cohabiting mothers simply on the basis of their living arrangements. Instead, a more important axis of difference is identified: that of being either alone or not alone in their mothering. What differentiates between the two is the quality and consistency of support in
their caring responsibilities. What emerges from the women's narratives is how, for some, support alleviates the aloneness of lone mothers. The support that these women can count on only serves to amplify the aloneness of other mothers. This aloneness can be further compounded by the response of the formal avenues of support they then have to rely on. In the very act of wanting, receiving or looking for support so that they can cope, they run the risk of being deemed to be bad mothers or mothers who are not coping. As a result, they risk fulfilling the very stereotype they are trying to avoid. The perception that desperation point has to be reached before they risk approaching services and the fear of losing one's children that reaching desperation point brings, is at the crux of their impossible dilemma. By such time that support intervention becomes inevitable (either through their own or someone else's initiative) a greater degree of intervention and surveillance may be instituted: realising the fear they were trying to avoid in the first place.

Each aspect of the literature review underlines the importance of the difference between women who are assisted and those who are not. Poverty studies reveal that it is those in the worst poverty who are most likely to be without others to turn to. The support literature identifies those with the greatest economic constraints as having the least support available to them. The kin literature affirms the importance of the lone mother's own mother in facilitating access to other kin. It is the combination of
these three processes - poverty, support and access to kin which mediate or amplify the aloneness of some lone mothers.

The next chapter focuses on low income and how it affects all the 'lone' mothers in this study. Yet, it will also illustrate how its impact is felt more intensely by some than others. Again, it is support which appears to be crucial in mediating the impact of low income for lone mothers and remains the defining factor between the lone and the alone mother.
CHAPTER SIX

A MOTHER ON INCOME SUPPORT OR SUPPORTED INCOME?

PERCEPTIONS AND EXPERIENCES OF LIVING ON A LOW INCOME

"But it depends on the situation that you are in. Because I'm on low income, but some people who are on low income are really on low income, they've got no other help whatsoever."

(Ruth)

1. INTRODUCTION

The previous chapter highlighted one particular aspect of my three dimensional study: that of 'lone' mothering. This chapter will concentrate on the material circumstances of the women's lives. What became clear in the last chapter was, although similarly labelled lone mother because of their living arrangement, not all were alone. What made life easier for the majority of the women was having social resources around them. The pattern that emerges in this chapter is that the people resources which reduce the 'aloneness' of some 'lone' mothers in their caring responsibilities also tend to help with meeting unmet needs resulting from their inadequate income. Thus, the mothers for whom life is less easy because they lack social resources around them, also tend to be the ones finding it materially harder to meet their children's and their own needs. I will illustrate this by dividing the chapter into three sections.
The first section of this chapter draws on the women’s perceptions and assessment of their level of income. It will show that, whilst they use differing criteria to assess the level of the income, they all agree that it is low. It is the implications for caring for the family on that level of income to which I then turn. In the second section, the women illustrate the similarities in responsibilities to be met and the common difficulties in meeting those needs if solely reliant on their state benefit. Where they differ is in their varying access to additional resources to cope with these difficulties. Thus the third section will concentrate on those women identified as more or less advantaged in their access to social resources and the parallel patterns of advantage / disadvantage in their access to material support.

(I will identify, by the number of years and < symbol the continuous length of time the women have been in receipt of IS up to my interview.)

2. PERCEPTIONS AND ASSESSMENT OF INCOME LEVEL

This first section begins by drawing on a question about what makes life harder and shows that a lack of money was identified by at least fifty percent of the interviewees. Secondly, also concentrating on a particular question from the interview schedule, I will present the women’s perceptions of their level of income. Although using different criteria to assess its level, all agreed that it was low.
2.1 What makes life harder

At the end of each interview, I asked:

"Could you say what's the one biggest or most important thing that makes life hard for you?"

Nineteen of the thirty-seven interviewees (50%) mentioned finance. A twentieth woman gave a reply which might be perceived as related to money, namely "not being able to work". The following quotes illustrate how some women replied to this closed question:

"Oh lack of sleep. (Why .. not sleeping?) It's mainly money worries."

(Helena, 2<3)

"Money."

(Anna, 3<4)

"Nothing really apart from money, nothing else."

(Terry, 4<5)

"Oh dear, not having a lot of money."

(Doreen, 6+)

Two previous chapters (2 & 3) have discussed that, in terms of low income households, it is the lone mother who is more likely to be worse off. I sought the views of the lone mothers in this study on the level of the income they received from the state.

2.2 Perceptions of income level

The other answers varied: difficult relationships; people missing in their lives; illness, the accommodation; lack of breaks away from children as well as "Trying to cope" and "Having a child at a young age". Three could not pinpoint anything.
Having used IS as a proxy for low income, I asked a question aimed at examining whether the women agreed with my assumption that they were caring for their children on a low income because they were recipients of state benefit. The possible inappropriateness of this question, in the light of studies establishing its inadequacy (see Ch. 3: 5.1) has been discussed in the methods chapter (Ch. 4: 6.3). The question was:

"Would you say you are caring for yourself and your child(ren) on what you'd consider to be a low income?"

Thirteen of the thirty-seven women simply answered “yes”. Eight of these women were numbered within the nineteen above, who identified finance as making life harder for them.

Another thirteen women answered by either agreeing, or emphasising my choice of the word ‘low’:

"A very low income. ... I get £61 on one book, £10 on another. So £71 a week just, that is basically, flat out, it. ..."
(Adel, 4< 5)

"Oh definitely. Very definitely."
(Jenny, 6+)

While the majority (26) of the mothers gave a relatively unambiguous answer, the remaining mothers (11) replied in ways which revealed the difficulties of giving a simple yes or no answer.

2.3 Difficulties in assessing income level
Two of the eleven women found difficulty in answering the question because, as Angela illustrates, they receive additional inter-household resources:

"Even though I am on a low income, my parents support me .."

(Angela, 2<3)

I will return to this issue of additional material and financial resources and the difference it makes to the lives of some lone mothers and their children in the third section of the chapter.

Another of the eleven women, although indicating that her income used to be inadequate, feels differently now because she receives extra money alongside her IS:

"No, not now because ... we’ve got this disability living allowance, we’ve adequate income. More than most people."

(Lorna, 2<3)

Because of her child’s recently diagnosed disability, one of the woman who said her income was low, was also eligible for, but not yet in receipt of, an extra allowance. She also commented on the difference that this addition to her income would make to their lives. It may be because she had not yet experienced the full extent of the outgoings which might be incurred through her child’s disability that she anticipates being “better off” in the future. It is a perception contrary to research on families with disabled children (Baldwin & Carlisle 1994).
The dilemma for eight of the eleven women who had difficulty in answering my question lay in their assessment of current debates. Four women answered my question in terms which gave emphasis to the issues of welfare dependency and mothers' responsibility for their children. As an avenue out of low income identified for 'lone' mothers (Consultation Document 1998) and by mothers themselves, (Monk 1993) these women seemed alert to the danger that not all women are able to respond to paid employment initiatives:

"It is low but we're not working. ... I'm quite appreciative of the social really. ... I don't like being on it. ... I don't expect the social to give us as much as them [those in work] because we’re getting it ... for nothing. But on the other hand we’re working 24 hours a day to look after the kids because they’re our future. So we’re not really working for nothing we’re doing a bloody hard job."

(Kate, 6+)

"Low, .. Although my mother ... says you shouldn’t live like that (in debt) ...[But] I didn’t have children because I wanted to send them off after I had them and let them grow up while I went out to work. I had them so I could be with them."

(Jackie, 4< 5)

The four remaining women replied in such a way as to indicate that, while their income is low, they are able to manage:

"Yeah, but I manage. You have to manage."

(Mona, 6+)

"In one respect, yeah, but they don’t give you enough. (Why in one respect?) Because you can just manage on it."

(Yvonne, 2< 3)
Some of these women allude to the dilemma that, if you can manage, then your income must be adequate, which in turn indicates that it is not too low. A related dilemma the women faced in answering my question is that, as inadequacy can be morally coded as individual, their inability to care on the income available may be judged as resulting from their inadequate management of money rather than the inadequate level of the income. Policy changes, as described in chapter two, are related to the premise of women lacking budgeting skills (Walker 1993; Kempson et al. 1994; Stitt 1994) and remains apparent within the analysis of some professional workers (Mayall 1990; Edwards 1995). Although definitions of poverty and measures of low income differ (Ch. 3) and ‘need’ within the poverty debate is contested (Doyal & Gough 1991; Dean 1996), it is the women as mothers who have to meet the health and social welfare of their children. While the women in this study do not have an active role in the poverty debates, the impact on them is apparent, as they struggle to live on IS and to assess how well they are meeting their responsibilities:

“I try not to make (low income) affect me but sometimes I think well god that money could have stretched further this week ... Oh gosh ... I must have squandered it a bit and bought unnecessary things.”

(Lily, 1<2)

“Yeah, because it isn’t the low income, it’s the ways and means to sort of cope with low income. We couldn’t survive on what they pay you.”

(Jackie, 4<5)
"I don’t like turning to others because ... it’s well she’s doing it again. She can’t cope ... Where I can. There’s just not enough money to allow me to cope."
(Jasintha, < l)

These accounts suggest what might be termed ‘the fault line’ in their understanding of (in)adequacy. Some believe their income is low and therefore impossible to manage. As a result the struggle is not of their making. For others, their income is low but manageable. The struggle is therefore of their making alone.

Having conveyed in this first section that I interpret the women as perceiving, despite caveats, that they were caring on a low level of income, the second section illustrates how they spoke in similar ways of the needs their income had to meet.

3. EXPERIENCES OF LIVING ON A LOW INCOME

This section of the chapter will focus on the implications of trying to meet needs on a low and inadequate income. I begin with examples of focus group dialogue which shed light on the day to day occurrences which women encounter with their children, which impact on their strategies of surviving on low income. I will then illustrate, drawing mainly on my follow-up question to that on perceptions of income level, that the women, in keeping with other poverty study interviewees (Kempson 1996), all face
difficulties, regardless of their approach to or strategies for managing their budget.

3.1 Difficulties of caring on a restricted budget

Within the focus groups women gave some insight into the difficulties they face in living on a low income:

R 9 "I get my money fortnightly. I have to go out and shop and tend to shop for two weeks because you cannot say well I'll keep the money for next week because you just ..."

R 4 (Interrupts) "You can't, you can't do that."

R 9 (continues) "[But] If your kid wants something out of the cupboard you can't say, no that's for next week."

Voices "No." "You can't.” “Just can’t do it,”

R 6 "I sit down, if I'm having a really short week .. And I write a menu out and I go to the shop and I get everything on that menu. But sometimes you think. Oh what’s for tea tonight. And it never lasts us a fortnight.”

(FG 5)

R 6 "It's like they're playing with their friends and it's tea time you just say 'coming in for your tea' and they say 'can my friend come'."

R 7 "You end up with no tea it's all gone on them."

R 3 "Exactly, then you're digging in the bloody fridge, well what can I have."

(FG 1)

These events were recognised as shared predicaments. Each episode is shown as both having an impact on the women’s strategic plans to manage and engages their full resourcefulness in trying to continue to manage their household budget. In the individual interviews, I invited women to share
some of the difficulties they found in having to care on their restricted income.

3.2 Unmet needs identified

The range and consistency of the needs that are not met, or met with difficulty, became apparent in the women's response when I asked:

"Does being on .. this income affect being able to care for and meet the needs of yourself and your child(ren)?"

In attempting to illustrate this range and consistency, I have chosen only some women's voices as representative of the many. I will use some narratives which illustrate the women's struggle in juggling between choices and priorities when not all needs can be fulfilled:

"Well, .. I'll go without food if I haven't got enough as long as they've got theirs, they're warm, and got their nappies and things like that. .. sometimes I'm very hungry .. but, it doesn't bother me as long as they've got what they want."

(Eilish, < 1)

Mothers abstaining from or restricting their food consumption to protect their children's needs is consistently identified in various low income studies (e.g. Graham 1993; Kempson et al. 1994). It helps explain the 'lower nutrient intakes by [lone] parents' compared to their children, although Black mothers, through a more varied diet, are more likely to have better nutrition than White mothers (Dowler & Calvert 1995). In line with findings from these poverty studies, women describe how they constantly forego their own needs to meet those of their children:
“... All me money goes on the child ... he comes first ... How the hell can you dress and feed yourself and a child on £61 a week, it’s a joke.”

(Adel, 4<5)

“... I don’t buy nothing for myself any more. It’s a luxury to buy myself something ... it’s all for (son) now.”

(Collette, 2<3)

It is through strategies like these that ‘poor’ parents attempt to have children who are ‘not poor’ (Middleton et al. 1997). However, even though putting children first, stark choices have to be made between which of their child’s needs are met and which remain unmet:

“... I’m able to clothe him ... I save money up. It’s taking him out as well. I can’t clothe him and take him out ... it’s either one or the other.”

(Susan, 6+)

“... when they need clothes and shoes, they have to wait ... If there’s a trip, rather than let them miss out ... But it never affects my bills. The bills are the first things that are paid.”

(Babs, 3<4)

It is unsurprising that the recurrent theme which weaves itself through the accounts is that their level of income does not cover the constant and ongoing demands placed on them. As noted in the literature review chapter, Middleton et al.’s (1997) study found that, in the age differentials in premiums for children, it is the under eleven age group premium which is particularly inadequate. Mothers caring for this age group are therefore particularly disadvantaged. Although not asked in this study, a few
women made reference to sums of money similar to those identified in studies of adequacy which would enable them to make ends meet:

"Even, I know it sounds funny but, ten pounds more would help .. for nappies ..."

(Collette, 2<3)

"... I think if we had like another ten pounds a week.."

(Elrica, 2<3)

Kempson (1996), in asking the question, also finds £10 as the most common sum mentioned. At the recent launch of the Acheson report (Boseley 1998) a 25% increase was mentioned, whilst Kempson herself suggests £20 to £30 as necessary (ibid. 47). Thus it is inevitable that the mothers in my study spoke of areas of ‘need’ which were never actually met on Income Support.

The differences between women emerged when some talked of how the material contribution of others meant that their children and their own needs were provided for to a lesser or greater extent, whereas, for others they were solely or almost solely reliant on whatever fixed amount the state benefit provided. This is the focus of the next section.

4. DIFFERENCES BETWEEN MOTHERS’ ACCESS TO MATERIAL RESOURCES

This section seeks to highlight differences in access to material resources in the sample and the consequent differences in living standards and experiences whilst caring on low income. Firstly, I will focus on those
women receiving little or no material contribution from others. It will show that a pattern emerges that it is those women most disadvantaged in their social resources who are also most disadvantaged in their material support. Secondly, I will examine the quantity of material and financial support which is given to women who identify social support in their lives. I will suggest that women with a greater quality and consistency of social support are also advantaged in their material support. The level of their state income is low yet they are protected to a much greater degree from poverty and exclusion.

Whilst a pattern is evident, with the most advantaged / disadvantaged in social resources running alongside an advantaged / disadvantaged position with regard to material assistance, a rider is necessary. It is important to acknowledge that whilst, some women did not feel totally alone in their mothering, the material advantages they received from their social network, including their own mother, were restricted. Thus the distinction I, and the women involved in the study, draw between being alone or being a supported lone mother does not fit into two neat categories of being either one or the other. As identified in the previous chapter (Ch. 5: 3.4), the majority of the sample (18 mothers) whilst having social resources around them, experienced a considerable fluidity in their accessibility. This is also reflected and reinforced in the material resources available to them.
4.1 Lacking material contributions from others

Lone mothers are identified as being particularly vulnerable to debt (e.g. Kempson 1996). It was certainly evident as a constant factor in the lives of the majority of the women I interviewed:

“Well basically my mail arrived this morning .. Threatening to take me to court [water rates] .. I worked out a proper little payment [scheme], so much a week. [Another] big bill comes in, there’s no way that you can afford to even pay that £11. That £11 seems absolutely ridiculous. Really astronomical.”
(Hannah, 1<2)

“... I’m supposed to get eighty pounds a week but I had a loan ... when I moved ... and they take thirteen pound out ... I get about sixty-six a week ... If you want to buy your son something, clothes or shoes-wise, you have to go without something else sort of thing ... Like the phone being cut off because I couldn’t pay it ..”
(Teresa, 3< 4)

“Well sometimes I have to (take out) a loan ... to pay the bills. They cut off the electric and I have to go on the token system.”
(Terry 4< 5)

NACAB (1993) identifies fuel arrears as causing particular hardship. Such payments, along with fixed and regular direct loan stoppages, means less disposable income for women to manoeuvre flexibly around their daily, weekly, monthly and seasonal demands. Such factors, combined with strategies of, for example catalogue purchase and stamps for bill payment, were more likely to result in a lower nutrient intake for mothers and their children (Dowler and Calvert 1995). The women above, like Jasentina below, are not totally alone in their mothering. As in other studies of low income mothers (Phoenix 1991; Burghes with Brown 1995; Kempson 1996;
Morris 1996) the circumstances of their own mothers and their respective families means that financial and material contributions are not at a level which fully protects them from incurring debts or assists them in meeting all their needs.

".. if (mother could help) she would .. It's like the baby needed a buggy .. So the only way I could do it .. I stayed at my mum's until the next time I got paid .. I try and do it on my own. But .. sometimes if I find it hard I just say, 'can I stay over for a few nights?'. They can't help me out with money but they'll let me stay."

(Jasintha, < 1)

Experiences of greater hardship, or a much more complex juggling act, is illustrated in my study by some of those mothers who also expressed aloneness in their mothering in the previous chapter although it was not confined to them. The following women, with little or no family support have this to say of their situation:

".. you can't afford all the vegetables or fruit. .. every corner you turn you've got something ... you have to stop a bill (because) .. the kids need a pair of shoes .."

(Frances, 6+)

"I mean (to keep) us in clothes and food and bills .. there just isn't enough .. like a holiday. (Daughter's) never seen the sand. Never."

(Paula, 5< 6)

"... I can't afford to buy like normal baby things .. Like the proper nappies .. Paying my bills .. they've been stopped straight out of my book .. tax .. gas .. I can't take (child) out ...

(Helena, 2< 3)

"... I only get £53 ... all her child benefit goes on our catalogue bills ... And I have to pay .. gas .. electric .. water rates .. I find that once I've bought her nappies .. I haven't got no money left for myself .. I even struggle to buy dinners for myself .. I've got to buy her baby food and everything. My cupboards are
bare. I don’t even buy shopping. I can’t tell you the last time
I ever even bought shopping ... I just find it really hard.”
(Peggy, < 1)

“... It’s terrible. Electric ... Or gas. I went into arrears with
my gas ... I can’t afford to pay it ... I’m the only person round
here that got nobody ... Like they borrow it off their parents. ... if
I had somebody there to borrow me ... and pay them back a fiver
a week or something ... it would be easier for me. But I
haven’t got that.”
(Dreena, 5< 6)

Dreena, above, identifies the critical need for and the lack of, that extra input
which is required if the state income is to meet the necessities for her family
from one week to the next. The availability of revolving credit to bridge
the weekly benefit shortfall is identified as crucial (Ch. 3: 6.1; Kempson et
al. 1994; Speak et al. 1995). This financial, or material support in kind,
reduces the impossibilities which confront the lone mother’s budgeting.
Where lacking, it only serves to increase the debts which, with fixed
repayments, combine to undermine the possibilities of meeting other costs
and expenditure. Two of the above women and one other woman, who
relies heavily on other lone mothers for support, speak of the serious
consequences which may arise when ends do not meet.

“...I had a TV fine from the Court and I gave it to (children’s)
dad for him to pay. ... He didn’t pay it. ... [In court] they said
well they’d take two pound forty off the benefit a week. ... But I
don’t see why I should pay it. ... he’s spent the money.”
(Ellen, 5< 6)

“... I stole a bag of nappies. [Court fine not paid] ... I was sent to
prison for sixteen days. ... I did eight ...”
(Dreena, 5< 6)

“... I’ve been fined twice in the last, well eighteen months for not
having (a television licence) ... I can’t afford it ... they were
going to put me in prison ... god knows what would have happened. But my dad paid it for me in the end. He was actually with me for that couple of weeks [waiting for new accommodation].”

(Helena, 2<3)

A disproportionate number of women are charged with non-payment of TV licences. The gender difference is identified with the early 1980s and continuing in the 1990s. The difficulties of paying this domestic bill, the only one which can lead to criminal prosecution, is identified as particularly affecting lone mother households (Johnston 1995). In 1994, 63% of prosecutions involved women. Except for motoring, these licence offences account for 57% of all female criminal convictions (Pantazis & Gordon 1997). Ellen’s particular experience also suggests that, contrary to some commentators (Morgan 1995; Murray 1996a & b), the continued presence of the father in the children’s life does not necessarily add to support or security, but rather may continue to undermine the woman’s efforts to care for her children.

Contributions from others households may alleviate some of this stress of budgeting. For other women, the extra contribution they received can help prevent the scenario arising in the first place. Two possible sources of support for lone mothers is the child’s father or the child’s maternal grandparents. (Lone mothers as a source of support to each other will be discussed in chapter nine.)
4.2 The material contribution made by others

4.2.1 The child’s father

Bradshaw and Millar (1991) found only twenty-two percent of ‘lone parents’ receiving regular maintenance from the absent parent. Middleton et al. (1997) estimate from their study that, on average, in addition to maintenance, less than £1 a week is contributed by fathers to the upkeep of their children in lone mother households. The previous chapter gave some indication of the women’s overall perceptions of the amount and quality of contact received from the children’s fathers. Although not asking specifically about maintenance the following gives some indication of their input when asking the women about his support:

“... he’s not [a] support whatsoever, the odd pack of nappies here and there ...”

(Eilish, < 1)

“I mean he don’t give me money.”

(Ellen, 5< 6)

“I think he’s bought (child) some milk and a [one] packet of nappies since he’s been born.”

(Lily, l< 2)

In the whole sample, only two women, one divorced and one in a visiting relationship, spoke about a material contribution being made by the father of the children:

“... if I had to buy clothes (it would be expensive) but ... my ex-husband will help out ... kids shoes .. clothes ...”

(Oonagh, 4< 5)
"... like clothes and things ... that’s not a problem because (children’s) father supplies that ... (I pay) food and basic bills. He does the rest ... I don’t find it a struggle as much as a lot of other people do ... It doesn’t stop us from having holidays or anything like that .."  

(Cathy, 5< 6)

For the majority of lone mother families, it is more likely that any significant material contribution will be given by the women’s own parents.

4.2.2 The child’s grandparents

Other studies suggest that, after parents, it is grandparents who contribute most to the children (Middleton et al 1997). Material assistance is gendered, being given by particularly female maternal family or friends (Graham 1993), and more specifically for the lone mother by her own mother (Phoenix 1991; Burghes with Brown 1995). ‘Grandparents’ are found to spend most on clothes and make important contributions at Christmas. For low income households, it is the food contributions which appear paramount (Graham 1993; Kempson 1996). Yet, as is reflected in some of the previous quotes, whilst nappies are an expensive priority for babies, it remains an item to which others rarely seem to contribute (Middleton et al 1997).

The following accounts are drawn from those who identified themselves as not at all alone in their mothering responsibilities:
"If I was just on benefit I don’t know what things would be like ... We eat (at parents) quite regularly ... They help with the food bills .."

(Angela, 2<3)

"... my mum comes up with a bag full every week [food] ... If it wasn’t for her [voice trails off] .. I don’t look forward to cashing (benefit) because I know it’s gone on the same day.”

(Anna, 3<4)

"... Sunday I go to my mum’s for dinner ... She’ll do my son a dinner for the Monday as well ... my mum’s always buying him things throughout the year ... So he’s well off with clothes and things like that.”

(Pauline, 2<3)

".. mum’s .. buying clothes for (son) .. she helped (us to go) on holiday [and we] go for Sunday dinner and Tuesdays .. for tea.”

(Janet, 2<3)

What cannot be gauged from simply asking about the assistance received is the personal cost to the individual in having to look to others for help or the tension created in families because of needing help (Walker 1993; Burghes with Brown 1995). What is illustrated in the differing accounts above is how for some women her social resources mediate and protect her and her children from material hardship. The women who are in this position themselves indicate, just as the women with little or no additional assistance, how IS on its own does not allow mothers to protect the health and welfare of her children or herself.
5. CONCLUSION

This chapter, in concentrating on the material circumstances of the women in this study, showed how, as recipients of IS, the income is perceived as being low and as a consequence prevents women meeting their caring responsibilities. For many, what became evident, albeit to varying degrees, was how the additional resources available from others moderated the extent of the hardship and poverty they would otherwise have faced. What therefore has been illustrated through these last two chapters is that having quality and consistency in their social resources makes it easier for women to care for their family. The people who act as mediators of material resources make life less hard. However, the reverse is true for others. For those with few people, or people with little resources of their own around, life is a lot harder. The women’s own narratives give testimony to the difference in the quality of the living standards. This research, although not focusing on an individual’s living standards, suggests that it is the additional resources of families which is raising some women out of poverty and exclusion. For those without extra resources, survival is difficult.

The importance of income and resources which augment IS has been highlighted in this chapter. The next chapter illustrates how income and resources structure access to support.
CHAPTER SEVEN

THE MEANS TO HAVE CONTACT OR TO HOLD ON TO CONTACT? ACCESS TO TELEPHONES AND TRANSPORT

"... it would be nice to be able to afford a phone and things like that ... you are locked away from other life. You're not locked away from it like. But you can't contact them."

(Teresa)

1. INTRODUCTION

As research on social networks and social support make clear, having access to other people does not ensure that support can be or is given. However, having a means of making contact is a prerequisite for accessing any available support (Bowling 1997). In this chapter, I consider access to telephones, identified as one of the two most significant ICTs in the lives of lone parents on low income (Haddon & Silverstone 1995). I also consider, to a lesser extent, transport because, while vehicle ownership allows the greatest mobility (Transport & Health Study Group 1991), low income households (Graham 1996) and in particular women (Pickup 1988) are more likely to be deprived of private usage. Both the telephone and cars are a means of contacting those outside of the immediate household who may give informal and formal support either on a regular basis or in times of crisis. The contribution of the focus group participants in developing the

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1 The other being television, see chapter 6: 4.1.
questions and the analysis of communication assets has been discussed in
the methods chapter (4: 3.3).

Not only are phones and cars communication assets, they are also household
assets which act as indicators of socio-economic circumstances (Graham
1996; ONS 1996; Central Statistical Office 1995). Therefore they are
pertinent as measures of advantage or disadvantage for ‘lone’ mothers who
are in receipt of IS. This chapter confirms that these communications
assets when available may be a more sensitive indicator of women’s quality
of life irrespective of their income. However, I argue that these same
assets may also serve to mask a woman’s overall standard of living. This
chapter illustrates women’s complex and dynamic access, ownership, and
control over these forms of communication. What will become evident is
that the material hardship in which a mother is caring for her children and
herself both produces a need for support and restricts the means of
contacting and accessing support. Further, it will be shown that if family
and friends are themselves experiencing material hardship, then they are not
in a position to ease that initial process of providing the lone mother with
the means of communications which make contact possible. The poverty
of these same support networks may also restrict them making contact
themselves with the lone mother. This chapter, as in the two previous
chapters, serves to illustrate a spectrum of supportedness where the more
disadvantaged position of the less supported lone mothers becomes
apparent. To consider these issues, the chapter will be divided into three sections.

The first section focuses on what it means to own or have a telephone and car. It will show how the presence of these assets in a household is not necessarily a signal of a higher standard of income. The second section illustrates that a car and phone is not necessarily an attribute, a fixed asset which a household either has or does not have, but a variable asset which may not be fully functioning. In addition it is also shown that there exists an insecurity of access both for the lone mother and for her own social network. Thirdly, I will show why the women, whether or not they have access to a car or use of a telephone, consider them important and no substitute for each other.

(Each quotation will be identify the type of access the women have to phones or cars at the time of the interview. Car access will be described in one of three ways: own use; no car - meaning they have no access or ahc - an abbreviation for access to another household’s car. Phones access will be described as: (having a) phone; no phone or incoming. The latter refers to households only able to receive incoming calls. Because of changes in access, as explained later in this chapter, the car / phone situation identified may not necessarily reflect the situation at the time of the experience being described by the women.)
2. CARS AND PHONES AS INDICATORS OF LIVING STANDARDS

This first section focuses on the women's experiences of having available a car and telephone. Beginning with an overview of the lone mother's access to these communications assets I will then consider, through the women's accounts of that access, cars and phones as indicators of living standards.

2.1 Access to cars and phones

As shown in the methods chapter (4: 7.2.5 & 7.2.6), whilst the lack of car access in my sample is characteristic of that in the population, their phone access is higher than other lone mother studies. It may be that my study is undertaken at a time when new technology in telecommunications is becoming more widely available. Table 7.1 shows the number of women who had access to cars and phones:

<table>
<thead>
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<th></th>
<th>Cars</th>
<th>Telephones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own use</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Other household's</td>
<td>23</td>
<td>No</td>
</tr>
<tr>
<td>None</td>
<td>12</td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.1 Number of women in study with access to cars and phones

The phrasing of the General Household Survey (ONS 1997) question on cars and phones, which I use in this research, does not necessarily presume ownership. It refers to 'available for use'. Researchers may use the
terms interchangeably, 'ownership' and 'available for use' and thus conflate the two meanings. As this study reveals, any assumption that one equates with the other is problematic for low income lone mothers. I will illustrate this below firstly by looking at car and phone access through other people's resources and then through the woman's own resources.

2.2 Access through the resources of others

In the individual interviews, if the women had a telephone or car, I asked:

"One or two people have mentioned that they had help in getting car / phone. Did you have any assistance in this way? Did anyone help you get it?"

Only two women had a car 'normally available' for their own use. One woman has her 'own' car because of a reciprocal arrangement with her parents who cannot drive:

"I have a car .. It's my father's .. He owns it. But it's my car .. Basically my parents help me with the upkeep. When the tax needs paying and the insurance, even, .. when it goes into the garage, I depend on my parents financially to help with that."

(Angela - phone, own use)

Phone access was also available for some through the resources of other households. Seven women spoke about the assistance given to them so that they could have a phone. Four women identified their mother as the key person in obtaining access. A sister and an uncle's girlfriend were also mentioned. The seventh woman retained use of a phone, installed at the expense of her ex-husband's firm, indicating a benefit deriving from a
previously accumulated asset. Two women describe their experience in this way:

"... In fact I never had it in. It was a surprise off my mum. ... she came up one day and said I’ve got a surprise for you I’ve had your phone ordered and I’m going to pay for it to be connected. Just so I can make sure you two are OK ... And my mum sometimes helps me with the bill if it’s a bit too much for me to manage."

(Vivien - phone, ahc)

"I’m only actually on the phone because my sister paid for it. If it weren’t for the fact that somebody had done it for me, I wouldn’t have been on the phone ..."

(Elrica - phone, no car)

The recognition that wealth and resources are shared across generation and household boundaries is not new (e.g. Rowntree 1902; Cohen et al. 1992; Graham 1993; Kempson et al. 1994). However, it seems to be less acknowledged for assets essential to giving and receiving support. Mobile phones and accompanying pre-pay packages were originally aimed at ‘people with poor credit rating around the core market’ (Brooks 1999: 3). As these phone packages are becoming increasingly gift items, it is possible that more lone mothers may gain from this trend.

The examples above indicate that access to communication assets are not solely, nor perhaps even barely, a measure of the women’s own household wealth, but a broader measure of their socio-economic circumstances and quality of life. It is because access to the phone or car is not dependent on their own ownership that it becomes available. For other women, access to
their cars and phones remain dependent on their own resources thus their assets may act in a paradoxical way to their quality of life.

2.3 **Access through women’s own resources**

The circumstances of Hannah, the second woman who has her own car, suggests that its availability does not improve her life situation in an unproblematic way, because it is also a drain on her limited resources. When asked if she had a car or van normally available to her she said:

“Yeah, I have my own car.”

What is absent from this reply is the problem which car ownership creates for her and which is apparent when talking of respite support (see also Ch. 6: 4.1 indicating a level of her indebtedness). I asked if any of her family baby-sat for her:

“I don’t go out at all actually. .. I can’t afford it. I did go out last night. Which is the first time in (ages), my sister treated me to the pictures ... Because I didn’t have the money. I’ve just about got enough money for shopping this week .. And I have to look at the most important things which are the bare necessities ... I mean winter’s coming on and I’m wearing things from two years ago. .. OK people might say I’ve got a car and my car’s a luxury. I need my car because after having my son I had a slipped disc. So there’s times when my back goes on me completely and I can’t pick him up or anything like that ... I’m unable to get around ... So I need that. .. my lifeline ... So my car’s a necessity ... there’s not an awful lot I can do without it. And I carry shopping and things like that.”

(Hannah - phone, own use)

In these circumstances, the cost of having personal transport has a knock-on effect on others areas of her living standard. Because she has to forego
these, it is possible to argue that her overall standard of living is lower rather than higher as a result of having personal transport. There is some evidence in this study of a similar pattern of having and retaining use of phones, which may also mask the overall standard of living of a household. The extra drain on one woman’s limited resources, because she feels the phone is essential is clearly evident in the quote below:

“... I can’t afford it [phone] .. I had to pay £150 deposit as well, I had to borrow the money and I’m paying it back now.”

Implicit in her account is the need for her budget to cover an extra set of bills for the phone as well as the payments to pay back the loan which has made the installation possible. When I asked why it was important to have a phone, she said:

“I’ve taught the oldest one how to use it to phone my mom or her dad just in case (of illness) and they’ll know if they hear her without me then there’s something wrong.”

(Eilish - phone; no car)

A phone was needed to ease her anxiety over her family’s health and safety, yet, is at the expense of the extra burden of cost, which in itself may create stress. Later in the interview, when asked what makes life harder Eilish said “I think its the financial side”.

A few women acknowledged that new technology, choice of phone companies and geographical location were factors which meant it was less
expensive for them to meet the cost of installation themselves, than it was for others:

"... it was cheaper to have a phone put in here then it was there [where she lived before]"

(Mona - phone, ahc)

".. at first I had a hell of a lot of problems. They wanted ninety pounds, ninety pounds, .. as soon as cable was fitted into the area they give it me free ..."

(Jenny - incoming, no car)

Although only one woman spoke about high installation costs, concern for connection charges is not new (NACAB 1992; Barrie 1997). What is unknown in this study is the price some of the women’s families paid on their behalf to install the equipment. Women’s own support networks do not necessarily have to provide assets of communication directly to assist in its presence in the lone mother’s household. It may be assumed that, because women are given finance and material resources by their families (see Ch. 6), the phone costs may become a viable expenditure for them. Such indirect assistance in obtaining a phone remains hidden but perhaps implicit in Gina’s situation when looking at her replies over three question;

(i) perceptions of income, (ii) material support and (iii) phone access:

(i) ".. I’ve little to do but to keep up the bills.”
(ii) ".. I get clothes, .. toys, loads of things .. for (son) .. eat at mum’s ..”
(iii) "I’ve a mobile .. I assumed I couldn’t afford it, but I find I can”

(Gina - phone, ahc)
The most disadvantaged women are more likely to be those who need a telephone the most as a way of maintaining contact with others. The following two women perceived themselves as being alone in their mothering and had no other household to call on for additional material resources. When I asked Hazel about her family and Frances about when and why she had had a phone installed, both showed a need to make contact even if it is not or cannot be reciprocated:

“But I do think they could come and visit. Or a phone call. Just .. to say how are you. ... And my phone bill’s astronomical because I phone them once a day and I mean it should be the other way round. They’re all working in the family. They should phone me. And it’s just a friendly voice saying ‘how’s things today?’ ... I mean I never ask them for anything. .. for money .. anything. Just that occasional phone call ... I don’t think things will change ...”

(F Hazel - phone; ahc)

“Just had it ... This week. ... Communication with my family. ... that phone is like, you don’t have much to do with your family but as soon as you’re in contact, you’ve got it. ... I mean they don’t come to you when you want them or anything but they’re there to listen.”

(F Frances - phone, no car)

This section has illustrated how, through the support of others, cars and phones can be a beneficial assets. For others, I argue, it may be contradictory in its benefit as it provides access to support but, in the absence of assistance in its presence or maintenance, also acts as a drain on women’s limited resources. The following section also links into this difficulty of having and holding communication assets. To retain their
phones some women look to strategies of cutting and controlling expenditure. This is the focus of the next section which shows that cars and phones may be both variable and unstable because of the demands they make on women’s budgets.

3. CARS AND PHONES: VARIABLE AND UNSTABLE ASSETS

‘Having a car’ and ‘having a phone’ is typically seen as having a fully functioning asset ready for use at any time. This section seeks to question the extent to which this is true for the mothers in this study.

3.1 Variable assets

Angela, who describes the car as both her own and her fathers, reports that, along with other aspects of parental support, access to it can be restricted:

“The support’s compromised. It has to be. ... So I suppose it’s not on my terms ... I have to fit around other people’s needs as well.”

(Angela - phone, own use)

In terms of the car she explains that the joint ‘ownership’ and access restricts control over, when and for who, it is used. Control also figures in women’s accounts of the use of their own telephone. Whilst the phone facilitates access to the outside world, its cost may restrict the extent of that access. Constraints on phone usage because of payment difficulties have been recognised in other research. In their case studies of lone parents, Haddon and Silverstone (1995) noted the self-imposed use and rationing of calls: similarly interviewees in this study report strategies of control:
“Well I buy stamps for my phone .. Like I count how many times a day I use it and keep a record.”
  (Ruth - phone, ahc)

The decision not to have a phone may also be a budget-management strategy, in the struggle to retain support contact on a low income:

“I think it is [important to have a phone] but I’ve never been able to afford the bills. I really would like one. ... Mainly I phone my mum everyday. So I’m always using the phone up the road. But it’s the only way I can do it is to know I’ve got some money to do it.”
  (Jasintha - no phone, ahc)

Although cheaper than mobile phones, calls from phone boxes cost twice as much as home phones. Thus, those most reliant on ‘public’ boxes, that is, up to a million low income families and by implication lone mothers, are again penalised for being poor (Farquarson 1999).

Because the focus groups initiated an individual interview question (“And can you use it for out-going calls...”), a dimension of control, other than rationing the number and length of calls, emerged. This is having a phone only for incoming calls, a strategy of control either self imposed or enforced by others. Three women at the time of the interview had incoming call facilities:

“...Well [phone company] put it on incoming calls for the last couple of months ..”
  (Dreena - no phone, no car)

“... incoming calls only. ... I can’t afford outgoing but [I asked them to] put it on incoming for me.”
  (Jenny - incoming, no car)
The fact that the phone is restricted to incoming calls, and the consequent impact on ease of access to support networks, is hidden if researchers (and professional workers) rely on simple yes/no questions about telephone availability. The ability to initiate calls to others when needed, even if restricted because of cost, is qualitatively different from having to wait until someone makes contact with you. It means that 'seeking support' may be just one of waiting:

"... you can't just get in touch when you need, when you want to ... [to] tell anyone about it there and then, get it off my chest to someone else."

(Gina - phone, ahc)

The above accounts demonstrate that phone availability is more than simply having or not having a phone: it is a variable asset in the sense of being either a fully or only a partially functioning asset. Nonetheless, connection does allow that final safety-net call of 999, a lifeline denied to mothers without a phone in the home. What is evident through the women's accounts is how access to communication assets is not just variable but also, for some mothers, insecure.

3.2 An insecure asset

In better-off households, car and phone availability can be assumed as permanent and secure elements of their living standard. Drawing out the experiences of low income lone mothers illuminate the impermanence and insecurity which surround the availability of these assets. For the more
disadvantaged mothers, life is further complicated by the fact that this impermanence is also more likely to be a feature of the households they look to for support. Whether support needs are met may depend on the two dynamics coinciding to create a satisfactory outcome.

Availability of lower tariffs, as noted earlier, was perceived by women in this study as making telephones a very recent viable option. Ten women had had their most recent phone for less than six months:

"I’ve only had it for a few months. I only had the first payment not long ago. I mean it’s going to cost me more in January now because all the phone calls over Christmas, .. I’ve got to be careful."

(Fiona - phone, no car)

"(I’ve had it) three weeks. I think I’ll be cut off soon."

(Helena - phone, ahc)

The concern of these two women above is not misplaced, with an estimation of disconnection rates of one customer every forty seconds (Barrie 1997). In 1997 over 1.2 million people lost phone lines because of debts with half a million remaining disconnected (Weston 1997). Considering the financial circumstances of some of the women portrayed in the previous chapter, they would agree with the sentiment of the BT advert that ‘It’s good to talk’, except they would have to add; ‘if only we could afford to”, as they struggle to maintain a fully or partial asset or cope with no phone communication at all for support contact. Six women told me they had been disconnected:

"Yeah, I did have ... But it’s been cut off ... it’s drove me mad because I need it and I can’t get in touch with anybody ... It’s
been off about a month now .. well they put it on incoming calls .. (now) even they’ve gone.”

(Dreena - no phone; no car)

“I did but I couldn’t afford to pay the bill ... I’ve got a mobile telephone instead but that’s like free call after a certain time ...
But it’s broke and I can’t afford to buy a new one to replace it ...
(Been without it) ... a couple of weeks now. It’s cracking me up ... because ... no one who I know really lives around here.
That was my only way of contacting ..”

(Peggy - no phone, no car)

“... I did have one but I didn’t pay the bill ... (I’ve been without) about three months ... sometimes I get worried in case my little boy’s ill or like with me having another baby I think I’ve got to try and get something sorted out to do with the phone to get it back on.”

(Teresa - no phone, no car)

Although a small proportion of the thirty-seven, these mothers illustrate that a telephone is a much more changeable and discontinuous resource than might be assumed from household surveys which measure availability of assets. It is changeable and discontinuous, if not from one day to the next, then from one quarter to another. This means that one day you have the means of contact for support at your disposal and the next day it is either severely restricted or it is gone. Once I invited mothers to broaden their answers from a simplistic yes or no, the seemingly clear-cut questions on access availability became littered with caveat answers. Reliance on other households to provide access to transport also indicates that simple notions of availability are problematic.

3.3 Available for use when needed
Twenty-three women reported having access to cars in someone else’s household. The gendered use of and access to private cars is identified in partnered households. In one car families, there is a tendency for the car to be ‘his’ and as the main wage earner, it is more than likely that it will be used for his travel to work and therefore not available for the woman during the day (Pickup 1988; Beuret 1991). For lone mothers dependent on transport in other households, this same restrictive pattern is reflected. Their own fathers, brothers and on one occasion, the child’s father is described as either not available in the day or difficult to track because of shift patterns or working away from home. For some women, their mothers had a car but also worked during the day:

“If he’s available ..[but].. me brother .. works.”
(Adel - phone, ahc)

“That’s if (mum’s) not at work, just [available for] emergencies.”
(Anna - no phone, ahc)

“.. for an emergency ... if he’s [woman’s father] there ... he often goes away like overnight ... last year we couldn’t get hold of him.”
(Babs - phone; ahc)

For the lone mothers in this study to access private transport, necessitates contacting other households, whether for prearranged or unplanned requirements. In creating a category of access ‘anytime’, as opposed to more confined and limited periods like shopping or only in emergencies, I initially assumed the ‘anytime’ group would enjoy a greater availability of access. However, it appeared just as vulnerable (and perhaps more so) to
the same vagaries of lack of finances, lack of phone contact or lack of either
knowledge or confidence in the situation of the household they were turning
to for an emergency or crisis:

Jo. “.. is that available at any time or is it just for say, shopping or emergencies only?”
Lily “Anytime.”
Jo. “Anytime. .. So ... to take (son) to the hospital ... how did you go about that? Did you phone (them for) a car?”
Lily “I phoned a taxi.”
Jo. “So although the car’s available for any reason it isn’t necessarily there all the time?”
Lily “That’s right. Because it was in the night. It was late, about ten to eleven. And I thought, well maybe it might be inconvenient.”

(phone, ahc)

“I’ve got a friend ... He’s got a car. So I know if I’m stuck he’ll help out ... It’s not got an engine in it at the minute like.”

(Hazel - phone, ahc)

Qualitative interviews give women the opportunity to ‘tell it as it is’ and avoid ‘the risk of pursuing the measurable rather than the relevant’ (Black 1994). The relevant is that the ‘lone’ mother looks to other households for help yet they too are living dynamic lives, some with similar time and financial constraints. In these circumstances, ‘available for use’, as the GHS phrases it, does not guarantee contact unless they both have access available at the same time. The experiences below are chosen to illustrate the range of mismatches which can occur when the lone mother’s situation and that of her social network are framed by poverty:
"... a lot of me friends aren’t on the phone anyway. ... I mean there’s (names friend) ... she’s got four kids, she’s on a low income, she can’t travel down here, she’s not on the phone .. I can’t get to her .."

(Eilish - phone, no car)

".. I was so upset yesterday and needed to talk to someone I went to (names place 30 miles away). I had to go up there to see them instead of phoning them .. Otherwise I’d just phoned up and it’d have been a lot cheaper. ... She’s like a sister ... well I haven’t spoke to her for ages because she got cut off by the phone (before I did)."

(Dreena - no phone, no car)

"Well I can’t get in contact with (child’s) father ... I know where he’s living but it’s too far for me to go. I can’t ring him because he ain’t in until late ... I can’t contact him on the night because ... I won’t go out after a certain time. So I’m limited. .."

(Jasintha - no phone, ahc)

"I would love more contact with my family ... (Aunt) just lives across the road [from her mother]. So when my mum wasn’t on the phone and I was, I used to phone my Aunt and she used to go and get my mum ... Now she’s [mum] on the phone and I’m not.”

(Teresa - no phone, no car)

"... even if some of my family isn’t on the phone at least they can phone me. ... my sister’s on the phone and she’s only got incoming calls.”

(Ruth - phone, ahc)

What begins to seep through these accounts is the difficulty that fluidity creates: of not really knowing what is reliable from one day to the next and what can be depended upon. It is clear that the patterns of (dis)continuity in their own assets and the assets of others can create difficulties when support contact is needed. The third section of the chapter tries to capture both the importance of contact and women’s experiences within the
dynamic realities of access, ownership and control of the means of
communication.

4. IMPORTANCE AND EXPERIENCES OF HEALTH AND
SOCIAL CARE CONTACT

This last section highlights the importance of being able to make contact for
material, social and health care. The difficulties of low income households
in implementing health choices and accessing primary health care has been
linked to the lack of telephones and cars as communication assets (e.g.
Harrison 1984; Pearson et al 1992; Westlake & Pearson 1994). What is
also evident is that whilst having a car, or a phone is an asset, they are not
substitutes for each other. The chapter will conclude with four women’s
experiences of having a child who is sick or has been hurt and how, having
or not having a phone, car or social network available at the time, they dealt
with that situation.

4.1 The importance of access to communication

Having access to a car and / or phone cushions the difficulties of practical
and financial as well as emergency situations. Two women below perceive
themselves as not being alone in their caring responsibilities. They share
some insight into how that support is given:

“I can borrow a car if I need to ... if it’s an awkward place to get
to. Or if I’m doing me shopping or something like that and
you’ve got to carry all the bags. ...”

(Oonagh - phone, ahc)
“(Son’s ill) ... We have appointments every other week. ... my mother take[s] me in her car ...”
(Collette - phone, ahc)

Whilst the women above could express relief and gratitude at cars being available to them, the women below talk of the difficulties in using ‘public’ transport for social contact. The questions which prompted the replies below were asked near the end of the interview around social relations.

What comes across are the barriers to making contact if neither the lone mother nor her family have access to a car:

“...if I go to my mum’s, it’s like it’s hard to get on a bus with three kids ... with the pushchair and the bags ... She comes [to me] about three or four times in a month. ... She .. works ... She has to come up (on the bus) when she’s got time.”
(Ellen - no phone, no car)

“. . . It’s quite hard to do. ... I want to see my mom. I don’t see her that often because it’s like three buses to get there and three buses back ... twice a month if I’m lucky ... It’s bus fares and carrying the baby because I ain’t got a fold down pushchair yet. From the bus stop .. it’s not that far but when you’re carrying (child) it feels like it’s miles ...When I first started out I used to have this big bag on my back and when I got on the bus I couldn’t get it off. So I’d be sitting there in the bus, like this, trying to hold her and make sure she’s nice and comfy. ... No wonder I had a bad back.”
(Kate - phone, no car)

“(To see mum once a week it takes) ... about three quarters of an hour ... I have to get three (buses) altogether ... I get a day saver (about) £1.20.”
(Toni - phone, ahc)

“I see (mum) about once every two weeks. They do invite us up for dinner but it’s just getting up there is the problem ... An hour to get there and an hour back.”
(Eilish - phone, no car)
The question of why a phone in the household is important showed that the phone is not just an end in itself for communication, but also enables contact to take place. Thus its absence can be an obstacle in arranging face-to-face meetings, perhaps compounding feelings of isolation. Taking precautions to avoid risking a wasted journey, as the women below recount, makes sense in the light of experiences described above of negotiating public transport as well as the cost and time involved:

"... Just for making arrangement or like say my mum wants to know if I'm in if she wants to come over or other people will say, oh we can't phone you. We didn't come over because we didn't know if you was going to be in or not. ..."

(Teresa - no phone, no car)

"Because people could contact me to see if I was in before they come round."

(Lily - phone, ahc)

Other personal costs of not having a phone mirror those identified by young 'single' mothers in Speak et al.'s (1995) study. Again the importance of social contact, both informal and formal is highlighted:

"... Say of a night if I've had a really bad day and (little one's) playing up and .. I think Oh God ... I'd love to have a phone, I'd love to have a car. Just to be able to .. get out. If I had a car I could just .. put (child) in the car and just go off or speak to mum on the phone."

(Teresa - no phone, no car)

"If I'm feeling low I'm able to speak to someone. And I have a support worker ... (she) phones to see if I'm OK."

(Toni - phone, ahc)
"Emergencies" are cited as a shorthand for the unexpected health and safety needs of the children, with both routine and the unexpected as a significant theme emerging out of the importance of having a phone:

"... to take child to the doctors I (can) make an appointment before I go."
(Terry - phone, no car)

"For emergencies ... taking child to hospital ...".
(Paula - no phone, no car)

"(If) .. something happened in the middle of the night .. you’re thinking, .. I’ve got to go out there, I’ve got to take my child out .. make them even worse .."
(Teresa - no phone, no car)

Phones are an asset which provide safety and protection at a number of different levels:

"... if someone’s breaking in."
(Kate - phone, no car)

".. [and] with (child’s father) being so violent a lot of the time ... So it means that if I am worried, then help’s only a phone call away."
(Hazel - phone, ahc)

"Basic contact with the outside world. ... and it’s easier .. for example you ring from your own home rather then having to go to a call box. Especially being a female by yourself. You find going to a call box at night round here, I wouldn’t advise anybody to go."
(Hannah - phone, own use)

The woman’s summary below of the importance of having a phone presents the obvious yet it conceals the problematic, for it assumes that a call for help will be answered:
“It’s just contact isn’t it. It’s a case of somebody’s always there on the other end of the phone.”

(Cathy - incoming, ahe)

The unpredictable factor and one of major significance, apart from 999 calls, is whether women when needing contact, firstly have the means to make contact and secondly, whether those they want to communicate with also have access to means of communication.

4.2 Differing access - different experiences

What is evident for some women is the difficulty and complexity of accessing social and health support care. As carers of young children, it is not surprising that they often cite health emergencies in indicating how differing available resources called for different strategies. I have chosen to present below accounts from women in contrasting situations, as they reveal how car and telephone availability are not necessarily substitutes for each other. Nor are they necessarily a substitute for lack of finance. The first woman describes her concerns about living on her own and having a sick child to care for in ways that reflect the experiences of other women in this section. However, she presents a different situation to the majority of the women interviewed in her ability to access support contact. In using her example. I am drawing attention to all the ingredients of contact resources being both available in her own household and in her family’s household and how, in coming together, (my emphasis in bold) it provides a full spectrum of support for a health emergency:
"...it’s in the evening you really worry. I mean my daughter was ill a while ago. If I have to go out at night I have to take the two children with me, it’s easier to pick up the phone. She had like a really high temperature. And all I did was pick up the phone and ask my brother if he had any medicine and he went flying round to the chemist (in his car). And he brought it to me. Because he’s married. Both of my brothers are married and they’ve got their wives at home. They don’t have to take the children out if they go out. I have to take the children with me."

Later in the interview:

Jo. "Could you say what’s the one most important thing that makes life easier for you?"

Oonagh "Having my family so close... knowing they’re only like five minutes away in a car and knowing that there’s a car in each one of my family’s different houses... So I know if I can’t get in touch with one I can get in touch with the other. I know one of them will be there."

(Oonagh - phone, ahc)

For these next women, such resources were not available:

"...when I phoned up the doctor the other day at (the emergency centre) they offered to pay my taxi fare to take (son). I said, ‘what about coming home, I’ve still got two kids coming home as well as going there’... I said ‘you’re going to have to send the doctor out to me’. And they did send him out. But I had to like, put on a brave face over the telephone at the same time... But it weren’t that brave. There was tears running down my face."

(Jackie - incoming, ahc)

Ellen "...my daughter had an accident with her toe and [I] had to take her to the hospital. But I had to wait until I got to the hospital to contact her dad..."

Jo. "Oh right, did you have to take all the children with you?"

Ellen "No, my friend (along the landing) had one baby and my mate downstairs had the other one."

(no phone, no car)

"Well... the other night... (Son) stuck a straw down (daughter’s) ear... it started bleeding. So I had to get four kids ready and up
to the hospital with the four of 'em. And then it's walking back home at like, quarter past ten on the evening with all four of them being knackered.”

(Jenny - incoming, no car)

Thus access to a car or phone or a social network which is close at hand, rather than none at all, may to a degree make it easier to meet emergency requirements. What is apparent above is the difference between the supported ‘lone’ mother and the degrees of ‘aloneness’ for other mothers at any given time.

5. CONCLUSION

This chapter has focused on an essential prerequisite for accessing support: having the means of communication to make contact. It has identified the difficulties of having and holding onto a phone or car when caring on an inadequate income. Mothers living in a setting of material hardship without another adult in their household and caring for themselves and their children want and need to look to others for support. For some women the resources they receive from other households assist, not only in giving support but in enabling lone mothers to have and retain the essential means of communication so as to access that support. For other mothers communication is also a priority. Yet, with little help to supplement their material resources, assets of communication may, rather than just enabling a better quality of life, simultaneously drain their meagre resources to a degree that affects their overall standard of living. Support, even if willingly
available from family and friends, is harder to access if these same family and friends find it difficult to either make or ease that necessary contact because they themselves are living in settings of material hardship. Therefore, for some mother and her support contacts, the dynamics of access, ownership and control means that the ability to contact each other may not be continuous or stable. With the onus falling on one or the other and dependent on the willingness or ability to initiate support contact, the image created for some ‘lone’ mothers is a moving continuum of contact, from inclusion to exclusion for social and health care.

The women’s experiences point to an inverse support relationship. Those women with the least resources available to them and consequently with a greater need for social and health care support, are also those who may be the least able to avail themselves of the means of contact to seek that necessary support. Since initial access to the means of communication is essential in enabling the possibility of any support being sought or taking place, then help in gaining access to a means of contact is in itself a support element. Thus, it is evident that, to get support, you need support. In the last section of this chapter, the women gave some indication of what support avenues were open or closed to them, depending on their contact resources at the time. The next chapter looks at this ‘support’ more closely to see what it is that the women feel is important to them in caring for the needs of their children and themselves.
CHAPTER EIGHT

ACCESS TO SUPPORT OR SUPPORT TO ACCESS?

PERCEPTIONS AND EXPERIENCES OF BEING SUPPORTED

"Well I think that support is being there for somebody when they need you most ... And being there when they don't need you most as well ... It's constant, persistent support, it's there..."

(Elrica)

1. INTRODUCTION

The previous chapters have analysed women’s access to support but have left unasked the question of what women mean and experience support to be. It is to this question that I now turn. The chapter will be divided into three sections. The first section will map what support means to the women involved in the study. As in the focus groups (Ch. 4: 3.3) no definition of ‘support’ was used in the individual interviews. The second section discusses the prioritising of the support components identified. As a particular key dimension of support, the third section will focus on how child-care support is experienced within their everyday lives as mothers, on income support, and living on their own with their children. It will show that child-care may have a pivotal role in acting as a gateway to facilitate or restrict access to other forms of support.

What the chapter illustrates is that support appears to be at its most effective when core elements are already present and act as a spring board to facilitate access to other elements of support. Thus, the more support is there and
available for women, the more it is possible to access support. The more it
is accessible, the more beneficial and enhancing it becomes. In other
words, support breeds support. However, in relative terms, the less support
is available, and the more mothers therefore might need it, the more difficult
it is to access. The more difficult support is to access, the more restrictive
the benefits appear to be. Once more an inverse support relationship
emerges to compound the difficulties faced by the more alone mothers.

2. WHAT SUPPORT MEANS
This first section of the chapter focuses on what support means. I invited
the women to consider both what is received and supportive, as well as,
what they feel would be supportive if it was available.

2.1 Perceptions of support
In answering the question about what support means, some women draw on
the needs they feel they have at the time, as shown in other studies (Mayall
1990; Hylton 1997; Butt & Box 1998; McKendrick 1998). Other women
derive its meaning from their experiences of what they receive as in Gottlieb
(1978) and Oakley’s (1992) studies. Perceptions of what other mothers
might need or conceive support to be also inform women’s understandings
(Belle 1982; Thoits 1982; Cochran et al. 1990). From the group
discussions and the interviews, there appeared a general agreement on what
constitutes support for all the women in this study. This may indicate a
shared understanding of what is meant by support in the lives of women with children and caring on a low income. There is also a similarity of findings, albeit categorised differently, between the women in this research and other studies, for example, on kinship (Bott 1957; Young & Willmott 1986), health and poverty (Cornwall 1984; Pearson et al. 1992; Graham 1993a; Kempson 1996), child protection (Thompson 1995) and support (Ch. 3: 8).

Seven inter-linking elements of support were identified by the individual interviewees as shown in table 8.1 below. (Breaks from caring for children and emotional support will be considered further in the following two sections.)

<table>
<thead>
<tr>
<th>Support Components Identified</th>
<th>Number of Women Identifying Each Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Resources:</td>
<td></td>
</tr>
<tr>
<td>(I) Family and Friends</td>
<td>Seventeen</td>
</tr>
<tr>
<td>(II) Someone Being There</td>
<td>Six</td>
</tr>
<tr>
<td>(III) Break From Child Care</td>
<td>Twenty-two</td>
</tr>
<tr>
<td>(IV) Financial</td>
<td>Sixteen</td>
</tr>
<tr>
<td>(V) Practical / Material Help</td>
<td>Nine</td>
</tr>
<tr>
<td>(VI) Emotional</td>
<td>Twelve</td>
</tr>
<tr>
<td>(VII) Advice</td>
<td>Three</td>
</tr>
</tbody>
</table>

Whether present in their lives or not, ‘family and friends’ is seen as a bedrock element of support.

"Whether I get it or not? .. It’s going to sound cruel. .. You don’t have to have a man to have the support. To have that
support I think to me it’s .. grandparents. It’s a really good support.”

(Doreen, four children)

A range of relationships is identified. As discussed in the last three chapters, this study, like other studies, brings out the gendered pattern of support, particularly in the context of low income and for mothers with young children (Phoenix 1991; Graham 1993a; Burghes with Brown 1995).

The concept of someone ‘being there’ was also part of the meaning of support. I have separated it from family and friends because, whilst some mothers went on to identify who that someone might be, other women did not necessarily distinguish any relationship. As illustrated in Finch and Mason’s (1993) study, some women may have been avoiding assumptions of who ‘naturally’ should or could be there for them in an unconditional way. Yvonne below phrases her reply this way:

“Someone to .. be there for you.

When asked about her contact with her mother she explains:

“.. Well most of the time I go there .. sometimes she phones me but like I phone her because .. she’s got MS and I just phone to see how she is and make sure she resting and that.”

(Yvonne, one child)

Some lone mothers, may themselves be the ones giving the most support to their family and conscious that they are restricted in the support they can expect or receive. If both ‘family / friends’ or just ‘someone’ were re-categorised simply in terms of people as a resource, ‘people being there’
emerges as a major and essential element of support. This was the factor which in chapter five was identified as making the difference in the degrees of aloneness which mothers experienced, a point reiterated in other data chapters.

Women spoke of finance (16 out of 37) as an element of support which is both needed, wanted, and for some women received on a regular basis. Others referred to practical and material assistance (9 out of 37). As seen in chapter six, it is assistance in kind which tends to reduce the overall expenditure for women and so acts as a financial gain in her budgeting. If I had combined these two elements of support within my table they would have accounted for the most identified kind of support.

Advice or information is usually a category of support pre-defined by researchers. It is evident in support studies using tripartite classifications (see Ch. 3: 9.1) and as a need for newly separated (Leeming et al. 1994) and young single (Speak et al. 1995) mothers. Although identified by only three women in this study, when women spoke of other lone mothers being helpful to them, there were more frequent references, to their sharing of advice. This suggests that advice may be a greater support need than perhaps indicated by the table at the beginning of this section.
What my study draws attention to is how most women, when asked what support meant, named more than one element in expressing what it meant for them (table 8.2).

<table>
<thead>
<tr>
<th>Number of women</th>
<th>Number of elements identified by each woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eleven</td>
<td>one</td>
</tr>
<tr>
<td>Eleven</td>
<td>two</td>
</tr>
<tr>
<td>Eight</td>
<td>three</td>
</tr>
<tr>
<td>Seven</td>
<td>four or more</td>
</tr>
</tbody>
</table>

The difficulty of defining what support means if your understanding encompasses a wide array of elements is illustrated below:

".. I would say .. practical support. .. Someone to, even if it’s just someone to call, give a ring, or call at your house once a week to say ‘are you all right, are you coping, is there anything you need help with?’ But .. just somebody to sit and have a good moan at as well. You get so frustrated and so angry and you think just someone to shout at for five minutes. You could get rid of it out your system. That would be just great .. (and) .. you can’t live without some kind of financial support.”

(Hazel, one child)

".. just somebody there to help you when you do need it, .. Or just somebody to talk to, to have a good moan .. And financial.”

(Eilish, two children)

The multidimensional nature of support is also graphically conveyed when the women tried to identify for me what they thought was the most important form of support to have as mothers caring on low income and living on their own with their children.
3. PRIORITISING THE MOST IMPORTANT ELEMENT OF SUPPORT

In this second section of the chapter I show how, in asking women to name which support they perceive as the most important, my study differs from the findings of others. Some women illustrate the difficulty of trying to grade support by level of importance. What is revealed through the qualitative interviews is that, when types of support are ordered in categories, they can hide the inter-relationship which exists between them.

Both Gottlieb (1978) and Oakley and Rajan (1991) identify a ‘clear overall hierarchy’ (ibid. 49) of importance when drawing from their participants’ perspectives on support elements. As noted in chapter three, the participants’ views are actually based on what the women receive, in the former study from informal support and in the latter from formal support. The two studies are also similar in seeking to prioritise support components so as to identify which support can make a difference in women’s lives. Gottlieb’s (1978) classification is done by experts analysing lone mother’s qualitative interviews. Oakley and Rajan’s (1991) is drawn from a questionnaire giving a checklist of types of help given and an open question asking which of these types of help was valued the most. In asking the women in my study to name the one support type, whether received or not, they felt, was the most important, they drew attention to the complex nature of support.
3.1 The most important support type

Table 8.3 shows the component of support perceived as the most important for them and their children in this study.

<table>
<thead>
<tr>
<th>Most important form of support whether received or not</th>
<th>Number of women identifying each form of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(I) People there or Family &amp; Friends</td>
<td>Twelve</td>
</tr>
<tr>
<td>(II) Break from child-care</td>
<td>Nine</td>
</tr>
<tr>
<td>(III) Finance</td>
<td>Four</td>
</tr>
<tr>
<td>(IV) Formal support</td>
<td>Two</td>
</tr>
<tr>
<td>(V) Emotional</td>
<td>Two</td>
</tr>
<tr>
<td>(VI) Could not say Don’t know</td>
<td>Five</td>
</tr>
<tr>
<td></td>
<td>Three</td>
</tr>
</tbody>
</table>

From the elements highlighted above twenty-nine women, the majority, attempted to answer my question by ‘choosing’ one aspect of support above the others. Whilst seventeen of these twenty-nine did articulate a particular component, the other eleven, in expressing a ‘choice’, also acknowledged the multidimensions of support and the interconnections between support elements. Eight women, did not, could or would not, separate out any aspect of support as significant.

Although seventeen of the women did identify one support element as the most important, I will revisit each element focusing particularly on those women who present their named support in such a way as to draw attention to its connection with other support elements present or absent in their lives.
(I) People or Family and Friends

In trying to determine the most important support, it was the presence of the provider of support which some women (12 of the 37) viewed as significant. Of the twelve women referring to people being there as the most important support, six women responded to my request to name the kind of support which their supporters might or could provide and which they considered the most important. However the problem of simply naming one type of support became evident:

“They’re just there. Like if I’ve got problems with my health [they look after child] and someone to talk to. They’re there for me with advice and that.”

(Yvonne, one child)

“.. money, food, .. here for me.. Like to baby-sit .. Just really being there .. someone you can phone up and you can go ‘this has happened.’ .. Or you can have a little cry or you can have a moan and they’ll say ‘look it’s all right we’ll rally round together.’”

(Ruth, three children)

Having identified the presence of support givers as the most important and significant factor in women’s lives it appeared too difficult a task to distinguish between priorities of support elements which those supporters might or did generate.

(II) Child-care
Nine women identified the possibility of breaks from child-care as an important form of support either present in or absent from their lives.

An emphasis on child-care is also evident in kinship studies (e.g. Young & Willmott 1986), in support studies of low income women in the US (Belle 1982) and Black parents in family centres (Butt & Box 1998). The recurrent and similar theme in the accounts was having someone to look after their children when needs demanded (see also Pearson et al.’s 1992; Bradshaw & Millar 1991; Ford et al. 1995 & 1998):

“I think support would mean to me that there’s someone there for you if you needed them .. Also for the kids. I mean they need support. And being on me own with the three of them it’s hard to fit the time in for each one separately.”

(Kate, three children)

“Like helping with the kids really if you have to go out, ...”

(Terry, one child)

“.. leave your children and go off to do specific (things) .. if your health’s poor and you’ve got to go to the doctors.”

(Angela, one child)

“. nursery places .. you have to depend on (the state) for the money .. you have to have the qualifications .. and by the time you’ve done the training sometimes there’s no work .. you still have to wait .. it’s hard to go to work .. with[out] child-care and things ..”

(Peggy, one child)

This last woman voices a circular problem long recognised as a barrier to paid work (McKay & Marsh 1994) and which may remain even with the New Deal initiative.

(III) Finance

248
Finance, although related to child-care and paid employment above, was itself specifically noted as a component of support. Four women, in highlighting it as the most important support, again illustrated its interconnection with other support elements:

"...the money .. I mean because if you’re going through a phase where the money’s not good enough .. some women can’t cope .. and then stress comes into it .. if you’ve got children I think you’ve got to have your own personal life as well .. But again it comes back to the same question .. It’s all right going out and stuff like that but is the money there? Do you know what I mean?"

(Mona, two children)

(IV) Formal support

Two women spoke from their experience of being in receipt of on-going professional support. Again, whilst they emphasised the actual presence of these professional workers in their lives, the support content of that relationship could have been categorised as the most important:

"The [money adviser] .. support .. regarding debt basically."

(Jackie, two children)

"The hospital staff (Why?).. You need someone to say well .., you’ve done really well there. .. Because nobody’s with me to say well done. .. I take (son) to check ups every couple of weeks and they see the difference. .. And it’s nice for them to give me feedback to say, ‘yeah’. .."

(Collette, one child)

Self-esteem raised throughout this professional relationship is valued highly.

(V) Emotional support as the most important
Two women are identified as acknowledging emotional support specifically as the most important. One of these women chose to express her most important support as:

"Help to be able to cope.”

(Toni, one child)

I categorised this as an emotional support as this same woman when asked what support meant for her identified simply, “Well it’s someone to talk to”. This holds resonance with the responses of the women in Oakley’s study, where the listening role of the midwives was identified as a significant support (Oakley & Rajan 1991). However Toni’s answer could also, in its brevity and simplicity, be an expression to capture the whole swathe of what ‘support’ might be with all its constituent elements actively surrounding and supporting women and their children. The eight women who found it difficult to identify any one given support type are described below.

(VII) Could not say / Don’t know

I categorised five women as ‘could not say’. They illustrated how the single entity of ‘support’ has multidimensional and interconnecting dimensions which could not be placed in a hierarchical relationship with each other:

“Well, just mainly having someone there if .. something’s wrong with the kids or with yourself. To talk to you or if you need to take the kids somewhere, other people to look after your other kids, immediate and contactable.”

( Ellen, three children)
Another three women simply said they did not know. All three women had previously identified more than one element when sharing their meaning of support.

In this second section, I have shown how the women highlight the complex layering of support elements. This became evident as they tried at my request to prioritise the most important element of support for simple categorisation, yet revealed how they interlink with one another. The difficulties arose as women spoke of the support they receive and other women referred to support they felt to be necessary in their role as mothers. By focusing on child-care in the third section it will be seen that this type of support may have a prominence in its pivotal role of enabling or preventing access to other forms of support.

4. EXPERIENCES OF CHILD-CARE AVAILABILITY

Drawing from the individual interviews, I will begin this section by illustrating why the women stress the importance of having breaks from child-care. I will also illustrate the way in which having access to this particular form of support can in turn increase and facilitate access to other support and the benefits which can result from that support. Thus child-care by others, combined with differing support components, may act as a springboard for 'lone' mothers to access more support and enhance the environment in which they are caring for their children. Finally, I will
show the contrasting effects for women for whom child-care access is less available, even though they need the same relief from providing constant child care. For this group, child support may be both limiting in its beneficial effect and further, restrict access to other support forms.

4.1 The need for breaks from constant child caring

The need for care to be available for mothers themselves was a constant theme running through the focus groups and interviews. This care is identified as a need to have a break from being a mother, exemplified by this woman when asked what made life harder for her:

“If you knew that just somebody was out there and .. cared about me for me. Not just because of me as a mother .. Because you lose your identity when you have a child and I’m just the mother of (my son) now. But I am a person as well and everybody thinks of the needs of the children, which is right, but what about the needs of the parent then, (if that is not there) they can’t love the children properly.”

(Hazel, one child)

Obtaining child-care and policies to increase its availability to enable mothers to take-up paid work is viewed in a positive light in the current political discourse, where it is seen as an avenue out of social exclusion and poverty (Consultative Document 1998; Green Paper 1998a). At the time of these interviews, because gaining employment by lone mothers was couched in a discourse of breaking their feckless dependency on the state, the necessary child-care implied a degree of moral and social acceptability. For example, a voucher scheme to encourage private and local government
provision of day care for 4 year olds was being piloted (Owen 1997; Smithers 1997). In contrast, women wanting or needing a break from the seemingly endless care-taking and care-giving for themselves seems to attract less recognition, appreciation or value. Research comparing views of mothers and health professionals show that, whilst the latter appreciate the structural causes the former may be facing, they regard themselves as powerless to have any effect on those structural difficulties. In consequence, professionals look to solutions which treat the problem as one of individual deficiencies. It is the women’s budgeting, parenting and child-centeredness which is targeted for and by practice (Mayall 1990; Edwards & Popay 1994; Edwards 1995 & 1998). Within this context, it may not be surprising that some mothers, when I asked why they needed breaks from caring, tended to justify or be apologetic about their need for a break, feeling they needed to affirm their commitment to and feelings for their children:

“..I do actually think [it is good], just going out and not actually have to think and worry about (daughter) all the time, even though I love her and everything.”

(Elrica, one child)

“I like someone .. to take over the role .. For ten minutes even .. So I’m not a mother for ten minutes .. Just have a break. It sounds awful .. I feel awful saying it ..”

(Collette, one child)

4.2 The value of breaks from caring
The women stress the value of being appreciated as people in their own right in relation to, rather than only, for the sake of the children. It comes across as a crucial aspect of how women can draw their strengths and reserves, which in turn enhances the care they give to their children as well as for themselves:

".. I love to go out like once a fortnight and have .. a good laugh with the girls .. It makes me feel great. It’s like I can cope more. I can manage more once I’ve done that, .. Your family’s happier as well aren’t they? I think so anyway .. [The father of two of the children and her mother has one child overnight.] So my mind’s completely like relaxed to go out and enjoy it .. [the next morning she can] .. shop, without the kids pulling on you."

(Ruth, three children)

".. my mum has my daughter every Friday.. She has her overnight .. just with you and the children .. the children get frustrated. Fed up. And you end up, sort of, like being on bad terms with one another and it .. really drags you down. And you can really get to the stage of depression .. I go out .. sometimes invite people over .. it’s a chance for me to have a hot soak and relax in the house .."

(Vivien, one child)

Breaks away from caring for children is one of the areas of difference evident between the perception of needs identified by professionals and mothers (see Ch. 3: 12.1). McKendrick’s (1998) study, which seeks to measure quality of life aspects for parents, finds it is the lone parents who have the least satisfaction with the spare time available to them (see Ch. 3: 10.2). He also finds that the lone mothers with the highest levels of satisfaction, are those whose own mother provides ‘an active child-care role’ (1998: 98-99). My study, which allows for the voice of supported women
to be heard, appears to verify McKendrick's findings. The women who reported the highest level of access to respite from child-care are also the mothers who felt very supported by their own mothers (see Ch. 5) in their caring role.

Without access to child-care the difficulties of meeting health responsibilities for mothers themselves or their children is described by Pearson et al. (1992 & 1993) whilst Leeming et al. (1994) identify the impossibility of 'supervising and controlling the children' whilst visiting solicitors and the Benefit Agency for assistance (ibid. 39). Some women in this study who were able to acquire breaks for social and 'time out' purposes were also able to call on child-care for part-time or voluntary work and shopping as well as having time to be ill and time to recover:

"...I suffer from migraine and .. my mother's there for me .. I have to sit in a dark room, and there's no way I can cope with the kids."

[Later]
"... My mother has the kids on a Friday (all day and overnight). And I have them back .. on Saturday morning."

[The opportunities all this gives?]
"I mean I do all sorts. I'm a parent governor .. I'm .. doing different things .. hobbies and meeting loads of people (as a volunteer)."

(Cathy, two children)

"Well I do suffer from PMT quite a bit and I normally go to my mum's and say take these kids off me .. Because I do have quite a bad time .."

[Later]
".. mum comes here and baby-sits on a Saturday night. That allows me to go out .. my ex-husband's [girlfriend] has the children on Friday nights which allows me to be able to work .. It's only like fifteen pounds but it's an extra .. to know that I
can pay if a bill suddenly comes in .. (or) to go out for the night if I want to .. so it's all really baby-sitters. .. It allows me to go out and socialise and get money as well .. And I don’t have to come back (after work) and know that the kids are going to be up (ex-husband) has got them for the night. So I don’t see them until like one o’clock the next day. It gives me a break. It gives me that morning when I can just sit and relax as well. I can also go up town for like three hours on my own without having the children with me. So it’s very relaxing shopping on your own [and] not worrying about children all the time.”

(Oonagh, two children)

This amount of time away from caring for a variety of reasons and benefits carries no implication that these mothers are lacking in their ability to cope on their own. Yet, the time input into their lives appears vast. What they have to assist and enable them to cope is the security of both a flexible and reliable response to the unexpected needs as well as regular and planned breaks away from children.

4.3 The hidden interconnections of support

The support which is surrounding the women quoted above puts into context the difficulty some women had in identifying which support they considered the most important and why. What is evident is that, if they do choose one particular form of support as their most important, it may hide other support components which affects the quality and consistency of that support. Oonagh above identified her most important support as being the emotional support she received. However, Elrica, in trying to decide on the most important support form illustrates how the synergy of support creates both a platform to rely on and a springboard to access further support:
".. finance, but I think it's emotional as well. And there's also, really, I'm fortunate enough to have a.. niece who will baby-sit for me. But if I didn't have her I would never be able to go out. So I mean it's, what do they call it, respite, baby-sitting care really. So I mean .. I would say the two main things are financial and emotional. Because you do need somebody to listen or else the kids get it don't they."

Elrica, when asked at the end of the interview what made life easier for her, replied:

".. I think my life's easier because I know I can get out and get away from it because of (niece). Because I know she'll have the baby at the weekend, I think if I actually thought I was never going to get a break, life would be hard. .."

(Elrica, one child)

The women above (4.2 & 4.3), speaking about both the value and experiences of child-care in their lives, all have the security of their basic income being supplemented materially or financially. Also, all have a fully functioning phone to make contact with their support givers. The phone is an asset available, at least in part, because of the contribution which material and financial support makes to their overall budget. They have, in addition, time to meet their own social, health and occasionally economic needs through the provision of unpaid child-care support. However, as shown in chapter six, the same level of material and economic security is less available to other lone mothers as they strive to survive on a less supported income. Chapter seven, likewise, highlights the precariousness of having and maintaining phone or transport contact because the material and financial support received is also less readily available. The less other
people provide in terms of financial and social support, the greater the repercussions on child-care availability.

4.4 Experience of having more limited access to child-care

The value of time away from children in enabling mothers to meet their caring responsibilities are just as necessary for the more alone mothers:

".. you can never complete anything properly. Or you haven’t got that peace .. that time out for yourself. And I suppose our relationship becomes devalued because we’re always together .. it gets to the point where it’s, ‘be quiet’. ‘Just leave me alone’. ‘Stop jumping on there’. ‘Stop doing that.’ I think it just doesn’t do much good for me or him at all.”

(Hannah, one child)

"..I had a migraine attack .. two days I’d stayed in and I was vomiting and I could hardly see to (child). I was forcing myself just to get him something to eat, change his nappies and things .. If (you could lie down in the dark) then they wouldn’t be so severe .. But you can’t just go and lie down You’ve got to try and work through it and consequently it makes you more sick, nine times out of ten.”

(Hazel, one child)

As noted in chapter five, people resources and the support they give does not fit into simple categories of being or not being there. Some women did have opportunities to share the care of their child with their own mothers, but their mothers’ own home situation sets limits on how much can be shared:

[Contact with her mother is only at weekends when she does get a break] “.. it helps me to get out or do something that I want to do. Like do the housework without being disturbed. Just have time on my own. It’s when you feel good .. And when the baby’s happy .. It’s better for both of us. [There is no relief during week days or evenings because] .. She (mum) does two
jobs. She works really hard. She’s too tired. She don’t drive or anything, so.”

(Teresa, one child)

“.. I don’t really go out a lot .. the offers there if I need it .. I don’t like to take advantage of it .. my mum .. she’s got work, she’s got three young children, eleven, nine and two .. they do tire her out. So I try not to do it ..”

(Lily, one child)

Research highlights the importance of emotional support (Gottlieb 1978; Oakley 1991) and current research is evaluating its effectiveness for pregnant women (Pals for Pregnancy 1997). The level and value of emotional support is sometimes underestimated by the very professional workers who provide it. It is also a support element increasingly at risk because of time constraints imposed through high case loads which professional workers have to carry (Edwards & Popay 1994). The mothers in this study recognise the value of time to talk. Some women, however, lack access to unpaid baby-sitters and have less access to material support to supplement their income. Women in these circumstances also make decisions to ‘take time-out’ as a necessity to help them to continue to cope. These women may face the (unresolvable) dilemma of trying toweigh up for themselves the benefit gained by time away from caring against the cost on an already inadequate income to acquire that caring relief; a relief probably needed more because little respite is possible from the relentlessness of caring on an inadequate income. Thus for some, lack of finance results in inadequate time out:

“.. I can’t afford a baby-sitter .. I have got one .. She only has a fiver .. So I can go out, but I can’t do it every week .. like, once
in months. Because then you’ve got to have the money to go out .. and then the taxi fare home .. So you know it’s hard.”

(Kate, three children)

“I’ve got a baby-sitter next door. Even if I just go to the pub she’ll have her all night for me for a fiver .. which is well worth it .. It used to be once a week but now it’s going to be like once every two weeks .. As long as you’ve got someone there to moan at, to whinge at. To go aaargh! .. Because if you bottle them up, because I was bottling them up to start with and it just ends up as if you’re going mad .. As long as you sit down and talk to people and you’ve got to talk to people. That’s what I found.”

(Helena, one child)

What remains unknown is how much the value of the support may be simultaneously undermined by the strain it places on the remaining low income budget to meet their other caring needs.

Taken out of the context of these women’s lives the strategies they seek to help their relationship with their children could be interpreted as lacking skills in budgeting. The women’s own descriptions of what it can be like with their children without a break might be seen as behaviour indicating a lack of parenting skills. However, when listening to both the women who have and those who have little or no support, they illustrate the same needs and the same views on what that support should be. They also recognise the same value accruing from that support form. It is with respect to the access, quality and consistency of support that they differ and what that then means to their and their children quality of life.
Access to free child-care, with or without financial or material aid, may assist in providing the means to seek out other forms of social contact, which in turn can act as a support for women caring for children on a low income. Such social contact is, of course, a precondition for the possibility of being able to talk to someone. So too is the time and space for that contact and talking to be beneficial. Little or no free child-care and/or finance and material assistance can create a barrier to contact and act as an obstacle to the desirable time away from their children:

“I don’t get time out for myself.. because .. I can’t take the kid, cause she’ll play up and I can’t enjoy myself, and if I take the kid she’ll give me a headache .. (and) .. you can’t afford (sitters) .. but, it’s just, to be, having time by yourself. ... The trouble is .. even if I am with other adults you don’t get time to talk cause the kids are always around you.”

(Paula, one child)

Susan  “Support is someone that I could turn to when I need someone to take care of the children or myself or I need .. someone to talk to. .. You [need to] let your problems out .. otherwise you just build it up and take it out on the kids [But] to go round to someone’s house .. You can go .. and you’re like, the kids might perform and .. ‘Oh don’t touch that’ and you feel responsible for their actions. It’s awkward .. You’re constantly watching them and then you think, Oh I’d better go .. Get out of here.”

Jo. “So you’ve not really had the chat that you went for in a sense?”

Susan  “Yeah, that’s it. Yeah, you just haven’t. ... It would be nice if someone would offer to take the kids off my hands .. And that’s another issue. ... It costs you as well (to) go out. Not just to go out and enjoy yourself. Baby-sitters as well. The cost .. I mean I cope very well on my own. But, it’s money that stops you doing a lot of things .. I don’t get support in a way of looking after the kids .. just lost me mum .. Having time to myself .. I think it’s important for the kids as well. Because it gives a chance to, .. let my feelings out with
someone else and then I'd come back, .. all fresh and ..
nice sweet little mummy ..”

(Two children)

The methods chapter (4: 6.1) illustrates my own experience of interviewing
a woman with her children around and finds her expressing the same
problem of simply not having some space away from the children to talk, be
able to listen and be able to be listened to.

5. CONCLUSION

This chapter focuses on what support means to the women in this study. It
shows that, whilst there was general agreement on what support can mean,
there could be difficulties in identifying one element as more important than
another. The danger of identifying just one element of support lies in the
fact that the interrelationship between elements of support can become
obscured. Despite this danger I have focused in this section on the
experience and implications of ‘time-out’ from child-care responsibilities to
highlight this conditional, relational aspect of support: that one needs
support to access support.

Drawing on the testimonies of the women, I suggest that different forms of
support can serve as gateways through which other support can be accessed.
Whilst all forms of support are found by the women to be important and
mutually reinforcing, child-care appears to be pivotal. It is central as a
gateway to accessing support and directly enhancing the women’s and their
children’s well-being. This means that those lacking in support may end up being multiply disadvantaged, experiencing cumulative levels of support deprivation.

For those who have little or no child-care, both the difficulty of seeking respite or having a support framework on which to build their caring responsibility, even though in the most need, becomes evident. Women who have the greatest difficulty in receiving time support and have the most need of them come to rely on their own strategies to create occasional support breaks. It is these individual strategies which help to support their caring that are in danger of being interpreted as inappropriate behaviour, in managing their budgets, children or parenting skills. Whilst child-care is taking on a new emphasis in the current government’s strategy to assist lone mothers into work, it appears from the experiences of the women in this study, whether with or without free child-care, that it has a role considerably greater than that of enabling lone mothers to enter the labour market.

Family and friends generally and mothers in particular, were identified as the people resources which assisted the ‘lone’ mother’s income, her ability to make contact and to secure the time needed to seek out other support networks. However, some women with few or no resources of family, look to other ‘lone’ mothers for those same support needs. The next chapter
focuses on the impact of 'lone' mothers having to rely on each other in order to meet their respective and similar social and health care needs.
CHAPTER NINE

TIES THAT BIND OR BINDS THAT TIE?

LONE MOTHERS’ MUTUAL SUPPORT FOR EACH OTHER

"... without the true mum [woman’s own mother] or the dad [children’s father] .. your support is only friends full stop."

(Frances)

1. INTRODUCTION

The focus of this chapter is on how ‘lone’ mothers look to each other to exchange support, either as a supplement to, or in absence of, other support givers. Whilst having friends to turn to is better than feeling no-one is there for you, reliance on other lone mothers does not appear to be a panacea for support. It is the impact of not only receiving support, but also of giving that support to others which is considered. I will divide the chapter into two sections. The first section will show how the majority of lone mothers perceived other lone mothers as being supportive. The second section illustrates the limits to that supportiveness. Building on themes developed in the previous chapters, I will illustrate that it is the alone ‘lone’ mothers who tend, with little alternative choice in their social networks, to be more dependent on other less supported lone mother friends. This means that, in a setting of material hardship, women are looking to women who are themselves restricted by their own lack of resources as sources of support. Such pooling of resources may thus have contradictory effects: whilst the help they give to each other acts as a support, giving such help
can simultaneously undermine the very benefits which that support is intended to create.

2. PERCEPTIONS AND EXPERIENCES OF SUPPORTIVENESS

I begin this first section by showing that, although conscious of differences between ‘lone’ mothers, the women in the study felt there were sufficient similarities between lone mothers for them to be supportive to one another. This was felt irrespective of whether or not they were reliant on other lone mothers for their support. What is illustrated is how lone mothers exchange support with each other in trying to meet their respective needs. The Third Way advocates suggest that individual and mutual responsibilities need to be harnessed. Yet, this study finds lone mothers, albeit restricted because of their circumstances, assisting each other when and where they can. As the group participants highlighted the importance of making contact and forming friendships with those experiencing similar situations to themselves, I raised the question in the individual interviews.

2.1 The supportiveness of ‘lone’ mothers to each other

Because of the perceived supportiveness of ‘lone’ mothers to each other identified in the group discussions, I asked each interviewee if she too felt, that other lone mothers were supportive to her. Two women replied in such a way as to make categorisation difficult:
“You’ve just got to try and manage isn’t that it.”
(Fiona, one child)

“You think, this is so bad, how you are and they’re [other lone mothers] in much worse situations.”
(Gina, one child)

Table 9.1 illustrates the response from the other thirty-five women:

<table>
<thead>
<tr>
<th></th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, more supportive</td>
<td>25 women</td>
</tr>
<tr>
<td>No, not more supportive</td>
<td>8 women</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2 women</td>
</tr>
</tbody>
</table>

Of the eight women who disagreed seven referred to either positive experiences with women who had partners or negative experiences with women who were on their own:

“Even when she was with (partner) she was still the same [a support to me].

(Paula, one child)

“No, because they’ll say.. I’m in the same boat as you .. (it’s) .. ‘you can get better things than us and I can’t get it .. how come you can get it?’ ..”

( Frances, three children)

Along with the woman above, two other women referred to resentment between mothers. Other studies have identified benefit claimants turning in on themselves to blame each other and not the system, if it was perceived that one was getting more than another (London to Edinburgh Weekend Return Group 1980; Phoenix 1991).
The twenty-five, in agreeing that lone mothers were more supportive to each other than other partnered mothers, highlighted the shared experiences of being alone and on low income which helped to kindle this supportiveness:

"You can relate to people in your situation more than you can in a different one .. because you know exactly what they’re going through.”

(Jenny, four children)

"Yeah. .. They understand what’s going on. The rough side of life .. How to cope .. the next loaf of bread. When’s the next meal coming in .. Baby stuff .. They’ve got to find the money .. it’s such a low income they’re getting ..”

(Mona, two children)

"Yeah. .. Because we know what we go through. I mean like two parents and a child, it’s totally different .. Whereas we’ve got to do everything. We’ve got to be mother and father basically.”

(Helena, one child)

However, mutual understanding and supportiveness does not guarantee practical or material support:

Jo. “Do you think that women who are living on their own with children are more supportive to each other?”
Teresa “Yeah because, like they know what it’s like. They’re more understanding because they’re in the same boat as you. .... Yeah but they might not always be able to help. Yeah.”
Jo. “Would that be true of the friends that you know do you think?”
Teresa “Well they’d help me in any way they could. But sometimes it’s restricted because of things, you know what I mean.”
Jo. “Right. Can you just give me an example of how it’s restricted?”
Teresa “Like, say if I wanted them in an evening to come over in the night or something, they couldn’t because that would mean they’ve got to come out of their family or whatever. Or like financially if I needed any financial help I wouldn’t ask them anyway because I know they’d be just the same as me sort of thing.”
Jo. "Yeah. And if you haven't got it they haven't got it."
Teresa "Yeah, I wouldn't expect them to have it, yeah."

(One child)

So while recognising they are 'in the same boat', it does not guarantee that they can get or give assistance to each other. The difference in the amount of support that lone mothers can call on means, in practice, that they experience their lone motherhood differently. As illustrated in the previous data chapters (Chs. 5; 6; 7; 8), it is how resources combine, or as Coleman (1994) describes it, how social capital is generated, which results in differing outcomes for individual lone mothers.

2.2 Exchanges of support from one lone mother to another

What is evident in the exchange between lone mothers is a borrowing of time (Pearson et al. 1993) from each other to enable child care responsibilities to be met or for a break from child care which allows time to meet other needs. The child care time which is exchanged between them may act as a supplement to or as an alternative to other sources of support. However, it may also be the only option available, particularly in unforeseen emergencies:

"... sometimes I ask me neighbour to look after the kids if she isn't going out... she'll have them and like I always say like I'll return the favour, which I do. ... So we help each other in that way."

(Susan, two children)

".. they arrested me .. (policeman) let me off until the next day ... so I could organise something for the kids. So .. (one friend) .. had to have (second youngest). (Another) she had the baby, and lucky enough (oldest) was at school. But I had somebody
organised to pick him up .. luckily my friends were there to look after me ... And have the kids for me. Because I needed them to have them. Especially as I said to them when they took the kids, I don’t know how long I’m going to be .. ‘Yeah’. ‘Fine’. ‘Don’t worry’. ‘You’ll come back’. And I was thinking to myself well what if I don’t, because I know you can get sent to prison for TV fines .. But (it was such a support) because I knew the kids were OK with those people.”

(Ellen, three children)

Even where time away from children is not possible (and not suddenly enforced), women spoke of trying to be there for others and others being there for them:

“..(this mother) needs a lot of support. [I] Smile .. say ‘hello .. how are you’. Make her feel, like, I want to know how she is. Because that sometimes can lift you up. Just knowing that somebody is bothering to say hello. I couldn’t give any other support but I’ve invited her round for a cup of tea ... She’s doing a bit of decorating, she’ll say would you have a look. And I’ll be ‘.. yeah .. it’s lovely ..’ So I can do that for her.”

(Vivien, one child)

“.. I was in tears a couple of weeks ago because I couldn’t take no more, and you’re always afraid of taking it out on the wrong person .. so I took (daughter) and I went up to my (friend) and says I can’t take it no more.”

(Paula, one child)

“Like I seem to spend more time at (friend’s) home .. it’s all day really. But then when the kids are coming home from school, we’re each to our own. But then in the morning we’re back together.”

(Jenny, four children)

Even though all are on low income strategies are used between women to assist each other:

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1 These fears of imprisonment were not unfounded (see Ch. 6: 4.2)
“... Like we had the photographs (of the children) done .. got them done together and paid half the money ... That’s what we had to do really or we couldn’t have had it done.”

(Anna, one child)

Again the importance of being able to ‘revolve’ (Kempson et al. 1994; Speak et al. 1995) the inadequate finances between mothers is evident:

“.. sometimes if .. she’s got no money (I give her some) .. And she’ll just give it me when she gets her money like say two days later ... So that helps me anyway then, because I’ve got it to fall back on as well. It’s good like that.”

(Kate, three children)

Financial advice is also part of the support they may give or get from other ‘lone’ mothers:

“.. ‘well you can get a loan for that sort of thing you know’ .. things like that you find out from people who are actually single parents .. things I’d never have known.”

(Hannah, one children)

Similar types of support which individual women gave to each other are also acknowledged between those who met in centres, whether just dropping in, meeting regularly in on-going groups, or participants in short term organised sessions:

“The (centre) I think is one of the best things around in this area .. you get more support from the women. ... You get hearsay of, if you’ve got a problem how they went through it and how they did it ...”

(Frances, three children)

“I think it’s been a really big support to me [being in the group].. like going out, on activities, they took us (with children) to Wales .. Brilliant .. Say if you had something to say like you could tell them .. to talk to and that .. It’s been really good .. I’m going to be lost next week [when the group finishes] ..”

(Pauline, one child)
"I think (the centre) that's the only place that I get support from. The staff are great but I think it’s the parents that make the place what it is. (and) .. like .. I couldn’t afford to have a party for him .. I had a little birthday tea there .. which (he) wouldn’t have had otherwise ..."

(Hazel, one child)

As I focused on help women gave to each other, I did not concentrate on other forms of volunteering they undertook. However, occasionally, women spoke of being involved in activities officially recognised as volunteering or they simply ‘lent a hand’ with events as and when they were organised.

“Well mainly .. the (centre is my support) ... I try and do little jobs up there .. like in the office .. Just to keep me brain going .. because they’re good to me .. I like to give back a bit.”

(Kate, three children)

My own research diary (dated 14.08.96) notes, that in visiting one house to arrange an interview, the woman was looking after six children. She was caring for the children of two other women as well as her own. This was to allow the two other women to act as paid volunteers on a weeks’ summer scheme. Thus, women were supporting women by allowing space for mothers to volunteer. Their availability for volunteering, even though looking after more children, meant that other mothers were receiving some respite over those long summer holiday weeks. What remains unknown is what, if any, access to respite the volunteers themselves may have.

The willingness of ‘lone’ mothers to assist each other, their input in terms of time and effort and the satisfaction gained were all recounted:
“It gives you a good feeling to know that I can [help]. She’s [lone mother friend] the one person that I can help. .. looking after (her child) .. I know that I’ve done something to help somebody else. .. Knowing that even though I’m in (this) situation, .. I’m not so bitter [her own family will not help her] that I [will not] help other people. ..”

(Hazel, one child)

Edwards and Duncan (1997) note that while in the media and underclass analysis lone mothers are identified as lacking ‘responsibility’, their research showed the importance of lone mothers’ feelings towards and acts of responsibility in caring for their children. Campbell (1993) stresses the involvement of women in communities on poor estates, whilst Dominelli (1994) notes their community work involvement remaining invisible. This study also illustrates how that responsibility is extended beyond their own families to others. The women highlight how they are assisting each other in caring for their children, with their efforts to assist others appearing to far outweigh their resources. In this context of mutual support, the promotion of active citizenship and the prominence given to individual and family responsibilities by Conservative governments and the emphasis on communitarian citizenship by the new Labour government (e.g. Lister 1990b; Etzioni 1995; Driver & Martell 1997; Blair 1998) appear misplaced. However, it would also be wrong to ignore the difficulties lone mothers face in providing such support as active communitarian citizens. It is to the difficulties of providing support to each other that I now turn.
3. **THE DIFFICULTIES OF EXCHANGING SUPPORT BETWEEN LONE MOTHERS**

In the patterns of exchange between each other, differences between the lone mothers became evident. Whilst most mothers exchange support, those who are not totally reliant upon other lone mothers appeared to gain more benefit from their support than those who were. Women who have other resources available give help but still retain from elsewhere the support they need for themselves. It is the lone mothers who have few alternative sources of support who must rely most heavily on each other so that the ‘support’ exchanged appears contradictory as a benefit. I will begin the section with two accounts given by women who have opportunities of support from their families.

3.1 **Support alternatives**

It is because better supported women have such access that they can then assist others who have less support available:

".. usually I’m going out .. myself. .. but there has been a time when I have baby-sat for my friend who’s gone out and I’ve stayed in and I’ve said I’ll have the kids for you while she’s gone out .. Well I don’t have (my child) weekends do I, so .. I’m able to help her ..."

(Pauline, one child)

".. I’ve got (lone mother friends) .. we’ll do things and I’ll end up taking us [in my car] because they’ve got no transport .. (but) .. I mean really I stay with my single friends .. I suppose I find it too depressing. .. I’m trying to get out of that, if you like, not get into it. Not meet other (lone) parents .. I personally want to meet somebody else that hasn’t got my problems that can help me .. Because even though they do understand the situation"
you’re in and they understand it like nobody else, they also can’t do the things just the same as you. .. They can’t go out. And I don’t want that. I want to get away from that. I want to have a life outside [of] having my son. And I think .. even when you can go out you’re financially restricted again. So I suppose I look to my single friends, friends that don’t have my problems. Because then I get away from my own problems.”

(Angela, one child)

It is not just opportunities which alternative forms of support provide, they also act as escape mechanisms from the chronic hardship which others experience. Angela’s description above gives an insight into how a lack of alternative support appears to lock some women into a much more limiting and restrictive experience. It is the contrasting experiences, differentiating between lone mothers which this study tries to capture.

3.2 Little alternative support

The contrast between the women with support and those interviewees without access to free baby-sitters, or without the money to pay baby-sitters, is very evident. They spoke of the difficulties in retaining social and emotional support and its repercussions for support availability. Thus, as argued in the last chapter, lack of baby-sitting, is a barrier to accessing other types of support:

“Weekends I’d like to have more support because my friends are going out and there’s me stuck .. it gets to the stage where they don’t bother asking you out no more because they know you can’t go out. So they don’t want to rub it in your face .. inviting you out somewhere knowing you can’t go ..”

(Susan, two children)
As a consequence, mothers in these circumstances become more reliant on those in the same predicament as themselves. Their lack of resources to reciprocate or open up wider social networks for themselves may help to account for the findings in other studies, where those with the least support from family are more likely to be lacking friends (Oakley & Rajan 1991; Phoenix 1991). As Stack (1974) finds for low income Black mothers in the USA, it is those who have the better level of resources who ‘opt out’ of the mutual aid which others have to rely on (Belle 1982). Whilst the better supported women in this study assisted less supported mothers, the least supported mothers lacked choice in their networks. The lack of resources within these more restricted networks only serves to compound their difficulties. These difficulties tend to be mutually reinforcing: the limitations of what one lone mother can give compounding the limitations of what another can offer:

“Yes (I baby-sit) .. If someone says I haven’t got a baby-sitter, I’ll say I’ll do it .. [But] .. It’s like, my friend .. she hasn’t come out with me for, we’re talking years. We plan to go out this Saturday but I’m having trouble with the baby-sitter and she’s having trouble with the money. So it is hard.”

(Susan, two children)

“I can say the only support I really want is for somebody to be there to watch the kids one evening. Just to let your hair down. Because .. when you want to go out .. you’ve got to ask one of the people that you want to go out with to look after your kids .. (If) .. you could go out with the people that you wanted to go out with, instead of having the one person that you want to go with looking after your kids .. it’s a bit rough .. I can’t afford to pay .. but .. I mean if I do want to go out (she’ll) baby-sit for me. But
it’s still just the thing, I mean what happens when I want to go out with (her). I’ve got nobody to baby-sit .."

(Jenny, four children)

Restrictions were also self-imposed through a sensitivity to the similar circumstances of other lone mothers and a concern to avoid over-burdening:

“Well quite a few of (my friends) are single parents .. (mate’s) got .. one child and my friend who lives a couple of doors down she’s got two .. And the girl who was here .. she’s having a lot of problems at the moment .. So really you can’t dump the kids on them to go out because they’re all in the same situation.”

(Ellen, three children)

“.. But a lot of my friends have got babies already .. if they’ve got one child already, one child’s enough.”

(Peggy, one child)

“.. most of my friends are on their own with kids .. so I wouldn’t ask them to baby-sit .. ‘cause I mean a lot of them have got more than I have ..”

(Eilish, two children)

Restricting how much support can be given to each other is also apparent. It results from the lack of respite certain mothers themselves get. If there is little break from the constant responsibilities of one’s own child care, then there is a self-protecting reluctance to over-burden oneself by taking on more child care responsibilities for others:

“.. we do try and help each other out ... with baby-sitting and things like that. But when you’ve got a child on your own, it’s very hard to take someone else’s on as well. .. I mean I do help (a friend) occasionally. Baby-sitting for her .... But there’s a limit to how much you can do ..”

(Hazel, one child)

“.. ‘Cause when you’re on your own with kids you don't want to have to look after other people’s kids as well, you wanna, I mean it might, may sound selfish, but you want people to look after yours.”

(Eilish, two children)
“I suppose we help each other, don’t we, the best we can. But we can’t do that much ... Someone will turn round and say, ‘well, why don’t you baby-sit for each other’. But I mean you put six kids together and I can’t do it. I can’t cope with six kids around me .. So, like, that’s impossible.”

(Kate, three children)

“I’m not exactly baby-sitter of the year .. people say, ‘well why don’t you baby-sit’ [for each other] and the answer is no because personally I wouldn’t take on that responsibility ... I will not put myself up for baby-sitting.”

(Jackie, two children)

‘Self-help’ can be seen by those outside of the situation to be an obvious solution. As Edwards and Popay (1994) note, it appears to the communities with the greatest needs and the greatest disadvantages who are expected to be self-supporting. It was the expectation of the Childcare Circles Initiative (Ch. 2: 4.2) that young lone mothers would be encouraged to exchange mutual support and child-care amongst themselves (Ball 1996). However, as one worker noted ‘self-help may in fact frighten off the vulnerable parents I would most like to support’ (ibid. 49). The women in my study give some insight into why they would like breaks from their own children, not a greater involvement with the children of others. The evidence in the previous chapter suggests that, to be able to participate in a self-help arrangement, women need to have the support of people or financial resources in place already, illuminating inappropriate reliance on the self in self-help. It is rather the self-protection of their children and themselves which appears of paramount concern when women seek either to
access other support elements or restrict giving that support to others because they lack it themselves.

The protection of others is also evident in the careful negotiations around support exchange:

“I think we both do (support each other) but she said I’m selfish because she’ll, if she needs it, she’ll come and say, but then I sit here and sort of try to do it myself. And she says ‘I know something’s up’, but then I’d rather deal with it myself. Because I know she’s got problems of her own and to give her mine is, I don’t want to add to it.”

(Doreen, four children)

“I mean, like, I meet friends and I do talk to some and they are friends but I won’t take advantage of them because I find it hard so obviously they must find it hard. ..”

(Jasintha, one child)

“I tend to .. keep a lot inside which isn’t that good .. But there’s only really my friend that I can talk to .. But I don’t like telling .. all depressing things all the time because you want to hear some good news ... I don’t like putting burdens on people ... I feel they’ve got enough.”

(Kate, three children)

However, as support exchange does take place, it is not surprising that occasionally some mothers, in their need to seek out support, lose sight of just how much they are asking of other mothers whose resources are also limited:

“I’ve got a friend .. She has no help at all .. you walk into her house and think .. it’s like somewhere in Bosnia .. She gets no support at all. She had nothing. She doesn’t even have the support of the (centre) .. And I do help (her). But I can’t, (she) relies too much. If you put out the hand of friendship, it suddenly snaps. And .. I mean, I had her virtually living with
me at one point. .. I was feeding her and it was like home (here). 
.. I didn’t like to see her going back to nothing, *but.*”
(Hazel, one child)

When lone mothers do not have the material or social resources themselves, 
it appears untenable that by themselves they can bridge gaps for each other. 
Belle (1982) identifies the stress which is created when low income mothers 
have to rely on each other. In her US study, she suggests the exchange is 
more about survival than ‘support’. With little one to one support 
available some ‘lone’ mothers look to or are referred to centres of various 
kinds.

3.3  **Grouping women together**

The aims, objectives and methods of working with women when they are 
gathered together influences whether they are then enabled to move on or 
pushed back on managing themselves (Ward & Mullender 1991; Cannan 
1992; Gutierrez 1994; Humphries 1996). Women in this study thought that 
centres could be a support for the less supported:

“..some women do need just to be able to talk to somebody and 
sometimes you can’t always do that with family and you can’t 
always do that with friends .. Some .. need groups.”
(Ruth, three children)

“.. I’d like .. (names a centre a distance away) .. I mean a lot of 
those people didn’t know each other before that started and 
there’s people like me, who’ve come to this area and not 
knowing [anyone], wanting to meet people but there’s no place 
for you ..”
(Eilish, two children)
The contribution a centre may make to the lives of women does not negate the difficulties it may also create for them.

3.4 Experiencing support within centres

Mothers who are users of centres may share similar needs, but do not necessarily share the identities and lifestyles which make them feel welcomed and included (Mayall & Foster 1989; Bell & Ribbens 1994; Strong 1994; Ball 1996; Butt & Box 1998):

“.. It’s difficult .. because there’s so many different people that need so much different help. I mean they’d have to have one hell of a lot of groups .. enough to put up with everything .. you very rarely see any Black people entering the .. centre .. really, putting it bluntly is that White people don’t understand their culture and they feel that they kind of knock. Whereas (area) is very mixed ..”

(Jenny, four children)

“.. when you bring somebody in new .. it’s like if the girls are swearing or smoking .. That’s what you get .. to go to a place if you want to meet somebody. I mean if you’re a smoker fair enough. If you’re not a smoker it’s not going to be a very nice place to go. But you can’t have organisations just for no smokers.”

(Frances, three children)

“I think everyone who’s on their own with a child needs to be in contact with other people who are in the same position .. But I’m not into those .. mother and toddlers groups .. I’m a bit different to other single mothers .. I can’t sit there drinking coffee, chatting about baby clothes and stuff .. I’d like to sit and talk about music .. Not .. all silly things like .. pretty little dresses and stuff .. I went to one .. I was just sat there on my own with my daughter because I just didn’t want to talk about all this crap. There’s more important things to talk about ..”

(Helena, one child)
Both Cannan (1992) and Lloyd (1997) highlight the importance of sessional and full day care for children with the latter author noting that while the 1994 audit commission emphasised the role of family centre provision as ‘one stop shop’ advice centres no attention was given to day care services. One key element of support provided by family members identified in chapter eight is child-care breaks. For those without family and friends who could provide this support the lack of child-care availability within the group settings could be restrictive:

“.. anything .. that’s happening around here seems to be mother and toddler groups or baby groups. But you want to leave your child so you can get that space .. There isn’t anything like that .. that sort of support.”

(Hannah, one child)

“It’s like yesterday everyone was going for a meal here and I couldn’t have anyone to have (son) and I couldn’t take him. He’s too young.”

(Collette, one child)

“.. But it would be nice like in a toddler group like to say there was someone to look after the kids and there’s just a place for the mums to like sit down and have a chat. (and) if there was something on the evenings as well ..”

(Susan, two children)

“.. There’s no point in mother and toddlers. I can be with (child) here at home .. That’s where I always am and that’s who I’m always with. .. When I’m talking and discussing things I want to be able to do it myself. And by myself. Not to have to keep an eye on her all the time, watching. I want to be able to talk freely.”

(Peggy, one child)
The value of places to meet was noted in some of the women’s earlier accounts in this and other chapters as, a place of contact and therefore perhaps, an opportunity for social and emotional support from other users or centre workers. However, as a way of taking women out of their isolation and being a support, the gathering of women together may be an ambivalent panacea. Whilst the possibility of support may be greater, the reciprocal exchange may also limit the value of what is received. Hazel, who identifies the centre as her only support, describes her wish to also mix with others in the same way as Angela does (this chapter: 3.1). The difference between them is that Angela has alternative support options whilst Hazel is almost totally reliant on the centre. The problem she identifies with her social network within the centre is also experienced as problematic by four other women:

“.. if I just got a nursery place then I could solve a lot of my problems myself without having to ask for help off anybody .. it would be beneficial to me because I’d be mixing with other people who aren’t in the same circumstances as me. Because sometimes if there is a lot of people around in the same circumstances you depress each other. Which isn’t very good ..”

(Hazel, one child)

“I’ve had some good days and bad times in there (the centre). But just lately it seems to be bad times all the time you’re going in there [with the women being depressed].”

(Jenny, four children)

“I don’t go at all (now) really, no. It’s good in a sense if you want to make contact with other adults and they’ve got shopping trips or courses going ... But you find that say you come out in a good mood, you go in and somebody’s on a downer and you
come back with that. You seem to be carrying their problems back with you .. (so I’ve) sort of drifted away ..”
(Jackie, two children)

Thus the women who turn to each other as individuals or in groups with little other resources to call upon may be carrying a proportionally greater burden through and by their assistance to each other than those who have families to support them. ‘Self-help’ may empower some women but the toll it may take on others should not be ignored.

4. CONCLUSION

This chapter reveals that the shared experiences of living alone on a low income does not mean that support can be or is exchanged. This is because those mothers who are more likely to be dependent on alone, lone mothers are themselves alone in their mothering. In social network terms, this may be the opposite to the networks ‘of choice’ for gay and lesbians and the women with family support, as alone lone mothers, with little or no family resources may depend on networks or centres because they have no other choice. Further, their ability to respond to each other’s needs is restricted by the very circumstances which creates the need for them to develop their friendship in the first place. Thus their support to each other is limited and limiting whether exchanged as individuals or in a group. The situations which the women in this study describe critique both those who imply that mutual aid by individuals and communities is lacking and those who seek to encourage them to exchange further resources. Without resources or social
capital, no amount of exchange will increase the quantity or quality of support. The support being exchanged under these circumstances may be out of proportion to the resources available.

The women in my study vary as to the quality and consistency of the support resources which they receive. The existence of family which has social and material resources to share can be seen as assisting lone mothers in their caring responsibilities. Lone mothers receive supplements to their inadequate income, they are assisted in their access to and maintenance of assets to enable contact and provided with free day-care to allow time in seeking out their own social and emotionally sustaining networks. It is the access to these networks which appear to enhance their caring roles. Thus, it is the synergy of support elements being in place and interacting with each other which I would argue is crucial to relieving some aspects of poverty and exclusion of lone mothers. However, just as the layered interconnections between support elements can enable access to other forms of support, as highlighted in this and the previous chapter, so too can their absence. Where support components are lacking, these same interconnections can also impede other forms of support being accessed. For those alone lone mothers who are more reliant on other alone lone mothers, exchanges of support may interlock in such a way so as to undermine the value of the support it endeavours to bestow. This is the

285
challenge for policy and practice: how can support interventions assist in enhancing the lives of lone mothers and their children?
CHAPTER TEN

CONCLUSION: RESEARCH, POLICY AND PRACTICE

IMPLICATIONS

"... there's my volunteer [from Home Start]... we go out days... go shopping, go for a drink... it was the nursery place which made the difference... Before I couldn't swim or shop or talk to...(the volunteer)... or friends without...(son)... being there and constantly wanting me or me watching him."

(Gina)

1. INTRODUCTION

This thesis seeks to contribute to knowledge and understanding of 'support' in the lives of lone mothers on Income Support. This endeavour structured the thesis. Through this structure, the wider political and social context in which lone motherhood is embedded and studies on poverty, support and kinship which are pertinent to women have been considered. The core of the thesis, however, is a qualitative study inviting women to voice their own perceptions and experiences.

Chapter two provided the demographic, socio-political and economic context of lone motherhood. It showed how demographic data can both capture and conceal the fluidity of women's lives and how the restructuring of policy and practice can affect different women's lives in different ways. Evidence shows it is the poor families and poor lone mothers who are disproportionately affected by changes in policy and practice. The overview chapter also identified the negative discourse in which lone
mother’s lives were embedded. Family support is identified as a key resource in policies designed to extend private responsibilities and reduce state responsibilities.

The literature review in chapter three concentrated on the specific areas of poverty, support and kin studies. All three areas of research emphasise the gendered nature of kin support which may be characterised by social action in a material form. Further, all highlight and reinforce the importance of the lone mother’s own mother in caring for her family. Poverty studies illustrate the inadequacy of the Income Support benefit level, particularly for lone mother households. The women’s income is supplemented, financially, but more often in kind, by their own mothers. It is those women who do not have this crucial support who are found to be worse off in health, welfare and social terms.

The research on support also reinforces the importance of the woman’s own mother but finds that the poorest women who require greater levels of support appear the be the ones who have the least support available to them. It is the kinship studies which identify the difficulty of alternative access to social relations if a women’s mother, for whatever reason, is not available to her. The presence of grandchildren and relationships grounded in marriage are shown to bring grandparents closer to the nuclear family. However, the assumed strength of these relationships is fractured by the loss of contact or
support between widows with young children and their in-laws (Marris 1958). Notably, these findings span a time when kinship appeared to be strong across extended families. Lone mothers, who are more likely to be marginal to the family relationships which marriage may open up, remain more reliant on their own mothers and family. It is the women whose mothers are not accessible who are also found to have little or no alternative family and friends in their social network.

This chapter builds on the themes illustrated above and draws from the data and analysis of my own study, to consider the implications for further research, policy and practice. To do this, the remainder of the chapter is divided into three sections. The first section highlights how qualitative methods of research, in conjunction with quantitative data, present opportunities to extend knowledge. This is discussed in relation to my research study. The second section concentrates on policy. The themes which arise out of my own study are considered in relation to current social policy. Questions are raised regarding policy assumptions about levels of income and family responsibilities. Practice is the focus of the third section. Present studies do suggest formal support taking an individualistic approach to intervention, despite the structural constraints which create the need for support. This research shows that formal support needs to replicate, in some way, the informal support which assists supported lone
mothers rather than treating alone lone mothers as being different because they are alone in their mothering.

2. METHODOLOGY

Of central importance to this study is women's subjectivity: their own perceptions, experiences, identities and sense of agency in the face of the opportunities and resources available to them. Just as important is the consideration of the material and structural constraints in which these perceptions and experiences are embedded. This agency / structure perspective guided the way I explored the links between lone motherhood, low income and support. Both the contribution and the limitations of my study have implications for future research.

2.1 Research contribution

Chapter four shows how I used qualitative methods of research to unravel the links between lone motherhood, low income and support in the women's own households and to a lesser extent, in the households to which the mother looks to for that support. Focus group participants helped me to develop questions for interviews, by sharing insights into their material circumstances and explaining how what affected and was affected by their means of communication, which in turn, provide a critique of quantitative data. What emerged from the women's accounts, as presented in chapter seven, are the limitations of categorising women's lives through proxy
measures of poverty, like car and phone ownership, without considering the qualitative differences between women’s lives. The qualitative interviews also provide insights into how quantifying support elements can obscure the interrelationship of those elements.

Other studies had previously identified hierarchies of support elements in women’s lives. This study, as illustrated in chapter eight, enabled the women to talk about the difficulties of privileging one support component above others. The analysis exposes, instead, the interconnections between support elements. What is illustrated is how women’s support is differentiated in their lives, qualitatively, because of the presence or lack of other support forms interacting with each other. Thus, even the most important support may, within the context of economic constraints and without other forms of support, remain limited in its value. However, as apparent in chapter six, qualitative research too may have its limitations when trying to appraise the living standard of a household when resources supplement that household income.

The structural constraints and the complex interweaving of policy and practice into women’s daily life is identified in chapter two. My chapter on low income (Ch. 6) described the difficulties women face assessing the contribution which material resources, received through other households, make to their standard of living from that which their income alone may
provide. Yet, it is at this level that differences between women and their children’s quality of life become apparent. Part of this difficulty is in appreciating how support which provides a buffer against poverty can have a cumulative (and positive) impact on a lone mother’s quality of life. For the alone lone mother, it is the negative impact of the absence of support which needs to be appreciated. The imperative is to try to track the compounding effect which having no support has on the alone lone mother’s quality of life. Local agencies and professionals require this finer-textured research to reveal possible points for intervention: to uncover what makes life easier or harder for women. It is not just the strategies which women develop, but why they develop them and the value they perceive they have within the context of their material circumstances, which professionals need to consider further.

Butt and Box (1998) note, that whilst family centres identified meeting the needs of local families, less than half had studied those needs and where they had, only a small minority had considered the needs of Black families. Quantitative studies which indicate patterns of social disadvantage were the benchmark for centre workers meeting needs. Quantitative data is important. Quantitative statistical data mapping patterns of difference in access to cars and phones or support elements in social divisions needs to be known and understood. However, what is also important for centre
workers is to unearth what these disadvantages mean in the lives of the families living in the centre's locality.

The findings I have presented may raise questions about the validity and reliability of quantitative data, however, they emerged from one small study of lone mothers. As a qualitative study, it, too, has its limitations. Its contribution lies in the degree to which it captures the lived experiences of these particular women and what it might say about the lives of other women in similar situations. It may, therefore, also assist in clarifying the questions to be asked in other qualitative and quantitative studies, both to validate these findings and to capture how women's experiences change over time.

2.2 Research implications

Whilst arguing that these detailed research studies are important, researchers and professional workers need to be conscious of what they may be asking of women who take part. Informed consent involves the right of the woman to know she is involved in research. More importantly it involves providing women with 'knowledge or assessment of risks and consequences on the basis of which consent is granted or withheld' (Homan 1991: 93). With child protection taking precedence over guarantees of anonymity for the women involved in this study, a Child Protection Procedure was essential. The right to informed consent necessitated the women being
aware of this priority of interests. These two ethical decisions appeared to me to have the possibility of combining in such a way as to provide an instrument of power by which women felt more obliged to participate to show that her children were safe from harm. Thus, in protecting the rights of children, it is feasible that those already vulnerable groups who feel, as illustrated in chapter five, that they have to prove they are coping and caring as a ‘good’ mother, become again vulnerable to the social researcher. The ‘informed consent’ implies handing power to women to make a decision. In reality, that same ‘informed consent’, in a context of negative discourses within policy and practice, may create for them an even less powerful milieu in which they make their decision. I accepted the need for both the right of the child and the woman to be respected in this way. Whilst conscious of the position I was placing the woman in when asking for consent, I felt also part of a hierarchy of powerlessness; mine because I became a part of her surveillance, the mother because she might feel she had to take part and the necessity of the protocol because it is children who are least powerful.

2.3 Other research limitations

One of the shortcomings of my study is that the findings are based on the circumstances of a sample of predominately White women. Guarantees of anonymity within the study mean that the Black women cannot be identified. However, Black women were evident at both ends of the spectrum of being supported and having no other household to assist them in
their caring. This underlines the findings of other studies that assumptions about family support cannot be made based on a women’s ethnicity (Bryan 1992; Pratt & Hill 1995; Butt & Box 1998). Nevertheless, the voices of Black women on poverty, support and kin are less apparent in this research. The Black women did not talk to me about support in ways which were different from the White respondents, with similar forms of support also identified in Butt and Box (1998). The crucial exception between Butt and Box’s study and mine is that the Black women did not talk about support needed or wanted in the face of institutionalised or individualised racism. In Hylton’s (1997) study, where Black groups shared what support meant, further dimensions were evident which were not raised in this research, for example, spirituality and differing parental practices. The provision of support for Black families continues to be found wanting in family centres and by professionals, both in its accessibility and appropriateness (Ahmed 1990, Bryan 1992; Box & Butt 1998).

Secondly, further research needs to be undertaken to consider the lone mother’s own mother’s households. Only a glimpse of the sometimes considerable degree of support provided by the mother’s mother to their daughters and grandchildren was possible in this research. Restrictions on the amount of help which could be provided by grandmothers was at times also visible. For some women their own mothers were in paid employment, caring for their own young children as well as living on
limited budgets. Yet the impact of having another household dependent on their resources remains unstudied. There are other ways in which the findings of this study confirm the significance of the women’s own mother. Apart from one woman, the family of the father of the child did not appear to figure as supportive in the life of the lone mother. It remains unclear in this study whether different unions and relationships with longer traditions over generations affect patterns of kin access and contact differently. Other studies have pointed to differences and similarities in kin support in cohabiting common law status and visiting relationships (Bryan 1992); in semi-cohab relationships (Phoenix 1991) or relative autonomous (Mirza 1992) relations in different ethnic groups, for heterosexual or lesbian women. The question of whether and how these differences and similarities are played out in the lives of lone mothers on low incomes was beyond the reach of my small scale study.

3. POLICY

Chapters two and three of the thesis identified how the previous Conservative governments and the new Labour government appeared to share similar views on social policy. Yet, the Labour government Green Paper (1998a) and Consultative Document (1998) differ from their predecessors by acknowledging the rise in family poverty and the need to support families. However, my research raises questions about whether the
social policies implemented by the Labour government in its first term of office will provide this higher level of support to poor families.

3.1 Level of income

The cuts in benefit to newly registering lone parents and the retention of the Rossi Index to uprate levels of benefit suggests a belief shared with the previous neo-liberal governments that benefit levels are (over) adequate to meet the needs of the families dependent on it. This study, particularly the data presented in chapter six and along with a plethora of other research, identify the difficulty (if not impossibility) of lone mothers meeting the needs of their family when reliant solely on Income Support. The women in this research, who have not experienced this cut in benefit, illustrate how their poverty is one which involves a lack of basic necessities, with the result that they are excluded from normal social intercourse. In seeking to maintain some social inclusion, whether for a T.V. licence, phone, transport or child-care breaks, for themselves and for the health and welfare of their children, they also show how this too impacts on the level of income on which they have to budget. Britain still has no poverty line and the only official research which has considered the level of state benefit found it inadequate for partaking in day to day life (see Ch. 3: footnote 3). Thus, if policy was designed to meet the needs of all children and protect them from poverty, there appears to be no grounds for the cutting of benefit. Instead an indication from a large body of research is for the need to increase benefit
levels and to restore linkage with average living standards. Not increasing
benefit levels appears to be a policy to discourage a particular form of state
spending and an incentive to seek paid employment rather than a policy
designed to support families living on benefit. However, as my own data
chapters suggest, such a policy may hinder the level of informal support
available to lone mothers on IS and undermine the formal support
government policymakers seek to provide for families with children.

Secondly, what other studies have noted and this research has considered in
greater depth, is the role of the lone mother's own mother and sometimes
other family members in plugging the income gap so that her and her
children have a better standard and quality of life. However, importantly,
what is also evident is that some lone mothers do not have mothers who can
or will undertake this role. Thus, for some women a gap remains between
what is needed and what is available. My support data illustrate that some
women and their children pay the price in their social and health welfare for
simply not having family resources available to them.

3.2 Family responsibility

The quality of life is shown in this study to be related to the aloneness of
lone mothers: to differ between those women who have the support of their
mother and families compared to those who could not call on such or any
level of social capital. This raises the question about social policy being
based on an assumption of families being able to support other households and in particularly, the lone mother and her children. This assumption that families can ‘plug the gap’ is evident in policy decisions across the political divide, particularly the cutting of benefit. The ‘extended’ family is also seen as a source of support for health visitors to encourage, implying that it is not taking place or at least not at an acceptable level. My research does not uphold this view. Instead, it indicates that most lone mothers are being supported as much as possible by other households. The families of lone mothers, and in their absence, lone mothers themselves are evident in exchanging support within circumstances of poverty, as the households they rely on may also be having difficulty in managing on the level of resources that they can command themselves.

The government’s premise that marriage itself, rather than symbolising and confirming the couples’ level of economic security (Maclean & Eekelaar 1997), is significant in maintaining both fathers and his parents commitment to the child is also questioned. The cabinet Committee on the Family is discussing secular baby-naming ceremonies to combine the parent’s pledge of commitment to the child’s upbringing and to bring in the grandparents and other kin, to ‘show support for the new-born child whether their parents are married or not’ (Travis 1997). Marris’s (1958) early study on widows, just as more recent studies (see Ch. 3: 18.2-18.4) and my own research, suggests that paternal involvement does not turn on ceremonies and
contracts. Regardless of whether there is contact with the child’s father or not, the significant support in terms of time, quantity and quality of involvement remains with the lone mother’s own mother.

Policy at present envisages lone mothers working their way out of poverty, although the availability of waged work in their locality is not being addressed. Stability of employment may remain problematic as data show that of those who obtained jobs or raised their hours through the pilot New Deal between July / October 1997 and February 1998, 12% had returned to unemployment (BCC 1998b). Because of the cut in IS benefit for lone parents such instability means they re-register and return to the new lower level of state benefit.

The current emphasis on jobs and New Deal support appears to have cut across the negative discourse on lone mothers. This is one level of support which the women in my study would certainly welcome. The danger in the future of differentiating negatively between women may lie in their ability to respond to this call to work. Economic activity was not an issue covered in my study. The possibility of part-time work was evident in a couple of households where women had access to free child-care. This family child-care may make a difference to whether women can seek jobs outside of their area or accept jobs with more flexible hours. Where this study does raise concerns is in the type of family intervention determined by policy and type
of professional formal support which will benefit lone mothers without family and without jobs.

4. PRACTICE

The differing perceptions between mothers and professionals on lone mother’s needs of support have been identified. Professionals appear to analyse the strategies of women, in caring for their children as more alone mothers because of having little or no support, as inappropriate behaviour. Therefore professional workers involved in teaching parenting skills and providing home visiting programmes need to listen to what the women find valuable. They need to be aware of their input legitimising an individualistic solution to what is essentially a structural problem.

My study, in inviting lone mothers to share what support meant, helped to reveal those supports which make a qualitative difference to the lives of some women. For the thirty-seven women in this study, there was agreement on the types of support and the interconnections of these supports. The focus on child-care indicated that, the women who had the greatest opportunities for its availability, free of charge and those who had the least possibility of accessing it, all spoke of its value in increasing their ability to care and their opportunity to have emotional support. The family contribution which made a difference to the women’s lives, or was envisaged as making a difference had it been present, is extra financial and
material support. These support elements helped maintain contact and gave mothers the possibility of seeking other forms of support from within and outside of that family network. For any professional practice, volunteer or home visiting intervention, it is these family inputs that appear to be the supports to be emulated.

The supported mothers in this study had support which then assisted them to get support. This initial input rather than an intervention when it is found to be lacking appears crucial. Such intervention depends on economic and political policy. At the micro level it demands of professionals workers to consider ways to influence this macro policy as well as reflecting on the implications of the interventions and analysis they make as individuals or as a service as to whether they add to or alleviate the lone mother’s difficulties.

Practice which alleviates structural poverty might include for example, pressing for the provision of free phone calls to health visitors, surgeries or hospitals. It might involve supporting anti-poverty campaigns which in terms of phone contact could mean campaigning for any in-coming call availability being extended to include a limited number of named people or places with which out-going social contact may still be retained.

Projects, both in the community or as ‘one-stop’ centres, could be encouraged to provide child-care for all activities including training, leisure and necessary day to day health and domestic demands. Centres, as well as places to meet in groups or individually for all women within the area, could
aim to provide cafe facilities for cheap food and drink. Also necessary is continual and ongoing monitoring and evaluation of policy and practice and the changing needs of the users and non-users which the centre or agency is established to serve.

5. CONCLUSION

This thesis seeks to contribute in some small way, through the perceptions and experiences of thirty-seven women as recipients of Income Support and living with their children on their own, how support can act as an enabler or a barrier in their lives.

The questioning titles of my chapters have been used to convey the tensions and contradictions which shape women’s experiences of support. The data they contain impart how support can act as a springboard to other support elements: that support is itself a prerequisite of support. However, difficulties arise with a too simplistic analysis of either having or not having support. Rather what has been illustrated is a volatility in women’s support, with women moving back and forth along a continuum of support. This volatile nature of support means that the right support is not necessarily available at the time when it is most needed. It is this dynamism that, although partly captured in a cross sectional study, and so intricate at times as to defy my ability to present it in writing, which I recognise as the very complexity that practitioners particularly have to face in their practice.
Further I recognise that these practitioners are located within policy decisions which are reshaping their roles and responsibilities. However, the challenge remains, for practitioners, as it does for research and policy makers, as embodied in the words of a 25-29 year old women with three children who piloted my interview schedule:

"Support? It just puts you in a world where society's giving you the ropes to lead you out of the wilderness (but instead) they end up just leaving you there."
APPENDIX I

Individual interview schedule - (Introduction)

1. Thanks

2. Overview of what research is about

3. Issues of confidentiality

I just want to say a bit about confidentiality. For this research, things you tell me may be used in, perhaps, reports or verbal presentations to others who are interested in the subject and the issues which come out of this research. But the information will only be used in ways which protect you as an individual. I might use quotes - repeat things as you’ve said them - if we use the tape recorder - because you’ve expressed them in a very particular and important way. To do that I will hide your identity, who you are, your address, (what centre I met you at), so others don’t know who you are, so they won’t recognise you. But, having said that, there is one important thing I have to say as well and it concerns the children really.

For me, as for anyone, is the priority, the importance, given to the ‘.. safety and well being of all children’. So, if in our research we are, ‘.. made aware of any information which suggests a child has been harmed or is at serious risk then I’d have to discuss the contents and concerns about that information, with you obviously if it happened in this interview and with another member of the research team. Does that make sense to you? Is it clear? Do you want to ask me any questions about that?
4. Give idea of topic sections / time it takes

5. Will stop interviews if visitors arrive / or at anytime if they change their mind about being interviewed

6. Get agreement to interview

7. Get agreement to tape - can stop tape at anytime if not happy

8. Check time and any commitments they have to meet

9. Any questions at this stage / stop me anytime / add any questions you think I should be asking / at end - thoughts on interview

10. Last OK to carry on
APPENDIX II

Child Protection Protocol: Plan of action for disclosures of child protection issues for respondents

This child protection protocol is intended to cover situation where the research student is provided with, or becomes aware of, information which raises concerns about a child's safety or welfare.

The child’s safety is of paramount importance. From a legal point of view information obtained in the interview is uncorroborated hearsay evidence, and there is no legal obligation to act on it. However, it is the duty of the research student to consult with the nominated person for the project, ..., who will act on the information if they think that a child’s safety may be endangered.

These are the three steps which the research student will undertake:

Firstly, if the student observes or receives information giving them cause for concern about the welfare or safety of a child, these concerns should ideally be discussed with the mother during or at the end of the interview. The student will tell the mother that they will be discussing their concerns with a member of the team who is linked to the study.

An exception to this would be if the student judges the child’s safety to be further threatened if the parent is informed. If this is the case, then the student will not say anything to the mother before leaving the house.

Secondly, in either case the student will make contact with (the named person) as a matter of urgency and a shared decision should be made as to required action at the latest within twenty four hours of the interview. If it is decided that further child protection action is needed then details will be referred to the local Social Services Duty Officer giving relevant information and reasons for any concerns felt by the student. Any referral made to the Social Services Department in these circumstances will be followed up in writing by the nominate person with twenty four hours of the referral.

Finally, if action is going to be taken the student will then contact the mother. This will be preferably by visiting, but my telephone, where available, and if visiting delays contact with her. The student will inform the mother of their concerns and their subsequent discussion with colleagues connected with the research project on what action they have deemed appropriate.

(Child Protection Protocol based on the Child Protection Protocol developed by Majorie Smith, Thomas Coram Research Unit, 1991)
# APPENDIX III

## Individual interviewees' details

<table>
<thead>
<tr>
<th>Name</th>
<th>Age group</th>
<th>No. of children</th>
<th>Access to:</th>
<th>Phone</th>
<th>Car</th>
</tr>
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<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Angela</td>
<td>25-29</td>
<td>one</td>
<td>yes</td>
<td>own use</td>
<td></td>
</tr>
<tr>
<td>Anna</td>
<td>20-24</td>
<td>one</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Babs</td>
<td>25-29</td>
<td>two</td>
<td>yes</td>
<td>yes</td>
<td></td>
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<td></td>
</tr>
<tr>
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<td>25-29</td>
<td>one</td>
<td>yes</td>
<td>yes</td>
<td></td>
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<td>no</td>
<td></td>
</tr>
<tr>
<td>Eilish</td>
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<td>yes</td>
<td>no</td>
<td></td>
</tr>
<tr>
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<td>25-29</td>
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<td>no</td>
<td>no</td>
<td></td>
</tr>
<tr>
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<td>one</td>
<td>yes</td>
<td>no</td>
<td></td>
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<tr>
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<td>25-29</td>
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<td>yes</td>
<td>no</td>
<td></td>
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<tr>
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<tr>
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<td>yes</td>
<td></td>
</tr>
<tr>
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<td>30+</td>
<td>one</td>
<td>yes</td>
<td>own use</td>
<td></td>
</tr>
<tr>
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<td>20-24</td>
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328


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